Board of Directors Meeting, 27th April 2016

	Document	Page
1	20160427 Agenda	3
2	[4] 20160127 BoD Mins	5
3	[6] Chairman'sBoardReport27Apr2016	11
4	[7] 20160427 CEO report FINAL	15
5	[7app] CEO Report 20160419 Draft GSTT and DGT	27
6	[8] BoD 6 month staff review April 2016inc app2a,2b,3	35
7	[8] BoD 6 monty staff review Appendix 1 Directorate Workforce	53
8	[9] Sustainability Strategy 2016-20	65
9	[9App I] - Trust Sustainability Strategy 2016-20 and update	69
10	[9App II] Model Directorate Action Plan and Sustainability	87
11	[9App III] Simple Savings Directorate Role Description	91
12	[10a] 20160210 ALS Minutes	93
13	[10a] 20160316 ALS Committee Minutes FINAL DRAFT	97
14	[10b] 20160210 Part I Minutes Audit Committee	101
15	[10c] 20160217 Minutes Cancer Services Committee	105
16	[10d] 20160210 Children's SC minutes	109
17	[10d] 20160316 Children's SC Minutes	115
18	[10e] 20160309 CMC minutes Part 1 incl IT slide deck	119
19	[10f] 20160413 Q&P Minutes	137
20	[10fii] IQPR Feb final version	145
21	[10fiii] Month 12 Finance Report - Board of Directors - 27th	227
22	[10fiii] Month 12 Integrated Performance Report - Board of	235
23	[11] DocsUnderSeal1Janto31March2016	249

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Guy's and St Thomas' NHS
NHS Foundation Trust

Board of Directors

Meeting to be held 27th April 2016
at 3:45 pm in the Robens Suite, Guy's Hospital

A G E N D A

1.	Care Awards presentations		
2.	Apologies		
3.	Declarations of Interest	*oral*	
4.	Minutes of the meeting held on the 27th January 2016	*attached*	*(BDA/16/07)*
5.	Matters arising from the minutes of the previous meeting		
6.	Chairman's Report *Hugh Taylor*	*attached*	*(BDA/16/08)*
7.	Chief Executive's Report including Business Planning *Amanda Prichard*	*attached*	*(BDA/16/09)*
8.	Six monthly workforce staffing report *Eileen Sills*	*attached*	*(BDA/16/10)*

PRESENTATIONS

9. a)	Sustainability strategy	*attached*	*(BDA/16/11)*
b)	Dementia strategy		

FOR INFORMATION

10. Reports from Board Committees:
    - **a) Adult Local Services: minutes 10th February and 16th March**
    - **b) Audit: minutes 10th February**
    - **c) Cancer Services: minutes 17th February**
    - **d) Children's Services: minutes: 10th February and 16th March**
    - **e) Corporate Management: 9th March**
    - **f) Quality and Performance: 13th April**
      - i. Minutes
      - ii. IQPR, Month 11
      - iii. Finance Report, Month 12

11.	Register of Documents signed under seal *Amanda Pritchard*	*attached*	*(BDA/16/12)*

Any Other Business

The next Board of Directors meeting will be held on 27th July at 3:45pm in the Governors' Hall, St Thomas' Hospital

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Guy's and St Thomas' NHS
NHS Foundation Trust

Board of Directors

Minutes of a public meeting held on Wednesday 27th January 2016 at 3:15 in the Governors Hall, St Thomas' Hospital

Present : Sir Hugh Taylor (Chairman)

Dr I Abbs
Sir Ron Kerr
Ms A Macintyre
Mr S McGuire
Mr F Nestle
Ms G Niles
Ms A Pritchard
Dame Eileen Sills
Mr M Shaw
Dr S Shribman
Dr P Singh
Dr S Steddon
Ms D Summers
Mr S Weiner

Attendance:

Mr P Allanson	Trust Secretary
Ms H Coffey	Director of Operations – Hospital Services
Mr A Gourlay	Director of Asset Management
Ms A Knowles	Director of Communications
Mrs J Parrott	Director of Strategy
Ms M Ridley	Director of the Evelina

Member of the Council of Governors; members of the public; and members of staff

BOD/16/01 **Introduction**

The Board congratulated Amanda Pritchard on being appointed Chief Executive of the Trust.

BOD/16/02 **Apologies**

Apologies for this meeting had been received from Mr R Drummond.

BOD/16/03 **Declarations of Interest**

No declarations of interest were made.

BOD/16/04 **Minutes of the meeting held on Wednesday 28th October 2015**

The minutes of the meeting held on 28th October 2015 were approved as a true record.

BOD/16/05 Matters Arising

BOD/15/49 Vanguard Project
The Board noted that the project with Dartford and Gravesham NHS Foundation Trust had been awarded £810k to be spent during the current financial year. The amount represented 70% of the bid.

BOD/16/06 Chairman's Report

In addition to the report circulated, the Chairman reported that he had attended the first meeting of trust chairmen with the chairman designate of NHS Improvement; the new organisational body being formed from Monitor and the TDA to bring together the regulatory and supervisory functions of the two former bodies. The new organisation was due to go live on 1st April 2016. The tone of the initial meeting was positive and constructive.

The Trust had been working closely with KCL on the development of plans on an education and training centre to be located in Block 9 and the Prideaux Centre at the south end of the St Thomas' site. Initial plans for the construction (not the use of the facility) were to be displayed in the Prideaux prior to planning permission being sought from Lambeth.

Transport for London had indicated they were willing to meet the Trust to discuss its concerns about the cycle super highway on Westminster Bridge and how to protect pedestrians. The issue had been discussed at a meeting io the Southbank Employers Partnership, at which TfL had also noted the Trust's concerns about the impact putting the cycle highway in was having on access between the hospitals.

The Board noted that the Gabo fountain in the gardens at St Thomas' had been listed by English Heritage. The Trust did not own the fountain so the implications of this change of status had not been assessed including whether responsibility for its maintenance would revert to its owners, the Tate Gallery.

Finally, Frank Nestle would be standing down as the non executive director nominated by King's College London after seven years in May 2016. He had offered an academic voice to the Board and made a distinctive contribution to the Trust's Finance and Investment and Corporate Management committees. He had been glad of the opportunity to contribute to the success of the Trust. His place would be taken by Reza Rezavi.

BOD/16/07 Chief Executive's Report

The Chief Executive introduced the November Integrated Quality and Performance report, drawing attention to a number of areas of risk. She was however, able to give the Board reassurance about mortality safety and risk where the indicators remained strong even within the context of the extra demand for the Trust's services.

A&E had struggled to meet the 4 hour target all year. It had not been achieved in December had not been achieved and January continued to be difficult. Most London A&Es were experiencing similar ir greater difficulties. The Trust had experienced its highest daily attendance (507 patients). Extra beds had helped deliver a better December performance than had been anticipated and

the series of “star chamber” sessions continued to make process improvements. The unit now had sufficient consultants to implement the 3 take medical model which meant senior staff would be available daily until 21.30. This would provide cover for the twilight period when performance was at its most vulnerable. The surgical assessment unit had been relocated to one of the surgical wards. A further star chamber was to be held to look at flow through the hospital.

Efforts to improve performance to meet the cancer 62 day target continued. The Trust was within 1% of meeting the target internally, though the challenge of maintaining this and improved levels if performance should not be underestimated. All avoidable delays were carefully scrutinised. The main difficulties remained with late external referrals. There was considerable national and sectoral focus on ensuring that patients are able to move through the system on time wherever their treatment begins, which was increasingly helpful.

Increased demand for Trust services had led to the Trust not meeting the referral to treatment target for December though it had been met in the previous two months. There was now a single target to treat 92% of patients within specialties within 18 weeks of referral. The size of the overall waiting list was a major component in meeting this and there had been a significant increase in referrals over the last year from 40k to 48k patients. GP referrals accounted for most of the increase but the impact was spread unevenly across specialties.

Predicted activity was being delivered but the backlog was growing. Efforts continued at specialty level to increase capacity, including additional evening work, and patients were seen in terms of urgency and in order of going onto the list. Considerable effort was put into validating the list. The Board acknowledged the difficulty of managing demand for elective services and noted that some of the money being made available for next year would be dependent on meeting targets. Discussions were taking place with commissioners to ensure they understood the implications of the numbers and demands anticipated compared to capacity. It was emphasised that whilst these issues had to be dealt with it was important they were handled in accordance with Trust values.

The Trust was about to submit its comments on factual accuracy to the CQC on its report. CQC would then consider the comments and issue a final report just before a Quality Summit, currently planned for 24th February 2016. The report was currently over 400 pages long so it was hoped there would be time to brief the Board and Council of Governors in advance of the Summit. If necessary, special meetings would be arranged.

The Medical Director reminded the Board that its Quality and Performance Committee had considered the concerning trend in an increased number of never events at its meeting earlier in the month. In aggregate, the Trust remained a safe organisation with a good track record of open an transparent reporting which it was essential to maintain. Nevertheless, in the light of the exceptional number of never events reported in the current year (16) it was important to take whatever steps were necessary to give patients, the Board, Governors and stakeholders reassurance that the Trust had actions in place to improve safety and learn from incidents.

The Trust would be reporting to a safety summit hosted by local CCGs and reporting to clinicians as the first step in making sure that lessons had been learned, acted upon and disseminated widely. The Trust would be reviewing its clinical governance arrangements which would include how learning from incidents was shared and was likely to involve external support. It would be important to demonstrate that where systems were at fault they had been changed and that the new arrangements were designed to deliver results. An update on progress would be made to the Quality and Performance Committee.

In the light of current publicity about sepsis in sick children it was confirmed that there was a sepsis group led by critical care consultants and there was a further liaison group via the CCGs overseeing community and primary care. A SE London work stream was providing a collaborative opportunity to develop early warning systems - this had been identified as a quality priority for the Evelina London and progress would be reported to the Children's Services Committee.

The Board noted the Chief Executive's report. The risks to meeting performance standards set out in the NHS Constitution were evident; and the mitigating action in place was endorsed. Quality had to remain the Trust's priority; and the Board would need to monitor the response to the actions being taken on never events closely.

BOD/16/08 **<u>Finance and Planning</u>**

i. 2015/16 Financial Update

The Finance Director reported that month 9 showed continued improvement of the Trust's financial position. This was against the background of the high savings target and the slow start to the year in financial terms. The Trust had achieved a surplus for the month of December because of increased activity and local CCGs being prepared to pay for performance at full cost and volume rates.

The work of the improvement team was making an impact and savings from in year actions were being delivered. A number of the exceptional actions would continue into the next financial year. Weekly huddles allowed assessments to be made of where action needed to be taken. The vacancy freeze had been designed so as not to damage front line services and quality. There was active encouragement for more imaginative use of resources including repurposing activities. The reduction in agency costs because of the Monitor cap on fees payable was also helping to reduce costs.

The Trust continued to work towards the budgeted deficit. The addition of donated assets was likely to mean that the Trust would be seen as reporting an overall surplus. This should not disguise the true position, which even if the Trust delivered its budget deficit, or even slightly improved it, was that it would be carrying a bigger underlying deficit to be reflected within next year's budget and business plan. This underlined the importance of achieving recurrent savings.

The Board welcomed the progress on the financial position.

ii. 2016/17 Financial Update

The Chief Executive reminded the Board that the timetable for next year's business plan required the Trust to submit a draft one year plan by 8th February 2016 which had to be confirmed with commissioning contracts in place by 11th April and followed by a 5 year sustainability and transformation plan agreed across relevant health systems in June 2016. There remained a considerable number of unknown features in the system.

The proposed draft one year plan committed the Trust to break even but made it clear that at present there was a £34mn gap that would have to be bridged to meet that target. The time between now and the April submission date would be used to close the gap if other assumptions remained valid.

The sustainability and transformation plan being sought would release money from the centre under certain conditions. As it currently stood, the Trust would have to deliver a large surplus, agreement to an undeclared capital control total, milestones against the implementation of the Carter efficiencies, a plan to deliver all quality targets, the development of an integrated sustainability and transformation plan with commissioners and other providers and progress towards offering seven day services. Identifying the health economies with which it intended to co-ordinate and agree plans would itself be a major exercise.

The Board asked for more specific information and supporting documentation on the "bold ideas" that the Trust was developing as part of its longer term costs improvement. These included the digital programme, improving patient pathways, improving patient administration and bringing together disaggregated initiatives into work streams that would build using different delivery models under pinned by clinical involvement. Reassurance would be needed that the Trust was providing the right capacity and capability to support the major programmes of work required to develop and deliver transformational change of this kind would be available to deliver whilst maintaining performance.

The Board agreed that the draft plan could be submitted on the basis that our aim was to deliver a break even budget in 2016-17, but identifying a current gap of £34mn which the Trust hoped to bridge.

BOD/16/09 **<u>Savile Report</u>**

The Chief Nurse reminded that Board that the Trust had reported twice to the Savile enquiry. The final report had mentioned good practice in the Trust.

A report of a midnight visit by Savile had been investigated at the time and re-opened following the national coverage. There have been no allegations of abuse. The investigation had now concluded and the final report submitted to Monitor. Should further information come to light in the future the investigation would be reopened.

The Board agreed and thanked the Chief Nurse and her team for their efforts noting that there was no evidence of any impropriety.

BOD/16/10 **Reports from Board Committees**:

The Board of Directors noted the following:
Adult Local Services minutes 11th November
Audit minutes 18th November
Children's Services minutes 11th November
Corporate Management minutes 8th December
Quality and Performance
i. Minutes, 13th January
ii. IQPR, November
iii. Finance Report, Month 9

BOD/16/11 **Register of Documents signed under seal**

The Board noted the register of documents signed under seal during the period 1 July to 30 September 2015. 2015.

BOD/16/12 **Any Other Business**

There was none

BOD/16/13 **Date and time of next meeting**

The next meeting of the Board of Directors will be at **3:45pm** on **27th April in the Robens Suite, Guy's Hospital**

Signed: ……. **Date:…….**

Board of Directors	Guy's and St Thomas' NHS NHS Foundation Trust
Chairman's Board Report	**27 April 2016** **BDA/16/08**

This paper is for:		
Decision		
Discussion		
Noting	X	
Information		

Sponsor:	**Chairman**	
Author:		
Reviewed by:		
CEO*		
ED*		
Board Committee*		
TME*		
Other*		

* *Specify*

These are difficult and uncertain times for the NHS. As I write this report, this Trust is making preparations for the 48 hours of industrial action by junior doctors which, if it goes ahead, will co-incide with our Board meeting. At that meeting we will be reporting on our operational plan for the next 12 months – which carries unprecedented levels of risk because of unresolved issues relating to the funding of our services and because of the scale of the efficiency and productivity challenge we have set ourselves. To the extent that we can face the next 12 months with confidence – which I believe we should – it is because of the values of our staff and the extraordinary levels of commitment, resilience, skill and care which they demonstrate day in day out. This was borne out by the report of the Care Quality Commission which has just been published; and at the subsequent Quality Summit which I attended, the evident commitment of our staff to the Trust and to the delivery of high quality care to our patients featured in the comments of the inspection team and of our local stakeholders. The staff of the Trust are indeed to be commended on what is, overall, the excellent outcome of the inspection.

Since our last Board meeting, we have welcomed a number of distinguished visitors to the Trust. The Chief Nurse and I welcomed the Duke and Duchess of Cambridge for their first visit to the Trust when they met an inspirational mental health campaigner as part of their focus on suicide prevention and support for those bereaved by suicide. Lord Prior, Parliamentary Under-Secretary of State for NHS Productivity visited the Trust twice: first in the company of Lord Carter to meet our procurement team and showcase an example of their work on the day of the launch of Lord Carter's report on improving productivity in the NHS; and second to visit the Biomedical Research Centre (BRC) in the Guy's Tower accompanied by Dame Sally Davies, the Government's Chief Medical Officer. The latter visit was particularly timely, as we are now in the process of applying for renewed accreditation and funding as a BRC: the importance of which for our ambitions as a centre of excellence for research and leading edge clinical practice could scarcely be overstated. Ben Gummer, Parliamentary Under-Secretary of State for Care Quality also visited the Trust last month to see at first hand some of the examples of innovative practice in our maternity services. These regular Ministerial visits are further testimony to the quality of our staff – and, as these examples show, across a wide range of functions.

We are also fortunate as a Trust in the support of our local MPs. Kate Hoey joined us for the service to mark the re-opening of the St Thomas' Chapel: gloriously restored and renovated thanks in large part to the generosity of the Guy's and St Thomas' Charity and the many individuals and organisations that contributed to the fund-raising effort led by our Hospitalier and Head of Spiritual Health Care, Mia Hilborn. Neil Coyle carried out the official opening of the new Bermondsey Centre at Guy's Hospital: a key development in the expansion and integration of our services in dermatology and related specialist fields.

Last month I visited the resource centre at the Tate Library in North Lambeth for people with visual impairment. The centre works closely with our low vision unit; and it was inspirational to meet people whose lives were being transformed through the ability to access sophisticated IT and other resources, which they could never afford, to support their reading capacity. For me the visit also re-inforced the concerns that we area as a Trust, supported by colleagues in the South Bank Partnership (a meeting of which I attended on the Trust's behalf last week) and the South Bank Forum, have expressed about the proposal by Transport for London to replace the bus stops outside St Thomas' – notably the extremely busy one on Westminster Bridge – with 'floating bus stops'. This means that patients and carers entering St Thomas' from the bus

stops will have to cross a cycle path before doing so. Since our last Board meeting I have met TfL officials – who said they would consider a number of technical modifications to the proposed floating bus stop on Westminster Bridge. However we are not satisfied with either the process for the consultation of the proposed changes, or that our fundamental concerns about safety have been addressed. We have entered a formal complaint under TfL's complaints procedure and are considering what further action we should take if we do not get a satisfactory response.

Last month I welcomed members of the Trust and of the general public to the first in the new series of Trust seminars. Excellent presentations were given on the treatment of prostrate cancer, followed by a lively question and answer session hosted by our Lead Governor, John Porter. The seminar was well attended and the feedback was extremely positive.

I chaired a meeting of the King's Health Partners (KHP) Education Council; and the Trust hosted a joint meeting of the Council of Governors of the Trusts of KHP. A recent meeting of the Joint Boards of KHP (which I was unable to attend) reviewed progress on the proposals for cardiovascular and haematology institutes – which are likely to be considered by our Board Committees over the coming weeks and then at the July meeting of the Board.

This meeting will be the last full Board Committee attended by Diane Summers and by Frank Nestle. Diane has made an outstanding contribution to the Trust as a non executive director over the last 8 years. She has been active on a range of Board Committees, most recently as the Chair of the Quality and Performance Committee. She has provided counsel to me as Vice Chair of the Board. She has provided invaluable support, encouragement and insight to colleagues across the Trust; and she has been a powerful advocate of the core Trust value of putting patients first. We will miss her contribution hugely. The Nominations Committee has established a process to appoint a successor to the vacancy she will leave on the Board.

I paid tribute to Frank Nestle's contribution at our last Board meeting. It will be a pleasure to welcome his successor, Professor Reza Ravavi to this first meeting of the Board.

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Board of Directors	Guy's and St Thomas' NHS NHS Foundation Trust
Chief Executive's Report	**27th April 2016** **BDA/16/09**

This paper is for:		
Decision	X	
Discussion		
Noting	X	
Information		

Sponsor:	**Chief Executive**	
Author:	**Trust Secretary**	
Reviewed by:		
CEO*		
ED*		
Board Committee*		
TME*		
Other*		

* *Specify*

1. Trust Priorities for 2016/17

At the recent Board Awayday, the Board reconfirmed its commitment to:

- sustaining and improving the Trust's core operational performance, quality standards and financial delivery in an increasingly challenging external environment, whilst also;
- increasing its ambitions for 'internal transformation' through a refreshed and expanded Fit for the Future Programme focusing on continuous improvement in quality, safety and efficiency, and a strengthened commitment to a digital change strategy; and
- pursuing a system leadership role through a wider 'external transformation' agenda including integrated care for local people, specialised service development in four key areas (Children, Cancer, Cardiovascular, and Cellular and Regenerative Medicine), collaboration across King's Health Partners and work with other partners including through the development of the South East London Sustainability and Transformation Plan (STP) and the Vanguard programme.

In addition, the Board noted the importance of further developing income diversification opportunities through our commercial portfolio.

Work is now underway to ensure that the Trust has the capacity and skills required to service the whole of this agenda effectively.

2. Sustaining and improving the Trust's core operational performance, quality standards and financial delivery

Integrated Quality and Performance Report

The Trust has continued to experience a significant increase in demand for services; we have seen increases of about 10% in both elective referrals and emergency department (ED) attendance. This continued period of high activity has been demanding on our staff, and has put significant pressure on our ability to meet access targets. We have reviewed the ED performance position in some depth through 'star chamber' meetings, to ensure we are doing everything we can to deliver timely, high quality care for our patients. Initiatives are being implemented in three key areas: short stay admissions, the medical model and complex discharges to improve flow through the emergency care pathway and, in parallel, options are being developed to increase capacity in response to the ongoing increase in attendances.

We expect to meet the 62 day cancer wait target internally for March but will not meet the target overall. The developing Accountable Clinical Network for South East London is focusing on improving access as its top priority and is actively supported by commissioners and providers. There are now regular meetings with the main referring trusts and engagement has also improved through the appointment of joint co-ordinators. Nevertheless meeting this target still feels some way away due to the complexity of the pathways and processes involved.

Careful plans were in place for the Junior Doctor strikes earlier in the month and the Trust ran safe services with around 10% of planned activity needing to be rearranged. The position for the all-out strikes later in April has been much more difficult to predict and there will be an oral update given to the meeting.

There have been significant increases in both adult and child safeguarding referrals, with further concerns following the poor Ofsted report in Lambeth and recruitment difficulties for health visitors and school nurses. Changes to the deprivation of liberty regulations and the Care Act 2014 had also led to an increase in referrals.

We continue to work with our local commissioners on our response to never events and serious incidents. The Trust Management Executive held a successful summit on never events in March, with CCG representatives present. The resulting actions are being implemented.

Finally, the Board should be aware of some difficulties in implementing the new patient transport contract which has led to a number of complaints, particularly from dialysis patients who rely on the service several times per week. The new contractor has now addressed this and is operating at previous performance levels with a consequent decrease in complaints. The contractor is expected to be in a position to meet their full contractual obligations shortly and there will be a review in three months' time to confirm progress.

Financial update

In month 11 progress towards a better outcome than budgeted for continued, and we will update the Board at the meeting on the emerging picture for month 12 which appears to have maintained the positive trajectory.

On behalf of the Board, the Quality and Performance Committee agreed to pursue a savings opportunity that may arise in 2016/17 in relation to rates. The Trust has written to seek the Department of Health's views on trusts attempting to reclaim discounts on business rates. At least 80 NHS trusts in England have written to local authorities claiming they are eligible for an 80% discount on business rates backdated for six years, meaning the government and local authorities, who share business rate revenues, could have to pay up to £1.5bn. Belfinger GVA have approached this Trust to join the action in return for a share of the rebate secured. The Department of Health is still considering the issue and a reply is awaited.

The Committee also approved the extension of the Trust's loan to Viapath provided the other shareholders made the same commitment.

Quality update

This is the first opportunity to acknowledge the receipt of the CQC report on the Trust following their inspection in September 2015 and the Trust's overall rating of "Good". The Trust was pleased with the report overall and very proud of our staff. The CQC team clearly identified that our staff really do go the extra mile, and that our patients come first. There were three 'must do' actions which we have responded to via action plans that were approved by the Board. These covered improving governance links between directorates with surgical activity to ensure learning and concerns are shared in a timely way, ensuring that all women attending the maternity department receive a documented venous thromboembolism risk assessment and ensuring that appropriate levels of midwifery staffing are available in all areas so that women are cared for in the most appropriate environment. We have now drawn up an action plan that deals with all the 'should do' recommendations in the report, which is attached to this paper for you to note. The implementation of the actions will be monitored and reviewed on behalf of the Board by the Quality and Performance Committee.

The Trust's Quality Summit with the CQC took place on Monday 18 April involving colleagues from the inspectorate, commissioners, NHS Improvement and other stakeholders. The CQC presented its report formally and then received the Trust's response and action plan. The session then considered four issues – the emergency care pathway, l never events, community IT and the action plan which produced some helpful suggestions and aired important shared concerns and areas of common interest with a significant group. The ratings are now displayed around the Trust and on the website as required.

Business Planning update

It is important to note that this is the first meeting of the Board of Directors of the 2016/17 financial year. The Trust's 2016/17 Operational Plan and board declarations were submitted to NHS Improvement on 18th April, subject to formal Board approval. The Plan outlined a number of substantial risks to delivery and expects conversations with Monitor / NHS Improvement to continue over the coming weeks. The Trust developed the Operational Plan according to the specific guidance published by national NHS bodies. We have published the public version of this plan with the Board and Council of

Governor papers. The contents were discussed separately with the Board before submission and at the Service Strategy Working Group of the Council of Governors.

We are facing a year of unprecedented uncertainty for purchasers in the NHS with major constraints on NHS funding. We are still in discussions with several commissioners, including NHS England for our specialised services, to agree our contracts for 2016/17.

Following careful consideration, the recommendation is to submit a plan to deliver an underlying surplus of £3.6 million (which, after factoring in capital donations is a £30.8 million surplus). Our current plan is based on the Trust receiving £19.2 million general Sustainability and Transformation Funding from NHS Improvement with a control total of £12.5 million (made up of the underlying surplus of £3.6 million plus £8.9 million depreciation on donated assets). However, negotiations about our portion of the fund, and associated caveats, continue. These issues, combined with the scale of internal efficiency savings the Trust needs to make, means there are substantial risks to the Trust achieving the financial plan.

We will continue to manage the delivery of safe and effective care alongside the delivery of financial and access standards. However, as with all NHS organisations, balancing the need to deliver high quality care in the context of increasing demand and patient complexity is a continual challenge. In 2016/17 we will manage this alongside staffing challenges and constrained capacity. We are investing in better A&E facilities but in the short-term the redevelopment work will impact our ability to treat all patients within 4 hours in our A&E department in quarters 3 and 4. The impact of the junior doctor strikes means that we have declared we will not be able to meet all national waiting time standards in quarter 1. We have declared our expectation that we will meet all cancer standards throughout the year, including the 62 day standard for patients referred directly to the Trust, but we will not be able to meet this standard for patients referred from other trusts until 85% of referrals are in line with agreed timed pathways.

Despite these challenges, we are committed to delivering the plan, including substantial strategic change and service improvement. We will work with our staff, national NHS bodies and health and social care partners to address the

challenges we all face. This includes working together to develop Sustainability and Transformation Plans based on specific geographical 'place-based' areas by June.

The Board's approval is requested for the Trust's Operational Plan for 2016/17 as circulated separately on Monday 18 April.

3. Internal transformation

Refreshing the Fit for the Future Programme for 2016/17

Work is underway to launch the refreshed Fit for the Future programme for 2016/17. The programme will continue the Trust's journey to improve quality, safety and efficiency continuously through:

- both incremental and transformational change;
- different levels within the organisation: within clinical teams, departments, directorates and across the Trust; and in partnership with other organisations;
- creating an organisation that is consistently excellent in all aspects: efficiency, access, quality, continuous improvement, and is able to thrive in the current financial climate;
- energising and engaging the workforce and our patients through the programme, which reinforces and exemplifies our values in the way its run.

The programme will encompass the Trust's delivery of the recommendations in the Carter report. We have a very welcome opportunity to work closely with partner trusts in KHP, particularly King's College Hospital, to deliver aspects of the programme at a greater scale and pace, as well as leverage the benefits of a shared approach.

4. Pursuing a system leadership role through external transformation

Sustainability and Transformation Plan (STP) Update

NHS organisations in South East London have come together to develop an ambitious plan for accelerating implementation of the 5 Year Forward View, through its STP, which builds on the work of the Our Healthier South East London programme (OHSEL). STPs will cover the period between October 2016 and March 2021, and will be subject to formal assessment in July 2016 following submission in June 2016. Work has already begun to develop the STP for SE London. I have taken on the role of SRO for the project, working closely with Andrew Bland, Chief Officer of Southwark CCG, Andrew Parsons, Chair of Bromley CCG and Barry Quirk, Chief Executive of Lewisham Council.

SE London is in a strong position thanks to the work already done as part of OHSEL programme, and this has led to SE London being nominated to be the example STP for the whole of England.

Our intention is to share the draft STP with governors prior to formal Board approval via the Corporate Management Committee.

Vanguard update

Attached to this report is a draft memorandum of understanding between the Trust and Dartford and Gravesham NHS Trust to regulate the arrangements for the work on the vanguard using funds from NHS England. It draws the Trusts closer together and is likely to be matched by a partnership agreement with NHS England. This document has been reviewed by lawyers and is for approval by the boards of both trusts simultaneously.

The agreement is deliberately low key. It asks for delegated authority to act but this is restricted to what the Board has approved in terms of plans for the vanguard and so it can only authorise what has been approved in advance. There is an arrangement for handling liabilities for staff; those for vanguard staff will be shared unless they were previously employed

by one or other trust in which case the home trust assumes liability. We will expect other liabilities to be dealt with in work stream proposals which should make clear whether risks are being carried, and on what basis, or can be insured against. Finally, the agreement commits us to brief the Council of Governors and is a useful reminder that this will be important for a number of current initiatives where the governance arrangements must factor in the range of Foundation Trust requirements.

The Board's approval is requested to enter an MoU with Dartford and Gravesham on these or broadly similar terms any amendments to be approved by the Chief Executive.

6. Appointments

6.1 The Board is invited to note the following Consultant Appointments since last reported three months ago at 27th January Board of Directors meeting.

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
07/01/2016	Consultant in Otology and Auditory Implant (CON260)	Miss Irumee Pai	Replacement	100% GSTFT	N/A	01/02/2016
15/01/2016	Consultant in Community Paediatrics (CON259)	Dr Jessica Ruth Turnbull	Replacement	100% GSTFT	N/A	01/03/2016
21/01/2016	Consultant in General Haematology (CON261)	Dr Anicee Danaee	Replacement	100% GSTFT	N/A	TBC
29/01/2016	Consultant in Paediatric Dentistry for Cleft Service & Paediatric Dental Services (CON250)	Miss Nabina Bhujel	New	100% GSTFT	N/A	16/05/2016
COMMENTS: This is a replacement post, expanded to create 1WTE. The teams at the Cleft main centre at STH have implemented systems and processes which have enabled the service to function well despite constant increase in activity . This post will enable Paediatric Dentistry and Cleft to increase clinical activity and reduce our waiting lists, increasing our ability to meet our 18 week RTT targets. Within this quicker treatment process we will be better able to catch if patients have cancer.						
05/02/2016	Consultant in Weaning, Rehabilitation & Complex Home Ventilation (CON264)	Dr Michelle Ramsay	New	100% GSTFT	N/A	09/05/2016

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
COMMENTS: Recruitment to this post ensures that Lane Fox will maintain capacity to deliver key Trust access standards while supporting continued service expansion via activity growth at the Lane Fox Remeo satellite unit and partnerships with centres across south east England. This post will bring key quality benefits, income gains and support the strategic direction of the service as a leading specialist provider at a national level. The appointed consultant will lead on non-cardiac neurological clinics (two per month), Lane Fox clinics (weekly) and HAC clinics (one per month). The continued activity ramp This post was funded out of a vacant 7PA consultant vacancy, NHS consultant recharges to Lane Fox and non-NHS funding for the clinical lead's editorial commitments. It is expected to provide additional income and reduce locum expenditure						
11/02/2016	Consultant Cardiology with special interest in heart failure (CON262)	Dr Adam McDiarmid	New	N/A	100% GSTT (Charity Funded)	20/06/2016
COMMENTS: New post created via Heart Failure-Charity Bid. The heart failure service across King's Health Partners has expanded over recent years and we know have 7 consultants and 12 heart failure nurses. The Consultant will provide two cardiology clinics, increase income replace existing locum usage and offer additional clinical benefits and hopefully longer term financial benefits through refining the pathway for Heart Failure patients.						
10/03/2016	Consultants in Anaesthesia (CON267) x 6	Dr Jeyanjali Jeyarajah Dr Debamoy Chatterjee Dr Tobias Matthew Dixson Dr Clarissa Carvalho Dr John Friis Dr Holly Chamarette	Replacement	100% GSTFT	N/A	TBC
17/03/2016	Consultant Urologist (Prostatology) (CON263A)	Mr Sachin Malde	Replacement	100% GSTFT	N/A	TBC
18/03/2016	Consultant in Emergency Surgery (CON268) x 2 Posts	Ms Sarah Elizabeth Wheatstone Mr Ivan Tomasi	Replacement	100% GSTFT	N/A	TBC
24/03/2016	Consultant Haematology (Myeloma) (CON266)	Dr Inas El-najjar	Replacement	100% GSTFT	N/A	TBC

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
31/03/2016	Consultant in Paediatric Neurology with a special interest in Complex Movement Disorders (CON274)	Dr Daniel Edward Lumsden	New	100% GSTFT	N/A	TBC
COMMENTS: Enhances current services to meet increased referrals, strengthens the case for neuro surgery at the Evelina and will help to develop specialist networks across the South East to provide local education and care to be provided closer to families homes. Seeing considerable increase = demand for the inpatient and outpatient services						

6.2 The Board is also invited to note the following Honorary Appointments:

Name of post	Appointee	Department	Start date	End date
Consultant	David Paul Drake	Paediatric general surgery	01.01.16	31.12.16
Consultant	Alain Fraisse	Paediatric Cardiology	01.01.16	31.12.16
Consultant	Ellen Thomas	Clinical Genetrics	23.01.16	22.01.17
Consultant	Jasper Bekker	Dental and Maxiollofical Radiology	21.01.16	25.04.16
Consultant	Julien Baruteau	Paediatric Metabolic Medicine	01.02.16	31.07.16
Consultant	James Nurse	Paediatric Metabolic Medicine	01.02.16	31.07.16
Consultant	Mahesh Chandra Nanjundappa	Cardiology	08.02.16	07.02.17
Consultant	Andrew Markey	Dermatology	01.01.16	31.12.16
Consultant	Sinead Langan	Dermatology	01.01.16	31.12.16
Consultant	Cheuk Chan	Cardiology	02.03.16	31.01.17
Consultant	Ljubomir Novakovic	Dermatology	01.01.16	31.12.16

Dartford and Gravesham NHS Trust

Guy's and St Thomas' NHS Foundation Trust

MEMORANDUM OF UNDERSTANDING BETWEEN DARTFORD AND GRAVESHAM NHS TRUST AND GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

Introduction

1. This Memorandum of Understanding (MoU) is signed between Dartford and Gravesham NHS Trust (DGT) and Guy's and St Thomas' NHS Foundation Trust (GSTT), together "the Trusts".

2. As part of the implementation of the Five Year Forward View, the two Trusts have been selected by NHS England as a New Care Models Acute Care Collaboration Vanguard site.

3. The partnership's vision is to develop a sustainable local hospital model that makes best use of scarce resources and can be replicated across the NHS. It will look to improve outcomes and access, reduce costs and meet challenges of increased demand.

4. To achieve this vision, the Trusts are working collaboratively to develop and test the options to create a Foundation Healthcare Group model.

Purpose of the MoU

5. This MoU sets out the way in which the Trusts intend to work together as part of the New Care Models Vanguard Programme to explore the sustainability of local services through a Foundation Healthcare Group model. It records the joint arrangements that the Trust agree to follow to enable this work to be carried out and the governance arrangements for it. It is also a framework which records the Trusts intentions as at the date of this MoU.

6. Each of the Trusts has existing relationships and this MOU is not intended to affect any other partnerships, arrangements or relationships. If during the programme either Trust identifies that the scope of the vanguard affects any existing relationships they will work together, as appropriate, to accommodate or amend the existing relationship and/or this MOU.

Status of this MoU

7. This MoU is not exhaustive and is not, and is not intended to be, legally binding between the Trusts, except where specifically stated.

8. Notwithstanding the non-legally binding nature of this MoU, each party acknowledges and agrees that the success of the Programme depends on each of them being a fully-committed and engaged partner. Accordingly DGT and GSTT undertake to ensure that its officers and representatives will act in a manner to enable them to meet their obligations as set out in this MoU, such obligations to include taking any action in respect of the Programme in a collegiate and collaborative manner, and having due regard to (i) the patient's experiences of care received pursuant to the Programme and (ii) to the financial actions of such action.

9. This MoU is predicated on vanguard programme plans that are agreed by the Boards of both Trusts.

10. This MoU is iterative and may be updated from time to time where agreed and approved by the Vanguard Programme Board and the Boards of both Trusts.

Background and vision

11. The Trusts are both stable and successful organisations. DGT is a successful medium sized district general hospital serving a population across North Kent and part of South East London. GSTT is a large integrated acute and community provider delivering care via a range of community, local and tertiary specialist services to a wide population base.

12. GSTT values are to:
    - Put patients first
    - Taken pride in what we do
    - Respect Others
    - Strive to be the best
    - Act with Integrity

13. DGT values are:
    - Care with compassion
    - Respect and dignity
    - Striving to excel
    - Professional standards
    - Working together

14. Since 2014 the Trusts have explored the possibility of working closer together, building upon their shared culture and values. In May 2015 NHS England invited expressions of interests from acute providers to become acute care collaboration vanguards and explore how they can link together to improve their clinical and financial viability.

15. In September 2015 the Trusts were chosen by NHS England as a vanguard site to explore the options for developing a Foundation Healthcare Group model.

16. Since October 2015 the Trusts have mobilised the vanguard programme, with funding from NHS England and investment of time and contribution in kind from senior managers at both Trusts, a programme governance structure (see points 22-30) has been implemented and the workstreams are underway.

17. Both Trusts recognise that the progress of the vanguard programme is dependent on funding from NHS England.

Fundamental principles

18. This MoU is based on and supported by a set of underpinning partnership principles for the vanguard programme, developed and agreed by the Trusts, these are:

    18.1. Clinically led, rooted in patient centred care

    18.2. Partnership driven by member value and mutual respect

    18.3. Mutual recognition and mitigation of asymmetric relationship

    18.4. A DGT led partnership with wins for both parties

    18.5. An opportunity to collaborate on developing new roles and training rotation programmes to improve the ability to recruit and retain high quality staff

    18.6. Continuous quality, open dialogue to build trust

    18.7. Honesty around organisational ambition, capacity and capability

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18.8. Retaining positive relationships with other existing partners – it is not an exclusive relationship

18.9. Flexible development of the operating model to match pace of change

18.10. Joint, high quality sponsorship, leadership, governance and team

Scope of the programme

19. In exploring the development of a Foundation Healthcare Group model, the Trusts have identified clinical, non-clinical and an organisational design workstream to support the delivery of this.

20. The Trusts agree that the organisational design workstream will include an options appraisal of the governance, organisational form and/or legal vehicle options for a Foundation Healthcare Group, including the potential levels of delegated authority.

21.

Programme governance and scheme of delegation

22. The work of the vanguard programme is overseen by a Vanguard Programme Board. The Vanguard Programme Board membership is drawn from the Boards and Senior Management Teams of both Trusts. The Senior Responsible Officers (SROs) for the programme are members of their respective Trust Boards and are members of Programme Board.

23. The Vanguard Programme Board has delegated authority from the DGT and GSTT Trust Boards to take decisions on behalf of the programme within the scope of plans agreed by each Trust board.

24. Decisions taken by the Vanguard Programme Board within the scope of authority delegated by each Trust are binding and each Trust agrees to enact these decisions in a fair and equitable way.

25. The Deputy Chief Executive, DGT and Director of Organisational Development, GSTT will act as joint Programme Directors to direct and manage the programme. The Programme Directors report and are accountable to the two SROs. The Programme Directors are members of the Vanguard Programme Board.

26. The Vanguard Programme Board will provide strategic direction to the programme, ensure that the programme is able deliver the identified benefits and to manage any interdependencies between the individual work streams, or between this programme and other major organisational change.

27. The Vanguard Programme Board will make major decisions on how investments are allocated, provide strategic direction, manage significant risks and champion the programme and influence senior stakeholder groups in accordance with programme plans approved by each Trust Board.

28. The Vanguard Programme Board will report to both Trust Boards on a quarterly basis.

29. Both Trusts will sign a Partnership Agreement with NHS England, an assurance framework by which the vanguard programme will be held to account.

30. The Trust Boards will keep their respective Governors well informed of progress with the programme.

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Timeframe

31. The vanguard programme will receive funding from NHS England on a quarterly basis throughout 2016/17 and through the Sustainability and Transformation Fund for 2017/18. This funding will be allocated based on an ongoing assurance process through the NHS England Partnership Agreement. Funding from NHS England will be received directly by one of the Trusts as agreed with NHS England; the other Trust will invoice for costs incurred for the vanguard programme.

32. Subject to the funding received from NHS England, the Trusts will agree the scope of the programme and a high level plan with quarterly milestones through to 2017/18.

33. Both Trusts will use reasonable efforts to make sufficient resources available to deliver the programme within the agreed timeframe and meet the agreed milestones.

Costs

34. Costs of the programme will be monitored and quarterly spend will be shared with NHS England. The Programme Board will receive a finance update every quarter prior to the NHS England quarterly assurance meeting.

35. Both Trusts commit to providing agreed in kind contributions/resources to deliver their commitments as per the funding allocation and agreed programme of work with NHS England.

36. Each Trusts internal approval processes must be adhered to according to both organisations Standing Financial Instructions for costs and payments associated with the vanguard programme.

37. All decisions with financial implications shall be ratified through the Programme Board. The Programme Board will review, approve or reject new business cases/and or project initiation documents/work stream plans (in line with Standing Financial Instructions) related to the vanguard programme.

38. Due to differentiating levels of approval required at each Trust the Trusts agree to apply the limits applicable at DGT based on an annualised revenue cost or capital cost (excl VAT) basis:
    - Less than £50k Executive Team
    - £50k - £250k Business Case Committee
    - Over £250k Finance Committee

39. The Trusts agree to share the liabilities, risk and resources associated with the programme across both organisations as determined by the Programme Board.

Confidentiality of data and information

40. Disclosure of information by each Trust will only be undertaken within a legal framework of the Data Protection Act 1998, the Human Rights Act 1998 and in compliance with the Common Law Duty of Confidence.

41. The Trusts recognise that the development of a Foundation Healthcare Group model, including the organisational design workstream options appraisal, and overall delivery of the Vanguard Programme will require the sharing of data and information by the Trusts with each other and with NHS England, as agreed within the NHS England Partnership Agreement. The information to be shared can be categorised as follows:

    41.1. Patient data for clinical purposes
    41.2. Staff data

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41.3. Anonymised patient data for planning
41.4. Commercial data on activity and quality metrics

42. Anonymised data relating to the tracking of Vanguard benefits and spend can be shared with NHS England as required once reviewed by the workstream executive groups/Programme Directors.

43. Each workstream that requires the sharing of personal data will require a data sharing agreement. These will detail the type of information that can be shared, how it will be shared and how it will be used. The agreement must be in place prior to any patient identifiable data being shared between the Trusts.

44. This provision is intended to be legally binding: The Trusts agree to treat commercial data, staff data and anonymised patient data and information as confidential to be used only for the purposes of the vanguard programme and not use for any other purpose, and agree that such confidential information shall not to be disclosed to third parties (other than any professional services / legal firms appointed to work on the Vanguard Programme) without the consent of the Trust originating the data or information. This provision relates to confidential information and data, whether or not marked as confidential, that is not already in the public domain.

45. Relevant non-personal data may be shared with professional services / legal firms appointed to work on the vanguard. Data sharing and handling will form part of all agreements with third parties.

46. In the event that the Vanguard Programme and development of a Foundation Healthcare Group does not proceed the Trusts will agree, if necessary and acting reasonably, the arrangements for the destruction, or return to the originating Trust, of data or information shared in the course of the vanguard programme.

47. The Trusts further agree that if either receives a Freedom of Information request in relation to the vanguard programme they inform the other Trust promptly, where practicable, and the vanguard programme SROs will sign off an agreed response on behalf of their organisation before any disclosure is made, but without prejudice to each Trust meeting its own statutory obligations.

Appointments to the programme

48. All appointments to the vanguard programme will be subject to funding from NHS England.

49. Approval of funding to posts appointed to the programme will be approved at the Vanguard Programme Board and vacancies will be advertised by both Trusts at the same time. Each Trust will follow its individual pay policy and governance processes, except in the circumstances that key principles have been agreed by the Programme Board.

50. The candidate will be employed by the Trust they have applied for the post through.

51. Application of the HCAS allowance will depend on the location of the post and the proportion of time each member of staff spends at each location. Inner London HCAS will apply to posts that require 50 per cent or more of their working time in locations attracting this supplement, whether they are employed by GSTT or DGT. Fringe allowance will apply to posts where more than 50 per cent of the member of staff's time is spent at locations attracting this supplement. The recruiting manager will advise the Trust recruitment team of the anticipated allocation of time between the sites at which the employee will work.

52. The employing trust will be responsible for all payments of salary, provision of employment benefits, funding for training and development ("Employment Costs") for its relevant employee,

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but shall be reimbursed a pro rata share in respect of the same by each other, but funded through the vanguard programme.

53. In the case of redundancy costs any previous service prior to joining the vanguard programme would remain the liability of the employing Trust, if the circumstances are such that employee was already in the employ of the Trust at the time of appointment to the vanguard programme. However for all other employees, the liability incurred as part of the vanguard programme would be equitably pooled by both Trusts.

54. The employing trust's policies will apply in all matters concerning performance review and appraisal. The employing trust will seek and take into account the views of representatives of the other trust in respect of performance review and appraisal. An agreed shared process will be established.

55. The employing trust to undertake an assessment of impact on staff where there are changes to funding or the employee's terms and conditions including consideration of an consultation in respect to TUPE and/or redundancies and appropriate arrangements to maintain NHS Pension Scheme membership.

Communications

56. The Trusts have agreed a communications and engagement strategy for the vanguard programme which both are committed to adhering to.

57. The Trusts agree to coordinate all communications to the media, internal and external stakeholders in relation to the vanguard programme.

Resolving disputes

58. The Trusts shall act in good faith in the operation of this MoU.

59. In the event that a dispute arises between the Trusts in relation to the operation of this MoU, then either party may refer the dispute for resolution in accordance with the following escalation process:

59.1. Either Trust may serve written notice of the dispute on the other Trust, setting out full details of the dispute;

59.2. A nominated representative for each Trust shall meet in good faith as soon as possible and in any event within seven days of the notice of dispute being served pursuant to clause 59.1, at a meeting convened for the purpose of resolving the dispute;

59.3. If the dispute is not resolved by the meeting detailed in clause 59.2, the Chief Executives of both Trusts shall meet in good faith as soon as possible after the relevant meeting and in any event within 14 days of the date of the meeting, for the purpose of resolving the dispute; and

59.4. If the dispute remains unsolved following the meeting detailed in clause 59.3 the Trusts shall attempt to settle the dispute by mediation in accordance with the CEDR Model Mediation Procedure or any other model mediation procedure agreed by the Trusts. Either Trust may give notice in writing (a "Mediation Notice") to the other Trust requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed between the Trusts asking them to nominate a mediator. The mediation shall commence within 20 working days of the Mediation Notice being served. The Trusts shall co-operate with any person appointed as mediator, providing them with such information and other assistance as they require and will pay their costs as they shall determine or in the absence of such determination such costs shall be shared equally.

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Signatories

Janardan Sofat, Chairman Susan Acott, Chief Executive

Dartford & Gravesham NHS Trust

(agreed at Trust Board, [insert date])

Sir Hugh Taylor, Chairman Amanda Pritchard, Chief Executive

Guy's and St Thomas' NHS Foundation Trust

(agreed at Trust Board, [insert date])

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Trust Board of Directors	Guy's and St Thomas' NHS NHS Foundation Trust
Six monthly workforce staffing report	**27th April 2016** **BDA/16/10**

This paper is for:			Sponsor:	Dame Eileen Sills DBE	
Decision	✓	Approval	Author:	Dame Eileen Sills DBE	
Discussion			Reviewed by:		
Noting			CEO*		
Information			ED*		
			Board Committee*		
			TME*		
			Other*		

* *Specify*

1. Summary

1.1 The following report represents the outcome of our regular six monthly staffing reviews which took place in January of this year. We have delayed the reviews from October as we had anticipated the release of information around the Nurse Associate role. However, this was delayed and is now subject to consultation. We have therefore undertaken an interim review recognising that at some point later this year we will be reviewing staffing in some areas that have expressed an interest in building the Nurse Associate role into their establishments.

1.2 As is normal practice all Ward Sisters/Charge Nurses, Matrons and Community Nurse Managers were involved in the review and on this occasion most were accompanied by their General Manager to ensure good alignment with business planning.

1.3 The reviews, with the exception of the Oncology & Haematology directorate, were conducted by the Directors of Nursing, the findings of which were reviewed and signed off by the Chief Nurse.

1.4 The staffing reviews followed the model we have used before, which included a review of acuity, planned business planning changes, recruitment and retention issues, required uplift, professional judgement and this time an additional step of a peer to peer review.

1.5 In addition to reviewing the staffing profiles this review also took the opportunity to discuss and receive assurance on the following:

- Contact facing time
- Assurance on the fundamentals of care and response to actions required following practice audits
- Compliance with nurse competencies
- Compliance with the new morning ward round and the role of the Deputy Ward Sister/Charge Nurse
- Assurance on readiness for revalidation and the amended appraisal process this year
- Assurance on the use and compliance with health roster and the Trusts roster policy

1.6 As we have demonstrated in previous reviews the senior nursing leadership team are very engaged, have a good understanding of what is required but also understand where they need assistance.

1.7 The reviews have highlighted that staffing levels across the Trust are in line with meeting the needs of our patients. The only area looking for a growth in staffing is the Admissions ward, they have requested an additional nine wte staff, the majority of which are nursing assistant posts. This is being managed through business planning. Appendix one sets out the detail of the ward establishments and the nurse:patient ratio.

1.8 Although the Trust has led successful recruitment campaigns the vacancy levels at the end of February 2016 are 10.1%. (The current budgeted wte is 5,663.7 with 5,091.9 in post). Within this figure though are three clinical directorates where the vacancy rate is above 18%; acute medicine, GI medicine & surgery and community adults. Specific action plans are in place for acute medicine and community adults and set out in appendix two. Further work is underway in GI medicine & surgery to understand the actions required.

2. Request to the Board of Directors

2.1 To approve the nurse & midwifery staffing levels and to note the actions being taken within the two high risk directorates

2.2 This will be the last of this style of review. New national guidance is expected shortly that will be asking for a formal annual staffing review across all professional groups. How we will conduct this with the same rigour and detail as we have done with the nursing reviews will be put in place in the coming weeks.

3. Six monthly staffing reviews

3.1 The six monthly staffing reviews have been undertaken with the Ward Sisters/Charge Nurses, Matrons and Heads of Nursing for each directorate. The Ward Sisters/Charge Nurses and the directorate management team have reviewed their establishments using their acuity data, applying professional judgement and going through a peer to peer review process. Appendix one sets out in detail the outcome of this review. The establishments all demonstrate effective nurse:patient ratios and we have also maintained the additional nurse in charge of the shift and the Ward Sisters/Charge Nurses remain in a supervisory position.

3.2 A number of directorates have made some local adjustments to staffing by moving funded establishments, the only area looking for investment is the Admissions ward. They are requesting an additional 1.8 wte band 5 Staff Nurses and 7.2 wte Nursing Assistants. Following the review this has been supported and is being managed through business planning. Once the planned activity growth is signed off as part of business planning there may need to be a review of directorate establishments, for example PCCP, should the number of theatre sessions increase.

3.3 The directorate reviews considered a number of other areas in particular were the patient:nurse contact time. All our wards set a target of 70% of their time to be spent in direct contact with their patients. The activity assessments that were undertaken demonstrated that the majority of areas achieved 70% and above which is very positive. The assessment was undertaken using a different model, one which is used in Manchester Trusts. This better reflects the time spent with patients and will allow benchmarking going forwards. (See appendix 3)

3.4 The directorates were also asked to confirm assurance on all patients receiving fundamental care throughout the 24 hours and how they are responding to the recent audit results. All demonstrated the commitment to ensuring all aspects of fundamental care are delivered to patients and, how they now review patients within a model adopted across all wards adapted to their specialty, this is now monitored by them daily. In November last year we standardised across the Trust how our Ward Sisters/Charge Nurses, and their deputies in their absence, undertook their daily review of their patients. All Ward Sisters/Charge Nurses are now asked to undertake a daily ward round between 8am-10am, they are expected to review the care the patient has received and the plan of care going forward and also to ask a standard set of questions: Do you know why you are here; do you know what your plan of care is; your date of discharge is being planned for x date and what do we need to do to help. At present there is anecdotal evidence that standardising this way of working has had a positive impact on the flow of patients within the Trust.

3.5 During discussions the use of Health Roster was considered please see Section 5 below for further detail.

4. Agency Cap

4.1 In November Monitor introduced an agency cap and a restriction on the use of non framework agencies. The Trust has been set an agency cap of 6% against its total pay bill on nursing & midwifery. In November this was just above 8%, by the end of February we have reduced this to 5.1%. The Workforce Governance Group with support and commitment from the Heads of Nursing has ensured this reduction has been achieved by careful controls being applied and monitored, the implementation of a new specials policy and a reduction in the hourly rates.

4.2 In relation to the use of non framework agencies, we currently use two; Cheviot and Continental Travel Nurse. Cheviot provides a very small number of Occupational Health Nurses and Continental Travel Nurse provide a significant number of nurses on 13 week placements. Monitor approved the use of these agencies and we are currently working with them as to assess what needs to happen post April. For 2016/17 we have a further target reduction to achieve 3% by March 2017. This will need to be delivered through continuing effective recruitment and retention, increasing the size and scope of our nursing bank and effective rostering of staff.

5. Health Roster

5.1 Health Roster for Nurses and Midwives was implemented over a 15 month period and concluded in February 2014. There have remained ongoing issues with the use of the system and compliance with the Trust roster policy. As part of business planning and following release of Lord Carter's report, the use of Health Roster at Guy's & St Thomas' has become a key priority for us. A small dedicated team will be established shortly to re-launch, train and monitor compliance against an agreed set of metrics. At present it is difficult to be exact what benefits we expect to realise. However, these will be tracked and monitored. Nevertheless with the need to reduce our agency spend to 3% in the next 12 months effective rostering is a key enabler.

6. Recruitment and Retention

6.1 We are in the process of revising our recruitment and retention strategy. Whilst doing this we are continuing to proactively recruit, and to consider innovative ways of retaining staff, which also includes how we use our partnership with our Universities to maximum effect.

7. New Roles

7.1 Health Education England launched a consultation in January on the establishment of a new role. The Nurse Associate role is seen as a bridging role between the Nursing Assistant and Registered Nurse. We support this role and we can identify key areas in the Trust where the role will add value. We are now waiting to see the outcome of the consultation and will respond proactively in adopting the role. It is very likely in this scenario that we will work in partnership with London South Bank University.

Appendices:

Appendix 1 – Directorate workforce reviews (separate attachment)
Appendix 2a – Acute Medicine Recruitment Update & Priorities 2016/17 (attached below)
Appendix 2b – Adult Community Recruitment Update & Priorities 2016/17 (attached below)
Appendix 3 – Activity Clock results comparison table (attached below)

Guy's and St Thomas' NHS
NHS Foundation Trust

Appendix 2a

Acute Medicine

Nursing Recruitment Update & Priorities 2016/17

Background

The Acute Medicine Directorate employs over 500 nurses. Traditionally Acute Medicine is seen as an excellent environment for newly qualified nurses to consolidate their training and learn the art of being a 'registered nurse'. Traditionally we have seen the same pattern over the years where, with confidence gained, the nurses are ready to spread their wings and move onto more specialist areas such as ITU, the ED, oncology wards and so on. Usually this is within the trust and the directorate is happy to support these areas with the streamlined transfer of nurses.

However, it does leave Acute Medicine in the position of always waiting for the next round of newly qualified nurses to get their PIN number and start work. As the majority appear in the autumn, but transfers can happen at any time, the wards experience weeks or months with reduced numbers of permanent staff. The domino effect is that reliance on temporary staff, with all the uncertainty associated with that; followed by the need to nurture newly qualified nurses into their new roles does take its toll on our longer serving colleagues. For those areas most profoundly affected we do see an increase in short term sickness levels above 3%.

The number of vacancies has been on ongoing cause for concern and in 2015 for the Directorate as a whole the vacancy rate fluctuated between 12 and 18%.The Admissions ward; A&E Adult, Hillyers and Mark ward face the most significant staffing shortages within the Directorate. Turnover rates are also a cause for concern in certain wards including Albert Ward, EMU and Hillyers and levels of attrition need to be factored in to the ward level recruitment plans.

Purpose

The aim of this paper is to set out a strategy to stabilise the nursing workforce by reducing the current vacancy rates, reducing turnover in key wards where this is over the Trust target of 10%. We also need to ensure we accurately forecast any staffing changes going forward and plan recruitment so that we are able to effectively respond to both internal / external challenges.

Our plan is to introduce measures that present the Directorate as an attractive prospect for a satisfying and long term nursing career thus allowing us to continue to deliver and improve on the high quality care we provide.

The 3 key objectives are:

1. Implement strategies to attract talented employees
2. Focus on continually keeping posts filled
3. Retain employees by enhancing the work environment

Measures of success for at Directorate level will include:

- A vacancy rate of no higher than 10% (currently 18.84% for nursing)
- Annual turnover at 5% or below (currently 7.03% for nursing)
- Temporary staffing at a rate of 13% of pay bill (currently 20.40%)

Objectives

1. Implement strategies to attract talented employees

1a) Advertising and Recruitment

All job opportunities are currently advertised on Health jobs as part of Trust wide nursing recruitment campaigns. In 2016/17 we will update the Directorate web page to include information specific to the wards and a 'meet the team' section so potential candidates are able to view the areas they may wish to apply for. We have engaged the help of the recruitment team and the communications department to assist with this ambition and plan to launch a full advertising campaign in April 2016.

In addition to traditional advertising tools including Health jobs and Job fairs we will also be utilising alternative cost effective recruitment approaches. The aim is to reach potential applicants through the use of existing technology such as Twitter, participating on social networking websites including Linked in and Facebook and text messaging and/or email alerts about job opportunities.

We also want to take advantage of the recruiting ability of our own staff, if current employees are happy in their jobs, they can become one of the best sources of recruitment. Through the work we will do on promoting a positive staff experience we also aim to maximize opportunities afforded through word of mouth with employees as recruiters and will issue periodic reminders to staff that vacancies exist and their referrals are appreciated.

Finally with effect from December 2015 nursing was recognised as a shortage occupation allowing us to explore the recruitment of overseas nurses. We will also consider how we may target recruitment activity to the local community including the large Portuguese speaking community in Lambeth through promoting the Directorate as a place to work where they will have community support.

1b) Rotation

Currently the Directorate participates in the Trust's newly qualified nurse rotation programme however this is a generic programme and nurses usually spend one part of the rotation in Acute medicine. We are now developing Acute Medicine specific rotations to attract to nurses who would like to vary the work that they perform across the Directorate and to skill up staff to work across the Directorate providing for increased flexibility.

2. Focus on continually keeping posts filled

There are a large number of vacancies relative to the number of filled positions. There are many reasons in addition to hard to recruit posts including – the approval processes, heavy workloads preventing hiring managers from having the time to go through the selection process, and failure to anticipate vacancies. It is critically important to keep positions filled and we plan to achieve this through ensuring greater recruitment agility.

We will work with Human Resources to minimize any loss of applicants through the recruitment and selection process. We will chase up any applicants that fail to attend an interview and where appropriate offer an alternative date. We will also look to provide other options than face to face interviews where this is a barrier to the selection process. We will ensure that the time between each stage of the recruitment process is actively monitored to avoid any unnecessary delays.

We will also improve recruitment flow so managers are able to make offers to candidates in anticipation of vacancies that are projected to occur and ensure there is a ready pool of trained workers to step into vacancies as they arise. To support this we will develop recruitment targets per ward based on vacancy rates and the starter / leaver ratio.

3. Attract and retain employees by enhancing the work environment

3a) Engagement

We will develop further staff opportunities in order to retain existing employees and attract potential candidates both within and external to the Trust to achieve our ambition of becoming an Employer of Choice. We will achieve this though investing in professional development and growth and providing opportunities to learn and share best practice.

It is worth noting that 2015/16 saw the roll out of e-noting and e-prescribing within the Directorate and this roll out caused considerable disruption to all areas. As we roll out live bed state in 2016/17 with these initial issues now addressed we will be in a position to celebrate the patient safety success this now brings.

The results of the NHS Staff Survey 2015 were highly positive and as a Trust we have ranked number one for staff engagement in the country. With regard to Acute Medicine specifically, we scored particularly well with staff recommending the directorate as a place to work or receive treatment and staff reporting good communication between senior management and staff. We want to build on this and will be holding monthly focus forums for all nursing staff to attend and feedback on what we do well and how we can further develop our retention plans to reduce turnover.

3b) Widen Career Opportunities

The rotations detailed in objective 1b will be offered to both new recruits and existing staff to allow staff to learn new skills and work in different areas. Once again, this will increase the flexibility available within our nursing workforce.

In addition to the mentorship course already offered to staff we will be developing courses with accreditation for Band 5 and 6 S/Ns. Such programmes have been successfully developed and delivered in Community Adults and we want to share best practice to provide further opportunities to attract and retain staff within the Acute Directorate.

3c) Acuity and Dependency

Patients treated in the Directorate are quite often the sickest in the Trust outside of critical care. 2016/17 will see the Directorate develop staff to be able to care for more acutely unwell patients. The Directorate aims to create sub acute areas on the Acute Admissions ward and North Wing medicine beds badging them as level 1.5 beds. The Directorate will devise an in house training programme that will provide additional critical care skills to our nurses. This will increase the portfolio of skills staff possess, provide additional promotional opportunities and assist staff with the revalidation process.

3d) Management and Leadership Support

The Directorate has had a high level of absence throughout 2015, above the Trust target of 3%. One main aim will be support managers in managing sickness absence and reduce levels of absence. We will continue to work with Occupational Health and HR to achieve this.

A key measure to support staff development is through the Performance Development Review (PDR). Within Acute Medicine there has been improvement in compliance levels but there are still some wards where a significant number of staff that have not received a PDR. To address this we will support managers to improve compliance and use the process to identify talent within the Directorate (those ready now and those ready in 6-12 months).

To support these aims we will prioritise management training by making full use of Trust training opportunities to ensure that all managers have all the skills they require and feel confident to effectively managing teams and individual staff.

We also want to support leadership skills across the Directorate and will support staff access coaching / mentoring and the new Leadership programme being developed by Education, Training and Development.

Conclusion:

Each of the aforementioned themes impact on one another so it is important that all objectives set out in this strategy are monitored against a system of performance metrics and staff feedback. We will build on those measures found to be most effective and build year on year against the progress made.

Guy's and St Thomas' NHS
NHS Foundation Trust

Appendix 2b

Adult Community

Nursing Recruitment Update & Priorities 2016/17

Background

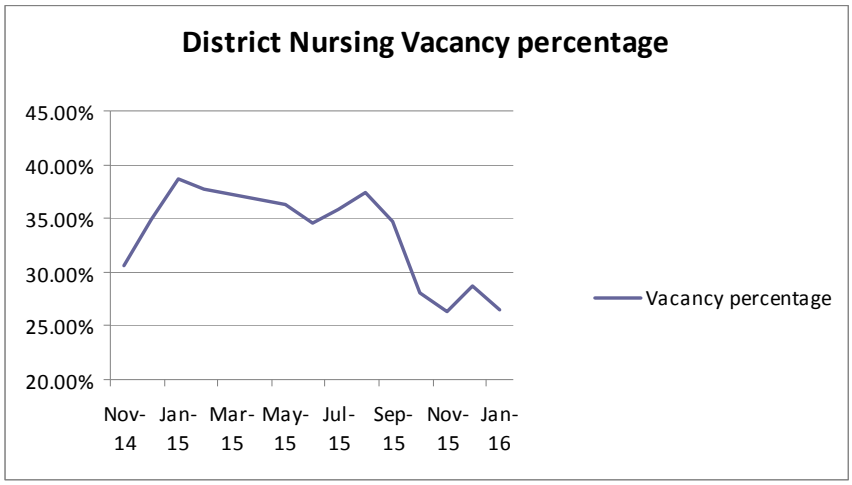
The Adult Community directorate employs nearly 500 registered nurses, and the current vacancy rate is 20%. The nurses across the directorate cover a wide range of specialities including district nursing, three community inpatient wards, @home and pal@home, and specialist services such at Tuberculosis, Homeless, Continence, Multiple Sclerosis and Heart Failure.

The greatest challenge for recruitment is within district nursing. The challenges we continue to face with the district nursing service are reflective of a national picture. Community nursing has historically not been an attractive professional option for many nurses and recruitment has been difficult despite trying different strategies and approaches. Locally we have never fallen below a 20% vacancy rate and historically it has been as high as 40%. This has meant that there has been an over reliance on temporary staffing which historically contributes to poor continuity and quality of care.

In 2013/14 a total of 5 district nurses had been trained across the whole of London and in 2013 official figures showed that the number of qualified district nurses across the country had fallen by 40%. The district nursing service at GSTT has an aging workforce with 65% over the age of 45. In response to this we have worked very closely with the universities to recruit newly qualified staff and have developed training programmes to prepare them for their roles in community settings.

Purpose

Since 2014 the vacancy levels in district nursing have been reducing, however we are finding it very challenging to recruit senior nurses (Band 6 and 7) into the service.



The 4 key objectives are:

1. Implement strategies to attract talented employees
2. Focus on continually keeping posts filled
3. Retain employees by enhancing the work environment
4. Introduce new models of care

Measures of success for at Directorate level will include:

- A reduction in the Directorate Nursing vacancy rate to 15% (currently 20%)
- A reduction in the annual turnover to 9% (currently 12%)
- A reduction in the temporary staffing as a 7.43% of pay bill (currently 12.43%)

Measure of success for District Nursing:

- A reduction in the Directorate Nursing vacancy rate to 18% (currently 25%)

Objectives

1. Implement strategies to attract talented employees

1a) Advertising and Recruitment

Our focus for 16/17 is to maintain the progress we have made in 2015 around our recruitment pathways. We advertise in a wide range of nursing journals and nhs jobs, attend local and national job fairs and we have developed a community website page which has received positive feedback. We run 6 weekly assessment centres for recruitment and track all our candidates to try and minimise delays. We also offer to pay for driving lessons for new recruits and recently two candidates took this up. We are visiting schools and universities to raise the profile of community nursing.

1b) Rotation posts and newly qualified nurses

Since 2014/5 the directorate has participated in the Trust's newly qualified nurse rotation programme, which has worked well. This promotes community as a place to work and then following the rotation the individual can apply for a permanent post. We are also recruiting newly qualified nurses directly into the service. Both options are supported by an accredited transition programme which started in 2014 and is well valued by the nurses. In May 2014 we took just 6 newly qualified nurses compared to 22 in May 2015.

2. Focus on continually keeping posts filled

2a) Reward Package

In partnership with HR we have agreed a reward package which aims to attract new members and provide support for existing staff. For community nurses working in Lambeth and Southwark the travel involved in moving around the boroughs to visit patients at home can cause additional stress. We have therefore put into place a loan to cover the congestion charge (to ease the burden of staffing paying for it upfront) and we are currently reviewing our lease car package and access to pool cars. We are working with HR to review the financial package senior nurses receive. This will help to target the particular challenge we have in attracting senior Band 7 nurses. We also promote opportunities for flexible working for nurses that wish to retire but are willing to come back on reduced hours.

2b) Staff security

This is an important issue for retention as the community staff are very vulnerable when they are visiting a patient at home alone. We do issue alarms to staff (skyguards) which can link them into a control centre who can track their location. We have identified that a poor handover from the referring organisation can lead to risks for staff, as nurses can walk into someone's home and not be aware of their full social and medical history. In 2016/17 our aim is to improve the referral information we receive to benefit the patient, but also to keep staff safe. In response to the challenges faced by staff visiting at home we have organised a Safety Summit event in April to look at how we can support staff and reduce the risks. We will look to implement actions agreed on that day.

2c) IT and reducing double entry of notes

In December 2015 a new IT system was introduced to community (Carenotes) which has been particularly challenging for the district nurses. There has been a combination of system errors and poor functionality in some aspects of the system. However some improvements are being seen and we are supporting the staff to use the system in the best way. Carenotes does provide an opportunity to introduce mobile working during 2016/17 which will free up the nurses time to spend with the patient. This will also avoid double entry data (on paper and electronic) which was highlighted in the CQC report as a potential risk.

2d) Professional Development

We have developed a Transition Programme for newly qualified and junior nurses new to working in the community which is now in its second year. The Healthcare Assistants also have a bespoke programme. All staff are offered monthly supervision with their manager. This focuses on performance and any issues which prevent nurses from being able to get the job done. It is also an opportunity for staff to identify to their manager any training and development needs which will support them in their role.

2e) Explore relationships with other providers

In areas where we have long standing challenges in recuiting to posts we will explore options to work alongside other providers (private, not for profit or other NHS organisations). This could be permanent or for a fixed period until we can stabilise our staffing. It will need to be in agreement with commissioners and where we feel we have explored all other options to recruit staff.

3) Attract and retain employees by enhancing the work environment

3a) Engagement

We are in the process of undertaking a cultural assessment, using the cultural barometer tool across the service. The results will be ready in May and this will inform our 2016/17 recruitment and retention plans. The results of the NHS Staff Survey 2015 were very positive and as a Trust we ranked number one for staff engagement in the country. The community directorate scored particularly well for staff agreeing that their role makes a difference to patients/service users.

3b) Widen Career Opportunities

The training outlined in objective 2d is also available to existing member of staff to help them learn new skills and expand their remit. We are working with the Queens Nursing Institute (QNI) to develop career pathways for community nursing.

3c) Skill mix review

During the first quarter of 2016/17 we will revisit our skill mix in district nursing to consider if we can utilise other roles within the service. The current budgeted percentage of unqualified staff is 14% (30 out of 213) and we will be aiming to move this to 18%. This will be achieved by each team recruiting one new Health Care Assistant post that we know from experience are more straight forward to fill. The community pharmacist and phlebotomists have been additions to the team and we now have Health Care Assistant's delivering insulin which will reduce the burden on the registered nurses. The new Band 4 Associate Nurse role will in the future be something that will work very well in community nursing bridging the gap between healthcare support workers and registered nurses. We have also introduced additional administrative roles to free up nurses to be able to spend more time with patients.

3d) Management and Leadership support

The Directorate has had a high level of absence throughout 2015, above the Trust target of 3%. One main aim will be to support managers in managing sickness absence and reduce levels of absence. We will to continue to work with Occupational Health and HR to achieve this.

A key measure to support staff development is through the Performance Development Review (PDR). To address this we will support managers to improve compliance and use the process to identify talent within the Directorate (those ready now and those ready in 6-12 months).

Last year we provided a bespoke leadership programme to the matrons within the service, which they found useful. We will continue to build on this work by accessing Trust training opportunities to ensure that all managers have all the skills they require and feel confident to effectively manage teams and individual staff.

4. Introduce New Models of Care – for example Buurtzorg

The community nursing staff have expressed to the Head of Nursing that they want to be given the time to provide holistic care to all patients. We are therfore piloting the Buurtzorg neighbourhood nursing model in 2016/17. We will be running two pilot sites and have agreed with GP's in Lambeth in the first instance (Akerman and Minnett Green) to pilot the model with their patients. This brings a holistic, neighbourhood based approach to caring for patients at home. In Holland this included personal and health care, and is now moving into reablement. The team are supported by coaches (rather than managers) and work with primary care providers to meet the patient's needs helping them maintain or regain their independence. This model has been very successful in Holland in recruiting talented staff.

Performance Monitoring

We are monitoring our performance against the plan at our monthly regular Directorate Management meetings, which includes the Clinical Director, General Manager, Head of Nursing and HR. This is also supported by a weekly huddle where we review the temporary spend and monitor the recruitment process. Through this close monitoring we have moved 12 nurses into substantive posts from nursing agencies.

Conclusion

Over 2014/5 we have made good progress in reducing the overall vacancy levels in district nursing. By continuing with our strategy and strengthening it in certain areas we can reduce the vacancy levels to 15% across the directorate in 2016/17. The Buurtzorg model also provides a new way of delivering community nursing care in the long-term and provides us with an opportunity to learn and adapt the model as we go.

