

Board of Directors Meeting 26th October 2016

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Board of Directors

***Meeting to be held 26th October 2016
at 3:45 pm in the Robens Suite, Guy's Hospital***

A G E N D A

1. Care Awards presentations
 2. Apologies: Ann Macintyre, Steve McGuire, Reza Razavi
 3. Declarations of Interest *oral*
 4. Minutes *attached* (BDA/16/18)
 - a) Board of Directors meeting held on the 27th July 2016
 - b) Annual Public Meeting held on 15th September
 5. Matters arising from the minutes of the previous meeting
 6. Chairman's Report *to follow* (BDA/16/19)
Hugh Taylor
 7. Chief Executive's Report *attached* (BDA/16/20)
Amanda Prichard
 8. Business and Financial Planning 2017/18 & 2018/19 *attached* (BDA/16/21)
Martin Shaw/Simon Steddon
-
9. Reports from Board Committees:
 - a) **Adult Local Services: minutes 21st September**
 - b) **Audit: minutes 13th September**
 - c) **Cancer Services: minutes 28th September – to follow**
 - d) **Children's Services: minutes 21st September**
 - e) **Corporate Management: 14th September**
 - f) **Quality and Performance:**
 - i. Minutes, 12th October
 - ii. IQPR, August
 - iii. Finance Report Month 6
 10. Register of Documents signed under seal *attached* (BDA/16/22)
Amanda Pritchard

Any Other Business

The next Board of Directors meeting will be held on 25th January 2017 at 3:45pm in the Robens Suite, Guy's Hospital

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Guy's and St Thomas'

NHS Foundation Trust

Board of Directors

**Minutes of a public meeting held on Wednesday 27th July 2016
at 4:00 in the Governors' Hall, St Thomas' Hospital**

Present : Sir Hugh Taylor (Chairman)

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

Attendance:

Mr P Allanson	Trust Secretary
Ms V Cheston	Commercial Director
Ms A Dawe	Director Operations and Strategic Development, Adult Local Services
Ms A Knowles	Director of Communications
Mrs J Parrott	Director of Strategy
Mr S Brown	title for agenda item BOD/16/34
Prof N Chambers	Nuffield Trust
Ms R Thorlby	Nuffield Trust
Member of the Council of Governors; members of the public; and members of staff	

BOD/16/28 Apologies

Ms H Coffey, Prof R Razavi, Dr S Steddon, Mr S Weiner.

BOD/16/29 Declarations of Interest

No declarations of interest were made.

BOD/16/30 Minutes of the meeting held on Wednesday 27th April 2016

The minutes of the meeting held on 27th April were approved as a true record.

BOD/16/31 Matters Arising

There were no matters arising.

BOD/16/32 Chairman's Report

The Chairman noted that there had been a number of changes at Board level in the Trust. Sheila Shribman had been asked to become deputy chair in succession to Diane Summers, Priya Singh had taken up the chairmanship of the Quality and Performance Committee. At executive level, the Chief Nurse and Chief Medical Director had become deputy chief executives, signalling the importance of clinical leadership in partnership with senior management.

The Board also noted the appointment of David Perry as non executive adviser to the Board on information, IT and the digital agenda At the end of the year. Robert Drummond would also become non executive adviser on commercial matters and stand down from the Board as a director, in line with best practice guidance the Board had received on its governance of its Commercial interests.

In order to be in a position to capitalise on digital opportunities, it had been decided to undertake a wide ranging but quick review of the Trust's readiness and capability to embrace this agenda across the whole organisation. An external company was being appointed to undertake the review which the Board would consider in the autumn

The significance of relationships across King's Health Partners had been in the minds of colleagues particularly in response to the work leading up to the bid for reaccreditation of the BRC. The outcome was due shortly but working across the organisations had been good and should be carried forward into the work on the cardiovascular and haematology institutes which were expected to be ready for further consideration in the autumn, with SOC's available for approval around the turn of the year.

BOD/16/33 Chief Executive's Report including Business Planning

The Chief Executive acknowledged the work of the executive team at Board level and amongst the group reporting directly to executive directors. The strength of this group was evidenced in the internal appointment made of a Guy's and St Thomas' Medical Director and the Director of Transformation.

Operational Performance and Financial Delivery

The Trust had received the Strengthening Financial Performance and Accountability in 2016/17 document from NHS Improvement which signalled a marked change in tone and attitude from the centre. It contained detailed information about financial performance and the expectations for performance of those trusts that had accepted STF money in exchange for control totals. Payment was dependent on meeting both financial (70%) and operational targets (30%). The paper also linked performance against plan to STP system plans, introduced a two year planning cycle that would begin in the autumn and promised guidance and consultation on tariff in time for a September launch.

The Quality and Performance Committee had held a detailed discussion on current performance and the Board's attention was drawn particularly to the 20% increase in referrals compared to a planned assumption of 5%. Much of the uplift had come from SE London and more work was under weigh with commissioners to understand what was happening and the extent to which it would be possible to manage demand.

Meeting the 95% access target to A&E remained elusive but performance was largely sustained at about 90% which was in the face of increased demand and acuity. During the rebuild, space continued to be a challenge which would grow significantly as the next phase was begun, mitigation was concentrated on finding ways of treating patients outside the majors area and making sure that the urgent care centre worked as effectively as possible.

Internal performance on the 62 day cancer wait target was almost meeting the 85% requirement and further work was being done to make sure that this was achieved consistently. The performance of other referring trusts remained problematic and it was too early for the Accountable Cancer Network which the Trust was leading to have made much impact but getting traction on pathways in other referring trusts was a key priority.

Safety

The Trust had been holding a campaign to raise general and specific safety issues partly in response to the recent serious incidents and never events. These had included safety briefings and “incident of the day”. There would be a follow up event in the autumn.

The Chief Nurse raised a serious incident where the Trust lost the ability to link lap top computers to the wi-fi which led to clinicians using manual records as part of the drugs administration process. Over 69,000 “missed” doses had had to be reconciled to the system once it had been restored. There had been 28 errors but no harm events. As part of the learning from the incident, regular drills would be run to make sure that staff were able to cope in the event of IT failures which should now be assumed to be possible. Staff had performed exceptionally to keep the Trust running safely during the incident.

The Board noted the change in practice to the frequency of DBS checks which would now be subject to an annual declaration as part of the appraisal process rather than running the checks every 3 years.

Fit for the Future

The programme had been relaunched with a week of activities including the annual dragon’s den which again proved to be a highlight. Fit for the Future remained an essential part of the balance between money, access and quality in support of the Trust’s values especially as it was also expected to respond to central initiatives.

National inpatient survey

For the first time in 10 years there was a deterioration in the results of the survey which was based on patients in July 2015. Since then some work had taken place which it was hoped would be evident in the next survey. The impact of the increased use of technology on wards had had its effect and it was recognised that further work to improve the processes for moving patients out of hospital. This was important as there was some evidence that what happened at the end of a patient’s stay coloured the impression of the whole episode.

Care Notes

The community IT system which was struggling with the upgrade had no appointed a project director with clinical support being added to the team Helpfully, the next software release had been deferred to August to give more

training time. Meetings were taking place with the system supplier and with the CCG who ran the infrastructure, rather than the Trust.

Single Oversight Framework

The Board was briefed on a consultation by NHS Improvement on the introduction of a new assessment framework for all trusts which proposed to base its quality assessments on CQC results, by domain and which had a much more binary feel about the approach to assessing performance. It was also the case that the leadership model described did not appear to fit with the range of responsibilities of a Trust being encouraged to work across systems as well as teaching, research and specialist treatment. Whilst the Trust might make its own contribution to the consultation it was hoped that the responses being written by the Shelford Group and NHS Providers would reflect the Trust's views.

Sustainability and Transformation STP Plan

The Chief Executive, who was SRO for the SE London STP, introduced the transformation plan that had been submitted to NHS England and been reviewed by the NHS Chief Executive. This was the work of all local NHS organisations and their local authorities with collaborative change aimed at moving people out of hospital as quickly as possible, reducing variation in the standard of treatment by improving quality and its consistency.

There were ambitions to reduce costs through bringing together non clinical support systems including estates, workforce, pathology, procurement and other back office functions. In clinical terms, specialist services were now to be a part of STP plans but in this case the stretch was across South London rather than SE London.

2016-17 was to be regarded largely as a start up year although immediate delivery of community based care and better access to primary care were expected as was the establishment of collaboration on estates and procurement. It was acknowledged that there was scope for further due diligence on the delivery of benefits especially as some would require investment to achieve.

Whilst acknowledging that standardisation and improvement went hand in hand and that collaboration would bring benefits, it was also a requirement that the rest of the system was as successful as the Trust – and that it maintained its performance to deliver them. How accountability would work was unclear and would be of concern to governors as well as to the Board.

Finance

On the STP, some modelling had been undertaken by PWC and work was needed to develop implementation plans. It was not clear whether their proposals were deliverable.

NHS Improvement had reverted to quarterly monitoring of the Trust's finances on the back of it meeting the trajectory for the first months of the year even though this projected a deficit. Month 3 was ahead of plan.

NHS Improvement had agreed to change the Trust's control total by £6mn giving a revised year end target of a deficit of £2.6mn. However, it was intended still to aim for a break even out turn so that there was cash available either to meet unexpected in year variances or to contribute to the capital programme. Month 4 was expected to be more difficult but the Trust expected

to qualify for the first draw down of STF money. The Director of Finance was discussing with NHS Improvement the impact that the large number of unforeseen referrals could have on performance to avoid being unfairly penalised by the actions of others for not meeting trajectories.

A further savings target of £19mn was being worked through with directorates. The Trust's reliance on agency staff, albeit largely in IT, meant that the Trust was under scrutiny although it was accepted that there were plans in place to reduce the number.

The Board was pleased to see the financial performance to date and reinforced the importance to the Trust's leadership ambitions and sector credibility of maintain its solvency and good stewardship.

BOD/16/34 Diversity and Equality

The Director of Equality and Diversity introduced the national picture describing how BME staff feel about how they are regarded which provided an opportunity to review individuals with protected characteristics and in particular the impact that unconscious bias could have on decisions taken. The Trust had had some good success with a number of promotions to middle and senior management positions, the development of an inclusive culture, which had been recognised by a number of awards and the unveiling of the Mary Seacole statue which had been well received by the communities served by the Trust. However, this was a diverse area and there remained much to do.

It was noted that a disproportionate number of BME staff were involved in disciplinary and grievance procedures. Making sure that hearing panels were suitably diverse for both recruitment and disciplinary actions would make an impact quickly.

The Board agreed it would support the plans for equality objectives that would be reviewed annually and were designed to promote directorate action to improve the diversity of the workforce. It was confirmed that mental health was a part of the consideration and that there was work across KHP on coding patients with mental health problems given that they often presented with a number of issues to be dealt with. This was an important agenda that the Board asked to be updated on from time to time.

BOD/16/35 Patient and Public Engagement Strategy Annual Report

The Director of Strategy introduced the second annual report against a three year programme showing progress being made against the 22 objectives in the plan some of which had been adapted to reflect current realities. Patients had been heavily involved in this work including in staff recruitment. Ultimately delivery was down to directorates and they had welcomed the tool kit that had been devised and was accessible through the Trust intranet. This gave practical advice on how to run engagement and consultation exercises and when to take advice.

The Board welcomed the continuing progress, welcomed the involvement of patients and governors and therefore the move across the matrix to co-production and design and reaffirmed its commitment to this important agenda.

BOD/16/36 Reports from Board Committees:

The Board of Directors noted the following:

- a) Adult Local Services: minutes 5th May and 15th June
- b) Audit: minute: 11th May
- c) Cancer Services: minutes 18th May
- d) Children's Services: minutes 11th May and 6th July
- e) Corporate Management: minutes 8th June
- f) Quality and Performance: 13th July
 - i. Minutes,
 - ii. IQPR,
 - iii. Finance Report Month 3

BOD/16/37 Register of Documents signed under seal

The Board noted the register of documents signed under seal during the period 1st April to 30 June 2016.

BOD/16/38 Any Other Business

There was none

BOD/16/39 Date and time of next meeting

The next meeting of the Board of Directors will be at **3:45pm** on **26th October** in **Robens Suite, Guy's Hospital**

Signed:

Date:.....

ANNUAL PUBLIC MEETING

Thursday 15th September 2016
Shepherd Hall, South Wing, St Thomas' Hospital

MINUTES

1. Introduction

The Chairman of the Trust, Sir Hugh Taylor, welcomed around 200 members of the Trust and of the public to the 2016 Annual Public Meeting. The Chairman highlighted that it was the first Annual Public Meeting with Amanda Pritchard as the Chief Executive of the Trust.

He also paid tribute to Patricia Moberly, Chairman of the Trust from 1999-2011, who passed away in September after a long illness. Patricia was well known across the whole Trust and held in deep affection. She was also active in the local communities, championing the interests of patients, carers and the Trust in many local forums.

2. The Chief Executive's Review of 2015-16 and update on future plans

The Chief Executive, Amanda Pritchard, reviewed the work and achievements of the Trust over the past year. It had been an exceptionally busy year for the Trust, with more than 2.3 million patient contacts in 2015/16 and saw a 10% increase in demand for many services. Staff across the Trust had worked hard to meet performance and financial targets, and were able to deliver savings of £93 million in 2015/16, ending the year with a small deficit of £11 million (£8 million better than plan).

The Care Quality Commission (CQC) had visited the Trust in September 2015 to assess the hospital and community services, and had rated the Trust 'Good' overall. The Trust was rated 'Outstanding' for providing 'caring' services, and the Evelina London Children's Hospital and the Emergency Department were both rated 'Outstanding'.

The phased opening of the new Cancer Centre at Guy's would see the first chemotherapy treatment given on 3 October 2016. At St Thomas' the new Emergency Floor project was well underway with a new revamped Urgent Care Centre recently opened.

The Trust continued to work with its partners to improve care through expanding the Local Care Record to all GPs in Southwark and Lambeth. The Trust was also playing an integral role in the development of the Sustainability and Transformation Plan for South East London.

3. Council of Governors' Report

The Lead Governor, John Porter, was unable to attend due to extenuating circumstances and his report was read on his behalf by Peter Allanson, the Trust Secretary.

It was the third report he had made to the Annual Public Meeting, which he was doing on behalf of his 31 fellow governors. John commented on the momentous year the NHS and the Trust had experienced, with much uncertainty about the future direction coming from the Trust's regulators, NHS Improvement, and the role of Sustainability and Transformation Plans in delivering a financially viable NHS.

The Trust had done much to support others, including through becoming a Foundation Healthcare Group Leader, and noted the Governors' concerns that the Trust must not overreach itself and overstretch its staff. The recent CQC inspection's excellent result was testament to the hard work of the Trust's dedicated staff, and that included the staff drawn from both the wider EU and the rest of the world.

The Governors acknowledged the challenges the NHS as a whole was facing in delivering the care patients rightly expect to receive, but they remained confident that the Trust would continue to provide the best possible care to its patients, for which the Governors were immensely proud and would do their very best to support.

4. Guy's Cancer – *Changing Cancer Care*

Alastair Gourlay – Project Director, Diana Crawshaw – Chair of the Patient Reference Group and Mairead Griffin – Director of Nursing for Cancer presented a video that showcased the development of the Cancer Centre at Guy's which was due to see its first patients on 26 September. The £160 million Cancer Centre had been designed by patients, for patients, that successfully realised the Trust's ambition to create a hospital that did not feel like a hospital. The centre brings together care that was previously delivered at 13 different locations under one roof, the collocation of cancer treatment and cancer research, and boasts the first ever radiology treatment centre that exists above ground level.

5. Community Rehabilitation and Falls Services

The Strength and Balance Class, as part of the Falls Programme, had been successful in reducing the number of people who have fallen, with 75% of people reporting improved clinical outcomes and 76% of people reporting increased confidence and ability to carry out daily activities. The team ran through one of the video exercise tapes that are made available to people who attend the strength and balance classes, which the whole meeting were encouraged to stand up and join in with.

6. The Trust Apprenticeship Programme

Ann Macintyre, Director of Workforce and Organisational Development outlined the Trust's programme that aims to have at least 300 apprentices by 2020. Working in partnership with various partners the Trust is able to offer a broad range of apprenticeships, and currently has 85 apprentices working in administration, pharmacy and Essentia, 20 of which are young people under the age of 19. There were 58 apprenticeships completed in 2015/16, with 66% recruited to jobs within the Trust. The programme has attracted several awards, including the Mayor's Fund for London Awards as a Work Experience Placement Provider of the Year.

7. Questions

Questions from the floor covered a number of topics including the Sustainability and Transformation Plan, the Trust's efforts in campaigning Transport for London (TfL) about bus drivers' careless driving, the security services at the Guy's hospital site, whether

more of the Trust's administration could be done online rather than through letters, patient transport efficiency, whether there has been a resolution on the dispute with TfL about the proposed floating bus stop on Westminster bridge, and how the Trust is supporting its junior doctors to deliver safe care in the context of the contract dispute and pending industrial action.

Finally the Chairman thanked everybody for their involvement and participation and congratulated the Communications Team for their hard work in pulling everything together for the meeting.

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Board of Directors meeting, 26th October 2016

Chairman's Report

to follow

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Board of Directors	Guy's and St Thomas'  NHS Foundation Trust	
Chief Executive's Report	26th October 2016	BDA/16/20

This paper is for:		Sponsor:	Chief Executive	
Decision		Author:	Trust Secretary	
Discussion	X	Reviewed by:		
Noting		CEO*	X	
Information		ED*		
		Board Committee*		
		TME*		
		Other*		

** Specify*

1. Introduction

The Trust is exceptionally busy. Our wards, outpatient clinics, operating theatres and emergency department are all busier than ever before and with some challenging patients. We are relentlessly focussed on delivery and as we turn our attention to planning for the next two years the accelerated timetable adds to the pressures on our staff. We are asked to submit two year plans and complete our contracting round with commissioners by Christmas rather than by the end of the financial year – or later – as in previous years. Fortunately, I am surrounded by dedicated and resilient staff throughout the Trust; that we continue to give our patients high quality and safe care is a tribute to them.

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

2.1 Operational Performance

The Trust continues to be the preferred choice for referrals across all specialties and the numbers continue to exceed last year's figures and indeed our planning assumptions for this year. GP referrals are up by 17% and tertiary referrals by 15%; the planning assumption was 5%. Clearly this has an impact across the Trust with outpatients under particular pressure and capacity more generally, both in terms of facilities and people, is very stretched. The inevitable consequence is that the referral to treatment, (18 week) target, is at risk. Indeed if we took no action then it would be likely to fall to 86% against the target of 92% by the end of the financial year. The increase is across all specialties and has had the effect of increasing our total waiting list by 10,000 to 58,135. We are talking to commissioners about how we can ameliorate the increasing demand in the short term whilst also looking at changes to pathways which will take longer to introduce. We are sending work elsewhere if possible – for example some adult ENT procedures will be redirected to community based specialist clinics. We are also working with local GPs on their referral practices to try to ensure we are seeing patients who genuinely need to come to the Trust. Inevitably this will affect our ability to meet the target from quarter 2. This will also affect our access to Sustainability and Transformation Funding which is dependent on our meeting targets. We are in discussion with NHS England about the impact of the additional, unanticipated referrals on our ability to meet the target.

Activity in A&E has also increased year on year by 7%, mainly for urgent care and for complex elderly patients. There multiple, different actions under way to try to mitigate the effect of these additional numbers. Even though we are in the middle of a major rebuild, we are making further space available for the most seriously ill patients from the end of October. We are reviewing medical staffing in the Emergency Department to match demand and diverting patients to GPs including to the hubs in Lambeth where appropriate. Our monthly star chambers are continuing with increased involvement of the specialties that can have the most impact on ED performance. On a broader front we have a number of initiatives under way to try to speed up the process of discharging patients and we are hopeful that the launch of “live bed state” in the middle of next month will also contribute to improving the flow of patients through and out of the hospitals too.

Meeting the 62 day cancer wait target is frustratingly challenging for those patients referred directly to us. We are improving and met the target in August but not in July or September. We are working to deliver a more sustainable level of performance particularly by reducing the number of avoidable breaches and working on process improvement within the cancer data team. Many referrals from other local trusts continue to arrive too late to treat within 62 days. We have participated in a “deep dive” review of our cancer performance with NHS Improvement and expect to receive feedback just before the Board meeting. The team presented well and positively and we were supported by our local commissioners. There was also a review held two days later with NHS England the specialist commissioner for cancer services.

Finally, I am delighted that we have met the diagnostics target for the first time since 2011. Unfortunately an unexpected problem has emerged in audiology which means that remedial action to recover a problem in that department means that we will not meet the target in Q3 but expect to be back to compliance thereafter.

2.2 Financial performance

Month 6 shows the Trust slightly ahead of plan but with £13mn cost improvements still to be found to meet the plan. Work continues to close the gap. Further detail can be found in the paper supporting item 9 on this agenda.

2.3 Quality update

The Quality and Performance Committee noted the progress being made on achieving our quality priorities for 2016-17 and suggested that these should form the basis of a formal quality strategy – I hope the Board will endorse this recommendation.

We continue with our campaign of continuous improvement with a challenging programme of transformation and incremental change managed through Fit for the Future. We now involve the whole of the Trust Management Executive in the management of the programme which is already improving senior engagement and buy in to the initiatives it is promoting giving more confidence that it will deliver substantial savings and quality improvements over the coming years. EDs are acting as senior responsible officers for the principle work streams and I hope that this will help to drive these forward under Hannah Coffey's lead.

We are experiencing increases in safeguarding cases both for children and adults. We have increased the size of the adult safeguarding team to cope with an increasingly complex caseload. We are also intending to work with NHS England over a proposal to designate London A&E departments as "safe places" for individuals subject to S136 police sections which we strongly feel would be inappropriate environments with major consequences for patients and staff.