Appendix 3

ACTIVITY CLOCK RESULTS COMPARISON TABLE

	2014	May AC- 2015	May AC - 2015	Jan-16	Jan-16
Ward		RNs	NAs	RNs	NAs
Acute Admissions Ward	NA	NA	NA	76%	76%
Alan Apley	65	56	86	67%	84%
Albert	48	52	55	82%	70%
Alexandra	70	64	65	73%	83%
Anne	42	50	81	87%	80%
Ante Natal Ward	41	35	77	68%	NA
Aston Key	52	52	61	80%	78%
Beach	49	42	x	82%	NA
Becket	NS	39	48	77%	NA
Blundell Ward	56	55	84	83%	86%
Cardiac Care Unit	43	36	36	85%	NA
Dorcas	47	56	75	80%	75%
Doulton	48	43	66	88%	92%
E.M.U.	NS	35	46	77%	72%
Esther	59	52	72	90%	NA
Evan Jones / Sarah Swift	NS	58	68	85%	80%
Florence	56	66	57	77%	70%
George Perkins	62	45	74	76%	64%
GI Unit	50	46	71	71%	75%
Gynaecology Ward	41	48	63	85%	62%
Hedley Atkins	24	52	54	80	86%
Henry	44	45	59	85%	88%
Hillyers	67	50	67	78%	71%
Howard	NA	45	x	67%	NA
Husky	NA	28	19	68%	NA
Luke / Victoria	49	51	69	85%	80%
Mark SU	59	53	68	76%	Inc.
Mountain	78	42	x	77%	NA
Nightingale	50	NS	NS	70%	74%
Patience	32	44	68	70%	69%
Postnatal	40	43	x	80%	NA
Queen	34	45	73	80%	NA
Richard Bright	36	55	63	69%	76%
Samaritan	54	73	x	86%	81%
Sarah	61	60	64	85%	NA
Savannah	83	40	x	82	NA
SCBU	NA	NA	NA	83%	NA
Somerset	NA	NA	NA	85%	80%
Stephen	44	49	x	81%	NA
Westminster M.S.	NA	50	45	75%	NA
William Gull	56	51	77	75%	82%

Directorate Workforce Reviews summary sheet Acute Medicine - Jan 2016

		Establishment								Weekday Shift				Weekend Shifts				Night Shifts					
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Registered Weekday numbers on shift	Registered Nursing: patient ratio Weekday	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Weekend numbers on shift	Registered Nursing: patient ratio Weekend	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Night Weekday numbers on shift	Registered Nursing: patient ratio weekday	Registered Night Weekend numbers on shift	Registered Night Nursing: patient ratio Weekend	Unregistered Night Weekday Numbers on shift	Unregistered Night Weekend Numbers on shift
Acute Medicine	Albert Ward	28	28.1	13.2	41.30	21.7%	68:32	1	yes	6	1:4/5	3	9	6	1:4/5	3	9	4	1:7	4	1:7	2	2
	Anne Ward	28	27.9	13.2	41.10	21.7%	68:32	1	yes	6	1:4/5	3	9	6	1:4/5	3	9	4	1:7	4	1:7	2	2
	EMU (Evan Jones)	22	31.0	8.0	39.00	22%	81;19	1	yes	6	1;4	2	8	6	1;4	2	8	6	1;4	6	1;4	1	1
	Henry Ward	28	27.9	13.2	41.10	21.7%	68:32	1	yes	6	1:4/5	3	9	6	1:4/5	3	9	4	1:7	4	1:7	2	2
	hillyers Ward 2	18	22.2	8.0	30.20	21.8%	73:27	1	yes	4	1:4/5	2	6	4	1:4/5	2	6	3	1:6	3	1:6	1	1
	Hillyers Ward 1	26	27.4	13.9	41.30	22.5%	66:34	1	yes	5	1:5	3	8	5	1:5	3	8	4	1:6	4	1:6	2	2
	Mark Ward	28	27.9	16.3	44.21	21.6%	62:38	1	yes	6	1:4/5	4	10	6	1:4/5	5	11	4	1:7	4	1:7	2	2
	Acute Admissions	52	70.4	31.1	101.50	21.7%		1	yes	12	1;5/6/7	7	19	12	1;5/6/7	7	19	11	1;6/7	4	1;6;7	4	4
	Alexandra Ward	28	27.9	13.2	41.10	21.7%	68:32	1	yes	6	1:4/5	3	9	6	1:4/5	3	9	4	1:7	4	1:7	2	2
	William Gull Ward	28	28.1	13.2	41.30	21.7%	68:32	1	yes	6	1:4/5	3	9	6	1:4/5	3	9	4	1:7	4	1:7	2	2
	A&E Adult	N/A	93.34	13.83	107.17	N/A		N/A	Yes	18	N/A	2	20	17	N/A	2	19	16	N/A	16	N/A	2	2
	A&E Paeds	N/A	22.64	1.96	24.60	N/A		N/A		3		3	6	3	N/A		3	2	N/A		N/A		
	STH UCC	N/A	15.10	0.00	15.10	N/A	N/A	N/A	N/A	see notes	see notes	see notes	0	see notes	N/A	see notes	0	see notes	N/A	see notes	N/A	see notes	see notes
	Guy's UCC (08.00 - 20.30	N/A	7.50	0.00	7.50	N/A	N/A	N/A	N/A	see notes	see notes	see notes	0	see notes	N/A	see notes	0	see notes	N/A		N/A	see notes	see notes

Directorate Workforce Reviews summary sheet Cardiovascular- Jan 2016

		Establishment								Weekday Shift				Weekend Shifts				Night Shifts						Jan-16	
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Weekday numbers on shift Registered	Nursing: patient ratio Registered Weekday	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Weekend numbers on shift Registered	Nursing: patient ratio Registered Weekend	Weekend Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Night Weekday numbers on shift Registered	Nursing: patient ratio Registered Night weekday	Night Weekend numbers on shift Registered	Nursing: patient ratio Registered Weekend	Night Weekday Numbers on shift Unregistered	Night Weekend Numbers on shift Unregistered	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart	Patient contact face time % (Based on latest audit)
Cardiovascular	Becket Ward	30	25.23	6	31.23	20%	82:18	1	yes	7	1:6	3	10	5	1:6	2	7	4	1:7	4	1:7	0	0	Yes	77%
	Doulton Ward	25	22.61	6.15	28.76	20%	81/19	1	no	5	1:7	1	6	5	1:7	1	6	3	1:9	3	1:9	1	1	no	88%
	Sarah Swift Vascular	33	34.71	7.89	42.6	21%	80/20	1	no	7	1:5	3	10	7	1:5	3	10	6	1:6	6	1:6	0	0	no	85%
	Luke Ward	13	11.12	5.2	16.32	21%	70/30	1	no	3	1:5	1	4	3	1:5	1	4	2	1:6	2	1:6	1	1	yes	85%
	Luke Ward HDU	4	10.4	0	10.4	21%	n/a	0	n/a	2	1:2	0	2	2	1:2	0	2	2	1:2	2	1:2	0	0	no	81%
	Stephen Ward	33	30.38	8	38.38	20%	70/30	1	no	7	1:5.5	3	10	7	1:5.5	3	10	5	1:6	0	1:6	0	0	no	85%
	Cardiac Care Unit	6	19.69	2	21.69	21%	88/12	1	Y/N (see comment)	3 to 4 (see comments)	1:2	0-1 (see comments)	4	3 to 4 (see comments)	1:2	0-1 (see comments)	4	3 to 4 (see comments)	1:2	3 to 4 (see comments)	1:2	0-1 (see comments)	0-1 (see comments)	no	85.00%
	Cardiac Cath Labs	N/A			0																				N/A
	Cardiac Out patients	N/A			0																				N/A

Directorate Workforce Reviews summary sheet - CLIMP- Jan 2016

		Establishment								Weekday Shift				Weekend Shifts				Night Shifts						Jan-16	
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Weekday numbers on shift Registered	Nursing: patient ratio Registered Weekday	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Registered Weekend numbers on shift	Registered Nursing: patient ratio Weekend	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Night Weekday numbers on shift	Unregistered Night Weekday Numbers on shift	Registered Nursing: patient ratio weekday	Registered Night Weekend numbers on shift	Unregistered Night Weekend Numbers on shift	Registered Night Nursing: patient ratio Weekend	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart	Patient contact face time % (Based on latest audit)
CLIMP	Nuclear Medicine	N/A	4.0	0.0	4.00	NA	NA	NA	NA	4	NA	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	No	NA
	Radiology	N/A	29.4	18.4	47.83	22%	NA	Nil	Yes	8 STH	NA	7 STH	NA	2 on call	NA	Nil	2 on call	1 on call	0	NA	1 on call	0	NA	No	NA
										5 Guys		8 Guys													

Matron x 1 WTE and HON x 1WTE included in numbers

Directorate Workforce Reviews summary sheet Community Adults- Jan 2016

		Establishment								Weekday Shift				Weekend Shifts				Night Shifts						Jan-16	
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Weekday numbers on shift Registered	Nursing: patient ratio Registered Weekday	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Registered Weekend numbers on shift	Registered Nursing: patient ratio Weekend	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Night Weekday numbers on shift	Unregistered Night Weekday Numbers on shift	Registered Nursing: patient ratio weekday	Registered Night Weekend numbers on shift	Unregistered Night Weekend Numbers on shift	Registered Night Nursing: patient ratio Weekend	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart	Patient contact face time % (Based on latest audit)
Community Adults	ARU	12	11.6	9.0	20.60	19.90%	56:44	100%	Yes	3	1:4	2	5	2.5	1:5	2	4.5	2	1	1:6	2	1	1:6	No	
	Minnie Kidd House	28	14.0	19.6	33.60	19.80%	41:59	100%	Yes	3	1:9.3	5	8	3	1:9.3	5	8	2	2	1:14	2	2	1:14	No	
	Pulross	20	17.0	13.0	30.00	19.70%	56:44	100%	Yes	4	1:5	3	7	3	1:6.6	3.5	6.5	2	2	1:10	2	2	1:10	No	
	District Nurses	26,000 / month average	183.3	30.1	213.38	16%	85.10	100% band 7, 30% band 6	yes															No	
	@home Services	average 50 - 60 contacts/day	40	15	55.00	22%	NA	0.2WTE	Yes	10-12	n/a	4-6	14-18	10-12	n/a	4-6	14-18	2	2	N/A	2	2	N/A	NO	

Specialist Nurse Services name		Funded Establishment (Qualified WTE)	Unregistred funded Establishment (WTE)	Total funded establishment (Qualified & unregistered)
Teams in place	Bladder & Bowel Specia	2	0	2
	(Acute & Community combined)	9	0	9
	Care Home support	8	0	8
	MS specialist nursing	3	0	3
	Palliative care and @home night service	see above		
	Unifed point of access (	2	4	6

Directorate Workforce Reviews summary sheet - Children's Services - Jan 2016

		Establishment								Weekday Shift				Weekend Shifts				Night Shifts						Jan-16	
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Weekday numbers on shift Registered	Nursing: patient ratio Registered Weekday	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Registered Weekend numbers on shift	Registered Nursing: patient ratio Weekend	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Night Weekday numbers on shift	Unregistered Night Weekday Numbers on shift	Registered Nursing: patient ratio weekday	Registered Night Weekend numbers on shift	Unregistered Night Weekend Numbers on shift	Registered Night Nursing: patient ratio Weekend	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart	Patient contact face time % (Based on latest audit)
Childrens	Beach	36	53.8	3.0	56.80	21.4%	94:6	1	yes	12	1:2 1:3 1:4	0.6	12.6	7	1:2 1:3 1:4	1	8	6	0	1:2 1:3 1:4	5	0	1:2 1:3 1:4	no	82%
	Mountain	43	92.0	6.0	98.00	21.4%	94.6	1	no	16	1:2 1:3	1	17	16	1:2 1:3	1	17	16	1	1:2 1:3	16	1	1:2 1:3	no	77%
	Savannah	44	80.2	7.0	87.20	21.4%	82:8	1	yes	14.5	1:2 1:3	3	17.5	13.5	1:2 1:3	2	15.5	14.5	2	1:2 1:3	14	2	1:2 1:3		82%
	Neonatal Intensive Care Unit (NICU) / Special Care Baby Unit (SCBU)	46	157.0	4.9	161.86	24.1%	97:3	1	no	25	1:1 1:2 1:4	1	26	25	1:1 1:2 1:4	1	26	24	1	1:1 1:2 1:4	24	1	1:1 1:2 1:4	no	SCBU only 83%
	Paediatric Intensive Care Unit (PICU)	18	133.0	5.0	138.00	23.9%	96:4	1	no	20	1:1	1	21	20	1:1	0	20	20	0	1:1	20	0	1:1	no	NA
	HUSKY	6	7.7	1.3	9.00	21.4%	85:15	0.5	yes	2.5	1:2 1:3	1	3.5	2	1:2 1:3	1	3	N/A	N/A	1:2 1:3	N/A	N/A	1:2 1:3	no	68%
	OCEAN Outpatient Department	N/A	6.4	4.0	10.40	21.2%	66:34	0.2	yes	5	NA	4	9	1	NA	1	2	N/A	N/A	N/A	N/A	N/A	N/A	no	NA

Directorate Workforce Reviews summary sheet GMS- Jan 2016

		Establishment								Weekday Shift				Weekend Shifts				Night Shifts						Jan-16	
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT % in budget	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Weekday numbers on shift Registered	Weekday Nursing: patient ratio Registered Weekday	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Weekend Registered numbers on shift	Weekend Registered Nursing: patient ratio	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Weekday Night Registered numbers on shift	Weekday Night Unregistered Numbers on shift	weekday Registered Nursing: patient ratio	Weekend Night Registered numbers on shift	Weekend NightUnregistered Weekend Numbers on shift	Weekend Night Registered Nursing: patient ratio	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart	Patient contact face time % (Based on latest audit)
	Alan Apley	22	25.0	8.0	33.00	21%	76:24	1	No	5	1:6	2	7	5	1.6	2	7	4	1	1:5	4	1	1:5	NO	
	GI unit	51	58.35	15.00	73.35	21%	79:21	2	No	13	1:5	4	17	13	1:5	4	17	9	2	1:6	9	2	1:6	No	
	Nightingale	28	25.00	7.80	32.80	21%	76:24	1	No	5	1:5	2	7	5	1:5	2	7	4	1	1:5	4	1	1:5	NO	

Directorate Workforce Reviews summary sheet GRIDA- Jan 2016

		Establishment								Weekday Shift				Weekend Shifts				Night Shifts						Jan-16	
Directorate	Ward Area	Numbers of Beds if applicable	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio - % reg v unreg	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Weekday numbers on shift Registered	Nursing: patient ratio Registered Weekday	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Registered Weekend numbers on shift	Registered Nursing: patient ratio Weekend	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Night Weekday numbers on shift	Unregistered Night Weekday Numbers on shift	Registered Nursing: patient ratio weekday	Registered Night Weekend numbers on shift	Unregistered Night Weekend Numbers on shift	Registered Night Nursing: patient ratio Weekend	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart	Comments
GRIDA	GUM / Sexual Health	N/A	15.8	11.8	27.58	21%	57:43	0.5	YES	8	N/A	6	14	4	N/A	3	7	N/A	N/A	N/A	N/A	N/A	N/A	NO	
	Harrison Wing / HIV	N/A	5.0	2.0	7.00	21%	70:30	0.2	YES	3	N/A	2	5	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	No	
	Child Allergy and Dermatology	N/A	5.0	1.0	6.00	21%	84:16	0.2	YES	5	N/A	1	6	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	NO	
	Dermatology Surgery and Laser (DSLU)	N/A	7.9	1.0	8.90	21%	89:11	0.2	YES	5	N/A	1	6	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	NO	
	Day Treatment Unit (Dowling)	N/A	7.96	0.0	7.96	21%	100:0	0.2	YES	5	N/A	0	5	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	No	
	Dermatology Day Centre (DDC)	N/A	6.0	6.00	12.00	21%	50:50	0.4	YES	4	N/A	5	9	2	N/A	1	3	N/A	N/A	N/A	N/A	N/A	N/A	NO	
	Photopheresis	N/A	6.6	5.00	11.60	21%	57:43	0.4	YES	4	N/A	4	8	2	N/A	0	3	N/A	N/A	N/A	N/A	N/A	N/A	NO	
	Rheumatology	N/A	4.0	3.00	7.00	21%	57:43	0.2	YES	4	N/A	3	7	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	NO	
	Reproductive & Sexual Health	N/A	13.4	7.0	20.44	21%	63:37	0.3	YES	7	N/A	6	13	2	N/A	2	4	N/A	N/A	N/A	N/A	N/A	N/A	NO	
	Young people Outreach Team	N/A	4.0	0.0	4.00	21%	100:0	N/A	N/A	4	N/A	0	4	0	00:00	0	0	N/A	N/A	N/A	N/A	N/A	N/A	NO	
	HIV Community	N/A	5.51	0.0	5.51	21%	100:	N/A	N/A	5	N/A	0	5	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	NO	
	Adult Allergy	N/A	3.0	2.0	5.00	21%	60:40	N/A	N/A	3	N/A	2	5	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	Yes	1 WTE B2 added to support additionall activity

Directorate Workforce Reviews summary sheet Haematology/Oncology- Jan 2016

		Establishment								Weekday Shift				Weekend Shifts				Night Shifts						Jan-16	
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Weekday numbers on shift Registered	Nursing: patient ratio Registered Weekday	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Registered Weekend numbers on shift	Registered Nursing: patient ratio Weekend	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Night Weekday numbers on shift	Unregistered Night Weekday Numbers on shift	Registered Nursing: patient ratio weekday	Registered Night Weekend numbers on shift	Unregistered Night Weekend Numbers on shift	Registered Night Nursing: patient ratio Weekend	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart	Patient contact face time % (Based on latest audit)
Haematology/Oncology	Dorcas	28	30.4	3.5	33.85	22%	92%	1 wte	yes	6.5	1:5	0.5	7	6.5	1:5	0.5	7	4	0.5	1:7	5	1	1:6/1:7	**NO**	**80%/75%**
	Samaritan	25	31.1	6.4	37.50	23%	83%	1 wte	yes	6.8	1:4	1	7.8	6	1:4	2	8	4	1	1:6	4	1	1:6	**No**	**73%/81%**
	Hedley Atkins	24	31.7	6.3	38.00	23%	79%	1 wte	yes	.6.8	1:4	1.5	8	6	1:4	2	8	4	1	1:6	1:6	1	1:6	**NO - end of life care role will be explored for the 2 wards Hedley and Samaritan as part of business planning**	**80%**
	Blundell	22	36.5	4.3	40.75	23%	90%	1 wte	yes	8	1 : 3	1	9	7	1:3.2	1	8	1:4/5	0.5	1:5	5	0.5	1:5	**NO**	**83%/86%**
	Esther	19	16.5	2.0	18.50	23%	88%	1 wte	yes	4.6	1:4	1	5.6	3	1:3	1	4	3	0	1:6	3	0	1:5	**NO**	**90%**
	Oncology Outpatients/Cancer Day Unit	N/A	29.6	11.0	40.60	23%	65%	1.4 wte	yes	25	NA	9	34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**NO**	**NA**
	Haematology Day Unit	N/A	11.0	3.0	14.50	23%	79%	0	Yes	9	N/A	2	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**NO**	**NA**
	Clinical Haemostasis & Thrombosis	N/A	12.2	8.0	20.20	23%	62%	0	N/A	11	N/A	6	17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**NO**	**NA**
	ENT Clinics	N/A	5.9	0.5	6.41	22%	19%	0	yes	4.9	N/A	0.5	5.4	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	**NO**	**NA**
	Pallative Care CNS	N/A	21.7	0.0	21.70	23%	100%	N/A	N/A	?20	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	**NO**	N/A

Directorate Workforce Reviews summary sheet PCCP - Jan 2016

		Establishment								Weekday Shift				Weekend Shifts				Night Shifts						Jan-16	
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Weekday numbers on shift Registered	Nursing: patient ratio Registered Weekday	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Registered Weekend numbers on shift	Registered Nursing: patient ratio Weekend	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Night Weekday numbers on shift	Unregistered Night Weekday Numbers on shift	Registered Nursing: patient ratio weekday	Registered Night Weekend numbers on shift	Unregistered Night Weekend Numbers on shift	Registered Night Nursing: patient ratio Weekend	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart	Patient contact face time % (Based on latest audit)
	ECH Theatres	N/A	79.49	5.0	84.49	20%	94:6	N/A	Yes	36	N/A	3	39	5	N/A	0	5	4+3o/c	0	N/A	4+3o/c	0	N/A	NO	NA
	ICU1 & 2&GCCU	43	282.2	10.3	292.49	22%	27:1	2	Yes	46	1:1	0.5	46.5	46	1:1	0.5	46.5	46	.5	0	46	0.5	1:1	NO	NA
	Guy's Main Theatres + Nuffield+SAL	N/A	159.0	9.9	168.87	20%	16:1	N/A	Yes	77	N/A	9.9	86.9	24	N/A	1	25	4	0	N/A	4	0	N/A	NO	NA
	Guy's Day Surgery Unit	N/A	43.1	3.0	46.08	20%	14:1	1	YES	23	N/A	3	26	17	N/A	1	18	N/A	N/A	N/A	N/A	N/A	N/A	NO	NA
	Victoria HDU	10*	51.1	4.0	55.06	22%	13:1	0.5	Yes	8	1:2 +SR	variable	8	8	1:2 +SR	variable	8	8	variable	1:2 +SR	8	variable	1:2 +SR	NO	NA
	Lane Fox Unit	14	50.8	2.0	52.76	22%	25:1	0.5	Yes	8	1:2	0.05	8.05	8	1:2	0.5	8.5	6	0	1:2.3	6	0	1:2.3	NO	NA
	STH Day Surgery Unit	N/A	64.6	5.0	69.59	20%	13:1	1	YES	38	N/A	2	40	19	N/A	1	20	N/A	N/A	N/A	N/A	N/A	N/A	NO	NA
	STH Recovery&SAL	incl 11OIR	85.8	4.0	89.84	20%	21:1	N/A	Yes	25	N/A	2	27	12*	N/A	1	13	15	0	N/A	6	0	01:01	NO	NA
	Cardiac Theatres	N/A	44.6	1.0	45.59	20%	44:1	N/A	Yes	22-26	N/A	1	1	3o/c	N/A	0	3o/c	3o/c	0	N/A	3o/c	0	N/A	NO	NA
	North Wing Theatres	N/A	117.2	5.5	122.70	20%	21:1	N/A	Yes	50	N/A	2	52	4	N/A	0	4	7	0	N/A	7	0	N/A	NO	NA
	Clinical Development Team	N/A	11.2	0.0	11.21	20%	N/A	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	NO	NA
	Pre-assessment Unit Guy's & STH	N/A	19.9	7.0	26.94	20%	3:1	1	YES	15	N/A	6	21	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	NO	NA
	ECMO	N/A	21.5	0.0	21.47	22%	N/A	N/A	N/A	2	01:02	0	2	2	01:02	0	2	2	0	01:02	2	0	01:02	NO	NA
	Pain Management	N/A	16.1	1.0	17.09	20%	NA	N/A	Yes	11.7	N/A	0	11.7	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	NO	NA
	Page HDU	4	17.19	0.00	17.19	22%	NA	0.5	Yes	3	1:2	0	3	3	1:2	0	3	3	0	1:2	3	0	1:2	NO	NA
	Doulton HDU	10	20.95	0	20.95	20%	NA	0	Yes	max 5.5*	01:02	0	5.5	5*	01:02	0	5	5	0	01:02	5*	0	01:02	NO	NA

Directorate Workforce Reviews summary sheet - Surgery - Jan 2016

		Establishment								Weekday Shift				Weekend Shifts				Night Shifts						Jan-16	
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Weekday numbers on shift Registered	Nursing: patient ratio Registered Weekday	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Registered Weekend numbers on shift	Registered Nursing: patient ratio Weekend	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Night Weekday numbers on shift	Unregistered Night Weekday Numbers on shift	Registered Nursing: patient ratio weekday	Registered Night Weekend numbers on shift	Unregistered Night Weekend Numbers on shift	Registered Night Nursing: patient ratio Weekend	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart	Patient contact face time % (Based on latest audit)
Surgery	Somerset	16	22.6	7.0	29.60	20%	75%	1	Yes &No	4	1:5	2	6	4	1:5	2	6	3	1	1:5	3	1	1:5	No	85%RN/80% NA
	George Perkins	28	28.0	12.0	40.00	20%	70%	1	Yes &No	6	1:5	3	9	6	1:5	3	9	4	2	1:7	4	2	7	no	76%RN/64% NA
	Queen Ward	18 - 24	24.0	4.0	28.00	20%	86%	1	Yes &No	5 or 6	1:4	0/1	5	4 or 5	1:5	0/1	5	2or 3	1 or 0	1:6/9	2	1	1:8	no	80%RN
	Sarah Ward	23(2)	25.1	5.0	30.13	20%	84%	1	Yes &No	6	1:4	1	7	5	1:5	1	6	3	1	1:6	3	1	1:8	no	85% RN
	Orthopaedic OPD	N/A	3.0	2.0	5.00	20%	60%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	no	90%RN/92%NA. (undertaken as a trail.)
	Fracture Clinic	N/A	3.0	0.0	3.00	20%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	no	N/A
	Hand Trauma Clinic	N/A	1.0	1.0	2.00	20%	50%	NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	no	N/A
	Plastic Dressing Clinic	N/A	2.0	0.0	2.00	20%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	no	N/A

Directorate Workforce Reviews summary sheet Abdominal Medicine and Surgery- Jan 2016

		Establishment								Weekday Shift				Weekend Shifts				Night Shifts						Jan-16	
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT % in budget	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Weekday numbers on shift Registered	Weekday Nursing: patient ratio Registered Weekday	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Weekend Registered numbers on shift	Weekend Registered Nursing: patient ratio	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Weekday Night Registered numbers on shift	Weekday Night Unregistered Numbers on shift	weekday Registered Nursing: patient ratio	Weekend Night Registered numbers on shift	Weekend NightUnregistered Weekend Numbers on shift	Weekend Night Registered Nursing: patient ratio	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart	Patient contact face time % (Based on latest audit)
Transplant, Renal and Urology	Aston Key	26	26.37	8.90	35.27	21%	75:25	1	No	6	1:5	2	8	5	1:5	1	6	4	1	1:7	4	1	1:7	NO	data for Wed
	Nuffield	12	7.0	2.0	9.00	21%	66:34	0.5	No	3	1:4	1	4	N/A	N/A	N/A	0	2	1	1:6	N/A	N/A	N/A	No	data for Wed
	Florence	26	26.40	8.90	35.30	21%	75:25	1	No	6	1:5	2	8	5	1:5	1	6	4	4	1:7	4	1	1:7	No	data for Wed
	Patience	17	25.21	8.00	33.21	21%	73:27	1	No	5	1:3	2	7	4	1:4	2	6	3	1	1:6	3	1	1:6	NO	data for Wed
	Richard Bright	22	30.71	3.00	33.71	22%	92:8	1	No	6	1:4	1	7	6	1:4	1	7	5	0	1:4	5	0	1:4	NO	data for Wed
	Dialysis Specialists	ACUTES	12.00	0.00	12.00	21%	100	1	Yes	5	1:2	0	5	5	1:2	0	5	N/A	N/A	N/A	N/A	N/A	N/A	No	N/A
	Astley Cooper	24	22.0	4.0	26.00	21%	80:20	1	No	9	1:3	2	11	9	1:3	2	11	N/A	N/A	N/A	N/A	N/A	N/A	No	N/A
	Borough kidney Treatment	39	31.8	8.0	39.80	21%	80:20	2	yes	8	1:4	3	11	8	1:4	3	11	3	1	N/A	3	1	N/A	No	N/A
	Tunbridge Wells	28	19.0	5.0	24.00	21%	79:21	0	No	7	1:4	3	10	7	1:4	2	9	N/A	N/A	N/A	N/A	N/A	N/A	No	N/A
	New Cross	20	12.0	4.0	16.00	21%	75:25	1	yes	4	1:4	2	6	4	1:4	2	6	N/A	N/A	N/A	N/A	N/A	N/A	No	N/A
	Camberwell	21	14.0	5.0	19.00	21%	74:26	1	Yes	5	1:4	2	7	5	1:5	2	7	N/A	N/A	N/A	N/A	N/A	N/A	No	N/A

Womens Directorate Workforce Reviews summary sheet - Women's Jan 2016

		Establishment								Weekday Shift				Weekend Shifts				Night Shifts						Jan-16	
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT %	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Weekday numbers on shift Registered	Nursing: patient ratio Registered Weekday	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Registered Weekend numbers on shift	Registered Nursing: patient ratio Weekend	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Night Weekday numbers on shift	Unregistered Night Weekday Numbers on shift	Registered Nursing: patient ratio weekday	Registered Night Weekend numbers on shift	Unregistered Night Weekend Numbers on shift	Registered Night Nursing: patient ratio Weekend	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart	Patient contact face time % (Based on latest audit)
Women's	Antenatal Ward	19	14.1	5.6	19.70	23%	72:28	0.8	yes	3	1:6	1	4	3	1:6	1	4	2	1	1:10	2	1	1:10	**No**	
	The Birth Centres (inc Theatres)	34	95.5	18.1	113.63	23%	72:28	2	yes	17	1:2	4	21	17	1:2	3	20	17	3	1:2	17	3	1:2	**No**	
	Post Natal Ward	38	41.0	14.4	55.40	23%	84:16	1	yes	6	1:6	3	9	6	1:6	3	9	5	2	1:8	5	2	1:8	**No**	
	Westminster Maternity Suite	6	14.4	2.5	16.85	23%	73:27	0.2	yes	3	1:3	1	4	2	1:3	1	3	2	0	1:3	2	0	N/A	**No**	
	The Gynaecology Ward	27 23 at w/end	27.2	5.0	32.20	21%	85:15	1	yes	6	1:5	1	7	5	1:5	1	6	4	1	1:7	3	0	1:8	**No**	85%
	Gynaecology Out Patients	NA	18.8	4.00	22.81	21%	85:15	0.5	yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**Increase the WTE CNS (urogynaecology and gynae-oncology)**	
	Day Assessment Unit	NA	11.8	1.93	13.73	23%	90:10	0.5	yes	4	N/A	1	5	3	N/A	1	4	N/A	N/A	N/A	N/A	N/A	N/A	**No**	
	High Risk Teams	NA	13.6	0.00	13.60	23%	100	0.4	yes	N/A	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	**No**	
	Assisted Conception Unit	NA	17.1	4.0	21.10	21%	81:19	0.8	yes	N/A	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	**No**	
	Early Pregnancy and Acute Gynae	NA	12.9	3.7	16.60	21%	81:19	0.8	yes	N/A	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	**No**	
	Antenatal Clinic	NA	8.9	2.8	11.71	23%	76:24	0.2	yes	N/A	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	**No**	
	Community Midwives	NA	64.2	3.3	67.50	23%	93:7	2.2	yes	N/A	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	**No**	
	Fetal Medicine Unit	NA	7.3	2.0	9.30	23%	82:18	N/A	yes	N/A	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	**No**	

Board of Directors	Guy's and St Thomas' NHS NHS Foundation Trust
Trust Sustainability Strategy 2016-2020 and Update	**27 April 2016** **BDA/16/11**

This paper is for:			Sponsor:	**Steve McGuire**	
Decision	**X**		Author:	**Alexandra Hammond**	
Discussion	**X**		Reviewed by:		
Noting	**X**		CEO*		
Information	**X**		ED*		
			Board Committee*		
			TME*		
			Other*		

* *Specify*

1.0 Summary

Guy's and St Thomas' will run efficiently, use resources wisely, foster healthy living and embed long-term thinking to provide patients with the best possible care.

The multi-award winning sustainability programme at Guy's and St Thomas' is a well-established driver of efficiency, reducing waste and enhancing quality, and is a clear leader in the NHS.

Sustainability through 2020 must further become a driver for innovative service provision, and must challenge business as usual ways of working. This strategy seeks to embed flexibility, consider long-term implications of decision making, forward thinking design and enable technology to help change the way the Trust delivers services.

The strategy was presented to the Trust Management Executive (TME) on 7 April 2016, and was received with enthusiastic support. It was agreed that a focus on communication will be vital, and that the sustainability team will endeavour to provide meaningful feedback on progress to directorates, wherever possible.

1.1 To date, our sustainability programme:

- 1.1.1 Saves the Trust over £3m each year in energy, water and waste costs[1];
- 1.1.2 Has reduced carbon emissions by over 15% since 2007, exceeding carbon reduction targets of 10% by 2015;
- 1.1.3 Is currently delivering one of the largest energy efficiency projects in the NHS, which will save the Trust a minimum of £1.5m per annum from February 2018 and reduce the Trust's carbon emissions by a further 11%;
- 1.1.4 Is recognised as a local and national leader in sustainability, having won and/or been nominated for 14 sustainability related awards over the past two years, including three in 2016;
- 1.1.5 Supports an active group of Local Environment Representatives across Trust services, and continues to embed sustainability into the daily operations of the Trust.

[1] Measured cost reductions from resource saving investments, including combined heat and power, water efficiency programme, and reduced waste costs.

1.2 Our strategy, originally developed in 2010, and updated in 2013, sets out an ambitious programme for the Trust to deliver significant cost savings, hit or exceed carbon reduction targets of 34% by 2020 and deliver environmental and social benefit.

2.0 Our strategic direction

2.1 This strategy aims to launch the Guy's and St Thomas' Sustainability programme into a new age of engagement, delivery and leadership.

2.2 This strategic plan responds to calls for efficiencies set out in Lord Carter of Coles' independent report on *Operational productivity and performance in English NHS acute hospitals* and Simon Steven's *5 year Forward View* for the NHS.

2.3 It supports and enables the Trust's ambition to transform its services and ways of working to reflect changing demands on clinical services, care closer to home and more flexible ways of working by challenging business as usual behaviours and providing Trust directorates with bespoke support.

2.4 It focuses on the Trust's key drivers for change – improving the way we work every day, keeping costs low and delivering best quality outcomes, and builds upon excellent programmes of work in progress at the Trust, such as the *Fit for the Future Programme, Space utilisation, and Faster IT.*

3.0 Moving the strategy forward

3.1 This strategy proposes that each Trust directorate appoints a lead responsible for delivering a financial savings target of at least £10k per annum associated with energy, water, waste and resource saving.

3.1.1 The sustainability team will provide each directorate a tailored heat map to show what directorates are paying for key items and services.

3.1.2 Each lead will be supported by the Trust's sustainability team, who will track and report savings delivered through the Fixed Cost Challenge.

3.2 As part of the Trust's efforts to improve benefits realisation, every strategic business case presented to the Trust board will be required to report on the long-term implications, as well as the environmental and social impacts of the proposal.

Request to the *Trust Board*

- Review, comment upon and approve "Trust Sustainability Strategy 2016-2020 and Update" (Appendix 1)

Appendix I – Trust Sustainability Strategy 2016-2020 and update (full text)
Appendix II – Model directorate action plan and additional engagement communication materials
Appendix III – Role description – directorate lead on savings delivery

Sustainability strategy 2016-2020 and update
Guy's and St Thomas' NHS Foundation Trust

Guy's and St Thomas' will run efficiently, use resources wisely, foster healthy living and embed long-term thinking to provide patients with the best possible care.

1.0 Introduction

1.1 The multi-award winning sustainability programme at Guy's and St Thomas' is a well-established driver of efficiency, reducing waste and enhancing quality, and is a clear leader in the NHS.

1.2 Sustainability through 2020 must further become a driver for innovative service provision, and must challenge business as usual ways of working. This strategy seeks to embed flexibility, consider long-term implications of decision making, forward thinking design and enable technology to help change the way the Trust delivers services.

1.3 It will aim to lead the healthcare sector over the next four years, and we will work with others to encourage a wider consistency in delivering sustainable healthcare.

1.4 To date, our sustainability programme:

- 1.4.1 Saves the Trust over £3m each year in energy, water and waste costs[1];
- 1.4.2 Has reduced carbon emissions by over 15% since 2007, exceeding carbon reduction targets of 10% by 2015;
- 1.4.3 Is currently delivering one of the largest energy efficiency projects in the NHS, which will save the Trust a minimum of £1.5m per annum from February 2018 and reduce the Trust's carbon emissions by a further 10%;
- 1.4.4 Is recognised as a local and national leader in sustainability, having won and/or been nominated for 12 sustainability related awards over the past two years;
- 1.4.5 Supports an active group of Local Environment Representatives across Trust services, and continues to embed sustainability into the daily operations of the Trust.

1.5 Our strategy, originally developed in 2010, and updated in 2013, sets out an ambitious programme for the Trust to deliver significant cost savings while delivering environmental and social benefit.

[1] These savings are based on documented cost reductions delivered through resource saving investments, including the installation of combined heat and power, the Trust's water efficiency programme, and reduced waste costs.

2.0 Our strategic direction

2.1 This strategy aims to launch the Guy's and St Thomas' Sustainability programme into a new age of engagement, delivery and leadership.

2.2 It supports and enables the Trust's ambition to transform its services and ways of working to reflect changing demands on clinical services, care closer to home and more flexible ways of working by challenging business as usual behaviours and providing Trust directorates with bespoke support.

2.3 It focuses on the Trust's key drivers for change – improving the way we work every day, keeping costs low and delivering best quality outcomes, and builds upon excellent programmes of work in progress at the Trust, such as the *Fit for the Future Programme, Space utilisation, and Faster IT (FIT).*

3.0 Moving the strategy forward

3.1 This strategy proposes that each Trust directorate appoints a lead responsible for delivering a financial savings target of at least £10k per annum associated with energy, water, waste and resource saving.

3.1.1 The sustainability team will provide each directorate a tailored heat map to show what directorates are paying for key items and services.

3.1.2 Each lead will be supported by the Trust's sustainability team, who will track and report savings delivered.

3.2 As part of the Trust's efforts to improve benefits realisation, every strategic business case presented to the Trust board will be required to report on the long-term implications, as well as the environmental and social impacts of the proposal.

4.0 Context of this document

4.1 This strategic plan responds to calls for efficiencies set out in Lord Carter of Coles' independent report on *Operational productivity and performance in English NHS acute hospitals* and Simon Stephen's *5 year Forward View* for the NHS (see section 6 below).

4.2 This strategy outlines the aims and ambitions of the Trust in the area of environmental sustainability, and how these can contribute to the Trust's social and financial aims throughout 2016-2020. It builds upon preceding Trust-wide sustainability strategies from 2010 and 2013. It does not replace these documents, but provides an update on progress and sets out future ambitions.

5.0 What we've delivered since 2013

5.1 The Trust is an NHS leader in environmental sustainability, and our work to date and projects in progress reflect this standing.

5.2 In 2013, Guy's and St Thomas' set out to achieve five key objectives, which at their core, addressed utility consumption and cost savings. To date, these actions have avoided annual fixed costs of over £3m.

5.3 These commitments, and the Trust's progress against delivery, are detailed in section 5.4 below:

5.4 Delivery against strategy commitments 2013 – 2016

2013 Commitment	Status	Measured progress	Comments
Implement sustainability strategy for capital development	Implemented	• Strategy approved 2013	Sustainability integrated into project management process, training on-going
Comprehensive water saving programme	Programme in its 3rd year	• Reduced 34% per patient contact from 2007/8 (2014/15) • £110k cost avoidance to date	Leak detection and tariff review. Winner of NHS Sustainability Day Award 2015, Shortlisted for edie Award 2015 and 2016
Maximise value of waste through 'waste to energy' technology	Project adjusted to incorporate waste to energy for all GSTT waste.	• 100% of domestic waste processed via waste to energy	Waste transported by barge, cutting 3,000 lorry trips annually. Waste costs reduced from £1.1m 2012/13 to £900k 2014-15.
Invest in energy efficiency to reach or exceed 34% reduction target by 2020	CHP installed, £12m energy performance contract (EPC) approved and underway	• CHP and plant investments avoid £2.6m in energy costs annually Savings p/a (EPC): • £1.5m guaranteed • 8,000 tonnes of CO_2 • 11% CO_2 **Progress to date** (excl EPC): • Energy/patient contact down 42% against baseline • Gross CO_2 reduced 15%	Energy performance contract in progress, full benefit to be realised from February 2018. Savings based on baseline year of 2007/08
Establish governance committee to oversee strategy implementation	Implemented, meets bi-annually	• Reports to Corporate Management committee (CMC) annually at a minimum.	Chaired by Sir Hugh Taylor, Trust Chairman, comprised of Trust leaders including board members
Achieved annual savings of £3m+			Delivered through CHP, add. energy saving investments, Water programme, Waste savings

6.0 The next phase 2016 – 2020

6.1 Guy's and St Thomas' has achieved significant success in addressing utility consumption, and will continue to implement these strategic, large-scale savings programmes; however the next phase of this strategy will focus on a personal and tangible approach that all staff, patients and visitors can contribute towards and take ownership of.

6.2 Lord Carter's 2016 review of NHS efficiency opportunities found that, across the NHS, £5bn could be saved through simple efficiencies. The review identified six key areas of high spend and significant potential for additional efficiencies in the NHS. These are:

- Workforce (£2bn savings identified)
- Hospital pharmacy and medicines optimisation (£800m savings identified)
- Estates management (£1bn savings identified)
- Procurement (£700m savings identified)
- Back office and administration (£200m savings identified)
- Diagnostics (£700m savings identified)

6.3 The Trust has made significant progress to achieve savings through capital investment. It has invested in combined heat and power at both acute sites, has replaced aging and inefficient plant, and has a significant investment programme underway to install energy efficient technology across the Trust, which will save a minimum of £1.5m per annum from February 2018. This project includes lighting replacements, which will improve the environment in clinical and non-clinical spaces, and bring lighting levels up to current standards for clinical areas.

6.4 Importantly, Carter's report encourages trusts to engage staff to deliver the identified efficiencies. Guy's and St Thomas' is already leading the NHS with regard to Lord Carter's recommendation to invest directly in energy efficiency, but there is potential to realise further benefits by including staff from across the organisation to seek out and implement service improvements and resource efficiencies.

6.5 To begin this process of engagement, each Trust directorate appoints a lead responsible for delivering a financial savings target of at least £10k per annum associated with energy, water, waste and resource saving.

Across the 19 clinical directorates, as well as Clinical Operations, Essentia, Workforce and Finance, this would achieve £230k in additional savings for the Trust per annum.

To achieve these savings, the sustainability team will provide each directorate with a tailored heat map to show what directorates are paying for key items and services.

Each lead will be supported by the Trust's sustainability team to share knowledge across the directorates, and directorate leads will report savings via the fixed cost challenge.

6.6 This strategy proposes additionally that, to embed long-term thinking and delivery of sustained value and benefits realisation, every strategic business case presented to the Trust board will be required to report on the long-term implications, as well as the environmental and social impacts of the proposal.

Case Study – The Dental Institute

Staff in the Dental Institute at Guy's looked critically at the products they use to deliver services, and made significant cost savings by making small changes within their department.

The department switched from single use gallipots to reusable ones, reducing waste and procurement costs, and also purchased more appropriate (and cheaper) exam kits for all consultant clinics. These changes have saved the department £42k annually, and have built team morale, pride and improved adherence to departmental processes.

Saved £42k each year

Empowered the team

Freed staff to spend more time with patients

7.0 Key strategic objectives

7.1 This strategy aims to deliver and demonstrate value for the Trust and its community, as well as deliver environmental benefit and reduce carbon dioxide emissions in line with targets set by the UK Climate Change Act.

7.2 It will contribute to the Trust's objectives, and be further integrated into key initiatives, such as *Fit for the Future*, the *Fixed Cost Challenge* and *Faster IT (FIT)*. It will integrate community services to ensure that the programme considers all areas of the Trust's impact, and all areas of opportunity to engage staff and deliver savings.

7.3 The Trust's sustainability programme contributes considerably to the wider Trust community, and will continue this support through measures such as local procurement, improved local air quality, fuel poverty alleviation and local employment.

8.0 Utility savings targets

8.1 The Trust has set both short and long-term utility savings targets, as well as a target for overall waste recycled.

8.2 Guy's and St Thomas' current position and utility reduction targets against a 2007/08 baseline are:

Financial year	Water	Recycling rate	Carbon reduction (CO_2e)	Note
2015/16 (current position)	-12%	58%	-15%	CO_2e exceeded 10% UK Climate Change Act Target
2016/17	-15%	65%	-18%	
2017/18	-18%	70%	-25%	Aligned with energy performance contract (EPC)
2020/21	-20%	75%	-34%	CO_2e is UK Climate Change Act Target
2050/51	-30%	100%	-80%	CO_2e is UK Climate Change Act Target

Utility figures above include consumption from the Guy's and St Thomas' acute sites, and do not include tenanted areas. They have not been normalised for increased patient activity or extended hours of operation.

Figures will be adapted to include community sites in 2016.

9.0 Savings identified in this plan

9.1 This strategy sets a direction to achieve and potentially exceed carbon emissions targets for the NHS, and will ensure the Trust achieves a 34%

carbon dioxide emissions equivalent (CO_2e) reduction based on a 2007/8 baseline.

9.2 It outlines a plan to achieve £2.22m (£720k previously unidentified) annual savings starting in 2017, plus wider indirect savings. This is comprised of £230k from directorate led savings, £90k from water efficiency and billing adjustments, £400k from electricity saving associated with reducing hardware and driving efficiency through *Faster IT*, and £1.5m from the energy performance contract, currently underway. This is in addition to the over £3m the programme already contributes annually (see section 5.4).

9.3 Additional savings will be driven from other resource efficiency projects, detailed below.

9.4 Key areas of strategic focus will be:

Opportunity	Key actions	Key partners	Benefits	How it will be measured
Costed opportunities				
• Directorate focused engagement to deliver savings through simple actions	See table 10.3 for examples	Directorate leads, department heads, all staff	**£230k**	Directorate reporting, Smart metering (EPC project 2016/17)
• Reducing waste	Avoid consumable waste, online furniture reuse platform	Directorate leads, waste team, Infection control, Trust procurement, clinicians	**Part of directorate savings above** Legal, carbon reduction	Weigh bridge feedback, consumable spend
• Saving energy	Faster IT (FIT) programme, delivery of Energy performance contract (EPC)	FIT delivery team, British Gas, Local environment reps (LERs)	**£1.9m** £400k* from *FIT* and £1.5m from EPC, 18% carbon reduction (6% from FIT, 12% from EPC)	Smart metering (EPC project 2016/17), EPC measure & verify (M&V) programme
• Water billing improvements and avoidance of wastage	Housekeeping/kitchen staff training	ADSM, plumbers, LERs, Thames Water	**£90k**	ADSM (water partner) reporting, meters
TOTAL SAVINGS			**£2.22m**	

*Excludes savings from PC switch off, as this is accounted for in the simple actions to deliver savings, detailed in section 10.3

9.5 Outline of additional savings opportunities

These opportunities will be pursued and developed as part of delivering the sustainability strategy through 2020. They will contribute to the agenda of service redesign and driving innovation and flexibility.

Opportunity	Key actions	Key partners	Benefits	How it will be measured
Additional savings opportunities				
• Reducing pharmaceutical waste	Key prescribing changes (e.g. powder inhalers vs. CFC, exercise over drugs), consumables avoidance	Medicines management *FFF* working group, Sustainable Development Unit (SDU), Trust procurement	£££	Clinical pathway guidance (SDU), procurement spend
• Travel and healthy living	Improve access to active travel for all, prescribed exercise, eliminate idling of vehicles on site	Greater London Authority, Transport for London, King's College London, local boroughs	Reduced NOx, PM2.5, sickness absence, fuel costs, personal health – staff and patients	Air quality testing on site, staff travel survey (annual), patient recovery times, staff sickness levels
• Supply chain efficiency, reducing inventory waste	Reduce waste of consumable, focus on inventory management	Clinicians, Trust procurement, NHS Supply Chain, FFF workstream	£££, environment, cost of manufacture	Reduction in spend, improved clarity of volumes and costs
• Reduce number of outpatients attending acute sites	Increase access to district nursing in community	Transformation team, Patient transport	Reduced patient transport, personal transport, space freed for other use	Number of outpatients, patient transport statistics
• Enable technology to reduce staff travel	Improve access and take up of technology, such as *Skype for Business*	FIT, organisation leaders	Reduced intra-site transport, more flexible use of office space	Skype for Business statistics, staff bus usage

• Improved use of space	Implement process for setting up and closing buildings/departments	Essentia, Capital Development team, Waste, Relocations, Space	Reduced utilities, asset recovery, reduced maintenance	Essentia Project Management Office reporting
• Innovative design and embedded flexibility in capital development programme	Design in re-design flexibility, use innovative techniques, such as modular build, sustainable materials	Essentia Capital development team, BRE, construction teams	Longevity of built estate, reduced life-cycle cost	Accreditations, awards, contractual procurement.
• Community engagement	Promote healthy living, clean air, local economy	Local schools, Lambeth and Southwark CCGs	Improved air quality, local recruiting	Local people employed by the Trust, air quality monitoring

10.0 Simple actions to deliver savings

10.1 The focus of this strategy is upon how simple actions everyone can do will deliver the Trust's financial, social and environmental objectives.

10.2 The table below shows examples of actions that can be taken across the Trust for significant cost savings. This list is not exhaustive, but aims to demonstrate the added value that targeted engagement can deliver.

10.3 Examples of simple actions and associated potential savings.

The sustainability team will work with directorates across the organisation to further develop this list.

Please note, some of these projects are incorporated into existing Trust initiatives, such as *Faster IT*. This illustrates the scale of savings possible if all staff take action at a local level, and serves to demonstrate some of the potential actions directorates may wish to pursue.

Area	**Simple action**	**Who can do this?**	**What would it save?**
Printing and office supplies	Avoid unnecessary printing	Everyone	£88k[2]
	Ensure printer settings are double sided and black and white	Office managers or team secretaries	£6k[3]
	No personal printers	Everyone	£5k
Water reduction	Report any leaks or dripping taps	Everyone	£12k (1.4%)[4]
	Never leave the tap running unnecessarily	Everyone	£12k (1.4%)[5]
Energy saving	Turn off your PC and monitor when you go home	Everyone	£180k[6]
	Water coolers on timers, temperature increased by at least 3C^{o}	Everyone	£3k
	Ensure water boilers are on timers	Everyone	£3k
	Make sure MFDs auto-off after one minute and on timers	IT	£10k

[2] Estimates based on actual print savings at the Trust delivered from use of multi-functional devices (MFDs)
[3] As above
[4] Health Technical Memorandum 07-04 – Section 6.26
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147948/HTM_07-04_Final.pdf
[5] Health Technical Memorandum 07-04 – Section 6.16
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147948/HTM_07-04_Final.pdf

[6] Based on actual Trust data during historical project to include PC power management policies

	Turn off lights when not needed, use natural light, when appropriate	Everyone	£100k (1% total electricity)
	Eliminate electric space heaters in areas with other heat source	Everyone	£15k[7]
Waste minimisation	Avoid unnecessary waste	Everyone	£168k (15%) in waste costs, additional savings in procurement
	Ensure circular economy principles are employed, for example through furniture reuse and medical imaging equipment remanufacture	Everyone	£100k[8]
	Ensure waste always goes in the correct bin	Everyone	£56k (5%)
Transport	Ensure all Trust transport staff don't idle	Drivers, fleet supervisors, security, loading bay staff	£20k[9]
		Costed simple savings	**£778k**

10.4 These simple measures show what is possible if everyone took them up as part of their daily working lives; however, the savings against these measures are estimated conservatively to reflect the inconsistencies of human behaviour within a busy working environment. Every effort must be made to support staff patients and visitors, where appropriate, to make sustainable and resource efficient choices as a matter of course.

[7] Based on 300 electric heaters (800w) in use for 18 weeks/year - http://www.sust-it.net/heating-energy-calculator.php?fu=8&cu=uk

[8] Based on existing project at the Trust to reuse furniture across departments

[9] King's College London, *Air Quality Study at Guy's Hospital*, 2016.

11.0 Engaging the Trust community

11.1 Energy and water are used by all, and waste is generated in nearly every activity undertaken at the Trust. It is for this reason that a crucial part of the solution to save these resources must be led at a local level.

11.2 To deliver upon potential savings, a campaign of accelerated engagement has been developed. Directorates across the Trust will be supported by the sustainability team to establish simple and achievable action plans that deliver material benefits and enable better working within departments.

11.3 Directorates will appoint leads to deliver a programme of savings, which will be generated and supported by the sustainability team. "Heat maps" detailing spend and performance, where available on key areas for improvement, for example use of office supplies, waste sorting and energy consumption (data to be available early 2017) will be issued to help identify key areas for savings.

11.4 Savings will be tracked, and where possible, feedback on progress will be reported back to directorates in order to demonstrate value, refine plans and ensure staff are recognised for their efforts.

11.5 For teams that have significant potential for impact, such as housekeeping, engineering and catering, the sustainability team will provide bespoke training and on-going support to deliver against plans.

11.6 Targeted campaigns will be run on a quarterly basis to promote key positive behaviours that deliver savings at scale. This will be done in cooperation with Trust and Essentia communications teams, as well as key departments, such as procurement and the *Fit for the Future* teams.

12.0 Community stewardship

12.1 Guy's and St Thomas' has long been committed to enabling patients, staff and the wider community to lead healthy, prosperous and sustainable lifestyles. Relationships with community partners, such as schools, youth centres, care homes and Job Centres has fostered strong relationships, and delivers tangible, sustainable benefits to the communities served by Guy's and St Thomas'.

12.2 In addition to Trust recruitment policies, initiatives such as the Essentia Academy and other Workforce led programmes support the local community into work, as well as encourage and enable staff to develop skills and gain qualifications in order to excel professionally.

12.3 Additionally, the Trust works with NHS Supply Chain and the British Medical Association (BMA) to ensure the £300m of products supplied to the Trust are manufactured, packaged and transported to the highest standards of ethics, efficiency, and environmental integrity. Local procurement is also a key priority for the Trust, for example in the use of local contractors to deliver services or the provision of local food and produce.

12.4 The energy performance contract (EPC), currently underway at the acute sites, includes support for vulnerable patients and staff to improve insulation and provide boilers free of charge to those who qualify.

12.5 This plan aims to continue and build upon this work to support the communities served by the Trust. Opportunities to collaborate and deliver benefits to the community will be explored and prioritised, for example by supporting local schools to share knowledge, skills and high quality and useful redundant items, such as IT hardware and furniture.

13.0 Adapting to a changing climate

13.1 As part of this strategy's commitment to considering the long-term implications of decision-making, the Trust's Strategic Development Plan, which includes the Guy's site redevelopment and the Royal Street development at St Thomas' will be designed to consider the changing climate of the UK, and will incorporate principles of reuse, resilience, flexibility and sustainable innovation.

13.2 The Trust has invested considerably in measures that will make our hospitals more resilient to the most likely risks from climate change in London, including heat waves and flooding. The refurbishment of Guy's Tower and the cladding of East Wing, completed in 2014 and 2015 respectively, both incorporate thermal insulation as well as solar shading to regulate the buildings' temperatures and minimise heat gain in summer months.

13.3 The Trust's recent investment in water efficiency also strengthens resilience. Through a thorough programme of leak detection and repair, installation of water saving technology and working with key water users within the Trust to eliminate wastage, the Trust has reduced its water consumption by over 20% since 2013. London is a water stressed region, and measures to reduce water usage by large users such as the Trust, reduces the risk of drought in the South West of England.

13.4 The Trust acknowledges that its sites are, like many other UK health buildings, vulnerable to climate related events, and will seek to continually improve resilience and work with strategic partners identify and minimise risk to infrastructure and services.

13.5 Future ambitions include the installation of green infrastructure on our sites, further understanding of vulnerable dependencies, such as travel infrastructure (London Underground, Rail, etc.), sustainable and flexible capital development and support for staff and patients vulnerable to fuel poverty.

13.6 The Trust will continue to work with strategic partners, such as the Greater London Authority (GLA) and the Boroughs of Lambeth and Southwark to improve resilience, and will work with these partners to support strategies such as the Mayor of London's Climate Change Resilience Plan, as well as the London Infrastructure Plan.

14.0 Governance and reporting

14.1 The Trust sustainability strategy is overseen by the Sustainability Governance Group, chaired by Sir Hugh Taylor. This group, comprised of Trust leaders from all areas of the organisation, has responsibility for delivering the strategic objectives, and demonstrating value. It meets twice annually.

14.2 Where possible, directorates will be supported by the sustainability team to report and demonstrate savings against action plans, and progress against this initiative will be reported to the Trust Management Executive (TME) on an annual basis.

14.3 As part of the EPC project, an engagement and behavioural change platform is being developed. This will supplement the established engagement programme of local environmental representatives (LERs) and on-going engagement programmes coordinated by the sustainability team.

14.4 Progress against this strategy will be reported to Essentia Directors on a quarterly basis and to the Trust Management Executive (TME) and Trust Corporate Management Committee (CMC) on an annual basis at a minimum.

15.0 Conclusions

15.1 This strategic plan sets out an ambitious course of leading action to embed flexibility, enable technology, drive efficiency and ensure high environmental and social standards at Guy's and St Thomas'

15.2 Through wide ranging engagement and by requiring the Trust to consider the long-term implications of strategic decisions, Guy's and St Thomas' will lead the NHS in delivery of sustainable healthcare.

Guy's and St Thomas' will run efficiently, use resources wisely, foster healthy living and embed long-term thinking to provide patients with the best possible care.

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Sustainability action plan

You can help the Trust deliver its financial plan by following these easy steps.

Actions	Savings per annum
Printing	
Ensure all MFDs auto-sleep after 1 minute	£30.99
Ensure default double sided and b&w	£120.00
Contact sustainability team for timers	£17.97
Display and adhere to *'Think before you print'*	£87.99
Water coolers and boilers	
Contact sustainability team for timers	£33.72
Contact sustainability team to increase temp on water coolers	£11.52
Contact sustainability team to fit timers on boilers	£180.00
Waste	
Ensure general (black bin bag) waste is available only in kitchen areas	£110.00
Ensure all waste bins are correctly labelled Recycle food packaging	£60.00
General	
Display and adhere to *'End of day checklist'*	£50.00
Remove all portable electric heaters	£20.00
Total action plan savings	**£712.19**

End of the day checklist

By following this brief checklist you can help the Trust save **10%** on our utilities.

Close all doors, windows and blinds

All taps are turned off

Shutdown and unplug all non-essential electrical equipment

Check refrigerator and freezer doors are closed properly

All interior lights are turned off

Air conditioning, heating and water boilers are off or on the lowest possible setting for the evening

Think before you print

Printing only the pages you need can save **£37,710** across the Trust

Changing your printer settings can save **£6,000** across the Trust

£7 on paper

Print double sided

£0.07 on energy

Print black and white

£5.50 on removal and disposal

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If a password is needed contact ICT on 88888

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Guy's and St Thomas' NHS
NHS Foundation Trust

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“Simple Savings” Directorate lead role description

The opportunity to reduce costs, improve efficiency and deliver environmental benefits is a Trust priority, and there are significant unrealised savings in energy, water and waste at a local level. Directorate leads are integral to driving this agenda into the Trust’s daily operations. As a directorate lead, you will identify opportunities to save, and support your teams to deliver these opportunities.

As a directorate lead, you will:

- Create action plans and support departmental engagement
- Drive engagement campaign within your directorate as part of wider engagement plan
- Delegate actions to staff (i.e. heads of department, Local environment representatives (LERs)
- Report and communicate progress on a quarterly basis or when opportunities arise

Essentia will provide support covering:

- Bespoke on-site opportunity identifying and follow up audits
- Assessment tools
- Progress reports
- Promotional and engagement materials
- Infrastructure and technical improvements
- Measurement and verification of savings support

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Guy's and St Thomas' NHS
NHS Foundation Trust

Board of Directors
Adult Local Services Committee

Minutes of the meeting held on 10th February 2016
in the River Room, St Thomas' Hospital

Present	Girda Niles	Chair
	Sir Hugh Taylor	Chairman
	Dame Eileen Sills	Chief Nurse
	Simon Steddon	Acting Chief Operating Officer
	Amanda Pritchard	Acting Chief Executive
	Barry Silverman	Public Governor
Attendance		
	Angela Dawe	Director Operations and Strategic Development - Adult Local Services
	Merav Dover	Chief Officer - SLIC
	Jane Stopher	Deputy Director, Adult Local Services
	Nicola Jones	Programme Manager
	Julie Vazquez	ALS Project Manager
	Red Grobler	ALS Project Manager
	Karl Peters	Senior Clinical Quality Analyst
	Matthew Jones	Interim Head of IT for Local Services
	Edward Seward	Head of Finance
	Jay Stickland	Director Adult Social Care, Southwark
	Cathy Ingram	Head of Local rehabilitation Services
	Kemi Lawal	Business Coordinator - Note taker
Apologies/Absent		
	Diane Summers	Non Executive Director
	Ann McIntyre	Director of Workforce
	Rebekah Schiff	Consultant Geriatrician
	Dr Ian Abbs	Medical Director
	Sir Ron Kerr	Executive Vice Chairman
	Jenny Stiles	Public Governor
	Peter Allanson	Trust Secretary/Head of Corporate Affairs
	Anita Knowles	Director of Communications
	David Norman	Service Director, Mental Health of Older Adults & Dementia Clinical Academic Group, SLAM
	Martin Shaw	Director of Finance
	Sue Bowler	Director of Integrated Care and Partnerships-KCH
	Sandra Noonan	Clinical Director of Therapies
	Jasmin Ali	Public Governor (Reserve)
	Stephen Thomas	Clinical Director, Medical Specialties

1. Welcome and Apologies:

1.1 The Chair, Girda Niles, welcomed all to the meeting. She also welcomed Jay Stickland, Director Adult Social Care, Southwark and Cathy Ingram, Head of Local Rehabilitation Services who were attending for item 2.

1.2 Apologies were noted.

2. Short presentation on Clinical Services

Simplifying access to urgent and short term rehabilitation and reablement services in Southwark

2.1 Jay Strickland, Cathy Ingram and Angela Dawe gave a short presentation on the work underway to improve urgent and short-term home-based care, treatment and support across GSTT and Adult Social Care in Southwark.

2.2 The presentation highlighted the following:

- GSTT and Adult Social Care staff have been working together, with support from Institute of Public Care looking at improving/ integrating pathways.
- The work has found a rich selection of services, a wealth of good practices and experiences that can be shared, but some areas of duplication and poor user experience.
- Organisations are encouraged by the commitment from the front line staff to improve experience of pathways
- The aim is to work together to improve the short term pathway including admission avoidance, coordinate effective hospital discharges, improve service/ patient and carer experience, reduce duplication, improve communication and embed and sustain integrated working.
- A number of service model options are being developed
- The aim is to align and work with Local Care Networks going forward and discussions are ongoing with the emerging LCNs.

2.3 In the discussion, the following questions and issues were raised:

- It is a long awaited development and it is important that patients see the team as one. Staff have been part of the journey from the beginning and they understand and are eager to work as an integrated team.

- The support available in the community for scoping the needs in Care Homes. The Committee noted that most new services are commissioned for the short term and wanted to know how to attract long term funding. Commissioners have already given assurance that the agreed model would be mainstreamed. A business Case is to be produced.

- The Committee wanted to know what could set the programme off track; it was noted that capacity to deliver the change, lack of wiliness to move to the next step, staff engagement are some of the issues that can derail.

- The Committee supported the proposal and asked that Commissioners confirm their support for the programme before more work is done. The Local Care Networks also need to be in agreement.

3. Minutes of Previous meeting held on 11 November 2015 and matters arising

3.1 The minutes of the last the meeting were approved as a true record. The action log was reviewed and would be updated.

4.0 Adult Local Services: Programme Director's Report:

- **Integrated Quality and Performance Director's Report: November 2015**

- Angela Dawe presented the Integrated Quality and Performance Report which outlines progress on delivery of the strategic priorities of the Adult Local Services programme, integrating and shifting care closer to home, improving local adult patient experience, promoting preventive care and better value services for GSTT and the local health economy.

- Key highlights include virtual clinics with primary care to support the older peoples pathway, proposal to provide level 2b neuro-rehabiliation beds in partnership with KCH, review of the Wound Management pathway , HESL grant to assess feasibility of Buurtzorg nursing model in UK, Care Notes going live in November 2015. Cost benefits plan are being developed to model and define bed days saved.

- The committee wanted that know if there was evidence relating to older people presented to A&E who live out of area. The Adult Local Services programme is for Lambeth and Southwark but the service is keen to discuss provision with Westminster and Wandsworth.

- It was also noted that referrals from GSTT to @home were still low compared to KCH, but there has been an increase in awareness and other specialist teams within the hospital are now using he service.

- An exception Report had been completed for Community Nursing and

Therapies Workforce due to challenges around staff retention, implementation of Carenotes and vacancy Levels.

- **Information Technology – an update on transfer from Rio to Advanced Carenotes**

- Matthew Jones tabled an IT programme update for information, which included the issues being experienced since the implementation of the Carenotes.

- The Committee asked for confirmation that Community Nursing remained Red on the Risk Register.

- Community Management are monitoring and supporting the services through - bi weekly meetings to review issues and action plans. Extra support has been provided to teams.

- The Committee recommended that that the learning from the Carenotes is shared; internal audit will review the procurement to implementation.

- Mobile Working Technology - The Committee asked what it would take to roll out mobile working in the community as soon as possible. They requested that firm timescales be presented at the next meeting. The Trust confirmed that Mobile Technology is a top priority and are committed to providing all community staff a working device. **Action: MJ to present timeline.**

5.0 **Adult Local Services and Measuring Cost Benefit**

Nicola Jones. ALS Programme Manager, introduced the work to measure cost benefit and impact on the older people's pathway.

- The Committee welcomed the information presented and noted that @home has made a positive impact on acute beds. They asked for more evidence of the outcomes.

- The Committee noted that discussion continues about future service developments for this service.

6.0 **A.O.B**

There was no other business to discuss and the meeting was brought to a close**.**

Date of the next meeting:

16th March 2016, River Room, Gassiot House, 13.00 -15.00.

Guy's and St Thomas' NHS
NHS Foundation Trust

Board of Directors
Adult Local Services Committee

Minutes of the meeting held on 16th March 2016
In the River Room, St Thomas' Hospital

Present	Girda Niles	Non Executive Director Chair
	Dame Eileen Sills	Chief Nurse
	Simon Steddon	Acting Chief Operating Officer
	Amanda Pritchard	Chief Executive
	Barry Silverman	Public Governor
	Diane Summers	Non Executive Director
	Jenny Stiles	Public Governor
	Ann McIntyre	Director of Workforce
Attendance		
	Angela Dawe	Director Operations and Strategic Development - Adult Local Services
	Jane Stopher	Deputy Director, Adult Local Services
	Dr Rebekah Schiff	Consultant Geriatrician, Service lead Ageing and Health
	Dr Mark Kinirons	Consultant Physician Joint Clinical Director for Acute Medicine + Adult Community
	Emma Saunders	Strategy Team - Senior Strategy Manager
	Sandra Noonan	Clinical Director of Therapies
	Nicola Jones	Programme Manager
	Julie Vazquez	ALS Project Manager
	Matthew Jones	Interim Head of IT for Local Services
	Kemi Lawal	Business Coordinator - Note taker
Apologies/Absent		
	Sir Hugh Taylor	Chairman
	Merav Dover	Chief Officer - SLIC
	Dr Ian Abbs	Medical Director
	Sir Ron Kerr	Executive Vice Chairman
	Peter Allanson	Trust Secretary/Head of Corporate Affairs
	Anita Knowles	Director of Communications
	Martin Shaw	Director of Finance
	Sue Bowler	Director of Integrated Care and Partnerships-KCH
	Stephen Thomas	Clinical Director, Medical Specialties

1. Welcome and Apologies:

1.1 The Chair, Girda Niles, welcomed all to the meeting. She also welcomed

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Drs Rebekah Schiff and Mark Kinirons who were attending for item 2.

1.2 Apologies were noted.

2. Short presentation on Clinical Services

The developing role of Locality Geriatrician – what has been achieved and future plans.

2.1 Dr Rebekah Schiff and Dr Mark Kinirons gave a short presentation on the developing role of the Locality Geriatrician.

2.2 The presentation highlighted the following:

- Older persons' pathway developments including integrating care across community and hospital at GSTT
- Improved access through Virtual clinic pilots, 24/7 direct access to Geriatrician advice
- Working with residential homes, Social Services and Panels
- Expanding specialist input to community teams
- The opening of the Acute Older peoples Unit (AOPU)
- Scoping and piloting new areas where Geriatrician resource would improve older persons' care
- Next steps for 2016/17 including securing mainstream long term funding for Locality Geriatrician roles and integration with other specialities (co-morbidity management) to rationalise pathways to reduce duplication and complexity of care

2.3 In the discussion, the following questions and issues were raised:

- The Committee agreed that the service developments were a great achievement, including how the use of technology to monitor patients was progressing..

- A question around the provision of Oral Health for older person was raised as a concern. Assurance was given that all health professionals do a holistic assessment on their patients which includes oral health.

- The Service also engages with Voluntary Services, they attend CMDT meetings, do home visits with the Age UK, Red Cross etc. One of the main functions of the Local Care networks will be to join up all services including voluntary sector which will help tackle loneliness and other social issues. The Re-ablement team will also help in closing the gap for frail people when discharged from hospital.

3. Minutes of Previous meeting held on 10 February 2016 and matters arising

3.1 The minutes of last the meeting were approved as a true record. The action log was reviewed and would be updated.

4.0 Adult Local Services: Programme Director's Report:

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- **Proposed Priorities for 2016-17**

- Nicola Jones, ALS Programme Manager, set out the proposed scope and priorities of the Adult Local Service Programme for 2016/17 following stakeholder feedback including commissioner and GSTT strategic priorities.

4.1 Programme Director's Delivery Report

- Angela Dawe's delivery report was tabled. The main focus since the last meeting has been discussing and finalising the Adult Local Service programme priorities for 2016-17, securing ongoing funding for the programme for commissioners and agreeing priorities for the new strategic partnership. The following issues were highlighted:

- Joint bid with KCH and SLAM to provide 20 level 2b Neuro rehabilitation beds 6 at Pulross has been successful

- Work on the Lambeth reablement service is on going with aim to be up and running in Lambeth in 2016.

- Local Care Networks - are starting to work on developing plans on how they will deliver the coordinated care CQUIN, including data sharing agreements.

- The Integrated Heart failure programme is setting up governance, workings and mapping patient pathways.

- Pal@home and 24@home - referral numbers are increasing.

- Work continues to reduce vacancies in the nursing and AHP workforce.

- Plans are being put in place to test the Buurtzorg model of neighbourhood nursing in two areas.

Action: Invite Dr Gerry Carr-White to update on progress on Heart Failure programme at a future meeting.

4.2 Information Technology – an update on transfer from Rio to Advanced Carenotes

- Advance Carenotes was implemented on 30th November but because of technical and operational challenges faced a serious incident has been declared and the investigation is ongoing.

- A new Carenotes update will be released soon and it is anticipated that it will resolve some of the issues with the District Nursing Scheduler.

- Connectivity in most community sites remains an issue which needs to be addressed as a priority. Matthew Jones, Interim Head of IT for Local Services has been in constant contact with the CSU but problems

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remain.

- **Action: The Committee asked that the Board's concerns be formally raised with the CSU's CEO.**

- **A personal letter from the Chief Executive will be written to all Community staff that use Carenotes explaining the issues and what the Trust is doing to resolve issues**. This will provide reassurance to staff.

- The Community Mobile Transformation Project is making progress and the Board requested that this should be made a high priority.

- **Action: An agreed timeline and funding requirements for a fully integrated mobile working solution will be presented at the next Committee meeting.**

5.0 **Developing Local Care Networks to Deliver Coordinated Care**

Jane Stopher, Adult Local Services Programme Director presented and discussed a paper on the ongoing work of the Southwark and Lambeth Strategic Partnership to establish a formal programme and care coordination system. Partners have been working with Commissioners for more definition and clarity about Local Care Networks in 2016/17 including the agreement of a Care Coordination CQUIN.

- Proposed operating models for coordinated care putting multidisciplinary working at the heart of the system was discussed at length. The need for GSTT to consider how its core community services align to the 5 Local Care Networks and work in multi disciplinary teams of nurses and therapists under single leadership was considered a priority.

- Discussions around how GSTT might take a more visible leadership role in the development of the Local Care Networks took place and the Committee asked for a steer from Angela Dawe explaining what is needed to make it happen.

- **Action: AD to present more concrete proposals with timescales at a future meeting**.

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6.0 **A.O.B**

There was no other business to discuss and the meeting was brought to a close**.**

Date of the next meeting:

11th May 2016, River Room, Gassiot House, 10.30 -12.30.