The Committee also noted the progress on the action plan following last year's CQC inspection with all matters either completed or scheduled to do so. Action on maintaining openness and encouraging adverse events to be reported is clearly important even if it exposes what seems like a large number of never events and serious incidents. Our regular meeting with commissioners is helpful in ensuring that our actions are shared and discussed and gives reassurance that we take them seriously and are determined to learn from them.

3. System leadership role through external transformation and partnership: Sustainability and Transformation Plan (STP) Update

Since the previous meeting of the Board of Directors in July, the Trust has contributed to the development of an updated version of the south east London STP, coordinated by the Our Healthier South East London Programme Office, which will be submitted to NHS England on 21 October. We will be sharing a copy of this plan with the Board and Governors as soon as we are able to.

The Business Planning report summarises the size of the challenge for south east London which is close to £1 billion, of which the Trust's estimated share of this is approximately £182million. There remains, however, an affordability gap which will be reflected in the latest submission of the STP.

Moving forward, the STP will need to shift its focus from being in 'planning mode' to delivery. After a constructive and engaging conference on 6 October with representatives from across south east London, a session has been planned for the end of October to review the delivery plans for each of the STP workstreams. The Trust is playing an integral role working with its partners across south east London to create a revised governance structure that is fit for purpose for delivery and monitoring of the STP.

4. No smoking

We have decided to reboot the No Smoking campaign. Helpfully, KCL has now designated its parts of the Guy's site as smoking free which will enable us to secure greater compliance. St Thomas' has been much more difficult to turn smoking free and patients and visitors are resistant, sometimes to the point of aggression, when they are asked not to smoke on site. Whilst we should remain intolerant of visitors smoking on site, it is clearly more difficult with patients. We will be putting new signage and posters up at St Thomas' which will be prominent and unavoidable and responsibility for enforcing the rules will pass to Essentia and the security team. We have taken advice from other organisations with experience of poor behaviour from users and will be offering training and support for the staff involved to deal with this behaviour.

5. Violence and Aggression

There have been a number of signals in this report suggesting that we are worried about an increase in violence and aggression towards staff. We are unapologetic in saying that this is unacceptable and staff must not accept this as simply part of the job. So we launched a public campaign a few days ago, with the support of the Metropolitan Police and will be following this up with staff briefings and, by the end of the year, new policies and protocols.

6. Board Assurance Framework (BAF)

6.1 The Board completed its annual review of strategic risks on 27th July, agreeing risks to be monitored through the Board Assurance Framework (BAF). The Board asked two of its committees to monitor specific risks and seek assurance that controls are effective, retaining two risks concerning leadership and clinical strategy to be monitored by the Board itself.

The Corporate Management and Quality and Performance committees have nominated executive leads for ensuring that controls and risks are reviewed regularly. The committees have also confirmed that they are satisfied and confident about management of the risks.

Appendix 1 gives the risks to be monitored by the Board with information on existing controls and assurances.

6.2 The executive leads and committees for the remaining strategic risks, and the opinion of the Board Committee on the management of these risks are listed below.

Risk Title	Monitoring Committee	Executive owner	Board Committee satisfaction and confidence (Sept & Oct 16)
Workforce	Corporate Management	Director of Workforce	Satisfied and confident
Research funding issues	Corporate Management	Chief Medical Officer	Satisfied and confident
Non-delivery of estates capacity plans	Corporate Management	Director of Essentia	Some concerns – management report pending
Information technology to support business needs	Corporate Management	Director of Essentia with Director of Finance	Some concerns – assurance report pending
Quality of Care	Quality & Performance	Chief Nurse (Patient experience) Medical Director (Safety)	TBC
Financial plan delivery	Quality & Performance	Director of Finance	TBC
Activity and Performance Plan Achievement	Quality & Performance	Chief Operating Officer	TBC
Safeguarding	Quality & Performance	Chief Nurse	TBC
Quality governance systems	Quality & Performance	Medical Director	TBC
Leadership capacity	Whole Board	Director of Workforce	TBC
Clinical strategy ambitions	Whole Board	Chief Medical Officer	TBC

6.3 Request to the Board

The Board is asked to:

- confirm the Chief Medical Officer and Director of Workforce as executive leads for the risks at Appendix 1
- confirm that overall it is satisfied and confident about the management of these risks having received papers that give assurance at its meetings
- note the executive leads nominated by its committees.

7. Appointments

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

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
14/07/2016	Consultant in Histopathology with a special interest in Breast, Urologic, Gynaecologic and Pulmonary pathology (2 Posts) (CON283)	Dr Wen Ng Dr Daisuke Nonaka	New	100% GSTFT	N/A	03/01/2017 27/02/2017
COMMENTS: This post is required to support the service during CQC, BSI and CPA formal service reviews in order to maintain the current level of service and patient care. It will be detrimental to cancer waits if we do not have this post approved. There will be a huge impact on TAT's without a replacement consultant histopathologist being appointed. The only viable options would be to either reduce services and workloads to reflect the staffing levels and their workload capacity or recruit a locum consultant if a normal service was deemed essential which would be more costly to the Trust.						
20/07/2016	Consultant Dermatologist With A Specialist Interest In Medical Education (CON286)	Dr Eleanor Higgins	Replacement	100% GSTFT	N/A	08/09/2016
22/07/2016	Consultant in Paediatric Rheumatology (CON287)	Dr Vinay Mattihalli Shivamurthy	New	100% GSTFT	N/A	19/09/2016
COMMENTS: This post is required in order to continue the development of the Paediatric Rheumatology service, currently led by one consultant and the post will provide an extension of the consultant delivered clinical care across ELCH alongside the broader MDT, to ensure a more robust service for patients. This post is required to ensure that we create additional capacity to meet the growing demand for the service and adhere to the national RTT standards and reduce waiting times for patients and the post will support wider development of the network provision across the South East. Network Clinics are currently held three times a month at local children's services across the south east. These clinics are run under the 'Evelina@...' model, whereby the administration and co-ordination is done in-house and the income for the activity is received by Evelina London. In order to sustain and build on this level of network activity, it is necessary to increase the capacity within the service.						

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
28/07/2016	Consultant in Anaesthetics with a special interest in Paediatric Anaesthesia (CON290)	Dr Yosha Prasad	Replacement	100% GSTFT	N/A	23/12/2016
18/08/2016	Consultant Urologist (Andrology) (CON293)	Mr Tet Yap	Replacement	100% GSTFT	N/A	TBC
19/08/2016	Consultant in Upper GI Surgery (CON295)	Mr Mark Patrick Kelly	New	100% GSTFT	N/A	07/11/2016
<p>COMMENTS:</p> <p>This is a new post to support and enable provision of new OG cancer services to SE London and Kent. It is required as a minimum for commissioning as a specialist centre and to provide comprehensive emergency specialised care.</p> <p>The cessation of OG cancer services in Maidstone in 2013/14 resulted in the immediate transfer of all cancer work to GSTT. The catchment population for the oesophagogastric (OG) service at GSTT then doubled from 1.5 million (SE London) to almost 3 million (SE London and Kent).</p> <p>The current recommendations are for a centre to do a minimum of 60 resections a year with 4-6 surgeons to provide a 24/7 specialised emergency service. GSTT perform over 120 with 3 cancer surgeons and no formal emergency service.</p> <p>Despite the expansion into Kent, the work continues to be undertaken by a team set up to provide a service for SE London only. Currently, the surgeons each perform over double the national average of resections per year and are under pressure to manage their benign service commitments.</p> <p>The increase in workload has also resulted in an increase in emergency referrals and patients with complex conditions. This is currently dealt with through good will with no formal on call rota or formal recognition for the work. A 24/7 OG specialist rota is not currently possible, especially as all surgeons continue a general surgical commitment. Recent audits show we are receiving 4-5 specialist referrals a week. This appears to be rising with an increasing reluctance to deal with complex conditions in the referring hospitals and with the reduction in specialist work in these hospitals.</p>						
25/08/2016	Consultant in Breast Radiology (CON298)	Dr Ruxandra-Demetra Pietrosanu	Replacement	100% GSTFT	N/A	12/09/2016
	Consultant in Interventional Radiology (CON299)	Dr Narayanan Thulasidasan				17/10/2016
		Dr Steven Gerald Moser				TBC

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
02/09/2016	Consultant in Clinical Genetics (CON294)	Dr Ana Maria Beleza Meireles	New	100% GSTFT	N/A	01/10/2016
<p>COMMENTS:</p> <p>The increase in workload has also resulted in an increase in emergency referrals and patients with complex conditions. This is currently dealt with through good will with no formal on call rota or formal recognition for the work. A 24/7 OG specialist rota is not currently possible, especially as all surgeons continue a general surgical commitment. Recent audits show we are receiving 4-5 specialist referrals a week. This appears to be rising with an increasing reluctance to deal with complex conditions in the referring hospitals and with the reduction in specialist work in these hospitals.</p> <p>As part of the Trust and AHSC strategy, we are the specialist OG referral centre for the region and require a full time appointment to enable us to provide a comprehensive high quality service. At present, the unit is under staffed to fulfil its role as the centre.</p> <p>The post will improve cancer performance and help achieve the Trust's operational and financial position, one of the three existing surgeons has been appointed as lead for upper GI. Currently, it would not be possible to do this post without cover for clinical activities. The lead post is also responsible for providing savings within the unit, which would contribute to the cost of the additional post.</p> <p>Theatre space is short in the trust, making it difficult for new appointments. However, optimal utilisation of the existing theatres will provide considerable benefit. There are 3 upper GI resectional lists, each doing a major resection most weeks of the year. An additional appointment would allow major surgery on all lists through the year without lists being underutilised due to leave or absence.</p> <p>The new post would have a Saturday list, which will improve target delivery.</p>						
09/09/2016	Consultant in Diabetes & Endocrinology (CON300)	Dr Sakthi Anand Velusamy	Replacement	100% GSTFT	N/A	01/10/2016
15/09/2016	Consultant in Plastic Surgery with a specialist interest in Hand Surgery (CON288)	Ms Lauren Uppal	Replacement	100% GSTFT	N/A	10/10/2016

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
16/09/2016	Consultant in ENT with a specialist interest in Otology and Facial Nerve (CON297-A)	Mr Christopher Skilbeck	Replacement	100% GSTFT	N/A	TBC
	Consultant in ENT with a specialist interest in Otology and Hearing Implants (CON297-B)	Mr Harry Richard Franklin Powell				TBC
29/09/2016	Consultant in Adult Congenital Heart Disease (CON279)	Mr Yaso Emmanuel	Replacement	100% GSTFT	N/A	TBC
29/09/2016	Consultant in Paediatric Bladder (CON304)	Dr Rim El-Rifa	New	100% GSTFT	N/A	03/01/2017
	Consultant in Nephrology (CON305)	No appointment	Replacement			

COMMENTS:

This post is required to to meet existing and future demand, and to provide capacity to continue the broader service and network development. accommodate the rapidly increasing demand for tertiary bladder services at the Evelina. Referrals have increased from 358 in 2013/14 to 949 in 2015/16.

Also the post is required to ensure that we create additional capacity to meet the growing demand for the service, adhere to the national RTT standards and cement the Evelina's position as the leading national centre for paediatric bladder disorders.

This post will support wider development of the network provision across the South East. Currently the team has capacity to only deliver one quarterly network clinic to Chailey Heritage Rehabilitation Services. Harriet Ward and Owen Miller have identified several opportunities to increase the ELCH Bladder Service Network. The introduction of this post will allow the service to expand its network clinic capacity by an additional session every month.




AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
30/09/2016	Consultant in G(I)M and Respiratory Medicine with a special interest in Interstitial Lung Disease and Pulmonary Hypertension (CON306)	Dr Bhashkar Mukherjee	New	100% GSTFT	N/A	TBC
COMMENTS: A new consultant is required to join the nationally commissioned interstitial lung disease (ILD) service as well as the regional Pulmonary Hypertension (PH) centre (affiliated to the national designated PH centre at the Royal Free Hospital). They will be required to assist on the further development of the pulmonary hypertension service and provide tertiary level care for patients with ILD and pulmonary hypertension within the South Thames, Kent and East Sussex regions.						

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

Name of post	Appointee	Department	Start date	End date
Consultant	Giedre Calverley	Sleep Disorder	26.07.16	26.01.17
Consultant	Jacqueline Ann Palace	Neurologist	27.07.16	27.09.16
Consultant	Khai Lam	Trauma & Orthopaedics	28.08.16	31.12.16
COMMENTS: Substantive consultant left Trust				
Consultant	Emilia Saulle	Neurophysiology	25.07.16	12.08.16
Consultant	Vittorio Iantorno	Neurophysiology	25.07.16	12.08.16
Consultant	Annemiek De Ruiter	HIV	01.10.16	01.10.17
Consultant	Maciej Marciniak	Cardiology	20.09.16	20.09.17
Consultant	Rajesh Munglani	Pain management	20.09.16	11.09.17

Appendix 1: Strategic risks to be monitored by the Board


Key to Overall Value of Assurance Score
Sufficient
Moderate
Limited

Key to opinion contained in the assurance	
Not assessed	Not assessed
	Neutral – neither positive or negative
	Mostly positive opinion
	Mostly negative opinion

1. All IQPR references are to the Integrated Performance and Quality Report (IQPR) June 2016 unless otherwise indicated
2. Trust Objectives 1. Provide safe productive care; 2. Use resources efficiently; 3. Release the talent of staff; 4. Build strong partnerships
3. Overall Assurance Level and Assurance Opinion are the views of the Risk and Assurance Department

Risk Description	Key Controls	Gaps in control	Assurances on controls or objective	Gaps in assurance	Action summary and review date
<p>Clinical Strategy ambitions The trust may not have sufficient capacity to deliver competing and multiple ambitions (for example our own clinical strategy, NHS England plans to deliver the Five Year Forward view), whilst managing increased demand due to the impact of national service reviews.</p> <p>Oversight: Board Nominated Executive Director: Chief Medical Officer</p>	<p>Relationship management with CCGs and NHSE, and analysis of partner priorities</p> <p>Business planning to align the strategy with shorter term decisions, taking into account demand and capacity issues:</p> <p>Prioritisation of investment to ensure we can meet commissioner expectations</p> <p>Full scrutiny by Clinical Director and commercial staff under IPB to understand the implications of Invitation to Tenders and ensure professional management of bid processes.</p>		To be confirmed		
<p>Leadership capacity Organisation and system leadership require different capacity and skill sets. If the trust is unable to dedicate sufficient leadership and management capacity to address this, it will make it more difficult to achieve strategic change and to be a system leader.</p> <p>Nominated Committee: Whole Board Nominated Executive Director: Director of Workforce</p>	<p>Coherent leadership strategy and associated development programme (cf Leadership Development Programme paper to Corporate Management Committee Sep-16)</p>		Interim evaluation paper on leadership development programme planned summer 2017		

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BOARD OF DIRECTORS	Guy's and St Thomas'  NHS Foundation Trust
Business and Financial Planning 2017/18 & 2018/19	26th October 2016 BDA/16/21

This paper is for:		Sponsor:	Martin Shaw	
Decision		Author:	Martin Shaw	
Discussion	✓	Reviewed by:		
Noting	✓	CEO*		
Information		ED*		
		Board Committee*		
		TME*		
		Other*		

* *Specify*

1. Financial update 2016/17

1.1 Trust Plan for 2016/17

The Trust is planning to deliver an overall surplus of £24.8 million for the financial year 2016/17, comprising an underlying deficit of £2.4 million and donated capital receipts, currently budgeted at £27.2 million. The plan assumes back-phasing of CIP delivery into the latter part of the year as required cost improvements unidentified at the start of the financial year are identified.

1.2 Month 6 Position 2016/17

The finance report for the first six months of the financial year to the end of September shows an underlying loss of £5.1 million on income and expenditure against a year to date planned loss of £7.2 million. This is a positive variance to plan of £2.1 million.

Capital donations are ahead of plan at £14.5 million therefore the Trust's overall reported position is a surplus of £5.5 million a positive variance to plan for the year to date of £3.1 million.

The Trust is doing well in achieving its financial targets to date in 2016/17 but has still got a significant challenge to achieve the financial plan target for 2016/17. The challenge for 2016/17 was some £100m before receipt of £19m sustainability and transformation funding (see annex 1). Directorates make financial projections each month of the position they would achieve at the year-end if they are not able to identify further improvements. These are set out in annex 2 for months 4 to 6 and shown graphically in annex 3. We anticipate further actions in the second half of the year will enable the Trust to achieve the 2016/17 plan.

1.3 NHS Improvement – Financial control total and Sustainability and Transformation Funding (STF) 2016/17

The Trust submitted its Annual Plan to NHS Improvement in April 2016. On the 22nd June 2016 NHSI informed the Trust that the Annual Plan had been reviewed and that a control total had been set of £6.5 million surplus. This was based on the underlying deficit of £2.4 million plus the depreciation charge on donated assets of £8.9 million. If the control total and access trajectories are achieved in full the Trust would qualify for the £19.2 million Sustainability and Transformation funding.

The Trust received on 7th July 2016 the details on the process for NHSI to approve payment for the STF. Performance against financial and clinical targets is being assessed quarterly and failure to achieve these targets (within agreed tolerances) will reduce payments. Trusts can recover payment for missed targets in future quarters if the position is recovered by the end of the following quarter. In order deliver our financial plan it is important that we achieve all of these targets to guarantee full payment of the £19.2 million.

2. Sustainability and Transformation Plan (STP) submissions

South East London STP was submitted NHS England on 30th June 2016. A further submission was made on 19th September and another update is due on 21st October. The sector challenge is circa £1 billion and the Guy's and St Thomas' estimated share of this of £182 million are summarized in Annex 4. All organizations in the sector are working to respond collectively to this challenge. Individual trust plans will be reconciled with sector top down estimates in the October submission. This will reflect whether targets are expected to be achieved in 2016/17, individual trust future costs estimates, not picked up in the common assumptions modeled to date, and activity increases in 2016/17 above those previously assumed. The Trust's current submission shows a deficit of £19M in 2017/18 and £22 million in 2018/19.

3. Guy's and St Thomas' Financial projections 2017/18 to 2020/21

The Trust's initial business planning estimates of the savings requirement for the financial years 2017/18 to 2020/21, to deliver an annual break-even position, are set out in annex 5. This shows an anticipated requirement of £99.3m for 2017/18 and a further £46.7m in 2018/19. The total requirement for the four year period is some £235m. This is higher than the challenge in the September STP submission as it includes non-recurring savings estimates from 2016/17 and Trust specific cost pressures for future years. Annex 6 shows other potential risks such as tariff or CQUIN income risks along with cost risks, these are still to be quantified. Annex 7 shows in broad categories how it is proposed to tackle the financial challenge over the four year period.

The table shows initial estimates of savings which can be made in four broad categories:

- Business as usual savings involving cost reductions, improving efficiency and managing planned cost growth
- Fit for the future transformational improvements
- Collaborative STP savings where the sector is developing proposals to consolidate clinical and non-clinical support services across the SEL STP footprint basis but with a mind to consolidate across larger areas over time.
- Commercial opportunities

4. Guy's and St Thomas' Control totals and STF allocations for 2017/18 and 2018/19

The Trust received notification of the proposed STF allocations for 2017/18 and 2018/19 and corresponding Trust control totals in a letter from NHSI received on 30th September 2016. The STF allocation for both years was set at £22.1m and the control totals were surpluses of £22.1m for 2017/18 and £29.2m for 2018/19. Annex 5 shows the

effect of this on the savings requirement for 2017/18 and 2018/19 respectively. The Trust is required to confirm by 24th November whether or not it will accept these control totals and risk losing at least the first quarters funding if the control totals are not accepted by this deadline.

If the Trust estimates are accurate then this would require the Trust to achieve £99m savings, excluding tariff , CQUIN and inflation risks as yet un-known, which would then entitle the Trust to £22.1m STF funding which would enable it to reach the control total suggested. In essence the Trust is being asked to achieve a £24.5m improvement in the control total for an additional £2.9m of STF funds when compared to 2016/17 allocations.

At the senior leadership group meeting held on 17th October 2016 the Trust Executive Directors and other members of the senior team considered what might realistically be achieved in 2017/18. It was felt that savings in the range of £50m to £72m might be realistic for the next financial year before any contribution from STP initiatives, which remain subject to detailed business case processes. The Finance Director is going to request details of the calculation of the control totals and whether these might be capable of adjustment given the scale of the challenge being faced. In light of the response the Trust Board will need to determine whether it submits a plan consistent with the existing or revised control total or takes the risk of submitting a plan which fails to achieve this. The risk of accepting the control total is that we set a plan that we cannot achieve and therefore would not receive any STF income. The financial risks to the Trust of setting a plan that fails to achieve the control total would be the loss of CQUIN funding (up to 0.5% dependent on agreeing the control total) and the application of financial penalties by commissioners should we fail to deliver the RTT, A&E and other national targets.

The Trust will need to understand if it accepts the control totals whether the surplus funds generated will be available for the capital programme. We have requests for additional capital loans under consideration by the Foundation Trust Financing Facility to provide facilities to ensure access targets are achieved given current levels of demand. Failure to secure these funds and meet access targets would put receipt of STF funds at risk.

5. The Business Planning Timetable

The business planning timetable is set out in Annex 8. There is limited opportunity for the Board and Council of Governors to further consider the STP and Business Plans before the required submission dates and the Board may want to consider whether special meetings are required to sign off the plan. Clearly the earlier timetabling of the planning round gives us the chance to establish plans before the start of the 2017/18 financial year but leave little time ahead of the plan submission dates for updating and gaining input to the plans as they are formulated.

6. Request to the Trust Board

The Trust Board is asked to:

- **Note the reported 2016/17 month 6 financial position a loss of £5.1 million, which is £2.1 million favourable variance to plan**
- **Note the Trust's financial control total for 2016/17 a surplus of £6.5 million, which after adjusting for depreciation on donated assets is an underlying deficit of £2.4 million and the £19.2 STF available in 2016/17.**
- **Note the plan high level estimates of savings requirements and opportunities in the SELSTP**
- **Note the Trust's initial financial projections of the financial challenge and opportunities for 2017/18 to 2020/21**
- **Note the NHSI proposed control totals for 2017/18 and 2018/19 and proposed Trust response and give guidance on scale of financial challenge which we should be prepared to accept.**
- **Note the National planning timetable and consider the need for special meetings to consider the plan submission.**

Business and Financial Planning 2017/18 and 2018/19

Martin Shaw

Trust Board – 26th October 2016



Annex 1 - 2016/17 Actual planned savings requirement:

	£M
2015/16 non-recurrent outturn, cost pressures and planned deficit	(38.7)
Reversal of 15/16 tariff issues	(0.8)
Recurrent underlying deficit	(39.5)
2016/17 Efficiency Drivers	
National Efficiency	(17.1)
CQUIN & QIPP	(9.0)
Education Tariff transition funding loss	(2.0)
Corporate, strategic, loans and capital	(23.3)
Sub-total new pressures	(51.4)
Initial control total	(3.6)
New directorate cost pressures	(7.0)
Efficiency to deliver £3.6M surplus	(101.5)*

* Note figures exclude release of recurrent reserves, STF income and changes to control total of £6M. Current cost improvement shortfall at month 6 of circa £26M less £8M non-recurrent savings included in plan.

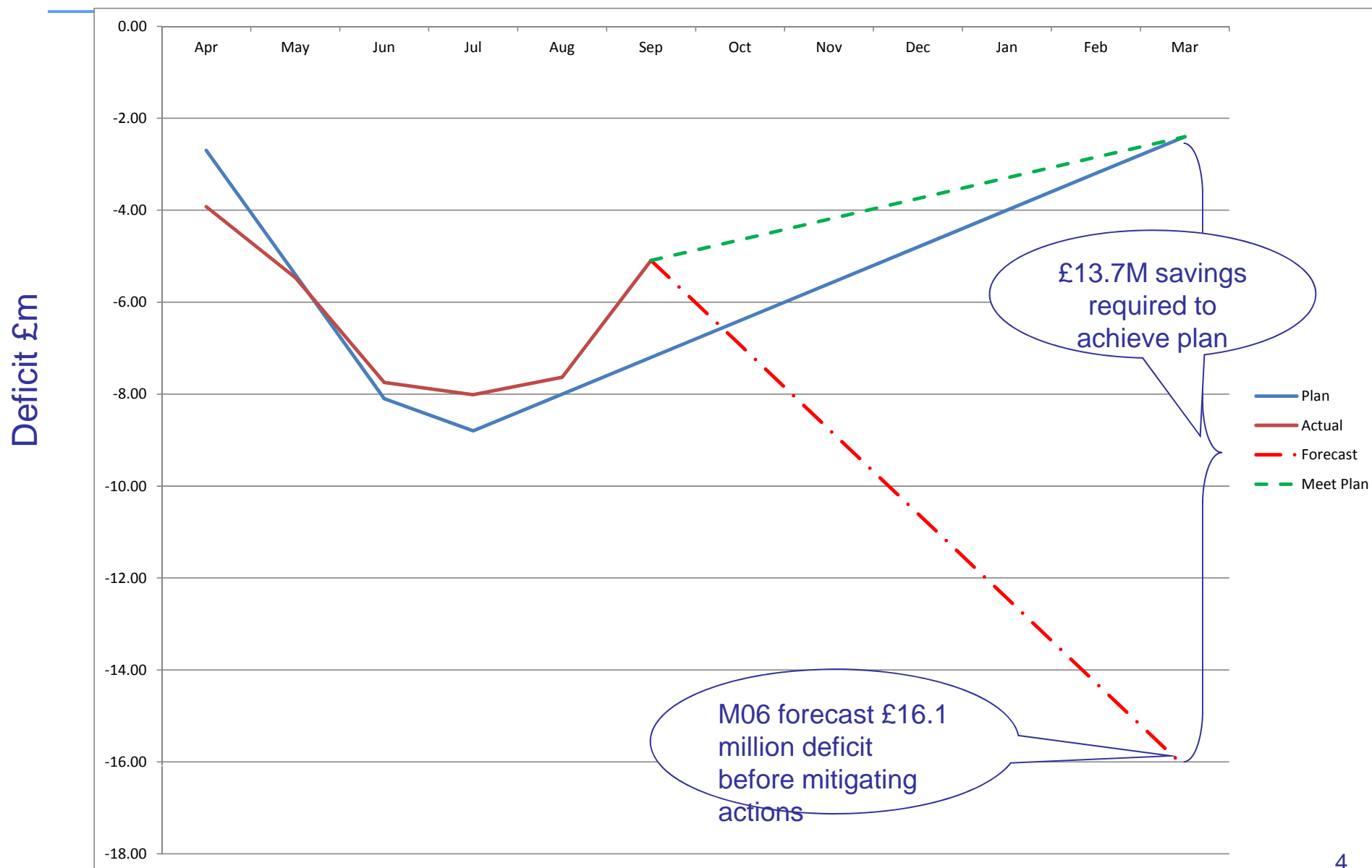
Annex 2 - 2016/17 Financial Performance.

MONTH 4, 5 & 6 FINANCIAL POSITION

£M	Plan	Actual	Variance
Year to date – M04	(8.8)	(8.0)	0.8
Year to date – M05	(8.0)	(7.6)	0.4
Year to date – M06	(7.2)	(5.1)	2.1
Forecast – M04	(2.4)	(18.7)	(16.3)
Forecast – M05	(2.4)	(19.2)	(16.8)
Forecast – M06	(2.4)	(16.1)	(13.7)

Surplus / (Deficit) ; Favourable / (Adverse)

Annex 3 - 2016/17 Forecast:



Annex 4 - Where are we up to in the south east London STP:

- The South East London sustainability and transformation plan (STP) was submitted to NHSI and NHSE on 30th June. A revised submission is to be submitted on 19th September and a further submission is due on October 21st.
- The SEL STP sets out an estimated affordability challenge of £1,034m for the sector for the five years to 2020/21. The GSTT share of this gap is estimated as £182m,

Savings requirement over 5 years	BAU efficiencies	Collective productivity	Clinical services based	Sustainability funds	Specialised services
Sector (£1,034m)	£338m	£232m	£141m	£134m	£190m
GSTT (£182m)	£127m	£70m	£31m	TBC	TBC

- The top down sector analysis is therefore anticipating GSTT achieving a £46m surplus by 2020/21. This is not consistent as yet with Trusts assumptions but will be made so in the October return.
- Launched a consultation on orthopaedic services in South East London.

Annex 5 - Savings requirements 2017/18 - 21

Four Year financial outlook DRAFT (04.10.16)	2017/18 £M	2018/19 £M	2019/20 £M	2020/21 £M
Tariff uplift (0.2%, 0.3%, 0.4%, 0.4%)	-2.2	-3.5	-4.8	-5.0
Cost inflation (2.2%, 2.3%, 2.4%, 2.4%)	24.6	26.6	27.8	28.8
Tariff Efficiency requirement 2% as per FYFV	22.3	23.1	23.0	23.8
2% CIP requirement from education contracts	1.4	1.4	1.3	1.3
Overall tariff efficiency from health and education	23.7	24.5	24.3	25.1
Education SIFT income losses	2.0	1.5	0.0	0.0
QIPP	9.0	9.0	9.0	9.0
Sub-total other income losses	11.0	10.5	9.0	9.0
Investments in standards, safety and quality.	5.0	5.0	5.0	5.0
Full year effect of CTC net of upsides	6.0			
Additional £200 million loan - Depreciation estimate	3.0	4.0	2.0	2.0
Additional £200 million loan - Interest estimate (2%)	2.0	2.7	3.4	4.0
Sub-total cost pressures	16.0	11.7	10.4	11.0
Non-recurrent Balance sheet benefits 16/17	8.0			
16/17 Planned Deficit	2.4			
Out-turn / Non recurrent benefits / etc.	19.0			
Forecast Deficit	80.1	46.7	43.7	45.1
Removal of 16/17 STF	19.2			
Target savings assuming no STF	99.3	46.7	43.7	45.1
Cumulative savings required to break even annually	99.3	146.0	189.7	234.9
Control total and STF - additional savings required				
Control Total - Target Surplus	22.1	29.2	?	?
Sustainability & Transformation funding	(22.1)	(22.1)		
Annual Total	99.3	53.8	43.7	45.1
Cumulative savings to hit target surplus	99.3	153.1	196.8	242.0

Annex 6 - Potential financial risks:

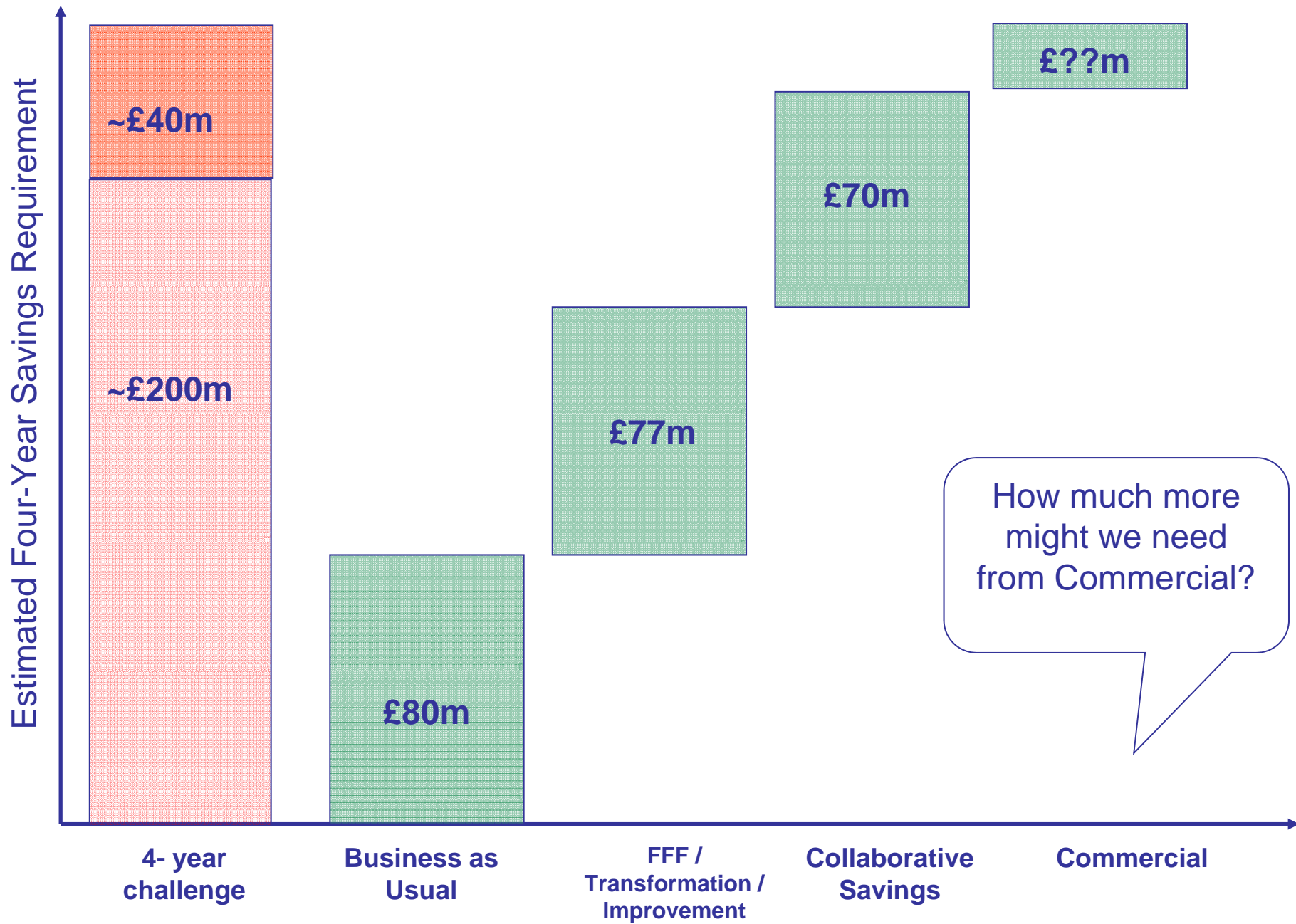
	2017/18	2017/2021
Initial Savings 2017/18 estimates	61.1	196.7
2016/17 non-recurrent benefits	19.0	19.0
Loss of STF	19.2	19.2
Sub-total as per annex 5	99.3	234.9
Risks:		
Income losses, additional tariff changes, CQUIN	10-20	10-20
Cost above inflation CNST, JD contract, CQUIN		
Total savings including year 1 risks	109-119	245-255

Notes:

Actual savings requirement in 2017/18 and future years will vary depending on:

- 2016/17 outturn, non-recurrent savings and local cost pressures
- Annual tariff changes, NHS England / CCG efficiency plans inc CQUIN funding
- Costs above NHS inflation funding such as Junior Doctors contract, CNST premiums, foreign currency exchange rates, cost of achieving CQUIN targets etc.
- STP control totals and phasing of STF changes - Year 2 risk of £7.1M

Annex 7 - Addressing the financial challenge:



National business planning timelines

The timetable with key milestones for 2017/18 and 2018/19 operational planning and contracting timetable



Date	Milestone
September	October STP submission guidance released
14 September	STP finance submission deadline
Mid September	Publication of Framework Planning Guidance
September	Technical Guidance issued
10 September	Draft Standard Contract and national CCLM scheme guidance and initial contract totals and STP allocations published
20 September	National tariff draft prices issued
21 October (TBC)	October STP submission deadline
22 October	National Tariff 2018 consultation issued
23 October	Agreement/approval of final STP plans
1 November	Publication of Finance and Workforce templates issued with related Technical Guidance (Providers only)
11 November	Final Standard Contract published
24 November (week)	Submission of full draft 2017/18 to 2018/19 operational plans
5-28 December	Contract negotiation
w/c 18 Dec or w/c 24 Dec (TBC)	Publish National Tariff
By 23 December	National deadline for the signing of contracts
23 December	Final contract signature date for avoiding arbitration
23 December	Submission of final 2017/18 to 2018/19 operational plans, aligned with contracts (collections close on 30 December)
By 23 December	Final Plans approved by boards of providers and commissioners
December (TBC)	Submission of RCP plans – initial narrative
January (TBC)	Submission of RCP plans – revised narrative and headline financial data
By 9 January	Submission of arbitration paperwork where contracts not signed
2 working days after panel	Arbitration outcomes notified to commissioners and providers
By 11 January	Contract and schedule revisions reflecting arbitration findings completed and agreed by both parties

We are here



Next SSWG



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Board of Directors **Adult Local Services Committee**

Minutes of the meeting held on 21st September 2016
In the River Room, St Thomas' Hospital

Present	Girda Niles	Non Executive Director Chair
	Sir Hugh Taylor	Trust Chairman
	Simon Steddon	Chief Operating Officer
	Jenny Stiles	Public Governor
Attendance	Angela Dawe	Director Operations and Strategic Development - Adult Local Services
	Jane Stopher	Deputy Director, Adult Local Services Clinical
	Sandra Noonan	Director of Therapies
	Mark Kinirons	Clinical Director Adult Local Services
	Nicola Jones	
	Karl Peters	ALS Programme Manager
	Simon Martin	ALS Senior Clinical Quality Analyst
	Cathy Ingram	Head of IT Local Services & Integrated Care
		Head of Local Rehabilitation and Integrated Care
	Emma Saunders	Strategy Team - Senior Strategy Manager
	Kemi Lawal	Business Coordinator - Note taker
Apologies/Absent	Amanda Pritchard	Chief Executive
	Dame Eileen Sills	Chief Nurse
	Dr Ian Abbs	Medical Director
	Peter Allanson	Trust Secretary/Head of Corporate Affairs
	Ann McIntyre	Director of Workforce
	Anita Knowles	Director of Communications
	Rebekah Schiff	Consultant Geriatrician, Service lead Ageing and Health
	Martin Shaw	Director of Finance
	Sue Bowler	Director of Integrated Care and Partnerships- KCH
	Stephen Thomas	Clinical Director, Medical Specialties
	Julie Vazquez	ALS Project Manager

1. Welcome and Apologies:

- 1.1 The Chair, Girda Niles, welcomed all to the meeting and apologies were noted.

2. Short presentation on Clinical Services - Strength and Balance Training

- 2.1 Cathy Ingram gave a presentation on *creation of a population based primary falls prevention service in Southwark and Lambeth*.

The service works with older people who are at risk of suffering a fall. It uses low cost telephone assessment methods to identify people who are at risk of falls, which can lead to lengthy stays in hospital. The team run more than 20 strength and balance exercise classes in Lambeth and Southwark. 76% of people reported increased confidence and ability to carry out daily activities. Moving forward the priorities are to recruitment to substantive roles, implement new marketing strategies i.e. promoting the DVD, developing and expanding the programme, streamline monitoring and measurement of patient outcomes.

The team won the Health Service Journal (HSJ) Value in Healthcare Award recently.

It was noted that at the next Committee meeting, Ray Franklin from the informatics team will present work on impact assessment for this service.

3.0 Minutes of Previous meeting held on 15th June 2016 and matters arising

The minutes of last the meeting were approved as a true record. The action log was reviewed.

4.0 Adult Local Services: Programme Director's report:

4.1 Integrated Quality and performance Report – June 2016

Angela Dawe, Jane Stopher and Nicola Jones introduced the IQPR report in its new format. The discussion focussed on the stable emergency admissions for patients over 75; the long term conditions work to support better care coordination; Health and Social Care integration; implementing the provision of level 2b neuro rehabilitation and neuro- navigators; preparation for the new model of community nursing.

The Committee had asked the ALS programme to check the data in Quarter 4 2015/16 IQPR which showed a 33% spike in emergency admissions compared to 2014/15. The data was reviewed and it showed a longstanding error in a data query which had resulted in incorrect reporting of emergency admissions. This has now been rectified. The Committee was assured that the under reporting had not affected the overall trust reporting, only the Adult Local Services reporting.

The Committee asked for a presentation at the next meeting on re admission rates of local over 75.

Action: Angela Dawe

A request was also made to include and demonstrate the importance of 'patient voice' and that we are listening to local patients.

Action: Nicola Jones

The Committee discussed the importance of reflecting positive relationships with partners across KHP in the report.

4.2 Information Technology for Local Services

Simon Martin, Head of IT Local Services & Integrated Care updated on progress as follows:

- A mobile working group has been established to oversee the development of a business case for an effective mobile working solution;
- Use of iPads are being tested in the community;
- Discussions continue with SECSU and NHS London regarding the future of the Community IT network;
- The newly appointed Carenotes Recovery Director, Chris Davis has commenced work.

4.3 Estates

There are two major community estates developments in Southwark - at Dulwich and Aylesbury – with business cases going through approvals processes. It was noted that NHS Property Services is taking forward the action from the CQC visiting regarding relocating services/ staff.

4.4 Programme Director's Delivery Report

Angela Dawe discussed items that had not already been covered in the IQPR including the support for the development of local care networks and the care coordination CQUIN and supporting the Lambeth and Southwark strategic Partnership. .

The risk register was reviewed focusing on the red risks. These would continue to be managed internally and the risk register would be updated. Leads for the integration risks were confirmed as Angela Dawe and Cathy Ingram.

5.0 Lambeth and Southwark Strategic Partnership papers

- Partnership Agreement - for information
- Public Statement of Commitment and update on priorities of the partnership

The Committee agreed and committed to support the partnership

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:

9th November 2016, River Room, Gassiot House, 10.30 – 12.30 pm.

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Guy's and St Thomas'

NHS Foundation Trust

TRUST AUDIT COMMITTEE

Part I

Minutes of the Audit Committee meeting held on Tuesday 13th September 2016 at St Thomas' Hospital, London

Present:	Mr S Weiner - Chairman Mr R Drummond
In attendance:	Ms A Pritchard, Chief Executive Sir Hugh Taylor, Chairman Mr M Shaw, Director of Finance Dr I Abbs, Medical Director Mr P Allanson, Trust Secretary and Head of Corporate Affairs Ms A Macintyre, Director of Workforce Mr S McGuire, Director of Essentia Mr S Sommerville, IT Director Mr M Gubby, Head of Information Governance Ms A Knowles, Director of Communications Mr S Lane, Head of Internal Audit Mr A Marshall Mr P Cuttle – KPMG Ms F Niebour – KPMG
Apologies:	Dame Eileen Sills Dr Priya Singh

1. Minutes of Previous Meeting

Subject to the correction of a typographical error (“...not yet been reviewed) in the penultimate paragraph of minute 2 on page 2 of the minutes of the meeting held on 11th May 2016, these were approved as a true record.

2. Matters Arising

Visa controls: it was noted that following the recent Internal Audit review of visa controls the workforce department had implanted an improvement process. One outstanding issue remained concerning a nurse supply agency and there were some remaining actions to ensure compliance with sponsorship arrangements. Workforce are progressing actions in this area to ensure the trust is not exposed to further risks.

Minute 5 – page 3 – the Committee asked to be updated at its next meeting on proposed review of arrangements for hosted organisations with a view to covering the terms of references and alignment.

3. Reference Costs Audit

This audit had been undertaken to be able to reassure NHS Improvement that the Trust's reference costs were reasonable. The audit, conducted by PWC had found that the Trust was materially compliant and had asked for the report to be given to the Audit Committee along with any subsequent reports during the year. This would be fulfilled through the internal audit report to the Committee.