Approved by the Chair

Guy's and St Thomas' NHS
NHS Foundation Trust

TRUST AUDIT COMMITTEE

Part I

Minutes of the Audit Committee meeting held on Wednesday 10th February 2016 at St Thomas' Hospital, London

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Present:
Mr S Weiner - Chairman
Mr R Drummond
Ms D Summers
Dr P Singh
Dr S Shribman

In attendance:
Ms A Pritchard, Chief Executive
Sir Hugh Taylor, Chairman
Mr M Shaw, Director of Finance
Mr S Nandrha, Principal Auditor
Mr P Allanson, Trust Secretary and Head of Corporate Affairs
Ms A Macintyre, Director of Workforce
Dr I Abbs, Medical Director
Mr S McGuire, Director of Essentia
Mr S Lane, Head of Internal Audit
Mr N Thomas – KPMG
Ms F Nieboer - KPMG

1. Minutes of Previous Meeting

The minutes of the meeting held on the 20th November 2015 were approved as a true record.

2. Matters Arising

Consultancy Costs

The Director of Workforce reported good progress on reducing reliance on agency staff in most areas with some experiencing some difficulty, notably in IT. Omni had been appointed by the Trust to work on recruiting IT specialists so as to reduce reliance on IT contractors. Of the 100 contractor posts in question, Omni were aiming to fill about 50 and were currently working up job descriptions and the Trust was gearing itself up to be able to interview very quickly as this type of professional was in demand and not usually available for long. The fees were competitive at 8% of salary.

Of the remaining contractors, some were expected to convert to permanent staff and Omni was also working on some fixed term contracting. The Director of Workforce raised the issue of 6 staff being transferred to Essentia Trading Limited then recharged to the Trust. The Head of Internal Audit commented that he was aware of a Single Quote Approval Request for three staff to be paid for the period February to

April 2016 which had been rejected by Procurement. The Director of Essentia reported that although a business case was being worked up this had not yet been agreed and staff should not have transferred. The Director of Essentia said that he was focusing on the complex issues of the recruitment project in IT converting contractors to full time posts and simultaneously working up a business case for the supply of IT services from ETL to GSTT as a managed service which was near to completion. The Director of Essentia was unaware that any IT staff had moved across to ETL. The Director of Workforce and Director of Essentia would meet outside the meeting to clarify the issue of whether or not staff had transferred. The Committee noted that a business case was being developed for ETL to supply staff to the Trust in the longer term but this was not yet in place.

Property Leasing

It was noted that the Committee's suggestion that there be a single area of responsibility for property leasing was being developed by Essentia in conjunction with the Commercial directorate.

Reports on over payment reduction and the terms of reference for the Committee would be made to the next meeting. The Chair requested that draft terms of reference be available for the next meeting.

3. Board Assurance Framework

The Medical Director introduced the Board Assurance Framework and drew attention to the updated actions on the key risks.

The Adult Services Committee had suggested that risks around the implementation of the replacement IT system for RIO, Advanced Carenotes, should be escalated to the BAF. There were a considerable number of mitigations in place but concerns remained about the robustness of the supporting infrastructure and there were problems with the scheduler section of the system that affected district nurses particularly. The internal audit of the introduction of the new system and the problems that emerged would take place once the immediate operational issues had been resolved so as not to distract the suppliers from this key task. The terms of reference had been drafted in readiness and had been sent to the members of the IPB for consideration.

Other risks that would need to be reviewed in the coming months included the Trust's response to the CQC report due to be published later in February including comments anticipated about meeting up to date building regulations for some vital services, the linkages proposed by NHS England and Monitor between financial and operational performance with some money only being available if performance was satisfactory and the improvement plan on never events.

The Committee noted the BAF and agreed that the TME's risk review group should be disbanded and responsibility for reviewing risks remitted to TME as a whole.

4. Internal Audit Report

The Head of Internal Audit said that a difficult period for the internal audit team which was continuing, 6 reports had been published, 5 of which gave substantial reassurance and 1, on accommodation services, more critical. Although other reports were due before the end of the financial year, the full plan was unlikely to be delivered. It was agreed that the Finance Director and Head of Internal Audit should agree whether to defer some planned reviews or bring in external resources.

The issues arising from the accommodation services report related to procurement issues with a contractor who had been supplying a wide range of services, earning over £1mn in a two year period, without having been through any process. There was also evidence of breaches of the Trust's Standing Financial Instructions as some invoices had been split, thus avoiding breaching limits for payments. However, no evidence had emerged of fraud or corruption. Concerns were also raised in the report about the Trust's duties as a landlord in relation fire safety. The Committee queried whether there were any consequences for staff as a result of the failings.

The Director of Essentia acknowledged that the situation should not have happened and that the service was operating outside the normal route for capital works. Management responsibility for the maintenance and refurbishment function had been transferred to the capital team in Essentia and it was believed that the weaknesses identified were not present within the rest of the building/repairs programme. The Director assured the committee that proper procurement processes were in place for the capital programme.
The Committee noted that the quinquennial external assessment required by the Public Sector Internal Audit Standards set out by CIPFA and the IIA had been completed and confirmed that the Trust generally complied with them. An action on feedback would be added to the team's terms of reference.

5. Counter Fraud Report

The Committee noted the report including the right to work verification that had reviewed 400 housekeepers employed in Essentia since before 2010 and that a review of healthcare assistants was about to begin.

6. KPMG Progress Report

The External Auditor reported that the handover from the previous external auditor and a number of interim audits were largely complete. The draft audit plan reflected "business as usual" and the Committee was asked to confirm that the levels of materiality for auditor concern were appropriate. These represented about 2% of turnover and were in the middle of the usual range applied and were agreed.

Issues to be aware of included the treatment of the valuation of land and buildings and the recognition of non NHS income. In addition the new rules for disclosing salaries of staff paid more than the Prime Minister needed to be clarified as putting personal information into the public domain will not be what staff outside executive directors would be expecting. The position for consultants with distinction awards was also unclear. It was suggested that confirming that the Remuneration Committee had a policy and practice for dealing with VSM pay may suffice for the first year.
The Committee noted the proposed approach to the Quality Accounts. Monitor was currently consulting on the areas to be audited which seemed certain to include A&E and RTT.
Finally, the paper set out the arrangements for KPMG's role as the Trust's tax adviser. A policy would be prepared setting out what the Trust could appoint KPMG to undertake on its behalf so conflicts of interest could be dealt with or avoided.

7. Next meeting

The next meeting will be held at 1pm on 11th May 2016, in the River Room, St Thomas' Hospital.

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Approved by Chair

Guy's and St Thomas' NHS
NHS Foundation Trust

Board of Directors
Cancer Services Committee

Minutes of the meeting held on Wednesday 17th February 2016
at 2.00pm in Burfoot Court Room, Guy's Hospital

Present: Sir Hugh Taylor (Chair)
Dr Ian Abbs – Medical Director
Dr Priya Singh – Non-Executive Director

Attendance: Mr Alastair Gourlay – Director of Asset Management
Ms Hannah Coffey – Director of Operations
Mr Jonathan Farley – Patient Governor
Miss Mairead Griffin – Director of Nursing, Cancer
Miss Julie Harper – Deputy Director, Cancer Programme
Mr Ken Hayes – Patient Governor
Mr Peter Hewitt – Chief Executive, GSTT Charity
Dr Maj Kazmi – Clinical Lead for Cancer
Ms Jackie Parrott – Director of Strategy
Prof Arnie Purushotham – Director of the KHP Comprehensive Cancer Centre

Apologies: Mr David Cheesman – Cancer Programme Director
Ms Anita Knowles – Director of Communications
Mr Geoff Koffman – Chief of Surgery
Mrs Ann Macintyre – Director of Workforce
Mr Frank Nestle – Non-Executive Director
Prof Peter Parker – Head of the Division of Cancer Studies, King's College London
Ms Amelia Price – General Manager (Oncology and Haematology)
Ms Amanda Pritchard – Chief Executive
Dr Simon Steddon – Acting Chief Operating Officer

CSC/17/02/01 Welcome and introductions
The Chair welcomed members of the Committee and those in attendance.

2. Minutes of the previous meeting
The minutes of the meeting which took place on 2 December 2015 were approved as accurate.

3. Matters arising
Matters arising from the previous meeting which were not on the agenda were covered by updates in the actions log which was circulated as a paper to the meeting.

4. Surgical Oncology Strategy
The Director of Operations presented the paper about the surgical oncology strategy.

Market share
The Committee asked whether the intention is for GSTT to provide services for other Trusts, whether at other locations or for patients to have more of their diagnostic pathway at GSTT and whether joint consultant appointments would be appropriate. The Director of Operations agreed that the latter is the long term intention.

Informatics
The Committee noted the energy and investment going into improving cancer informatics and asked whether they could support this work in any way, particularly regarding wider informatics across South East London. The Director of Operations said that any issues would be raised at KHP level as appropriate.

Interventional Oncology
The Committee noted the developments in interventional oncology.

Top trumps
The Committee asked why the lower GI did not have higher volumes. The Clinical Lead for Cancer explained that this was because GSTT was not a screening centre like KCH. The Committee suggested that a more joined up approach across KHP would be beneficial in bringing together GSTT and KCH's complementary strengths.

Action - The Director of the Cancer Programme to add KCH activity to top trumps where appropriate

Demand and capacity
The Committee cautioned that decisions regarding capacity planning need to be made imminently. The Director of Operations said that this would be a topic at the Board awayday.

The Committee applauded the quality of management information in the top trumps, noted the updates and welcomed next steps in all areas.

5. Research and Development Report
The Director of the Comprehensive Cancer Centre presented the update report, which was a summary of the feedback from the Scientific Advisory Board.

The Committee agreed that becoming a CRUK Centre was an important objective and asked how they could support delivery of this.

Branding was noted as an issue and the Committee recognised the challenges of creating a brand which was recognised externally but was also one that local clinicians and academics could own. Members noted that difficulties in the use and alignment of the KHP brand were being experienced in areas other than cancer. A piece of organisational development work was suggested to help generate more ownership.

The Committee agreed the importance of this work and suggested a summit between KCL and the acute trusts to develop a joint action plan and two or three workstreams which would be prioritised. Research support and infrastructure were areas which were suggested.

6. Development of an Accountable Clinical Network for South East London (SEL)
The Director of Cancer Services gave an update and explained that the LCA was coming to an end at the end of March.

Three challenges were raised:

- How do we ensure that the position of GSTT as system leader for SEL is maintained and we keep a leading role in any joint venture?
- How do we raise the profile of the ACN to ensure that we are at the table when decisions are being made pan-London?
- How do we ensure that we incorporate Kent whilst continuing to concentrate on performance and improvement in outcomes in South East London?

The Committee felt that as the cancer hub for South East London GSTT had a leading role and was expected to show a lead, but the arising strategy needed to be agreed with King's College Hospital.

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The challenges were noted by the Committee.

The Committee was concerned with the wording of the letter which had gone from the LCA Programme Director to Trusts regarding the transfer of key functions to RM Partners and what this means for intellectual property created by the LCA.

Action: The Director of the Cancer Programme to ask for clarification regarding the wording of the letter from the LCA to Trusts.

The Committee asked for greater clarity of the network vision and the mechanism for delivery, including governance and finance and suggested that this could be worked through by the Chief Executives and Medical Directors of the three Trusts. The importance of ensuring developments take place at pace was underlined because clinical input was required from 1st April.

Action: The Director of the Cancer Programme to present an update at the next meeting.

7. International Relationships
The Director of the Comprehensive Cancer Centre (CCC) gave a presentation on the CCC's developing international relationships with India and China and John's Hopkins in the USA. He highlighted the commercial opportunities available to help set up hospitals, cancer centres and universities, particularly in India and China. The Committee agreed that this was an important workstream, but asked whether we had the capacity to do this properly without affecting our local ambitions. The Committee asked whether we could potentially create more international fellowships as the St John's Institute have done.

The Committee welcomed the update and asked to be kept informed of progress.

8. Integrated Quality and Performance Report
The Director of Cancer Services presented the following highlights from the report:

- The ACN development is in progress
- Performance is not currently meeting targets, primarily (but not exclusively) as a result of late referrals.
- Professor Graham Taylor was the new cancer genetics lead for the Trust.

The Committee asked when we could expect to see an improvement in late referrals. This is expected to be delivered through the ACN, and was expected to take 3-6 months to make the changes needed. NHS England and Monitor were scrutinising all breaches and the Trust should also expect a new method of breach allocation. The most important thing was to maintain credibility by achieving the 85% target for internal referrals.

The Committee asked for the wording regarding avoidable breaches to be revised.

The Committee noted the report, recognising that Trust performance remained an issue, although progress is expected to improve from April.

9. Risk Register for Cancer Centre at Guy's
The Director of Cancer Services presented the service risks and mitigations for the Cancer Centre at Guy's and the Director of Asset Management added top risks and mitigations for all other aspects.

They confirmed that the key areas of concern were

- Making service changes in advance of moving into the building
- Management of HCA's fit out of their floors and move into the building
- Achieving the fundraising target

The Committee congratulated the team on the progress which has been made.

10. Any other business

No other business was raised. The meeting closed at 16.07

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Evelina London

Guy's and St Thomas' NHS
NHS Foundation Trust

Board of Directors
Children's Services Committee

Minutes of the meeting held on Wednesday 10th February 2016 in Newcomen Conference Room 2, South Wing, St Thomas' Hospital

Present
Dr Sheila Shribman, Non-Executive Director (Chair)
Sir Hugh Taylor, Trust Chairman
Ms Amanda Pritchard, Chief Executive
Dr Simon Steddon, Acting Chief Operating Officer
Mr Martin Shaw, Director of Finance

Attending
Ms Marian Ridley, Evelina London Director
Dr Sara Hanna, Medical Director, Evelina London
Ms Miranda Jenkins, Head of Strategic Development, Evelina London
Ms Janet Powell, Director of Nursing, Evelina London
Mr Simon Blazer, Head of Finance, Women's and Children's Services
Ms Anita Knowles, Director of Communications, GSTT
Ms Jackie Parrott, Director of Strategy, GSTT
Dr Bidisha Lahoti, Clinical Director, Children's Community Services, Evelina London
Dr Helen Daly, Clinical Director, Surgery and PICU, Evelina London
Dr Grenville Fox, Clinical Director, Medicine and Neonatology, Evelina London
Mr Alastair Gourlay, Group Director, Essentia, GSTT
Dr Tony Hulse, Council of Governors, Staff Member
Ms Devon Alison, Council of Governors, Patient Member

Apologies
Dr Priya Singh, Non-Executive Director
Dr Ian Abbs, Medical Director, GSTT
Girda Niles, Non-Executive Director
Steve Weiner, Non-Executive Director
Diane Summers, Non-Executive Director
Dr Owen Miller, Director Specialist Networks, Evelina London
Mr Sean McCloy, Head of Performance and Planning, GSTT
Professor David Edwards, Director, Centre for the Developing Brain, Professor of Paediatrics and Neonatal Medicine

1. Minutes of the last meeting

These were confirmed as an accurate record.

2. Matters arising

Adolescent and Young Adult Strategy
This item is work in progress, and an update will be added to the forward agenda and scheduled for a future meeting.

Children's Services Quality Committee The

Evelina MD reported that dates for meetings of this new Committee were being organised.

3. Evelina London Performance Report IQPR

The Director of the Evelina introduced the Evelina London Nov/Dec 2015 IQPR. She explained that this remained work in progress with basic errors in information and an ongoing absence of Community data, the latter relating to the introduction of Carenotes. A number of areas of the IQPR were highlighted by the Director for discussion.

The Clinical Director for Medicine and Neonatology explained the recent formal response regarding neonatal deaths to the CQC relating to two queries. The first was a request from the CQC to respond to a maternity outlier alert for late neonatal mortality (between 7 and 27 days) corresponding to 16 cases over 12 months in 2014/15. The second was a CQC request to explain the MBRRACE-UK report (June 2015) - 'Perinatal Mortality Surveillance Report: UK Perinatal Deaths for births from January to December 2013' – which appeared to show GSTT as an outlier. The Clinical Director explained that GSTT co-location of maternity (including maternal medicine), neonatal and specialist children's services leads to a high number of high risk referrals, and that both the CQC and MBRRACE statistical analysis of mortality rates did not take into account the tertiary referral bias at GSTT (and other specialist children's hospitals) resulting from congenital malformations. The Clinical Director confirmed that MBRRACE-UK 'adjusted' neonatal mortality rates for GSTT compare favourably with other large children's hospitals (GSTT 2.79, Liverpool 2.94, Birmingham 2.94, Bristol 2.9). In addition the Neonatal Data Analysis Unit (NDAU) has recently published neonatal mortality rates, assessing by network of care delivery for babies born before 30 weeks gestation. The South East London Neonatal Network SMR is 0.8 – 4th lowest of 24 networks in England.

The Director of the Evelina drew the Committee's attention to the poor patient experience feedback in Evelina Outpatients. She explained that Outpatients was a hugely busy department, with activity increasing year on year and that a root and branch review was underway to look at all aspects of the service. The Staff Member Governor said that time keeping in outpatients was an area for improvement with clinics starting late and running late. The Chief Executive suggested there were opportunities to learn from Theatres and their successes with the TPOT programme and the 'golden child'. The Head of Strategic Development said that outpatient improvement project was following a lean approach that was slowly reviewing all processes. The Director of Nursing confirmed that the lean approach included weekly huddles and the opportunity for staff to raise concerns and ideas for change. The Chair asked wither the service had sufficient administrative resources. The Head of Strategic Development confirmed that an important part of the work was workflow and that resourcing was being considered as part of this. It was agreed that Evelina London could certainly benefit from expertise and experience both within the Trust and outside of the organisation and as part of this a review from Southampton Children's Hospital has been scheduled for the end of March.

The Director of the Evelina highlighted RTT issues in Orthopaedics as a particular issue. She explained that this was caused by a consultant on maternity leave, within the wider context of a national shortage of paediatric orthopaedic surgeons. It has therefore not been possible to arrange locum cover. The Clinical Director for Surgery explained that all avenues to maintain activity have been pursued including a former Evelina consultant (now at Great Ormond Street) continuing to undertake sessions at Evelina London. She also explained that the current Head of Service for Paediatric Orthopaedics had made concerted progress in establishing an informal clinical network for the region and that this had begun early consideration of the potential future opportunities for joint clinical appointments. However these options could not currently be progressed with the absence of appropriately qualified consultants. The Clinical Director for Community highlighted the niche area for Evelina orthopaedics and its focus on complex children with cerebral palsy, few centres regionally and nationally have the skills and experience to replicate this provision.

The Chief Executive requested an update on MRI waiting times and whether the predicted activity trajectories were being met. The Clinical Director for Surgery confirmed that the Sunday suitable and new mid-week MRI super lists (with double anaesthetic teams) were going as well as had been anticipated. The Chairman asked whether MRI is clinically 'over-requested' and the Clinical Director confirmed that this remains under continual audit by specialty paediatricians and paediatric radiologists.

4. Finance - Month 10

The Head of Finance presented the draft Month 10 figures.

Evelina London has shown an in month favourable variance of £850k; the best financial performance of the year so far and with all directorates within Evelina London achieving a favourable financial performance in month. The year-to-date variance is £1.172m adverse.

Temporary staffing spend has shown a significant improvement (particularly nursing). At Month 10 the total temporary staffing spend is 2.7% of the Evelina London pay bill. Nursing agency spend is 1.6% of the Evelina London nursing pay bill. The hospital agency nursing spend is zero.

5. 2016/17 Business Plan Progress Report

The Director of the Evelina and Head of Strategic Development outlined the key areas of progress for the 2016/17 business plan. The first draft priorities for 2016/17 were summarised as follows:

- Quality and Safety: responding to the CQC report, revising clinical governance practices, child and family engagement and the emerging age appropriate care strategy.
- Service redesign and operational delivery: local urgent and emergency care pathways, CYPHP year 1, universal service redesign enabled by mobile working, hospital lean project work and patient flow.
- Strategic service development: local and specialist networks, Darent Valley Vanguard, commissioning proposals for congenital cardiac and children's cancer, commercial strategy.
- Capital programme: Evelina 1+ and Evelina 2, Ronald MacDonald House and Evelina Clinical Research Facility (CRF).
- Workforce strategy: recruitment and retention, new roles.
- Education and research: improving the core educational offer to all staff in training, self-sustaining business development linked to education opportunities, KCL Institute of Human Health and Development, BRC Women's and Children's theme.

The Head of Strategic Development highlighted the Darent Valley Vanguard as a really positive opportunity for Evelina London (and children's services nationally) to focus on key tertiary-secondary pathways in more detail. She also drew the Committee's attention to the lack of progress on the Evelina London CRF and the need to raise capital for this project philanthropically. This capital project will be an outline business case presented to the Trust within the next 2 months.

The Director of the Evelina summarised the key challenges for 2016/17, all of which are currently being considered by the management team in more detail:

- the scale of additional beds, theatres and outpatient capacity required to deliver the proposed hospital activity plan;

- the scale of the potential loss of local authority commissioning income to children's community nursing (health visiting and school nursing) and the resulting impact on staff numbers and our ability to deliver these services to expected standards;
- the work to date to bridge the financial planning deficit and the scale of the remaining gap.

The committed plans against the Evelina London Development Fund for 2016/17 were also presented.

Actions:

- The Chair requested an update on work underway at Evelina London to prevent acutely ill children being missed in primary care. This relates to an earlier query at the Board and is to be presented to the next meeting. Action. Sara Hanna and Janet Powell
- A progress report on the of the Evelina London workforce strategy to be presented to the next meeting. Action. Miranda Jenkins.

6. Update on the Evelina 1+ capital programme

The Director of Evelina London introduced the Evelina 1+ capital programme update. Neonatal unit expansion, the Paediatric Long Term Ventilation Unit and the Procedure Room are now fully under construction and will complete in early 2016/17. The Full Business Case (FBC) for the remaining elements (Sky Ward and Imaging with the enabling works of the relocations of Offices, Fetal Cardiology and Renal outpatients) will be presented to the Trust in July 2016. The critical path for this FBC includes the Trust reaching an agreement on Becket House for the offices and Evelina London working with Essentia to agree and finalise the internal office plans. The Director of Asset Management confirmed that a paper will be presented to the Corporate Management Committee on 9th March 2016 to request approval to sign of the Becket House lease.

Two additional important projects were also highlighted:

- Ronald MacDonald House (generously supported by the Charity and Ronald MacDonald) which will open 59 parent and family rooms in October 2016 adjacent to Archbishops Park.
- The Paediatric Short Stay Assessment Unit, part of the Emergency Care Scheme, which will open 6 additional children's beds adjacent to A&E later in the year.

7. Strategic Development Update – Paediatric Oncology, KHP Institutes Programme and Evelina Expansion Capital Programme

The Head of Strategic Development spoke briefly to an update paper. She summarised the London Paediatric Cancer review paper which had been unofficially received by the Trust in December. She explained that the report finds shortcomings in Children's Cancer Services across London and provides a very clear steer on the required areas for change. The Trust and Evelina Executive have arranged a meeting with NHS England in March to discuss this review and its implications in further detail.

The capital planning work on the Evelina Expansion continues and will be presented to the Trust as a revised strategic outline case in March.

The Chief Executive Officers of GSTT and King's have agreed the terms of reference for a fast-paced review of the clinical and academic strategy for specialist Child Health services across the two sites. This involves internal, external, international and commissioning perspectives and Evelina London are hopeful that this process will consider the clinical issues in the round and at a level of detail to make

constructive recommendations to KHP, and the respective Trusts, on a strategic way forward. The London Paediatric Cancer paper adds direction and a degree of pressure to reaching a resolution in key areas of specialist service configuration.

In relation to strategic academic developments, KHP have seconded a Programme Manager from KCL to work with Lucilla Poston and David Edwards to lead a more detailed piece of work on the KCL academic Institute for Human Health and Development. The current proposal is to create an academic department for Child Health within KCL by aligning Child Health with the Women's division in a form to be agreed. The terms of reference for this work were included in the committee papers and it will include a consideration of structure and focus; supporting existing areas of research achievement as well as defining and embracing new opportunities that play to the strengths of KHP Child Health. The views of the many Evelina London clinical academics will be brought into the process at a meeting in March. A summary strategic decision-making case will be presented to KCL in April 2016.

8. Update on the development of an Outline Proposal for the Institute of Early Life

Professor David Edwards had sent his apologies and this item was covered under item 7.

9. Children & Young People's Health Partnership bid to GST Charity

The Director of Evelina London summarised the CYPHP application and the work that they had undertaken to revise the presentation of the proposal following the most recent feedback from the Charity. The Director endorsed the programme and the opportunities it would create for local partners to work effectively together in significant shared areas of poor health outcomes for children. The Chair expressed her disappointment that the programme had taken so long to progress through the GSTT Charity process and proposed that we should look for alternative funding if this further application is unsuccessful. The Committee agreed to support the proposal to the Charity.

10. Any Other Business

None raised.

11. Next meeting

The next meeting will be held on Wednesday 16th March 2016 from 4-6pm in Newcomen Conference Room 2.

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Evelina London
Children's healthcare

Guy's and St Thomas' NHS
NHS Foundation Trust

Board of Directors
Children's Services Committee

Minutes of the meeting held on Wednesday 16th March 2016 in Newcomen Conference Room 1, South Wing, St Thomas' Hospital

Present
Dr Sheila Shribman, Non-Executive Director (Chair)
Sir Hugh Taylor, Trust Chairman
Dr Simon Steddon, Acting Chief Operating Officer
Mr Martin Shaw, Director of Finance
Dr Priya Singh, Non-Executive Director

Attending
Ms Marian Ridley, Evelina London Director
Dr Sara Hanna, Medical Director, Evelina London
Ms Miranda Jenkins, Head of Strategic Development, Evelina London
Ms Janet Powell, Director of Nursing, Evelina London
Dr Helen Daly, Clinical Director, Surgery and PICU, Evelina London
Dr Grenville Fox, Clinical Director, Medicine and Neonatology, Evelina London
Dr Owen Miller, Director Specialist Networks, Evelina London
Ms Jackie Parrott, Director of Strategy
Mr Alastair Gourlay, Group Director, Essentia
Ms Anita Knowles, Director of Communications
Dr Tony Hulse, Council of Governors, Staff Member.
Ms Devon Alison, Council of Governors, Patient Member

Apologies
Ms Amanda Pritchard, Chief Executive
Dr Ian Abbs, Medical Director
Girda Niles, Non-Executive Director
Steve Weiner, Non-Executive Director
Diane Summers, Non-Executive Director
Dr Bidisha Lahoti, Clinical Director, Children's Community Services, Evelina London
Professor David Edwards, Director, Centre for the Developing Brain, Professor of Paediatrics and Neonatal Medicine
Mr Simon Blazer, Head of Finance, Women's and Children's Services
Mr Sean McCloy, Head of Trust Performance

DRAFT

1. Minutes of the last meeting

These were confirmed as a correct record.

2. Matters arising

Children's Services Quality Committee
Dates had been arranged for these meetings beginning April 2016.

Recognising Serious Illness
The Medical Director for Evelina London had produced a paper detailing the actions being taken by Evelina London to promote the recognition of serious illness in children and

appropriate intervention. This covered work as follows: within the hospital including new PEWS launched in 2015, safe huddles, PICU led MDT simulation and outreach ward rounds etc; within the region by the South Thames Retrieval Service providing advice, education and leadership to secondary care partners enabling them to recognise and treat serious illness in children; and also services for local children in primary care led by the general paediatric team. It was noted that much of this work is not 'formally' commissioned and the opportunity is to educate those who do commission the services as a whole that this work is a core part of paediatric provision and in the long run should also reduce cost by decreasing preventable morbidity and unnecessary escalation of care.

3. CQC Report

The committee was advised that the report had not yet been released to the Trust. It was anticipated that it would be issued at the end of that week and communicated to staff the following week in advance of wider publication.

4. Evelina London Performance Report IQPR

The Evelina London Director introduced the report for January 2016 and clarified that community metrics were still not included whilst the Carenotes IT system was being introduced.

The Director of Nursing for Evelina London commented on action to improve incident reporting and post incident feedback. She explained that a 'refresh' on governance processes across Evelina was planned for 2016/17.

The Evelina London Director drew attention to the issues around access to diagnostics. MRI access was improving but the position for inpatient sleep studies had deteriorated for a small number of patients. The report highlighted the action being taken to improve performance. She also reported on the enormous amount of work undertaken by staff, including the service managers, in regard to the cohort of patients who had been lost to outpatient follow-up. The Council of Governors staff member and Clinical Director Medicine and Neonatology both commented on issues which they had experienced regarding access to Genetics results. It was agreed that this be explored further outside of the meeting.

The Clinical Director, Surgery and PICU reported on the position, highlighted at the February meeting, with regard to Consultant staffing in Orthopaedics. She outlined all the different ways in which the service was ensuring that all capacity was being used.

The Director reported that future arrangements for producing adequate Evelina London/children's services information had been discussed with the Chairman and Chief Executive at a recent meeting. Further consideration would be given to the correct measures for children and the means of compiling these comprehensively for the IQPR. This would form the basis of a short term project in 2016/17. The Non-Executive Director queried the relationship between the internal data produced and wider population based data. The Director confirmed that a wider view on outcome data would be considered as part of an ideal set of metrics but the Evelina was someway off the means and capacity to produce this, hence the project work. The Chair referred to the National Digital Child Health Strategy which is in draft.

The Evelina London Director reported on the financial position which had improved.

5. 2016/17 Business Plan Progress Report

The update was introduced by the Evelina London Director. She commented in particular on the rate of increase in outpatient and elective activity in Medical Specialties and the strain

which this placed on capacity and infrastructure. Additional capacity would be available during the coming financial year from the capital expansion schemes in Paediatric LTV, NICU, Children's Short Stay Assessment Unit and the Procedure Room. Productivity improvements would also be required to reach the planned activity levels.

The financial gap was outlined including the problems caused by the additional 10% cut by the local authorities to the universal nursing services contract. Whilst the gap had been decreased by initiatives from the Directorates the Director did not think that it could be decreased much further without central Trust initiatives. The possibility of increasing private patient income was discussed in addition to the contribution from Trust-wide projects such as Fit for the Future.

6. Local Child Health Services Update

The Clinical Director Medicine and Neonatology presented the paper giving an update on progress with improving local child health services since the management of hospital and community services came together in April 2014. He highlighted and described particular services including the Outpatient Perenteral Antibiotic Therapy Service (OPAT), the Children's Assessment and Referral Service (CARS) and the Hospital at Home team. The OPAT service had resulted in reduced length of stay and admission avoidance saving an estimated 260 bed days in 6 months. The CARS service which was available to all local GPs had impacted A&E attendance. The Hospital at Home service had only been launched on 1st February but initial feedback from patients had been very favourable.

The move of six hospital based General Paediatric clinics to the Mary Sheridan Centre was reported to have been highly successful, making room for further specialist clinics in the hospital outpatient department. The GP in-reach clinics had also been successful and further engagement by consultants from King's College Hospital would even the spread of the offer across Lambeth and Southwark.

It was hoped that the Children's Short Stay Unit, to open in August 2016 as part of the Emergency Care Programme, would help hospital inpatient bed capacity and improve emergency care pathways for children.

A 12 month fixed term specialist nurse had been appointed to improve outcomes for asthma patients, linked to the London work on Asthma standards. A Looked After Children's Ambassador had also been appointed to the hospital for 12 months.

Initiatives for children with cerebal palsy and complex needs had been undertaken, improving the pathways and linking services. Links with the community had also been strengthened by a band 6 Occupational Therapy rotational scheme.

It was noted that commissioners were supportive of these initiatives and had provided significant transformation funding to a number of projects.

The Head of Strategic Development described the significant achievement of establishing the Hospital at Home team in February of this year with commissioner support. This has been led by Matron Sue Donald with great effect. The service has a focus on preventing admissions and facilitating earlier discharge. The ideal longer term vision is to bring all community children's nursing services into one geographically oriented team that links to primary care, practice nurses and the emerging Locality Care Networks. Further progress on this will be a focus in 2016/17.

The Non-Executive Director enquired about the on-going impact of the in-reach and CARS services on GPs' knowledge. The Medical Director confirmed that education was a core part of in-reach and that the Children's and Young People's Health Partnership importantly included an evaluation piece which would cover this work, assuming GSTT Charity funding was agreed.

7. Workforce Strategy Update

The Head of Strategic Development outlined the key aims of the Evelina London workforce strategy, written in July 2015. She highlighted some of the workforce challenges facing Evelina London over the next few years; in particular service growth in the context of national nursing and also medical workforce shortages. Specific Evelina strengths were identified from the responses by staff to the Friends and Family test (reporting recommendations of the Evelina as a place for treatment and work that are much higher than both national and GSTT averages) and from the low staff turnover rate for the Evelina when compared with other children's hospitals nationally.

A list of headline workforce achievements to date was presented and the key workstreams for 2016/17 outlined. These included concentration on engaging administrative staff, staffing increases associated with capital projects, reinvigoration of the recruitment and retention group and improved workforce data. Education was also seen as a key priority for the following year and a new Education Manager has been appointed to support the Director of Education. A dedicated Evelina HR business partner was due to start in March 2016.

Theatres and Renal Dialysis were mentioned as areas with particular recruitment difficulties. The importance of engaging with education providers to ensure future workforce supply was discussed.

A question was raised regarding the potential effects of the proposed imposition of a new contract on the junior doctors. The Medical Director, Evelina London responded that there were no safety issues as yet identified but that work was beginning to formally assess this. She also highlighted future junior doctor shortages as the training programme has received a significantly reduced number of applicants this year.

The Head of Strategic Development also informed that committee of the work to include parents and children in governance which was being undertaken by Melinda Edwards. The committee requested to have a future discussion on this topic.

8. KHP Child Health Review Update

The committee was informed that the Review Panel had visited the previous week and undertaken interviews in both organisations; Evelina and King's. The panel's recommendations would be reported to the KHP board on the 31st March. The committee discussed the impact of potential outcomes. The Director of Strategy reported that a meeting with commissioners which had been due to take place in March had been cancelled and rescheduled to April.

9. Any Other Business

The Evelina Director reported that the Trust had made a decision to rent two floors of Becket House to accommodate the Evelina office staff from the 6th floor of the Evelina. Continued growth in staff numbers would be enabled by changes in working practices within the offices.

10. Next meeting

The next meeting will be held on Wednesday 11th May 2016 from 4-6pm in Newcomen Conference Room 2.

Approved by the Chair

Guy's and St Thomas' NHS
NHS Foundation Trust

Board of Directors
Corporate Management Committee

Part 1

Minutes of the meeting held on Wednesday 9th March 2016 at 2pm in the Burfoot Court Room, Guy's Hospital.

Present : Sir Hugh Taylor (Chair)

Dr I Abbs
Mr R Drummond
Ms A Macintyre
Mr S McGuire
Ms G Niles
Ms A Pritchard
Mr M Shaw
Dr S Shribman
Dr P Singh
Dr S Steddon
Ms D Summers
Dame Eileen Sills

Attendance: Mr P Allanson, Secretary
Ms V Cheston
Ms A Knowles
Mr S Sommerville
Mr J Duncan (Council of Governors representative)
Mr J Porter (Council of Governors representative)
For CMC/16/02
Ms H Dandy-Hughes
Ms A Price
Mr S Brown
For CMC/16/04a
Ms A Dawe
For CMC/16/04
Mr A Gourlay

Apologies Ms H Coffey
Sir Ron Kerr,
Prof Frank Nestle
Ms J Parrott
Mr S Weiner

CMC/16/01 **Minutes of the meeting held on 9th December 2015**

The minutes of the meeting held on 9th December 2015 were approved as a true record.

CMC/16/02 Workforce

a) Junior Doctors – Industrial Action

CMC noted that a 48 hour period of action had begun, the first of three planned stoppages. The Trust's contingency plans had been put into action. Other professionals were working to make sure that the Trust could deliver services safely. Junior doctors would be covering emergency work, the definition of which included cancer treatments and long planned, complex procedures.

b) Staff Engagement Update and Recommendations

The Trust had been rated the best in England on staff engagement in the recent staff survey. A number of areas for improvement had also been identified. As EDs moved around the Trust over the next few weeks they would be briefed to discuss both the successes and the issues. Girda Niles as NED champion for the staff engagement work would oversee the production of an action plan.

The proposal to exercise the Trust's option to run full surveys annually with quarterly pulse surveys was endorsed. The outcomes of other surveys, such as those conducted by Essentia, Evelina and Finance should also be triangulated with the main survey. The action plan would include a map of "hot" areas with particular issues to be shared with the Committee.

c) Securing our future nursing workforce

The Director of Workforce drew attention to the significance of the changes to the bursary system for NHS HE courses. Fees would be payable by students from next autumn. The role of Health Education England was likely to change so that it concentrated on the quality of provision; the market would be freed up and additional courses and programmes would emerge. The Trust currently planned to continue to work with its current providers – King's College London and London Southbank University. The policy may well increase the number of graduates but the NHS would need to respond by providing enough placements for them to complete their training.

On the development of a Nurse Associate role to bridge AHP or nursing professions the Committee agreed hat it was important to be sure that there was a distinct role within this and that there should be a clear added value over band 4 Nursing Assistants. LSBU, whose students were generally more reflective of the local population than the younger students at KCL, was working closely on the proposal; and it was suggested that it might be possible to fund this through the apprenticeship scheme.

The Committee welcomed these proposals – not least as a means of reversing he nursing shortfalls caused by the reduction in commissions during the last few years. The Nursing and Midwifery Council would be looking for high quality placements for nursing graduates and, clearly, students funding their fees would expect similarly high quality education. It was suggested that the Trust should negotiate with the universities for a share of the tuition fees.

d) GSTT Response to the Apprenticeship Challenge

The Chairman declared an interest in this item as he was also Chairman of the National Skills Agency of Heath which sponsored the excellence centres mentioned in the paper.

The Workforce Director said that the apprenticeship levy would apply to all employers with more than 250 staff and a fund created and held by the Treasury against which bids for training monies (as opposed to employment costs) could be made. Apprenticeships could apply to people of any age and offered vocational training up to masters degree level. Essentia was already considering degree level apprenticeships for engineers. Essentia and Skanska were co sponsors of opportunities for 14 year olds at the UTC to lead to students joining one of the organisations as apprentices.

The Committee welcomed the initiatives being taken by the Trust and encouraged it to use as many opportunities as possible and looked forward to receiving reports on progress.

e) Statutory Annual Workforce Diversity Monitoring Report 2015/16

The Committee noted the report and that a workforce diversity plan would be drawn up using the data that was now available. The Trust had a number of projects and initiatives under way including improving diversity of panels for both recruitment and disciplinary hearings and a "deep dive" into the comparative experiences in employee relations matters of disabled and BME staff.

Whilst the crude figures seemed to point to BME staff being more affected in disciplinary issues the Committee asked for further analysis of this as the over representation of these staff in lower pay bands could have a distorting effect overall. There was some evidence that managers opted to take formal steps where there were issues with BME staff to try to avoid accusations of bias; but the issues merited further exploration.

It was noted that work was taking place on ways to support the aging workforce who had to retire later but who may not be able to match the pace of younger colleagues.

f) Medical Revalidation: Transfer of Responsible Officer Role

The Committee accepted the Medical Director's recommendation that the Responsible Officer role on medical revalidation should pass to one of his deputies, Dr Kate Langford although Board accountability would stay with him.

CMC/16/03 <u>Board Committee Strategic Risk Monitoring</u>

The Committee noted the risks that the Board had asked it to supervise and noted the work being done to ameliorate them.

CMC/16/04 <u>Essentia</u>

a) IT update to include Carenotes

The Director of IT suggested that there were three issues to consider: – the problems embedded in previous systems and the flow through to Advanced Carenotes; the issues arising in the replacement and in particular the risk assessed workarounds; and the poor performance of the supplier.

A serious incident had been declared and the User Group had expressed its clear view about the priorities about what needed to be resolved and what would come through in the next software releases. A risk assessed approach

was being followed, designed to deliver safe clinical outcomes and avoid harm.

The impact on staff was noted. For Example, some vacancies had arisen because staff had left because of the problems being caused by the systems and their slowness. It was also noted that some of the problems were caused by the performance of the SE London CSU which was the subject of complaint from a number of CCGs they supported. First line problems had been moved from the CSU to the Trust and reporting had increased suggesting that previously staff were under reporting.

The Committee welcomed the separation of the Internal Audit review of the procurement from the investigation of the serious incident recognising that this meant some delay to the former. The terms of reference for the SI review would be circulated. This investigation would test the assumption that clinical risk was low. The Committee acknowledged that some operational issues were the responsibility of the SE London CSU. Nevertheless staff in the community would look to the Trust to resolve them and assume it was the Trust's responsibility. This was clearly having an impact on staff morale. The Adult Local Services Committee should keep the issue under review, as well as day to day impact on patients The Chief Executive also agreed to write to staff to reassure them that the Trust regarded resolving the problems around Carenotes as a high priority and that introducing change, transformation and improvement of services to patients was the aim of this project.

b) IT Update

The Director of IT made a presentation of current IT and digital initiatives. The slide deck is attached to these minutes. The Committee noted the presentation and commented on the need to ensure that transformation was better planned into projects. It was essential to ensure that the Trust was leveraging centrally available funding in taking this forward.

c) Becket House Lease

Beckett House offered a solution to enable the changes to the Evelina to take place by sub letting space near to St Thomas'. Most of the costs would be revenue although some capital would be needed to improve IT and air conditioning which would be kept as low as possible.

The Committee noted that the negotiations were proceeding satisfactorily though were not yet complete. It agreed to delegate authority to enter the necessary sub leases to the Chairman and Chief Executive.

d) Capital Plan Update

The Committee approved the increase in costs of the Emergency Department rebuild.

It also noted the changes to costs in the Cancer Centre which could be contained within the overall budget of £160mn. The first LINAC had been delivered and was the company's first installation above ground. The other machines would be delivered shortly.

Contractors were now on site to create the Evelina procedure room and it was likely that planning permission would be sought after Easter for the St Thomas' Education Centre.

f) Proposed Disposal of Land at Bowley Close

A piece of land at Bowley Close had been identified as surplus and suitable for housing (in line with the policy of the Department of Health, the Mayor and London Borough of Southwark). As the land had been transferred to the Trust with the community services business, proceeds from the sale would have to be shared with the DH. **Subject to some further clarification of the figures and confirmation that the Trust would benefit from the sale, the proposal was approved.**

CMC/16/05 Financial Planning

The finance team had met Lord Carter's staff on a number of occasions and was working closely with them, not least as a pilot site for procurement. The Committee welcomed the Trust's involvement and positive engagement.

The Finance Director reported that the out turn for month 10 had been ahead of plan, as previously discussed, and the improvement was expected to continue to the year end. The Trust was due to submit its one year business plan and outline 5 year plan to Monitor by 11th April 2016. Discussions continued on the control total. Monitor had accepted that the donations figure had been over stated. The latest offer showed a reduction that, in principle, might enable the Trust to accept a challenging break even target. However, the most recent offer from NHS England for specialist services was not acceptable. This and a number of other caveats meant the Trust would not sign up to the control total or to the draft operational plan

Given the schedule of Board meetings, an updated version of the plan could only be submitted on time as a final draft. It would then be subject to comment from the Council of Governors at its Service Strategy Working Group meeting in April and the Board's approval at its public board meeting at the end of April.

CMC/16/06 Any other business

Support for Continuing the MediCinema

The charity responsible for running the MediCinemas had asked for financial support as there was a shortfall in its fund raising, mainly from the film industry, which it did not expect to bridge. Both hospitals hosted well used cinemas and St Thomas' had been the first in the country.

The Committee agreed that the Trust should underwrite the amount of the shortfall. However, it suggested that the ongoing funding for this purpose should be raised through a combination of the Charity and the fund raising team. The Committee also asked it to make clear that it was not intending through this to subsidise other MediCinemas in other trusts.

CMC/16/07 Date and time of next meeting

8th June 2016 at 1pm in the Burfoot Court Room

DRAFT

CMC Information Technology update

Scott Sommerville – 9th March 2016

Introduction

- Currently running a large complex programme
- Key investment proposals underdevelopment
  - Network replacement
  - EPR or not?
  - Digital Hub
  - New Operating Model (target -10%)
- Revised governance under construction
- Resourcing challenge adding to workload and bringing risk to delivery
- Community service poor and declining (SECSU)
- Large CIP requirement again this year, at a time of exponential growth
- Directorate under stress

IT Strategy nearing the end of its cycle

- EHR our biggest decision (circa £75m including transformation)
  - Is there another way?
- Procurement cycle likely to add substantial cost regardless
  - Is there another way?
- Network is the big piece of infrastructure outstanding
- Need to refresh now
- Need a 5 to 10 year Business target
- Need strong direction from the top
- What impact will cognitive machines have (how quickly)
- What disruption is likely
- Do we want to be disruptors

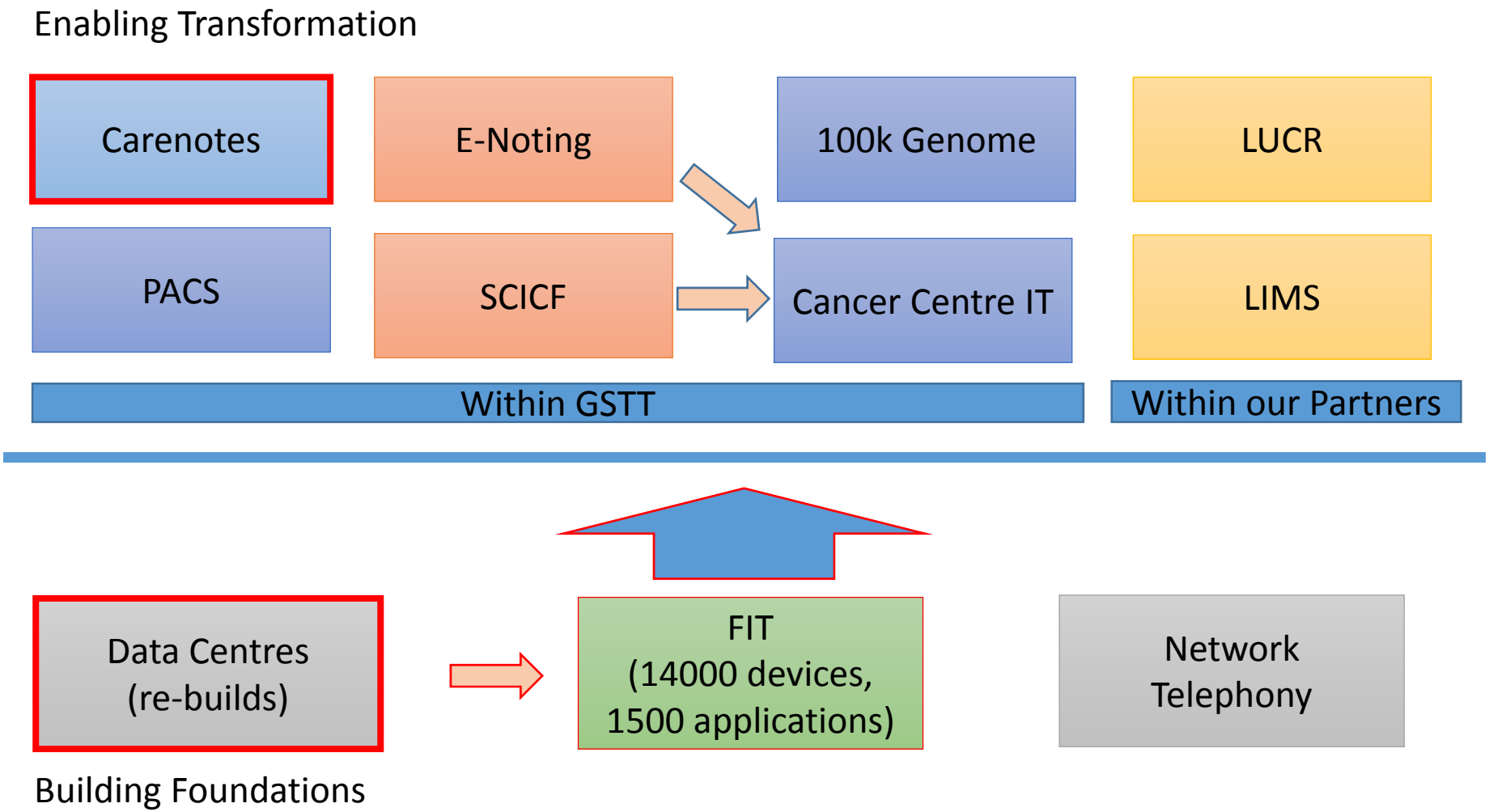
Digital maturity assessment

Section	Type	Score	National Average
Strategic Alignment	Readiness	95	76
Leadership	Readiness	95	77
Resourcing	Readiness	85	66
Governance	Readiness	90	74
Information Governance	Capabilities	79	73
Records, Assessments & Plans	Capabilities	69	44
Transfers Of Care	Capabilities	89	48
Orders & Results Management	Capabilities	89	55
Medicines Management & Optimisation	Capabilities	79	30
Decision Support	Capabilities	53	36
Remote & Assistive Care	Capabilities	67	32
Asset & Resource Optimisation	Capabilities	60	42
Standards	Standards	58	41
Enabling Infrastructure	Enabling Infrastructure	86	68

The Portfolio

- Number of Projects initiated this year - **20**
- Number of projects closed this year - **14**
- Number of projects open - **50**
- Value of open projects **- £50m+**
- Number of resources working on open projects – **104 (of which 57 are contractors**) + supplier resource

Complex Projects with Dependencies



Other work list

- Vanguard
- KHP
- OHSEL
- SECSU
- 100k Genome
- NHIR HIC
- SLIC

Key Project updates

- **Strategic Data Centre**
- The programme timescales have slipped due to two main reasons. 1. The hardware delivered by CISCO has had a very high failure rate (DOA) at around 30% 2. The ANS team have not delivered to the required quality. IT is expected that the overall programme will deliver on time however the delay to environments has had a direct impact on the FIT Programme

- **Faster IT (FIT) Programm**

  The SDC programme slippage is having a direct impact on the Silver build and deployment, This is currently under review and will be fully impact assessed. Some scope changes to Silver may be required to maintain expected timelines. The Bronze build deployment is underway to approximately 200 technical users. The Silver build deployment is targeting Finance, Essentia, and Therapies and is expected to cover approximately 1000 users. An outline deployment schedule for the Gold deployment is now available and general communications will be ramped up this month.

Key Project updates

- **E-Noting**
- The Outpatient pilot is continuing. Due to the continued success of the Outpatient and Pre-operative Assessment Clinic (POAC) Pilots, other areas have been interested in adopting e-Noting, in particular the Plastic Surgery department (secretaries). Engagement is continuing with other Outpatient areas and interest is gaining momentum. e-Noting drop-in sessions continue across both sites. Extensive work continues to define the follow on programme from eNoting and the “Digital Hub” proposition will the presented to the board. Currently it carries the assumption of £3m capital funding £1.5m based on the current roadmap and a further £1.5m to create a digital patient capability.

- **Carenotes 2015**

  Separate paper being discussed at CMC, Operational Issues in processing patients (Outcoming)

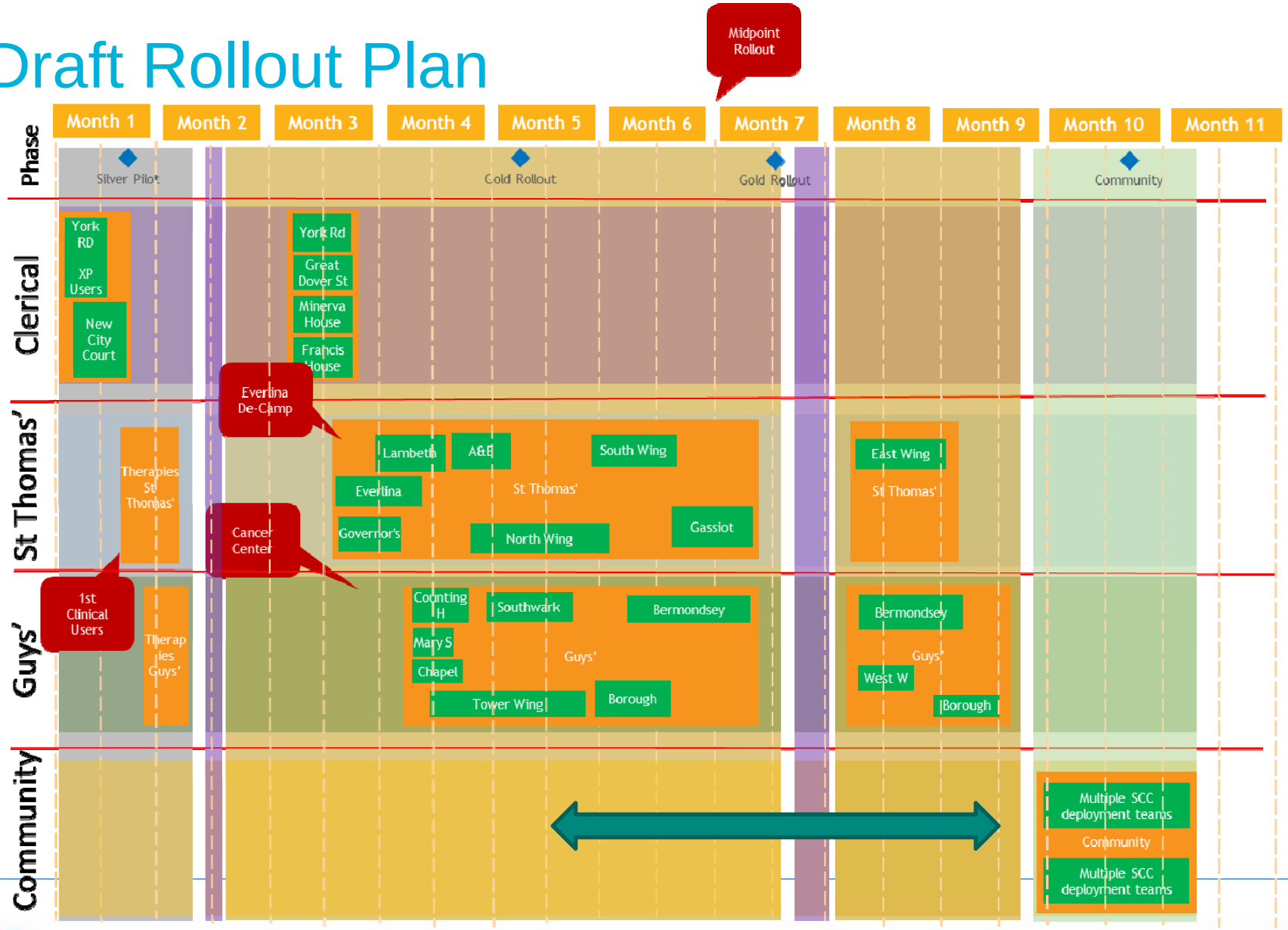
  Supplier delivery issues (Timescale and Quality). Revised governance in place. Audit requested on patient records and safety.

Key take aways’

- Risk
  - Resource
  - Dependencies
  - Capacity
- Big EHR decision
- Strategy refresh and alignment

Questions.

Draft Rollout Plan



Guy's and St Thomas' NHS Foundation Trust

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Guy's and St Thomas' NHS
NHS Foundation Trust

Board of Directors
Quality and Performance Committee

Minutes of the meeting held on Wednesday 13th April 2016
at 1pm in the Governors' Hall, St Thomas' Hospital

Present : Ms D Summers (Chair)

Dr I Abbs
Mr S McGuire
Ms G Niles
Ms A Pritchard
Mr M Shaw
Dr S Shribman
Dame Eileen Sills
Dr P Singh
Dr S Steddon
Sir Hugh Taylor
Mr S Weiner

Attendance: Mr P Allanson, Secretary
Mr P George Jones
Ms O Henderson
Ms A Knowles

Mr S Newman (Council of Governors representative)
Mr B Williams for item QPC/16/19

QPC/16/12 **Apologies**

There were none

QPC/16/13 **Minutes of the meeting held on 13th January 2016**

The minutes of the meeting held on 13th January 2016 were approved as a true record.

QPC/16/14 **Matters Arising**

Committee noted that the Chief Nurse had now stood down from the national speaking up guardian role announced earlier in the year and had reassumed the speaking up champion role within the Trust.

QPC/16/15 **CQC Action Plan**

The Chair congratulated the Trust on the outcome of its CQC inspection particularly the areas rated as "outstanding".

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The Chief Nurse presented the action plan due to be discussed with CQC at the Quality Summit taking place on 18th April 2016. The Trust had responded to three requirement action notices whose plans had been signed off by the Board. The remainder of the action plan was derived from the "should do" items in the report and where sensible matters from different parts of the report had been merged into single actions. A number were included in the Trust business plan. The format of the summit was for the CQC to present its report, the Trust to respond and present its action plan followed by discussions in four groups covering A&E performance, learning from incidents, community IT action plan review and workforce related matters including some community capacity issues.

The delivery of the action plan would be overseen by the TRAQ committee which in turn would report to the Committee. The intention was for directorates to take responsibility for implementation; it was also expected to evolve over time.

The Trust was required to display notices showing the ratings using a prescribed formula.

QPC/16/16 **Hot Topics Q4**

a. Performance

The Chair repeated her request for the papers for this section to be drafted so that those without the technical expertise could immediately understand the complex issues they dealt with.

The Committee noted the overall increase in activity across the Trust with 10% increase in elective referrals from GPs and a 10% increase in attendances to the Emergency Department including a 25% uplift in walk in, urgent patients. There had been 5,500 new outpatient appointments and 2,000 additional procedures. The ED increases appeared to be an unexplained nationwide phenomenon. Although KCH had surveyed its patients to try to establish behaviour trends but was unable to, the Committee suggested building data on the issue could help in devising targeted solutions. It was understood from where patients were coming but not why.

There had been a recent star chamber meeting on the ED which would be followed by a workshop on workforce transformation to implement a new initiative covering admissions, care and exit with the last element linking into the model ward work on discharge. This emphasised the importance of the whole organisation being a part of the solution, recognising that the problem was not for the ED to solve alone. There were particular problems in the riming and response to escalations and work was in hand to devise a range of bespoke solutions that would work at all times. A generic response was unsuitable. A more radical approach to the use of space was needed and adapting the procedures used on New Year's Eve was being considered.

The Chief Operating Officer reminded the Committee that there was now a single referral to treatment target that 92% of patients should be seen and treated within 18 weeks; patients falling outside the target were referred to a the "backlog". The Trust had not met the target in December and January caused by the order in which patients were booked focussing on new referrals. The position had been retrieved and the target met for February.

The effort to meet it had also included a more rigorous and pro-active approach to validation and being quicker to react to information being provided. However, the target remained under threat because of increased activity and from the effects of the junior doctors' industrial action. Star chambers for a number of areas would be held; the first covering adult ENT.

It was noted that some breaches were caused by patients choosing not to be treated at the time offered and some analysis was being undertaken to see what impact this was having on meeting the target as well as checking how many of these went on to wait more than 52 weeks. The tolerances had been devised to accommodate patient choice so the challenges to particular specialties were more likely to be related to growth in demand and activity.

It was important that the Trust understood why it was under pressure on this target and if capacity problems were being caused by referrals that would normally have gone to other trusts, commissioners should be encouraged to act.

The Trust expected to meet the 62 day cancer wait target for internal referrals in March though it would not meet it overall as external referrers continued to send patients after day 42. Weekly tracking meetings took place with the main referrers. Engagement with others had improved. The impact of the cancer network was also being felt as it reinforced links between commissioners and providers.

b. Quality

The Committee noted the plans that had been in place that had enabled the Trust to run safe services during the recent junior doctors' industrial action. Junior doctors had supported emergency care only which had embraced cancer procedures and long arranged complex activities; around 10% of planned activity had had to be rearranged.

The next strike, on 26th -27th April 2016, would be more serious and difficult to manage as there would be no emergency cover between 8.00 and 17.00. The Trust was in the midst of a series of planning meetings to arrange emergency cover by consultants, assuming 7 or 8 emergency lists but cancelling most if not all elective procedures including cancer operations. There would be a knock on effect on both cancer and RTT targets.

The Committee noted that there had been 16 never event during 2015-16 and a further event at the beginning of the new financial year. The local CCGs had been positive about the Trust's response and actions as a result of the events and the Assurance directorate, with the support of the deputy chief nurses, had cleared the backlog of serious incident reports. A TME summit had considered incidents and never events leading to action and implementation. It was suggested that the Trust should try to promote a discussion about the definition of never events and to help reform the system so that those committing errors and owning up to them were dealt with appropriately. It was suggested that the Shelford Group might be able to lead the discussion. It would benefit from a high profile champion who understood the risks of encouraging people to hide issues and problems.

There had been further CareNotes software update that had passed without incident. The terms of reference for the audit review had been agreed and would be led externally. A further review of system support for the community was being undertaken including improving records keeping.

c. Finance

The Finance Director said that early review of M12 suggested that the year was likely to end with a deficit of around £11mn some £8mn better than plan though the reposted figure would be different when non cash items were included.

The Committee was asked to note:

- The financial position had been improved by the revaluation of assets which would result in a smaller PDC payment being made;
- The draw down of a further loan of £35mn had been deferred until April 2016;
- PWC were reviewing the Trust's accounting practices as part of a national exercise to ensure that accounts were being consistently drawn up. It was not clear whether there would be recommendations to change accounting practices as a result;
- DH had been asked for its views on whether the Trust should follow the practice of others to ask for a rates rebate on the basis that it acted as if it were a charity;
- The DH/CNST review of insurances would be ready for the next financial year rather than 2016-17 as originally expected;
- The Trust had agreed to extend its loan to Viapath assuming other shareholders agreed to do the same.

The business plan submission had been delayed until 18th April 2016 by NHS Improvement. The Trust had indicated that it would accept the additional funding offer and a target of £3.6mn surplus for 2016-17. The control total had not been finalised but it was understood that a final offer of what the Trust had been asking for would be made after all plans had been submitted. Savings of £25mn remained to be identified – depending on the control total agreed – and external support was being procured to help draw up realistic budgets and savings plans.

It was noted that the Chief Executive had been asked to lead the SE London Sustainability and Transformation Plan and work streams were being led by the Finance Director, the Workforce Director and the Director of Essentia.

QPC/16/17 IQPR – February

The Essentia Chief Operating Officer briefed the Committee on the progress in implementing new arrangements with a new lead supplier of patient transport. There had been problems with the original tender which had led to its being re-run. Consequently the new contractor had had a shorter time to pick up the contract than would be the norm.

There had been an initial deterioration in performance even though the new contract metrics had been suspended for 3 months. There were particular issues with renal patients who were used to their "own" drivers. The service had now improved, complaints had reduced and Savoy was moving towards getting the quality to the position where they would meet the KPIs. He suggested that there should be a formal review in 3 months time.

Finally, the Committee reflected on the sheer volume of information presented in the IQPR and how important it was to pick up trends and issues. In this category fell the changes observable to the response rates on the friends and family test and complaints.

Some issues needed to be noted but there were some statutory matters mentioned that would benefit from deeper exploration. The Committee agreed to schedule time to consider in greater depth health and safety, infection control and safeguarding both of children and adults.

QPC/16/18 **Chief Nurse Quality Report – Eileen's amends**

Whilst the friends and family test for inpatients continued to be positive there were concerns around A&E and day surgery where the environment at St Thomas had problems. The Trust was considering action to ensure the patient experience was positive.

There had been 51 c-diff cases in during 2015-16 and the target for 2016-17 was also 51 cases. There had been 2 attributable cases of MRSA in 2015-16 and one so far in 2016-17. Overall the infection control team had performed well especially in dealing with the ebola outbreak. Antibiotic stewardship remained the main issue for the Trust and was a CQUIn which also covered flu vaccinations of front line staff requiring 75% to be inoculated.

The Committee confirmed the reappointment as Joint Director of Infection Control of the Chief Nurse and Dr Nick Price.

Children's safeguarding was noted as an increasingly complex area with particular reference to mental health problems. The Trust was compliant with its statutory responsibilities but plans were in place including to test compliance on our FGM duties to identify women at risk outside the Evelina. Concerns were raised on the increase in safe guarding activity, the reduction in funding for Health Visitors and School Nurses (who were employed by local authorities) alongside the challenges of the poor Ofsted inspection in Lambeth. The Chief Nurse would be arranging a senior level meeting between the Trust and Lambeth and Southwark local authorities.

Adult safeguarding had experienced a 47% increase in referrals exacerbated by the changes to DOLs and the Care Act 2014. Further investment in the safe guarding team had been requested as part of business planning to ensure that the use of MCA & DOLs legislation is understood and used correctly by frontline clinical staff.

The Committee agreed that the Chief Nurse should be reappointed as the Trust's executive director for safeguarding.

The Nutrition and End of Life Care reports were noted including progress made with Pal@Home. The Trust was one of 10 sites accepted to participate in the national EROLC programme to push forward improvement in End of Life Care practices was working well albeit with small numbers.

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QPC/16/19 **HSCIC and NHS Choices performance outliers**

The Committee reviewed the eight outliers listed on the NHS Choices website assembled by the Health and Social Care Information Centre from a variety of sources including Hospital Episode Statistics and Dr Foster. There was a total of 123 indicators all together.

Each outlier had been reviewed and investigated. There were variations between the data used for different indicators and the issues flagged to the Trust were relatively small scale; many had been resolved and there was no suggestion that treatment at the Trust was less safe than anywhere else.

The Committee felt that this was a useful reminder of the importance of continuing to improve performance on coding. Reviewing other databases could be revealing – such as NHS variation which it was understood the NHS Chief Executive reviewed. Using comparative data was helpful – for example the Trust's cancer performance "top trumps" benchmarking exercise. Identifying the most reliable data sets was part of the challenge. The monthly performance review meetings would help to draw strands together and it was important the information was contributed by Health Informatics.

Overall ensuring that the right information using the correct base information was vital and a group comprising Steve Weiner, the Medical Director, Chief Operating Officer and Bryn Williams was asked to review current practices. Progress on this and the response to the HSCIC outliers would be reported via TRAQ.

QPC/16/20 **TRaQ Terms of reference**

The Committee reviewed and approved the revised terms of reference for TRaQ.

QPC/16/21 **Any other business**

This was Diane Summers' final meeting of the Committee as chair; she would be succeeded by Dr Priya Singh. The Committee thanked her for her work on its behalf.

QPC/16/22 **Papers for noting**

The Committee noted the following:

a. Finance Report Month 11
b. End of Life Care Quarterly Report
c. Infection Prevention and Control Quarterly Report
d. Nutrition Assurance committee Quarterly Report
e. Patent Experience and Engagement Quarterly Report
f. Safeguarding Adults Annual Report
g. Safeguarding the Welfare of Children Annual Report
h. Trust Risk and Quality Committee Report
i. Serious Incident Panel meeting minutes: December & February

QPC/16/1 **Date and Time of Next Meeting**

The next meeting of the Quality and Performance Committee would take place on **13th July 2016 @ 1pm in the Burfoot Court Room, Guy's Hospital**

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Guy's and St Thomas' NHS
NHS Foundation Trust

Integrated Quality and Performance Report

February 2016

Executive summary

In this month (page 5)

February saw very high levels of both patient referrals and patient treatments across all of our services. Volumes are summarised on page 5, with a comparison between this month (and the year so far) with the same periods last year. This is important context for other aspects of our performance.

Are we safe? (pages 6-17)

We still continue to perform well across mortality indicators when compared to the England average and our peers. We remain focused on achieving safe staffing standards to ensure that our nursing hours are closely matched to each patient's dependency and care needs. There have been no further never events reported since January 2016. The Patient Safety Team has prioritised serious incidents reports and reduced significantly the backlog of very overdue reports. This has been very well received by our local commissioners who will continue to monitor progress. A new Head of Patient Safety has been appointed and will provide the expertise and leadership within the central team and across all directorates. The infection control indicators in February were on trend with regard to C-Difficile and still on target.

Are we effective? (pages 18-25)

We continue to perform well against most of the indicators being monitored. The Trust is working with Commissioners on 'Local Incentive Schemes' for this year to replace CQUINs. These are linked to medicines optimisation, care planning and disease prevention (smoking, alcohol and health promotion).

Are we caring? (pages 26-36)

Although our Friends and Family Test feedback remains very positive and we are maintaining satisfactory response rates in many areas, a number of areas have seen improvements in response rates since December including A&E and Maternity Services. "Recommend" scores are stable in most areas of care although A&E and Patient Transport have experienced some challenges and seen slight dips this month. Unfortunately, the proportion of patients who say they would "not recommend" the Trust has dipped slightly in a number of areas of care. We are taking sustained action to improve response levels in areas where there has been a reduction in performance by ensuring that more real time information is available to Directorates. We continue to encourage teams to review key themes emerging from free text comments and identify actions for improvement.

Are we responsive? (pages 37-54)

Our performance against the 95% standard in emergency care continued to perform below the standard in February. We have seen a sustained increase of 10% in our attendances which is very challenging for the ED teams to cope with. We continue to focus on our actions both within ED and on the emergency pathway to improve the experience for our patients. We are working hard to improve the timeliness of treatment for patients on a cancer pathway, but failed to achieve the two week standard in February. Our focus remains on improving our ability to offer patients a choice of dates, so that we avoid unnecessary breaches. We continue to work with partner hospitals to improve the pathways for all patients within our network and now meet regularly as a group to see how we can improve patient pathways. Unfortunately, in February we still received a large number of patient referrals too late for us to treat them within the pathway target of 62 days. With respect to Referral to Treatment (RTT) we achieved the 92% of patients treated within the 18 week target. We continue our focused approach on reducing longer waits through increased activity, as well as chronological booking and improved validation accuracy on our pathways. We saw an improvement and a reduction in the number of patients waiting over 18 weeks from January. Our diagnostic performance dropped to 1.8% for February and we are reviewing our current plans to see how we can achieve sustainable delivery of the target in 2016/17.

Are we well-led? (pages 55-60)

Our Quarter two Staff Friends and Family Test results highlight that our staff continue to give the Trust a huge vote of confidence as a provider of care and as a recommended employer. We await national results to enable comparisons. Our vacancy rate remained below target at 9.46% in February as a result of increased new starters and a dip in turnover rates. The temporary staffing pay bill increased to 10.06%. Usage continues to be monitored closely on a weekly basis. The number of completed personal development reviews has decreased slightly in February, and staff have been reminded of the importance of undertaking these.

How effective are our enabling services? (pages 61-80)

The Trust has recorded a loss of £6.6m to the end of February, £10.9m better than the planned position. Essentia Patient Services - who provide non-clinical support services across the Trust - have provided additional metrics from this month to enable a wider review of how it supports the Trust in its day to day activity.

Trust overview

Domain	Ref	Theme	Page	Management priority (last month)	Management priority (this month)	Forecast status	Briefings
1 Safe	1.1	Patient safety - incident reporting	8	Moderate	Moderate	Stable	
	1.2	Patient safety - harm-free care	9	Minor	Minor	Stable	
	1.3	Infection control and cleanliness	11	Minor	Minor	Stable	
	1.4	Screening on admission	13	Minor	Minor	Stable	
	1.5	Mortality indicators	14	Excellent	Excellent	Stable	
	1.6	Safe staffing (nursing and midwifery)	15	On track	On track	Stable	Nursing and Midwifery Safe Staffing/Infection Control (HCAI)
2 Effective	2.1	Quality Indicators	18	On track	On track	Stable	
	2.2	Quality Indicators - Specialist	21	On track	On track	Stable	
	2.3	Clinical best practice (inc readmission management)	23	Minor	Minor	Stable	
3 Caring	3.1	Admitted Patient Experience	26	Moderate	Moderate	Improving	Admitted Friends and Family Test
	3.2	A&E Patient Experience	29	Moderate	Moderate	Improving	A&E Friends and Family Test
	3.3	Maternity Experience	31	Moderate	Moderate	Improving	
	3.4	Outpatient Experience	32	Minor	Moderate	Improving	
	3.5	General patient and carers' experience (inc involvement in care and treatment)	33	On Track	Minor	Stable	
4 Responsive	4.1	A&E access	34	Significant	Significant	At risk	A&E waits
	4.2	Elective treatment access (inc referral to treatment performance)	35	Significant	Significant	At risk	Referral to Treatment waits
	4.3	Cancer access	38	Significant	Significant	Stable	Cancer Waits
	4.4	Diagnostic access	39	Significant	Significant	Stable	
	4.5	Bed capacity and management	42	Moderate	Moderate	Stable	
	4.6	Outpatient management	48	Moderate	Moderate	Stable	
	4.7	Theatre and critical care management	49	Moderate	Moderate	Stable	
	4.8	Complaints management	50	Moderate	Moderate	Stable	
5 Well-led	5.1	External assessments	51	Moderate	Moderate	Stable	
	5.2	Staff experience (inc open and honest reporting)	52	Excellent	Excellent	Stable	
	5.3	Workforce indicators	53	Minor	Minor	Improving	Quarterly report Temp Staffing/Sickness Rates
6 Enablers	6.1	Overall financial position	54	Significant	Significant	Stable	
	6.2	Activity volumes ('magic numbers')	60	Moderate	Moderate	Improving	
	6.3	Fit for the Future programme - inc cost improvement plan (CIP) delivery	61	Significant	Significant	Stable	
	6.4	Data quality, clinical coding, information and IT	63	On Track	On track	Stable	
	6.5	Essentia Patient services	64	Minor	Minor	Stable	Exception reports and Quarterly Report across Essentia services.

Key to scorecard assessments

Management priority — **Individual theme in 'Trust overview'**

Significant	Significant interventions are planned or in progress due to one or more factors: an externally-reported metric is off-track; multiple internal metrics are off-track; qualitative experiences are raising significant concerns
Moderate	Moderate interventions are planned or in progress due to one or more factors: an important internal metric is off-track; qualitative experiences are raising concerns; future projections are off-track
Minor	Some interventions are planned or in progress: stretch targets are off-track; trends are adverse; qualitative experiences suggest performance may be at risk
On track	All areas within this theme on track
Excellent	Amongst top performers nationally, with internal stretch targets consistently met

Forecast status — **Individual theme in 'Trust overview'**

At risk	Expected to worsen by next reporting period
Stable	Not expected to change significantly by next reporting period
Improving	Expected to improve by next reporting period

Indicator status — **Individual metric in 'Domain scorecard'**

	Achieving national standard or internal target (this reporting period)
	Not achieving internal target (this reporting period)
	Not achieving national standard (this reporting period)
	Indicator only - not measured against a set target

In this month

	February	Compared to last year	
		Same month	Year so far
We received…			
Referrals from GP's	18,141	14.7%	13.6%
Urgent cancer referrals	1,127	6.4%	12.6%
Referrals to @Home and ERR	412	1.7%	34.6%
We treated…			
A&E attendances	15,081	12.2%	3.6%
Non-elective admissions	3,526	8.4%	2.8%
Outpatient attendances	90,811	11.7%	7.4%
Day cases	5,773	15.3%	11.8%
Elective inpatients	2,408	6.7%	4.8%

Domain scorecard (1)

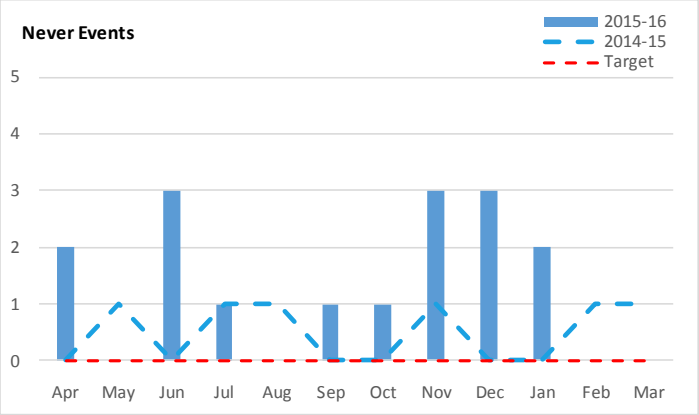
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor	Quality priorities	Trend chart
1.1 Patient safety - incident reporting	INC 06	Total incidents reported	Number	-			1,880	1,954	2,122	2,156	2,055			Y
	INC 06S	Total incidents reported on STEIS	Number	-			11.4	3	5	4	6.5			
	INC 06ST	Total incidents reported on STEIS - not attributable to Trust	Number	-			4.6	0	0	0	0.0			
	INC 07	Never Events	Number	Zero			0.5	3	2	0	1.5			Y
	INC 01	Incidents resulting in unexpected death	Number	-			1.6	0	6	3	2.5			Y
	INC 02	Incidents resulting in severe harm	Number	-			2.5	1	3	3	2.1			Y
	INC 03	Incidents resulting in moderate harm	Number	-			17.2	14	16	19	16.3			Y
	INC 04	Incidents resulting in low harm	Number	-			332	335	349	322	321			
	INC 05	Incidents resulting in no harm	Number	-			1,375	1,250	1,320	1,398	1,291			
	INC 01S	Incidents resulting in unexpected death - reportable on STEIS	Number	-			0.8	1	1	3	1.8			
	INC 02S	Incidents resulting in severe harm - reportable on STEIS	Number	-			1.4	1	0	0	1.7			
	INC 03S	Incidents resulting in moderate harm - reportable on STEIS	Number	-			1.4	1	1	0	1.0			
	INC 04S	Incidents resulting in low harm - reportable on STEIS	Number	-			2.7	2	3	0	1.0			
	INC 05S	Incidents resulting in no harm - reportable on STEIS	Number	-			3.9	0	0	1	0.8			
	INC 08P	% incidents relating to patients	Mthly %	-				82.0%	79.6%	81.0%	79.4%			
1.2 Patient safety - harm-free care	Therm	Measure of harm-free care - Safety Thermometer	Mthly %	>95%			89.2%	96.8%	96.5%	95.2%	96.6%			Y
	305T	Pressure ulcer acquisitions (grade 2 and above) attributable to Trust	Number	<5			2.3	3	1	2	3.0			Y
	305TA	Admissions with pressure ulcers (grade 2 and above)	Cases	-			43	45	43	42	41			Y
	INC 22	Medication incidents reported	Number	-			234	226	261	290	262			Y
	INC 21	Patient falls with moderate or severe harm	Number	-			2.3	2	3	1	1.7			Y
	INC 20	Patient slips trips and falls	Number	-			117	141	153	159	143			Y
	313BD	Incidence of falls per 1000 bed days	Number	-			4.0	4.9	5.1	5.3	4.9			Y
	WHO	WHO surgical safety checklist	Ann %	-			85%				85.5%			

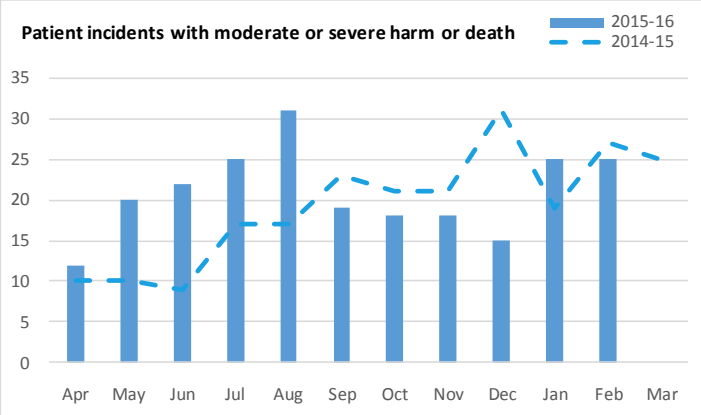
Domain scorecard (2)

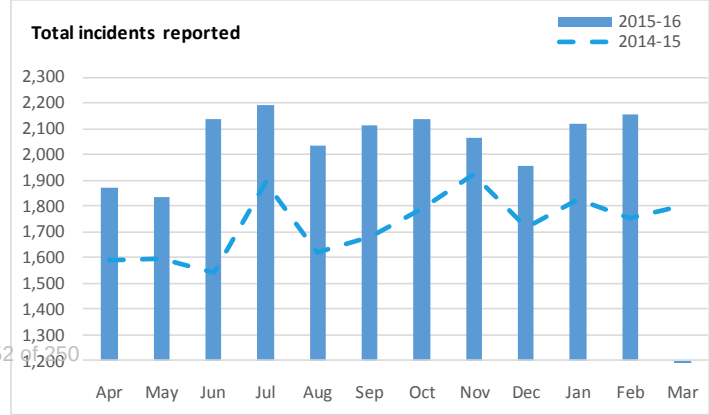
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor	Quality priorities	Trend chart
1.3 Infection control and cleanliness	324	MRSA screening of admissions	Mthly %	>95%			94%	91.9%	92.0%	91.3%	95.0%			Y
	301	MRSA bacteraemia (Trust-attributable)	Number	Zero			0.2	0	0	0	0.1			Y
	302L	C-Diff acquisitions resulting from lapse in care	Number	Zero			0.4	0	0	0	0.2			Y
	302T	C-Diff acquisitions (Trust-attributable)	Number	<4 pm			4.2	1	3	4	4.1			Y
		Catheter attributable urinary tract infection (CAUTI)		In devt										
	AMS	Anti-microbial stewardship	Score	>85			79.4	96	89	92	92.7			Y
	NPSA	Cleanliness standards (NPSA)	Mthly %	>95%			89.5%	97.9%	97.8%	97.1%	97.5%			Y
1.4 Screening on admission	9936	VTE screening (externally reported)	Mthly %	>95%			96.0%	97.1%	97.0%	97.4%	97.2%			Y
		VTE screeing within 24 hours		In devt										
	Dem75	Dementia screening (patients aged over 75)	Mthly %	>90%			-	92.6%	95.9%	96.9%	92.6%			Y
1.5 Mortality indicators	350	Deaths in hospital - number in month	Number	-			85.5	102	112	92	91.5			Y
	HSMR	Hospital standardised mortality ratio (HSMR) - most recent score	Ratio	<90			-	75.6	75.7	75.7	75.6			Y
	SHMI	Standardised healthcare mortality index (SHMI) - most recent score	Ratio	<90			-	74.5	74.5	74.5	79.4			Y
		Deaths in low risk diagnosis groups		In devt										
1.6 Safe staffing	SafeS	Safe Staffing - ratio of actual to planned hours	Mthly %	-			-	98.5%	98.9%	99.1%	100.2%			

1.1 Patient safety – incident reporting

- This month's data is still under investigation; therefore the degree of harm may change. The Patient Safety Team monitor on a daily basis (Monday to Friday) all incidents reported in the previous 24 hour period to review harm reported, escalate where necessary and identify any emerging trends or hot spots. The directorates review the incidents locally.
  The increase in reported incidents has been consistent which we believe to represent a permanent improvement in reporting rates and a demonstration of a positive reporting culture. There has been an increase in incidents across all degrees of harm but the majority of these are no harm incidents. Never Events are serious incidents (regardless of the degree of harm caused) which are wholly preventable and we have not reported any incidents in February.
- The Trust has responded formally to the CCG with a detailed serious incident and Never Event action plan. The Trust is launching a communications campaign to raise awareness and collate information about risk factors from front line staff. The campaign will be called "Always Safe" and will be launched on 25th April. The Centre for Applied Resilience in Healthcare Team (a joint collaboration between GSTT and Kings College London) will be working with the central Patient Safety Team to review high risk processes and undertake observational human factor work in the operative setting. The serious incident and Never Event action plan will be under monthly review at the Lambeth and Southwark Clinical Quality Review meeting.

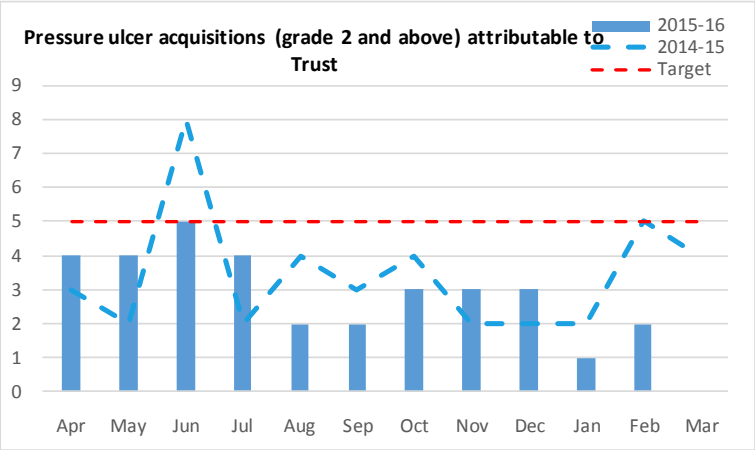


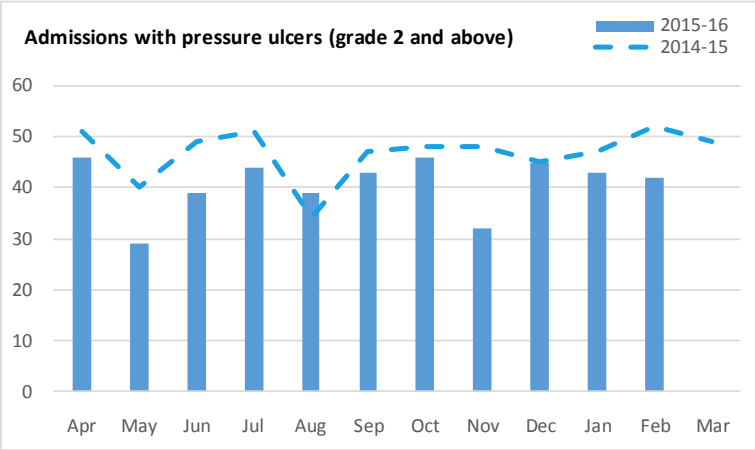


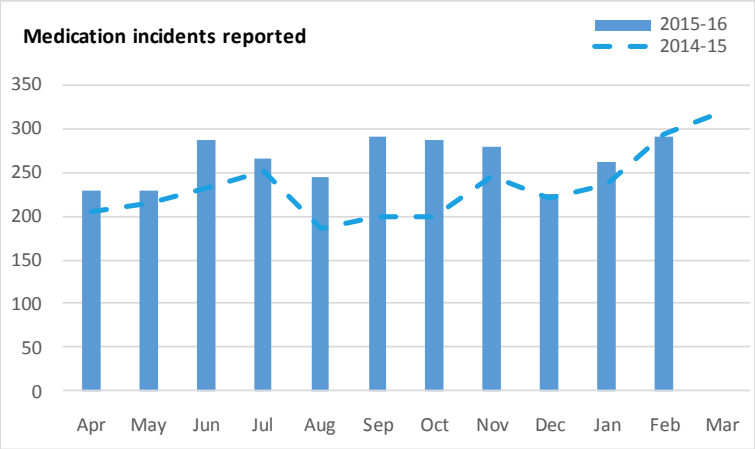


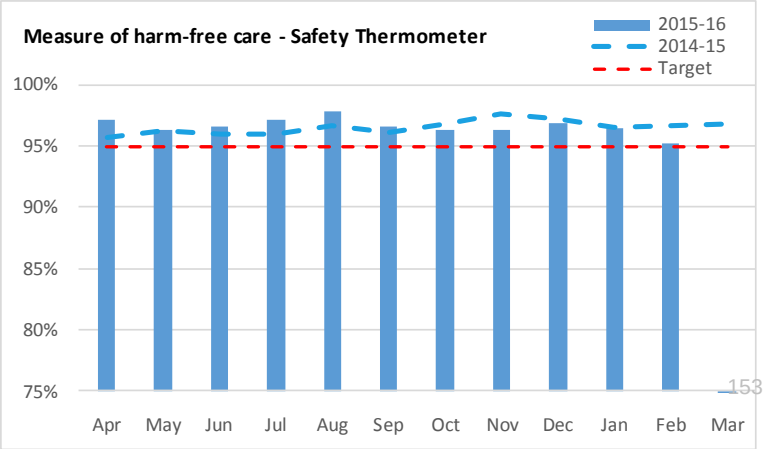
1.2 Patient safety – harm-free care

- The Trust had low numbers of attributable avoidable pressure ulcers in February. Incidence remains below 1%; there were two attributable pressure ulcers for February.
- More education is needed to improve reporting accuracy on pressure versus moisture lesions.
- Pressure ulcers in admitted patients remains higher as we are finding repeated high risk patients re-admitted with new pressure damage which is unavoidable due to multiple underlying co-morbidities.
- We continue to focus on increasing the awareness of reporting of medication incidents. The majority of those incidents reported were of no or low harm and are at comparable levels to 2014/15.



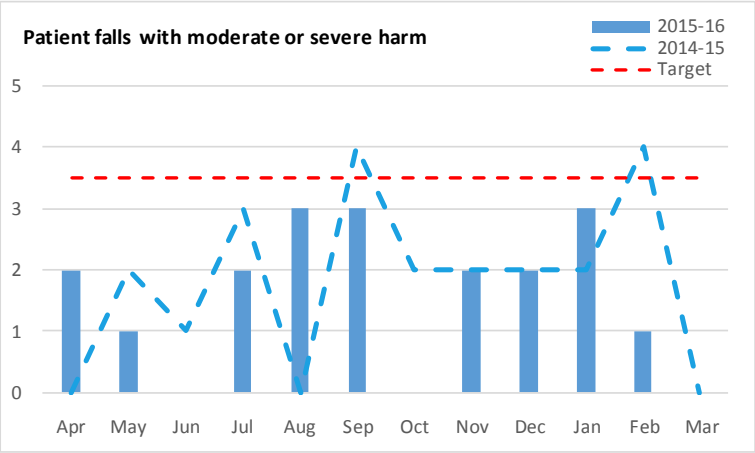


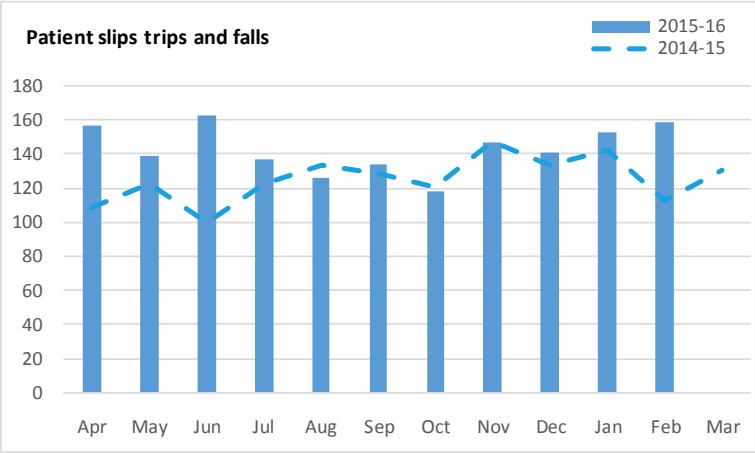


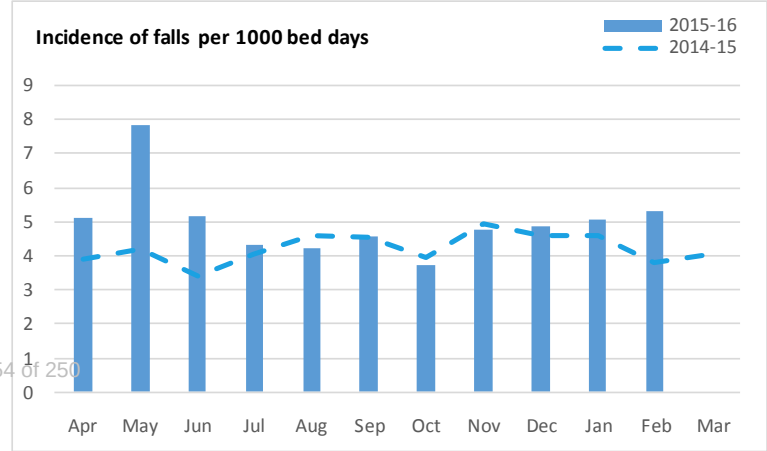


1.2 Patient safety – patient falls

- This month the Trust has seen a small increase in the incidence of falls with 159 reported compared to 155 in January; this is primarily due to an increase in inpatient falls with 129 reported this month compared to 122 in January.
- Looking in more depth at the data there were 133 patients that fell and 159 falls reported, which meant that there were 26 occasions where a patient fell more than once during admission. In addition, there were 22 assisted falls reported in February.
- The directorates with the highest incidence of inpatient falls were Acute Medicine and Cardiovascular.
- There was 1 fall resulting in moderate harm or above this month which occurred in Women's Services.
- The multidisciplinary Trust Falls group continue to meet on a monthly basis to share learning and review all falls resulting in moderate harm or above. In addition, the group link closely with the Pressure Ulcer team and meet monthly at the joint steering group meeting to review incidents and share learning.

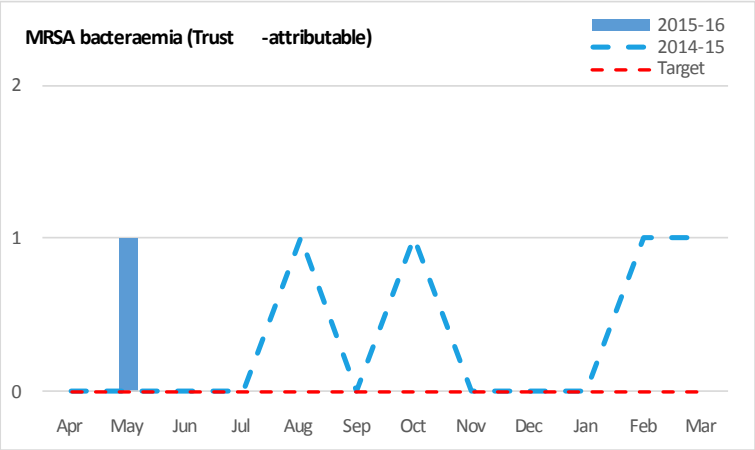


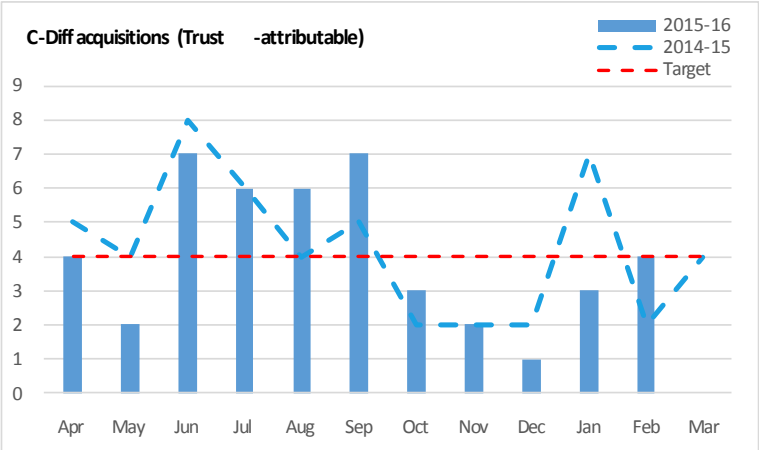


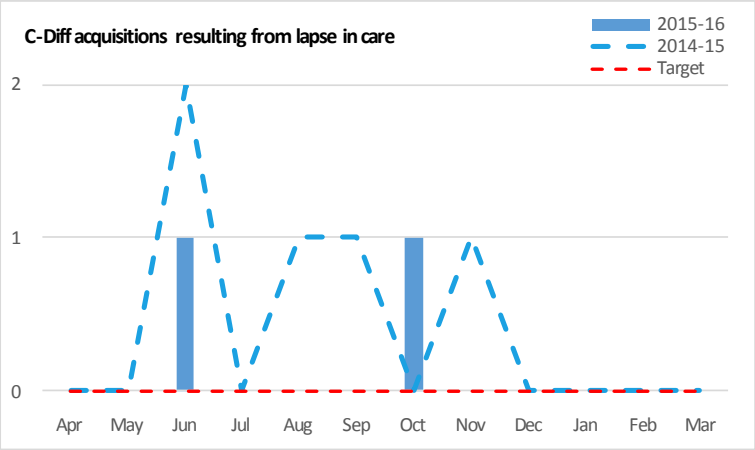


1.3 Infection control and cleanliness (a)

- The Trust has reported no attributable cases of Methicillin Resistant *Staphylococcus aureus (*MRSA) bacteraemia in February; however one case shared care with Lewisham is being investigated and may be assigned to GSTT.
- The Trust remains on track to deliver the trajectory for the external Clostridium-difficile (C-diff) objective of no more than 51 reportable cases during 2015/16, with 45 reportable cases so far.







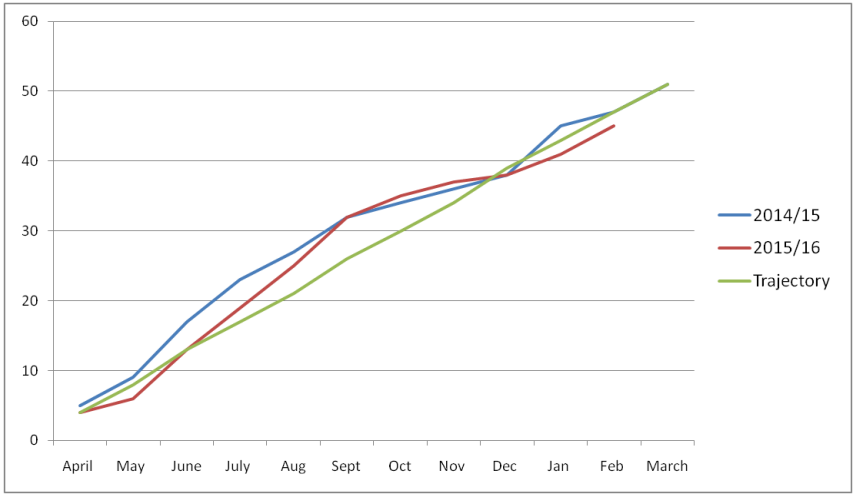
Where we want to be. Targets and benchmarks:

- ***Clostridium difficile*** - The external objective for reportable cases of *C. difficile* (Cdiff) for 2015/16 is 51 cases. Reportable cases are those that are 'toxin positive' (Enzyme-linked Immunoassay or 'EIA' positive) and are identified beyond three days of admission to the organisation (attributed). In addition the Trust must determine and report to the commissioners any reportable cases that are deemed to be due to any 'lapse in care'.
- **Methicillin Resistant *Staphylococcus aureus*** (MRSA). The organisation has a zero tolerance threshold for MRSA bacteraemia.
- **Other bacteraemia** - The Trust is required to report all cases of MSSA and E-coli bacteraemia via the Public Health England (PHE) reporting system. There is no national objective for these bacteraemia at present.

Where we are: trends and patterns:

- ***C. difficile***
- To the end of February 2016 the Trust is on target to achieve our external Cdiff objective with 45 reportable cases and two lapses in care. The second lapse in care occurred in October and was related to inappropriate prescribing. There were four cases in February, just under the mean trajectory. Figure 1.
- **MRSA**
- There were no cases assigned to the Trust in February. The total for 2015/16 remains at one case; however, a case with shared care between GSTT and Lewisham is being investigated and may be attributed to GSTT.
- **Other bacteraemia**
- MSSA - To the end of February 2016 the Trust reported 80 cases of which 28 were deemed to be Trust attributable (identified > 48 hours after admission).
- E coli - To the end of August 2015 the Trust reported 206 cases, of which 39 were categorised as healthcare associated.

Figure 1. Cdiff cases 2015/16 compared with 2014/15 with a linear trajectory to 51 cases.

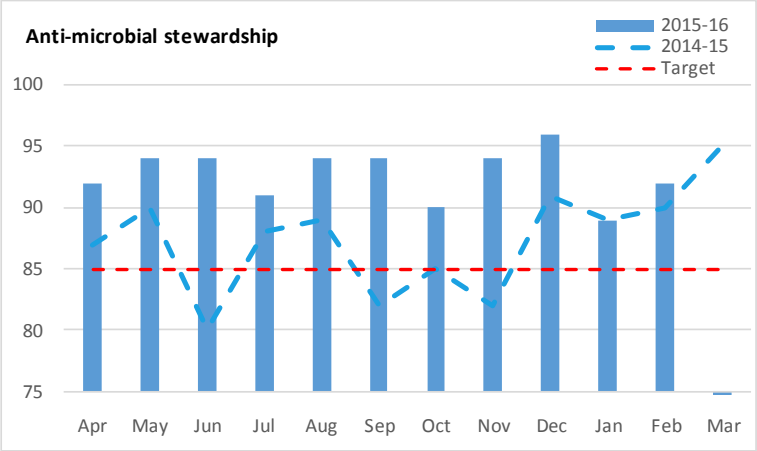


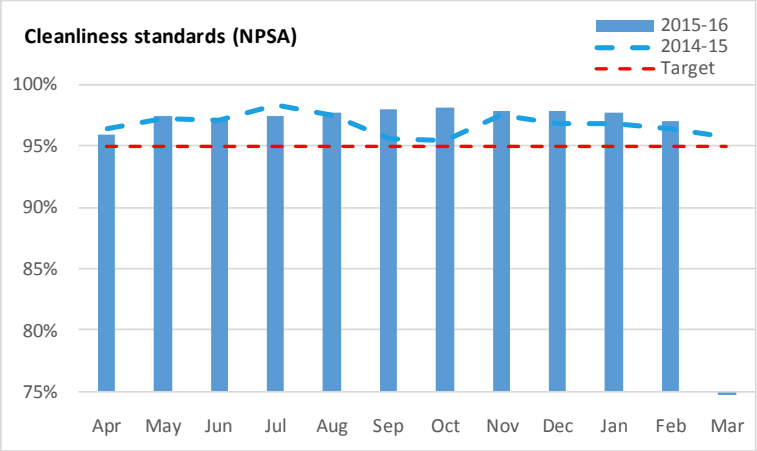
Incidents and Investigations:	Status
Numbers of cases of seasonal influenza have increased and are being managed as per guidance,	**Actions underway**
Number of cases of Norovirus have increased, the impact on activity has been limited so far. Raising awareness continues across the Trust.	**Actions underway**
Mycobacterium chimera in heater/cooler units used in cardiac bypass machines – this issue will remain active for the foreseeable future	**Actions underway**

Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

1.3 Infection control and cleanliness (b)

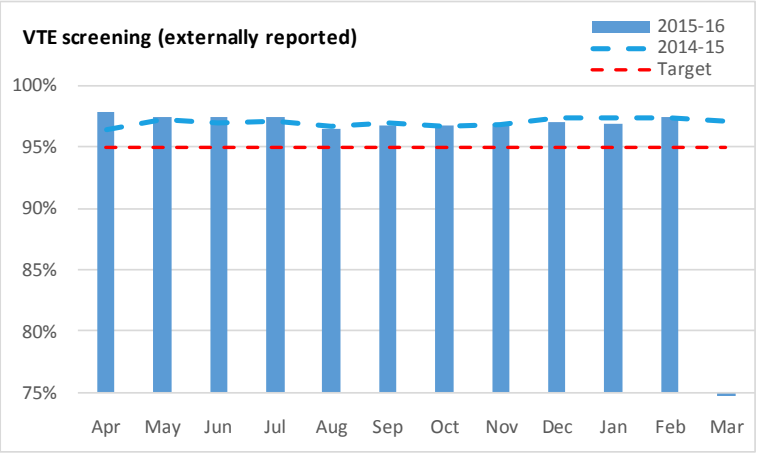
- The Trust continues to maintain high standards of anti-microbial stewardship.
- Cleanliness scores across both acute and community sites consistently exceed the 95% target.

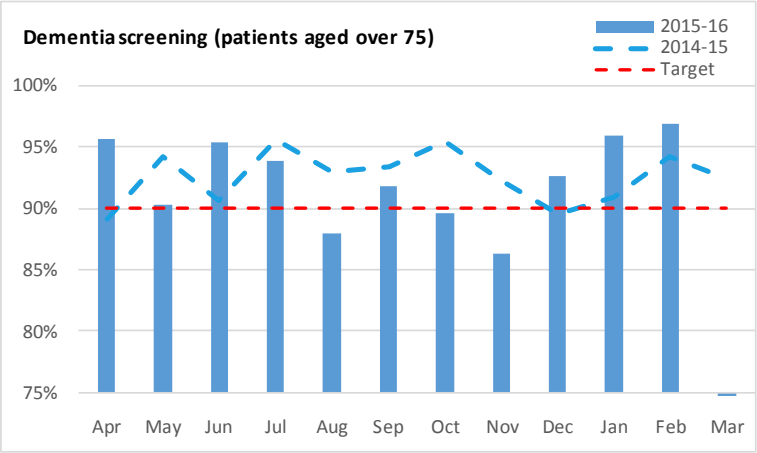




1.4 Screening on admission

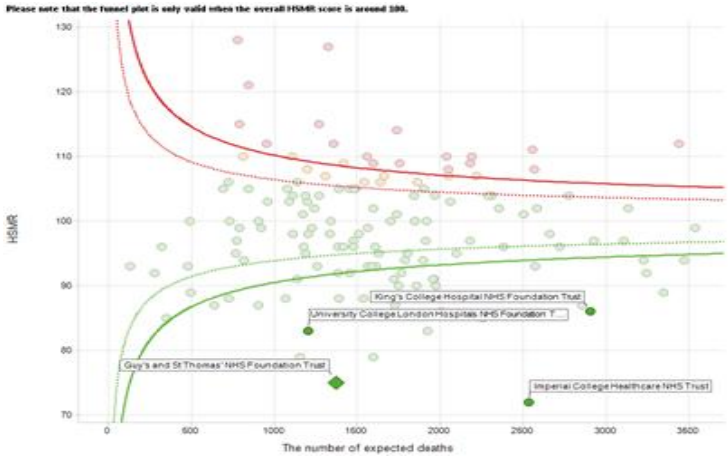
- We continue to achieve our screening target for Venous Thromboembolism (VTE) across all directorates, but we are seeking to improve the percentage of inpatient and day case admissions screened in individual specialties. These include some surgical areas, particularly nurse-led day-case services.
- Dementia screening compliance has improved for February and has remained above the target of 90% for the last three months.
- A Dementia screening review is carried out for all the breaches and for those screened after 72 hrs to ensure that there has not been more than one screen, as the later screen could have invalidated the original screen. The team remind staff about screening at every opportunity and also provide training to wards and areas where compliance has been low. The drive to increase awareness has supported an improvement in the number of patients being screened and recording this on the Trust's IT systems.

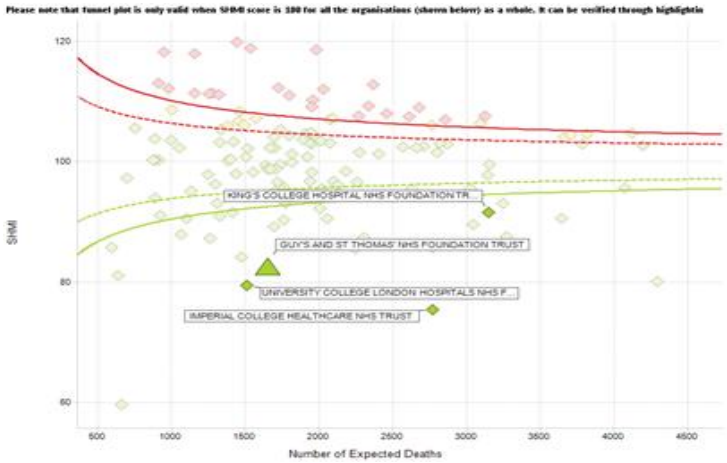


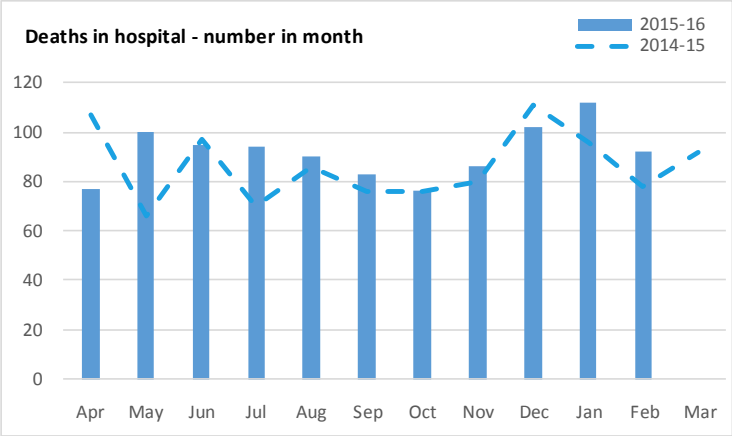


1.5 Mortality indicators

- Benchmarked mortality allows case-mix corrected risk of death to be compared across organisations. The Trust continues to perform exceptionally well, both against the England average and other London acute hospitals. Two measures are used: Hospital Standardised Mortality Rate (HSMR) shown in graph upper right; and Summary Hospital Mortality Indicator (SHMI) shown in graph upper left. SHMI includes deaths within 30 days of discharge. For both indicators a low score is good.
- Hospital crude mortality was increased in January 2016 and slightly higher than in individual previous winter months. There is always a winter seasonality with more deaths particularly in emergency admissions occurring in winter months. Initial review shows (as expected)that this change was in patients admitted as an emergency > 75 years. Service by service analysis does not suggest any surprising clustering of deaths in January and review of the winter quarter (December , January , February) shows close to expected overall levels.







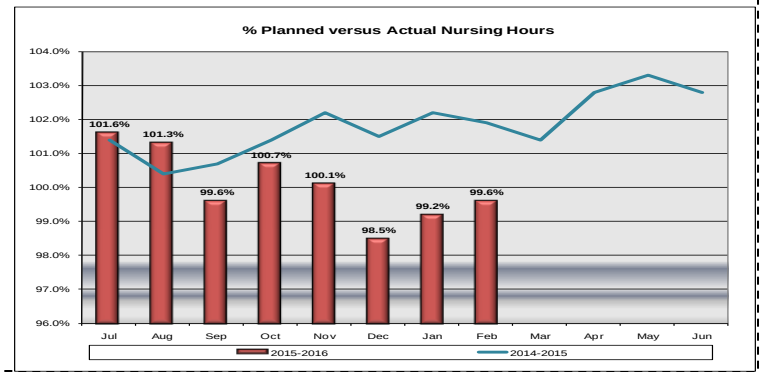
Trust level Nursing & Midwifery Safe Staffing
Information Owner: Chief Nurse Office (Workforce Team)

- **Where we want to be. Targets and benchmarks:**

Actual nursing hours are used across the Trust to closely match patient dependency and care needs in order to provide high quality patient care whilst remaining financially viable as an organisation. Stable workforce: reduction in nursing and midwifery vacancies and high retention rates.

- **Where we are? Trends and patterns. Nursing Hours: Planned Vs. Actual:**
- In February staffing numbers only increased by 1.2 wte after the January increase. The total establishment in post is now 5,091.27 wte (ESR data, staff in post at 29th February compared to 22nd January). Excluding 157 external applicants in the recruitment pipeline, the Trust vacancy level is 10.1%. These new starters are scheduled to join the Trust over the coming months. - Planned versus actual nursing hours for February 2016 were 0.4% below plan; an improvement on January's figures of 0.8% below plan. (Figure 1).
- Registered nurse (RN) actual hours were 4,876 hours below plan (equivalent to 29.9 wte) with Nursing Assistant (NA) actual hours 3,467 hours above planned (equivalent to 21.28 wte).
- Average fill rates of planned hours for RNs for day were 98.1%, with night at 99.4%. Average fill rates for planned hours for NAs was 100.2% daytime and 117.1% for the night.
- The Heads of Nursing and Midwifery (HoN/Ms) have given assurance that they have reviewed their staffing numbers and assessed their areas to be safely staffed.
- The Chief Nurse six monthly staffing reviews concluded in February. Any changes will inform the business planning process. The Chief Nurse will present a full paper at the April Board meeting.
- Vacancies across the Trust have reduced significantly over the last six months, with the overall rate of 10.1% comparing favourably with the same month last year at 12.5%. There are an additional 220.2 WTE substantive nursing staff, in post since last year.
- The directorates have been working hard to maintain the reduction in the nurse agency spend required to meet the Monitor regulations, the target is to be less than 6% by 31st March. Nurse agency spend in February was 5.2% of the total paybill.
- Reducing the Trust reliance on temporary nursing and midwifery staffing remained a significant priority; this was delivered through close monitoring of agency usage at directorate level. Balanced against this has been the continued pressure on the provision of nursing care with high acuity and a requirement for 'specialling' within a number of directorates. The senior nursing and midwifery teams are very aware of the need to risk assess each case prior to the employment of any additional staff and balance this with safety and quality of care.

Trend *(Figure 1)*

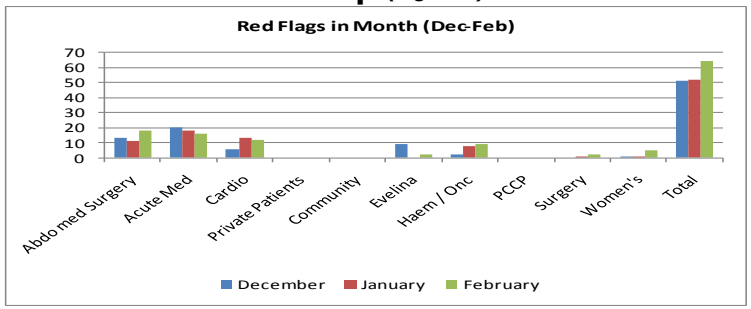


Benchmark *(Figure 2)*

Safe Staffing levels – taken from NHS Choices at 21/03/16

St Thomas' Hospital site	99%
Guy's Hospital site	97%
King's College Hospital	98%
Chelsea and Westminster Hospital	91%
University College Hospital	99%

Directorate heat map *(Figure 3)*



- There were 58 red flags raised, compared to 52 in January. Further work is required to ensure that reporting is robust over the 24/7 period in all areas. All red flags were actioned promptly by the senior nursing teams to ensure patient safety and were all reviewed by the HoNs and the Chief Nurse's Office. There were a number of local staffing concerns raised at ward level by the nurse in charge in a few directorates, which were resolved immediately without raising a formal red flag. These were managed at the time through a discussion with the senior nursing team. There were no reported harm events or any patient quality metrics affected due to safe staffing concerns.
- The February reduction on the Monitor cap was implemented as planned and no nursing shifts were reported as breaching during the month. The next reduction will be implemented on 1st April and Directorates are addressing any potential concerns for temporary staffing requirements. The Temporary Staffing Manager continues to negotiate with Agencies to address these concerns
- Recruitment activity continued in February. Particular focus was placed on ensuring all external pipeline staff were ready to start and had start dates confirmed by their new line managers. The recruitment team is continuing to plan for Trust participation at Careers fairs over 2016.

- **Risks or opportunities for the Trust. Nursing:**

- The current nursing and midwifery establishment is 5,663.7 wte (excluding research and development nurses not hosted in directorates), with 5091.9 wte staff in post (ESR data, 29/02/16).
- There was a net increase of 1.2 wte staff in post in the nursing and midwifery workforce in February in comparison with the month of January (ESR data, staff in post at 29/2/16 compared to 31/1/16).
- There are 571.8 wte vacancies (10.1% of the establishment); however temporary staff have been used to address gaps in the rota to deliver patient care. The vacancy rate is expected to reduce further in line with the trust target by year-end. There are 157 external starters in the pipeline. There remain 404 wte posts to be appointed

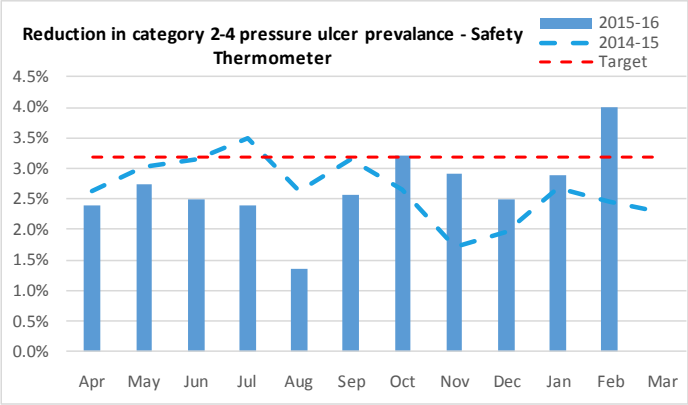
- **Actions set and progress to date:**
- The focus on recruitment and retention continues. The Trust attended the Royal college of Nursing job fair in February, with a good response. A further 5 days at job fairs are planned in March and the nursing adverts continue on a rolling basis with interviews every month. Interviews for bank staff are also held every two weeks. The staffing reviews concluded in February and will be reported to the Board in a separate paper from the Chief Nurse. Additional focus is being given to the directorates with the highest number of vacancies. The staffing reviews concluded in February and will be reported to the Board in a separate paper from the Chief Nurse. Actions continue with the reduction of temporary staffing to maintain the two months good progress in delivering the Monitor agency cap.

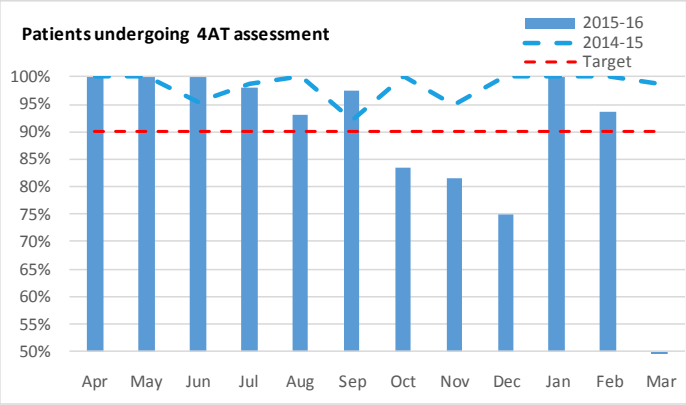
Domain scorecard

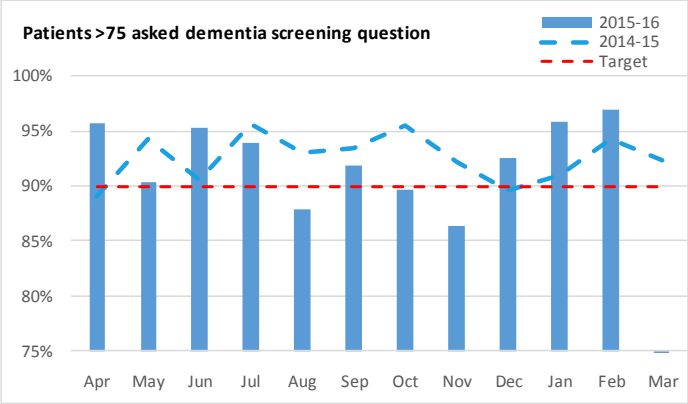
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor	Quality priorities	Trend chart
2.1 Quality improvement initiatives - general	CQ5q	Reduction in category 2-4 pressure ulcer prevalance - Safety Therm	Qtly %	<3.18%			-	2.5%	2.9%	4.0%	2.7%			Y
	Dem75Aq	Patients >75 asked dementia screening question	Qtly %	>90%			-	92.6%	95.9%	96.9%	92.6%			Y
	Dem75Bq	Patients undergoing 4AT assessment	Qtly %	>90%			-	75.0%	100.0%	93.8%	93.0%			Y
	Dem75Cq	Patients receiving onward care plan	Qtly %	>90%			-	90.0%	94.1%	94.1%	96.0%			Y
	CQ6Aq	Diabetes outpatients receiving care plan	Qtly %	0			-	20.9%	47.3%	41.2%	39.8%			Y
	CQ10q	COPD and asthma inpatients receiving care plan	Qtly %	>20%			-	11.9%	12.3%	10.3%	21.4%			Y
	CQ7Aq	Level of alcohol use identified - Sarah Swift admissions	Qtly %	>90%			-	54.9%	70.9%	81.6%	79.6%			Y
	CQ7Bq	FAST score >2 receiving health advice - Sarah Swift admissions	Qtly %	100%			-	100.0%	100.0%	100.0%	100.0%			Y
	CQ12Aq	Smoking levels identified - Vascular and ARU	Qtly %	>90%			-	95.9%	96.6%	97.4%	94.5%			Y
	CQ12Bq	Smokers receiving health advice - Vascular and ARU	Qtly %	100%			-	100.0%	100.0%	100.0%	100.0%			Y
2.2 Quality improvement initiatives - specialist	CQ1Aq	CABG within 7 days of GSTT angiogram	Qtly %	>66%			-	100.0%	100.0%	100.0%	96.8%			Y
	CQ1Bq	CABG within 7 days of referral received (angiogram elsewhere)	Qtly %	>38%			-	90.0%	50.0%	53.8%	68.5%			Y
	CQ1Cq	CABG within 7 days - combined GSTT and external angiograms	Qtly %	>59%			-	92.9%	60.0%	62.5%	74.6%			Y
	CQ2Aq	Perinatal autopsy reports produced within 42 days of autopsy	Qtly %	>80%			-	84.4%	84.6%	84.4%	91.8%			Y
	CQ2Bq	Perinatal autopsy reports produced within 56 days of autopsy	Qtly %	>90%			-	93.8%	97.4%	93.8%	96.9%			Y
	CQ3q	Number of Fetal Medicine referrals seen within 3 working days	Qtly %	>90%			-	100.0%	100.0%	100.0%	97.7%			Y
	CQ4q	Babies undergoing 1st Retinopathy of Prematurity (ROP) screening	Qtly %	>95%			-	100.0%	100.0%	100.0%	99.0%			Y
	CQ14	Severe asthma patients receiving care plan	Number	>20			-	9	13	17	117			Y
2.3 Clinical best practice	352	Emergency readmissions (within 28 days - in arrears)	Cum %	<5.3%			5.3%	5.7%	5.7%		5.7%			Y
	353	Emergency readmissions (within 14 days - in arrears)	Cum %	<3.4%			3.4%	3.6%	3.5%		3.5%			Y
		Elective surgical readmissions within 28 days		In devt										
	IC48	Critical Care Unplanned Readmissions within 48 Hours	Mnthly (%)	<=1.3			-	1.0%	2.1%	2.4%	1.5%			
	913	% Caesarean sections	Mthly %	<28%			-	37.7%	31.3%	35.3%	33.2%			
	ICNARC-STH	Critical care mortality indicator-STH+VHDU	Quarterly	<=1.0			-	0.82	0.82	0.82	0.84			
	ICNARC-Guys	Critical care mortality indicator-Guys CCU	Quarterly	<=1.0			-	0.66	0.66	0.66	0.77			
	EOL	End of life care - % of deaths supported by Priorities for Care	Mthly %	>25%			-	28.1%	40.2%	33.3%	36.7%			

2.1 Quality indicators (a)

- Contract changes for 2015/16 mean that the Trust is not subject to the same Clinical Quality and Improvement and Innovation schemes (CQUINs) as in previous years. In their place, we have agreed a number of Local Incentive Schemes (LIS) with our main Clinical Commissioning Groups, some of which continue planned improvements from last year.
- Clinical teams are working through additional actions to further improve performance during the year especially in 4AT assessment (screening instrument for cognitive impairment and delirium), where we are reminding clinical staff of the procedure and rationale for screening. The Clinical Nurse Specialists (CNS) are reviewing the screening for all patients referred to the Dementia and Delirium (DaD) team and direct staff to complete the 4AT assessments where they are not completed.
- The teams are currently looking at the safety thermometer data to understand the rise in the data on pressure ulcer prevalence. Moisture lesions and general wounds can be misclassified as pressure ulcers.
- A Dementia screening review is carried out for all the breaches and for those screened after 72 hrs to ensure that there has not been more than one screen where the later screen could have invalidated the original screen. The team remind staff about screening at every opportunity and also provide training to wards and areas where compliance has been low.

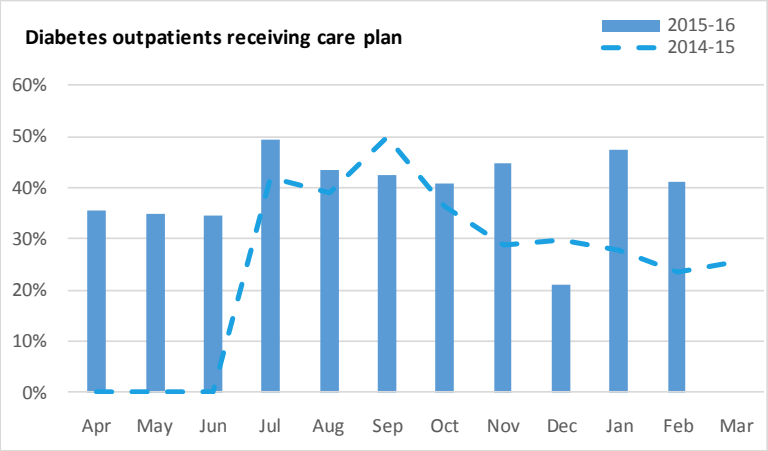


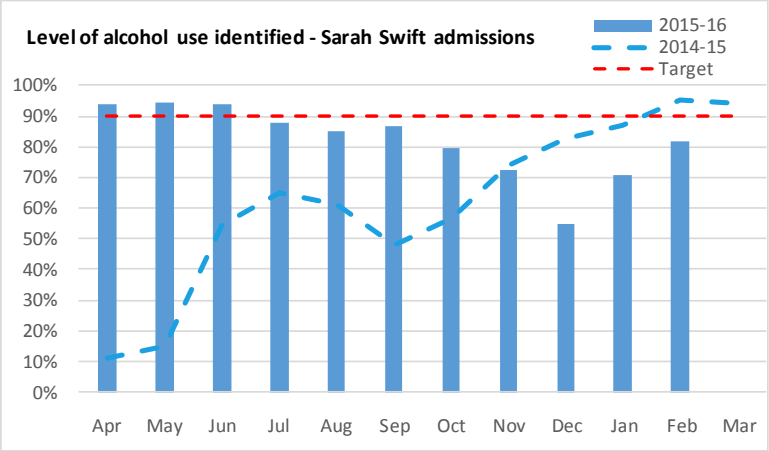


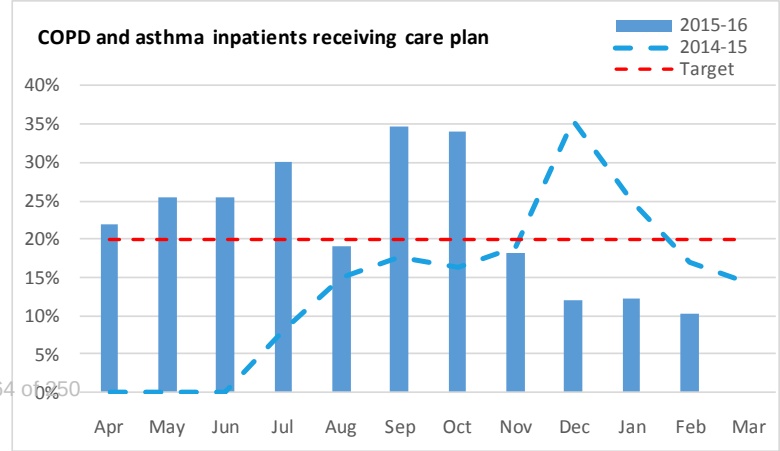


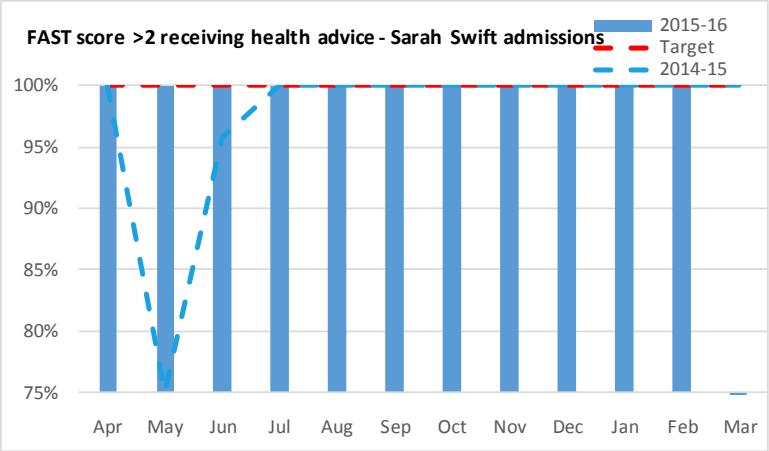
2.1 Quality indicators (b)

- Contract changes for 2015/16 mean that the Trust is not subject to the same Clinical Quality and Improvement and Innovation schemes (CQUINs) as in previous years. In their place, we have agreed a number of Local Incentive Schemes (LIS) with our main Clinical Commissioning Groups, some of which continue planned improvements from last year.
- We continued to perform well against all of the clinical quality indicators. Clinical teams are working through additional actions to further improve performance during the year. For Diabetes care plans we are tracking actual numbers rather than the percentage delivery and are seeing similar levels of delivery in comparison to last year.



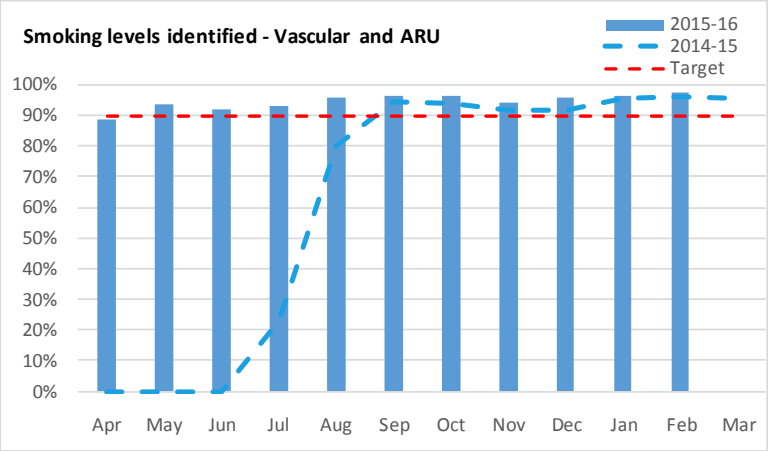


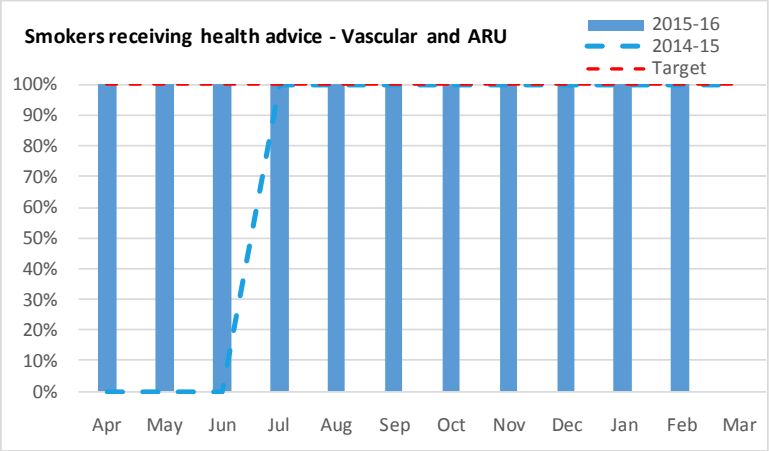




2.1 Quality indicators (c)

- There are two services where there is a particular focus to ensure that smokers are offered health advice to help stop smoking: vascular surgery and the Acute Respiratory Unit (ARU). The number of people identified within these services has consistently improved since April and the service has met the target of 90% for the last three months.
- Targets for both smoker identification and health advice are being met within the vascular surgery and ARU services.

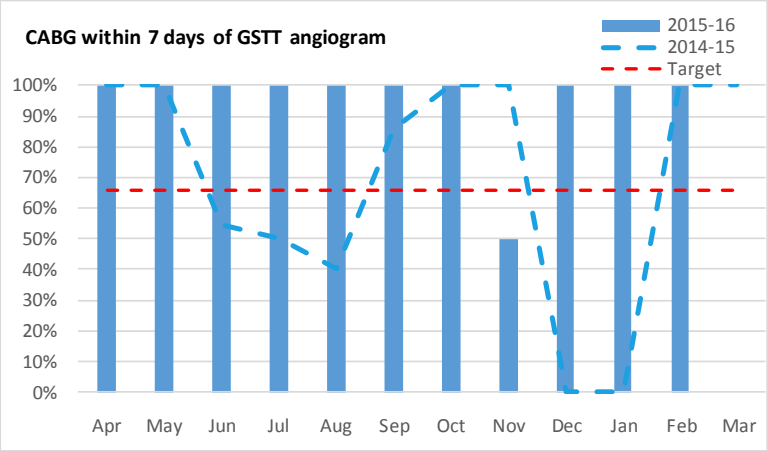


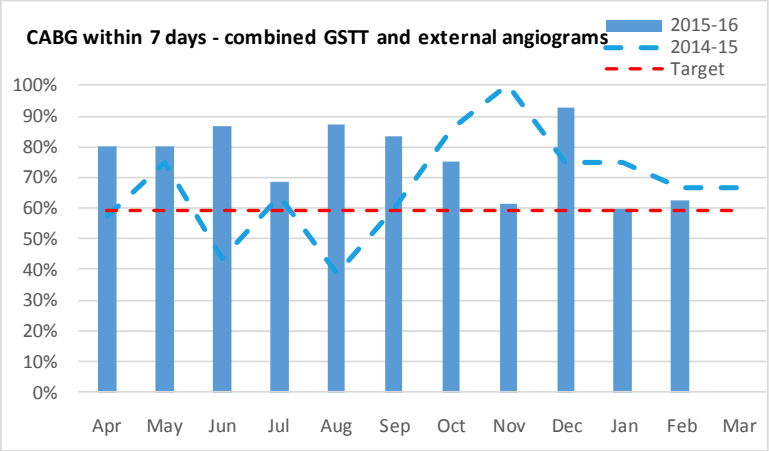


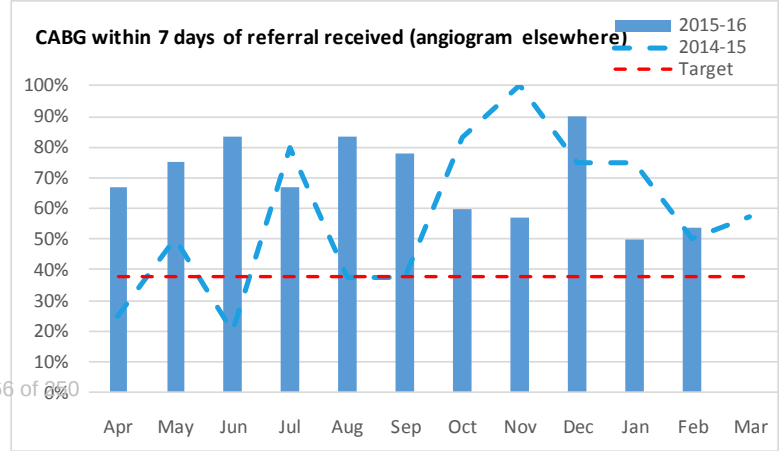
2 Effective

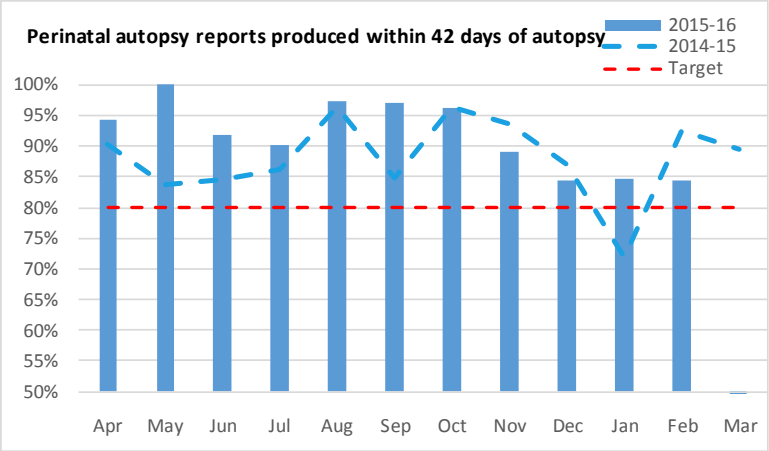
2.2 Specialist quality indicators (a)

- Although the Trust is not contractually subject to specialised CQUINs in 2015-16, we continue to monitor our performance against the indicators in use last year.
- Performance remains very good across all areas
- Current contract discussions with NHS England aim to agree an appropriate set of indicators for this year.



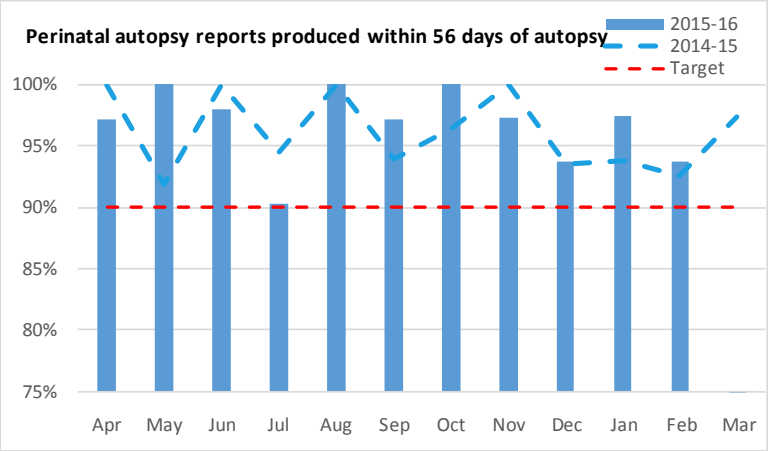


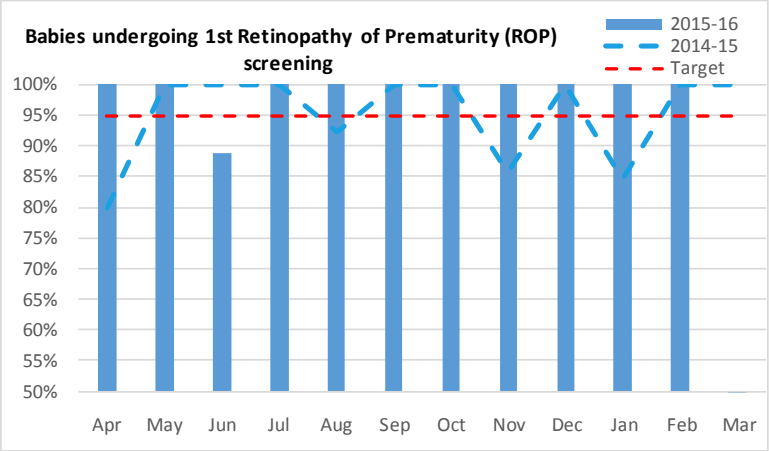


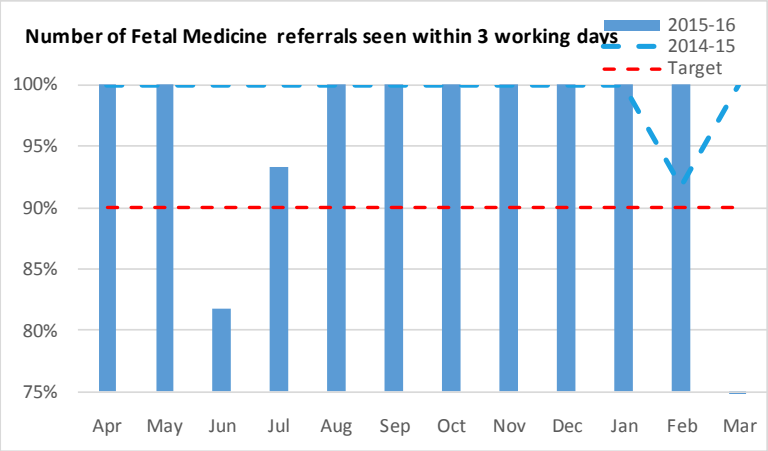


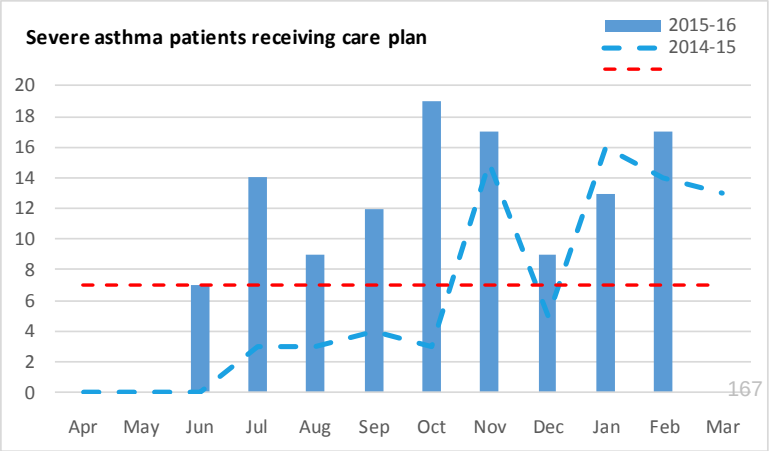
2.2 Specialist quality indicators (b)

- Performance continues to be above target levels for most indicators currently being reported.
- Staffing issues previously reported within fetal medicine are now resolved and the service has consistently met the target for the last five months and we are confident this will continue.
- A drop in performance for severe asthma patients receiving care was linked to reduced clinics and overall patient numbers being seen during the festive period. We improved our performance in February which was expected.



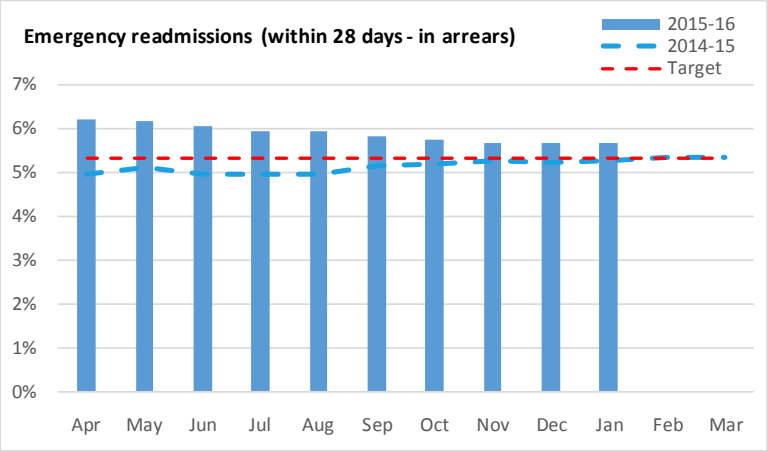


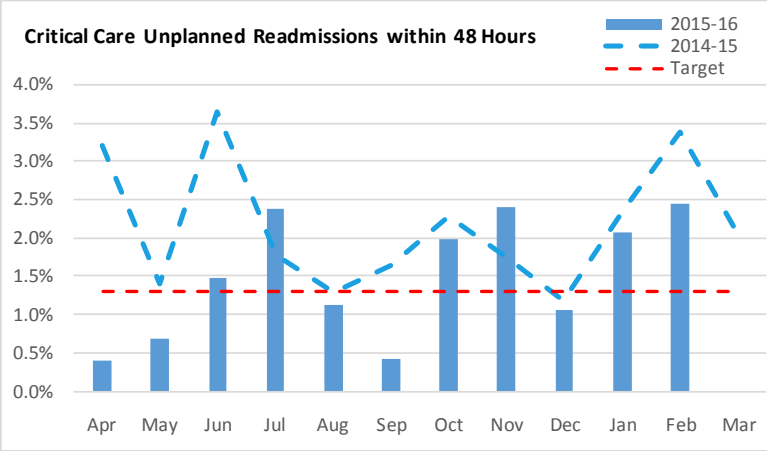


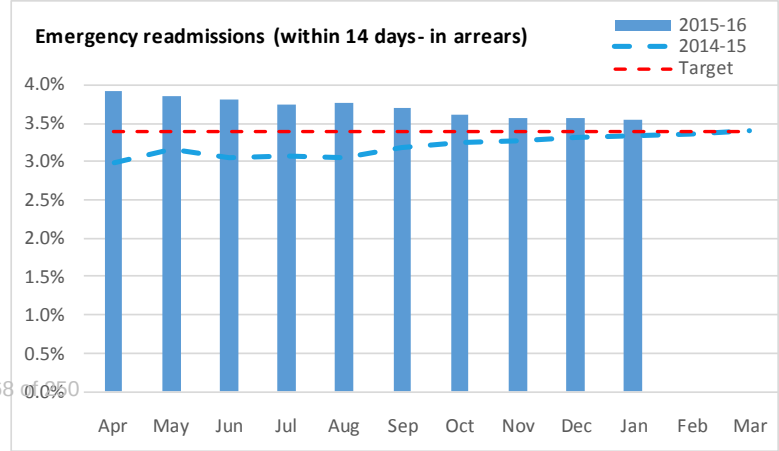


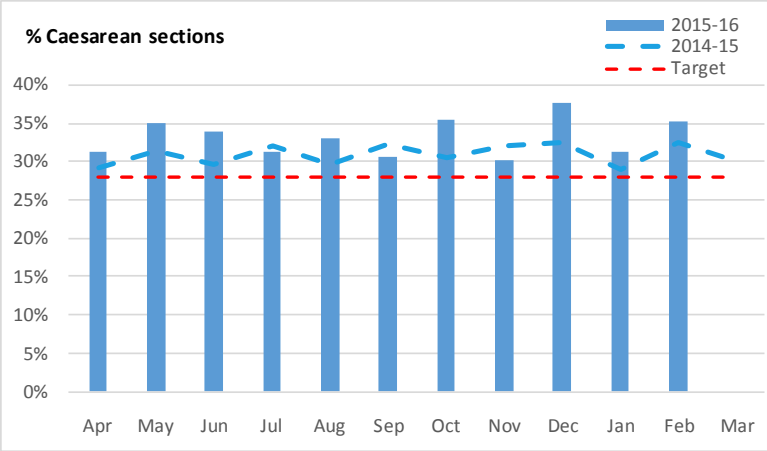
2.3 Clinical best practice (a)

- Readmission rates vary depending on the clinical service and by patient group. The Outcomes group review this data to look for any trends and we have established a Handover group to focus on improving the quality of discharge of patients from hospital and will take action if required.
- The caesarean section rate is higher than target and shows a small increase from last year. This reflects the case-mix of mothers who deliver at St Thomas'. In order to reduce the overall number of caesarean sections within the Trust we have introduced measures to review the appropriateness of emergency caesarean sections, as well as to reduce the number of repeat caesarean sections.
- Unplanned readmissions to Critical Care increased in February. Patients were prioritised according to clinical need for an HDU bed. Those patients who were discharged to a lower acuity ward area were supported by the Critical Care Outreach Team. Rapid return to critical care was facilitated when necessary.