It was noted that the Trust's data was generally of a better quality than that used as comparator data by the centre and work continued with the Carter team to make sure that comparisons were fair and took account of the circumstances facing the Trust.

4. Annual Report and Accounts Plan

The Finance Director reported that an internal team had met to review the process followed this year to complete the Annual Report and Accounts and to lay a plan for next year. This had been discussed by the Senior Leadership Group and adopted on the assumption that the guidance would not make radical changes to the requirements and be issued in good time – NHSI had promised that it would be issued during the autumn. The intention was to advance the timetable and allocate responsibility to individuals at the outset. It was hoped that this would make completing the Quality Accounts less challenging than recent years.

The Committee asked that the timetable included time for the NEDs to review the document in time to influence its contents.

5. Board Assurance Framework

The Medical Director reminded the Committee that it had been agreed that the Trust's main risks would be allocated to and managed by a relevant Board Committee. The Audit Committee was asked to oversee the process by approving the description of the strategic risks together with the allocation of which Committee owned them and their mitigation plans. The next step would be for the Committees to ensure that an executive was named as the responsible officer for each risk. It was noted that the BAF was intended to be changed as risk profiles changed during the year.

The Committee suggested that there was insufficient emphasis on the risks associated with the strategic changes taking place in the Trust including those arising from major capital projects where ways of working were essential as part of the benefits realisation of projects. There were also some workforce risks - for example the consequences of the industrial action being taken by junior doctors - and organisational form risks – for example the implications for governance of STPs – which were not adequately reflected in the framework. In addition the absence of disaster planning including terrorism was

noted. The Medical Director was asked to consider how these might be included possibly as part of other risks in the BAF or at directorate level.

The Committee approved the BAF and the allocation of strategic risks to Board Committees.

6. Information Governance Quarterly Update Report

The Head of Information Governance introduced the report. Incident numbers between quarters were consistent with the Trust's performance on responding to FOI queries on time still poor. It was suggested that although not a priority for the organisation it would be helpful to the Committee in assessing the position to have more information about the type of queries being fielded and where the FOI team felt that the Trust was laying itself open to criticism by its performance.

The nature and frequency of IG training had been reviewed to make sure it was relevant to staff. Whilst the number of staff required to undertake this training had been increased as a result of the review, the frequency had been reduced to every 3 years rather than annually. It was hoped that this would improve compliance and capability.

The transition to digital health records continued with the paper files being moved off site. There was a need to reskill staff as part of the move to becoming paper free and it was not expected that costs would reduce until that had happened.

The Committee noted the report.

7. KPMG External Audit Progress Report

Since the last meeting of the Committee, the External Auditor confirmed that the audits of the Trust's subsidiary companies had been completed, none of the accounts had been qualified and all had now been filed at Companies House.

8. Internal Audit Report

The Head of Internal Audit reported that 12 reviews had taken place four of which provided only limited assurance. Noting that this was a small improvement on the delivery position at the same time last year but that achievement of the full plan would remain a challenge.

Patient Falls – this review had identified that not all falls within the hospital were being reported due to them being allocated to spaces such as stairwells rather than to specific wards. The Head of Internal Audit clarified that the number was relatively small at 16 out of the some 1,000 reported over the period analysed. In addition there is a need to clarify the requirements for reporting falls under the at home service. It was suggested that these should be recorded separately and tracked to see if there was an increasing trend.

CareNotes – the Internal Audit has fed into the serious incident review run by the Chief Nurses' office. The internal audit had reviewed the procurement process and how the

software was implemented. The recommendations from the review had been agreed and were likely to affect future projects so made it important that lessons were learned. The Committee supported the need to improve the cost benefit analyses and cost tracker arrangements. The Head of Internal Audit identified that, although on paper the tender evaluation put Carenotes as the clear winner, the main problem was that the product had not been seen operating in a live environment and staff attending the demonstration felt that the product was not delivered as seen in the demonstration. In addition, the procurement decision failed to factor in the trusts costs of switching to a different system which would have been significantly lower had an alternate product been selected. The spend at the time of audit was some £3.7m with only £300k being paid to the contractor. The remainder was mainly on IT staff and agency staff dealing with implementation and subsequent problems.

Software Licence Management – the outcome and progress was noted.

There were a number of priority 1 recommendations that had not been implemented on earlier internal audits including for example, BFG IT procurement. The Committee asked for more detail about outstanding priority 1 recommendations to be included as a part of this report.

It was noted that the review of gifts and hospitality registers, which was not yet finalised, was likely to give only limited assurance as, apart from the Board, there was little compliance. The policy was owned by the Trust Secretary and Finance Director who would need support to make sure there was compliance across the organisation. It was likely that the current disaggregated system would be reviewed and it was suggested that the appraisal system, especially for consultants, could be a useful way of improving the position.

9. Counter Fraud

There had been a larger number than usual of cases closed since the last report and the current open cases were not of material value.

The Committee noted the report.

10. Shared Services

The Head of Internal Audit was seeking the Committee's support to continue discussions with SLaM with a view to establishing a shared internal audit function. SLaM's service was currently outsourced but they were keen to explore the possibilities with a view to setting up an arrangement from April 2017. The proposal would help to buttress resilience in the Trust team. Workforce risks would be shared between the trusts although all would be Guy's and St Thomas' employees. It was confirmed that the agreement would deal with breaking up the partnership should that occur in future.

The Committee approved the proposal and asked for attention to be given to confidentiality so issues in one trust were not shared with the other and that the agreement ensured adequate capacity and resilience.

Approved by the Chair

The Head of Internal Audit confirmed these issues were being included within the commercial agreement between the two trusts.

The next meeting will be held at 1pm on 9th November 2016, in the River Room, STH

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Board of Directors meeting, 26th October 2016

Cancer Services Committee Meeting minutes, 28th September to follow

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Board of Directors Children's Services Committee

Minutes of the meeting held on Wednesday 21st September 2016

Present Dr Sheila Shribman, Non-Executive Director (Chair)
Sir Hugh Taylor, Trust Chairman

Attending Ms Marian Ridley, Director, Evelina London
Dr Sara Hanna, Medical Director, Evelina London
Ms Janet Powell, Director of Nursing, Evelina London
Ms Miranda Jenkins, Head of Strategic Development, Evelina London
Dr Marilyn McDougal, Clinical Director, Surgery and PICU, Evelina London
Dr Grenville Fox, Clinical Director, Medicine and Neonatology, Evelina London
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
Dr Tony Hulse, Council of Governors, Staff Member
Ms Devon Allison, Council of Governors, Patient Member
In attendance for item 6:
Orpha Edwards and Ekaete George, Specialist Practice Tutors, Health Visiting
Irene Sanyauke, Acting Head of Nursing, Children's Community Services
Katie Simon, Assistant General Manager, Children's Community Services

1. Apologies Mr Steve Weiner, Non-Executive Director
Ds Priya Singh, Non-Executive Director
Ms Amanda Pritchard, Chief Executive
Dr Simon Steddon, Acting Chief Operating Officer
Mr Martin Shaw, Director of Finance
Dr Ian Abbs, Medical Director
Ms Anita Knowles, Director of Communications
Mr Alastair Gourlay, Group Director, Essentia
Mr Sean McCloy, Head of Trust Performance
Mr Simon Blazer, Head of Finance, Women's and Children's Services

2. Minutes of the last meeting

These were confirmed as an accurate record.

3. Matters arising

Evelina London Annual Report: The Director confirmed that the Evelina London annual report 2015/16 was now complete and uploaded on the Evelina London website.

Specialist networks: The Professor of Paediatrics and Neonatal Medicine confirmed that he had recently met with the Director of Specialist Networks to explore training opportunities. There were a number of areas of opportunity to be taken forward.

Action: The Chair asked for the Evelina London specialist network services map to be circulated.

Quality and Performance

4. July IQPR

The Director of Evelina London introduced the July 2016 IQPR.

The Clinical Director for Surgery and PICU detailed the recent SUI relating to a scoliosis surgical procedure. The root cause analysis was complete and had highlighted good clinical practice throughout the pre-surgical and surgical pathways with no specific areas for concern. The Medical Director said that this was a rare event and alongside completing the RCA and re-examining local process, the spinal team were planning to visit and share practice with the Great Ormond Street service.

The Clinical Director for Medicine and Neonatology updated the Committee on the recent pertussis SUI on the Neonatal Unit. The RCA was being completed.

The Director of Nursing explained that the Safer Staffing figures would include health visiting from next month. The team were working out both how to present safer staffing for community and how to obtain accurate figures from Carenotes. The Director of Nursing said that the hospital safer staffing numbers had been slightly more variable this month, with high activity and higher than average vacancy levels, and that the Evelina was awaiting the start of a large number of new band 5 nurses in September and October. Bank spend was up last month but agency spend was stable and all spend was below the Trust cap.

There was a lengthy discussion on the five specialist service dashboards tabled in full at the meeting (Congenital Heart, Cleft, PICU, Rheumatology, Metabolic) and the value of this level of detailed clinical performance data. The Medical Director explained that the dashboards are all at different stages of development nationally but that resources are required within the Evelina to compile and develop this level of information. The Congenital Heart dashboard has dedicated clinical analytical support but the other dashboards do not.

The Director of Evelina London reported ongoing challenges with 18 weeks performance but that overall recent performance had slightly improved. She explained that the Carenotes implementation process had very recently highlighted a large volume of patients over 18 weeks in Community and that this had not been apparent during the lengthy gap in availability of community activity data. The Clinical Director for Community said that this was now being thoroughly investigated and validated. It was thought in part to be an artefact of recent Carenotes implementation but had highlighted important pathway administrative issues that would need to be addressed.

The Trust Chairman asked about demand management opportunities. The Director explained that these are always considered but often limited for specialist services. She said that recent thoughts were focusing on hospital activity shifting to the community and current proposals being prepared for the local CCGs included new pathways proposed for sleep and feeding services.

There was a short discussion on the recent increase in A&E admissions and breaches. The Medical Director confirmed that the Paediatric A&E department would shortly be joining the Evelina London management team (October 2016) and that this, together with the Short Stay Assessment Unit due to open in November 2016, would best position all paediatric services to review and maximise the quality and efficiency of emergency pathways.

5. Month 5 Finance Report

The Director of the Evelina spoke briefly to the Month 5 Finance report. She explained that the current forecast is a £1.3m year end adverse position which is a sizeable improvement against the £10.5m savings target at the start of the 2016/17 business planning year. The Evelina London Directorates are part way through detailing and progressing the opportunities they have identified via the cost base challenge exercise.

6. Community Nursing Service Disinvestment and Redesign

The Director of Nursing summarised the response of the Community Nursing Team to the significant disinvestment in service funding for 2016/17. She praised the team for their positive response and achievement of service improvement alongside the loss of a very significant number of staff (49 wte B6 Health Visitors across Lambeth and Southwark, and 4.4 wte Band 6 School Nurses in Southwark). She said that a recent RCN round table confirmed that 90% of areas faced further cuts next year but that Lambeth and Southwark had been notably hard hit this year. Further local losses are anticipated for 2017/18 but formal notification from the local authorities on the detail of this is not expected until November 2016.

The Director of Nursing confirmed that the disinvestment and redesign programme is governed by a multi-agency Oversight Board with delivery via the Community Disinvestment Group and 6 different work streams. She welcomed colleagues from the Children's Community Directorate to the meeting and they shared progress on their work to lead and achieve changes across the programme.

The key work stream in the overall programme is the remodelling of services; maintaining (1) the 5 mandated elements of the healthy child programme, (2) the excellent quality of care for children and families and (3) the universal access, but achieving this through improved, lower staff intensity service models that allows focus on more vulnerable families. A wide range of service improvements are in development and delivery across health visiting and school nursing including: the universal health visiting programme to be provided predominantly by community support workers and staff nurses; consolidation of low attendance child health clinics (334 hours saved); individual and team caseload reviews, sharing and agreed corporate caseloads; a new telephone advisory service by health visitors; Chat Health by school nurses; a single point of electronic referral access for school nurses; additional training and improved support across all staff groups. A number of further developments are also being considered including improved working with community midwifery teams and a private health visiting offer.

The Director of Nursing said that it was important to measure the overall health and services impact, alongside equality monitoring to confirm no adverse impacts, and that this was in development alongside activity modelling. A major concern continues to be the morale of staff because change and losing colleagues is very unsettling. To support staff and maintain both momentum and communication, the work stream groups were meeting regularly, a fortnightly newsletter is produced and there are ongoing open forums for staff. The Director of Nursing explained that the greatest positive impact for staff, both in terms of morale and the enabling of new ways of working, will be the digital work stream - mobile working and

access to smart phones and ipads. The funding (originally from Primary Care Trusts) for community mobile working had been released by IPB in September and the project manager had just started. She highlighted that real progress would be directly linked to the Carenotes Recovery Programme and the Trust Chairman confirmed that an update on the latter was expected at the November Corporate Management Committee.

The Director of Nursing was asked whether further funding loss was expected for 2017/8. She said that she had asked for an indication as soon as possible given real concern as to how the core of the service would be maintained in the face of further reductions. Further disinvestment would take the service to staffing levels that were pre the Health Visitor Implementation Plan.

The Consultant in Public Health suggested that local public health academic and service partners, although the latter face their own resource reductions, should be engaged in the evaluation of disinvestment impact.

The Chair concluded by requesting ongoing reporting on this programme to the Committee particularly hearing about the work to monitor impact, the new services (such as Chat Health for young people) and progress on mobile working.

Strategic Development

7. Institute Of Human Health and Development

The Professor of Paediatrics and Neonatal Medicine spoke to the Strategic Case for the Institute of Human Health and Development. He explained that the proposal to bring the existing, successful KCL Division of Women's Health together with Child Health to form a new 'Institute' was fully supported by KCL and KHP and that further work was underway on the structure and governance. The Professor of Paediatrics and Neonatal Medicine, alongside the Professor of Women's Health, are leading this work with KCL and KHP partners.

The Professor of Paediatrics and Neonatal Medicine highlighted a number of other significant, recent achievements which begin to build the potential of the new Institute:

- The GSTFT NIHR BRC award from 2017 now includes a Women's and Children's theme which will bring c. £1m of new funding for infrastructure for each of the 5 years of the programme.
- A new MRC grant will support the bio-informatics programme to be developed with expertise from the Institute of Psychiatry.
- The Wellcome Trust has confirmed the funding for a 7T MRI. This will be the only paediatric 7T system in the country and it will support a number of London clinical and academic partners. It is a very significant acquisition for neurosciences and for oncology going forward.

The Professor of Paediatrics and Neonatal Medicine explained that the Institute will enable new areas of academic development and that there were already many opportunities including public health and policy, rheumatology, cancer, diabetes, adolescent medicine. These would be explored over time.

The Chair thanked the Professor for the very significant progress in achieving a KCL academic partnership for Evelina London. She requested ongoing reporting at the Committee as the 'Institute' takes shape.

8. Evelina 1+ Update

The Head of Strategic Development verbally updated the group on the progress of the Evelina 1+ capital programme. The procedure room was in construction and due to complete in October 2016. This was

unfortunately now 16 weeks behind the originally planned programme and in excess of 10% over agreed budget. Work was underway to review the increases in time and cost and a paper would be presented to IPB in October 2016.

The remaining 1+ FBC incorporating Sky Ward, the new Imaging Suite and all enabling works, was meant to be presented to IPB in October however it had now been deferred. This was due to the contractor failing to provide to time the required details on the guaranteed maximum price, as well as the complete set of stage 4 design details and necessary disruption and logistics plans. The Head of Strategic Development explained that resolving issues with the contractor and exploring all construction options for the project going forward was an absolute priority and being led by Essentia. A paper on the different options to progress the scheme was being prepared by Essentia for the Evelina Executive team and programme board.

9. Children's and Young People's Health Partnership

The Consultant in Child Public Health presented the history and plans for the Children's and Young People's Health Partnership. This project has importantly received support from the GST Charity for the next phase of implementation and evaluation work. She explained that although lengthy in development the programme now had robust plans and anticipated outcomes (relating to improved health, health care quality and a strengthened healthcare system), as well as strong local partnership support. Building on the development work to date, the key areas of focus for the programme going forward are to improve:

- planned care for long term conditions (asthma and epilepsy);
- community support for children and young people;
- relationships and practical general paediatric support to general practice;
- improved family and children and young people confidence in primary care.

The Consultant in Public Health explained that these elements have been chosen because they have the ability to work together to create an overall system impact. She said that alongside the set-up of this next phase it was important to align the academic potential of this work with the developing Institute. Work was underway to explore a Maternal-Child Population Health and Policy Research focus in the new Institute and this included a review of other similar (but different) international programmes.

The Chair thanked the Consultant for a very concise update on the programme. She highlighted the importance of this work to service and academic development at Evelina London and she requested reports on ongoing progress.

10. Any other business

None raised.

11. Next meeting

The next meeting will be held on Wednesday 9th November 2016 from 4 to 6pm in the South Wing Committee Room at St. Thomas' Hospital.

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**Board of Directors
Corporate Management Committee**

Part 1

**Minutes of the meeting held on Wednesday 14th September 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

Attendance:

Mr P Allanson, Secretary
Ms V Cheston
Ms A Knowles
Mr A Gourlay
Mr S Sommerville
Ms C Afolabi for item CMC/16/19
Ms E Palmer for item CMC/16/19
Mr D Lawson for item CMC/16/22
Ms S Morgan for item CMC/16/23
Mr M Hudson for item CMC/16/23

Mr J Duncan (Council of Governors representative)

Apologies

Sir Ron Kerr
Mr D Perry
Prof R Razavi
Dame Eileen Sills
Mr S Weiner

Introductory remarks

The Medical Director briefed the Committee on the preparations being made for the possible industrial action proposed by junior doctors in October, November and December. The later months' would be refined in the light of experience in October including decisions on what work could be conducted to the appropriate levels of safety and quality normally provided by the Trust. The Trust would continue to respect the right for staff to take industrial action and co-operation remained good with all medical and other colleagues, including with junior doctors.

The Committee warmly welcomed the announcement of increased funding for the Biomedical Research Centre that had just been announced following a reaccreditation process.

CMC/16/17 Minutes of the meeting held on 8th June 2016

The minutes of the meeting held on 8th June 2016 were approved as a true record.

CMC/16/18 Matters Arising from the minutes of the meeting held on 8th June

CMC/16/13

The Chief Executive confirmed that the formal submission date for the SE London STP plan was 21st October 2016. The plan was expected to be largely in the form presented to the Board meeting in July but with more financial information and detail about how the STP would move from planning to implementation. Work was being done on designing the ways of working together including through memoranda of understanding, following the financial framework and activity tracking. The leaders of the organisations involved would also agree how they would work together to deliver the plan.

It was noted that partnerships with SW London were possible around specialist commissioning and it was possible that over time the boundaries between STPs would become more porous.

The support the Trust was providing for St George's vascular service continued and was governed by an MoU and a supervisory board which met monthly. Regulators had now agreed a phased return by junior doctors at St George's. A network development director was being appointed to develop a S London vascular service along similar lines to SE London's.

CMC/16/19 Board Assurance Framework

The Medical Director reminded the Committee that the Board had agreed the overall framework and the detail had been approved by the Audit Committee. The key component was for a number of the Board's Committees to take responsibility for oversight of particular risks and to ask named executive directors to deliver the actions needed to mitigate them.

The Corporate Management Committee was being asked to take responsibility for four strategic risks whilst accepting that the framework was intended to be a "live" document changing during the year as necessary. Responsibility for the risks was ascribed as follows:

Workforce – Ann Macintyre

Research funding issues – Ian Abbas

Non delivery of estates capacity plans – Steve McGuire with Martin Shaw

Information technology to support business needs – Steve McGuire. This risk would be of interest to the whole Board and was likely to be amended following the receipt of the review by PA on the Trust's digital readiness.

Quarterly Capital Programme update

The Committee acknowledged that there would be a more extended discussion on this matter at the Board's forthcoming away day.

IT

The Director of IT said that most outstanding issues on the FIT programme to introduce Windows 10 to the Trust had been dealt with so that the roll out, initially to Essentia and HR followed by the Cancer Centre, could begin. Assuming an outstanding issue around file sharing was resolved this would start in the next two weeks. TME would review the full plan.

A major release in October would improve productivity on E-noting. The move to introduce the product to outpatients and notes preparation would produce measurable manpower savings. There would also be a benefits plan.

PACS – the introduction of the new system may be delayed pending the resolution of some capacity issues.

The Committee commented that adequate time should be factored into projects to ensure users were adequately trained on new systems including having support if the culture needed to change. The PA review was likely to highlight the need to improve the Trust's change management for new systems. Extra resource had been put into CareNotes to support better use of the system.

Asset Management

The Cancer centre would be ready for patients on 26th September with the first treatments taking place on 3rd October. The Centre would then build gradually to its full capacity of ca 700 patients per day. A simulation exercise had been run successfully and the lessons learned were under review.

The next phase of the Emergency Department refurbishment would put the clinical team under pressure and support was being provided to try to minimise the impact.

The Trust had lost the arbitration on the East Wing cladding. As this had revolved around a narrow interpretation of the wording of the contract this would be reviewed.

The Committee noted that repayments had been made on loans. Also KCL had been granted planning permission to develop Block 9 at St Thomas' and a public consultation had been launched concerning a proposal to build a library for Church manuscripts opposite the Evelina London Children's Hospital.

The Committee noted the update.

CMC/16/22 Financial Planning

Carter Implementation Programme: Local Procurement Transformation Plan

The Director of Procurement said that the Trust was required to measure its performance on procurement against a set of metrics devised by Lord Carter and his team and was, by and large, on track to meet them in the coming year. Work was being done with pharmacy and Essentia to improve the pipeline to wards and a Fit for the Future project was changing the ordering system away from Oracle which it was hoped would improve compliance.