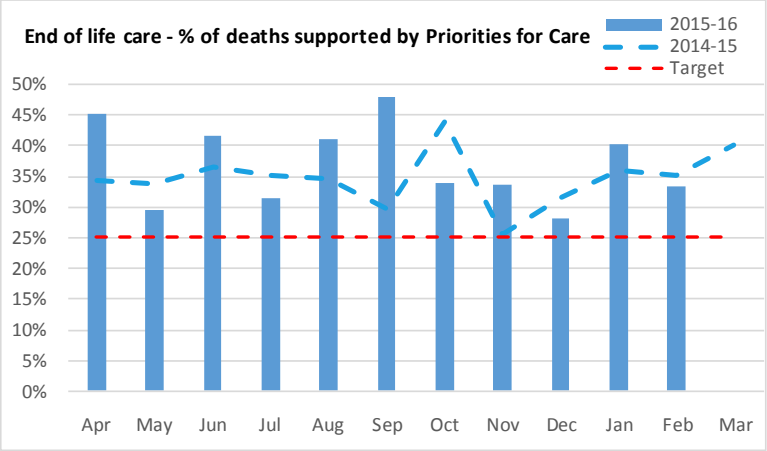






2.3 Clinical best practice (b)

- In February, the proportion of adult inpatient deaths supported by *the priorities for care of the dying person* reduced to similar levels seen in recent months. The end of life care (EoLC) team continues to support and measure care as well as provide training and role modelling. A champions' network has been re-established.
- We are planning our Trust-wide re-launch of EoLC in April 2016 where we will launch the ambitions for Palliative and End of life care.
- We have also been selected as one of ten hospitals nationally to join a new "Building on the Best" programme driving further improvements in end of life care. Our successful application reflects national recognition of our provision of high quality end of life care and drive for continuous improvement.

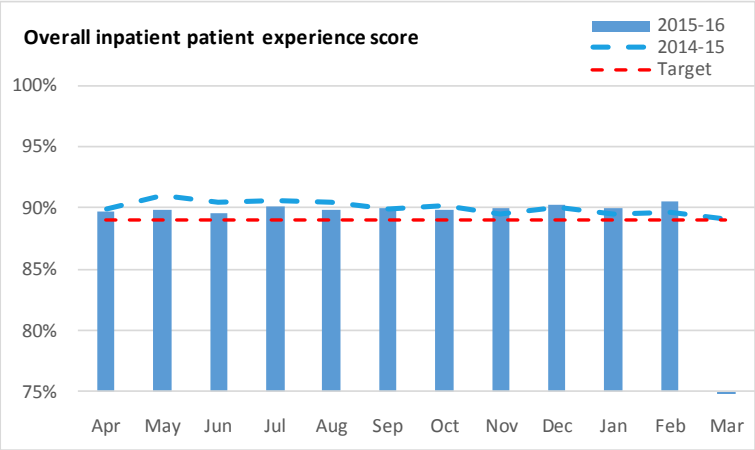


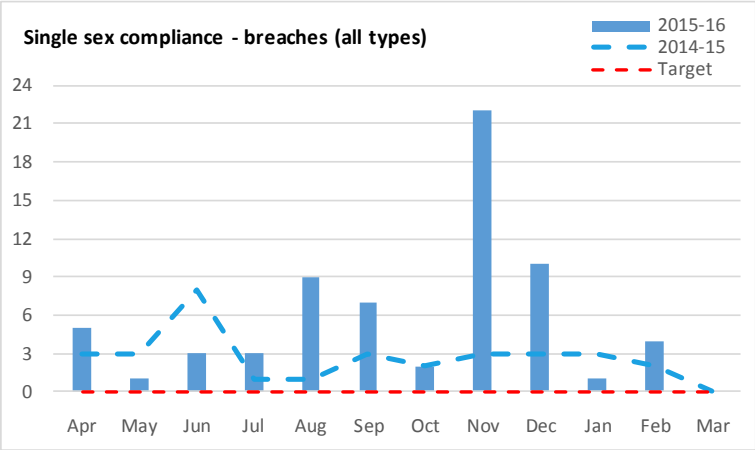
Domain scorecard

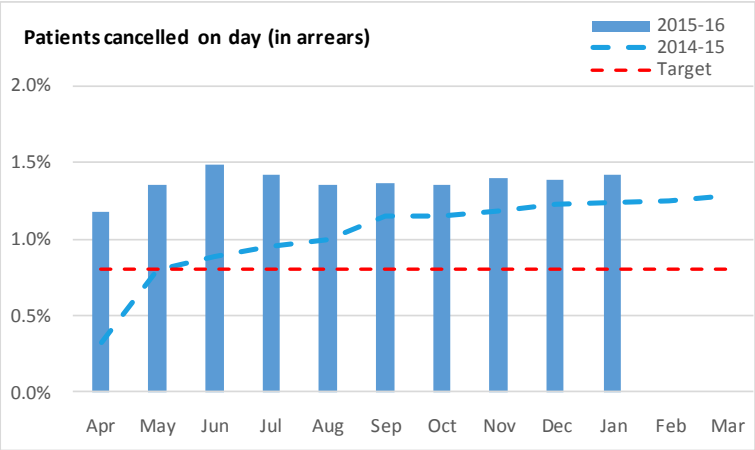
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor Quality priorities	Trend chart
3.1 Admitted care	258	Overall inpatient patient experience score	Mthly %	>89%			90%	90.2%	90.0%	90.6%	90.0%		Y
	310	Single sex compliance - breaches (all types)	Cases	Zero			0.0	10	1	4	6.1		Y
	501	Patients cancelled on day (in arrears)	Cum %	<0.8%			-	1.4%	1.4%		1.4%		Y
	502	Cancelled patients not admitted within 28 days (in arrears)	Number	Zero			-	8	2	-	3		Y
	FFT1W	Friends and Family test (Ward) - Response rate	Mthly %	>=33%				27.6%	29.7%	28.8%	30.5%		Y
	FFT2W	Friends and Family test - % Recommended (Ward)	Mthly %	>=97%				95.6%	95.4%	95.3%	95.5%		Y
	FFT3W	Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%				1.9%	1.5%	2.0%	1.8%		Y
3.2 A&E care	FFT1AE	Friends and family test (A&E) - Response rate	Mthly %	>=18%				14.2%	15.4%	16.6%	15.9%		Y
	FFT2AE	Friends and Family test - % Recommended (A&E)	Mthly %	>=88%				86.6%	86.0%	84.3%	85.3%		Y
	FFT3AE	Friends and Family test - % Not Recommended (A&E)	Mthly %	<=6%				8.0%	7.7%	9.4%	7.8%		Y
3.3 Maternity care	FFT1M	Friends and Family test (Maternity) - Response rate overall	Mthly %	-				18.6%	13.1%	26.3%	18.3%		Y
	FFT2M	Friends and Family test - % Recommended (Maternity)	Mthly %	-				91.2%	95.8%	91.8%	92.7%		Y
	FFT3M	Friends and Family test - % Not Recommended (Maternity)	Mthly %	-				2.6%	1.4%	2.0%	2.0%		Y
3.4 Outpatient care	FFT2OP	Friends and Family test - % Recommended (Outpatients)	Mthly %	-				91.6%	93.3%	93.2%	92.5%		Y
	FFT3OP	Friends and Family test - % Not Recommended (Outpatients)	Mthly %	-				3.9%	2.9%	3.4%	3.4%		Y
3.5 Community care	FFT1CS	Friends and Family test (Community) - Response rate	Mthly %	-				3.2%	3.4%	3.4%	5.4%		Y
	FFT2CS	Friends and Family test - % Recommended (Community)	Mthly %	-				95.2%	96.1%	98.1%	95.9%		Y
	FFT3CS	Friends and Family test - % Not Recommended (Community)	Mthly %	-				1.3%	0.9%	0.0%	0.8%		Y
	260C	Adult community health centre patient experience score	Mthly %	>89%			-	92.9%	91.8%	93.8%	93.6%		Y
3.6 Patient Transport	FFT1PT	Friends and Family test (Transport) - Response rate	Mthly %	-				1.4%	1.0%	1.7%	2.5%		Y
	FFT2PT	Friends and Family test - % Recommended (Transport)	Mthly %	-				91.2%	93.4%	89.3%	92.1%		Y
	FFT3PT	Friends and Family test - % Not Recommended (Transport)	Mthly %	-				1.1%	0.8%	2.0%	3.1%		Y
3.7 General patient and	Food	Satisfaction with food (PLACE)	Mthly %	>85%			91%	92.6%	92.6%	92.6%	91.9%		Y

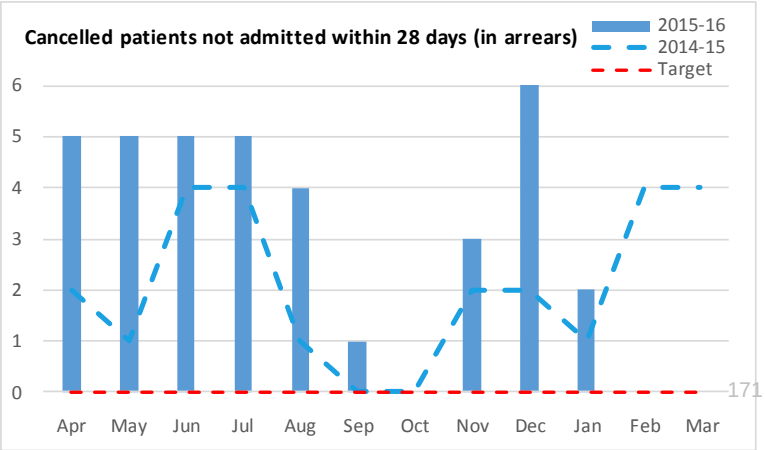
3.1 Admitted care (a)

- Cancellations have increased in proportion to our increased levels of activity, so work to reduce cancellations is a key focus of the Fit for the Future work-stream that supports theatre productivity. We have also seen an increase in the number of patients not being rebooked within 28 days compared to last year. Although numbers are small we know that some are the result of patient's choosing later dates as well as consultant specific procedures that cannot be booked within the time limit.
- Even though the Trust continues to experience extremely high levels of activity, the measure put in place by the Trust has made it much easier to manage step down bed availability. This has resulted in fewer breaches and a figure for February in line with usual levels.
- Patient experience scores continue to reflect well on inpatient care, with an overall satisfaction rate of 90.6% in February which is a slight improvement on the January score of 90.0%



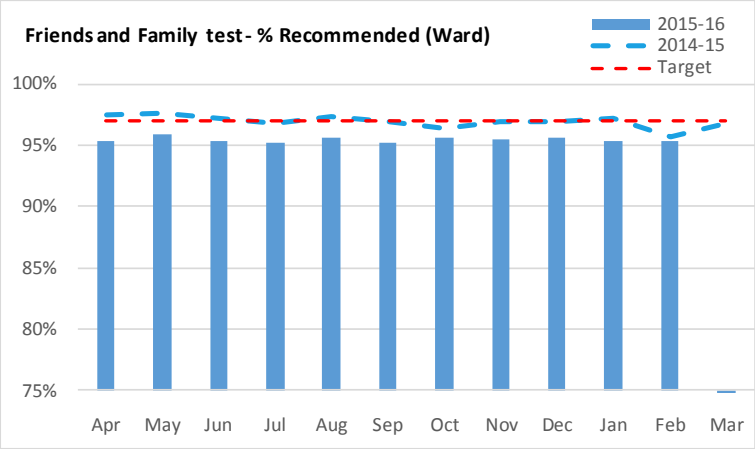


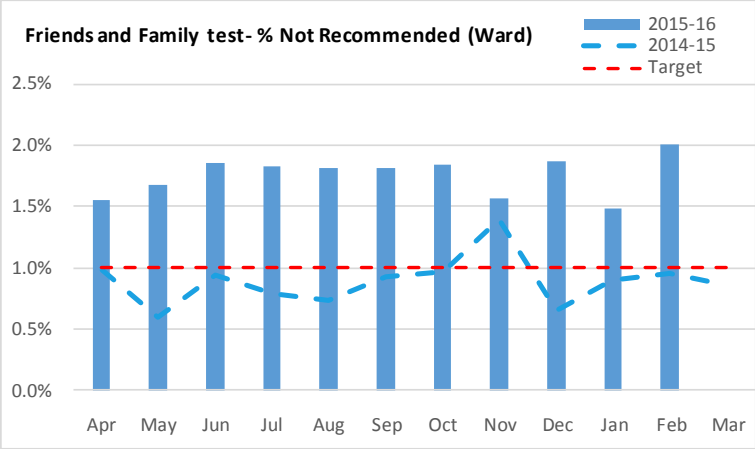


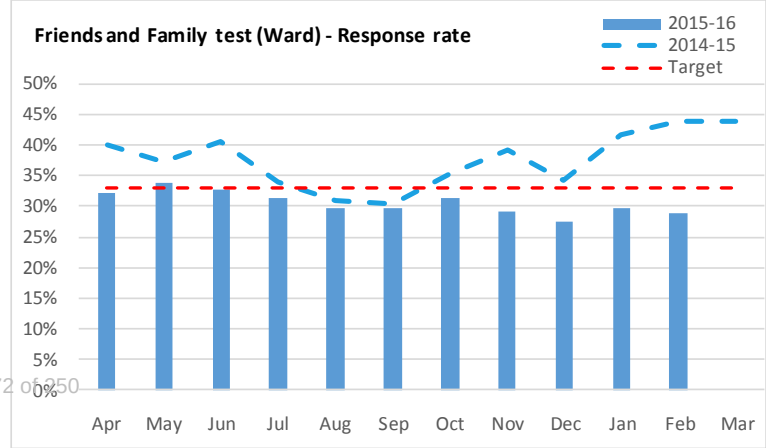


3.1 Admitted care (b)

- The Friends and Family test has been extended to include responses from adult and young patients admitted for day-case treatment. This has increased the total number of patients surveyed, although response rates from day-case patients have so far been lower than for inpatients.
- The Trust has set itself a combined response rate of 33%. This was achieved in April and May but has fallen since June and is 26.3% for February. This is an increase on the January response rate of 29.7%. Clinical areas are being contacted to discuss their response rates to see if additional support is required to help them reach the target. The briefing on page 29 provides further detail.
- The proportion of patients who would recommend the Trust has remained above 95% in all months and was 95.3% in February which is similar to the January figure of 95.4%. The percentage of patients who would not make a recommendation has worsened slightly in February rising from 1.4% in January to 2% in February. A more detailed review of scores shows that more day case/surgery patients gave negative responses and length of time spent waiting for their operation following arrival in the department was a concern for a number of these patients.
- All responses have been reviewed and feedback to areas has been given so that actions can be taken to both improve response rates and patients' experience.







Inpatient and Daycase Friends and Family Test

Where we want to be: targets and benchmarks

- Work towards achieving a 33% response rate
- Increase our FFT score/proportion of patients who would recommend us to 97%
- Improve our response rate and the proportion of patients who would recommend the Trust when compared with Shelford Peers

Where we are: trends, patterns and causes

- The response rate fell slightly from 29.7% in January to 28.8% in February
- A small number of wards and day case areas have response rates of below 20%. Wards with very low response rates have been contacted and reminded of response rate targets.
- A more detailed review of the data has shown that response rates for day case areas are slightly lower than the wards. Also the "not recommend score" is higher for day case/surgery areas. A key theme emerging from reasons is the length of time spent waiting for their operation following arrival in the department which was a concern for a number of patients.
- In January our response rate placed us in the upper third of the Shelford Group, whilst our "recommend" score was in the lower half of the group and our "not recommend" score in the upper half of the group. Our scores are broadly in line with national and London average.
- The proportion of patients who would recommend us has remained consistent at above 95%.

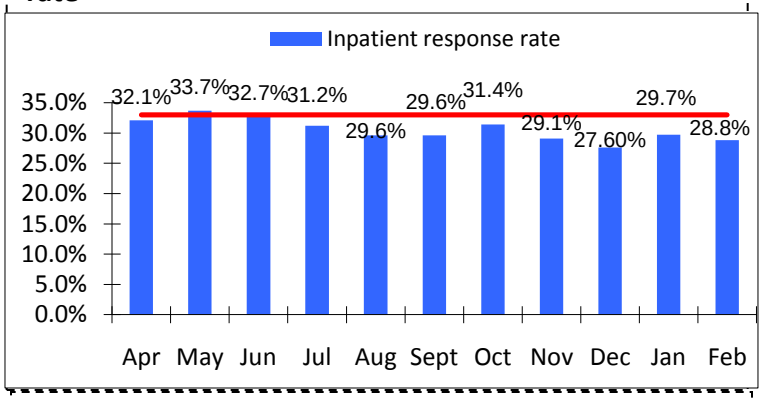
Risks or opportunities for the Trust

- It is important to ensure that we continue to capture patients' feedback and that it is used to further improve the experience of patients staying on our wards
- The proportion of patients who would recommend our care and proportion of those who would not recommend our care places us in the lower third of the Shelford Group

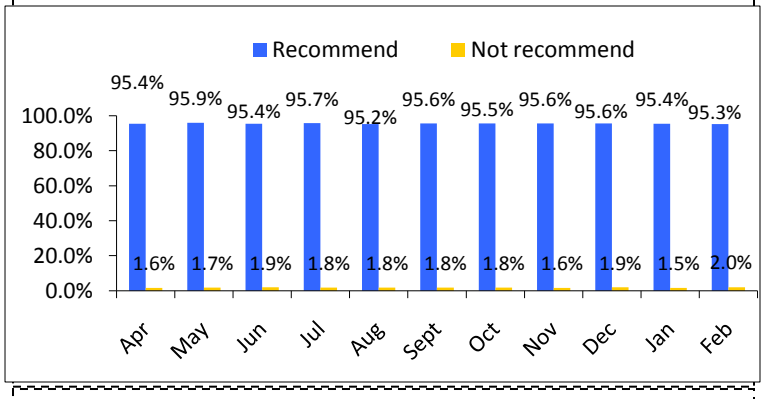
Action and progress	Owner	Next review date
Free text comments highlighting areas of good practice and areas for improvement have been shared with Directorates so that actions can be identified.	S. Allen	Completed
Wards with very low response rates have been contacted, reminded of response rates and invited to contact the Patient Experience should they need further support.	S. Allen	Completed
Explore what support wards may need to increase data capture	S. Allen & A. Millard	Ongoing

Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

Trend – Inpatient Friends and Family Test response rate



Trend – Inpatient Friends and Family Test percentage Recommend v. Not recommend

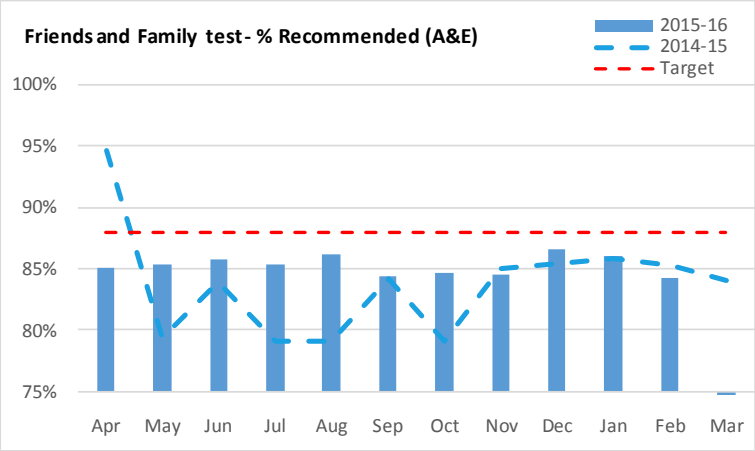


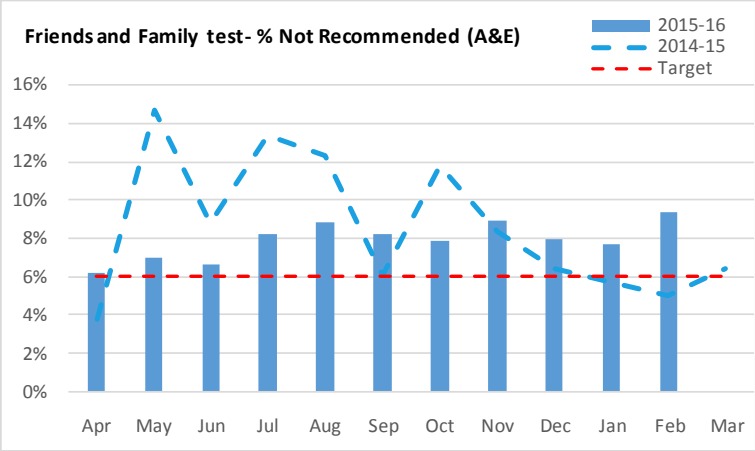
Comparator – Shelford Group

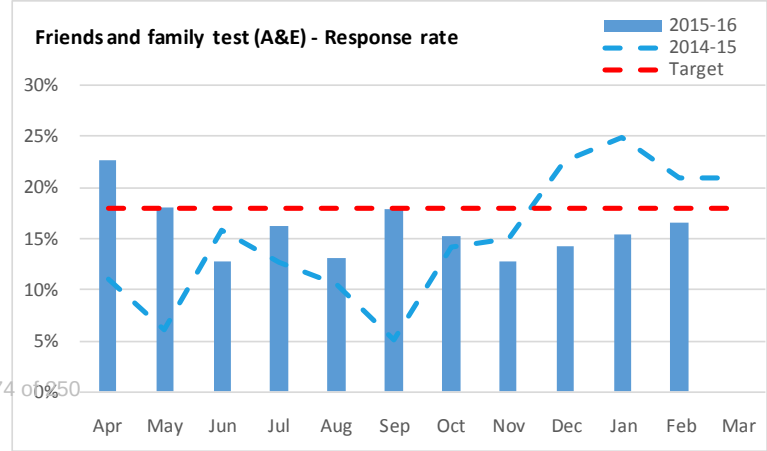
Shelford Group			Response Rate
Trust/Month	January		January
	Recommend %	Not recommend %	Inpatients
National Score for England	*95%*	*2%*	23.5%
London region score	*95%*	*2%*	25.0%
Guy's and St Thomas' NHS Foundation Trust	95%	1%	29.7%
University College London Hospitals NHS Foundation Trust	*98%*	*0%*	25.1%
Newcastle-Upon-Tyne Hospitals NHS Foundation Trust	*98%*	*1%*	19.0%
Sheffield Teaching Hospitals NHS Foundation Trust	*95%*	*2%*	34.3%
University Hospitals Birmingham NHS Foundation Trust	*97%*	*1%*	25.5%
Oxford University Hospitals NHS Trust	*96%*	*1%*	16.1%
King's College Hospital NHS Foundation Trust	*94%*	*2%*	13.2%
Cambridge University Hospitals NHS Foundation Trust	*96%*	*2%*	15.5%
Imperial College Healthcare NHS Trust	*97%*	*1%*	33.8%
Central Manchester University Hospitals NHS Foundation Trust	*93%*	*3%*	13.2%

3.2 A&E care

- The A&E Friends and Family Test (FFT) has been extended to include patients attending our Minor Injuries Unit at Guy's Hospital.
- The response rate continued its upward trend rising from 15.4% in January to 16.6% in February. The team is continuing to take measures to increase the numbers of responses in the coming months.
- The proportion of patients who would recommend the service has fallen slightly from 86.0% in January to 84.3% in February. The proportion of patients who said they would not recommend the service has worsened slightly rising from 7.7% in January to 9.4% in February. The briefing on page 31 provides further detail of actions underway.







A&E Friends and Family Test

Where we wanted to be: targets and benchmarks

- Work towards achieving a 18% response rate
- Increase our FFT score/proportion of patients who would recommend us to 88%
- Improve our response rate and the proportion of patients who would recommend the Trust when compared with Shelford Peers

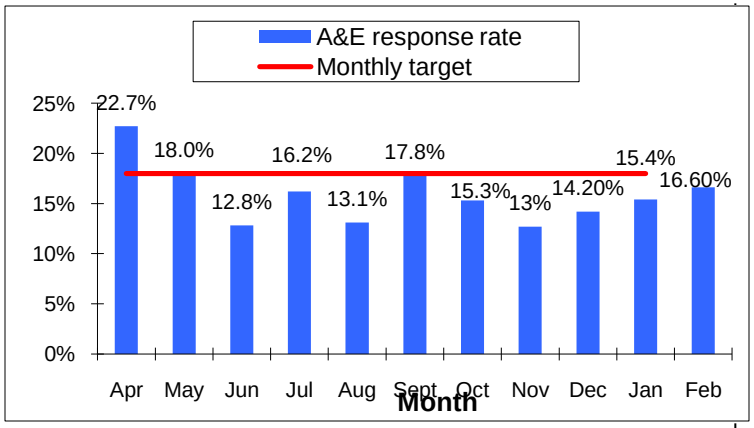
Where we are: trends, patterns and causes

- The response rate increased from 15.4% in January to 16.6% in February.
- The proportion of responses received via the SMS systems increased in January. However the number of A5 response postcards collected remains relatively low.
- The proportion of patients who would recommend us has fallen from 86% in January to 84.3% in February. The proportion of patients who would not recommend us has worsened rising from 7.7% in January to 9.4% in February.
- The improvement in the not recommend scores reflect the continued focus of the team to embed actions introduced to improve patient experience, including the of a privacy screen in the temporary reception area. Free text comments from patients show the verbal updates on waiting times are well received and the team will continue to provide these.

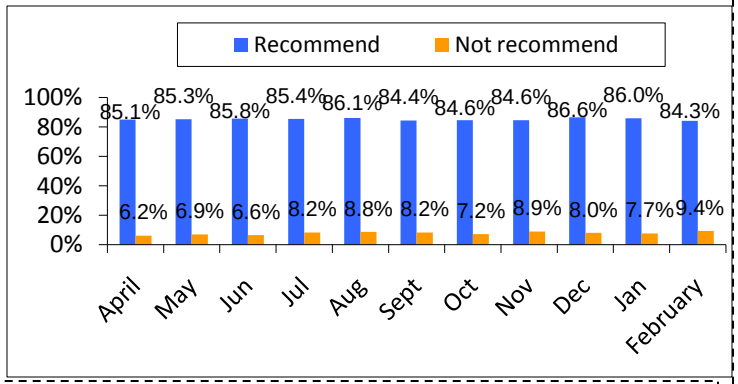
Risks or opportunities for the Trust

- Feedback captured from patients can be used to improve the service and inform the on-going development of the Emergency Floor and associated pathways.
- In December both our response rates were in the mid-range and recommend and not recommend scores in the lower half of the Shelford Group.

Trend – A&E Friends and Family Test response rate



Trend – A&E Friends and Family Test percentage Recommend v. Not recommend



Action and progress	Owner	Next review date
Re-engaging Reception Teams in A&E Main Reception and UCC to promote A5 response postcards and encourage uptake amongst patients	H. Todman & C Mitchell	Ongoing weekly review
Development of patient facing dashboard so that patients can receive updates on waiting times in real time. The board should be developed within the next month.	ED IT lead	April/May 2016
Regular dissemination of scores , comments and actions to promote collection. Staff are also reminded to continue to update patients on waiting times and these are also displayed and updated at streaming. You said, we did posters updating patient on actions taken in response to feedback are displayed in the department	H. Todman & C. Mitchell	Ongoing monthly review
Patient Experience Team are working with EUT to source a stand for an Ipad kiosk which we hope to trial in Spring 2016.	Patient Experience Team & C. Mitchell	April/May 2016

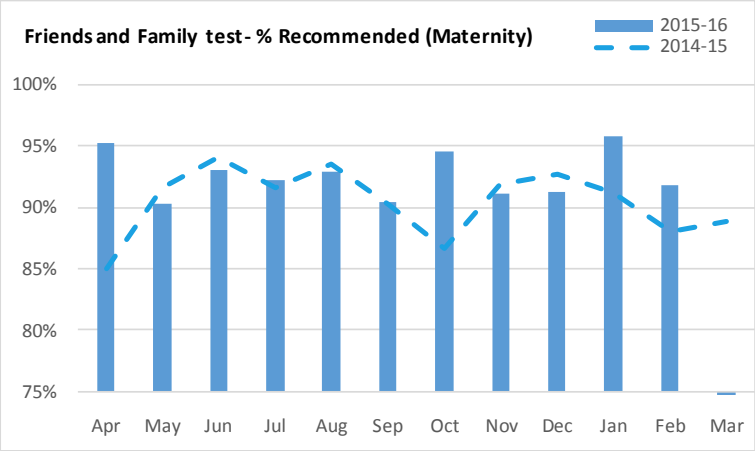
Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

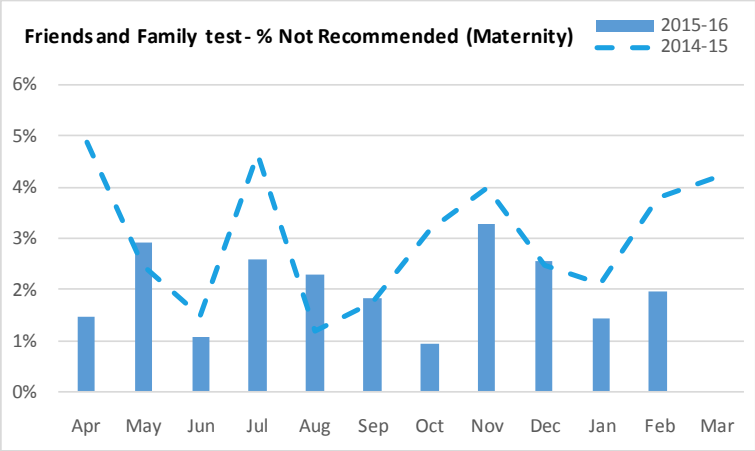
Comparator – Shelford Group

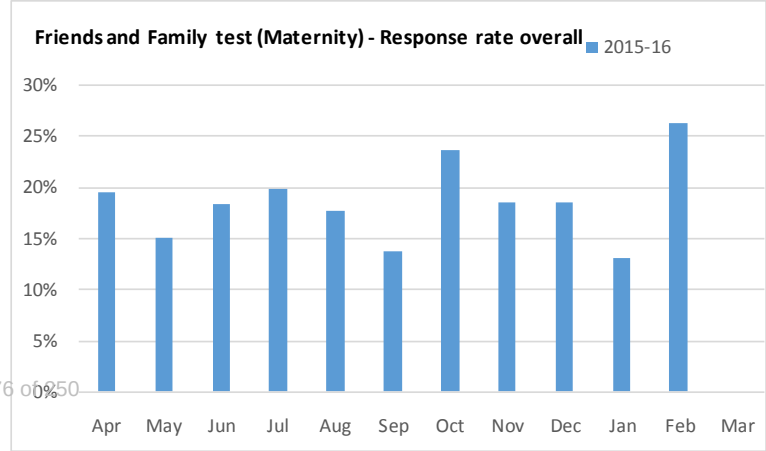
Shelford Group			Response Rate
Trust/Month	January		January
	Recommend %	Not recommend %	A&E
National Score for England	*86.3%*	*7.4%*	12.9%
London region score	*86.1%*	*7.6%*	14.0%
Guy's and St Thomas' NHS Foundation Trust	86.0%	7.7%	15.4%
University College London Hospitals NHS Foundation Trust	95.5%	2.2%	26.9%
Cambridge University Hospitals NHS Foundation Trust	93.8%	2.9%	24.2%
Newcastle-Upon-Tyne Hospitals NHS Foundation Trust	94.9%	2.9%	2.0%
Central Manchester University Hospitals NHS Foundation Trust	90.7%	5.9%	9.2%
Oxford University Hospitals NHS Trust	86.3%	9.0%	26.3%
Imperial College Healthcare NHS Trust	96.3%	1.5%	12.7%
University Hospitals Birmingham NHS Foundation Trust	86.9%	8.3%	14.5%
King's College Hospital NHS Foundation Trust	82.6%	9.8%	17.1%
Sheffield Teaching Hospitals NHS Foundation Trust	83.2%	10.3%	25.3%

3.3 Maternity care

- The overall response rate for the Friends and Family Test for maternity services has increased from 13.1% in January to 26.3% in February. This is substantially above our internal target of 15%. A review of response rates shows that although the number of response received for the hospital touch points are above target, response rates for the community touch points remain challenging. The team is encouraging colleagues to invite feedback from women before and after the birth of their baby.
- The proportion of women who would recommend the service fell from 95.8% in January to 91.8% in February. The proportion of women who said they would not recommend the service has increased slightly rising from 1.4% in January to 2.0% in February. The team regularly review comments and using the emerging themes to identify actions for improvement.

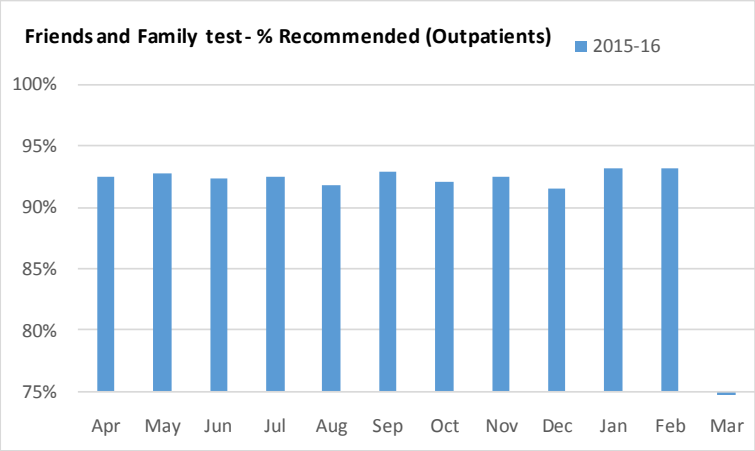


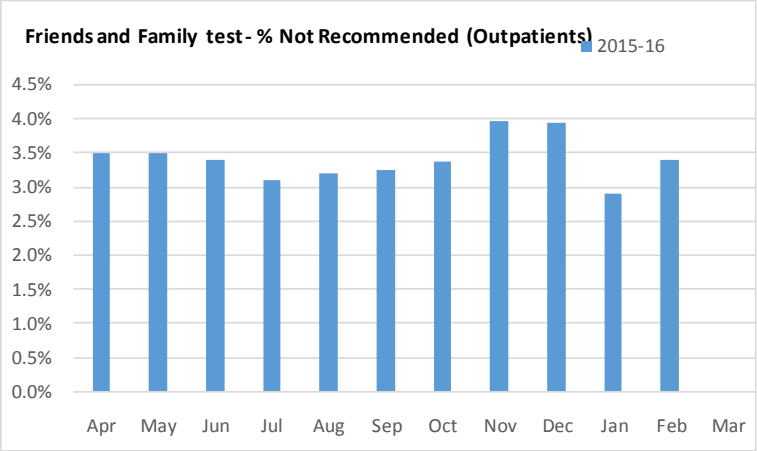




3.4 Outpatient care

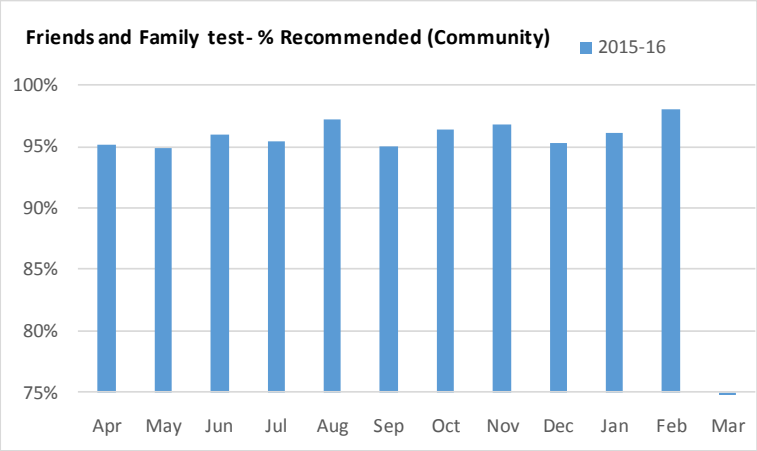
- From April, the Friends and Family Test has also been extended to adults and young patients using our outpatient services. This is a new area and no specific response rate targets have yet been set. NHS England is waiting until after all returns for Quarter 1 have been submitted before publishing data nationally. They will be using a monthly average from the NHS England Quarterly Activity Return as an eligible population.
- The proportion of outpatients who would recommend the Trust has been very similar for each month so far this year, although the score for February was 93.2% which is broadly in line with the January score of 93.3%. The proportion of patients who would not recommend the Trust has worsened slightly rising from 2.9% in January to 3.4% in February
- As part of the Fit for the Future outpatient work stream, directorates are working to improve communication with patients regarding their appointments by introducing text messaging where it is not currently in use and introducing a system for booking follow ups - "partial booking" - which allows patients to be involved in the choice of appointment date and time. As well as improving patient experience these initiatives are also aimed at reducing non-attendance rates.
- This work stream is also looking at alternative pathways for outpatients to reduce unnecessary visits to the hospital by reviewing discharge criteria, introducing more telephone appointments, as well as introducing more one-stop visits where the consultation appointment and any associated diagnostic tests occur on the same day. As well as improving patient experience some of these initiatives will improve follow-up to new ratios.

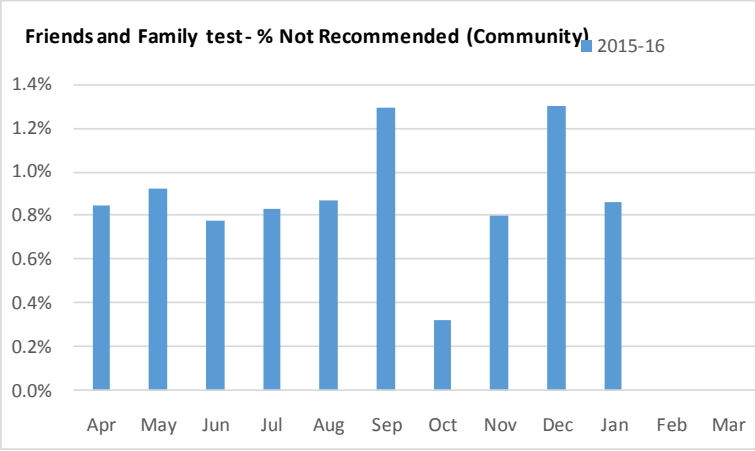


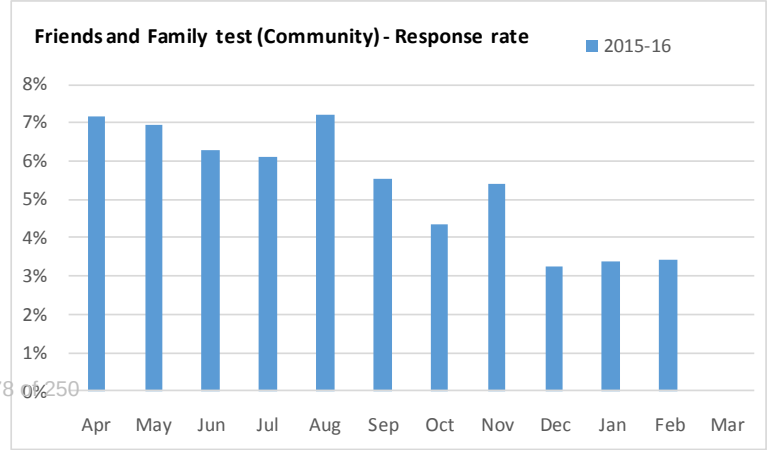


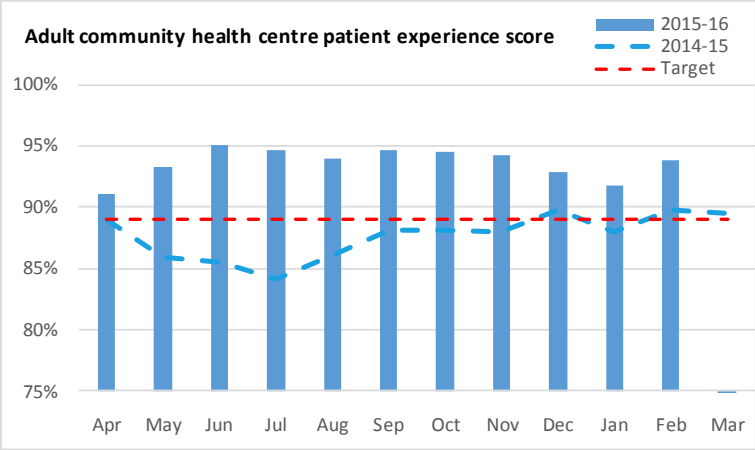
3.5 Community care

- From April, the Friends and Family Test (FFT) has also been extended to adults and young patients using our community-based services. This is a new area and no specific response rate targets have yet been set by NHS England.
- Our response rate has shown a decreasing trend in Quarter 3. We are reviewing this to see why the rate is low in comparison with replies in hospital settings. Now that national data has been released on this area of care we are in the process of contacting Trusts with higher response rates to learn from their practice. Based on this review, we will review data collection approaches and set an appropriate target for monitoring.
- The proportion of patients who would recommend community-based services has improved from 96.1% in January to 98.1% in February. The proportion of patients who would not recommend services has fallen to 0% in February. Both measures compare favourably with other areas of care that are subject to the same FFT survey.
- The overall patient satisfaction score remains strong although the score has improved slightly rising from 91% in January to 93.8% in February.



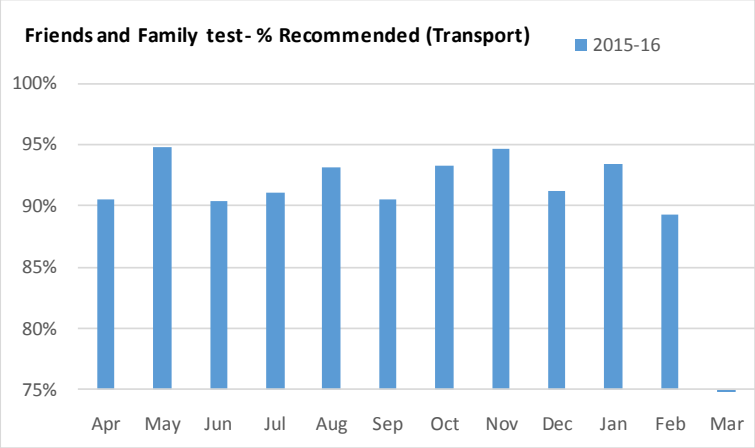


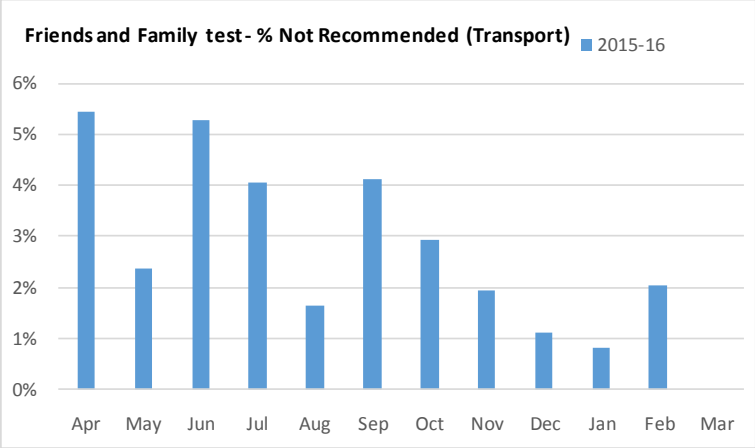


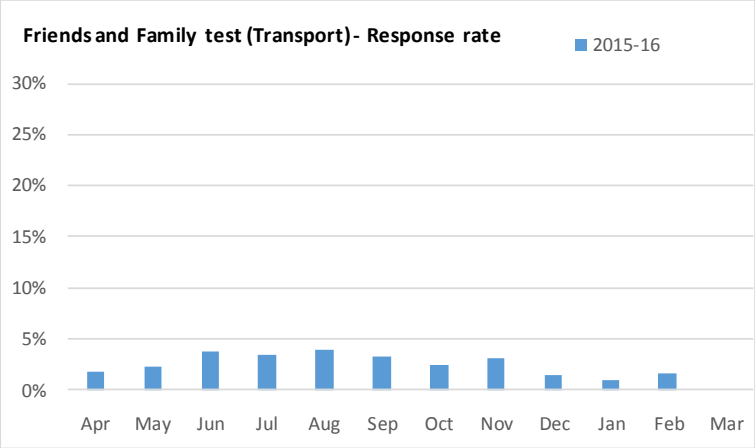


3.6 Patient transport

- From April, the experience of patients using our transport services has also been subject to the Friends and Family Test survey.
- In February the proportion of patient recommending the transport service has fallen from 91.2% in December to 89.3% in February and the proportion of patients who would not recommend the service has increased slightly from 0.9% in January to 2.0% in February. The response rate has improved slightly rising from 1% in January to 1.7% in February.
- The new patient transport contract commenced on the 1st December 2015. The new service is delivered by three providers: Savoy Ventures (75%), Essentia in-house (20%) and Private Ambulance Service (5%).
- The new contract contains enhanced service standards which will be developed over the initial three month mobilisation period. In the meantime, performance will continue to be reported against the pre-contract KPI's in order assess the stability of the service throughout this phase.

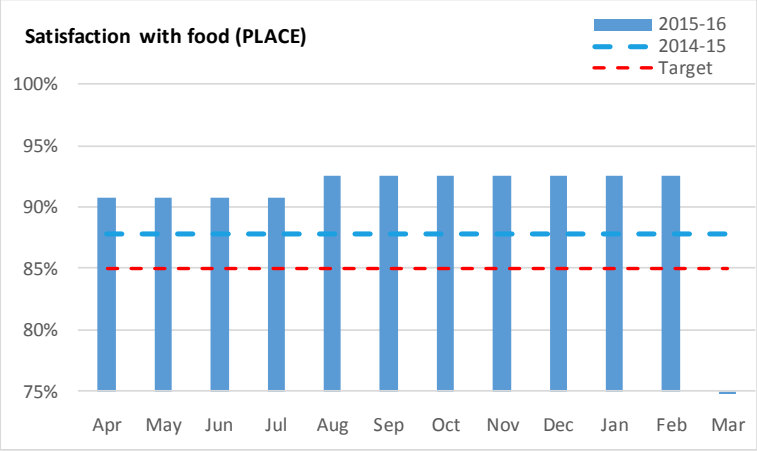






3.7 General patient and carers' experience

- The Trust has scored strongly for catering as reflected in the National Inpatient Survey 2014, published by the Care Quality Commission (CQC). The Trust's catering scores exceed those of other London Trusts.
- The catering team continue to work closely with both Nursing and Dietetic staff to consolidate and introduce further quality improvements, and the Trust is working towards full compliance with the Hospitals Food Standards Report



4 Responsive

Domain scorecard 1

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor Quality priorities	Trend chart
4.1 A&E access	AE1	A&E stays less than 4 hours (type 1 and 3)	Mthly %	>95%			-	92.3%	93.4%	89.8%	93.3%		Y
	AE1STH	A&E stays less than 4 hours (type 1)	Mthly %	>95%			-	90.5%	91.9%	87.4%	91.7%		Y
	AE30	Ambulance handover times - breaches of 30 mins	Number	<3			-	7	1	0	2.1		Y
	AE60	Ambulance handover times - breaches of 60 mins	Number	Zero			-	0	0	0	0.1		Y
4.2 Elective treatment access - referral to treatment (RTT) performance	403M	RTT - Incomplete pathways < 18 weeks (unadjusted)	Mthly %	>92%			92.7%	91.4%	91.6%	92.2%	92.3%		Y
	RTT 52I	RTT - Incomplete pathways over 52 weeks	Mthly	Zero			0.9	10	12	12	7.6		Y
	RTT TQ	RTT - Total incomplete pathways	Mthly	-			42,138	48,446	47,849	48,276	47,457		Y
	RTT 18Q	RTT - Incomplete pathways over 18 weeks	Mthly	-			2,791	4,187	4,016	3,744	3,640		Y
	401M	RTT - Non-admitted patients <18 weeks (unadjusted)	Mthly %	>95%			94.7%	93.1%	92.6%	92.1%	93.2%		Y
	402M	RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%			87.2%	85.5%	80.5%	83.3%	83.8%		Y
	RTT 52	RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero			2.4	7	9	8	7.2		Y
4.3 Cancer access	451M	Cancer - 2 week wait	Qtly%	>93%			95.4%	92.0%	86.1%	90.8%	93.0%		Y
	941	Cancer - breast symptomatic referrals <2 wks	Qtly %	>93%			-	93.9%	89.5%	94.8%	95.1%		Y
	453M	Cancer - 31 day first treatments	Qtly%	>96%			95.9%	95.0%	93.2%	95.0%	94.5%		Y
	459M	Cancer - 31 day subs treatments - surgical	Qtly%	>94%			95.0%	90.4%	85.7%	93.8%	91.3%		Y
	943	Cancer - secondary chemotherapy <31 days	Qtly %	>98%			-	97.6%	99.0%	97.8%	98.8%		Y
	942	Cancer - secondary radiotherapy <31 days	Qtly %	>94%			-	95.6%	92.2%	96.1%	95.8%		Y
	454M	Cancer - 62 day urgent GP referrals	Qtly %	>85%			74.7%	76.5%	72.9%	71.0%	69.7%		Y
		Cancer - 62 day urgent GP referrals (LCA cases only)		In devt									
	454I	Cancer - internal 62-day referrals	Qtly%	>85%			84.2%	84.2%	82.5%	77.8%	79.1%		Y
	456M	Cancer - 62 day screening	Qtly %	>90%			77.7%	100.0%	88.9%	62.5%	89.0%		Y
4.4 Diagnostic access	Diag 6	Diagnostic waits - % over 6 weeks	Mthly	<1%			2.42%	1.95%	1.44%	1.79%	1.50%		Y
	FFF19	Turnaround time - inpatient MRI within 24 hours	Mthly %	>80%			73.5%	68.2%	71.8%	69.2%	71.0%		Y
	FFF20	Turnaround time - inpatient CT within 24 hours	Mthly %	>80%			83.7%	82.8%	82.8%	83.6%	83.4%		Y
	FFF21	Turnaround time - inpatient Ultrasound within 24 hours	Mthly %	>80%			76.5%	81.1%	78.1%	74.7%	77.6%		Y

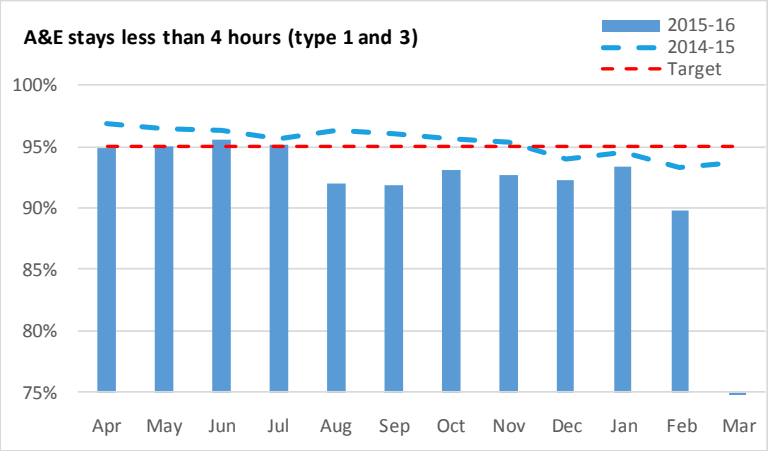
4 Responsive

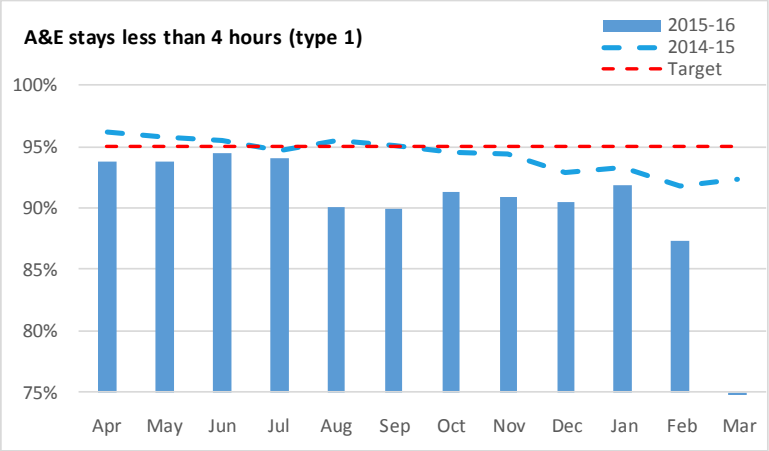
Domain scorecard 2

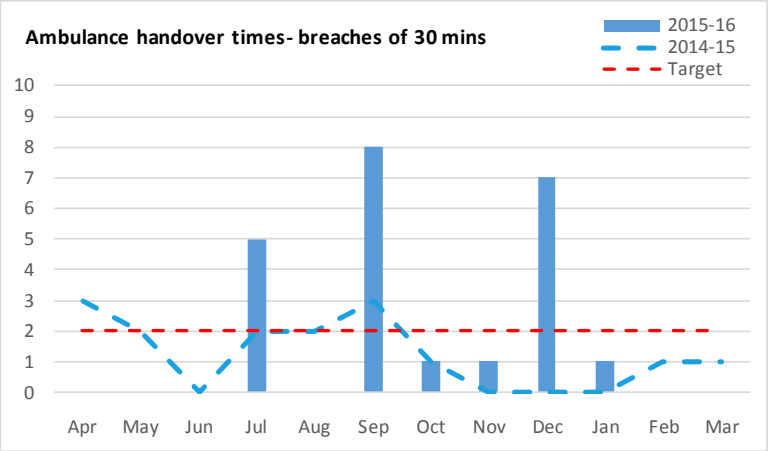
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor	Quality priorities	Trend chart
4.5 Bed capacity and management	531	Average length of stay (elective)	Cum ALOS	<last yr			3.61	3.48	3.47	3.45	3.45			Y
	LOS>1	Non-elective average LOS >1 night	Cum ALOS	<last yr			8.52	8.63	8.61	8.58	8.58			Y
	535	Discharges before noon	Mthly %	>25%			20.1%	21.1%	19.6%	20.5%	20.9%			Y
	Home	GSTT referrals to @Home service	Cases	>100			-				54			Y
	DToCPS	Patients with a DToC (snapshot)	Number				14	7	8	25	16			Y
	DToCDT	DToC total delayed days	Number				396	373	183	531	418			Y
		Total beds open		In devt										
		Total occupied bed nights		In devt										
4.6 Outpatient management	604	Appointments re-scheduled by hospital <6wks	Cum %	<4%			4.9%	4.6%	4.7%	4.7%	4.7%			Y
	FFF57	Gassiot House Room Utilisation	Mthly %	>75%			-	88.1%	92.9%	91.4%	86.8%			
	618	Choose and Book - % slot unavailability	Mthly %	<5%			7.1%				29.3%			Y
	601R	Follow-up ratio - adj cons appts (in arrears)	Ratio	2.13			-	2.11	2.16		2.21			Y
	602	Non-attendance rate (new appts)	Mthly %	<11%			11.9%	12.4%	12.3%	12.1%	12.1%			Y
4.7 Theatre management	533M	Daycase rate - basket (in arrears)	Mthly %	>85%			83.1%	80.1%	84.4%		82.8%			Y
	TH2	Daycase rate (trolley) vs BADS	Mthly %	In devt			-	-	-	-	-			
	505	Theatres Gross Cancellation Rate (in arrears)	Mthly %	<7%				7.8%	7.8%		7.3%			Y
		Theatre utilisation indicators		In devt										
		Theatre scheduling indicators		In devt										
4.8 Complaints mgt	COM1T	Complaints opened in month (Trust total)	Cases	-			-	96	100	93	94			Y
	COM2T	Complaints re-opened in month (Trust total)	Cases	-			-	1	8	3	5			Y
	COM5T	Timely response to complaints - median wait	Days	-			-	45	54	65	53			Y

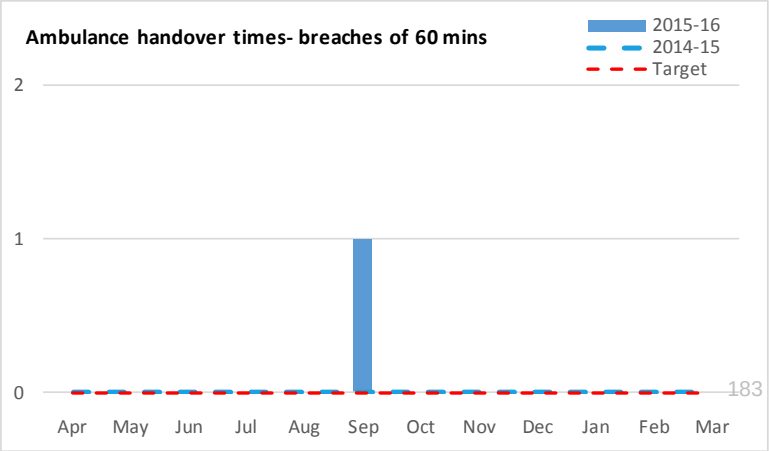
4.1 A&E access

- February saw a deterioration in performance in the patient waiting time within our A&E services. Average ambulance handover times at the St Thomas site remained in-line with previous months and there were no >30 minutes ambulance off-load breaches (down from one breach from the previous month) and no >60 minute delays. (lower graphs). Ambulance turnaround times are a priority for the A&E Team and the department has maintained its position in London, being the 2nd best receiving hospital (in terms of the number of 30 minute breaches) for 2015/16.
- This month has been one of the busiest Februarys on record. The department has seen a sustained increase in attendances including a 10% increase in February compared to the previous year. The increase in attendances is seen across the whole department, including Majors, UCC and Children's ED.
- Actions have been taken to manage this demand, including agreeing Trust and ED escalation responses for outflow and inflow issues, improving the flow out of the department into inpatient areas and improving the efficiency of the Ambulatory Pathways.







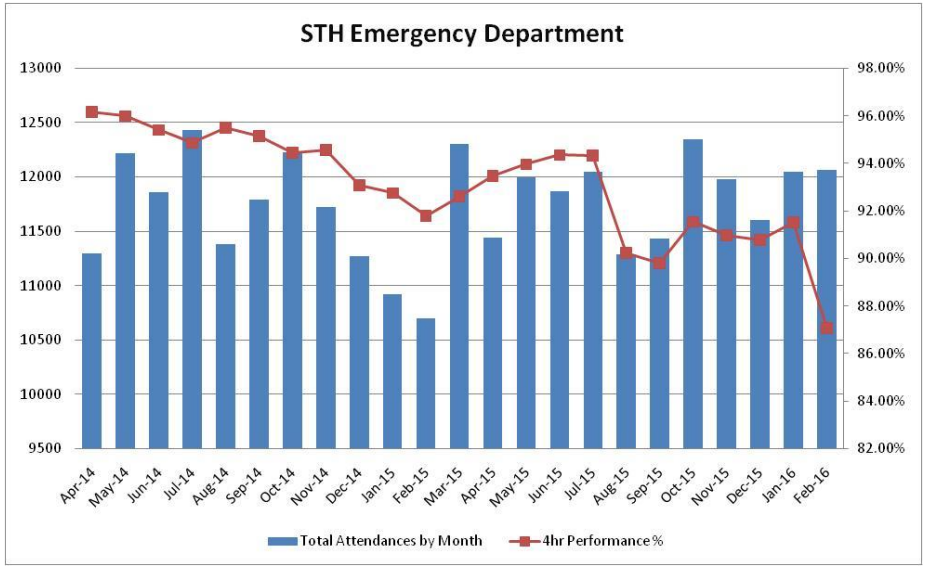


A&E Performance

Information Owner: Sean McCloy

- **Where we want to be: targets and benchmarks**
- We are seeking to reduce the number of patients waiting over 4 hours to a level at which we can sustain performance against the national standards for incomplete pathways.
- **Where we are: trends and patterns**
- February continued the trend of increased attendances in the department. Guy's Urgent Care Centre has retained performance with approximately 2 breaches or less per week despite high attendance numbers.
- **Risks or opportunities for the Trust**
- The level of demand experienced by the department is creating a significant pressure on capacity within ED and the Emergency Pathway. Actions addressing this are outlined below.
- Effective ambulatory pathways (including Frailty, Acute Assessment Unit & the Surgical Assessment Unit) remains key to improving flow through the Emergency Pathway and reducing demand on the ED capacity.
- **Root cause analysis and insights**
- The three key drivers for current A&E performance are:

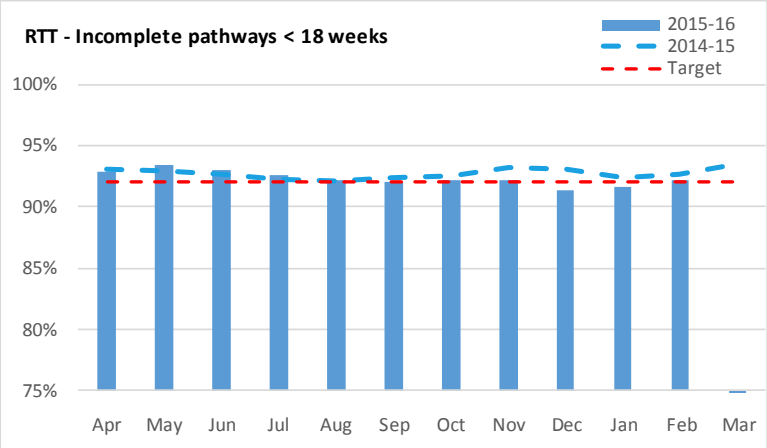
1. An unprecedented number of attendances for the month with particular time periods of very high activity.
2. Reduced physical capacity in A&E as part of the Emergency Care Programme transitional phase.
3. Increase in complex patients, requiring extensive clinical input.

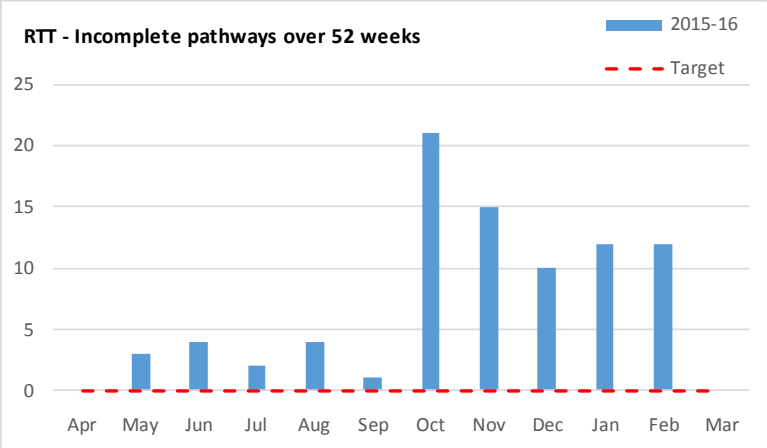


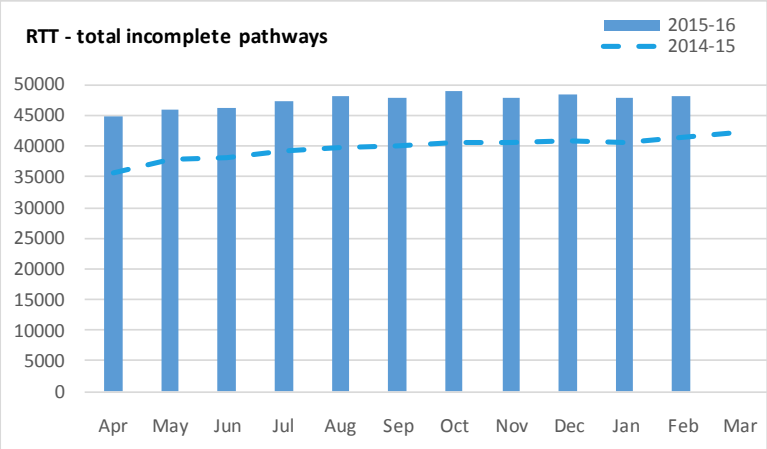
Action and progress	Owner	Next review date
'ACE Team' projects are live to focus on 1) Evan Jones throughput, 2) the Medical Model & Admissions Ward flow and 3) North Wing Complex discharge work	Acute Medicine DMT	Ongoing
Options are being reviewed to increase the Emergency Department capacity and the staffing requirement needed. Improvement work continues within ED, including safely redirecting patients to alternative pathways.	Acute Medicine DMT	Ongoing
The Trust Star Chamber will take place in April with a Trust-wide presentation on the response to the challenges currently facing the Emergency Pathway.	Deputy Dir of Operations.	April 2016

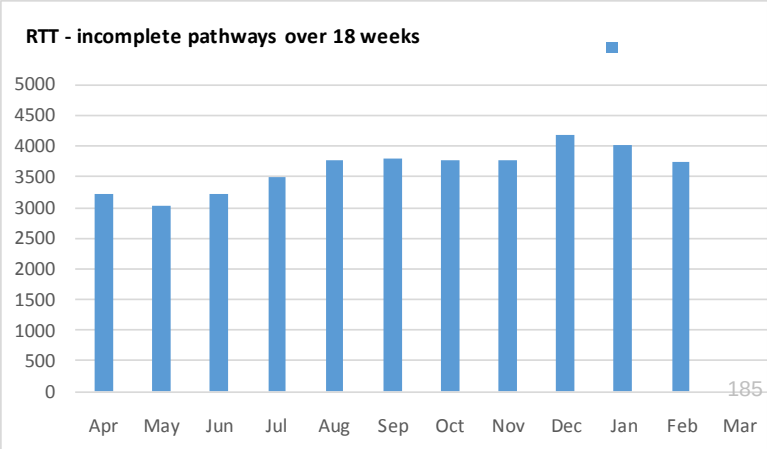
4.2 Elective access (a)

- From April 2015, the NHS focus is now entirely on the experience of patients awaiting treatment, with an expectation that at least 92% of patients at any one time are waiting less than 18 weeks.
- The Trust achieved the 'incomplete' pathway standard in aggregate (chart upper left) for February. The Trust implemented an RTT recovery plan back in January which focused on improving our weekly processes to ensure more patients over 18 weeks are booked appropriately, with earlier sight of outcomes from clinics and enhanced training for staff involved in tracking patients along their pathway. We continue to focus on our weekly rhythm for Directorates to ensure we are sustaining the actions associated with this improvement.
- We recruited two temporary validators in February with the support from CCGs and NHS England to compliment our existing capacity to ensure that our pathways are updated to accurately reflect why patients are waiting for treatment.
- We have reported 12 incomplete pathways over 52 weeks. The majority of these pathways include a period of time where a patient has requested a pause or delay to their treatment and is often seen across Plastic Surgery and Orthopaedics specialities.



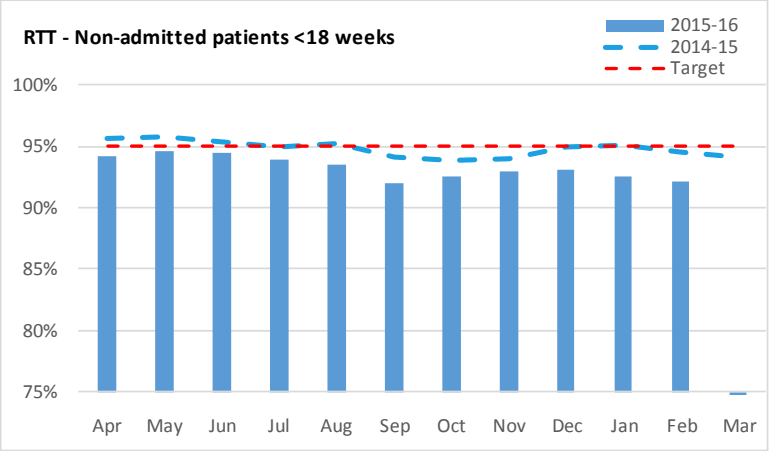


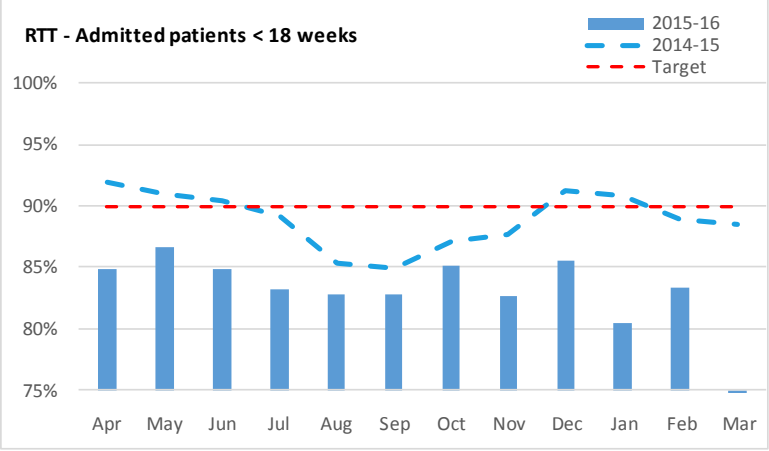


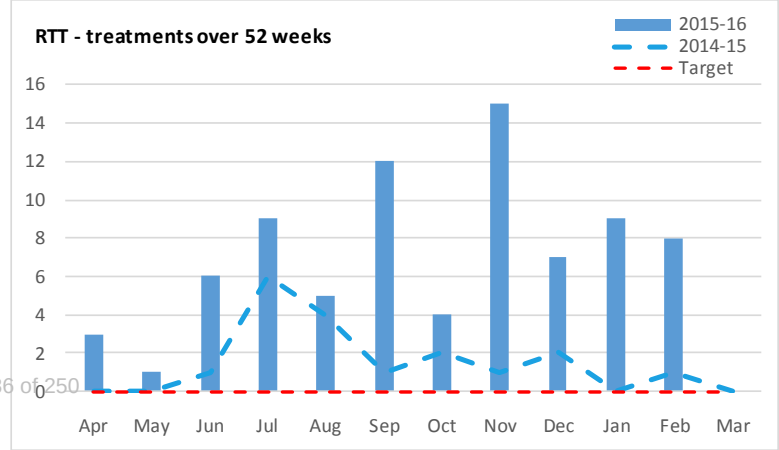


4.2 Elective access (b)

- We are no longer required to report our non-admitted and admitted position to our external regulators. Our performance has remained low across non-admitted and admitted pathways which shows that we remain focussed on treating patients who have already waited longer than 18 weeks.
- Our backlog has started to reduce in size, and we continue to ask services to focus on delivering extra capacity to ensure patients are seen in a more timely way and that longer waiting patients are seen first (unless urgent patients need to take priority). Further detail is provided in the briefing note on page 43.
- We have reported 8 treatments over 52 weeks. We use a Root Cause Analysis for all patients who breach 52 weeks which helps identify any specific areas that we need to take immediate action to resolve and our RTT action plan supports improved training, which is aimed at reducing these errors at source, preventing these unnecessary delays. We have not identified any clinical risk as a result of the wait experienced by patients and 5 patients were offered treatment dates before week 52.







4 Responsive

Referral to treatment (RTT)

Information Owner: Sean McCloy

Where we want to be: targets and benchmarks

- We are seeking to reduce the number of patients waiting over 18 weeks to a level at which we can sustain performance against the national standards for incomplete pathways.

Where we are: trends and patterns

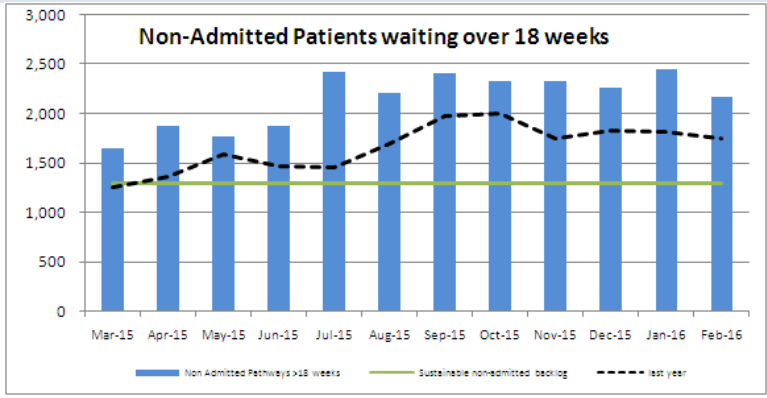
- We have seen a rise in the proportion of admitted and non-admitted patients waiting over 18 weeks.
- Our overall waiting list is still significantly larger than at the same time a year ago and 3744 patients had been waiting over 18 weeks at the end of February.

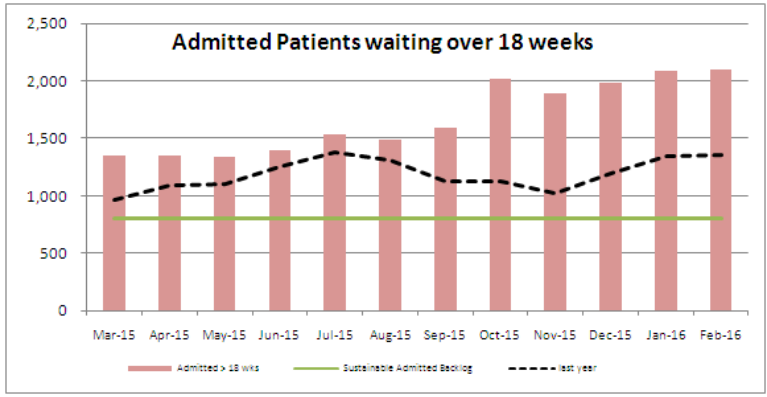
Risks or opportunities for the Trust

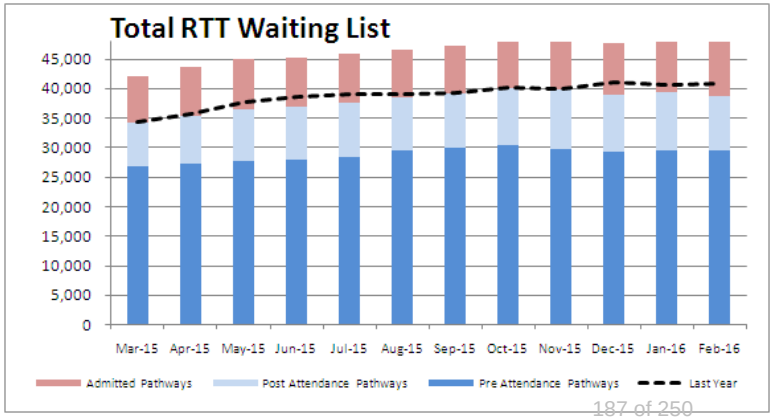
- Our total referral volumes are still increasing with an average of 8023 per week compared to 7235 in Q3 and 7,173 in Q4 of 2014/15 . This carries a risk for the Trust even though we are achieving record levels of activity.
- Other services in addition to those with limited alternative provision have struggled to meet demand.

Root cause analysis and insights

- We are doing record levels of activity but we need to ensure that we are focussed on treating non-urgent patients in chronological order.
- We need to ensure that all referrals are booked onto our patient record system within 48 hours. We are currently reviewing our electronic vetting system and processes to achieve this.
- We need to improve how we record the outcome after a patient has attended a clinic at the Trust. This will reduce the lag time to determine what the outcome was and update records as well as help to reduce the number of patients whose pathways remain open erroneously.
- We need to improve our current capacity to check pathways and we have employed additional validators for this purpose with the support of our CCGs.
- The Trust has been seeking to increase the numbers of patients treated in the independent sector and has asked for support from the NHSE Project Management Office (PMO) to identify some providers locally to the Trust. This continues to be a priority to ensure we maximise the space available for surgical work that we need to do on site. However potential alternative sites have not been favourably located for the Trust's patients, or the cost of the work (often considerably above NHS tariff) is prohibitive given current financial constraints.





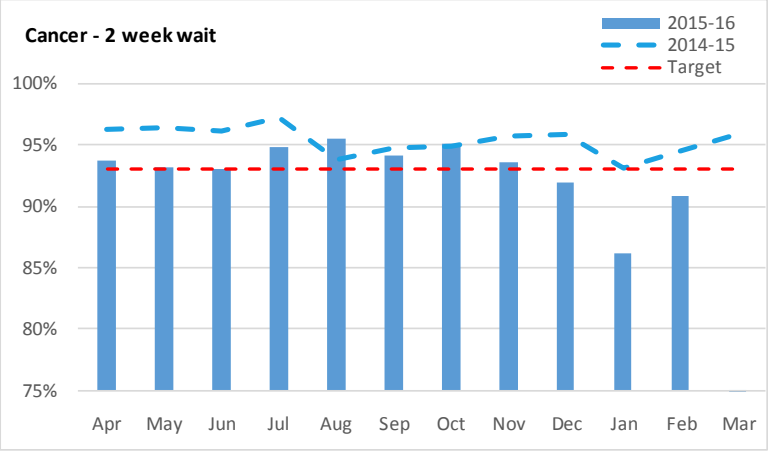


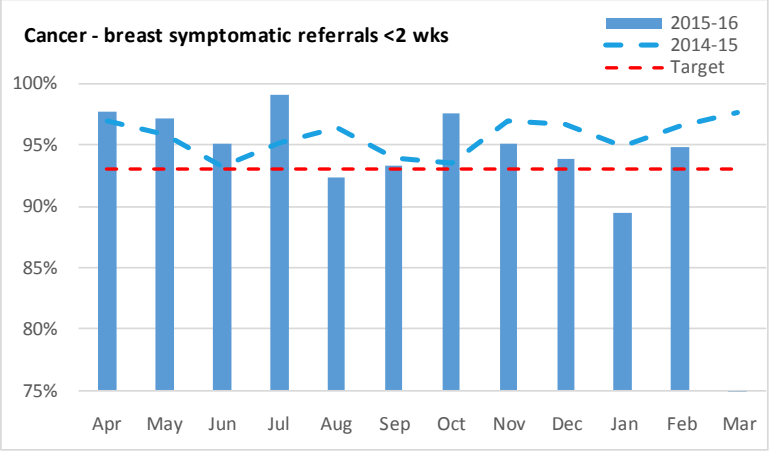
Action and progress	Owner	Next review date
Increase Validation resource to support 18 week recovery	COO Team	February 2016
Chronological booking review and weekly RTT rhythm	DMT/Performance Team	February 2016
Identify external capacity through NHSE PMO to support treatments.	DMT/Performance Team	Complete

Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

4.3.1 Cancer – 2-week waits

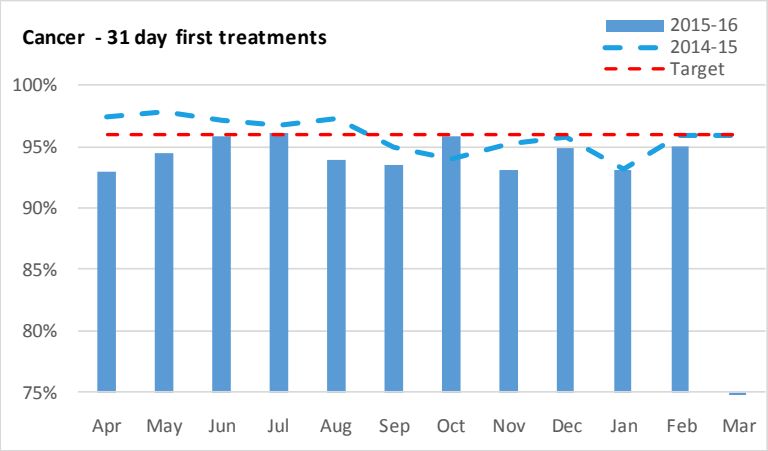
- The Trust did not achieve the 2-week wait target for patients with a suspected cancer diagnosis in February and we are unlikely to achieve this standard overall in Quarter 4.
- Although the reasons for not meeting the target is due to patients choosing to be seen after day 14, we are aware that our 'straight to test' pathway in the lower GI service is also having a direct impact. We have observed an improvement in booking Endoscopy tests within 14 days and are continuing to focus on booking tests in Radiology (CT enemas) by day 14. We expect these measures to have an improvement on our performance for Q1 2016/17.
- The 2 week wait target for Breast Symptomatic was missed in February, mainly due to patient choosing appointments beyond 14 days. The service is focusing on ensuring that patients are offered their first appointment by day 7 in order to accommodate patients who may want a date beyond the initial offer.

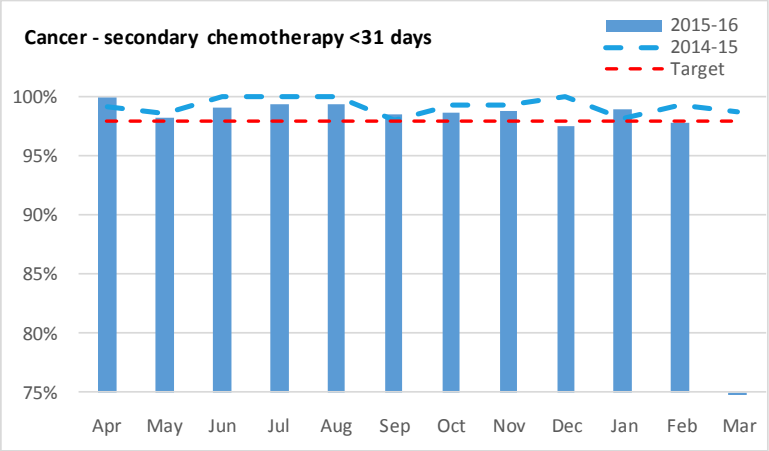


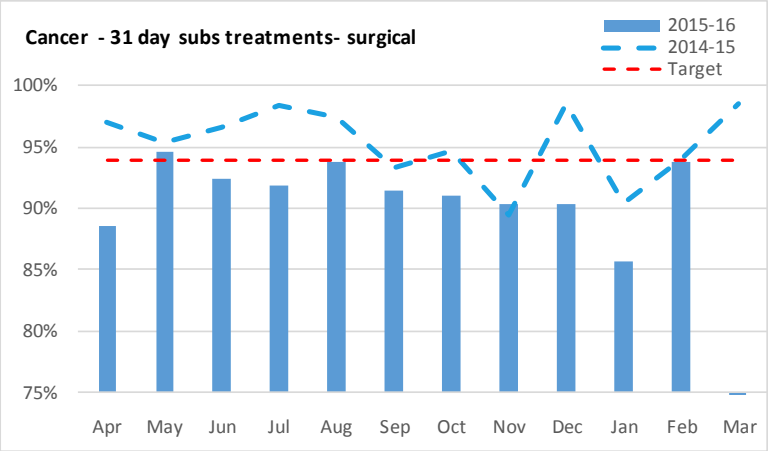


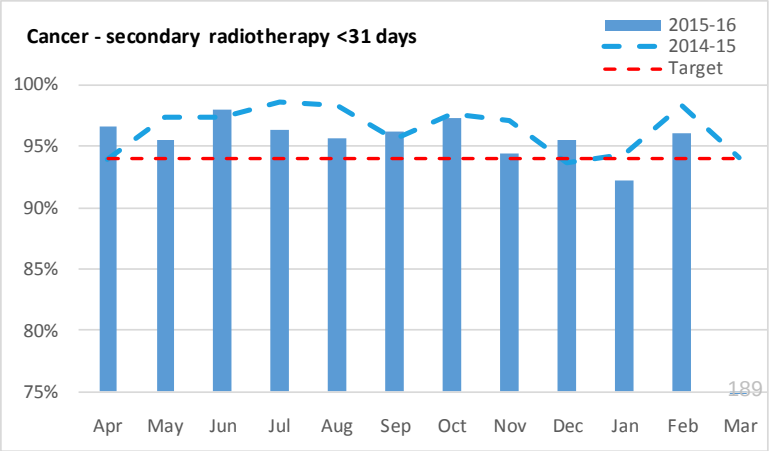
4.3.2 Cancer – 31-day waits

- We met the 31 day targets for *subsequent Radiotherapy* in February, however missed the other 31 day targets.
- The 31 day first treatment target remains a challenge with the majority of breaches linked to medical complexities or patient choice. Of the 17 breaches 14 were unavoidable and 3 were avoidable – The 3 avoidable breaches were due to a mixture of reasons all classed as "administrative breaches". Further review shows that the errors occurred when we started the Decision to Treat (DTT) clock; however the patient still required other enabling tests such as echocardiograms.
- Although the number of breaches due to administrative processes have reduced this month, we are focused on ensuring that these are completely eliminated. We are working closely with the cancer data team and Directorates and have input from the cancer informatics team to support this work across all the cancer targets.



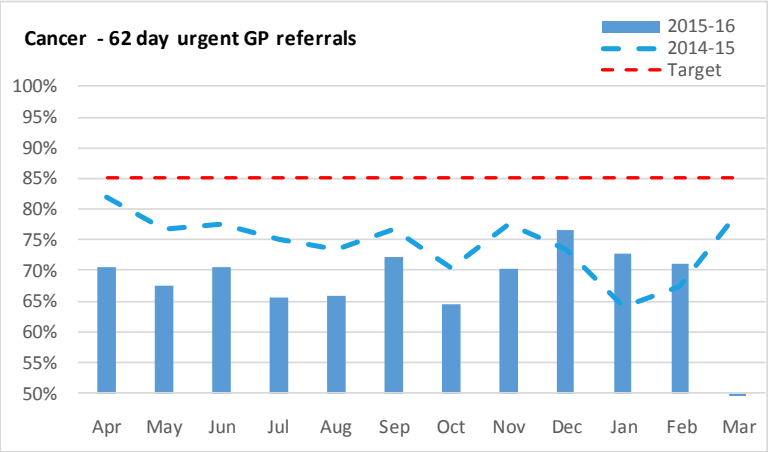


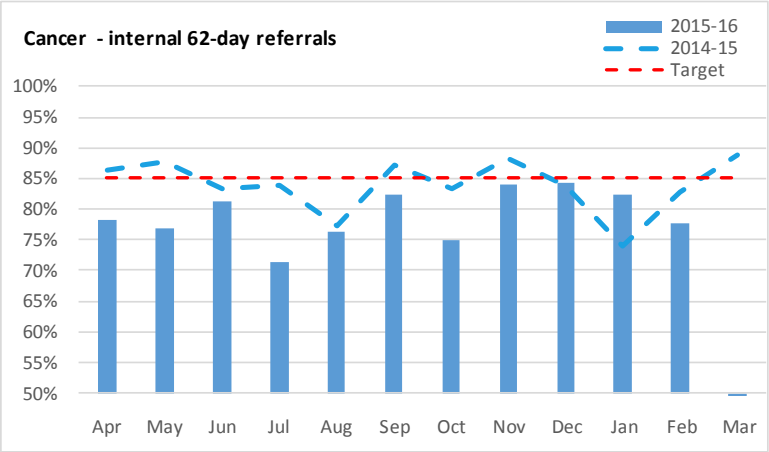


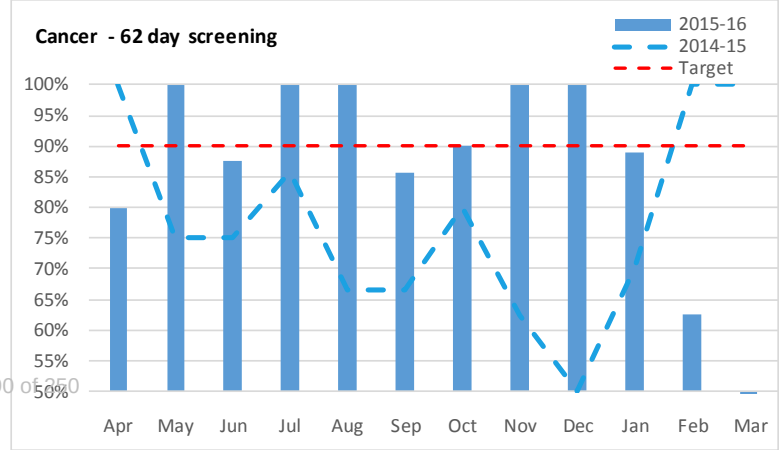


4.3.3 Cancer – 62-day waits

- Overall performance for 62-day maximum wait for first treatment remains below the 85% target. Our overall performance of 71% with an internal performance of 77.78%. There were 14 internal breaches in February with 64 treatments. 6 were in Urology all but 1 were unavoidable. The 7 breaches were in the following tumour sites: Gynaecology (3), Head and Neck (2), Skin (1), and Breast (1).
- The main factor in our failure to meet the overall target relates to the external referrals into the Trust. There were 30 external breaches in February. 19 were referred late (>42 days) in the 62 day pathway and 8 had already breached the 62-days before reaching us. We focussed on improving these late referrals from South East London Trusts by setting up a new process which was aimed at identifying inter Trust referrals early and identifying what actions could be taken to ensure the transfer happened. We continue to focus on the small number of avoidable breaches (3) with a focus on zero tolerance of these breaches and early escalation of any delays.
- In February the number of patients remaining without treatments decisions/dates or not diagnosed by day 62 reduced significantly, however the Trust still receives a number of patients referred who get added directly to this number.







4.3.4 Cancer – 62-day by tumour site

62 day Treatements-February	62 Day Treatment Status		
CWT Code	Internal Treatments	Internal Breach	Internal Performance
Brain CNS	0	0	
Breast	13	1	92.3%
Gynae	5	3	40.0%
Haematological	0	0	
Head and Neck	6	2	66.7%
Lower GI	2	0	100.0%
Lung	3	1	66.7%
Other	0	0	
Skin	9	1	88.9%
Skin Haematology	0	0	
Thoracic	0	0	
Thyroid	0	0	
Upper GI	1	0	100.0%
Urological	24	6	75.0%
Internal total	**63**	**14**	**77.8%**
External total	**74**	**30**	**59.5%**

62 Day Treatment - Q3 2015/16

CWTCode	Internal Treatments	Internal Breach	Internal Performance
Brain CNS	0	0	
Breast	28	1	96.4%
Gynae	9	0	100.0%
Haematological	12	3	75.0%
Head and Neck	20	4	80.0%
Lower GI	11	3	72.7%
Lung	11	5	54.5%
Other	0	0	
Skin	9	0	100.0%
Skin Haematology	1	0	100.0%
Thoracic	5	1	80.0%
Thyroid	3	1	66.7%
Upper GI	8	2	75.0%
Urological	96	19	80.2%
Internal total	**213**	**39**	**81.7%**
External total	**268**	**127**	**52.6%**

- In February we continued our focus on ensuring our long waiting cancer patients (>62 days) had treatments planned. Our backlog was made up of late referrals and patients choosing to delay their treatments. This made our overall and internal performance drop lower than other months, but it will help us sustain performance and improve treatment times in the future as we have less patients waiting over 62 days.
- The external position remains challenging however the focus on working with the Trusts in SE London remains a priority. The joint coordinator working between the cancer centre and Lewisham and Greenwich NHS Trust (LGT) started this month and with previous experience we expect improvement in our joint processes linked to the implementation of the post. A similar post between the Trust and Kings College Hospitals Foundation Trust is due to start in April 2016. We have also established a sector wide ITT proforma to help identify potential patients likely to need specialist treatment at the cancer centre.

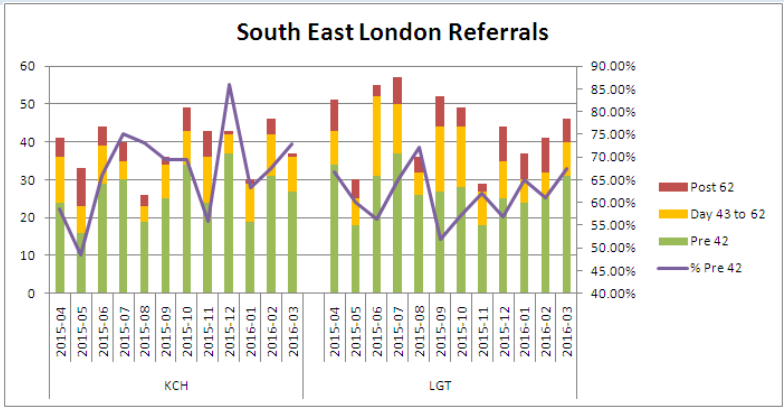
Cancer waits

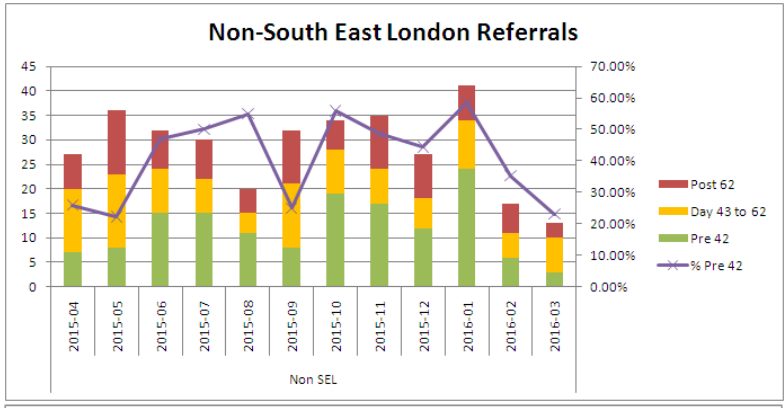
Information Owner: Sean McCloy

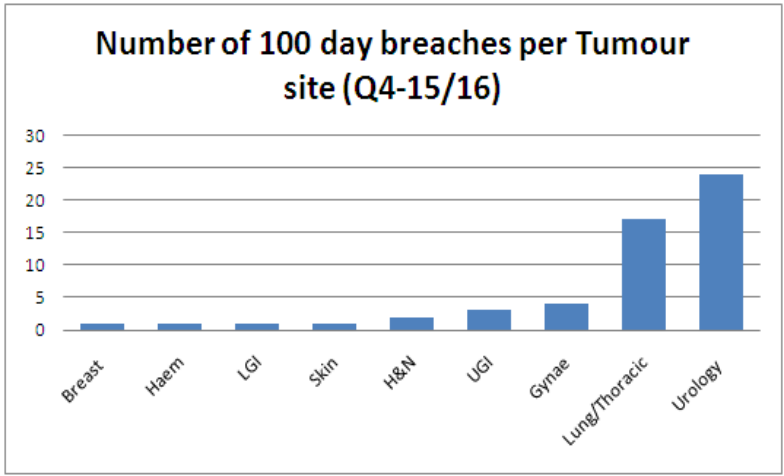
Inter Trust Referrals

- **Where we want to be: targets and benchmarks**
  - We want to be achieving 85% of referrals to GSTT within 42 days.
- **Where we are: trends and patterns**
  - We have introduced a weekly tracking process which is aimed at identifying which patients are likely to come to GSTT.
  - We have seen South East London Trusts sending a higher number of late referrals than expected, the target rate for March was 85%.
  - We need review why our March referrals for non-SEL Trusts is lower than previous months.
  - LGT shows an improvement trend since Q3.
- **Risks or opportunities for the Trust**
  - Focussed work in specific tumour sites helped us collaborate on delays that are in our joint pathway.
  - The risk with continuous late referrals (>42 days) is the adverse affect on our ability to treat patients within 62 days.
  - It is likely that 42 days will be reduced to 38 days to promote earlier diagnosis and referral to final treatment providers.

- **104 day patients**
  - Most of the long waiters are in Lung and Urology
  - The reasons for the long delays are patient choice delays, late referrals from other Trusts and medical complexity.
  - 22% of the long waiters were referred after 100 days from other trusts and 57% of them had already breached 62 day.
  - We have established an independent review group to support how we might tackle these areas in order to improve the pathway and reduce the number of long waiters.
- **Root Cause analysis and Action**
  - Focused work on monitoring the use of timed pathway in each tumour site
  - Establishing the joint coordinators between the Trust and KCH/LGT
  - Daily Inter Trust Referral escalations within SEL and re establishing the CEO to CEO communications with the South of England Trusts that send late referrals.
  - Reviewing the need for pathway navigators to reduce the DNA rate as well as the number who reschedule appointments outside of the required timescales.

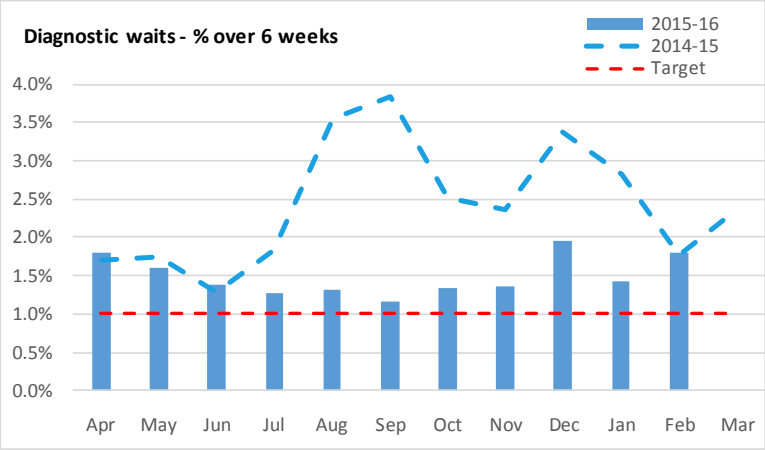


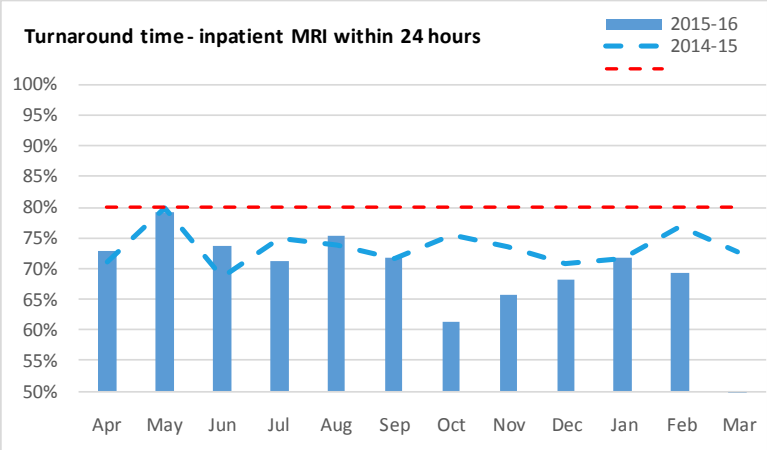


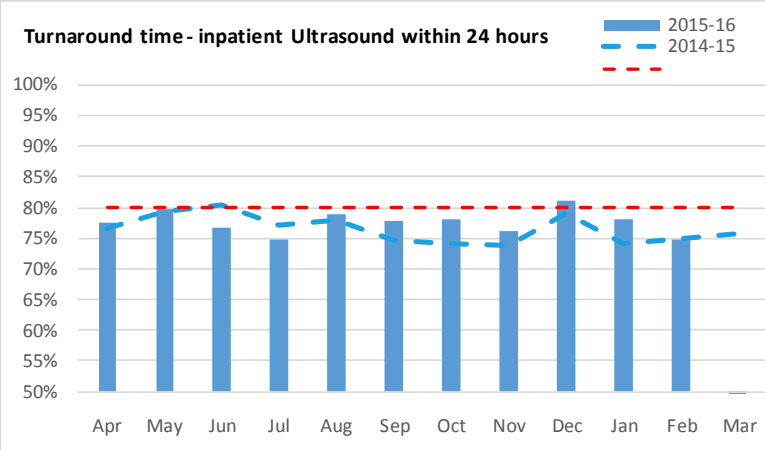


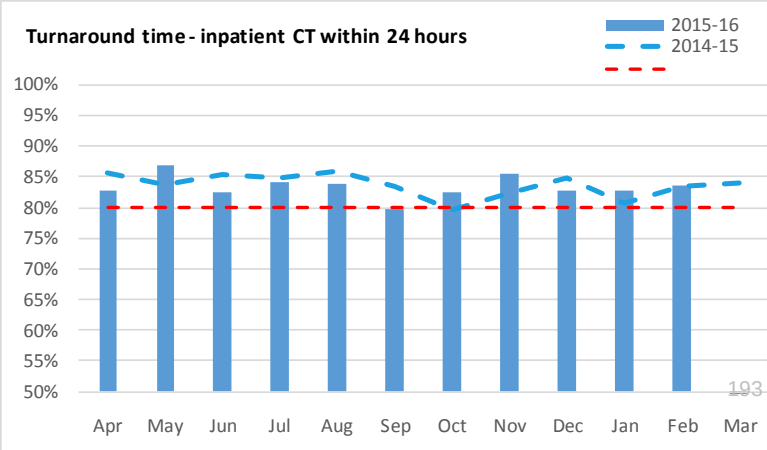
4.4 Diagnostic waits

- The number of patients who received their diagnostic test within 6 weeks was 1.8% in February against a target of 1% and was similar to previous levels seen last year.
- There has been an a drop in performance since January with small increases seen across a number of the diagnostic wait specialities. We are focussing on key specialities such as Urodynamics to ensure that we see further improvement during March 2016 and through into next year. Specialities have action plans and trajectories which project reductions in patients waiting over 6 weeks and we will be reviewing how resilient these are in March and April. We continue to outsource routine adult MRI and we are exploring outsource opportunities for Paediatric MRI, however this is more complex as these tests require a general anaesthetic.



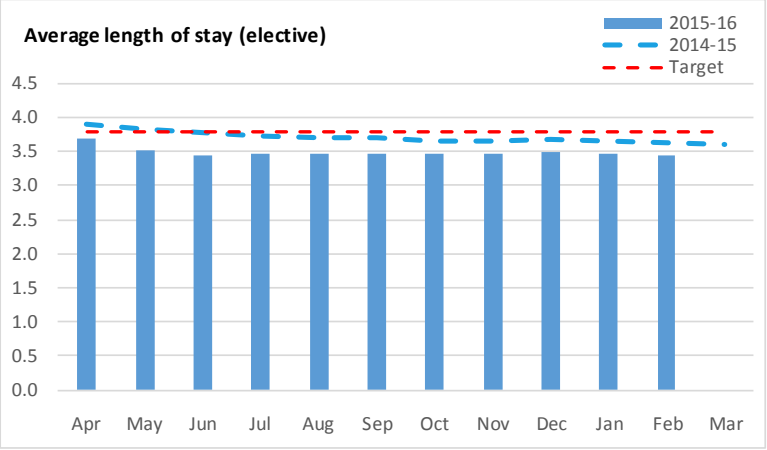


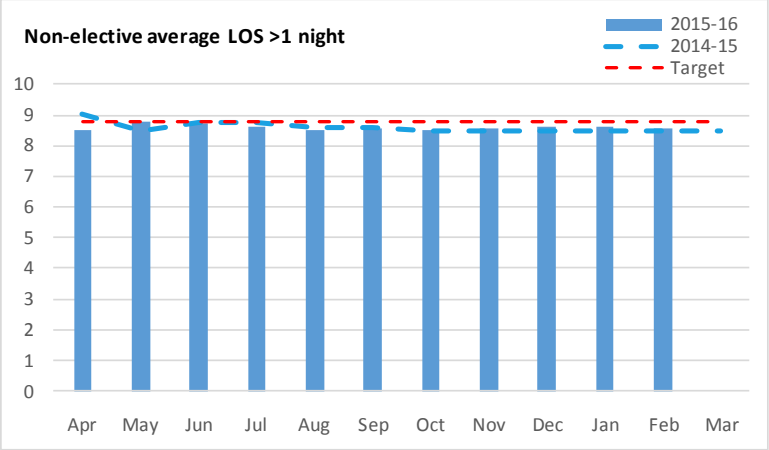


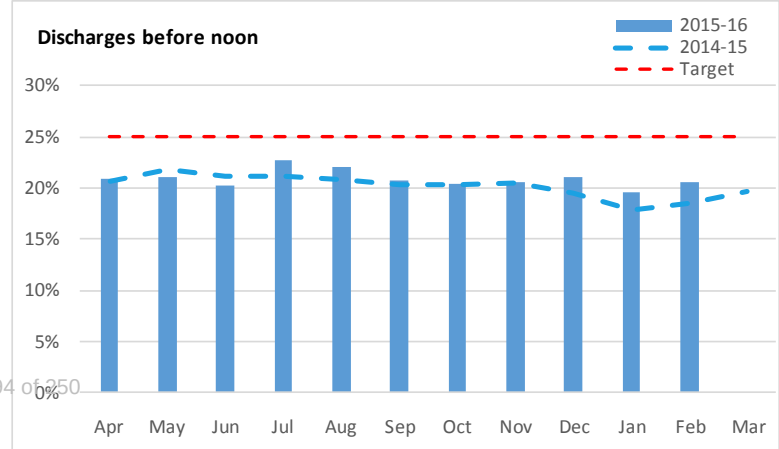


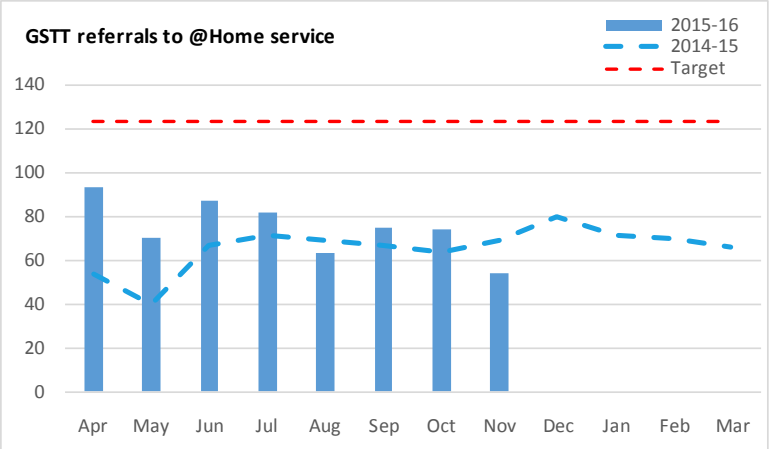
4.5 Bed capacity and management

- Efforts to provide alternatives to hospital admission continue, including the soft launch of the Pal@home 8pm to 8am service to support palliative care patients to remain at home. Work is almost completed on reviewing the referral target and capacity of the @home service in light of increasing acuity of patients. The IT system, Carenotes, introduced in November 2015 has impacted on productivity due to issues of poor connectivity, functionality and slowness. The data warehouse continues to be built and therefore we are unable to report on activity levels for December, January and February.
- Average length of stay for elective patients remains better than target and is an improvement on last year. This is helping to support the significant additional activity we are currently delivering. Directorates are currently working on further length of stay (LOS) improvement plans to improve performance for Q3 and Q4 and the Inpatient support team are developing tracking scorecards to support ongoing analysis.
- Work continues on improving hospital discharges before noon, with a new dashboard launched for Directorates to review weekly across a number of metrics relating to early discharge. These is being reviewed as part of the huddle process within Directorates.



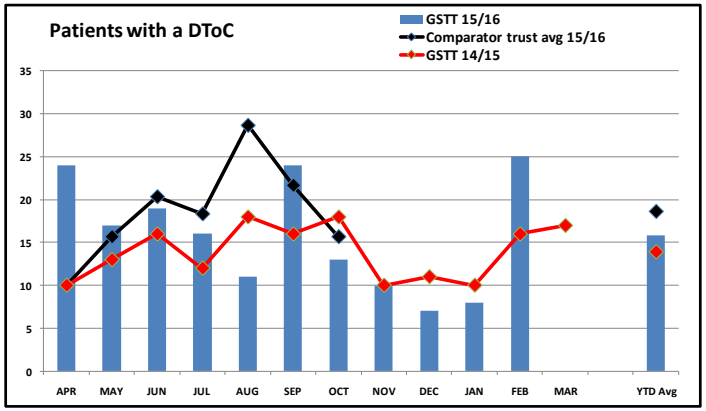


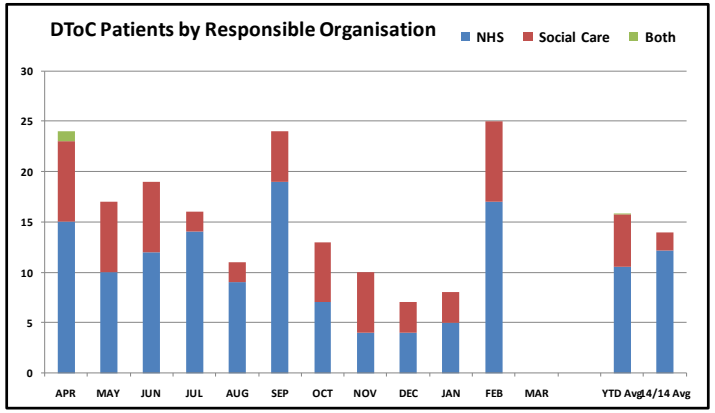


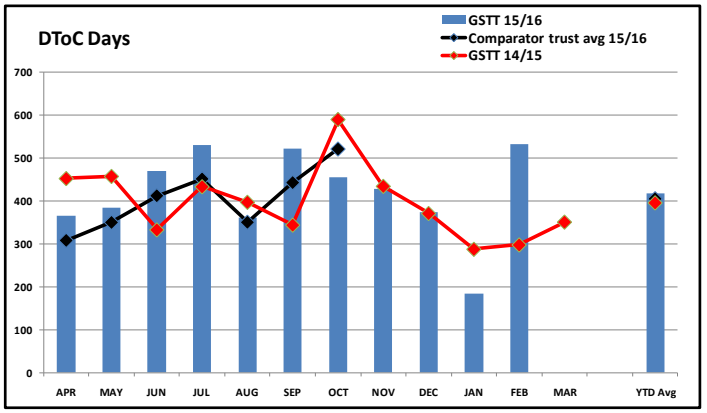


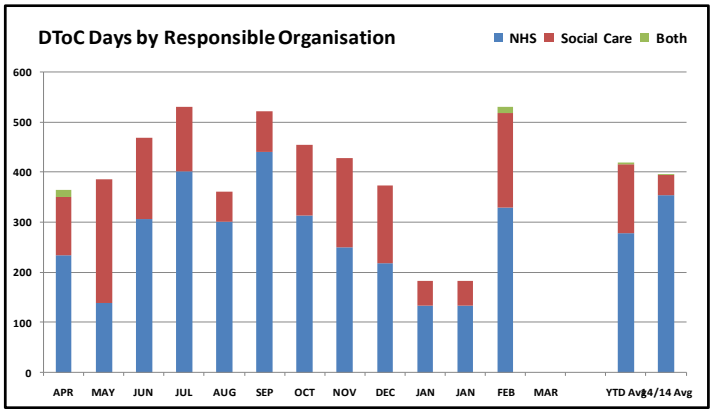
4.5 Delayed Transfers of Care

- **Delayed Transfer of Care (DTOC) –**
- The definition of a DTOC is when a patient is ready to transfer from acute to non-acute setting, but remains in an acute hospital bed. This implies that a multidisciplinary clinical decision has been made that the patient is safe and ready for transfer.
- In February we have continued to have a bi-weekly "Ops Forum" for complex discharge to review all complex discharge with matrons and a bi-weekly "Platinum Call" with senior colleagues across the healthcare system to escalate issues. We continue to share a report of all complex discharge patients with various CCG colleagues to enable better communication of actions required for individual patients.
- There were a number of key factors affecting February performance. There were staff shortages in Lambeth Social Services, which was escalated to senior staff members in the Local Authority and Clinical Commissioning Groups. We also found that there was an increased level of patient choice delays and identifying appropriate care homes across a range of boroughs. We are working to agree a new "Best Discharge Protocol" in March which will help support families and carers to make the right decision about on-going care.



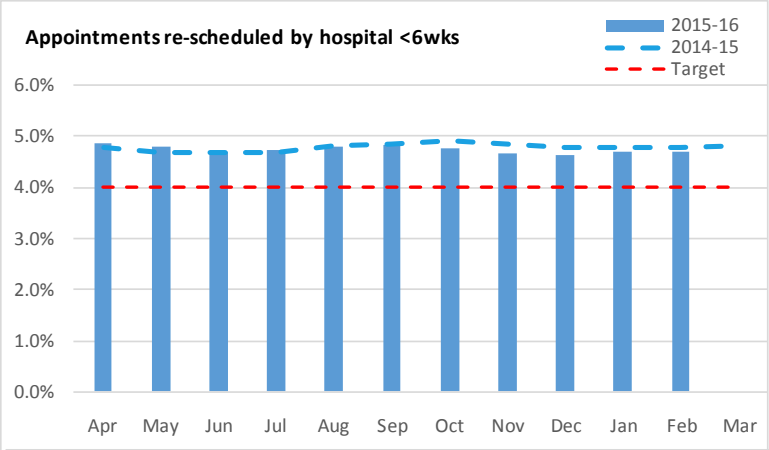


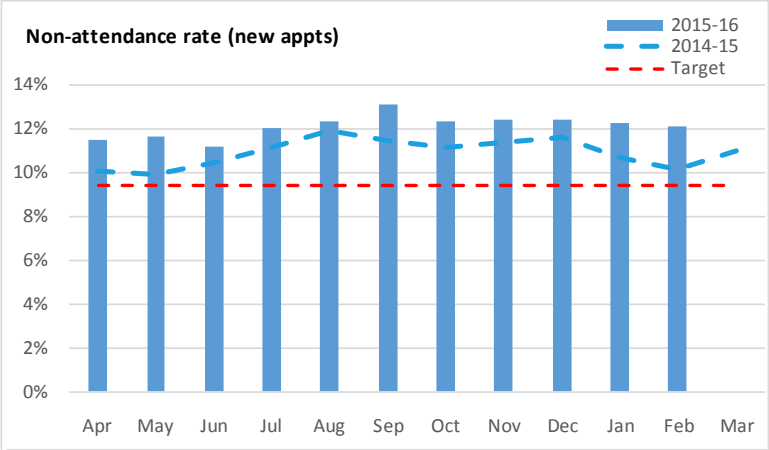


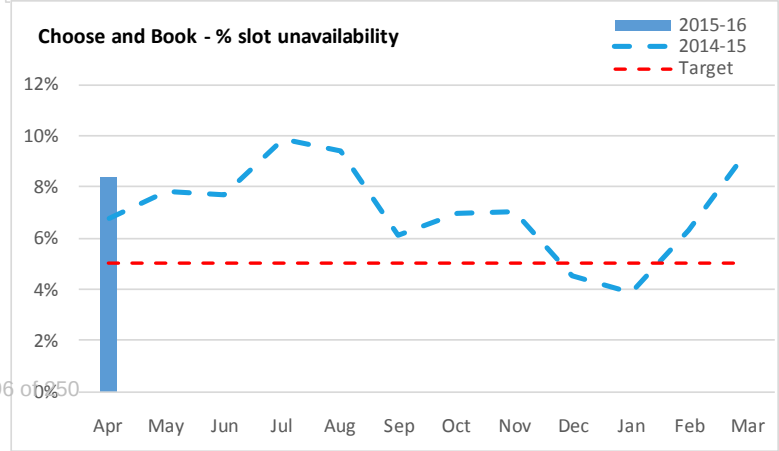


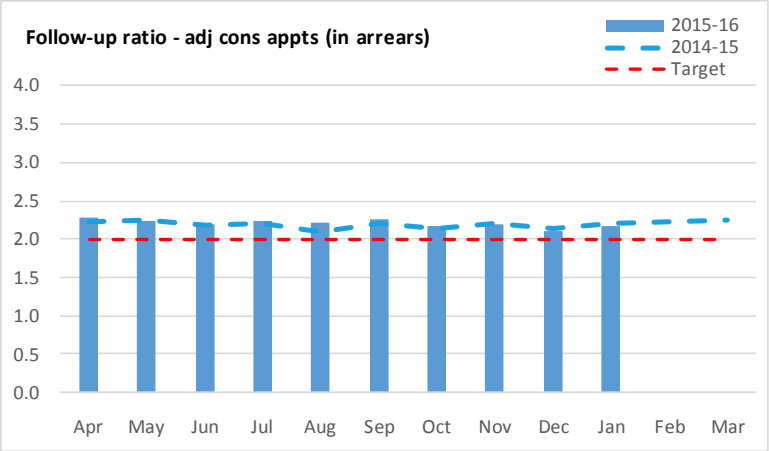
4.6 Outpatient management

- **Appointments re-scheduled by the hospital within 6 weeks of an appointment** – The number of rescheduled patients has remained the same in February from January this is still mainly due to the impact of the Junior Doctor's strike, due to prioritising patients with clinical urgency followed by long waiters. Work continues through business planning for 2016-17 to ensure there is enough activity planned to meet demand.
- **e-RS (National e-referral system) - % slot availability** – National reporting is still unavailable on e-RS. The Appointment Slot Issues (ASI) have increased to 1023 from 834 in February. The e-RS London meeting gave key messages regarding the CCG Quality Premium 2016/17 which are still to be finalised of awarding CCGs, with a significant percentage of the premium going to those CCGs who can deliver the following: who meet the national target of 80% of referrals made via e-RS ; have a year on year increase in the percentage of referrals made; exceeding referrals in March 2017 from the previous year by 20%.
- **Non-attendance for new appointments** – Did not attend (DNA) rates for February have decreased slightly since January. Services with higher DNA rates have identified local improvement plans with key actions focussed on ensuring the Access Policy is being implemented in terms of contacting the patient to agree appointments. The use of an electronic solution called "Dr Dr" by Gynaecology has led to a significant reduction in DNAs during Quarter 3 and the Trust is considering the case for wider implementation.



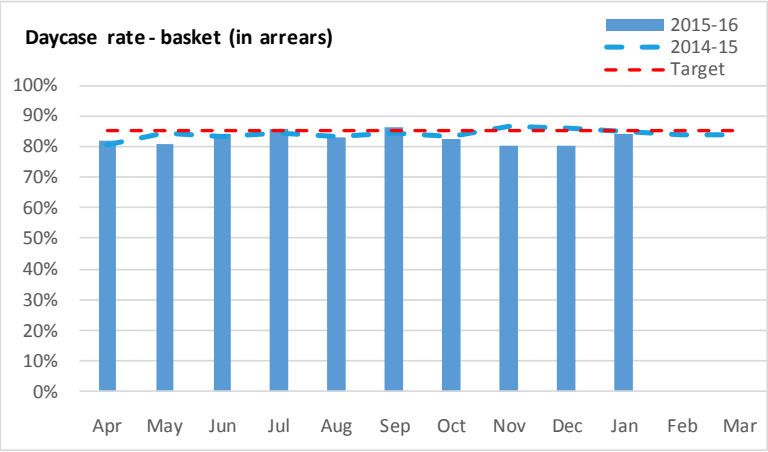


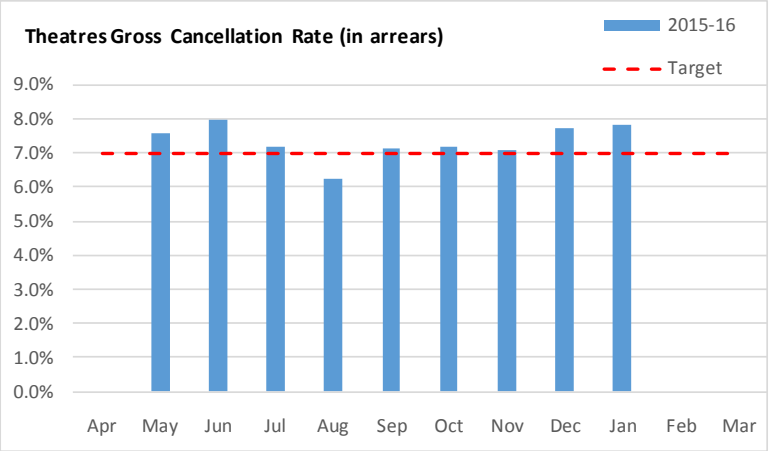




4.7 Theatre management

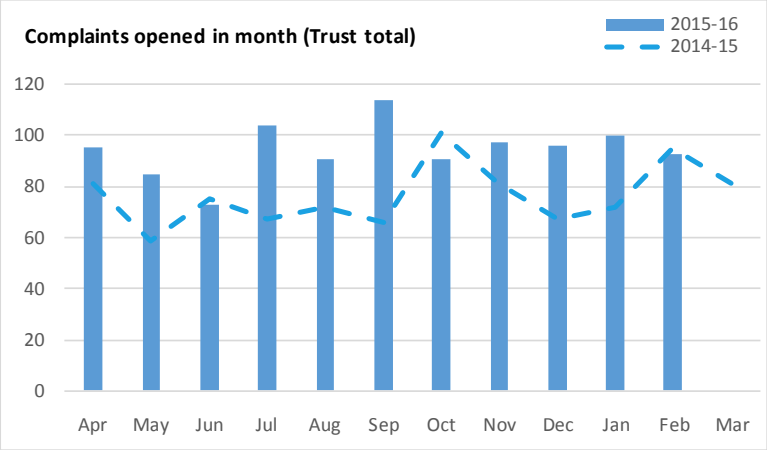
- An improvement in the day case rate has been achieved due to the sustained focus on booking the most appropriate admission type for elective patients, specifically in orthopaedics This been achieved by ensuring cases are designated as day case for an agreed list of procedures as well as monitoring the consultant and procedure specific reports.
- We expect cancellation rates to reduce in February despite significant bed pressures in critical care limiting the amount of cardiac operating we can undertake. A number of actions are underway to facilitate increased critical care capacity and improve flows of critically ill patients around the hospital.

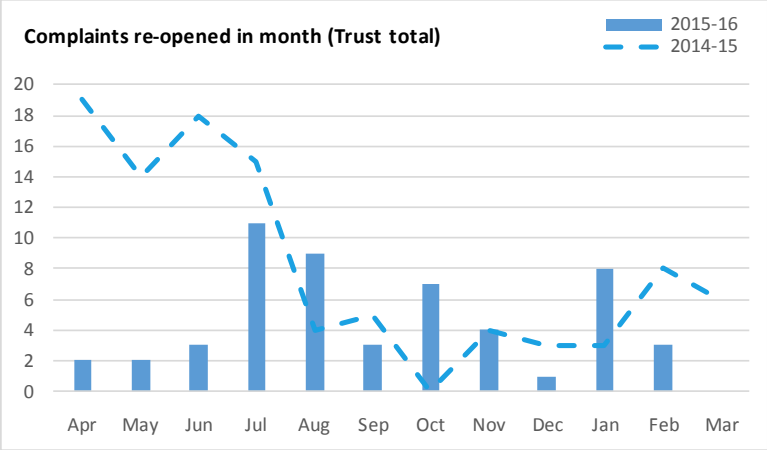


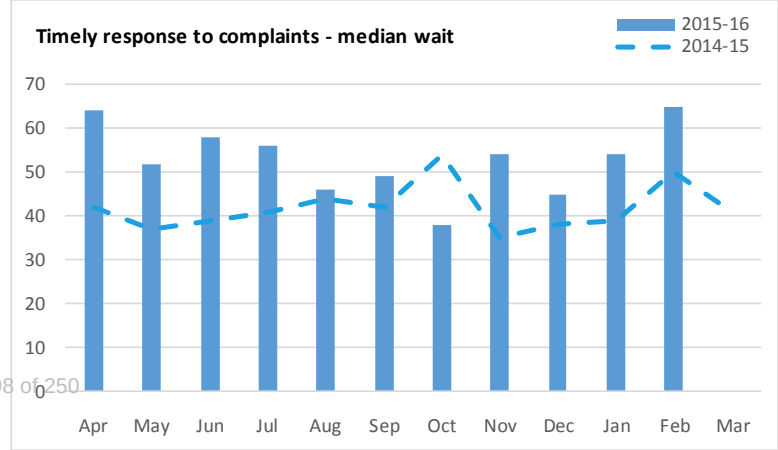


4.8 Complaints management

- The number of formal complaints received in February remains high. There has been a noticeable increase in complaints across the Trust in the year to date and we are predicting a 30% increase by year end. It is noted that efforts have been made to raise awareness of the option to make a complaint. The method for recording complaints has also changed over the course of the year and we are now identifying formal complaints more accurately.
- The time taken to respond to complaints is recorded when a complaint closes. This can show considerable variation due to the time taken to investigate and the complexity of the issues raised. The Trust currently tracks the median response time (chart lower left) but will move to showing percentages of complaints closed within the timescale assigned at triage once the classification system for complaints is complete. The new classification will recognise complexity and enable us to identify and monitor those complaints that are suitable for swift resolution.
- We aim to reduce the number of complaints re-opened due to complainant dissatisfaction with our response by investigating and responding to complaints fully and promptly.







The Trust's ambition is to provide a complaints system which is open to complaints, supports patients, families, and staff through the process, and which delivers a timely apology, explanation and determination to learn from mistakes. The aim is to produce a service about which complainants are able to say: I felt confident to speak up; making my complaint was simple; I felt listened to and understood; I felt that my complaint made a difference.

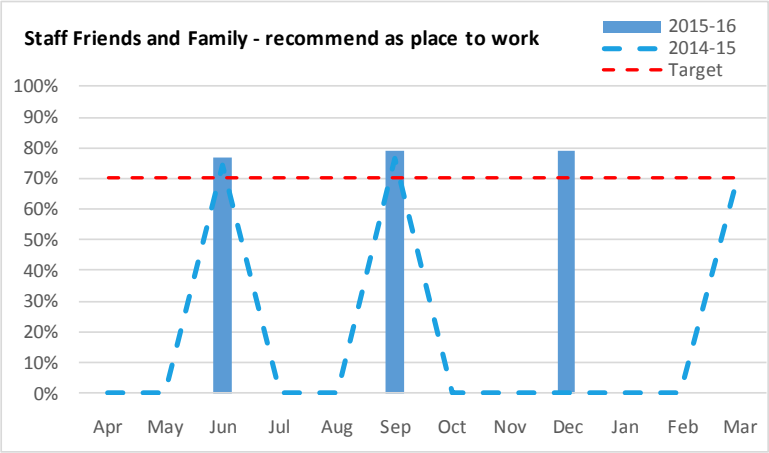
5 Well-led

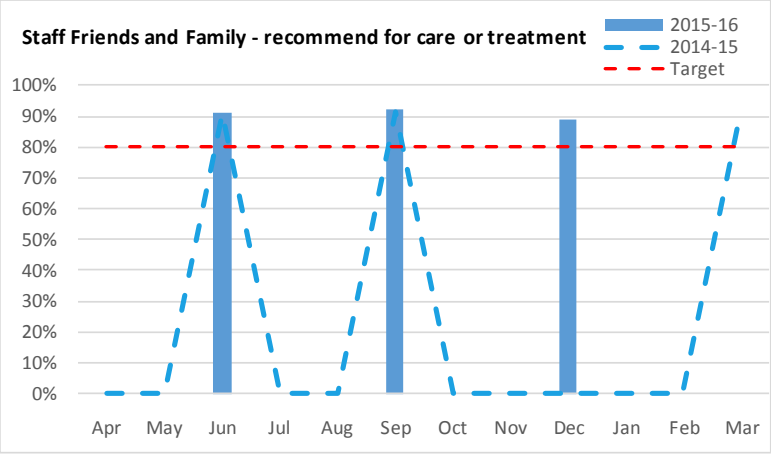
Domain scorecard

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor	Quality priorities	Trend chart
5.1 External assessments	GOV	Overall goverance rating (Monitor, in arrears)	Rating	Green			Green				Green			
	CQC	Care Quality Commission (CQC) risk assessment	Score	>5			6	6	6	6	6			Y
5.2 Staff experience	FFTS1	Staff Friends and Family - recommend as place to work	Qtly %	>70%			77.0%	79.0%			78.3%			Y
	FFTS2	Staff Friends and Family - recommend for care or treatment	Qtly %	>80%			91.0%	89.0%			90.7%			Y
5.3 Workforce indicators	VACTB	Overall vacancy rate	Mthly %	<10%			14.2%	10.7%	9.5%	9.5%	11.7%			Y
	TEMPTB	Temporary staff (% of paybill)	Mthly %	<10%			11.6%	10.9%	7.2%	10.1%	11.2%			Y
	TURNTB	Rolling annual turnover rate	Mthly %	<11%			10.6%	9.8%	9.8%	9.6%	10.2%			Y
	206TB	Sickness and absence rate	Mthly %	<3.0%			3.3%	3.56%	3.56%	3.55%	3.40%			Y
	211TB	Appraisal compliance (non-medical staff)	Mthly %	>95%			71.4%	75.5%	73.9%	72.1%	73.3%			Y
	MTTB	Mandatory training compliance	Mthly %	>95%			86.1%	86.5%	85.9%	84.9%	86.4%			Y

5.2 Staff experience

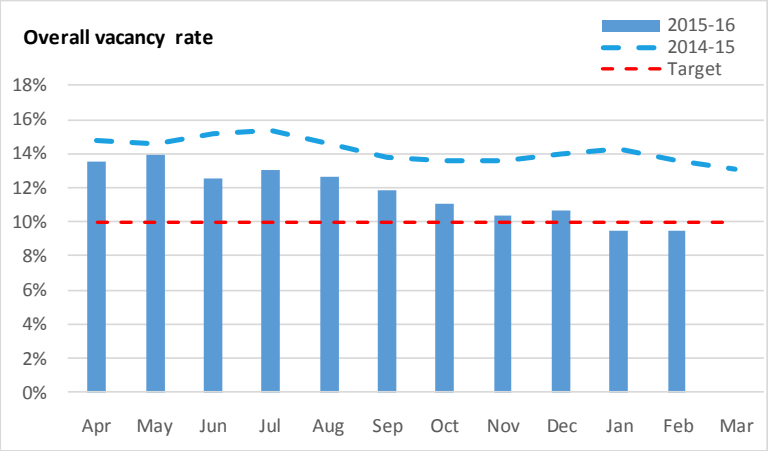
- The Trust achieved the highest score for overall Staff Engagement of any healthcare provider; at 4.03 (where 1 means *poorly engaged* and 5 means *highly engaged*) in the national NHS Staff Survey of 2015. All staff were invited to participate in the Survey, which takes place in the third quarter of each year and was open from 25th September to 27th November 2015. 4454 staff members responded to the Survey which asks staff various questions around their experience of being an employee at the Trust. The results are positive, with the Trust scoring in the top quartile for a number of scores, including staff recommendation of the organisation as a place to work (79%, well above the national average of 58%) and staff recommendation of the organisation as a place for treatment (89%, again above the national average of 68%).
- The National Staff Survey asks similar but differently worded questions to the Staff Friends and Family Test (SFFT) which is open in quarters 1, 2 & 4. The Q4 SFFT is currently open to all staff, and closes on March 24. Over 800 staff have responded so far.
- Staff opinion on whether they would recommend a health care organisation for care or for work is statistically associated with the quality of care. Any fall in the positive opinion should be seen as a potential early indicator of a reduction in quality of care.

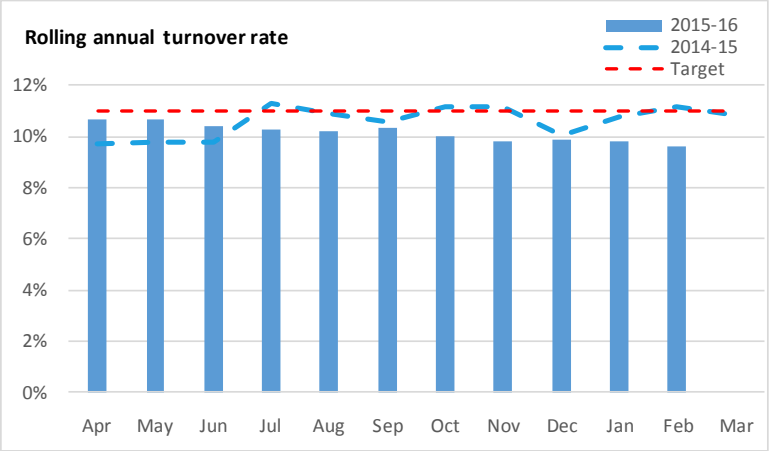


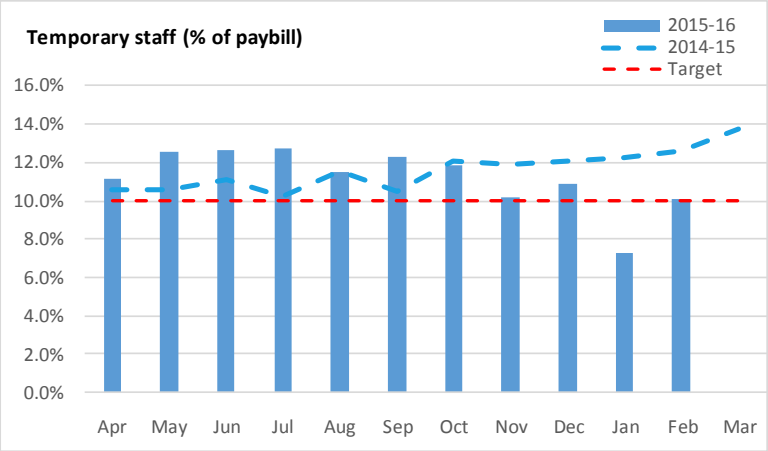


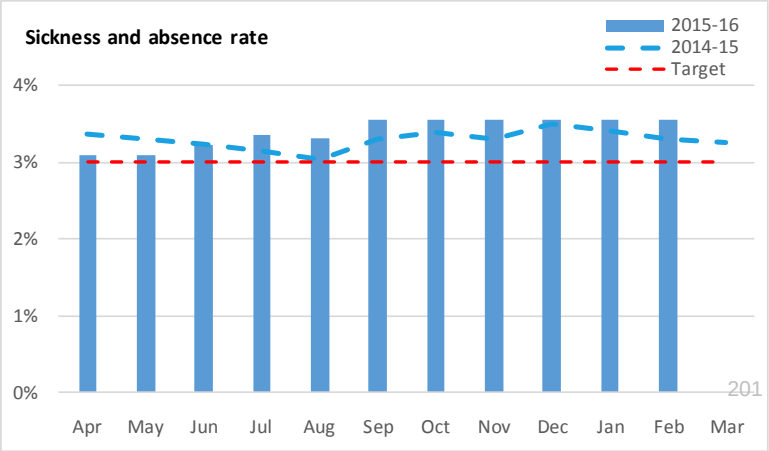
5.3 Workforce indicators (a)

- The overall vacancy rate (9.46%) remained stable in February, and remains below target for the first time in a number of years. We anticipate the rate will remain stable over the coming months with only marginal increases as the rate of recruitment slows.
- Temporary staffing spend showed an increase in February to 10.06% of the pay bill, which is just above target, although lower than the 12 month average. Agency usage increased in February, however was lower than the same month last year. The Trust continued to monitor agency bookings following the introduction of the Monitor price cap. There is a further reduction in the cap for clinical shifts to be introduced from April, with weekly updates on breaches being shared with the Board.
- The Turnover rate marginally improved to 9.64% and remains below the Trust target, benchmarking well against other London acute Trusts.
- The sickness rate remained stable at 3.56% but continues to track above the long term average, as well as above target. Management teams receive monthly updates on sickness episodes and are required to address areas of concern.





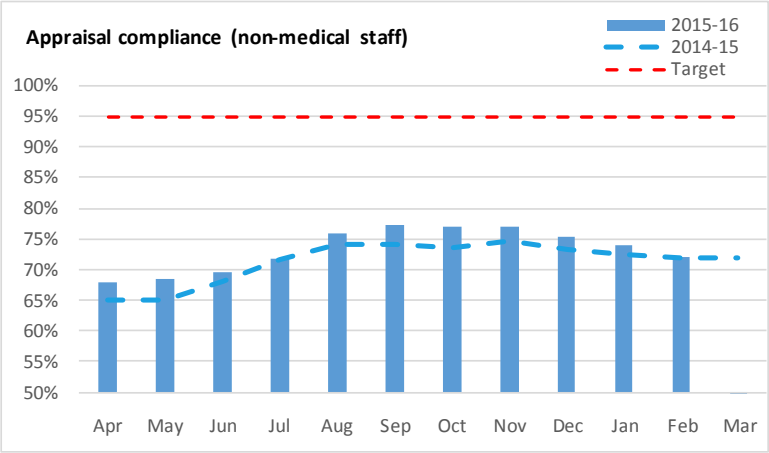


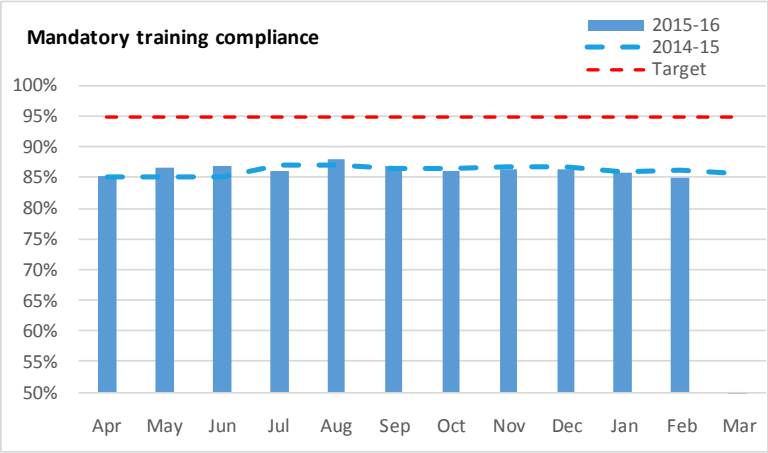


5.3 Workforce indicators (b)

- Personal Development Review (appraisal) compliance rates for February continued to show a small reduction on the month before, falling to 72.14%; however this was higher than the same month last year. The Trust has yet to achieve its target of 95%. Communication regarding the importance of PDRs continues to be raised across the Trust as well as encouragement for staff and managers to report compliance to the central database to ensure accurate rates are reported.

- Mandatory training reduced slightly to 84.94% with compliance remaining below Trust target level of 95%. Four Directorates have now achieved over 90%, with a further 13 achieving over 85%.





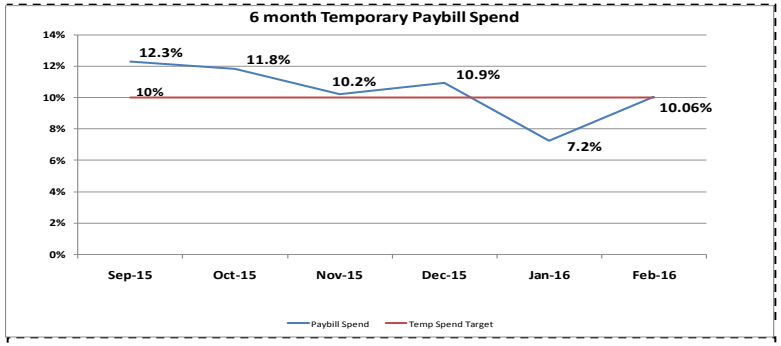
Quarterly report: Temporary staffing

Information Owner (Eric Pirozzoli)

- **Where we want to be: targets and benchmarks**
  - The Trust has set a stretch target of <10% for temporary staffing spend which includes bank and agency spend. This is to ensure that we maintain safe staffing levels but ensure that we recruit and retain a stable workforce and keep costs within paybill.
  - In February 2016, temporary staffing spend was reported 10.06% of the total paybill. Agency costs accounted for £2.75 million of the spend in February This is based on financial information including accruals.
- **Trends and patterns**
  - 10.06% represents an increase on the previous month, however is lower than the 12 month average.
  - Nursing Agency spend continues to be well controlled with the Trust spending over £1m less than in the same month last year. All other staffgroups showed a decrease on Agency spend over the same period.
- **Root cause analysis and insights**
  - The main reason for temporary staffing spend is associated with vacancy cover.
  - Other main reasons include activity which relates to covering extended services (e.g. 3 session days or weekend working) where this is either ad hoc or not planned into the existing workforce (PCCP) and also where patient acuity may be high and require the use of specials (Acute).
- **Risks or opportunities for the Trust**
  - Although ensuring safe staffing levels, the high usage of temporary staff needs to be monitored to ensure there is no detrimental impact on financial spend and quality of patient care and experience. It is expected that temporary staffing usage will show an increase in March, following a standard seasonal pattern.
- **Actions set and progress to date**
  - Weekly monitoring of temporary staffing is in place, with updates provided to the Board on usage and shifts exceeding the Monitor caps. Planning for the implementation of the April reduction to clinical staff caps have been implemented.

Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

White – Not started
Red – Not successfully completed / facing significant issues
Green – Successfully underway/completed
Amber – Underway / completed with minor risks or issues



Benchmark (January 2016)

% Temporary Staffing Spend	Jan-16
Chelsea & Westminster	11.80%
Imperial College Healthcare	12.80%
Univ. College London Hospital	11.20%

Directorate Heatmap-February 2016

Directorate	Temporary staff (% of paybill)
Community Adults	26.3%
Essentia	22.3%
Acute Medicine	18.9%
Cardiovascular Services	12.1%
Womens Services	9.7%
Therapies	8.9%
Clinical Imaging & Med Physics	8.9%
Corporate Directorates	8.8%
PCCP	8.1%
Abdominal Medicine and Surgery	6.9%
Medical Specialties	6.9%
Surgery	4.7%
Evelina London	4.1%
GRIDA	3.8%
Oncology & Haematology	3.8%
Pharmacy	3.0%
Dental Services	2.3%
Trust	10.06%

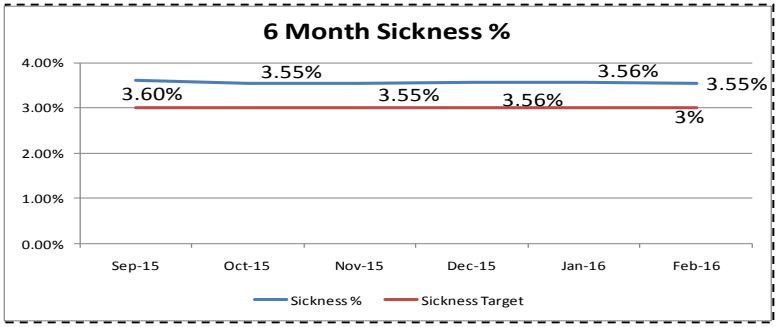
Quarterly report: Sickness

Information Owner (Eric Pirozzoli)

- **Where we want to be: targets and benchmarks**
  - The Trust has set a stretch target of <3% for sickness rates. This is an ambitious target that compares favourably with the current NHS average sickness rate of 4%.
  - In February 2016, the sickness rate was reported at 3.55% .
  - **Trends and patterns**
  - The sickness rate of 3.55% is higher than the 12 month average rate of 3.39% and has been above average for the last 6 months.
  - Long term sickness absence accounted for 50 % of days lost in February.
- **Root cause analysis and insights**
  - The main reason recorded for sickness is back and musculoskeletal problems (17%) while anxiety/stress & depression accounted for 10%.
  - However 54% of sickness days did not have a reason recorded.
  - Sickness rates are highest for Estates & Ancillary staff at 5.6% and Additional Clinical Services staff (Healthcare Assistants) at 6.7%, while Medical and Dental staff rate was reported at 0.7%
  - Bands 1-3 staff sickness rates were all above 5% in February
  - Estimated Cost of Sickness in February was £1.1 million
  - During February sickness cover accounted for 69 WTE of temporary staff booked.
- **Risks or opportunities for the Trust**
  - Sickness absence rates are expected to reduce over the coming months in line with standard seasonal patterns.
- **Actions set and progress to date**
  - Monthly sickness trigger reports are distributed to managers showing staff who have triggered against the sickness policy due to either days or number of episodes absent over the last 12 months. Management are expected to review this and take appropriate action.
  - The Sickness policy is currently under review to identify opportunities to improve absence management within the Trust.

Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

White – Not started Red – Not successfully completed / facing significant issues
Green – Successfully underway/completed Amber – Underway / completed with minor risks or issues



Benchmark (January 2016)

% Sickness	Jan-16
Chelsea & Westminster	2.49%
Imperial College Healthcare	3.40%
Univ. College London Hospital	3.20%

Directorate Heatmap-February 2016

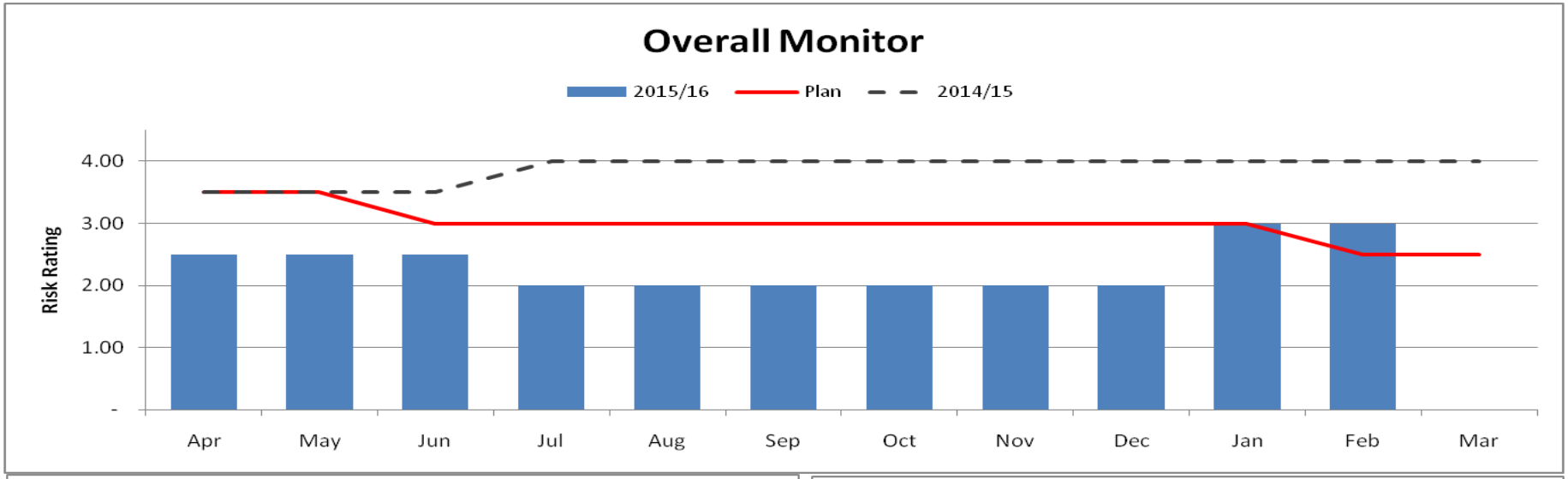
Directorate	Sickness rate
Community Adults	5.30%
Essentia	5.02%
Acute Medicine	4.34%
Dental Services	4.18%
Abdominal Medicine and Surgery	3.74%
Pharmacy	3.67%
Surgery	3.31%
Evelina London	3.30%
Medical Specialties	3.29%
PCCP	3.28%
Corporate Directorates	3.19%
GRIDA	3.17%
Womens Services	3.03%
Cardiovascular Services	2.80%
Oncology & Haematology	2.59%
Therapies	1.96%
Clinical Imaging & Med Physics	1.87%
Trust	**3.55%**

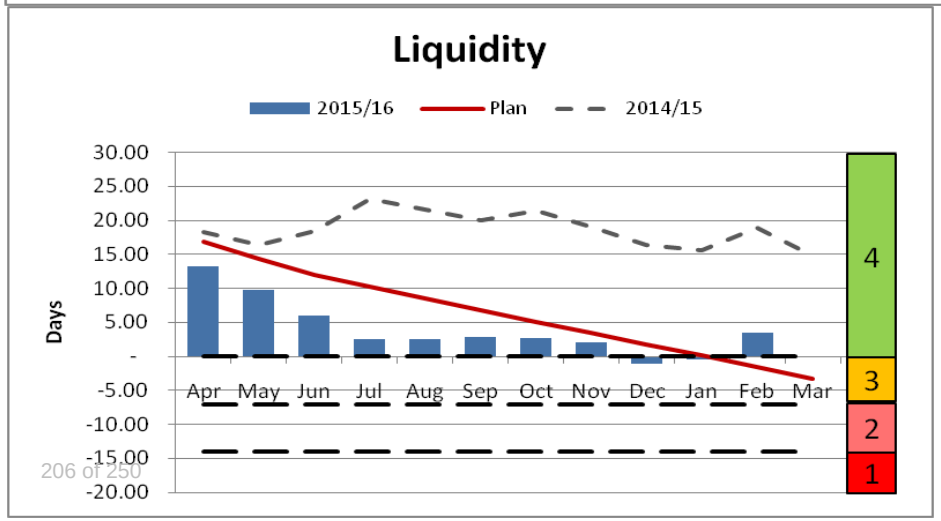
Domain scorecard

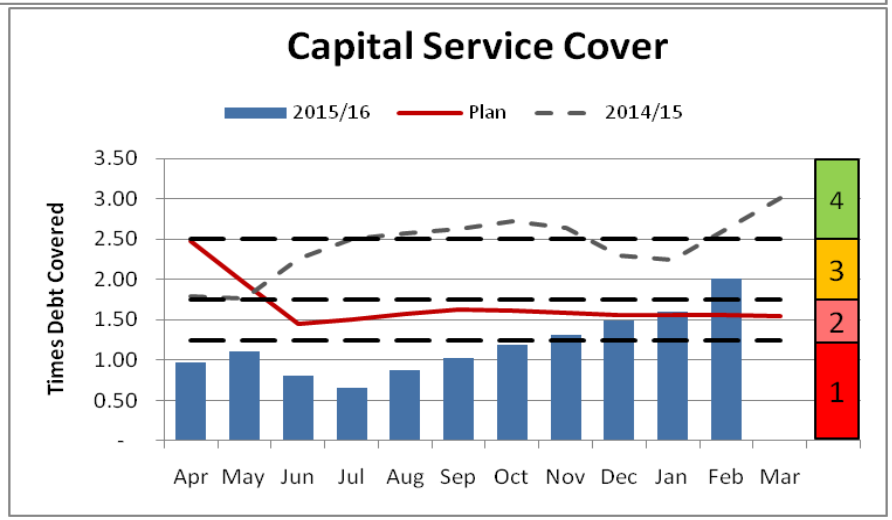
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor	Quality priorities	Trend chart
6.1 Overall financial position	MRRT	Monitor continuity of service risk rating	Score	>3			3.5	2.0	3.0	4.0	2.4			Y
	LQRT	Liquidity ratio (in days)	Days	>0			17.4	-1.0	-0.4	3.5	4.0			Y
	DSCT	Capital service cover	Ratio	>2.59			2.2	1.48	1.60	2.01	1.18			Y
	FIN01T	Overall underlying financial surplus/(deficit)	£M	>£17.51m			-£0.5	-£16.0	-£15.0	-£6.6	-£14.2			Y
	CSHT	Cash flow	£M	>£143m			£126.1	£96.0	£113.0	£130.0	£102.9			Y
	CAPT	Capital spend vs plan (year-to-date variance)	Mthly %	+/- 15%			78.6%	68.9%	64.8%	63.7%	79.2%			Y
	VRPT	Variance from Plan	Mthly %	> 0				-1.14%	-0.81%	0.18%	-1.4%			Y
	UNPT	Underlying Performance	Mthly %	> 0.6%				-0.5%	-0.2%	0.8%	-1.0%			Y
6.2 Activity levels (magic numbers)	560	Elective activity vs profiled plan - cumulative variance	Cum var %	>0%			-	-1.2%	-1.4%	-0.4%	-0.4%			Y
	606T	New patients seen vs plan (all categories, in arrears)	Mthly var	>0			-	-1,090	194		-1,220			Y
	714	External cons referrals	Number	>last yr			1,752	1,904	2,003	1,766	1,917			Y
	713	GP referrals	Number	>last yr			14,404	15,310	17,017	18,141	16,032			Y
6.3 Fit for the Future	CIPSTC	Cost improvement plans (CIPs) - var to plan YTD	£M	>£0m			-£5.2	-£18.0	-£21.0	-£23.6	-£14.6			Y
6.4 Data quality and clinical coding	CMI024	Community data completeness - % contacts outcomed	Mthly %	≥ 95%			93.3%				69.4%			Y
	712	NHS number coverage	Cum %	>98%			97.4%	97.5%	97.6%	97.4%	97.7%			Y
	710x	Clinical coding - diagnostic depth (in arrears)	Ratio	>4.5			4.51	5.07	4.87		4.94			Y

6.1 Overall financial position (a)

An overall Financial Sustainability Risk Rating of three has been achieved at month eleven, which is in line with plan. Negative liquidity is due to changes in working balances, the cash position is £130M, an increase of £17.0M.

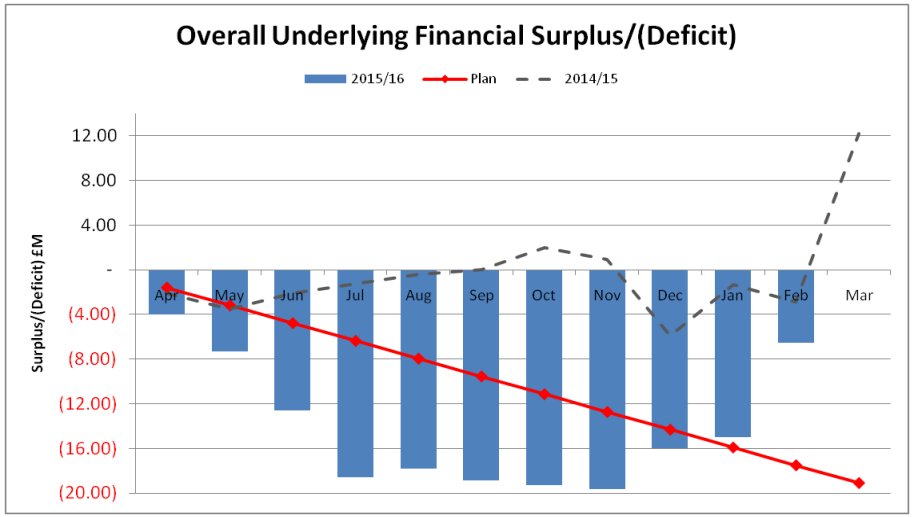


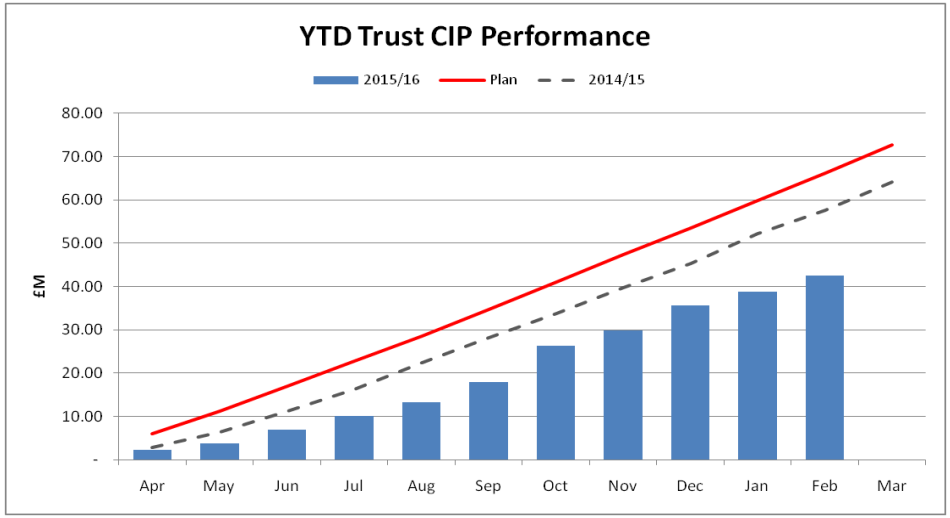


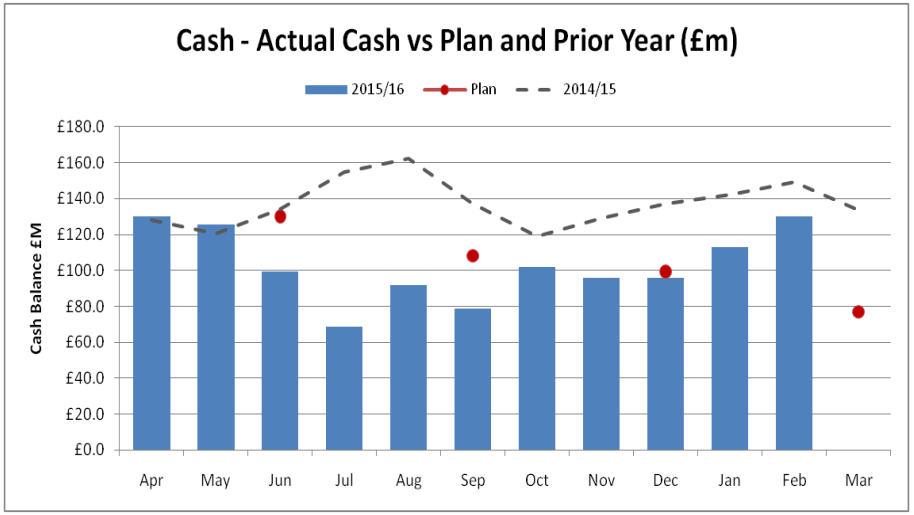


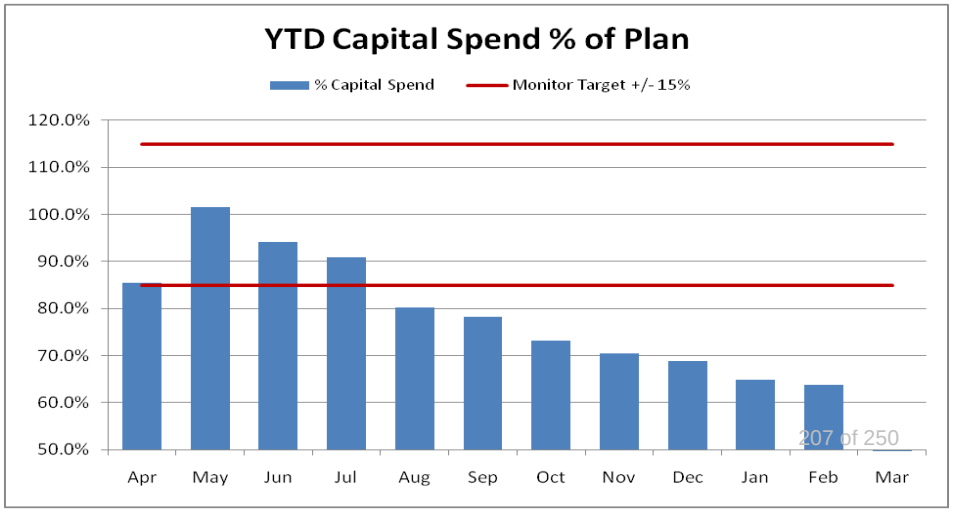
6.1 Overall financial position (b)

A loss of £6.6M has been recorded at February, which is £10.9M better than the planned loss of £17.5M, in February a surplus of £8.5m was achieved driven by the receipt of £8m from DoH in respect of capital slippage and a reduction of £3.7m PDC from the estate revaluation. The cash position at £130M is ahead of the plan of £84.0M. Capital expenditure as a percentage of plan has fallen below the Monitor threshold of 85% (to 65%). A reforecast of the Capital plan may need to be considered having breached the threshold.



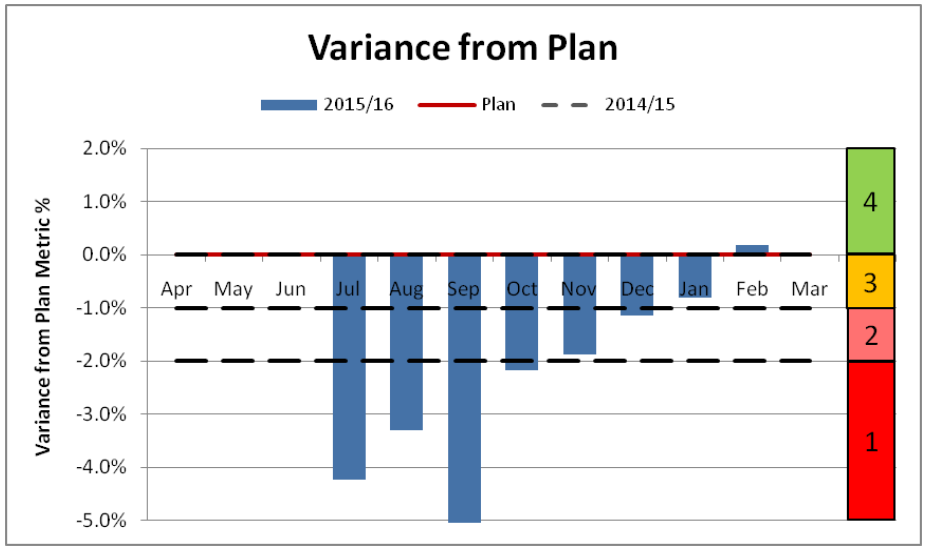


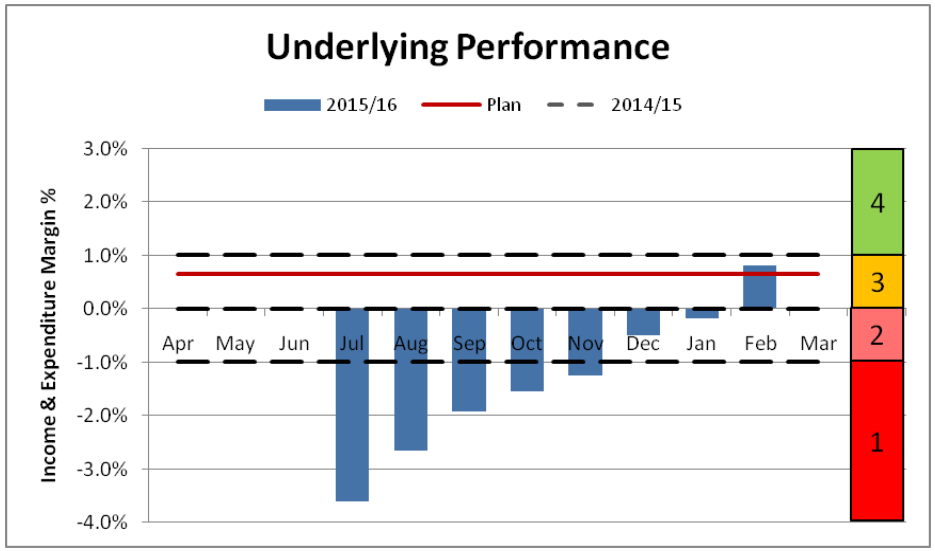




6.1 Overall financial position (c)

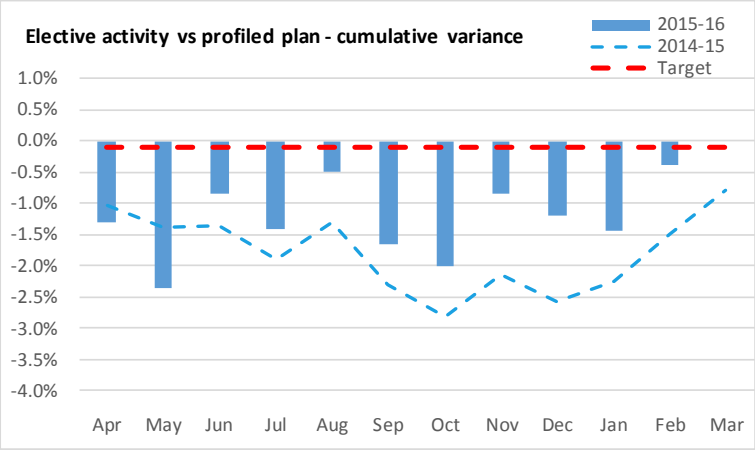
A loss of £6.6M has been recorded at February, which is £10.9M better than the planned loss of £17.5M, in February a surplus of £8.5m was achieved driven by the receipt of £8m from DoH in respect of capital slippage and a reduction of £3.7m PDC from the estate revaluation. The cash position at £130M is ahead of the plan of £84.0M. Capital expenditure as a percentage of plan has fallen below the Monitor threshold of 85% (to 65%). A reforecast of the Capital plan may need to be considered having breached the threshold.

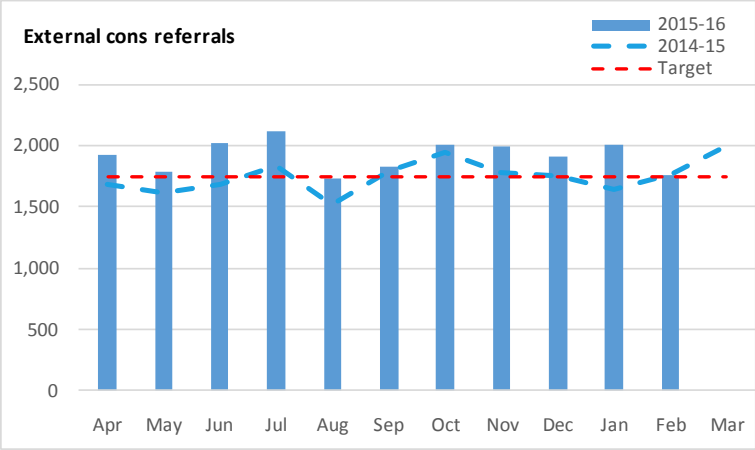


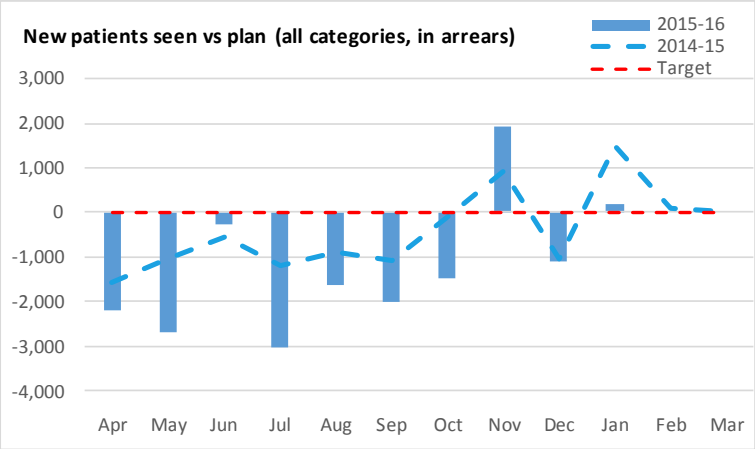


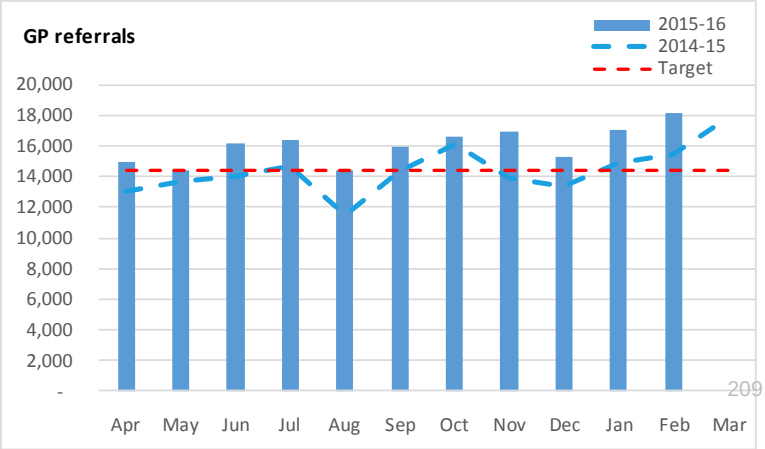
6.2 Activity levels

- We have improved on the cumulative variance against plan for both elective admissions and outpatients with the volume of patients being treated having increased significantly compared to last year.
- Demand – as measured in referral volumes – has risen during Quarter 3. This increases the level of concern around our ability to provide enough capacity to meet this further growth. February shows continued growth which is currently being explored with commissioners.
- Directorates have reviewed their activity plans to address any shortfalls. Extended working patterns in theatres and additional outpatient clinics are the main measures being adopted to increase the volume of patients treated. This continued to be high and is expected to continue throughout Quarter 4.



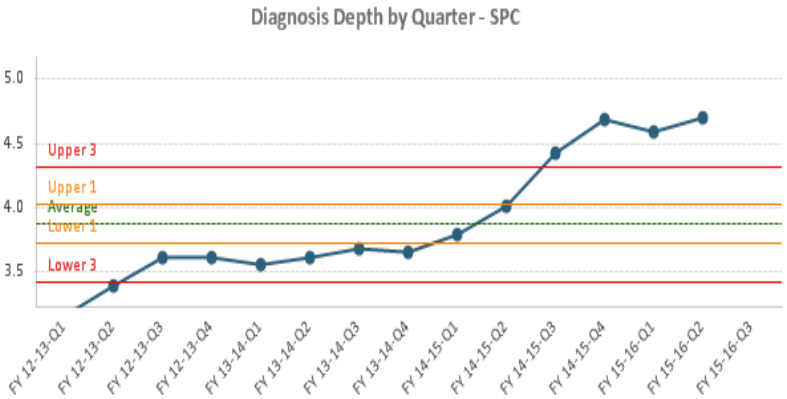


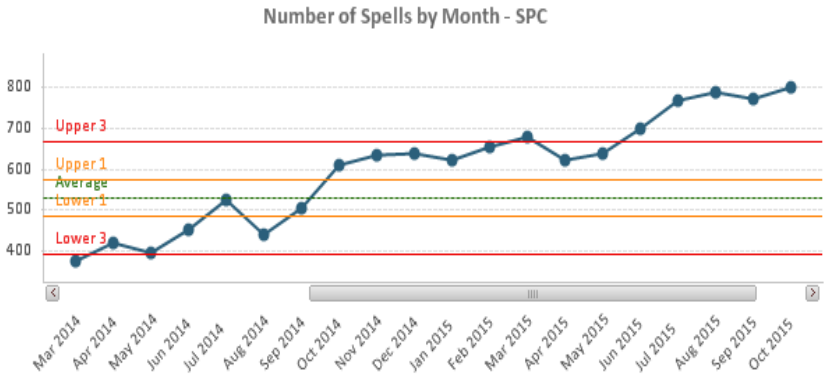


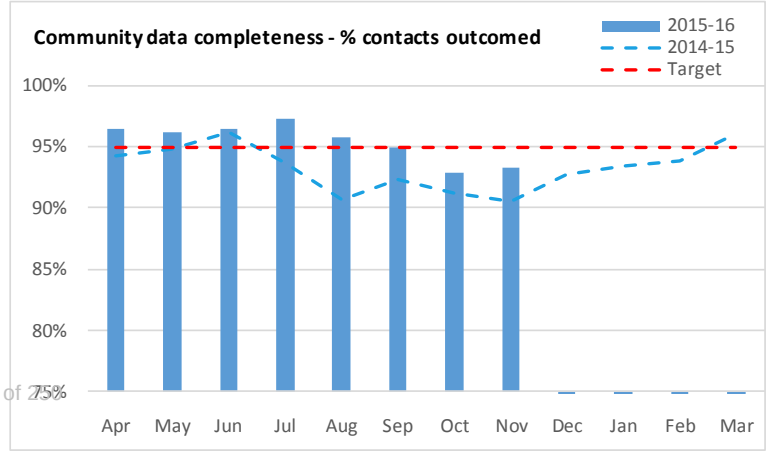


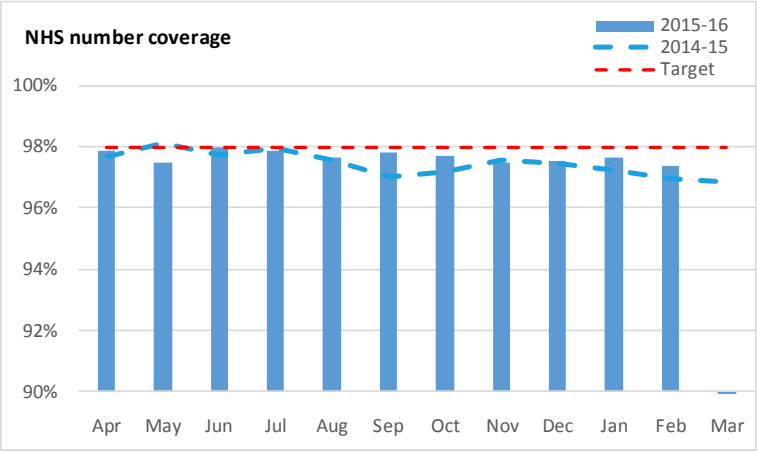
6.4 Data quality and clinical coding

- Accurate and complete clinical coding of our activity is important to ensure patient safety, accurate benchmarking and appropriate payment for the services we provide. Improving the quality of all our data ensures that the information on which we base decisions is reliable.
- Diagnostic depth - the average number of diagnoses recorded per admitted episode - increased markedly during 2014-15 (top left) and we have re-set targets for further improvements in 2015-16. Capture of smoking status is being used as a lead indicator for how well we are capturing co-morbidities, especially by non-medical staff (top right). This showed a material improvement from September of last year and we are expecting to see further improvements as a result of more structured capture of patients' underlying medical conditions within E-noting.
- NHS number coverage (bottom right) in February was 97.4% close to the target level of 98% overall. Particular measures are in place to try to improve capture of accurate demographic information amongst patients attending our A&E departments.
- Within the community setting, the capture of outcomes from patient contacts is our key indicator. For February, performance improved slightly (bottom left) The drop is linked to the transfer of information from Rio which was the old community IT system to Advanced Care Notes towards the end of November.









An 'at a glance' representation of the current status of key services that Essentia delivers

Essentia 'Heatmap'

Cleanliness

Monthly scores are consistently above target. The Trust scored strongly in the 2015 National Survey and 2015 PLACE

Patient Catering

Monthly patient feedback is consistently above target. The Trust scored strongly in the 2015 National Survey and PLACE

Waste

Waste Management Team awarded with Carbon Trust Standard which is a mark of excellence for the reduction of carbon emissions

Customer Services

KPIs for response to incoming telephone calls not being met due to staff shortages. Active recruitment in hand

Sterile Services

Challenging non-conformances targets successfully met for 11 of the last 12 months. Turnaround times not achieving internal KPIs

Patient Transport

Issues with patient arrival and departure performance. Being addressed through the new PTS contract, which is now operational and being closely monitored

Infrastructure & Space

The Estate Infrastructure is under growing pressure – both operationally as a result of the growth in clinical activity, and strategically as additional demands for space emerge across the Trust

Engineering Team

The capacity of the senior Engineering team is under significant pressure as a result of daily operational issues due to the ageing infrastructure, as well as growth in clinical activity

Lifts Performance

Performance being maintained at ~ 95%. Eight passenger / goods lifts replaced in FY 15/16. ***However****, Tower lifts capacity is an issue, options are being considered to identify suitable solutions*

Community

Service delivery of maintenance and cleaning services consistently good. New contract for Building Maintenance secured

Cancer Centre

Build programme on track for commissioning in April. There is a concern that there is insufficient funding to maintain the building to an NHS Standard.

Workforce

Nearly 50% of Essentia workforce responded to the Trust Staff Survey and the results are consistent with the Essentia Way Survey, indicating some positive improvements year on year in our staff engagement scores

Essentia 'Heatmap'

IT Operations

The increased demand for products and services, the recent integration of the CSU helpdesk, and the loss of key contractors is placing the senior team under considerable pressure, which is adversely affecting the current recruitment drive within IT (linked to the Monitor agency cap)

IT Capital

The IT Capital programme currently has a complex set of interdependencies, and a major hardware failure in the Data Centre programme is having a series of impacts on other areas, including the Faster IT (FIT) programme

Evelina

The conversion of the 6th Floor of Evelina to ward accommodation will begin from September 2016 following the relocation of staff to Becket House

Emergency Care Pathway

Emergency Care Pathway Phase 3 is progressing in line with programme which is due for completion in July 2016

Capital

On track to deliver a capital programme in 15/16 in excess of £100m, with plans in development for the next phase of the Investment Strategy. Innovative funding sources are being considered.

Backlog Maintenance

The FY15/16 Backlog programme has been delivered. £13.9m of Backlog funding approved for the FY16/17 on acute and community sites

Finance

Good progress has been made on delivering Essentia's financial target for 2015/16. Essentia is on track to deliver its programme of £4.8m savings - in addition to contributing £1.9m towards the Trust's Fixed Cost Challenge.
The forecast outturn projection for the year end is likely to show Essentia as being £1m away from its target for those costs which are within its control. There are other unforeseen cost pressures, for which funding will be sought in the new financial year

Implementation of Site Based Management Structure

Following the appointment of Peter George Jones as Essentia's Chief Operating Officer in 2015, a consultation process was launched in January with the aim of reconfiguring Essentia's operational team and improving the way in which Essentia serves the Trust and our patients, to make Essentia more efficient and responsive, and to bring it into line with industry best practice. The consultation is addressing a number of opportunities that have been raised by customers within the Trust over recent months, including the need for Essentia to be more visible and accessible, to provide a single point of contact for all operational matters and sources (including IT and Capital), to improve the coordination of Hard FM (e.g. maintenance and fabric works) and Soft FM services (e.g. cleaning and portering), and to strengthen technical engineering expertise. The over-riding aim is to streamline through consolidating and coordinating the delivery of all operational services (including IT and Sterile Services) into one area, to ensure the consistency of operating standards across the whole of Essentia, and to put customers first as part of The Essentia Way.

Specifically the consultation process is introducing a new senior management structure within the Chief Operating Officer's area, which creates new roles for a Facilities Services Director and a Chief Engineer to strengthen leadership. In addition, two Site General Managers will report into the Facilities Services Director and will lead the delivery of Essentia operational services on each of the Guy's and St Thomas' sites, with Essentia services to Community customers being delivered by a dedicated General Manager from within the Guy's operational structure. The new arrangements also provide a clear focus for Health & Safety management, which will be supported by the Trust's Health & Safety Manager.

The consultation process is making good progress, and interviews for the key roles have commenced. Peter Bennett has now been appointed to the Facilities Services Director's role, and he has commenced the appointment of the lead managers within his new structure. The aim is to have the new structure substantially in place by the beginning of June.

Patient Transport Service (PTS)

The new PTS contract commenced on 1st December. The procurement process was itself highly challenging, and the introduction of the new contract arrangements caused a number of operational disruptions which had a negative effect on patients' experience. The PTS team has worked very hard with the supplier to address these issues, and they have resolved many of the initial problems encountered during the first month. A much greater degree of operational stability has now been achieved.

However, there are still a number of known issues which are adversely affecting the patient experience and overall performance scores. These were compounded in February by activity levels across the entire service, which were unusually high (50 journeys per day up on trend). The result is that the Trust's primary external transport provider is still struggling to meet the performance standards which are stipulated in the contract, and this impact is evident in the Friends and Family score. This is being evaluated on a monthly basis with regular meetings with the supplier to ensure service is being delivered to our expectations and as per the contract.

Frequent performance reviews are in place with all of the service providers, focusing on driving performance improvement and consistency. During the last month new vehicles and additional drivers have been introduced across the service, and dedicated driving teams have been embedded in each of the five renal units.

The renal service, which represents nearly half of the 6,000 journeys completed per week, has experienced specific issues around arrival and collection times. The PTS team and transport provider are working closely with the clinical teams to resolve these issues.

Health Records

The Health Records Strategy and Policy, originally written some years ago, has been updated and approved by the Information Governance Committee (IGC). A major review of the Strategy will be undertaken in 2016/17. The ultimate goal is to provide an all encompassing electronic health record with appropriate role based access control codes making it accessible and available irrespective of when or when it is needed. The ambition for an all encompassing electronic health record is reliant on the Digital strategy which was presented to the Board of Directors in March 2016, which is making good progress and relevant governance arrangements are being worked up. The Policy itself was reviewed and also approved by the IGC and TME.

Delivery of Health Records to Outpatient Clinics and Theatres

The provision of health records in a timely manner for outpatients has been an issue historically and problems were also experienced in February, largely as a result of sickness absence and unevenly allocated annual leave. Measures have been taken to prevent a reoccurrence. Also of concern is the cancellation of a number of surgical operations in recent weeks due to the required records not being located. Root Cause Analyses are in hand to identify the actions required. A dedicated team of staff deals with all records for surgical operations, and records are normally delivered five days ahead of when they are needed. An escalation process is in place where an operation or appointment might be cancelled due to unavailability of health records.

Culling - The Health Records Library at St Thomas' is grossly over-crowded, having an impact on the ability of staff to find and file records. A programme for culling inactive records from the library has started. The aim is to complete the first phase of culling in April, involving 60,000 records being moved to storage in an off-site facility.

Transfer to Electronic Records

A key element of the Health Records Strategy is to effect the transfer to electronic records where appropriate. Work is underway, for example, to use BadgerNet Maternity as a full electronic patient record (EPR) for babies, which will mean paper records will no longer be created. In parallel, work is in hand with colleagues from the Dental Department to finalise the roll out plan of SALUD (an EPR) in all areas of the department. This includes agreeing a training plan to teach Clinicians how to access scanned dental records via a portal in Salud, agreeing a date to cease the creation of paper records ,and developing an archiving strategy for all inactive records.

Backlog Maintenance Programme

The Essentia 'Heatmap' demonstrates that there are concerns regarding increasing pressure on the Trust's Estate infrastructure – significant investment is required to address the current backlog of infrastructure issues, including the need to increase lift capacity (incorporated in the wider site redevelopment strategy to provide flexible capacity). £8m of Backlog Maintenance projects were planned and undertaken in 2015/16, all delivering improvements to the Trust's engineering systems infrastructure in order to ensure that the increasing volumes and tempo of the Trust's clinical activity can be delivered safely. Key projects include three replacement lifts, mitigation of fire compliance issues, and water system upgrades in line with legionella and pseudomonas requirements.

Looking ahead at future plans to strengthen the resilience of the Trust's Estate infrastructure in the coming twelve months, a major piece of work has been undertaken with the Site Nurse Practitioners team to prioritise a programme of capital works for 2016/17, drawing also on the full external engineering survey that was taken some two years ago. The Investment Portfolio Board has approved a Backlog Maintenance programme of £13.4m for the acute sites and £0.5m for community sites. Separate allocations have been approved for IT (£10m) and Medical Devices (£14.5m).

Key projects will include the replacement of eight passenger and goods lifts that are in excess of 40+ years old within Tower Wing, North Wing and East Wing. Medical Gas replacement plant will also be installed in North Wing and Southwark and Bermondsey Wing. All cooling plants containing R22 refrigerant gas (now a banned gas under the Montreal Protocol due to its Ozone depleting properties) will be replaced, as will steam condensate piping in Lambeth Wing. Other projects will include the replacement of heat exchangers that have reached their end of life, and a programme of remedial works in Operating Theatres to improve various aspects of compliance.

Energy Performance Contract

The Trust's programme to deliver energy efficiency in conjunction with British Gas is well underway and will run until the beginning of 2018. The project is one of the most ambitious in the UK, and it aims to deliver over £1.3m of energy savings per year and to reduce carbon emissions by a further 10%. Some 50% of the savings are due to be delivered in FY 16/17, and these form part of Essentia's contribution to the Fixed Cost Challenge project. Projects such as improved lighting and heating controls will not only reduce costs and carbon, but will also improve clinical care and enhance wellbeing for staff and patients. A new pipework lagging scheme has recently been included within the programme of works, and it will improve insulation across 15 plant rooms.

Delivery of the Trust's wider Sustainability Strategy is overseen by the Sustainability Governance Group, chaired by Sir Hugh Taylor. Proposals for delivery of the next phase of the sustainability programme are being submitted to TME, and they include the development of local action plans, and the production of sustainability 'heat maps', which will help to highlight performance in areas such as office supplies and waste. The Sustainability Team will also provide bespoke training to those teams such as Housekeeping, Engineering and Catering, which have the potential to deliver significant efficiency improvements.

Cancer Centre: delivery and installation of the Linear Accelerators

Cancer Centre

Delivery of the £160m Cancer Centre is progressing well, with Laing O'Rourke on target to hand the building to the Trust on 18 April. The six radiotherapy machines (linear accelerators) were delivered and installed in March, representing a significant milestone for the major medical equipments. The linear accelerators have been successfully installed on the second floor (see photographs below opposite), a key design decision following patient feedback. The Trust's Cancer Centre will be the first in Europe where radiotherapy treatment is provided above ground, and the new machines have the ability to rotate around a patient to deliver radiotherapy from nearly any angle, allowing for more precise and targeted treatment. This means a more comfortable patient experience, since treatment time is reduced.

Following the handover, a six week 'soft landing' period will take place, where the contractor will work alongside the Essentia Project Management & Operations teams to transfer systems knowledge relating to the full functionality of the building - including maintenance and training. This will occur in parallel with the final phase of fit out, including the installation and testing of medical equipments; extensive art work being fitted within the whole building; all the new integrated technology being integrated; the remaining non-major medical equipment and furniture being positioned; clinical staff being trained on the use of specific equipment; other staff to be inducted to the new building, and final preparations and dry runs taking place ready to greet patients when they arrive in the facility when it opens in autumn 2016.

In parallel with completing the build phase, Essentia is now also focusing on configuring the full suite of support services (e.g. maintenance, housekeeping and catering) to sustain the facility when it opens. **There is a concern that there is insufficient funding to maintain the building to Condition B, the NHS standard.**

Workforce

Recruitment to Project and Programme Managers within Capital Projects has been successful following the application of recruitment and retention premia. Our main challenges now lie in recruiting to IT and Engineering. Recruitment to Technology is underway and at present 36 roles are being advertised. To date there have been 363 applications, and our resourcing partner Omni have longlisted 199 CV's which IT Managers have reviewed. 57 candidates are currently being interviewed and it is hopeful that appointments will be made shortly.

Similarly we have advertised a number of our engineering posts and successfully recruited to a number of our skilled trade staff, although options are being considered for more senior roles which there has been a lack of applications for. Essentia is continuing to work in partnership with Southbank Engineering University Technical College (UTC) to develop the curriculum and establish a talent pipeline for the Engineering team. 2 exciting employment projects to engage students in the workplace environment have been developed in conjunction with the UTC.

We have also successfully TUPE transferred a number of staff into Essentia following bringing in-house cleaning services from Interserve and also staff employed from Synergy following sterile services successful bid to provide services to North Middlesex Hospital.

Essentia Leadership Academy ensures our leaders are equipped to lead and manage their teams and departments. Over the last 6 months we have focused on a specifically designed programme "Good to Great" for 12 of our managers within Engineering focused on developing leadership behaviours. Essentia's apprentices took part in National apprenticeship week with 3 of our apprentices winning awards.

688 members of Essentia staff also responded to the Trust staff survey and results have shown consistent messages received from the Essentia Way survey indicating some positive improvements year on year in our staff engagement score. Our key actions will be focused on ensuring staff feel we provide equal opportunities for career progression and promotion and ensuring staff feel able to contribute to improvements at work.

The Essentia Way

The Essentia Way programme was launched in 2013 to understand from our staff how we can make Essentia a great place to work, and how we can improve the way we deliver our services to the Trust and other customers. In summary, '*The Essentia Way is about working together, doing it well and looking after each other'*. Every year, a survey and a set of focus groups help us to identify areas where we can further improve the quality of our services, and how we can engage effectively with our staff. In 2015, we developed an action plan to cover the following:

- speaking up
- senior management visibility
- training and development
- decision making and getting things done
- working together
- customer focus

Every month, our team leaders update staff on how we are progressing with these actions.

Particular areas of focus over recent months have been:

'Engaging our teams' – we have delivered a programme of communications training to help managers understand how important it is to engage with their teams and to help them in doing so. The plan is for all Essentia managers to attend the course by the end of April.

'30 Things' action plan – senior managers have led on delivering the '30 Things' – issues that staff have asked us to address, and every month we provide an update on one or two of these actions to all Essentia people.

In April 2016, we will be holding roadshow meetings across all sites and shifts in order to reflect on what we have achieved and where we need to focus more effort in future. We will also use the roadshows to launch the 2016 survey, which will run from 4 May for three weeks . We will then report on the results in July, and will produce a new action plan to maintain our focus on developing and embedding *The Essentia Way*.

6.5 Essentia Patient Services: Cleanliness

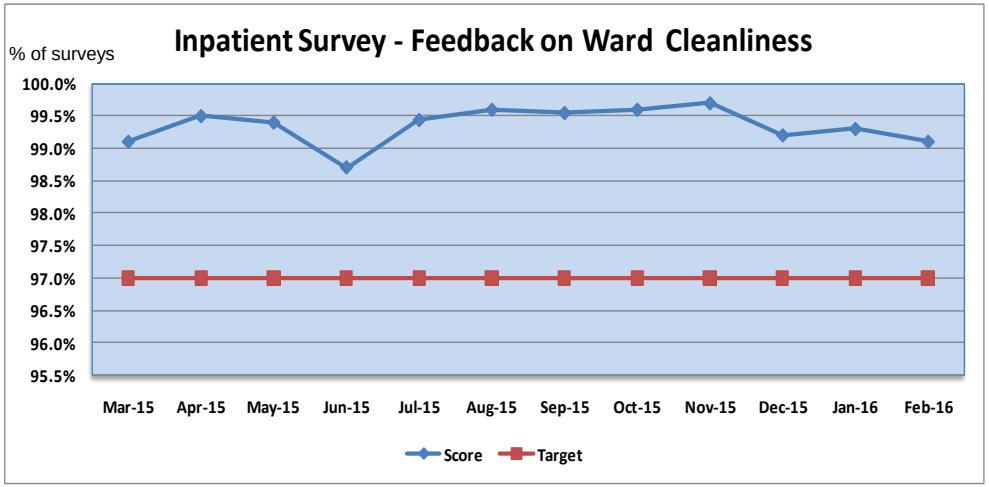
Summary:

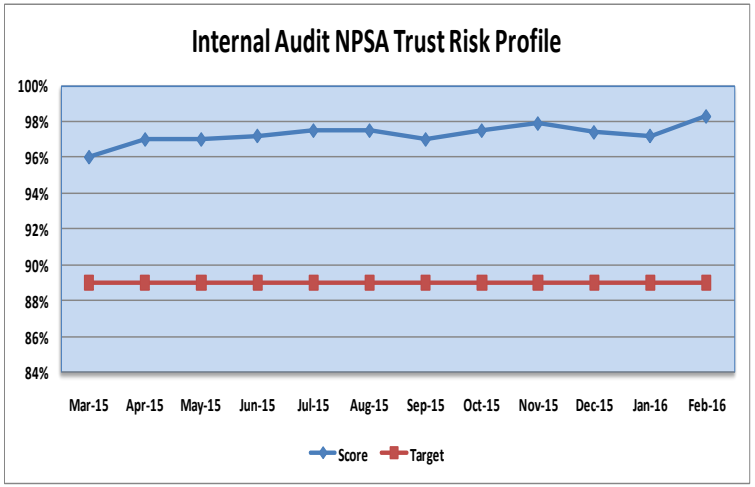
- Cleanliness scores continue to meet and exceed the performance targets, both as measured in the monthly Inpatient survey and in the internal audits which are undertaken by Essentia staff. The monthly Inpatient Survey for cleanliness is conducted via 'Meridian', an on-line survey that is available on patients' bedside entertainment systems. In February, 2898 inpatients completed an on-line survey, and over 99% stated that the cleanliness of their ward was 'fairly clean' or 'very clean'.
- Essentia's team of specialist internal auditors assess cleanliness against a range of National Patient Safety Authority (NPSA) standards. The results of their audits is shown in the graph below, with an aggregate score of 98% being achieved in February.

Action and Progress to Date:

• Each clinical area has a risk rating (low, significant, high and very high). By taking the area of each category and applying the risk rating, this gives an NPSA score for the site.

•The Trust has scored strongly for cleanliness as reflected in the National Inpatient Survey 2014, as published by the Care Quality Commission (CQC).





6.5 Essentia Patient Services: Catering

Summary:

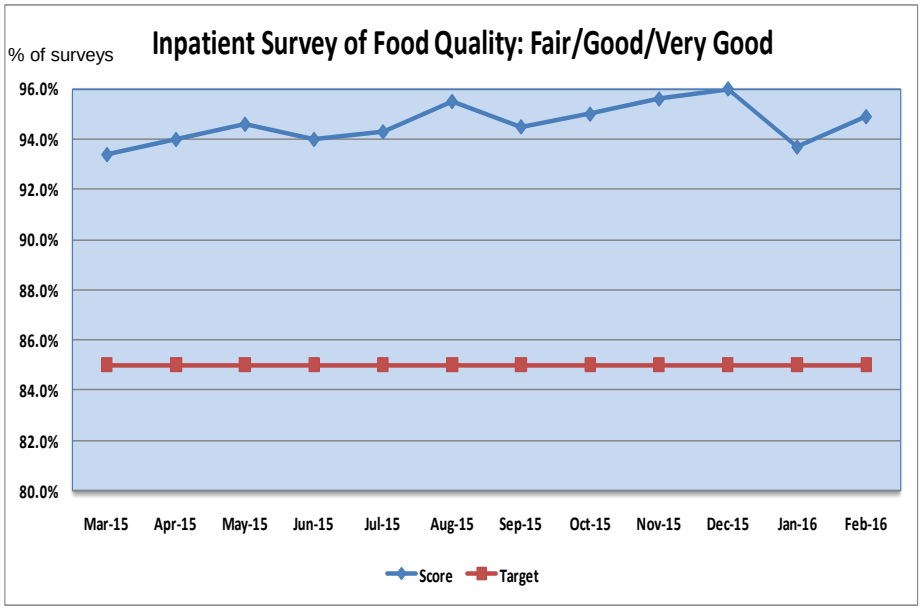
- Inpatients' feedback on catering services (undertaken via the Meridian online survey) demonstrates a performance consistently above the locally set target of 85%. In February, 1,448 inpatients completed the on-line survey, and almost 95% stated that the food they received was 'fair', 'good' or 'very good'.
- The Trust scored strongly for catering as reflected in the National Inpatient Survey 2014, as published by the Care Quality Commission (CQC).

Action and Progress to Date:

• The Trust has received the 2015 PLACE results and scored 92.61% for food and hydration, the second highest among London Commissioning Group for NHS Hospitals.

• Patient feedback on catering is gathered monthly through Meridian (survey & free text), Hospedia (poll, survey & free text), in house surveys carried out by supervisors and feedback from clinical meetings such as EWP (Excellent Ward Project), Nutritional Steering Group & Management ward visits.

• The Catering team is fully engaged in supporting the Trust's Food and Nutrition Strategy and is working towards a 'Bronze' Food For Life Catering Mark award. This award is closely linked with the Government Buying Standards for Catering which focuses on compliance & national standards for food & nutrition for health & well being delivered to patients, staff & visitors. It focuses on sustainability, ensuring farm assured meats are used, local produce, carbon footprints measured and raw energy efficiency.



6.5 Essentia Patient Services: Patient Transport Services

Summary:

- The new Patient Transport Service (PTS) contract commenced on the 1st December 2015. The new service is delivered by three providers: Savoy Ventures (75%), Essentia in-house (20%) and Private Ambulance Service (5%).
- The new contract contains enhanced service standards which have been introduced and monitored over the initial three month mobilisation period (December to February) During these three months the performance for patients arriving within 90 minutes prior to appointment, has been adversely affected. As a result ,performance is continually being measured and monitored against the pre-contract KPI's in order to assess the stability of the service throughout this phase.
- The principal KPIs in the new contract are:
  - 95% of patients should arrive no earlier than 45 minutes before their appointment and no later than 15 minutes before.
  - 95% of patients should depart within 30 minutes of reporting ready to travel.

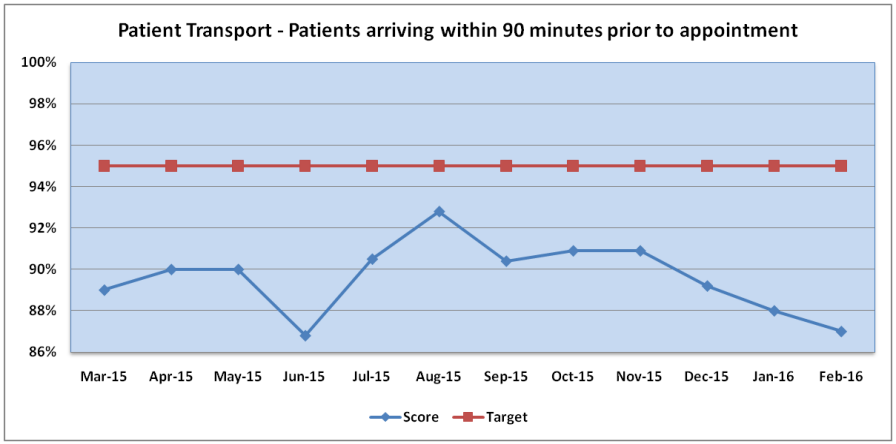
Action and Progress to Date:

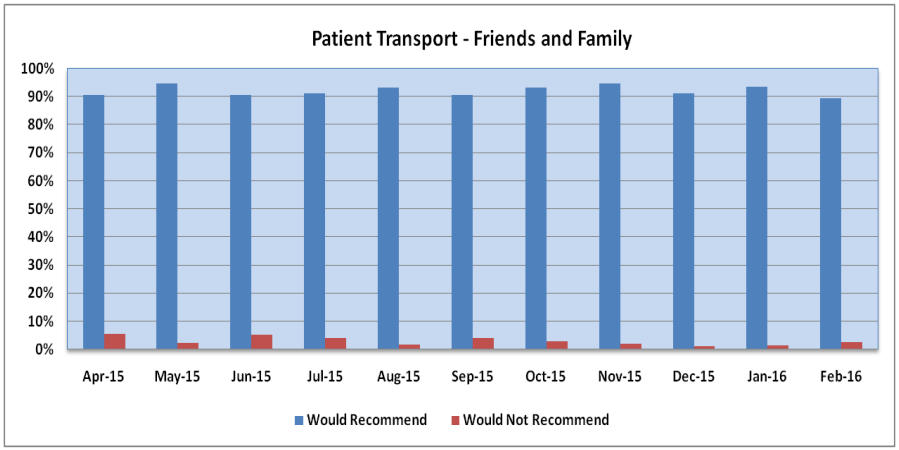
• Activity levels in February were high (50 journeys per day up on trend), which adversely affected the performance of the main PTS provider. As a temporary measure the Trust agreed a cap on the number of journeys carried out by the provider, pending an assurance on staff and vehicle availability.

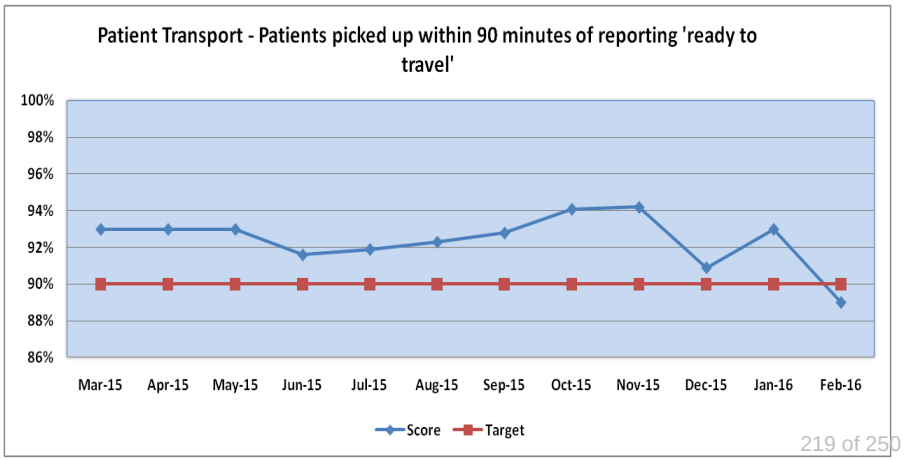
• The Friends and Family score (see graph below) reflects a deterioration on the prior month, which is assumed to be driven by the mobilisation of the new contract. This will be monitored in the coming months.

• During the last month new vehicles have been introduced across the contract and dedicated driving teams have been embedded in each of the five renal units. The renal service, which represents nearly half of the 6,000 journeys completed per week, has experienced specific issues around arrival and collection times, which the PTS team and transport provider are working closely with the clinical teams to resolve.

• Essentia is working closely with the contractors regarding the new contract KPIs. Regular operational and performance meetings are held, where the focus is on service improvement and delivery of the enhanced performance standards.







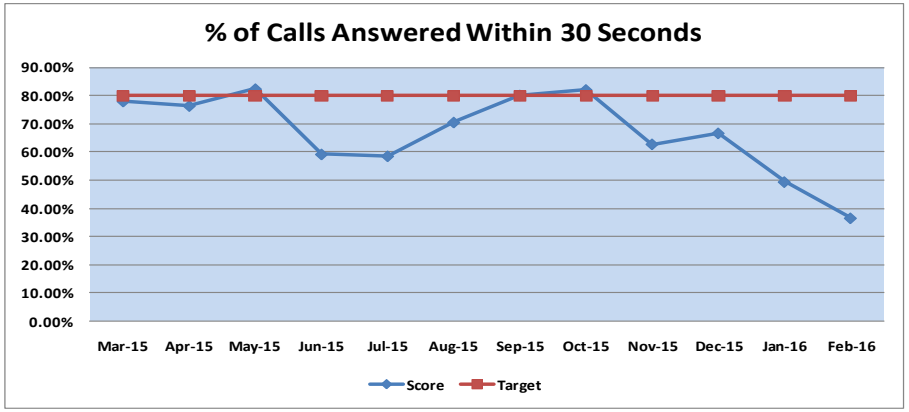
6.5 Essentia Patient Services: Telephony

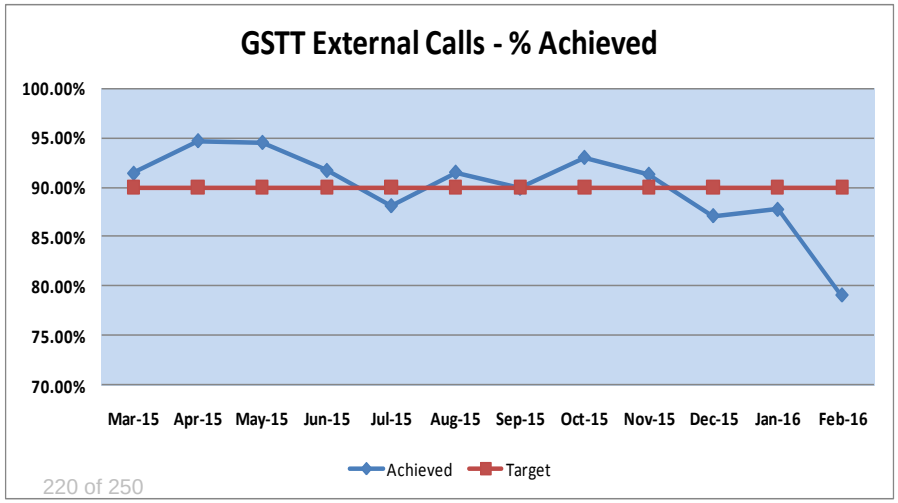
Summary:

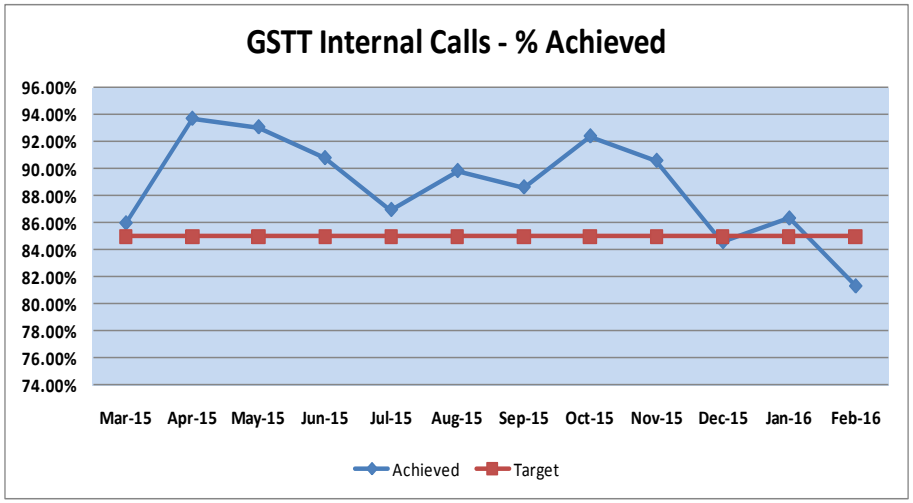
- The three performance graphs clearly demonstrate that the Telephony service is under considerable pressure.
- The main cause of the unachieved performance targets is staff shortages. Currently the Customer Services department have 12 WTE vacancies, with 3 staff on maternity leave and 1 on long term sickness absence. Recruitment continues to be an issue due to the irregularity/frequency of the shifts required and, to an extent, the skills set expected.
- Pick up of internal (21,979) and external (65,808) calls both deteriorated in performance against their respective targets for February. The percentage of calls answered within 30 seconds deteriorated further against target this month, remaining in red RAG status. This is due to the current recruitment situation the department is facing.

Action and Progress to Date:

•Temporary staff coverage via the Bank is being used to mitigate the staff issues currently being faced.
• Interviews for vacant posts took place at the end of February and nine members of staff are due to start in April/May. It is expected that figures will maintain a downward trend until the posts have been filled.
• A further four members of staff are being recruited which is to be funded by Cancer Services to manage the CNS helpline.
• Customer Services is currently carrying out additional training to ensure staff are able to work across a wide range of duties, and whilst this may have a short-term adverse impact it is anticipated this will lead to improved performance in the longer term.







6.5 Essentia Services: Engineering & Building

Summary:

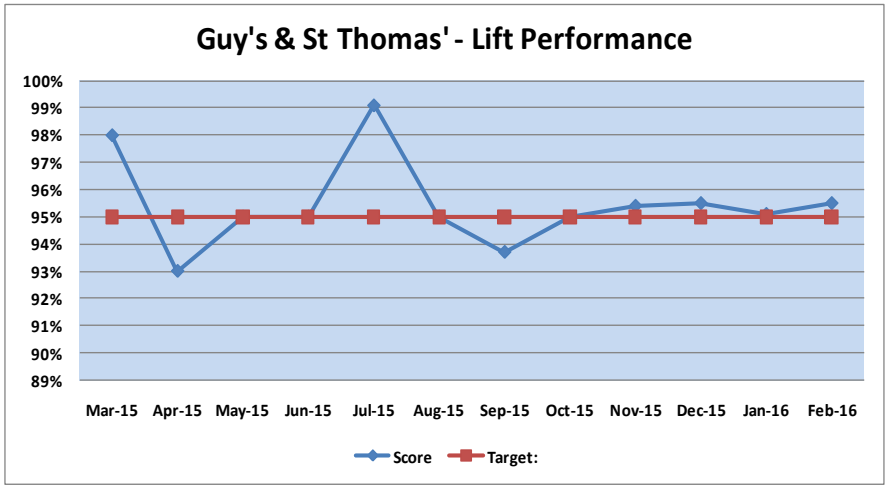
- Following additional revenue investment in an enhanced out of hours maintenance regime, lift availability on the two acute sites is running at approximately 95% each month. Lift availability represents up time in hours (excluding scheduled lift maintenance).
- Priority 2 calls (responded to within 4 hours) have achieved and exceeded the target set out in the Service Level Agreement during the past ten months. The KPI measures the time it takes to respond to calls, as full resolution and repair may require out of hours work or the procurement of additional parts.
- Priority 1 calls are rare and infrequent therefore they are not graphed.

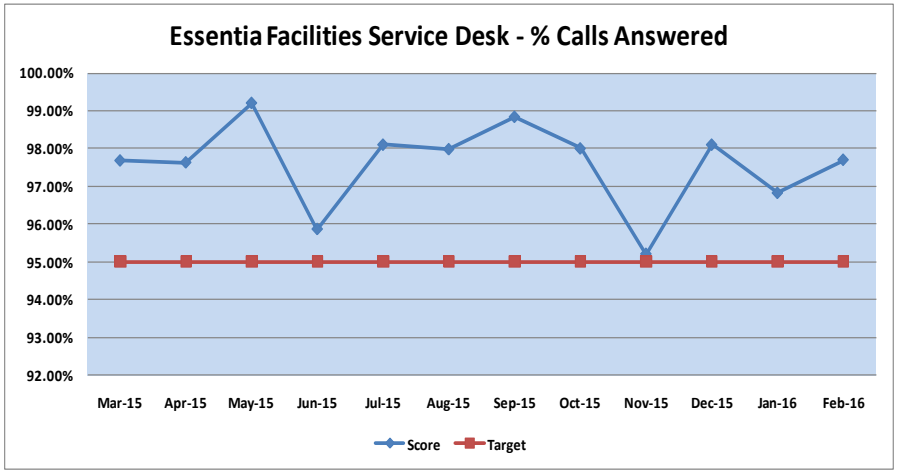
Action and Progress to Date:

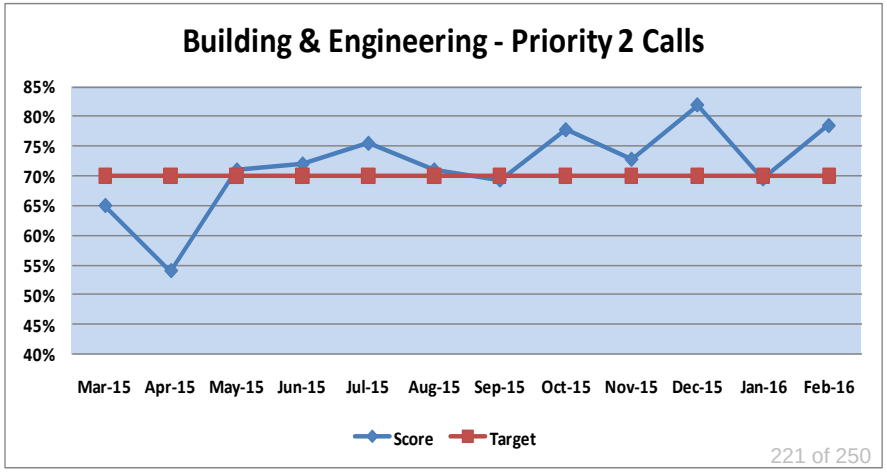
• Capital Backlog Maintenance investment is being targeted at key elements of the lift infrastructure, where the age of the systems is an issue. Full replacement of three goods and passenger lifts formed part of the FY 2015/16 Backlog programme.

• The Building & Engineering team remains challenged by the 70% monthly target for Priority 2 calls within 4 hours. Deployment of PDAs to front line teams is complete and this is improving productivity and work monitoring. In the medium term, the Essentia COO is undertaking a wider review of the team's workload.

• In December, a serious incident occurred when the dosing system which treats the water supply on the St Thomas' site delivered excessive amounts of Chlorine Dioxide (C102) into the system. Clinical alerts were issued and engineering staff undertook flushing until the C102 was returned to safe and normal levels. A full root cause analysis was undertaken.







6.5 Essentia Services: Sterile Services

Summary:

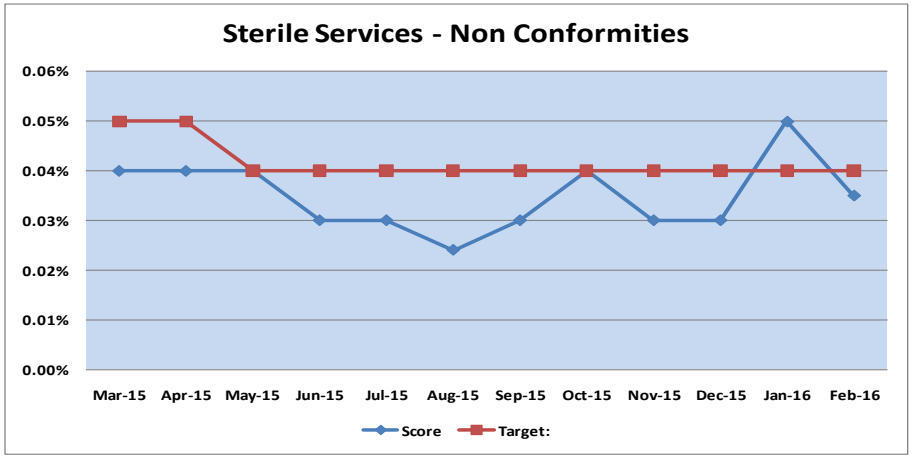
- The Sterile Services Department has met its challenging quality non-conformance target in February, after temporarily breaching it in January. The February performance of 0.0036% equates to one non-conformance occurring every 2777 packs that are processed
- There is an increase in instrument volumes of c825 average sets per week between December – February, due to additional clinical activity.
- The average instrument processing time has not met its KPI target (internally set target) for the last seven months, reflecting the increased production throughput in the unit, from additional theatre trays in particular.

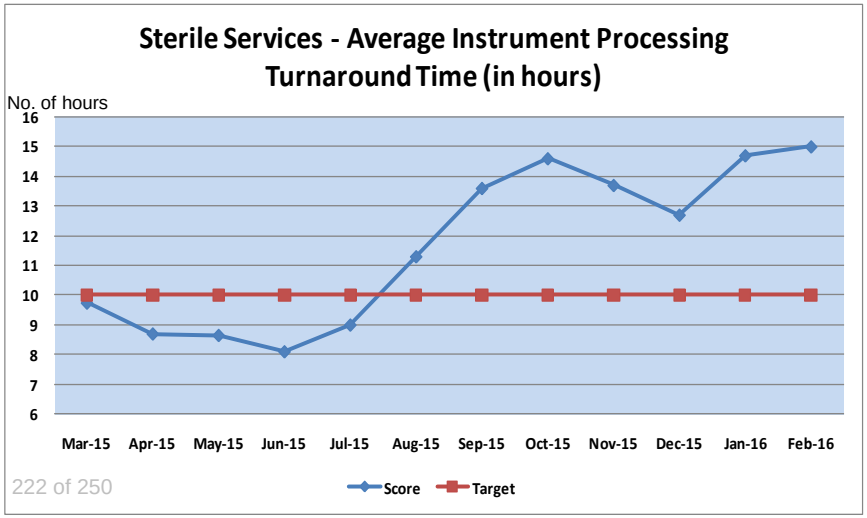
Action and Progress to Date:

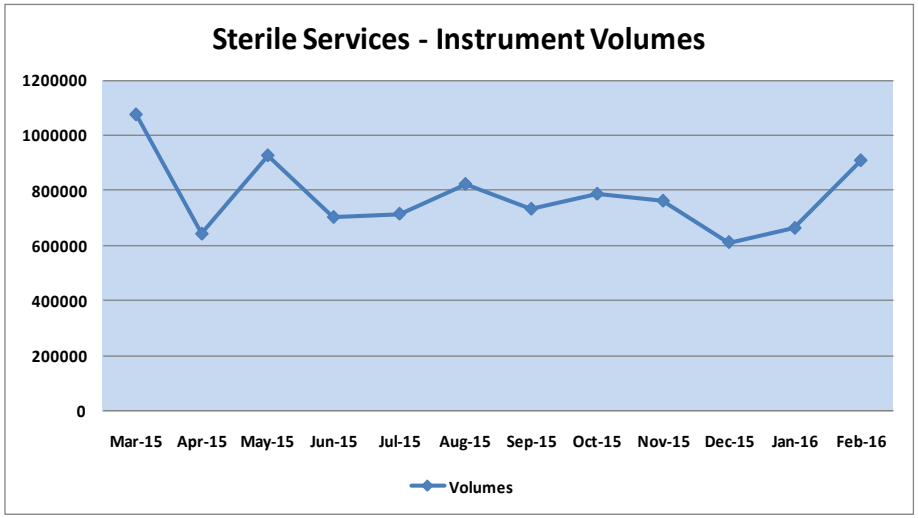
• The Sterile Services performance target for average instrument processing turnaround time was 15 hours in February, against a target of 10 hours. The additional turnaround time has been caused by additional activity, with an extra 946 theatre trays in February being processed above the January workload. The internal target will be reviewed in the context of current activity levels.

• The need to operate the department within the allocated revenue budget has meant that the additional load has been absorbed through current staffing levels, but is now adversely affecting turnaround times. In addition annual leave was reported at 33% in month due to people returning from long term sick returns taking their accrued leave.

• The new electric washer is now sited at Guy's and awaiting commissioning and validation. This will be used for the DaVinci XI equipment reprocessing post manual cleaning.







6.5 Essentia Services: Information Technology

Summary:

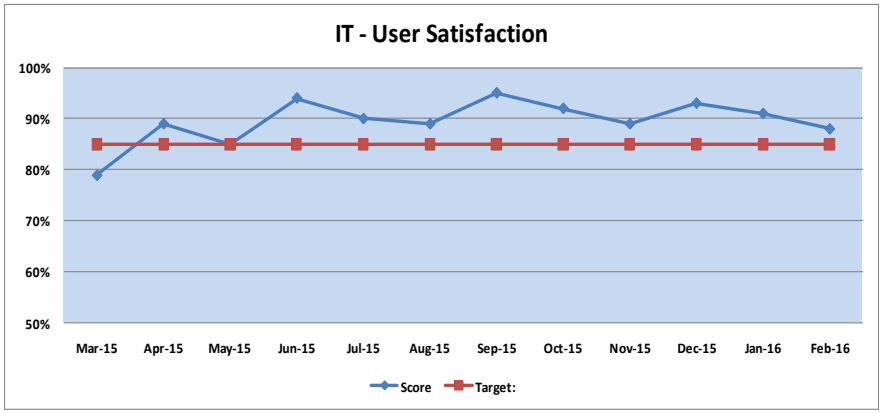
- The agreed service level for customer satisfaction (85%) has been exceeded for the last nine months. Trust members of staff are invited to provide feedback once their issue or problem has been resolved, and 89 members of staff completed the online survey in February, with 88% stating that they were satisfied with the service they had received.
- Incidents resolved within target fell by 3% in February, resulting in an Amber status for the first time since May 2015.
- As reported to the Trust Board in March, good progress is being made in delivering the digital strategy for the Trust.