The STP procurement work stream was being led by the Trust and it had set collaborative targets as part of the overall cost improvement arrangements.

Pathology costs were more difficult to manage along with radiology costs given the complexity of patients treated by the Trust in comparison to others including failing trusts receiving subsidies. These factors were not reflected in reference costs. The Director of Procurement was spending time with the Carter team to help them to understand the make up and complexity of pathology costs.

The Committee noted the progress being made.

CMC/16/23 Workforce Planning

a) Showing We Care About You

The Associate Director of Workforce reminded the Committee of the support given by the Charity for the staff health and well being agenda though it had suggested that as some matters became “business as usual” these would not be candidates for its continuing support. Having impressed upon the new Chair and Chief Executive of the Charity the importance of this agenda to the Trust, the Committee advised that the Trust should not reduce the amount of money it bid for and to emphasise that new developments would have an occupational and public health flavour. It would be important to test staff views and having evaluated schemes be prepared to switch funding.

Where Trust initiatives had attracted national attention and commendation, these should be showcased to the Charity.

It was also suggested that it would be a good idea to organise a challenge for staff to energise the Trust in the current difficult climate – recognising that recreating the buzz of the 2012 Olympics would be difficult; this agenda was important to the corporate health of the Trust.

b) Leadership Development Programme progress report

The Director of Organisational Development presented a progress report on a key workforce development commitment. The plan was to move away from funding individuals to providing higher impact interventions aimed at groups and teams. This would allow more effective use of a straitened budget.

Directorate feedback to the proposals had been positive especially with the emphasis on managing and navigating change.

The Committee welcomed the programme and asked to see the evaluation later and endorsed the programme.

CMC/16/24 Month 4 Finance Report

The committee noted the Month 4 Finance report

CMC/16/25 Date and time of next meeting

14th December 2016 at 2pm in the Burfoot Court Room, Guy's Hospital

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Guy's and St Thomas' 
NHS Foundation Trust

**Board of Directors
Quality and Performance Committee**

**Minutes of the meeting held on Wednesday 12th October 2016
at 1pm in the Burfoot Court Room, Guy's Hospital**

Present: Dr Priya Singh (Chair)

Dr I Abbs
Mr R Drummond
Dr F Harvey
Ms G Niles
Ms A Pritchard
Mr M Shaw
Dr S Shribman
Dame Eileen Sills
Dr S Steddon

Attendance: Mr P Allanson, Secretary
Ms H Coffey
Mr P George Jones for Mr S McGuire
Mr L Humphrey
Ms A Knowles
Ms M MacDonald
Ms D Allison (Council of Governors representative)
Mr S Newman (Council of Governors representative)

QPC/16/37 Apologies

Sir Hugh Taylor, Ms E Duncan, Mr S McGuire, Mrs A Macintyre,
Prof R Razavi, Mr S Weiner

QPC/16/38 Minutes of the meeting held on 13th July 2016

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

QPC/16/39 Board Assurance Framework

The Medical Director reminded the Committee that it was being asked by the Audit Committee to accept responsibility for managing and ensuring specific risks were being mitigated or resolved and to agree which executive directors would be accountable for progress. Some of the risks would be rewritten and disaggregated but for the time being the Committee agreed that the following responsibilities should be allocated:

Quality of care – Eileen Sills – patient experience, Ian Abbs – safety
Activity performance – Simon Steddon
Workforce – Ann Macintyre
Safeguarding – Eileen Sills
Clinical strategy – Ian Abbs
Research funding – Ian Abbs

Estates capacity plans – Steve McGuire
IT to support business needs - Amanda Pritchard
Quality governance – Ian Abbs
Financial plan – Martin Shaw
Leadership capacity – Ann Macintyre – it was suggested that this risk would be more appropriately managed by the Corporate Management Committee

QPC/16/40 Hot Topics

The Committee welcomed the presentation of the Hot Topics paper and particularly the question posed in each section “What am I concerned/worried about”? It also asked that the Essentia hot topics paper adopted the same format and hoped that it could be integrated into a single document.

The Chief Nurse discussed adult safeguarding with the Committee. Referrals had increased by 35% and were increasingly complex. The team had been expanded by three. Training for clinicians was being revised to be delivered as a more holistic package covering a range of related subjects including domestic violence and FGM alongside capacity and deprivation of liberty. The intention was to ensure that clinicians understood the range of issues some patients were facing.

She had also commissioned an internal review of whether reporting of harm and safeguarding issues had fallen in the immediate aftermath of the junior doctor changeover in August with a view to providing extra support if needed.

She raised a concern about a proposal to identify A&E departments in London as “safe places” for individuals subject to S136 emergency police sections. The Trust would be making representations to NHS England about this as it was felt to be wholly inappropriate.

Children’s safeguarding has also experienced increased referrals which could in part be caused by the reduction in health visitors. Staff in the Evelina continued to monitor the impact this was having in the community. This underlined the urgency of adopting the child protection information system which was a mandated requirement.

The Committee noted that there had been a single case of MRSA attributable to the Trust though its occurrence was not due to negligence. Good progress was being made towards achieving the antibiotic stewardship target although this would make the anticipated reductions next year more difficult to meet.

The Trust’s flu campaign would be launched later in the month with all staff being required to opt in or give a reason for opting out of being inoculated. It was important to continue to encourage good practice on infection control. In support of this, the hand hygiene stations were being revamped.

There had been an increase in violence and aggression experienced by staff including two recent examples of sexual assault, a security team member being seriously injured and guns and knives being drawn on staff in the community. A hard hitting public campaign, supported by the Metropolitan police was about to launch and would be followed up by new guidance and support for staff being introduced from December. This would emphasise to staff that they were not expected to accept aggression as part of the job and would give advice about how to avoid and de-escalate situations. It was

hoped that this would encourage staff in the community to tell their managers more about such episodes. Responsibility for their security had now moved to the Trust's Head of Security who would be reviewing the assessment processes for staff visiting people at home. It was essential to provide people with the skills to deal with problems and not be deterred from going into challenging environments. The Trust would require behaviour contracts for aggressive families. Staff were often reluctant to take matters to prosecution so support would be provided and it was noted that two patients had recently been sent to jail for violence.

Enforcing the no smoking ban was proving difficult so new posters and notices were about to be placed across St Thomas' and the Security Team would assume responsibility for implementing the policy. It was acknowledged that persuading some patient to stop smoking was impossible but the Committee agreed that there should be a zero tolerance approach to visitors smoking on site. Again there had been examples of violent behaviour and the revised campaign would use advice given by TfL which had focussed on giving their staff confidence to deal with poor behaviour from the public. Nevertheless, the most senior managers in the Trust needed to support the Security Team's efforts by continuing to challenge smokers.

Performance

The Acting Chief Operating Officer reported that the exponential increase in referrals – 17% from GPs and 14% tertiary referrals – put achieving the referral to treatment target at risk for Q2 and if no action was taken would lead to only 86% of referrals being seen within 18 weeks by the end of March 2017 against a target of 92%. The increase was across specialties and the waiting list had grown by more than 10,000 since April 2016 and the backlog was also increasing as a consequence. The plan for the year had assumed an increase of 5%.

The Trust was working with regulators to try to establish what was causing the increase and finding ways to reduce the backlog including outsourcing to other providers; some adult ENT procedures had been contracted to a private provider. Work was being undertaken with GP practices encouraging peer review of referrals where locums were involved as it appeared they tended to refer earlier than incumbent GPs. It was noted that this had now been added to the Trust's risk register; if performance fell to 86%, the Trust would be one of the worst performing against this target in the country. The Committee was also warned that recovery could take a long time given capacity constraints. In addition there could be financial consequences as STF money was only available if targets and trajectories were being met though the exceptional circumstances the Trust was facing were being discussed with NHS England. The committee invited radical solutions for consideration, as the volume increase appeared now to be sustained.

The Emergency Department would not meet the 4 hour access target for 95% of its patients during Q2 and its likely out turn, 89%, had attracted NHS Improvement's attention and the trust had agreed to engage expert help to review and propose improvements. Part of the problem related to the amount of space available for major treatment so the plastics hand clinic would be moved by the end of October to provide additional space. Improved discharge planning was in hand as were improvements to the ambulatory service clinical model. The Trust had been told to return to 92.5% compliance

by the end of November which it was believed was possible though the challenge should not be underestimated.

Internally, the Trust had met the 62 day cancer wait target in August and was just below the target in September. This was the first time for a number of years that it had been met. However, late referrals from other trusts, despite improvements in the performance of local referrers, meant that overall the target would not be met. Within the target, the Trust was expected to treat referrals within 24 days which meant that to meet the target, the 38th day was the latest a referral could be received.

NHSI had spent the day with the team undertaking a “deep dive” and whilst NHS England had been invited to participate they had not and the COO was expecting to attend a half day meeting with them and other local providers. The Trust had emphasised to NHS Improvement the need for regulators to collaborate more effectively.

The diagnostics target had been met in August for the first time in 4 years although subsequently an issue in audiology where patients had not been added to the waiting list meant that it would not be achieved again until the backlog had been eliminated; this would take up to the end of the year.

The Medical Director briefed the Committee on the Trust's actions to reduce and deal with serious incidents and never events. The Committee Chair had spent half a day reviewing complaints where she found that the quality and tone of response was in line with the trust's values. Capacity issues continued to pose challenges about responding sufficiently quickly and a revised resourcing plan was now in place. There was also the need for a single system for tracking, sharing and monitoring of the learning from complaints and incidents.

The Finance Director suggested that the draft figures for M6 suggested that the Trust continued to be slightly ahead of plan. The Trust had submitted its figures to the STP as part of their planning process and it was thought that the accumulated total would pose affordability problems for CCGs. The Trust's view about whether its figures were realistic would inform whether to agree a control total for future years. Collectively, STP members were asking finance directors to guide them through a sensible view of what could be delivered.

Essentia

Essentia's Chief Operating Officer told the Committee that the patient catering team had been awarded a bronze Soil Association Food For Life award, one of the most coveted in the country. It was a mark of quality and had led to a commercial opening to provide patient food for Bart's trust, as a sub contractor of Serco. There was also a trial with food service assistants to use i-pads to order meals for patients. This meant that patients were guaranteed their choice because what was ordered arrived on the ward rather than an estimate of what people might like.

It was noted that the performance of the telephony team had improved and been sustained. Girda Niles reported positively about a number of visits she had made to Essentia services and encourage other NEDs to make similar visits.

IT

It was suggested that a lack of technology was partly to blame for the @Home service not being at capacity. The Chief Nurse confirmed that the first set of ipads had been issued and their use reviewed and a further 1,000 had been acquired and were being issued as they had had a transformational impact.

Whilst CMC was receiving progress reports on the Carenotes implementation, it was noted that its next report should include information about the cost of recovery and set out how decisions were made and their financial implications monitored in the run up to introducing a proper EPR system.

It was noted that the Board would be holding a private session to review the outcomes of the PA review of the Trust's readiness to take on the digital agenda and that governance would be a part of the outcome.

QPC/16/41 IQPR

There were no further issues that members of the Committee wished to raise and the content of the IQPR was noted.

QPC/16/42 CQC Action Plan

The Chief Nurse introduced her update of the action plan written in response to the CQC visit in September 2015. There had been three regulatory actions required. These had been delivered. The Committee noted the progress on the other recommendations mentioned in the report.

QPC/16/43 Update on Non Emergency Patient Transport Services

The Essentia Chief Operating Officer asked the Committee to bear in mind that there were 26,000 patient journeys involving 9,000 patients per month and a response rate of 91% to the family and friends test suggested that most were satisfied with the service provided. Nevertheless, when problems arose they were often with patients in difficult circumstances or where problems had arisen previously. It was understood that other London trust faced similar difficulties with their patient transport providers and in Kent, where the CCGs had moved work to G4S. the Trust had complained to the CCGs on behalf of patients about the poor levels of service experienced.

Savoy' performance was stable but they were not meeting the KPIs in the contract. Reviews with them showed that their senior managers and owners were aware of the problems and focussed on resolving them. Part of the problem related to the amount of road works around both hospital sites.

It was felt that renal patients were a special group as many of them had to come to the Trust for dialysis three times per week and it was important to find a way to improve their experience. It was likely that any extraordinary solution would have a cost attached.

It seemed unlikely that Savoy would meet the KPIs under the current contract and the Committee asked for costed proposals for a service that met performance expectations. It was noted that the contract did not guarantee any volume so the claim being indicated by Savoy against the Trust had no basis.

QPC/16/44 Learning from patients – Patient Stories

The Medical Director introduced the report which contained a number of examples of the increase in honest and open reporting in the Trust. This was positive regardless of the difficult information contained and the spotlight on the existence of serious incidents and never events. The Committee suggested it would be helpful to have a section setting out the learning and adjustments arising from this work.

QPC/16/45 Quality Priorities

The Committee noted the report and welcomed the suggestion that this should be developed into a quality strategy for the Trust.

QPC/16/46 Annual Medical Appraisal and Revalidation report

The Deputy Medical Director reported to the Committee that consultant appraisal rates and the rate for other clinicians were considerably higher than the national average and the Trust's performance had been acknowledged. There had been no non engagement recommendations on revalidation and there continued to be relatively few doctors in difficulty and it was felt that appraisals meant that issues were being tackled early. Current priorities included developing appraisers to concentrate on quality and then to continue to align MDO resources with job planning support.

Clinicians were now accepting that appraisals were making a positive contribution to career development. Adapting then to the new arrangements – groups, chains, collaborations – would demand some careful thought.

Nurse revalidation operated differently and had also gone well in the Trust although there were a number of nurses whose registrations had lapsed.

It was noted that compliance with completing appraisals for staff in the Trust was more of an issue and sharing the experience of clinical and medical staff could be helpful.

The Committee congratulated the Deputy Medical Director and colleagues on this work and supported the process that had been followed.

QPC/16/47 Health and Safety Update: Annual Report

The update, introduced by the Trust's Health and Safety Manager, set out the Trust's statutory obligations on Health and Safety and in particular drew attention to the new sentencing guidelines on corporate manslaughter. Since he had joined the Trust, the H&S Manager's intention had been to turn monitoring and managing health and safety risk into a more positive activity bringing metrics and accountability together. The Health and Safety

Committee had been re-established and was now working on a risk register drawn up in conjunction with directorate health and safety leads. Priorities for the next year included working to persuade the workforce to regard health and safety as an important working discipline with a focus on behaviour including developing a Health and Safety Charter.

There were a number of matters that could make an early difference – reducing needlestick and sharp injuries by encouraging people to follow the rules, ensuring that the turn around time for equipment repairs reflected the urgency on a case by case basis and making reminders about personal protective equipment rules simpler.

The Committee welcomed the annual report and congratulated the Health and Safety Manager on his progress.

QPC/16/48 Workforce - annual report on compliance with statutory workforce requirements

The Committee noted that the problems with staff visas seemed largely resolved. Further work was needed to improve compliance with mandatory training and the Workforce Directorate was making access to training easier and would remind staff of the importance of undertaking the training.

The Committee noted the report.

QPC/16/xx Papers for noting

The Committee noted the following:

- a. Finance Report Month 5
- b. End of Life Care Quarterly Report
- c. Infection Prevention and Control Quarterly Report
- d. Nutrition Assurance Committee Quarterly Report
- e. Patient Experience and Engagement Quarterly Report
- f. Safeguarding Adults Quarterly / Annual Report
- g. Safeguarding the Welfare of Children Quarterly Report
- h. Trust Risk and Quality Committee Quarterly Report
- i. Serious Incident Panel meeting minutes June – September

QPC/16/xx Date and Time of Next Meeting

The next meeting of the Quality and Performance Committee would take place on **11th January 2017 in the Robens Suite, Guy's Hospital**

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Integrated Quality and Performance Report



August 2016

In this month (page 5)

August saw very high levels of both patient referrals and patient treatments across all of our services. We continue to experience significant increases in our GP referral volumes which is putting significant growth into our queue of patients waiting to be seen by our directorates. We are reviewing what steps can be taken internally and in partnership to address this growth and review how we can manage demand.

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 reported one never event in August, this related to a retained swab in Women's Services. The patient attended her General Practitioner 7 weeks after delivery where a retained swab was discovered and removed by the GP. This is currently under investigation. We continue to focus on incidents where patients have been lost to follow up. The organisation is aware of and managing a backlog of unreported imaging in Radiology. This remains a Trust priority. The Quality Improvement and Patient Safety Team have reviewed the process for managing Quality Alerts to make this more efficient. Quality Alerts are concerns reported by General Practitioners relating to safety and quality issues. The Always Safe Campaign continues on a monthly basis and includes a drop in session for staff at the Guy's and St Thomas's site to raise awareness on incident and near miss reporting.

Are we effective? (pages 18-26)

We continue to perform well against most of the indicators being monitored. We have agreed new CQUINs for 2016-17 and we are now starting to report against some of the metrics for these CQUINs in this month. We are performing well against our prevention CQUIN with positive initial results across smoking and alcohol contacts.

Are we caring? (pages 27-35)

Our Friends and Family Test feedback remains very positive and we are maintaining satisfactory response rates in many areas. During the month "recommend" scores have improved across all areas of care. "Not recommend" scores have stabilised across most areas of care and small improvements have been achieved in more challenging areas such as some of the areas such as patient transport. Response rates are also beginning to improve, however sustaining this in A&E has been challenging due to continuing high levels of activity and the emergency re-development. Maternity has continued to see a substantial improvement in its response rate this month. We are ensuring that more real time information is available to Directorates and continue to encourage teams to review key themes emerging from free text comments and identify actions for improvement.

Are we responsive? (pages 36-52)

Our performance against the 95% standard in emergency care continues to perform below the standard in August, with a slight deterioration from July. We are working across four high priority areas to improve our performance that span the emergency pathway. We are working hard to improve the timeliness of treatment for patients on a cancer pathway, and have improved our performance across a number of targets including meeting the 62 day target of 85% for patients referred directly to us. We have a 2 week wait plan which is aimed at improving the available choice of dates. We are working on improving the pathway tracking for 31 day targets, as well as collaborating with partners to improve our 62 day performance. With respect to Referral to Treatment (RTT) we missed the target 92% of patients treated within 18 weeks as a result of the demand on our waiting lists and delay to implement an outsource program for adult ENT. We have experienced a 17% increase in demand from GPs and this has led to a significant increase in our waiting list and backlog size. We met the diagnostic target for August as we see the positive outcome from work within Urology and other areas, however we have identified a number of delayed patients in Audiology that will cause performance problems during quarter 3.

Are we well-led? (pages 53-58)

Our quarter one 2016/17 Staff Friends and Family Test results show that our staff continue to give the Trust a huge vote of confidence as a provider of care and as a recommended employer and our quarter two survey is currently underway.

Our vacancy rate remains above target at 12.49%, although is lower than the same month last year. Agency spend increased to 4.73% of the paybill, with a reduction on the same month last year. Usage continues to be monitored closely on a weekly basis. Turnover decreased slightly to 12.12%. The number of completed personal development reviews (PDR) increased to 71.5%. Managers and staff have been reminded of the importance of undertaking and reporting PDRs.

How effective are our enabling services? (pages 59-72)

The Trust has recorded a loss of £7.6m to the end of August, £0.4m better than the planned position. Essentia Patient Services - who provide non-clinical support services across the Trust, have provided reports across its services. This enables a wider review of how it supports the Trust in its day to day activity.

Trust overview

August 2016

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Management priority (last month)	Management priority (this month)	Forecast status
Moderate	Moderate	Stable
Minor	Minor	Stable
Minor	Minor	Stable
Minor	Minor	Stable
Excellent	Excellent	Stable
On track	On track	Stable
Minor	Minor	Stable
Minor	Minor	Stable
Minor	Minor	Stable
Moderate	Moderate	Improving
Moderate	Moderate	Improving
Minor	Minor	Improving
Moderate	Moderate	Improving
Moderate	Moderate	Improving
Significant	Significant	At risk
Significant	Significant	At risk
Significant	Significant	Stable
Significant	Significant	At risk
Moderate	Moderate	Stable
Moderate	Moderate	Stable
Moderate	Moderate	Stable
Moderate	Moderate	Stable
Minor	Minor	Stable
Excellent	Excellent	Stable
Minor	Minor	Improving
Significant	Significant	Stable
Significant	Significant	Stable
Significant	Significant	Stable
On Track	On track	Stable
Minor	Minor	Stable

Briefings
Nursing and Midwifery Safe Staffing/Infection Control (HCAI)
A&E waits
Cancer Waits, External Referrals
Agency Spend and Vacancies

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

August	Compared to last year	
	Same month	Year so far

We received...

Referrals from GP's

18,130

26.1%

14.0%

Urgent cancer referrals

1,395

26.4%

15.5%

Referrals to @Home and ERR

363

-1.4%

-6.8%

We treated...