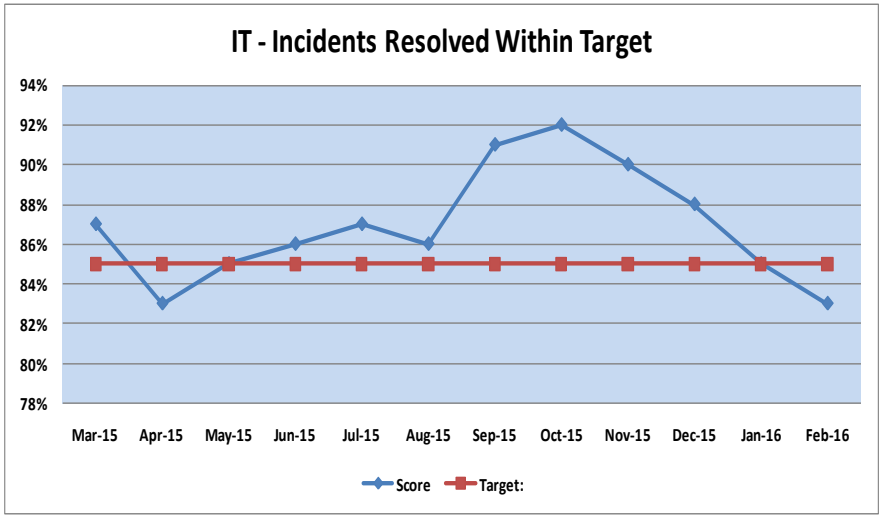
Action and Progress to Date:

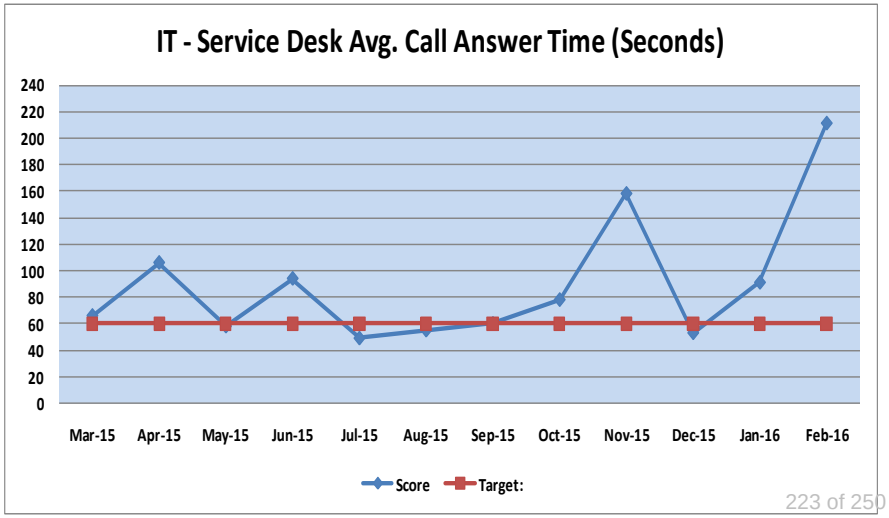
• The average time to answer calls by the IT Service Desk deteriorated to its lowest level of performance (211 seconds) against a target of 60 seconds in February. This was due to a number of contributing factors, in the main due to the acquisition of the Community Support Unit (CSU) service desk, where the call / ticket volumes were considerably higher than anticipated.

• There were two serious incidents in February; a power failure in the St Thomas' Modular Data Centre (MDC) and PCs in the neonatal unit not able to access MedChart. Both issues were resolved on the same day, and Root Cause Analyses have been undertaken to capture lessons learned.

• IT Service availability was generally very good with key IT services achieving the target of 99.9% uptime. Six applications experienced partial unavailability for short periods.







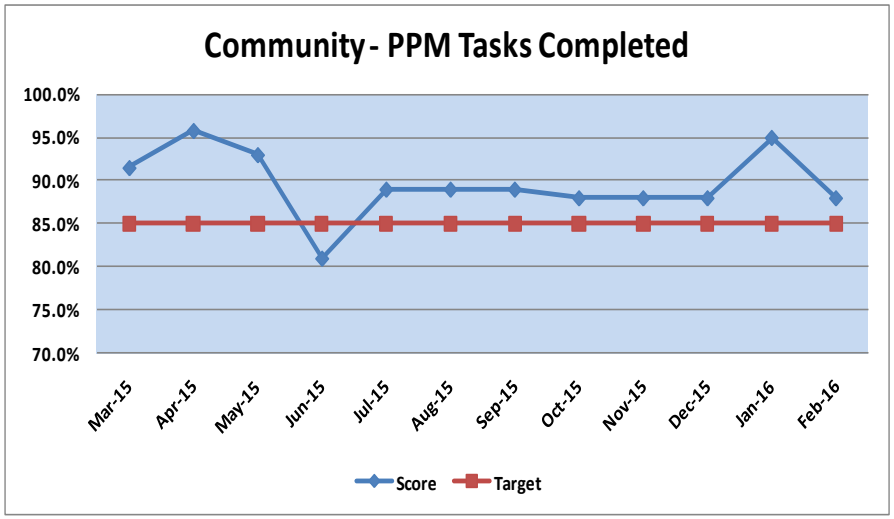
6.5 Essentia Services: Community

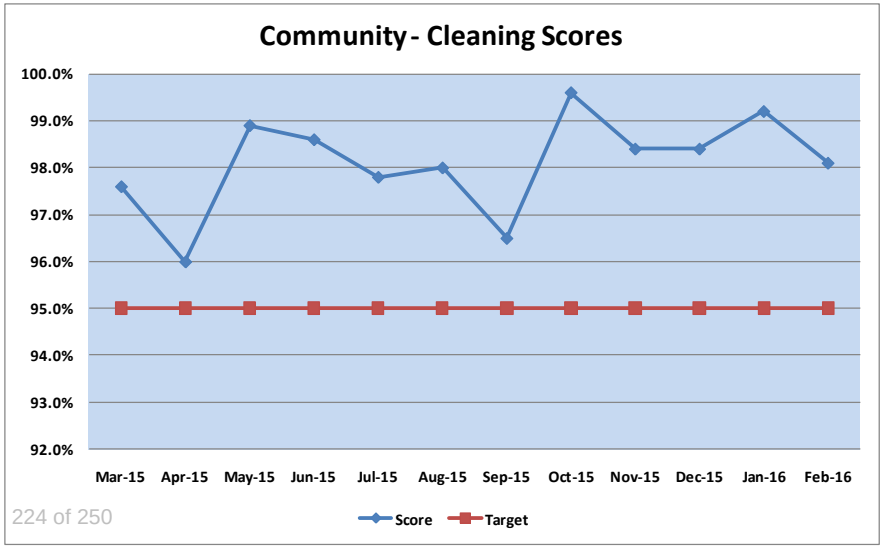
Summary:

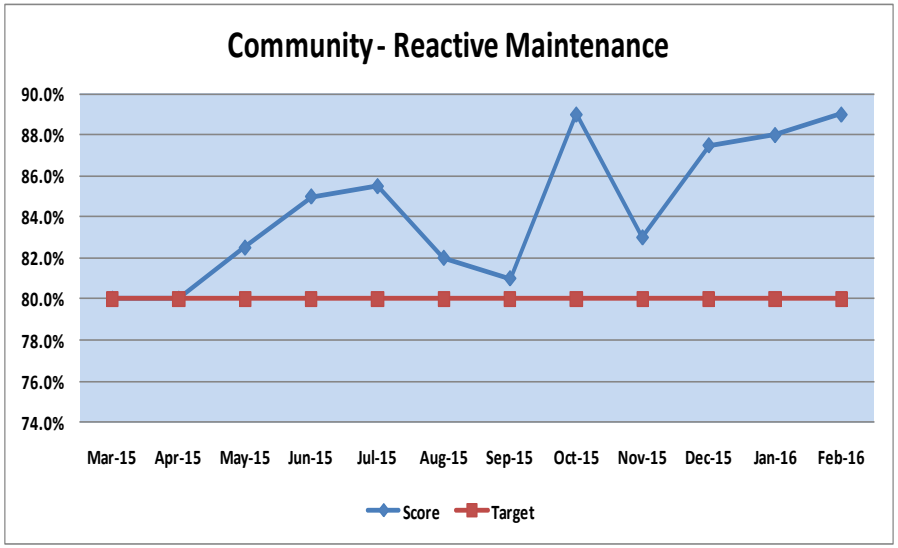
- Community teams are consistently achieving and exceeding their targets for Planned Preventative Maintenance (PPM) and reactive maintenance.
- Community cleanliness scores consistently exceed the 95% target.

Action and Progress to Date:

- Reactive Maintenance is tracking consistently above its target of 80%.
- Community cleaning scores continue to exceed the target of >95%.
- NHS Property Services has completed a nine-month rationalisation process of all its FM services across its entire estate. Essentia, as existing providers in the South London region, entered the tendering process and expressed an interest in a number of tender opportunities. Essentia was successful in its bid to deliver Building Fabric Maintenance (commencing in April 2016), and came a close second for the Core Mechanical & Electrical Services.
- Cleaning and Catering services previously provided by the external contractor Interserve have now been brought in-house, and will be provided by Essentia directly to Community customers. Some 60 staff have joined Essentia as a result of the reconfiguration, and bringing the contract in-house forms part of Essentia's efficiency programme for FY 16/17.







Appendix: directorate-level heatmap (1 of 2)

Domain			Type	Target	Trust-wide	Acute Medicine	Perioperative, Critical Care & Pain	Surgery	Cardiovascular Services	Abdominal Medicine and Surgery	Oncology And Haematology	Women's Services	Clinical Imaging & Medical Physics	Medical Specialties	Dental Services	GRIDA	Therapies	Adult Community Services	Children's Community Services	Children's Medical Services	Children's Surgical Services	Monitor	CQUIN	Fit for Future workstream	Quality priorities	Local
Safe	Patient safety - Incident Reporting	Total incidents reported	Number	-	2,156	345	268	51	104	196	241	209	38	42	33	32	13	180	11	219	0					
		Total incidents reported on STEIS	Number	-	4	0	0	0	2	1	0	0	0	0	0	1	0	0	0	0	0					
		Total incidents reported on STEIS - not attributable to Trust	Number	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
		Never Events	Number	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in unexpected death	Number	-	3	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in severe harm	Number	-	3	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in moderate harm	Number	-	19	3	3	0	1	0	2	5	0	0	0	0	0	3	0	2	0					
		Incidents resulting in low harm	Number	-	322	44	34	6	12	22	21	72	8	1	3	2	1	53	1	34	0					
		Incidents resulting in no harm	Number	-	1,398	250	182	37	65	146	193	106	25	31	20	22	10	78	7	143	0					
		Incidents resulting in unexpected death - reportable on STEI	Number	-	3	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in severe harm - reportable on STEIS	Number	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in moderate harm - reportable on STEIS	Number	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in low harm - reportable on STEIS	Number	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in no harm - reportable on STEIS	Number	-	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0					
	Patient safety Harm Free Care	Never events (confirmed)	Cases	Zero	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
		Patient slips trips falls (DATIX)	Cases	-	158.0	67.0	5.0	11.0	16.0	12.0	15.0	2.0	1.0	0.0	0.0	0.0	1.0	0.0	0.0	5.0	0.0					
		Incidence of falls per 1000 bed days	Number	-	5.3	9.3	4.1	5.6	3.7	2.4	4.7	0.9	24.4	0.0	0.0	0.0	-	0.0	-	1.8	0.0					
		Falls with moderate or severe harm	Cases	0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
		Pressure ulcer acquisitions (grade 2 and above)	Number	0	2.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
	Infection Control and Cleanliness	MRSA screening of admissions	Mthly %	>95%	91%	62%	96%	97%	96%	98%	99%	97%	80%	87%	100%	92%	-	-	-	100%	96%					
		MRSA bacteraemia (Trust-attributable)	Number	Zero	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
		C-Diff acquisitions	Number	0	3.0	1.0	0.0	1.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
	Screening	VTE screening (externally reported)	Mthly %	>95%	97%	96%	97%	91%	93%	99%	96%	96%	96%	99%	100%	99%	-	100%	-	100%	81%					
		Dementia screening (patients aged over 75)	Mthly %	>90%	97%	98%	100%	100%	93%	94%	100%	100%	-	67%	-	100%	-	-	-	-	-					
	Mortality	Deaths in hospital - number in month	Number	-	92.0	35.0	5.0	5.0	16.0	11.0	11.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	5.0					
Caring	Admitted care	Friends and Family test (Ward) - Response rate	Mthly %	>=33%	29%	36%	60%	48%	19%	35%	31%	15%	-	-	-	-	-	22%	-	24%	-					
		Friends and Family test - % Recommended (Ward)	Mthly %	>=97%	95%	97%	100%	96%	97%	95%	96%	85%	-	-	-	-	-	100%	-	98%	-					
		Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%	2%	2%	0%	1%	1%	2%	2%	4%	-	-	-	-	-	0%	-	1%	-					
		Overall inpatient patient experience score	Mthly %	>89%	91%	92%	87%	90%	87%	90%	91%	86%	94%	83%	-	-	-	-	-	-	-					
		Single sex compliance - breaches (all types)	Cases	Zero	4.0	0.0	4.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
		Patients cancelled on day (in arrears)	Cum %	<0.8%	1.4%	-	0.6%	1.0%	7.4%	1.4%	1.7%	1.2%	-	0.7%	0.2%	-	-	-	-	0.7%	2.1%					
	Outpatient care	Overall outpatient patient experience score	Mthly %	>89%	91%	90%	-	89%	88%	89%	88%	89%	-	90%	93%	90%	93%	-	-	92%	-					
		Friends and Family test - % Recommended (Outpatients)	Mthly %	-	93%	95%	92%	90%	93%	94%	92%	93%	100%	89%	96%	92%	95%	-	-	94%	100%					
		Friends and Family test - % Not Recommended (Outpatients	Mthly %	-	3%	2%	3%	4%	2%	3%	4%	4%	0%	6%	2%	4%	2%	-	-	0%	0%					

Appendix: directorate-level heatmap (2 of 2)

Domain			Type	Target	Trust-wide	Acute Medicine	Perioperative, Critical Care & Pain	Surgery	Cardiovascular Services	Abdominal Medicine and Surgery	Oncology And Haematology	Women's Services	Clinical Imaging & Medical Physics	Medical Specialties	Dental Services	GRIDA	Therapies	Adult Community Services	Children's Community Services	Children's Medical Services	Children's Surgical Services	Monitor	CQUIN	Fit for Future workstream	Quality priorities	Local
Responsive	RTT	RTT - Non-admitted patients <18 weeks (unadjusted)	Mthly %	>95%	92%	93%	63%	89%	84%	86%	87%	97%	93%	99%	97%	96%	96%	100%	100%	80%	83%					
		RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%	83%	100%	88%	73%	78%	76%	85%	85%	89%	90%	92%	100%	-	-	-	86%	61%					
		RTT - Incomplete pathways < 18 weeks (unadjusted)	Mthly %	>92%	92%	97%	93%	84%	89%	89%	86%	96%	87%	98%	98%	98%	98%	100%	100%	89%	81%					
		RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero	8.0	0.0	1.0	4.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0					
		RTT - Total incomplete pathways	Mthly	-	48,276	2,425	1,732	3,835	3,288	6,724	4,980	2,577	147	4,922	6,682	4,872	1,069	154	2	1,981	2,478					
		RTT - Incomplete pathways over 18 weeks	Mthly	-	3,744	75	116	625	376	726	696	94	19	91	143	83	22	0	0	224	465					
	Cancer access	Cancer - 2 week wait	Qtly%	>93%	91%	90%	-	-	-	84%	92%	98%	-	85%	-	96%	-	-	-	100%	-					
		Cancer - breast symptomatic referrals <2 wks	Qtly %	>93%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%					
		Cancer - 31 day first treatments	Qtly%	>96%	95%	97%	-	-	-	96%	95%	93%	-	-	-	94%	-	-	-	-	-					
		Cancer - 31 day subs treatments - surgical	Qtly%	>94%	94%	-	-	-	-	96%	90%	100%	-	-	-	91%	-	-	-	-	-					
		Cancer - 62 day urgent GP referrals	Qtly %	>85%	71%	58%	-	-	-	71%	76%	36%	-	-	-	87%	-	-	-	-	-					
		Cancer - internal 62-day referrals	Qtly%	>85%	78%	67%	-	-	-	78%	84%	40%	-	-	-	89%	-	-	-	-	-					
		Cancer - 62 day screening	Qtly %	>90%	63%	-	-	-	-	-	71%	0%	-	-	-	-	-	-	-	-	-					
Responsive	Diagnostics	Diagnostic waits - % over 6 weeks	Mthly	<1%	2%	0%	-	-	2%	7%	0%	-	0%	3%	-	-	-	-	-	16%	39%					
	Bed management	Average length of stay (elective)	Cum ALOS	<last yr	3.4	1.6	6.8	2.8	4.8	3.8	4.4	3.2	1.1	2.8	1.2	7.0	0.0	95.2	0.0	2.3	2.3					
		Non-elective average LOS >1 night	Cum ALOS	<last yr	8.6	6.3	32.2	0.0	3.3	4.6	16.3	8.9	7437.0	43.0	299.7	23.4	0.0	14.8	0.0	6.3	40.9					
		Discharges before noon	Mthly %	>25%	21%	34%	30%	14%	14%	12%	21%	10%	52%	29%	50%	18%	-	78%	-	19%	21%					
	Outpatient mgt	Appointments re-scheduled by hospital <6wks	Cum %	<4%	5%	3%	5%	7%	7%	6%	7%	1%	1%	8%	4%	4%	2%	2%	0%	4%	5%					
		Follow-up ratio - adj cons appts (in arrears)	Ratio	2.13	2.16	1.82	1.84	1.50	2.07	2.72	2.67	0.93	0.71	2.27	2.58	2.02	2.63	-	-	2.93	1.87					
		Non-attendance rate (new appts)	Mthly %	<11%	12%	19%	11%	9%	22%	16%	14%	12%	13%	13%	8%	9%	-	-	0%	12%	13%					
	Theatre management	Daycase rate - basket (in arrears)	Mthly %	>85%	84%	-	-	85%	93%	64%	82%	89%	100%	98%	-	-	-	-	-	63%	55%					
		Theatres Gross Cancellation Rate (in arrears)	Mthly %	<7%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%					
Effective	Readmission mgt	Emergency readmissions (within 28 days - in arrears)	Cum %	<5.3%	5.7%	12.2%	1.1%	3.8%	4.6%	5.3%	9.5%	2.1%	3.2%	1.5%	0.2%	1.8%	0.0%	6.5%	0.0%	4.2%	2.6%					
		Emergency readmissions (within 14 days - in arrears)	Cum %	<3.4%	3.5%	8.4%	0.5%	2.9%	3.0%	3.0%	5.9%	1.5%	2.7%	1.1%	0.1%	1.1%	0.0%	6.5%	0.0%	2.7%	1.9%					
	CQUIN - general	Patients >75 asked dementia screening question	Qtly %	>90%	97%	98%	100%	100%	93%	94%	100%	100%	-	67%	-	100%	-	-	-	-	-					
Enablers	Data quality	NHS number coverage	Cum %	>98%	97%	94%	100%	97%	100%	100%	100%	99%	100%	99%	89%	99%	99%	100%	100%	98%	99%					
		Clinical coding - diagnostic depth (in arrears)	Ratio	>4.5	4.9	7.6	4.6	4.2	7.7	4.4	5.2	5.5	3.8	3.1	2.3	2.8		12.6		2.8	3.0					
	Activity (magic numbers)	Elective activity vs profiled plan - cumulative variance	Cum var %	>0%	0%	1%	9%	-14%	-4%	1%	-3%	-7%	82%	1%	-3%	27%	0%	0%	0%	2%	-6%					
		New patients seen vs plan (all categories, in arrears)	Mthly var	>0	194	-13	-85	-287	48	-418	-161	201	30	222	-30	271	144	0	0	240	31					
		External cons referrals	Number	>last yr	1,766	75	40	169	231	224	219	42	15	53	60	302	2	57	0	92	185					
		GP referrals	Number	>last yr	18,141	589	148	718	841	1,579	1,437	2,741	5	1,303	2,731	1,880	3,444	94	0	208	194					

BOARD OF DIRECTORS	Guy's and St Thomas' NHS NHS Foundation Trust
Financial Report for the twelve months to 31st March 2016 (Draft Subject to Audit)	**27th April 2016**

This paper is for:	
Decision	
Discussion	✓
Noting	✓
Information	

Sponsor:	**Martin Shaw**	
Author:	**Peter Parr**	
Reviewed by:		
CEO*		
ED*		
Board Committee*		
TME*		
Other*		

* *Specify*

1. Summary

1.1 The financial report shows an underlying loss of £9.8M on income and expenditure, in addition to which £8.0M PDC funding has been received from the DoH in respect of capital slippage and £9.2M has been charged from capital to revenue giving a reported loss of £11.0M against a planned loss of £19.1M for the twelve months to 31st March 2016. This is a positive variance to the plan of £8.1M.

1.2 Donated Capital receipts of £27.0M have been recorded which is £0.2M less than plan. Impairments relating to the revaluation of EU emission credits of £0.7M and £50.M in respect of property plant and equipment. One property has been disposed of and a profit on disposal of £0.3M above the net Book Value (NBV) has been realised.

	Annual Plan £m	YTD Plan £m	YTD Actual £m	Variance £m
Underlying revenue position	**(19.1)**	**(19.1)**	**(9.8)**	**9.3**
DoH – PDC funding for capital slippage	0.0	0.0	8.0	8.0
Capital to Revenue Transfers	0.0	0.0	(9.2)	(9.2)
Performance against Plan	**(19.1)**	**(19.1)**	**(11.0)**	**8.1**
Capital Donations	27.2	27.2	27.0	(0.2)
Sub Total	**8.1**	**8.1**	**16.0**	**7.9**
Impairment and Revaluations	0.0	0.0	(50.7)	(50.7)
Disposals	0.0	0.0	0.3	0.3
Comprehensive (Expenditure) \ Income	**8.1**	**8.1**	**(34.5) ***	**(42.6) ***

***** Rounded

1.3 The underlying revenue position, a loss of £9.8M is an improvement of £1.0M when compared to the month eleven projection. It had been projected that capital to revenue transfers would be £12.4M, that only £9.2M was transferred has improved the previous projection by £3.2M.

1.4 The donated capital receipts of £27.0M are £7.0M less than had been projected at month eleven. This largely arose due to timing differences when different stages of schemes have started or equipment has come into use. There was no significant change in the value of impairments projected as at month eleven, this reduced slightly by £0.4M.

	Annual Plan £m	Month 12 Out-Turn £m	Month 11 Projection £m	Change £m
Underlying revenue position	**(19.1)**	**(9.8)**	**(10.8)**	**1.0**
DoH – PDC funding for capital slippage	0.0	8.0	8.0	0.0
Capital to Revenue Transfers	0.0	(9.2)	(12.4)	3.2
Performance against Plan	**(19.1)**	**(11.0)**	**(15.2)**	**4.2**
Capital Donations	27.2	27.0	34.0	(7.0)
Sub Total	**8.1**	**16.0**	**18.8**	**(2.8)**
Impairment	0.0	(50.7)	(51.2)	0.4 *
Disposals and Revaluations	0.0	0.3	0.3	0.0
Comprehensive (Expenditure) \ Income	**8.1**	**(34.5)**	**(32.1)**	**(2.4)**

***** Rounded

2. Request to the *Board of Directors*

The Board of Directors is asked to:

- Note the reported current financial position a loss of £11.0M, which is £8.1M favourable to plan
- Note the assumptions made and the potential risks high-lighted in 3.1 that under-pin the loss of £11.1M
- Note the new Financial Sustainability Risk Rating and the achievement of a FSRR of 4 against a plan of 3.

3. Assumptions made in the Reported Position

3.1 The assumptions made in the reported position include a number of potential risks and opportunities:

- Commissioning income has been billed to the end of January and for a number of local commissioners a year end position has been agreed. Where an agreed out-turn position has not been agreed, income has been accrued based on a straight-line projection of the January position. The underlying assumption is that the high levels of over performance seen in recent months will mitigate the impact of the junior doctor's strike and the Easter holiday period.
- Other adjustments have been made in respect of potential fines and challenges
- At year end £29.5M of invoices relating to income from Commissioners remains unpaid, £27.5M of which relates to 2015/16 performance and £2.0M in respect of prior periods. Provisions have been made in line with the Trusts accounting policy.

4.0 Financial Sustainability Risk Rating (FSRR)

4.1 The FSRR has replaced the Continuity of Service Risk Rating. It comprises four metrics: Capital Service Cover, Liquidity, Underlying Performance and Variance from Plan, each with an equal weighting and the overall rating is derived from the average of the scores calculated.

4.2 The Trust plan is a 3, the rating achieved a 4, rounded from 3.5.

5.0 Cost improvement Plan (CIP) Delivery

5.1 Clinical and Corporate Directorates have been asked to deliver a CIP target of £72.5M, performance has been assessed and £53.4M is recognised as having been achieved.

5.2 In addition to the CIP target Directorates planned to generate income growth with a net benefit of £20.0M. The current position, above that included in the CIP tracker is for a further £25.3M of income, gross of costs as having been achieved.

5.3 Income from Commissioners, DOH PDC capital slippage funding and the release of reserves have helped mitigate the CIP shortfall.

Appendices:

Integrated Performance Report

Integrated Performance Report M12 2015–16 Executive Summary

Guy's and St Thomas' NHS
NHS Foundation Trust

Risk ratings

Financial Sustainability Risk Rating:

15/16 Plan:	YTD	FY	Performance:	YTD
	3	3	Current	4
			Previous Mth	3

Summary Performance:

- The Trust has recorded an Underlying Loss of £11.0M, which is £8.1M less than the planned loss of £19.1M
- FSRR : a rating of 4 against a plan of 3.
- Main drivers of current performance are Unidentified Savings of £38.3M, offset by CCG / NHSE income over performance of £30.1M and the release of Reserves of £15.9M
- The cash balance of £117M is a decrease of £13M from last month.

Summary Income & Cash Flow vs Plan

£m	2015/16 - M12			Previous Month	
	Plan	Actual	Variance	Actual	Variance
Operating Income for EBITDA	1,249.0	1,312.5	63.5	1,188.4	43.5
Employee Expenses	(701.7)	(732.3)	(30.6)	(667.9)	(26.9)
All other operating expenses	(486.7)	(513.8)	(27.1)	(458.5)	(10.2)
EBITDA	**60.6**	**66.5**	**5.9**	**62.0**	**6.4**
Surplus/(Deficit) pre exceptionals	**(19.1)**	**(11.0)**	**8.1**	**(6.6)**	**10.9**
Net Surplus/(Deficit)	8.1	(34.8)	(42.9)	9.1	1.7
EBITDA %	100.0%	109.7%	9.7%	111.6%	11.6%
Capital Expenditure [1]	167.9	108.5	59.4	98.1	56.0
Net Cash Flow [1]	0.0	(13.0)	(13.0)	17.0	17.0
Cash & Cash Equivalents [1]	77.0	117.0	40.0	130.0	53.0
CoSRR Liquidity Days	(3.3)	4.6	8.0	3.5	5.1
CIP Performance %	100.0%	73.6%	(26.4%)	72.1%	(27.9%)
Net Current Assets [1]	9.0	38.1	29.1	33.5	24.5
Borrowings [1]	(193.9)	(158.9)	35.0	(160.8)	22.2

1. Plan is set Quarterly with Monitor - Monthly plan is extrapolated

Key risks	Action taken / committed	Gaps and residual concerns
Financial performance • Clinical Directorates are £26.0M overspent, driven by Unidentified CIPs of £30.1M and CIP slippage of £1.7M • Total CIPs achieved are £53.4M, 26% below plan. • FSRR of 4 is reported against a plan of 3 • March pay bill £64.3M an increase of £2.9M, and is the highest this year. • An assessment of commissioning income has been made using final January data. Projecting this forward indicates that income to March is £30.1M ahead of plan. • The cash balance of £117.0M is a decrease of £13M from last month	• The Trust implemented a recovery plan to ensure we delivered this year's financial plan. To support this work, a new multi-disciplinary financial recovery team has been created which is led by Hannah Coffey (Director of Operations, Hospital Services) and Chris Bowler (Associate Director Financial Planning), with strong clinical input. • New central measures have been introduced which will combine with local actions to control and reduce spend. These include - A freeze on non-essential job vacancies - Further restrictions on the use of agency and other temporary staff - Tighter controls on all non-pay expenditure, particularly discretionary spend - Ensuring we deliver planned levels of clinical activity • The Trust holds monthly performance review meeting with all clinical directorates to ensure progress towards targets are on track and actions are in place to close any shortfalls • Monthly finance summits have been held with the most financially challenged clinical directorates. • Additional support is being identified to support the most financially challenged directorates	• The Fit For the Future programme (FFF) is developing further programmes for 2015/16 • All CIPs are mapped to Fit For the Future programmes which will help support their delivery.

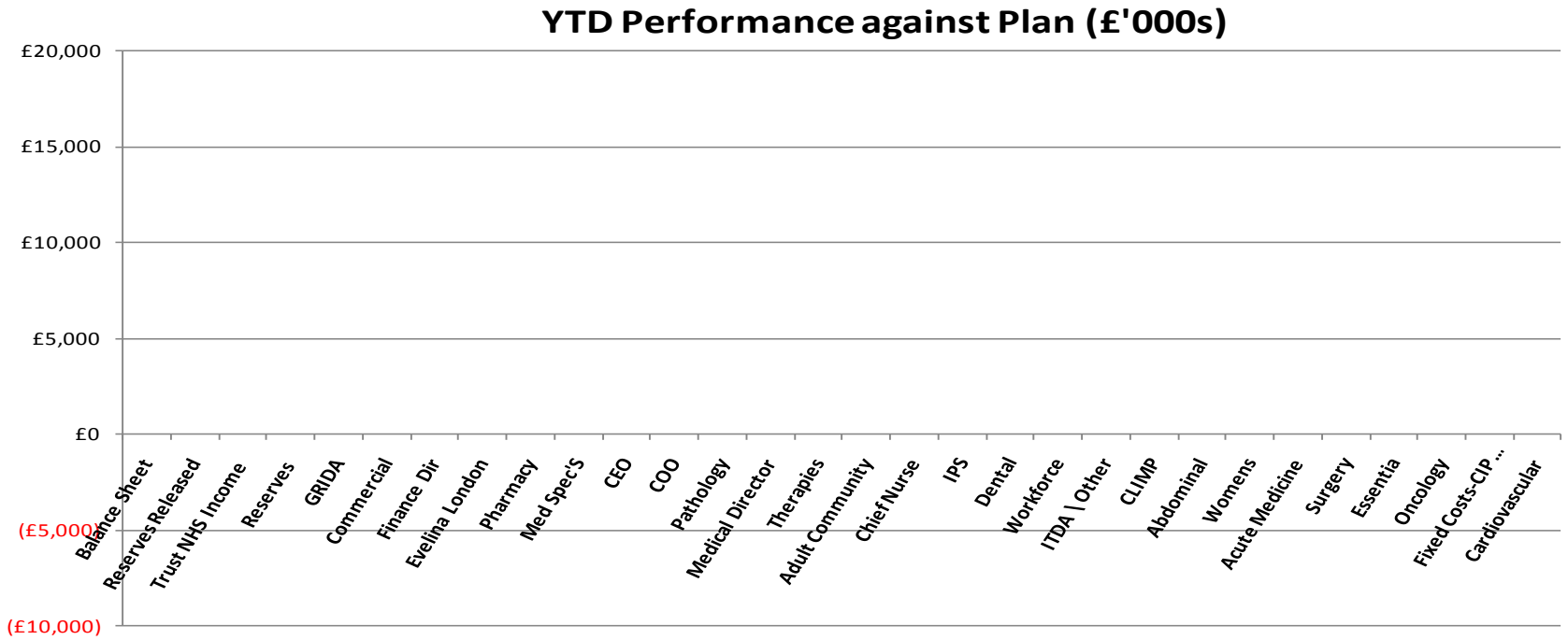
Integrated Performance Report
M12 2015–16 Monitor Risk Rating

Guy's and St Thomas' NHS
NHS Foundation Trust

Area of review	Key Highlights	Financial Sustainability Risk Rating (FSRR)		
		Month 12 Plan	Month 12 YTD	Previous Month
OVERALL Financial Sustainability Risk Rating (FSRR)	♦ The overall Weighted Risk Rating is calculated as an average of the four metrics below, each having an equal weighting ♦ YTD the Overall rating recorded is four, rounded from 3.5	3	4	3
Capital Service Cover (25%)	♦ The degree to which the income generated by the Trust covers its financial obligations ♦ Current performance of 1.5 times Capital Service Cover is only marginally below the plan of 1.5 times and achieves the planned rating of two	2	2	2
Liquidity (25%)	♦ The number of days of operating costs that are held in cash or cash equivalents forms, including committed lines of credit available to be drawndown ♦ Current performance of +4.65 days result in rating of four respectively, compared to a planned rating of three	4	4	4
Underlying Performance (25%)	♦ The degree to which the Trust is operating a surplus \ (deficit). This is calculated before impairments, gains \ losses on disposal and restructuring costs ♦ YTD performance is measured as +1.19% and is rated as four, which exceeds the planned rating of a three	3	4	3
Variance from Plan (25%)	♦ The variance between the planned I&E margin and its actual I&E margin in the current year ♦ YTD performance give a measure of +0.54% which is in excess of plan and achieves the planned rating of four	4	4	4

Integrated Performance Report
M12 2015–16 Directorate Performance

Guy's and St Thomas' NHS
NHS Foundation Trust



Year to Date Financial Performance: £8.1M favourable to plan

- The Trust has recorded a loss of £11.0M, which is £8.1M better than the planned loss of £19.1M
- This chart records the performance of each directorate against its agreed target. The performance will comprise the directorates performance against its CIP programme as well as in year variances to plan associated with its service delivery.
- A more detailed analysis of the underlying causes is provided to the Trust Management Executive for their consideration through the monthly finance report
- The performance of clinical directorates is reviewed on a monthly basis with the COO, and senior representatives from Finance, the Chief Nurse, the Medical Director and Workforce. Any required actions are discussed and agreed at those meetings
- The performance of corporate directorates is reviewed on a quarterly basis with the Executive Directors.

Integrated Performance Report
M12 2015–16 Directorate Commentary

Guy's and St Thomas' NHS
NHS Foundation Trust

	Month 12 YTD Variance	Prior Month YTD Variance	
Abdominal Med. & Surgery	**(£1,849)**	**(£1,444)**	**Year End Position:** The unidentified CIP contributes £1.5m towards the adverse position. NHS income is £4.6m favourable. Non pay and internal charges are £5.6m adverse, partly driven by activity. This includes high cost drugs totalling £4.2m (covered by pass through income), clinical supplies £467k and dialysis fluids £531k (includes prior year invoices £80k). Medical Pay is £390k favourable due to continuing vacancies.
Acute Medicine	**(£2,772)**	**(£2,713)**	**Year End Position:** The unidentified CIP accounts for £3.2m of the year end adverse position. NHS income is £1.1m favourable, primarily in Stroke and A&E. This is offset by activity related adverse variance in non-pay (£300k), and internal recharges (£650k) driven by bed usage and other activity related expenditure including Pathology and Therapies.
Adult Community Services	**(£132)**	**£354**	**Year End Position:** The unidentified CIP contributes £1.2m towards the position. Pay is adverse across both directorates by £66k including a vacancy factor of £800k. Non-pay is favourable by £104k. Operating income is favourable by £54k across both directorates and internal recharges are £16k favourable. Income from Activities is £943k favourable.
Cardio-vascular	**(£8,272)**	**(£7,440)**	**Year End Position:** The unidentified CIP contributes £5.5m to the reported adverse position. Income is £1.5m adverse due to a month 12 adjustment of £3.9m as a result of serving notice on the Bexley contract. The underlying position is £2.3m favourable on NHS Income, primarily due to Cardiology over-performance on pass-through activity. Pay is £1.2m adverse, primarily due to a medical staff overspend of £938k. Non-Pay is £502k favourable as a result of the month 12 Bexley adjustment reducing our liabilities with Provider Trusts by the same £3.9 in-month. The underlying position on non pay is £3.4m adverse, due to over 50% growth in pass-through device expenditure for both Cardiology and Vascular.
CLIMP	**(£1,816)**	**(£1,609)**	**Year End Position:** The unidentified CIP contributes £2.0m to the reported position. NHS income is £1.4m favourable driven by activity growth in PET (£608k favourable) and charging for additional PBR excluded devices from July (£316k). Non- pay £1.5m adverse driven by PET scan costs of £608k. The MRI outsourcing cost from Alliance LTD drives an over spend of £200k and increased usage of KCL scanners costing £46k.
Dental	**(£658)**	**(£754)**	**Year End Position:** NHS income is £402k adverse due to a low Orthodontics activity in April and May. Pay is £331k adverse mainly driven by medical staff. Operating income is £253k favourable due to DSIFT income being reallocated from KCH to GSTT. Non-pay is £85k adverse due to medical & surgical equipment (MSSE) costs. Internal recharges are £92k adverse due to anaesthetic costs driven by activity over performance in Oral Surgery. The unidentified CIP contributes £155k to the adverse position.

Variance: Favourable \ (Adverse)

Integrated Performance Report
M12 2015–16 Directorate Commentary

Guy's and St Thomas' NHS
NHS Foundation Trust

	Month 12 YTD Variance	Prior Month YTD Variance	
Evelina London Children's Healthcare	**£634**	**(£348)**	**Year End Position:** NHS income is £2.4m adverse, driven by PICU, Paediatric ENT, Neurosciences and Cardiac. Other Income is £200k favourable mainly due to charitable income and income from outreach clinics. Pay is £4.8m favourable due to high Health Visitor, School Nursing and Speech & Language Therapist vacancies within Community, along with slippage in recruitment to Business Planning posts. Non-pay is £930k adverse mainly as a consequence of pass-through drugs expenditure and bad debt provision for private patients. The unidentified CIP is £1.1m.
GRIDA	**£5,284**	**£4,881**	**Year End Position:** NHS income £4.1m favourable and the EB laboratory block contract increase is £350k favourable. Pay is £1,424k favourable in clinical areas, with vacancies across existing and new posts throughout the year. Drug costs are £620k adverse driven by pass-through drugs which is offset in income. Pathology costs are £243k favourable.
Inpatient Services	**(£602)**	**(£581)**	**Year End Position:** The unidentified CIP totals £1.0m at year end. Pay is £370k adverse. Non-pay spend [including internal recharges] is in line with plan. Operating income is favourable by £30k.
Medical Specialties	**£388**	**£616**	**Year End Position:** NHS Income (excluding pass through income) is £1.0m favourable. Pay is on plan as a result of recognising prior year benefits of £200k. Non-pay [including internal recharges and net of pass-through drugs and devices] is adverse by £600k, driven by recognising prior year benefits of £830k and a one-off mobilisation cost relating to Diabetic Eye Screening Services.
Onc, Haem & Cell Path	**(£4,021)**	**(£3,741)**	**Year End Position:** The unidentified CIP contributes £4.1m to the year-end position. NHS income, excluding high cost drug and blood pass through income, is on £1.4m adverse. Pay is £2.6m favourable, driven by vacancies against posts approved at the end of 2014-15 and new posts approved during 2015-16. Non pay drug costs (net of pass through income) is £570k favourable. Clinical supplies is £30k favourable following increased month 12 spend, and bed days is adverse by £250k.
Pathology	**(£3)**	**(£300)**	**Year End Position:** Activity related payments made to Viapath show are £410k adverse. This is offset by internal Pathology income for testing services provided to clinical directorates which is £590k favourable. Costs associated with charges for external work are £550k adverse, net of NHS activity income. The position includes prior year benefits of £280k.

Variance: Favourable \ (Adverse)

Integrated Performance Report
M12 2015–16 Directorate Commentary

Guy's and St Thomas' NHS
NHS Foundation Trust

	Month 12 YTD Variance	Prior Month YTD Variance	
PCCP	**(£8,941)**	**(£8,571)**	**Year End Position:** The unidentified CIP contributes £5.8m to the adverse total. NHS Income is £3.0m favourable due to Critical Care and Lane Fox over performance, partially offset by Pain Management underperformance. ECMO activity in 2015/16 was above plan, with month 12 achieving a record high level of activity. Theatre SLM income is £15k favourable and achieved an average of £209k theatre income per day. Nursing pay is £1.5m adverse and Medical staff pay is £13m) adverse, both as a result of temporary staffing requirements. Non Pay is £3.2m adverse, which primarily relates to the Lane Fox Remeo contract £1.3m (which is offset by income), Clinical Supplies is £1.1m adverse which driven by activity along with ECMO transport (£160k adverse), Drugs (£141k adverse) and Specialist Critical Care beds (£291k adverse).
Pharmacy and Medicines M'gmnt.	**£627**	**£600**	**Year End Position:** Income from activities is £73K favourable due to over performance on overseas patients (£52k). Operating income is £55k favourable mainly due to ad-hoc orders from KCL and Bart's (£128k), which is partially offsetting by an adverse position in relation to income from pharmacy production (£181k). This is due to the later than planned commencement of the Fresenius Kabi Calcium Chloride Contract. Pay under spend by £557k driven by favourable positions for centralised vacancy factor (£395k), Technical Officers (£357k) and Pharmacists (£117k). These are offset by an adverse position on the unidentified CIP of £373k. Non pay over spend by £25k. Internal recharges are £33k adverse. The biggest value relates to Nuclear Medicine (£18k). The post room recharge for Pharmacy £25k adverse.
Surgery	**(£2,857)**	**(£2,532)**	**Year End Position:** The unidentified CIP contributes £582k to the reported adverse position. NHS Income is £3.0m adverse due to low elective and outpatient activity. Operating income is £220k favourable due to the introduction of SLA billing arrangements for Plastic Surgery. Medical pay is £671k adverse as a result of agency staff used to cover vacancies and long term sickness at the junior grades. Non-pay is adverse by £25k due to increased Orthopaedic theatre consumables in month 11.
Therapies	**(£95)**	**(£128)**	**Year End Position:** The unidentified CIP contributes £647k towards the adverse position, which is offset by a favourable non pay position achieved through controlled stock ordering and successful directorate specific price negotiations which have contributed £300k. Inpatient Activity is £267k favourable as a result of SLR for Stroke being activated. Income from activities is £16k adverse driven by NHS income (£83k favourable) offset by private patient income, which is £99k adverse, as a result of unmet growth targets. The NHS income includes LIMs Community income targets loaded in month 6 to CCG income which is not recognised in contract monitoring. Excluding the LIMs Community Income target, Therapies would have ended the Financial Year as £651k favourable. The rate of Direct Pay overspend has been closely managed and reduced through Agency staff conversion to Staff Flow and substantive recruitment. Total Pay £(666k overspend with un-identified savings contributing £(647k). Internal Recharges are £560k favourable, which improved as a result of the activation of SLR Stroke Activity in month 6.
Women's Services	**(£2,191)**	**(£1,941)**	**Year End Position:** The Unidentified CIP of £2.14m contributes to the £2.19m adverse position. NHS income is £480k adverse driven by low Ante Natal Pathways in Maternity which is partly offset by high acuity / case-mix for deliveries. Private patient income is £1.3m ahead of plan relating to Assisted Conception and Westminster maternity driven by to high activity levels and backdated billing for ACU storage. Pay is £40k favourable due to vacancies within Admin & Clerical which is partly offset by adverse midwifery agency costs. Non-Pay is £590k adverse due to drugs over spends across all specialties. Internal recharges are £310k adverse, reported across pathology and microbiology relating to the high level of ACU private patient activity.
Chief Executive	**£145**	**£92**	**Year End Position:** under spend driven by vacancies and slippage on cost pressures within the Strategy department; the large under spends against pay and non pay budgets are attributable to Hosted Services, and are off-set by reductions in income and internal recharges.
Chief Nurse	**(£154)**	**£61**	**Year End Position:** The Unidentified CIP totals £380k and has been off-set by vacancies across a number of departments and additional income. The reasons behind the in month deterioration meant a balanced financial position was not achieved.

Variance: Favourable \ (Adverse)

Integrated Performance Report
M12 2015–16 Directorate Commentary

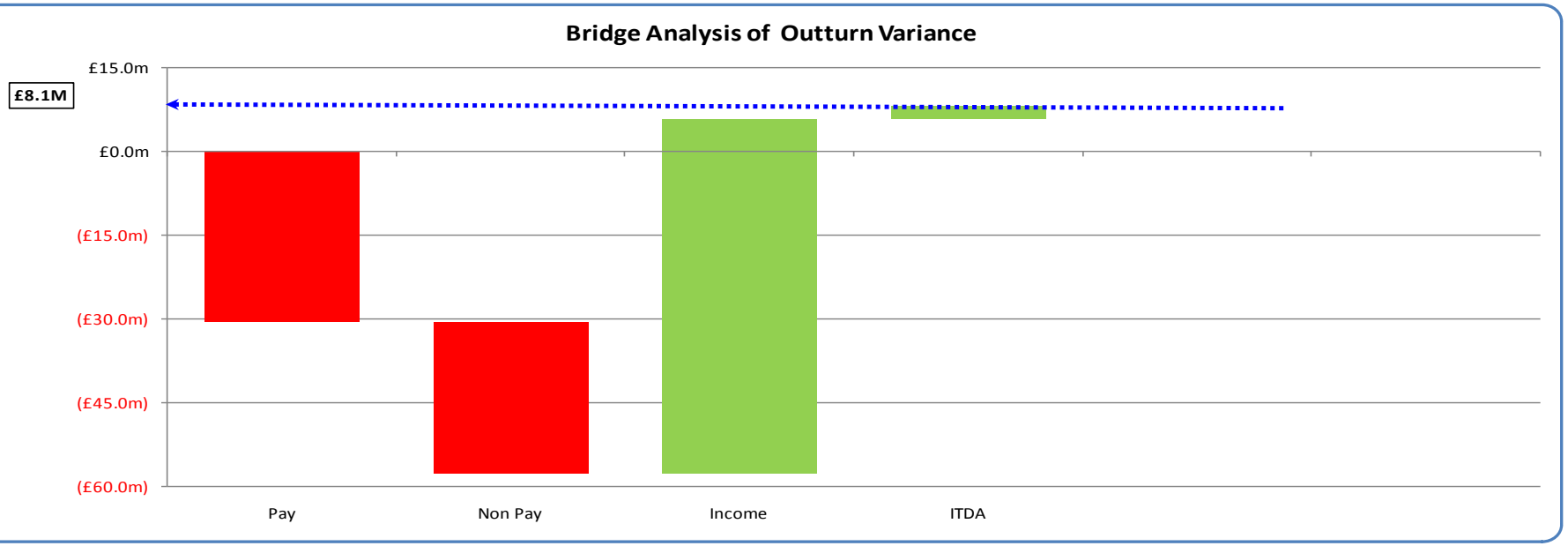
Guy's and St Thomas' NHS
NHS Foundation Trust

	Month 12 YTD Variance	Prior Month YTD Variance	
Chief Operating Officer	**£129**	**£137**	**Year End Position:** Under spends within the Transformation Board and FFF programme have to off-set over spends against non pay budgets and income shortfalls within Informatics.
Director of Essentia	**(£3,556)**	**(£3,964)**	**Year End Position:** Slippages against the 2015/16 CIP schemes contributes £1.1m to the year-end position (primarily due to the renewal of the Patient Transport contract). Within Asset Management, an estimated £1.1m for increased rental costs for York road has been included. These have been partially off-set by prior year rates rebates from Lambeth and Southwark totalling £600k. Essentia Technology is £755k adverse, mainly due to increased expenditure on telecoms mobiles charges for the Trust and equipment costs of £361k together with the costs incurred ahead of plan against various Capital related schemes (including £288k on the FIT Programme). Patient Transport is £430k adverse, due to increases Non-Pay costs linked to delays with new tender and other supplier issues compliance. Essentia Community Services is £363k adverse on income which has been due to non achievement of income targets on Corporate and Community Properties. Cost pressures totalling £0.5m are been recorded in Engineering and Building due to infrastructure failures and increased building maintenance.
Reducing Fixed Costs-CIP Initiatives	**(£8,200)**	**(£7,253)**	**Year End Position:** The unidentified element pertaining to the Trust Fixed Cost Challenge CIP contributes £7.4m to the adverse total. The remainder of the adverse position is due to slippage against identified CIP's including Minerva House. Prior year benefits of £375k from KCL's contribution toward the Tower cladding project, and £726k of rental income from the HCA has been recognised in the position. Essentia has contributed £1.8m of CIPs against the Trust Target of £9.5m.
Director of Finance	**£1,134**	**£815**	**Year End Position:** £434K additional VAT recovered, £539K additional income from providing services to external organisations or hosted services, the remainder is attributable to vacancies.
Medical Director	**(£82)**	**(£224)**	**Year End Position:** the Unidentified CIP totals £430k and were off-set by additional research funding and under spends from leasing budgets.
Commercial Director	**£4,746**	**£4,916**	**Year End Position:** a significant element of current performance related to activities from last financial year and include the receipt of a prior year income rebate of £433K, recompense for costs incurred of £920K over the last two financial years and settlement of outstanding private patients debts of £600K. Other favourable performance relates to the current financial year.
Director of Workforce	**(£767)**	**(£794)**	**Year End Position:** The Unidentified CIPs total £433k, £113K over spend in the Nursery budget, primarily due to less income than planned, vacancy targets not met and a prior period tax settlement.

Variance: Favourable \ (Adverse)

Integrated Performance Report
M12 2015–16 Bridge Analysis

Guy's and St Thomas' NHS
NHS Foundation Trust

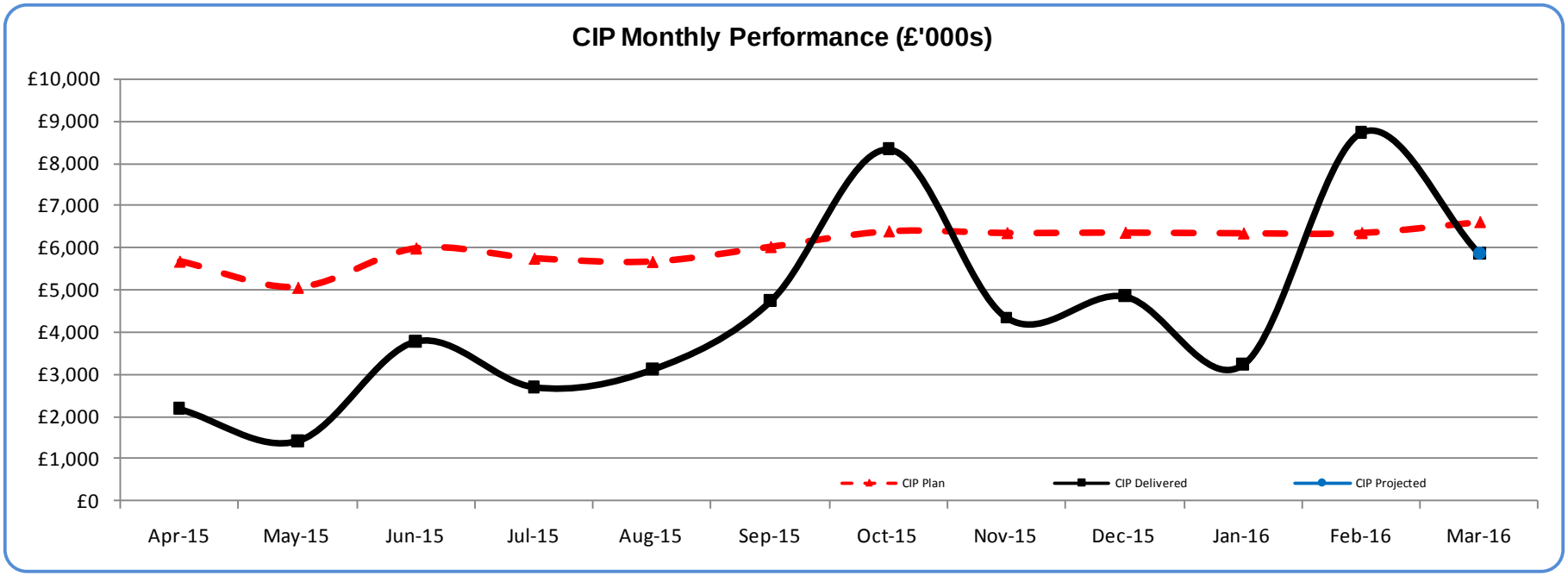


Bridge Analysis

- the Trust has recorded a loss of £11.0M, which is £8.1M better than the planned loss of £19.1M; this excludes donated capital income of £27.0M and impairments \ disposals of £50.0M
- **Pay £30.6M over spent:** Includes unidentified savings of £38.3M. The pay run rate of £64.3M is the highest this year, in the main due to activity and also accruals in respect of payments to Medical staff.
- **Non Pay £27.1M over spent:** the main drivers of the non-pay overspend are increased costs of clinical supplies and drugs of £15.5M to deliver the additional activity, transfers from Capital of £9.3M, a budget phasing adjustment of £11.2M which is offset in income and other premises and establishment costs. £15.9M of earmarked reserves have been released to partly mitigate the Unidentified savings and Directorate cost pressures.
- **Income £64.5M above plan:** Commissioning income is reported as £30.1M above plan, Prior year income above that accrued at year end of £4.2M is now recognised, DoH funding in respect of capital slippage of £8.0M was received in February and other increased income primarily relates to Commercial and Essentia.
- **ITDA £2.2M under spent:** Depreciation £1.8M more than plan, due to Capital expenditure incurred on leased properties. PDC £4.0M less than plan following estate revaluation

Integrated Performance Report
M12 2015–16 CIP Performance

Guy's and St Thomas' NHS
NHS Foundation Trust



CIP Performance

- The Trust CIP plan for the year is £72.5M, with an average monthly run rate of £6.0M
- Local plans of £32.3M have been delivered, in addition the allocation of the Local Incentive Scheme funding of £5.0M and benefits to be released from the balance sheet of £16.1M has helped mitigate the current shortfall.
- The monthly performance review meetings (PRMs) with the clinical directorates reviewed the CIP programme, identified blockages and agreed actions required to recover any slippage.

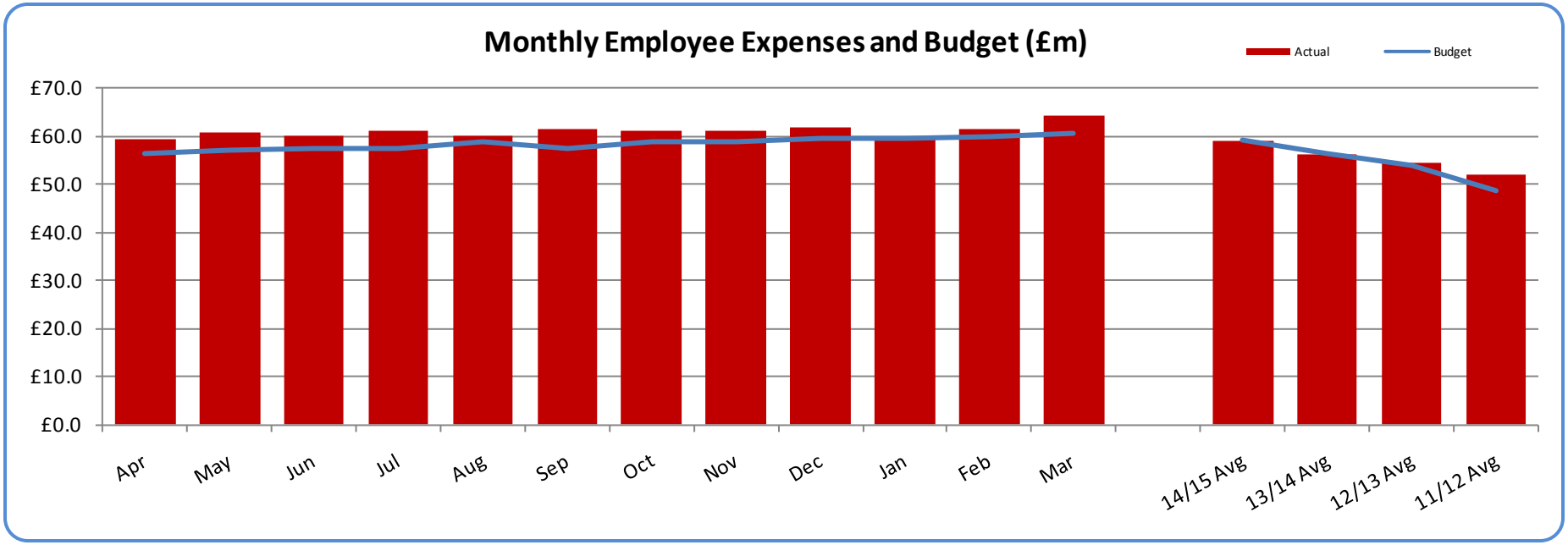
Integrated Performance Report
M12 2015–16 FFF CIP Delivery

Guy's and St Thomas' NHS
NHS Foundation Trust

Year to Date				Annual Plan		
CIPs Required	CIPs Delivered	CIPs Variance	By Theme:	CIPs Required	Projected Total CIPs	CIPs Projection VAR
£2,492	£832	(£1,660)	Temporary staffing	£2,492	£832	(£1,660)
£1,002	£959	(£42)	Medical workforce transformation	£1,002	£959	(£42)
£503	£383	(£120)	Nursing productivity	£503	£383	(£120)
£408	£225	(£183)	AHP productivity	£408	£225	(£183)
£616	£461	(£155)	Pharmacy for the future	£616	£461	(£155)
£1,518	£1,739	£221	Surgical productivity	£1,518	£1,739	£221
£939	£918	(£20)	Clinical pathways	£939	£918	(£20)
£588	£268	(£320)	Private patients	£588	£268	(£320)
£1,291	£448	(£844)	Outpatients	£1,291	£448	(£844)
£1,126	£1,002	(£124)	GP & tertiary pathways	£1,126	£1,002	(£124)
£91	£71	(£20)	Service line management	£91	£71	(£20)
£211	£185	(£26)	Imaging	£211	£185	(£26)
£13	£13	£0	Work practices	£13	£13	£0
£0	£0	£0	Work places	£0	£0	£0
£307	£270	(£37)	Space review team	£307	£270	(£37)
£3,257	£2,737	(£520)	Fixed cost challenge	£3,257	£2,737	(£520)
£228	£269	£42	End user technology	£228	£269	£42
£1,185	£1,308	£123	Improving patient access service	£1,185	£1,308	£123
£4,460	£4,463	£3	Clinical coding	£4,460	£4,463	£3
£1,356	£1,280	(£76)	Medicines optimisation	£1,356	£1,280	(£76)
£6	£6	£0	Busting bureaucracy	£6	£6	£0
£5,441	£4,313	(£1,128)	Procurement	£5,441	£4,313	(£1,128)
£2,145	£1,858	(£287)	Pathology	£2,145	£1,858	(£287)
£38,276	£4,879	(£33,397)	Unallocated CIPs	£38,276	£4,879	(£33,397)
£5,107	£24,498	£19,391	Directorate Initiatives Outside of Themes	£5,107	£24,498	£19,391
£72,567	**£53,388**	**(£19,179)**	**Total All Themes**	**£72,567**	**£53,388**	**(£19,179)**

Integrated Performance Report
M12 2015–16 Employee Expenses

Guy's and St Thomas' NHS
NHS Foundation Trust

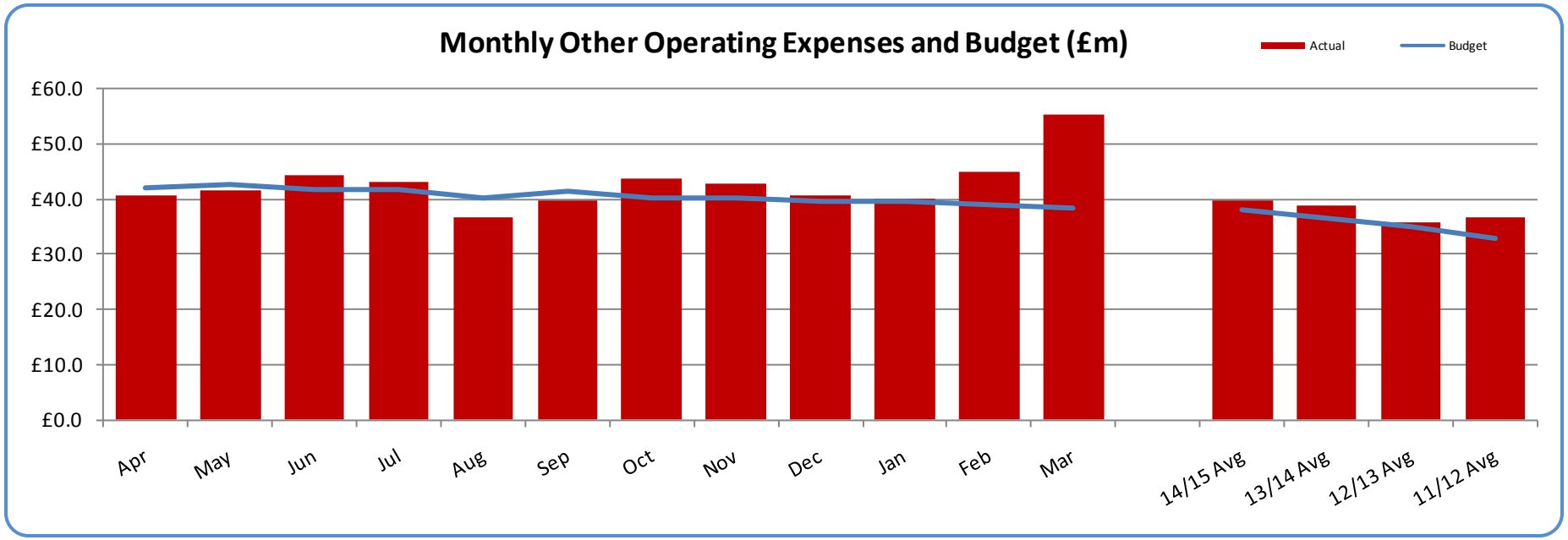


Monthly Employee Expenses

- March pay bill £64.3M is the highest this year. There was a £1.7M increase in respect of Clinical Directorates pay costs, in the main this is activity related. Additional medical payments in respect of clinical excellence awards and Junior Doctor banding claims have been accounted for,
- Unidentified savings of £38.3M are recorded under Other pay groups.

Integrated Performance Report
M12 2015–16 Other Operating Expenses

Guy's and St Thomas' NHS
NHS Foundation Trust

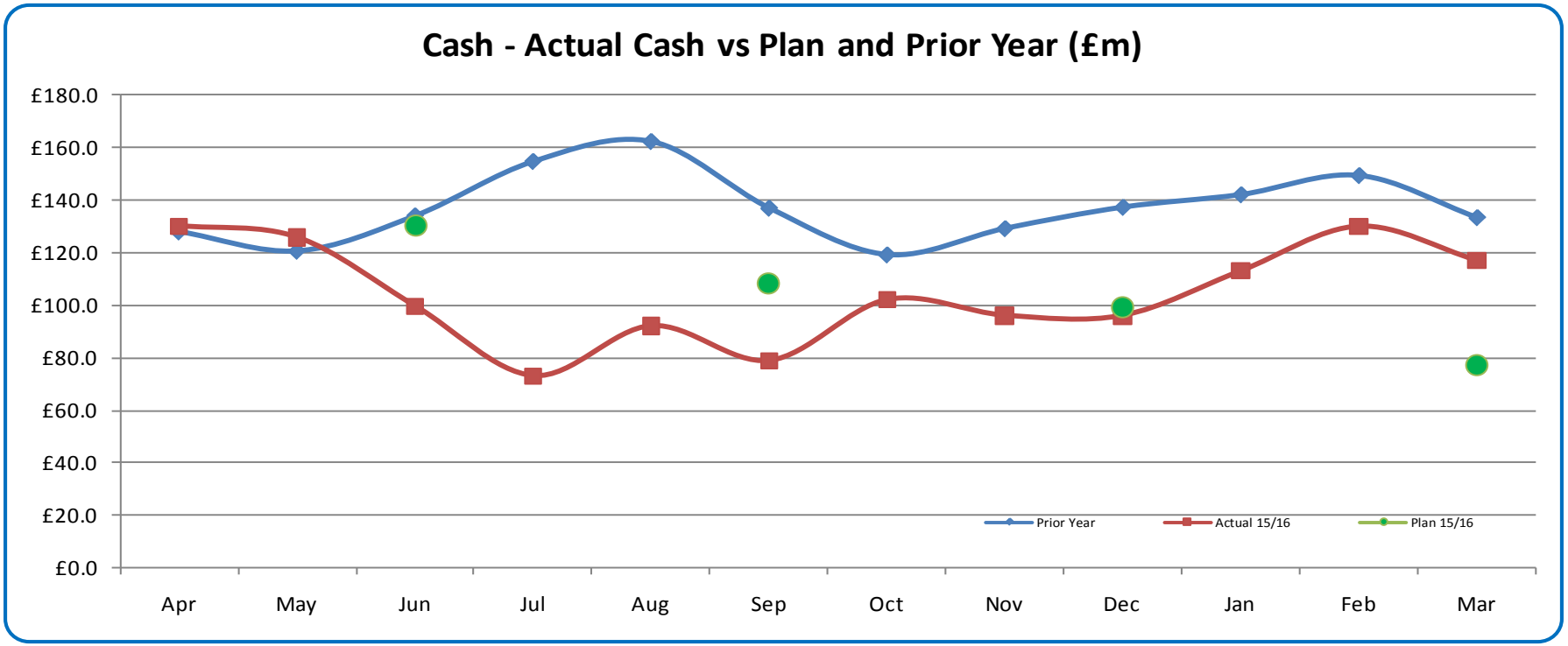


Monthly Other Operating Expenses

- Operating Expenses at March were £513.8, which is £27.1M above plan
- In month over spend of £16.9M, £11.2M of which is a budget phasing adjustment and is off-set in income, £5.3M of costs were transferred from capital, other increased costs relate to clinical supplies and drugs, premises and establishment.
- The main drivers of the cumulative non-pay overspend are increased costs of clinical supplies and drugs of £15.5M to deliver the additional activity, transfers from Capital of £9.3M, a budget phasing adjustment of £11.2M which is offset in income and other premises and establishment costs. £15.9M of earmarked reserves have been released to partly mitigate the Unidentified savings and Directorate cost pressures.

Integrated Performance Report
M12 2015–16 Cash Flow

Guy's and St Thomas' NHS
NHS Foundation Trust

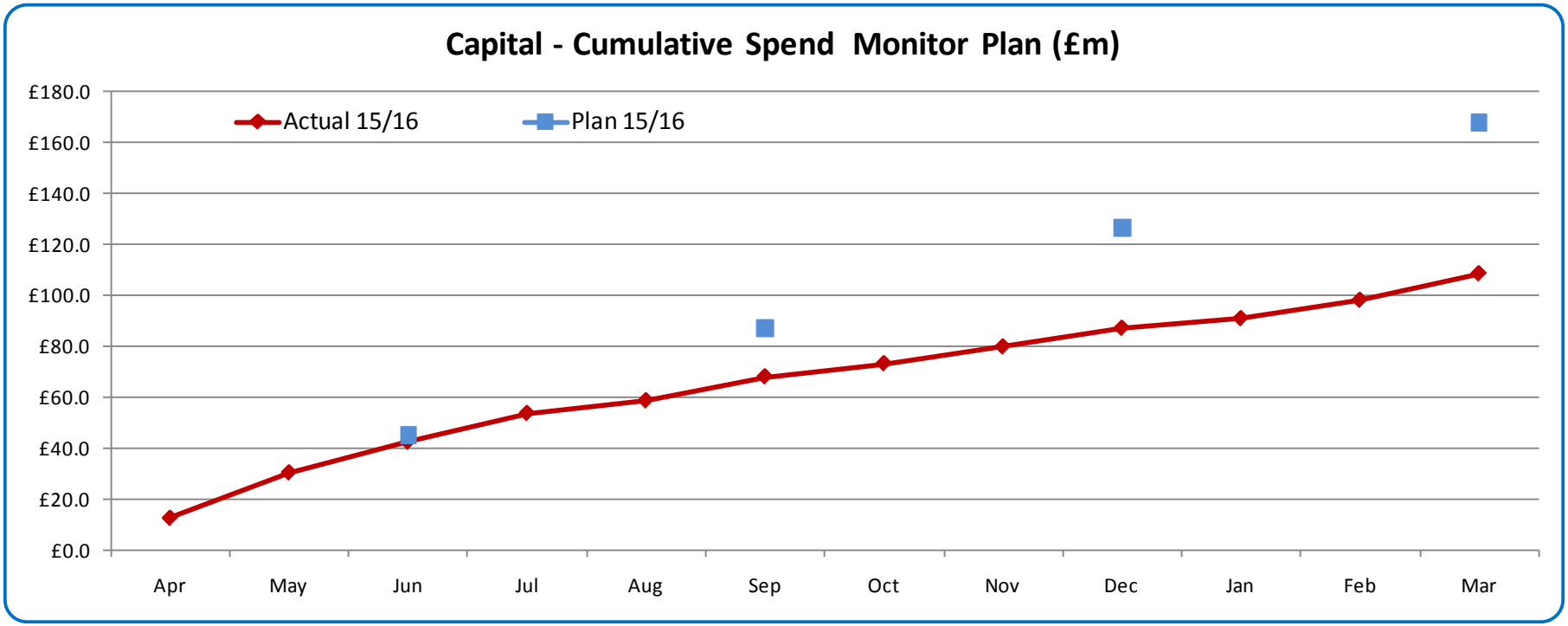


Cash Flow

- The graph above shows the actual cash and cash equivalents held by the trust. The plan is set Quarterly with Monitor.
- The cash balance at the end of March is £117M, which has reduced by £13.0M from last month, and is £40.0M ahead of plan, mainly due to a PDC Dividend payment of £12.0M
- The finance team monitor the cash balances on a daily basis and on a weekly basis the payment of supplies, also liaising with capital projects to identify when large contractual payments are due.

Integrated Performance Report
M12 2015–16 Capital Expenditure

Guy's and St Thomas' NHS
NHS Foundation Trust



Capital Expenditure

- The trust monitor plan is for £167.9m of funding available for capital projects for the year 2015/16
- The capital spend as at the end of March (Month 12) is £108.5M, which is £59.4M below plan.
- The capital schemes in the trust are monitored monthly by the IPB who also review additional capital schemes.
- A 5 year capital plan has been submitted to Monitor laying out plans and aspirations for the trusts capital expenditure and development of the trusts estate.

Board of Directors	Guy's and St Thomas' NHS NHS Foundation Trust
Documents Signed under Trust Seal 1 January to 31 March 2016	**27 April 2016** **BDA/16/12**

This paper is for:	
Decision	
Discussion	
Noting	X
Information	

Sponsor:	**Chief Executive**	
Author:		
Reviewed by:		
CEO*		
ED*		
Board Committee*		
TME*		
Other*		

* *Specify*

1. Introduction

In line with the Trust's Standing Financial Instructions, the Chairman, Hugh Taylor with Amanda Pritchard, Chief Executive signed document number 702 to 705 on behalf of the Trust, under the Foundation Trust's Seal during 1 January to 31 March 2016.

2. Recommendation

The Board is asked to note the record of documents signed under Trust seal

Number	Description	Date
702	Deed of Variation of a lease relating to part ground and part first floors Health Centre, Abbey Court, 7-15 St John's Road, Tunbridge Wells TN4 9TF between (1) Assura Properties and (2) Guy's and St Thomas' NHS Foundation Trust.	02.02.16
703	Deed of Variation of Licence relating to 4-5 Burrell Street, London between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Marie Stopes International Limited.	09.03.16
704	Deed of Variation supplemental to a lease dated 15 June 2015 to a car park at Carlisle Lane, Founder's Place, London SE1 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Guy' sand St Thomas' Charity.	09.03.16
705	Overage Deed in respect on 221 Consort Road, Southwark, London SE15 3SB between (1) Guys' and St Thomas' NHS Foundation Trust and (2) Lightbox One Limited.	09.03.16