A&E attendances

14,291

1.6%

2.3%

Non-elective admissions

3,680

8.3%

5.3%

Outpatient attendances

90,912

17.7%

3.3%

Day cases

5,581

14.8%

3.7%

Elective inpatients

2,278

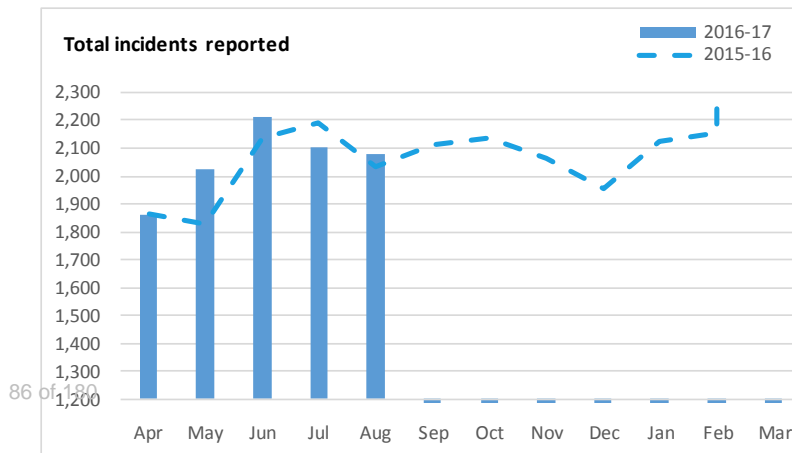
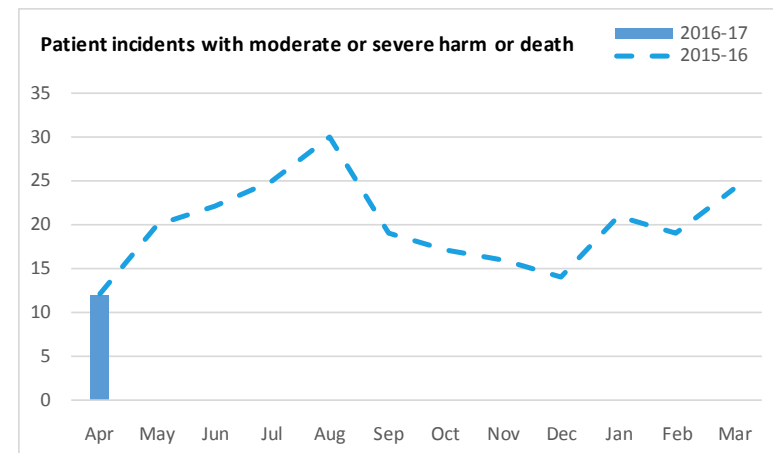
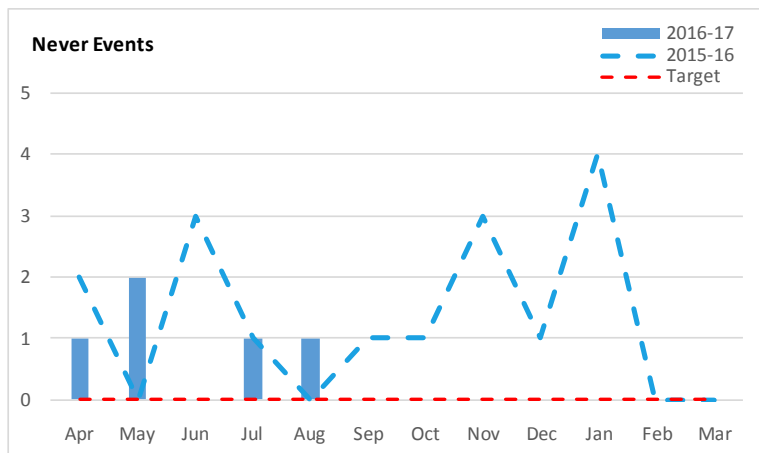
-3.0%

-4.3%

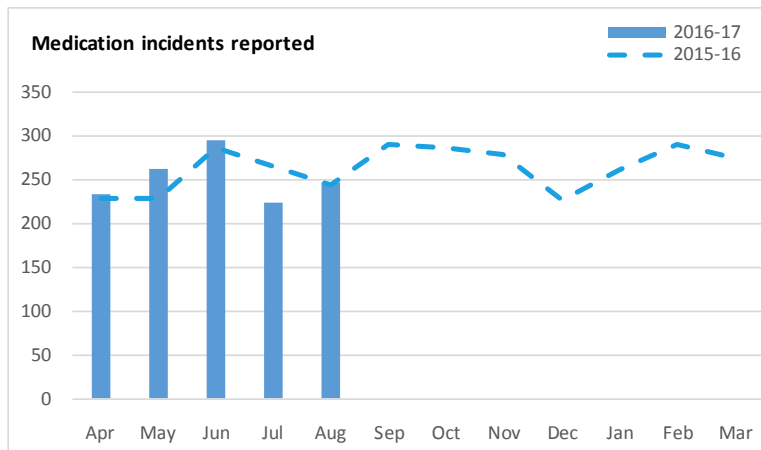
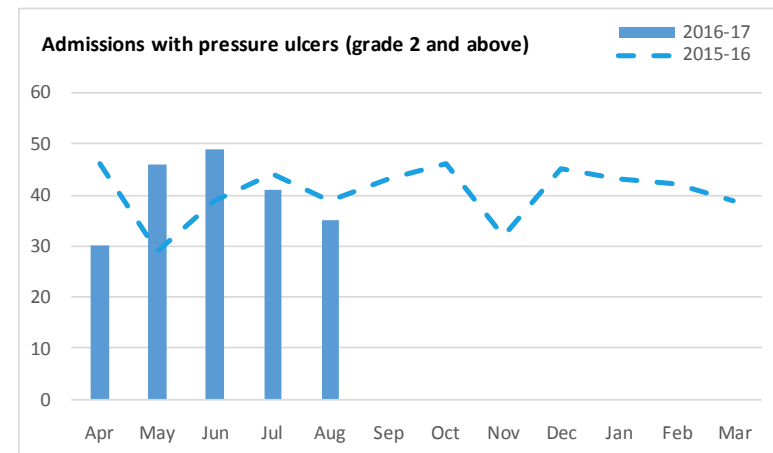
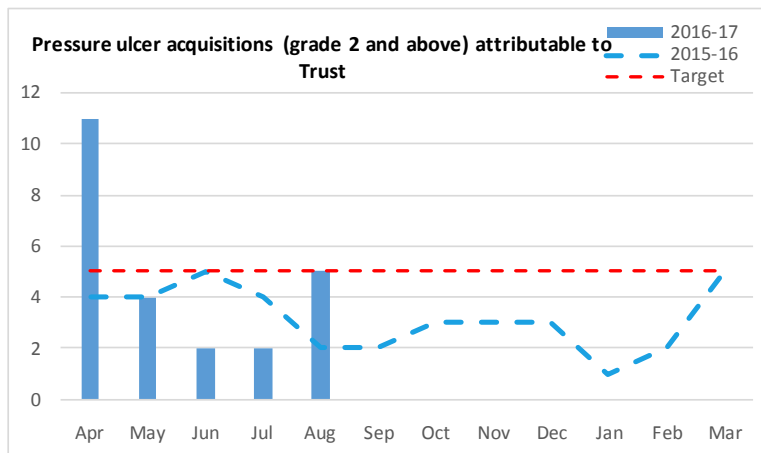
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jun	Jul	Aug	YTD avg	Monitor	Quality priorities	Trend chart
1.1 Patient safety - incident reporting	INC 06	Total incidents reported	Number	-			2,052	2,214	2,101	2,079	2,057			Y
	INC 06S	Incidents - Reported on STEIS (total number)	Number	-			6.6	7	11	11	10.2			
	INC 06ST	Incidents reported on Datix that are STEIS reportable (total number)	Number	-			0.0	3	11	8	7.0			
	INC 07	Never Events	Number	Zero			1.3	0	1	1	1.0			Y
	INC 01	Incidents resulting in unexpected death	Number	-			2.3	1	6	0	2.8			Y
	INC 02	Incidents resulting in severe harm	Number	-			2.2	4	3	6	3.2			Y
	INC 03	Incidents resulting in moderate harm	Number	-			15.4	18	24	21	19.8			Y
	INC 04	Incidents resulting in low harm	Number	-			317	366	261	305	306			
	INC 05	Incidents resulting in no harm	Number	-			1,294	1,458	1,345	1,341	1,339			
	INC 01S	Incidents resulting in unexpected death - reported on STEIS	Number	-			2.0	1	5	0	1.8			
	INC 02S	Incidents resulting in severe harm - reported on STEIS	Number	-			1.7	4	2	3	3.4			
	INC 03S	Incidents resulting in moderate harm - reported on STEIS	Number	-			0.9	1	1	4	2.4			
	INC 04S	Incidents resulting in low harm - reported on STEIS	Number	-			1.1	1	0	1	0.8			
	INC 05S	Incidents resulting in no harm - reported on STEIS	Number	-			0.9	0	3	3	1.8			
	INC 08P	% incidents relating to patients	Mthly %	-			79.5%	83.4%	78.0%	80.5%	81.3%			
1.2 Patient safety - harm-free care	305T	Pressure ulcer acquisitions (grade 2 and above) attributable to Trust	Number	<5			3.2	2	2	5	4.8			Y
	305TA	Admissions with pressure ulcers (grade 2 and above)	Cases	-			41	49	41	35	40			Y
	INC 22	Medication incidents reported	Number	-			263	295	224	246	252			Y
	INC 21	Patient falls with moderate or severe harm	Number	-			1.6	2	2	5	2.6			Y
	INC 20	Patient slips trips and falls	Number	-			145	166	163	163	168			Y
	313BD	Incidence of falls per 1000 bed days	Number	-			4.9	5.6	5.3	5.5	5.6			Y
	WHO	WHO surgical safety checklist	Ann %	-			86%				85.0%			

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jun	Jul	Aug	YTD avg	Monitor Quality priorities	Trend chart
1.3 Infection control and cleanliness	324	MRSA screening of admissions	Mthly %	>95%			95%	89.6%	90.0%	90.0%	89.9%		Y
	301	MRSA bacteraemia (Trust-attributable)	Number	Zero			0.2	0	0	0	0.0		Y
	302L	C-Diff acquisitions resulting from lapse in care	Number	Zero			0.3	0	0	0	0.2		Y
	302T	C-Diff acquisitions (Trust-attributable)	Number	<4 pm			4.3	2	4	3	4.0		Y
	AMS	Anti-microbial stewardship	Score	>85			92.7	93	95	92	92.2		Y
	NPSA	Cleanliness standards (NPSA)	Mthly %	>95%			97.3%	98.2%	97.7%	95.5%	97.4%		Y
1.4 Screening on admission	9936	VTE screening (externally reported)	Mthly %	>95%			97.2%	97.0%	97.3%	96.6%	97.1%		Y
	Dem75	Dementia screening (patients aged over 75)	Mthly %	>90%			92.7%	91.2%	92.0%	85.7%	91.7%		Y
1.5 Mortality indicators	350	Deaths in hospital - number in month	Number	-			93.7	87	79	81	85.4		Y
	HSMR	Hospital standardised mortality ratio (HSMR) - most recent score	Ratio	<90			75.6	75.0	75.0	73.1	74.6		Y
	SHMI	Standardised healthcare mortality index (SHMI) - most recent score	Ratio	<90			79.0	74.5	74.5	76.0	74.8		Y
1.6 Safe staffing	SafeS	Safe Staffing - ratio of actual to planned hours	Mthly %	-			100.1%	99.6%	99.6%	100.7%	99.7%		

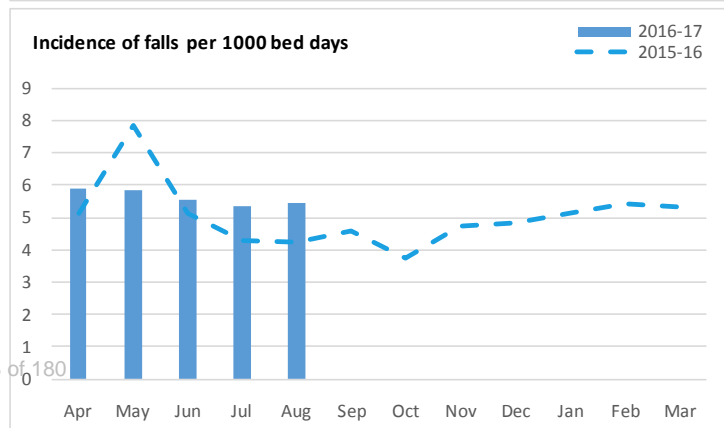
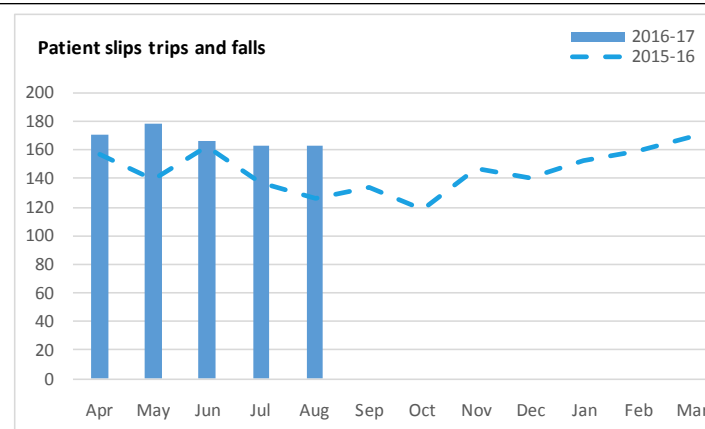
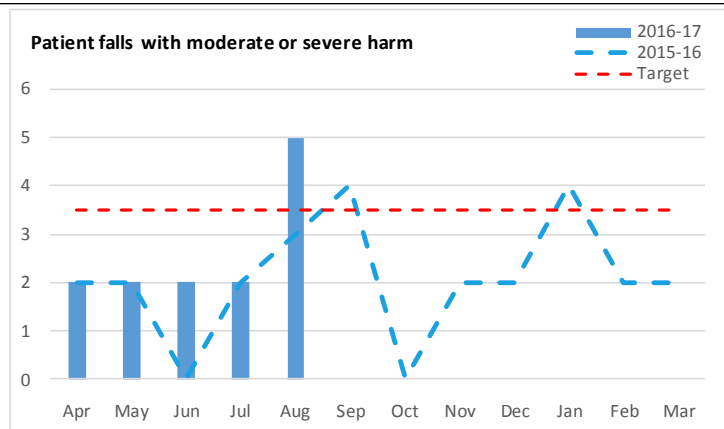
- Incident data reported during August is still under investigation, therefore the degree of harm may change when further information comes to light. All incidents reported are monitored daily (Monday to Friday) by the Patient Safety Team to review and agree the level of harm, escalate where necessary and identify any emerging themes, trends and hot spots.
- One never event was reported during August, this related to a retained swab which is under investigation. The Trust continues its work on Never Events and is currently planning for a Never Event workshop organised by the Chief of Surgery and the Royal College of Surgeons at GSTT in October 2016.



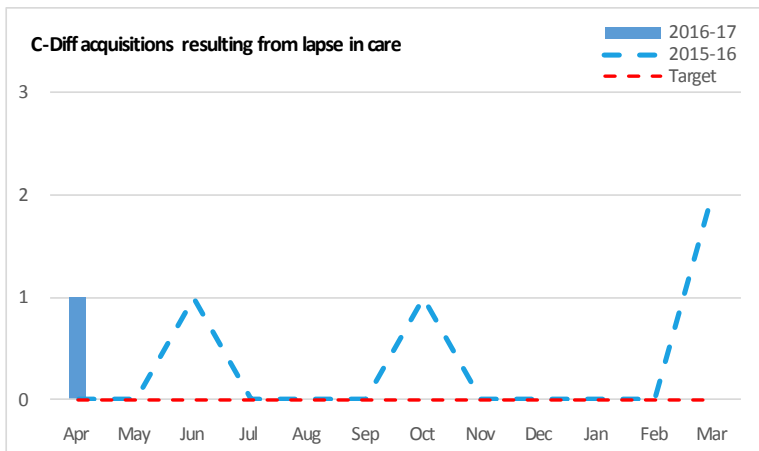
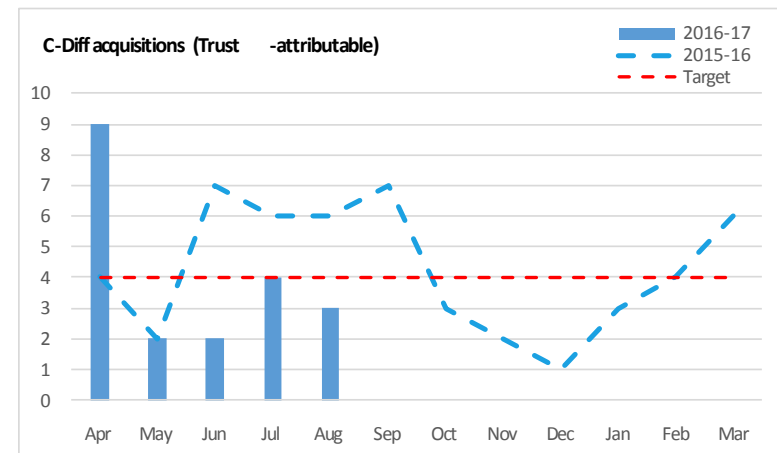
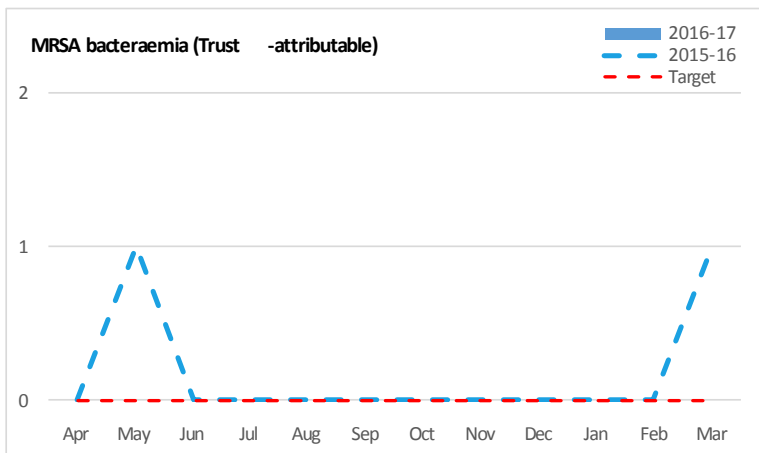
- August remains under target and we continue to see low number of acute acquisitions.
- There were five stage 2 and above pressure ulcers in the acute hospital and all areas have been supported to enable staff to rectify this and move forward to ensure timely skin assessment, and prevention strategies are in place.
- Medication incidents reporting increases steadily and is higher than the similar period in 2015. High incident reporting is positive as it reflects an open safety culture, facilitates improvement and prevention of future recurrence, and meets NHS Outcomes Framework Domain 5 (report more incidents, reduce harm, reduce recurrence).
- Harm from medication incident reports remains low with data reported in the Trust Medication Safety Forum and weekly communication meeting 'Safe in our Hands' where staff share learning and improvement.



- This month the incidence of falls across the Trust remains comparable to last month, with 163 falls reported in August as well as 163 reported in July. Overall, there has been a reduction in inpatient falls with 121 reported this month compared to 133 in July. Community locations also saw a reduction with 6 reported in August compared to 10 in July. There was an increase this month in non ward falls with 36 reported compared to 20 in July, this increase appears primarily due to an increase in falls in patients own homes reported whereby services are involved/provided such as @home and Supported discharge who report these falls on Datix
- Looking in more depth at the data there were 138 patients that fell and 163 falls reported, which meant that there were 25 occasions where a patient fell more than once during admission (compared to 34 in July)- this is seen mainly in the Inpatient areas. In addition, there were 20 assisted falls reported this month compared to 14 in July. The directorates with the highest incidence of in-patient falls were Acute Medicine, Haematology & Oncology and Cardiovascular.
- There were 5 falls resulting in moderate harm or above this month which occurred in Acute Medicine, Surgery and Cardiovascular; this is an increase from an average of 2 per month and as well as root cause analysis completion, a multi incident review of these incidents is also underway.



- We remain on trajectory for Cdiff for the year.
- There have been no 'lapses in care' during August.



Where we want to be. Targets and benchmarks:

- ***Clostridium difficile*** - The external objective for reportable cases of *C. difficile* (Cdiff) for 2016/17 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'.
- **Meticillin 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***

- The Trust remains on trajectory. There were no 'lapses in care' during August; Figure 1.

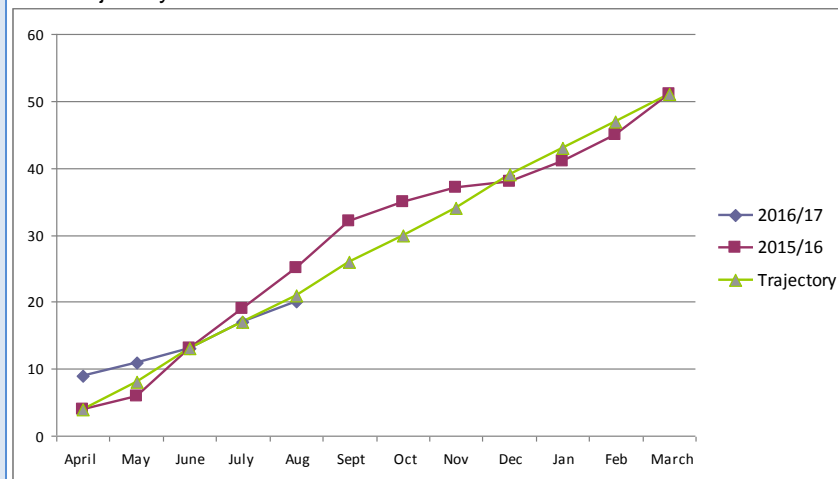
MRSA bacteraemia

- There were no cases in August. The Trust remains on zero cases. The case referred to last month as being under investigation with another provider was not assigned to the Trust. A case in August was also not assigned to the Trust (within 48 hours of admission)

Other bacteraemia

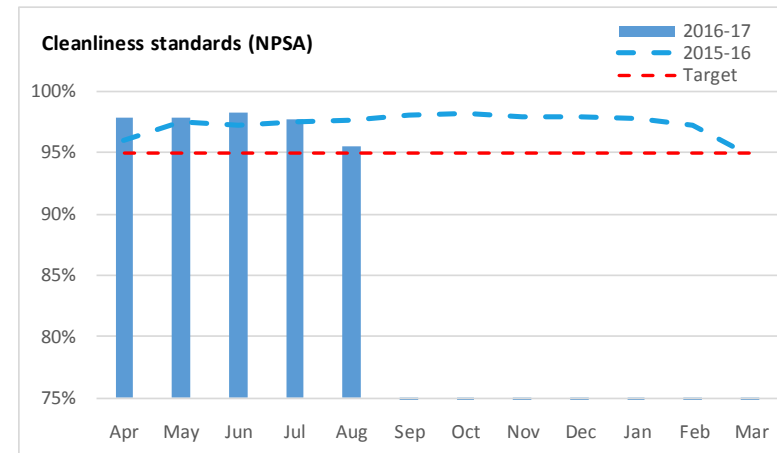
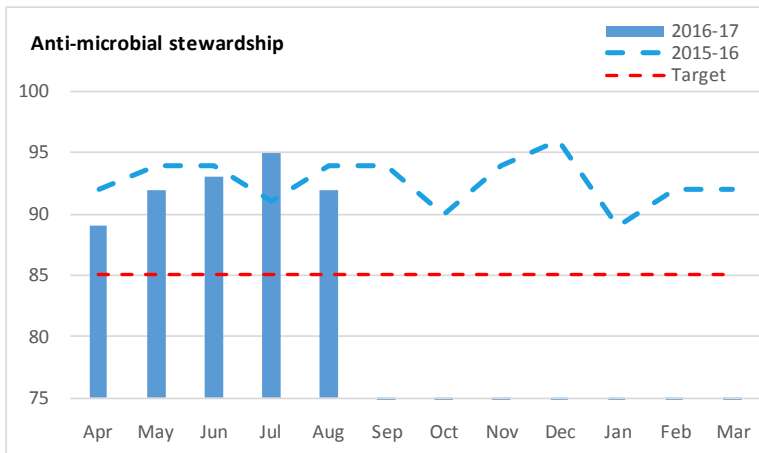
- **MSSA** – For August 2016 the Trust reported 7 cases of which 2 were deemed to be Trust attributable (identified > 48 hours after admission).
- **E coli** – For May 2016 the Trust reported 27 cases, of which 3 were categorised as healthcare associated.

Figure 1. Cdiff cases 2016/17 compared with 2015/16 with a linear trajectory to 51 cases.

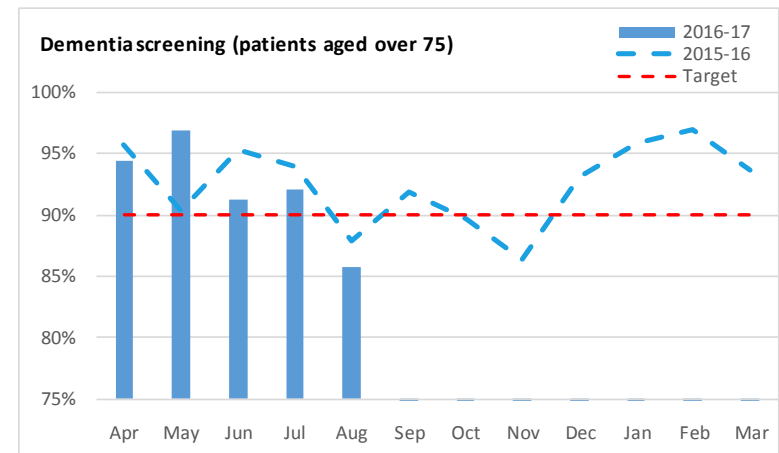
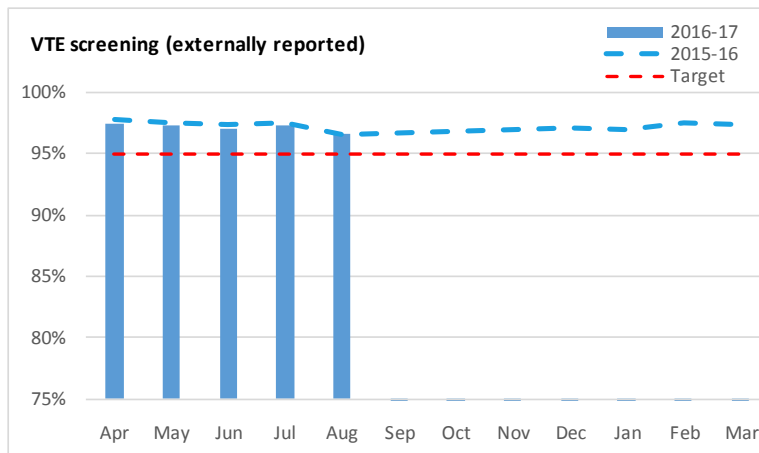


Incidents and Investigations:	Status
Mycobacterium chimera in heater/cooler units used in cardiac bypass machines – this issue will remain active for the foreseeable future	Actions underway
Ongoing measles outbreak in London. Significant impact on emergency and ambulatory departments. Awareness raising activities in place	Actions underway
An outbreak of Pertussis (Whooping Cough) in a children's area has required significant contact tracing, treatment, prophylaxis and vaccination of patients and staff	Actions Complete
Endoscopy decontamination failure – under investigation and some remedial actions in place	Actions underway
Outbreak of Norovirus (confirmed) on an Elderly care ward. Nine patients and two staff affected.	Actions underway

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

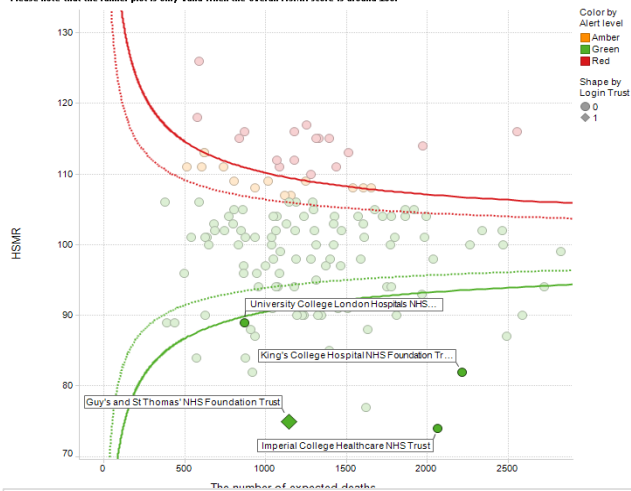


- We continue to achieve our screening target for Venous Thromboembolism (VTE) across all directorates, but we are seeking to improve the percentage of inpatient and day case admissions screened in individual specialties. These include some surgical areas, particularly nurse-led day-case services.
- Dementia screening compliance has remained above the target of 90% for the last four months but has dropped in August.
- A 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 invalidate 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.

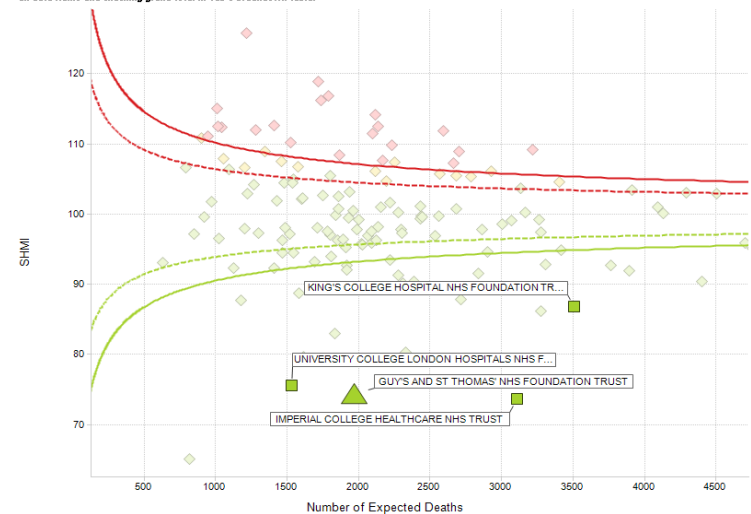


- Benchmarked mortality allows case-mix corrected risk of death to be compared across organisations. The Trust continues to perform exceptionally well, both against the England average and other London acute hospitals. Two measures are used: Hospital Standardised Mortality Rate (HSMR) shown in graph 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.
- Crude mortality was increased during Q4 2015/16 partly explained by a late increase in influenza during this period. Q1/2 2016/17 has shown lower crude mortality than the previous year despite overall increased activity including for emergency admissions where most death occur. No significant clustering of deaths has occurred. Benchmark mortality indices remain low compared to peers.

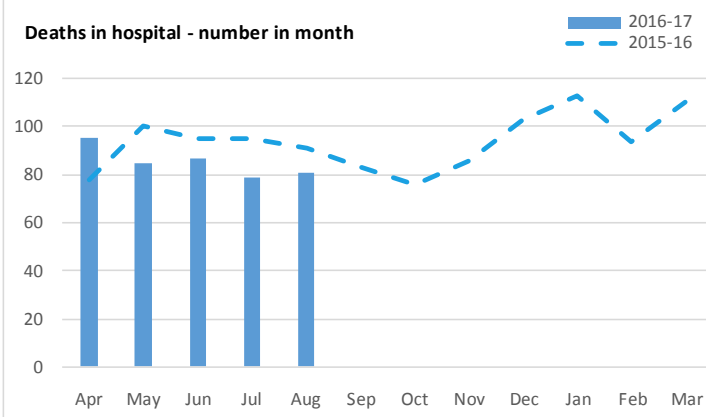
Please note that the funnel plot is only valid when the overall HSMR score is around 100.



Please note that funnel plot is only valid when SHMI score is 100 for all the organisations (shown below) as a whole. It can be verified through highlighting all data items and checking grand total in Tab 3 breakdown table.



Deaths in hospital - number in month



Patient Acuity

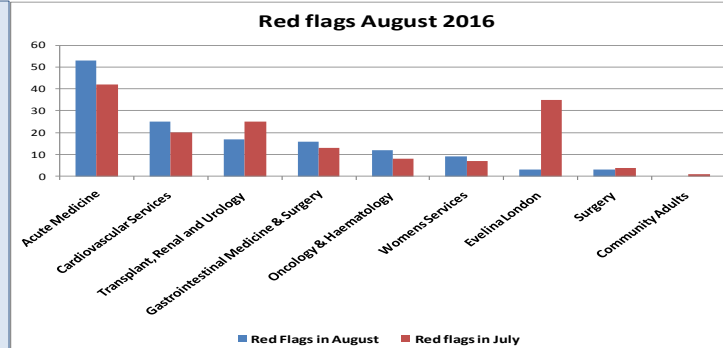
Bed days in August stood at 34,916, an increase of 1,016 on the previous month and higher than August 2015. Level 1b patients accounted for the most bed days at 44.8% of total bed days, while Level 3 patients requiring most care accounted for 11 bed days (0.03% of the total). Acuity and Dependency is collected twice daily from the wards through the iPAMS system to enable the site team to have an accurate picture of the sickest/most dependent patients in the hospital and also supports decision making for safe staffing.

Red Flags

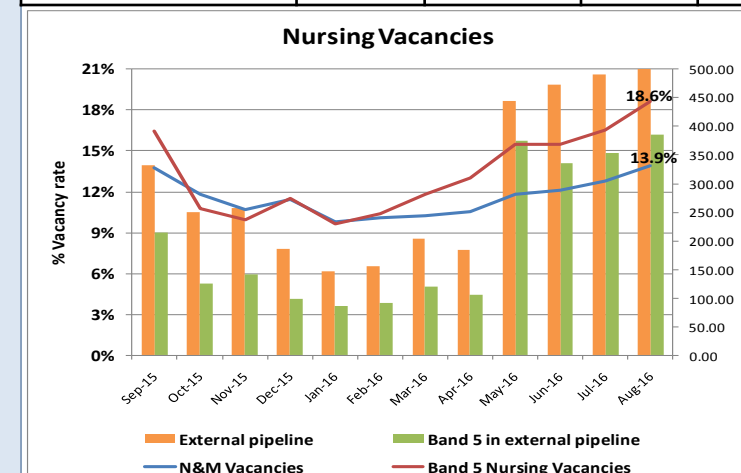
There was a reduction in the number of Red Flags raised in August, however, the number (138) raised, is higher than the same month last year, and several Directorates saw an increase on the previous month. There was significant pressure across the Trust in August with high patient acuity and no reduction in activity also impacted by difficulty resourcing temporary staff due to peak holiday season. Directorates supported each other with cross covering of staff in order to ensure safe patient care and no safety incidents were reported which directly related to safe staffing. In order to support areas who were having consistent challenges, additional administrative and housekeeping resources were supplied which was a successful initiative.

Risks or opportunities for the Trust - Nursing

The Nursing vacancy rate increased to 13.8%, however the rate is expected to reduce towards the 9% target as the 500 applicants in the recruitment pipeline join the Trust. The Trust nursing staff in post decreased to 4934.0 wte
There is a continued focus on nurse recruitment with a drive through the Autumn and early Spring for a revised format of assessment centres. This is to encourage as many potential candidates as possible to attend the Trust for a welcoming but also a consistent and robust recruitment process. This new plan has arisen following the findings of a deep dive exercise undertaken by the Nursing Workforce team and Resourcing colleagues..



Staffing measures	Aug-15	Aug-16	Change	
Nursing Establishment WTE	5633.23	5729.01	95.78	▲
Nursing Staff in Post WTE	4813.15	4934.18	121.03	▲
Vacancies WTE	820.08	794.83	-51.0	▼
Vacancy rate	14.56%	13.87%	-0.7%	▼
Red Flags raised	82	138	56	▲
Agency % of Paybill	6.75%	4.57%	-1.8%	▼
Planned v Actual Hrs used	101.3% of planned used	100.7% of planned used	-0.6%	▼



Risks or opportunities for the Trust - Nursing

Planned Hours for Registered nursing (RN) staff were 7,692 below plan for the month, which equates to 47.21 WTE, while Nursing Assistants (NA) were 10,085 above plan (61.9 WTE). The additional unplanned hours for NA are at least partly attributable to an increase in specialising requirements particularly in the acute medical wards. 8 wards reported using more than 10% above their planned establishment of which 6 were in Acute Medicine. High patient acuity and specialising requirements were primarily responsible for these increases above the planned establishment. 5 wards reported using less than 90% of their planned establishment, however the Directorates were proactive in addressing any staffing concerns and ensuring the safe delivery of patient care.

Actions set and progress to date:

The work on assessment centres will address the Band 5 vacancies and ensure that there is focus on keeping ahead of the demand. There is also work underway to look at the nursing workforce as a whole and to address the vacancies at Band 6 and 7 in order to ensure the Trust keeps apace with skill mix challenges whilst providing a strong, innovative nursing career structure and maintains its profile as one of the top employers in the country. The Trust will also continue to be represented at other recruitment days and Open Days including the RCN Careers Fair in Glasgow in October.

Following the Carter Review, published in February 2016, the Care Hours Per Patient Day (CHPPD) metric is now being reported monthly and is included in the Planned vs. Actual nursing hours report attached. The Trust measure for August was 10.3 CHPPD, slightly down from the 10.6 recorded in July. The CHPPD data to date demonstrates that for the vast majority of areas, month on month there is minimal variation in the results.

There is a multi professional team commencing work late September to undertake workforce reviews as outlined in the National Quality Board report (June 2016). There has been no methodology provided to undertake these reviews therefore the team will be developing a tool which will describe all activity associated with the effective running of an inpatient area in order to then draw conclusions as to whether the area is safely staffed (from the entire multi disciplinary team perspective), whether there are opportunities to change ways of working which promote patient centred, efficient and cost effective care and whether we can measure true CHPPD as a multi-professional metric. This work will evolve over the next 6 months and will move to specialist ambulatory areas, community and other outpatient areas once the inpatient wards have been completed.

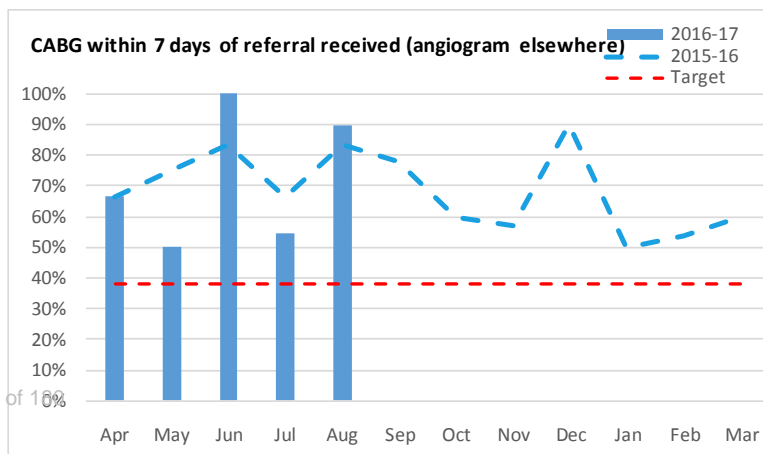
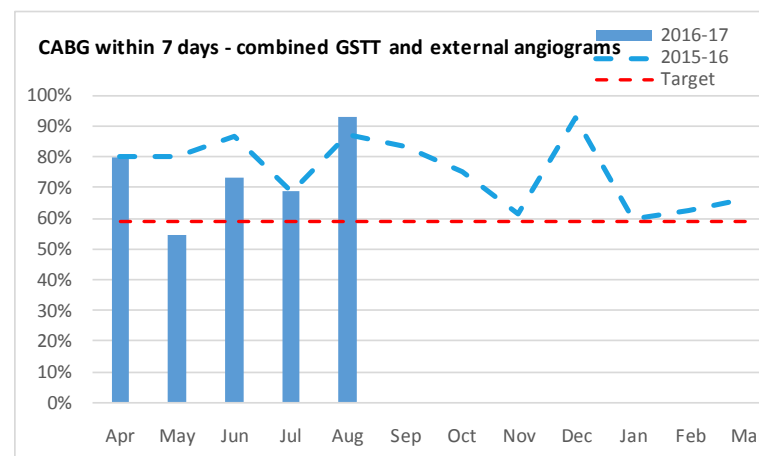
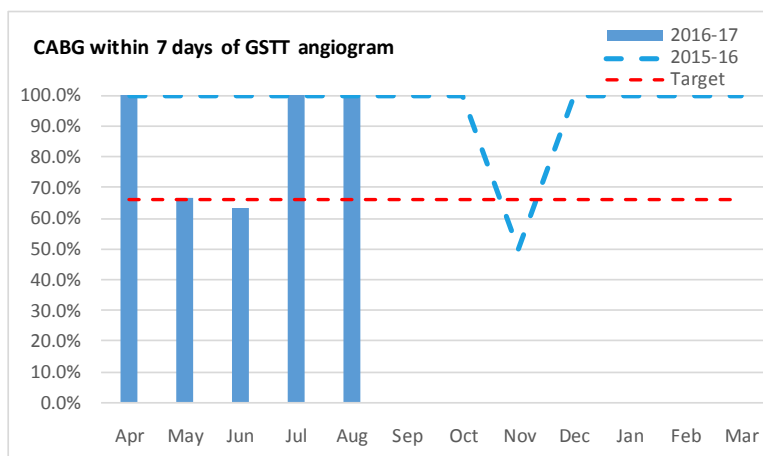
The metrics for use of HealthRoster have now been agreed, including thresholds and rag rating and are being reported on a monthly basis. The process for challenge and scrutiny of these metrics is through the Health Roster Operational Group which now reports into the Nursing and Midwifery Workforce Council and then into the Nursing and Midwifery Executive Committee.

The three e-rostering facilitators have now commenced employment at the Trust and are working through specific aspects of the project plan.

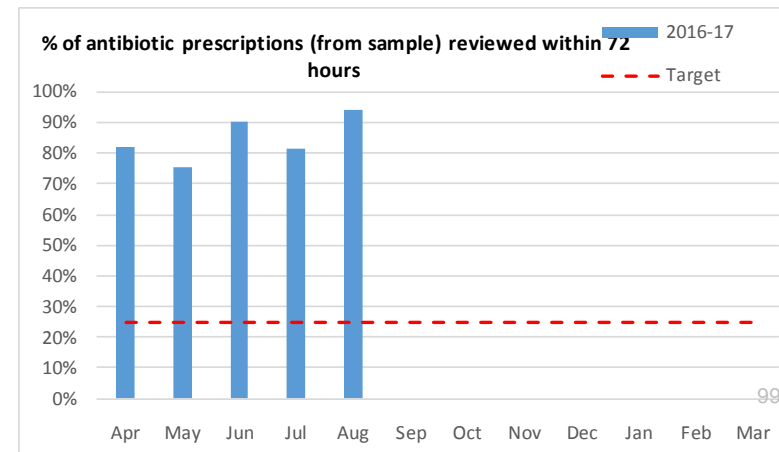
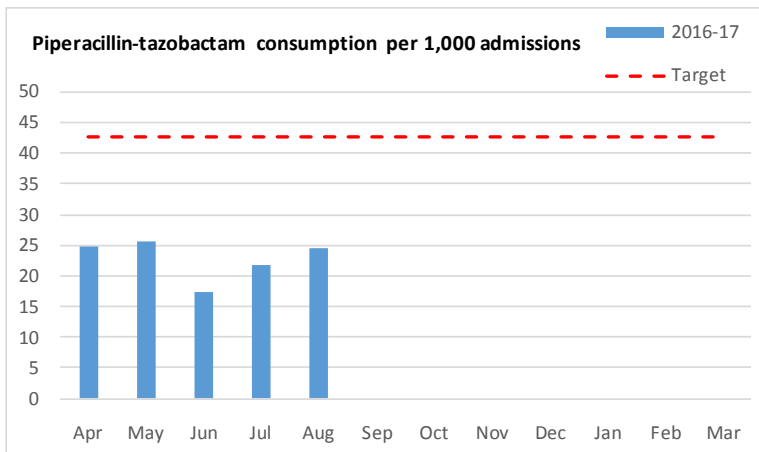
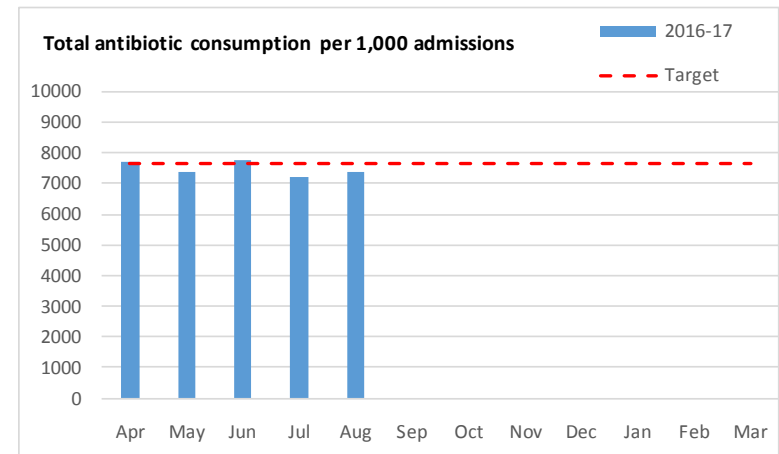
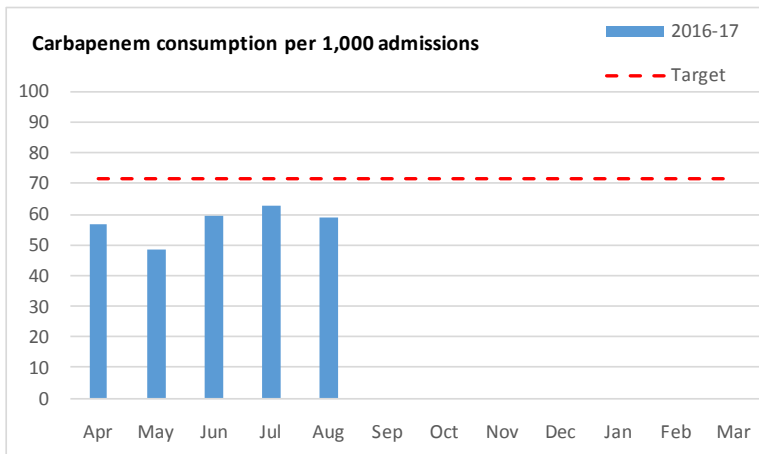
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jun	Jul	Aug	YTD avg	Monitor	Quality priorities	Trend chart
2.1 Quality improvement initiatives	CQ1Aq	CABG within 7 days of GSTT angiogram	Qtly %	>66%			97%	63.6%	100.0%	100.0%	82.1%			Y
	CQ1Bq	CABG within 7 days of referral received (angiogram elsewhere)	Qtly %	>38%			68%	100.0%	54.5%	90.0%	69.2%			Y
	CQ1Cq	CABG within 7 days - combined GSTT and external angiograms	Qtly %	>59%			74%	73.3%	68.8%	93.3%	74.6%			Y
2.2 Quality improvement Sepsis	1617CQ2	% A&E patients appropriately screened for sepsis	Mthly %	90.0%										
	1617CQ3	% A&E patients prescribed antibiotics within timeframe and reviewed	Mthly %	>15%			-	75.0%			68.0%			
	1617CQ4	% INPATIENTS appropriately screened for sepsis	Mthly %	90.0%										
	1617CQ5	% INPATIENTS prescribed antibiotics within timeframe and reviewed	Mthly %	15.0%										
2.3 Quality improvement Antimicrobial resistance & stewardship	1617CQ6	Carbapenem consumption per 1,000 admissions	Number	71.7				59.4	62.8	58.8	0.5			
	1617CQ7	Piperacillin-tazobactam consumption per 1,000 admissions	Number	42.6				17.4	21.8	24.7	0.2			
	1617CQ8	Total antibiotic consumption per 1,000 admissions	Number	7650				7,790	7,202	7,406	1			
	1617CQ9	% of antibiotic prescriptions (from sample) reviewed within 72 hours	Mthly %	25.0%				90.4%	81.6%	93.9%	84.6%			
2.4 Quality improvement Prevention	1617CQ10	% assessed for smoking in Vascular	Mthly %	>80%				97.1%	95.6%	97.8%	97.7%			
	1617CQ11	% assessed for smoking in Cardiology	Mthly %	>80%				85.8%	86.7%	87.9%	90.2%			
	1617CQ12	% assessed for smoking in Cardiac Surgery	Mthly %	>80%				92.5%	92.5%	97.3%	94.5%			
	1617CQ13	% assessed for smoking in Elderly Care	Mthly %	>80%				42.6%	76.0%	82.3%	68.2%			
	1617CQ14	Total (all areas) % assessed for smoking	Mthly %	>80%				82.2%	88.6%	91.2%	89.3%			
	1617CQ15	% assessed for alcohol use in admissions ward	Mthly %	>80%				78.0%	86.7%	85.0%	85.4%			
	1617CQ16A	Number of NRT and Varenicline prescriptions	Number					516			518			
2.5 Dental	1617CQ20	Tier recording for Oral Surgery - new patients only	Mthly %	35.0%				25.8%	42.4%	37.2%	25.9%			

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jun	Jul	Aug	YTD avg	Monitor	Quality priorities	Trend chart
2.6 Clinical best practice	352	Emergency readmissions (within 28 days - in arrears)	Cum %	<5.7%			5.7%	5.7%	5.8%		5.7%			Y
	353	Emergency readmissions (within 14 days - in arrears)	Cum %	<3.5%			3.6%	3.6%	3.7%		3.7%			Y
		Elective surgical readmissions within 28 days		In devt										
	IC48	Critical Care Unplanned Readmissions within 48 Hours	Mnthly (%)	<=1.3			1.4%	2.6%	1.5%	1.1%	1.2%			
	913	% Caesarean sections	Mthly %	<28%			33%	31.7%	27.6%	32.9%	30.7%			
	ICNARC-STH	Critical care mortality indicator-STH+VH DU	Quarterly	<=1.0			0.83	0.00	0.00	0.00	0.00			
	ICNARC-Guys	Critical care mortality indicator-Guys CCU	Quarterly	<=1.0			0.99	0.00	0.00	0.00	0.00			
	EOL	End of life care - % of deaths supported by Priorities for Care	Mthly %	>25%			37.0%	40.0%	51.3%	36.4%	42.1%			

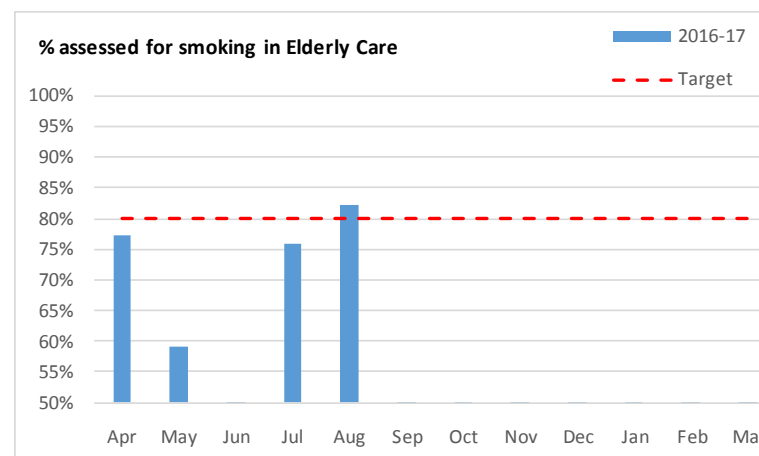
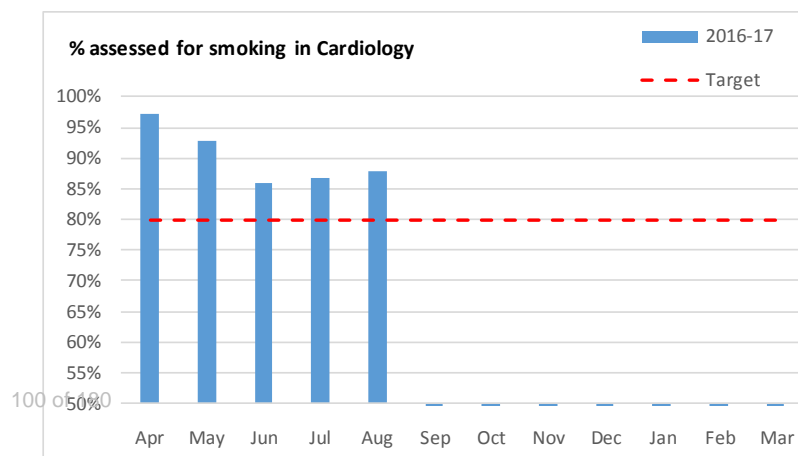
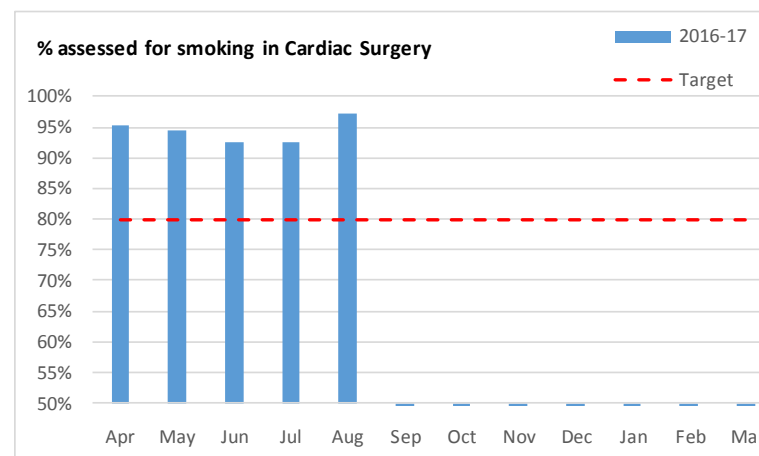
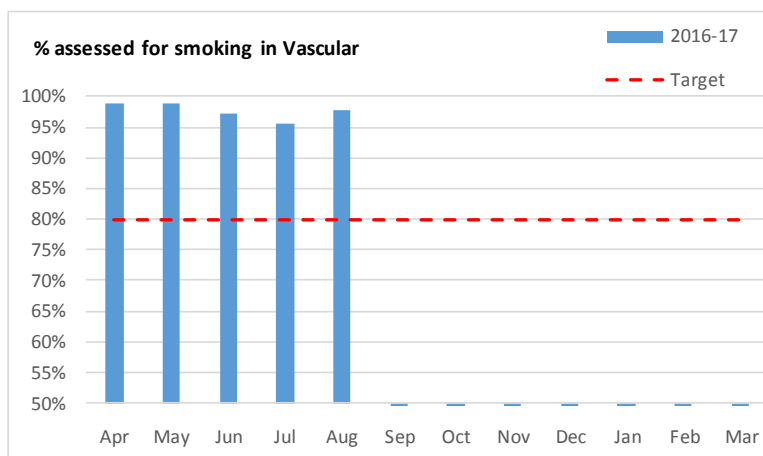
- The Trust has achieved against all the CQUINs 2016/17 Q1 requirements for NHS England and all but one of the CQUINs (sepsis) for the local CCGs. Progress against two of these CQUINs: Prevention and Dental Oral Surgery are reviewed in more detail on the following pages.
- The graphs below, show our performance against quality indicators from previous years, which we continue to monitor, as they continue to be important to the Trust and our patients.
- Performance against the Cardio-vascular access targets continues to exceed the targets.



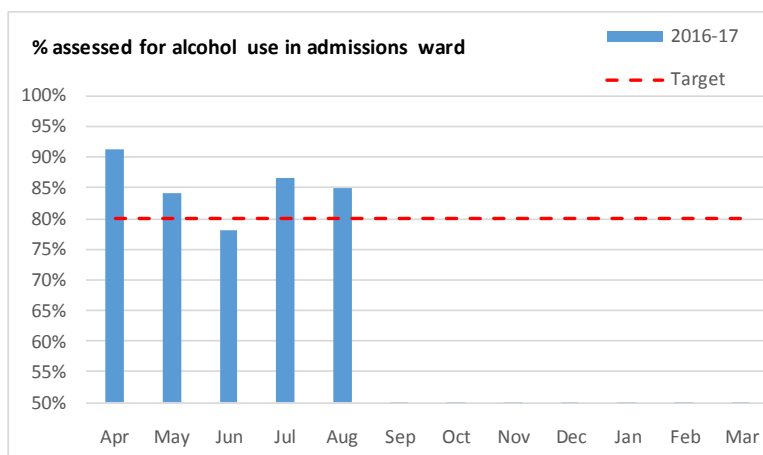
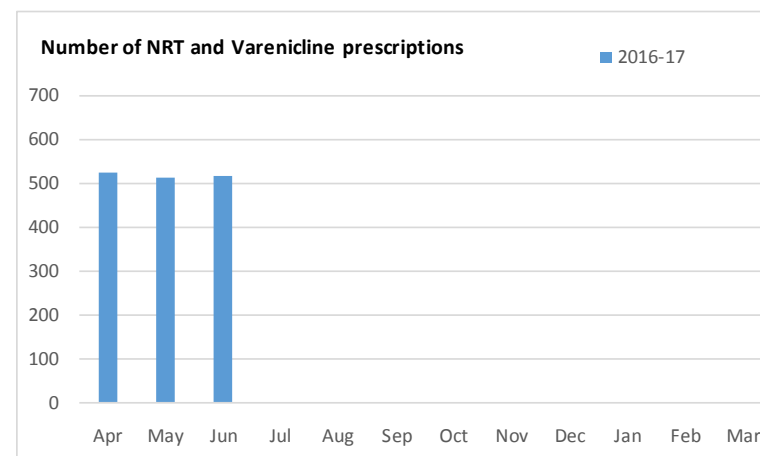
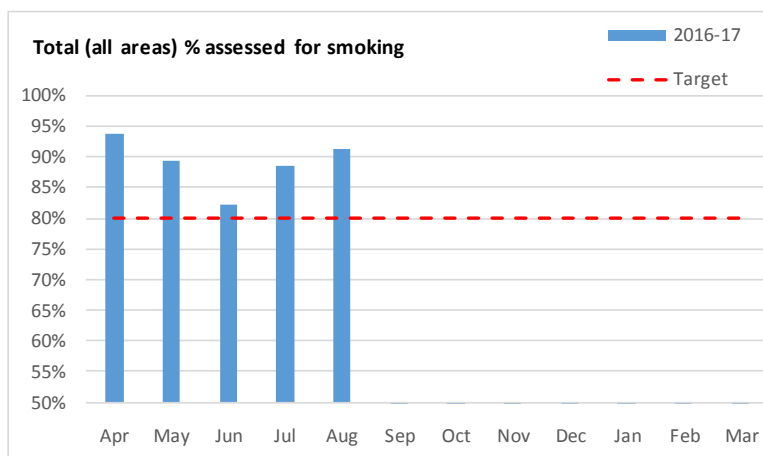
- The monitoring of our consumption of 3 key antibiotics per 1,000 admissions is not reportable for the CQUIN until Q4 and hence we still have time to achieve against the targets (see graphs below).
- We have exceeded the target of 25% for antibiotic prescriptions (from sample) reviewed within 72 hours'.



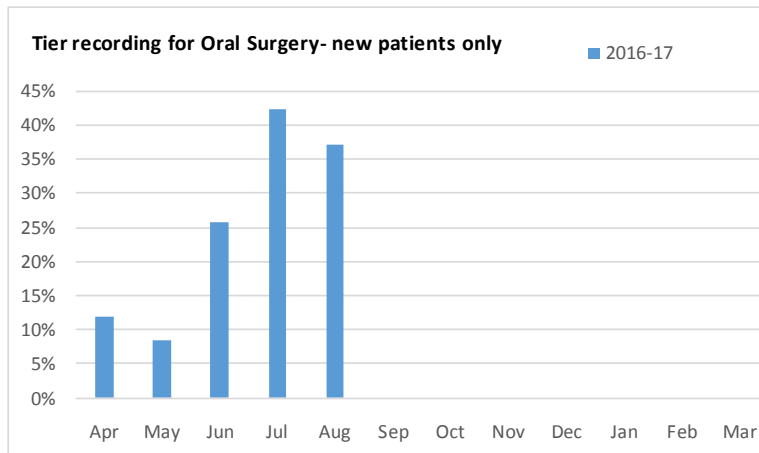
- The Prevention CQUIN is the promotion of mental and physical health and wellbeing for patients and staff. It involves the development of the skills in key frontline staff to make every contact count. The areas of focus for this CQUIN are smoking and alcohol assessments for patients, with signposting and brief intervention.
- We are exceeding the target for % assessed for smoking in Vascular, Cardiology and Cardiac Surgery. For the first time this year, we have met the 80% target for Elderly Care.



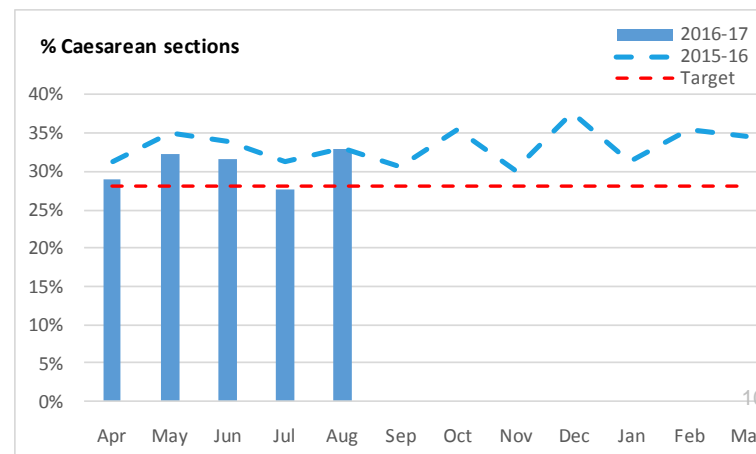
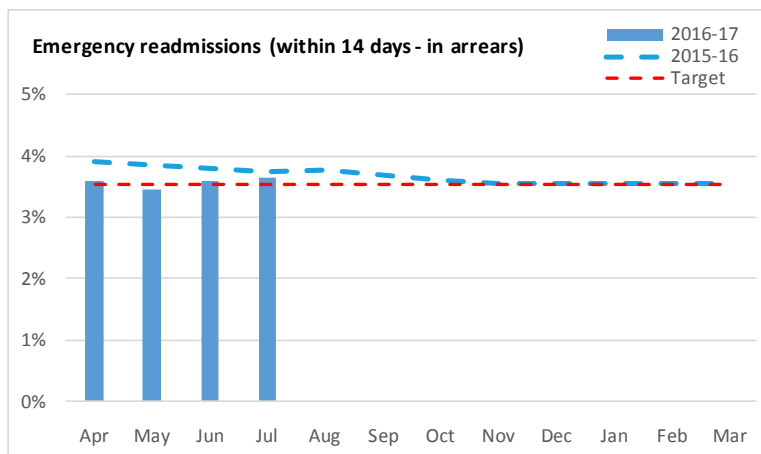
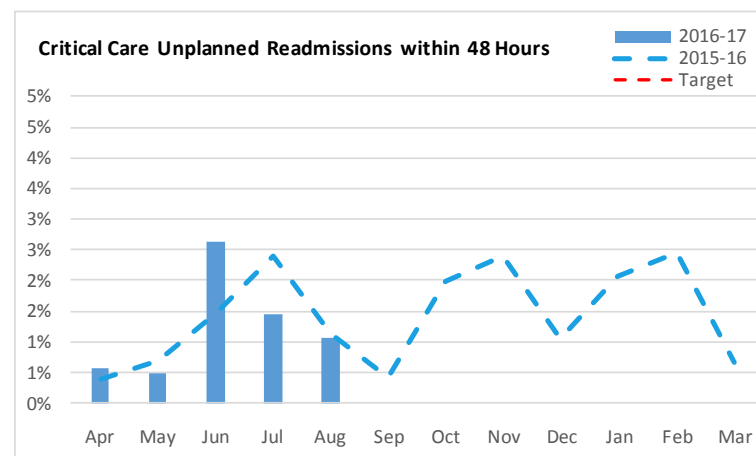
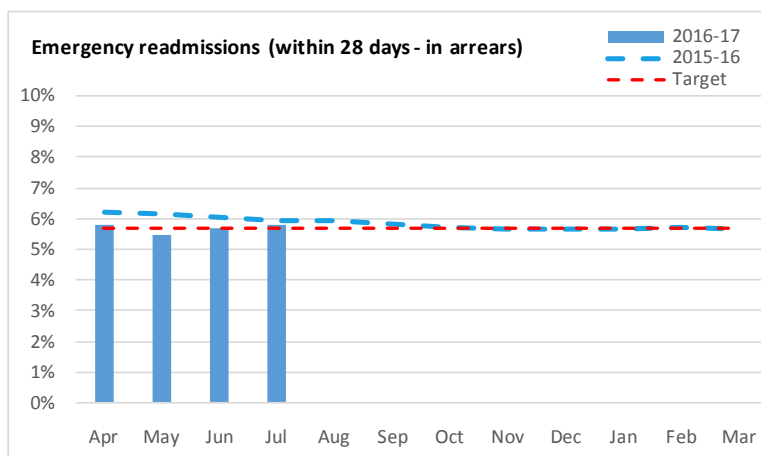
- Across the Trust we have consistently met the smoking target (Top left graph), with monthly improvements. This success is also seen in the ' % assessed for alcohol use in admissions ward' .
- The Prevention CQUIN also requires us to report on number of NRT and Varenicline prescriptions (Outpatients and Inpatients). Please note that this data is provided on a quarterly basis.



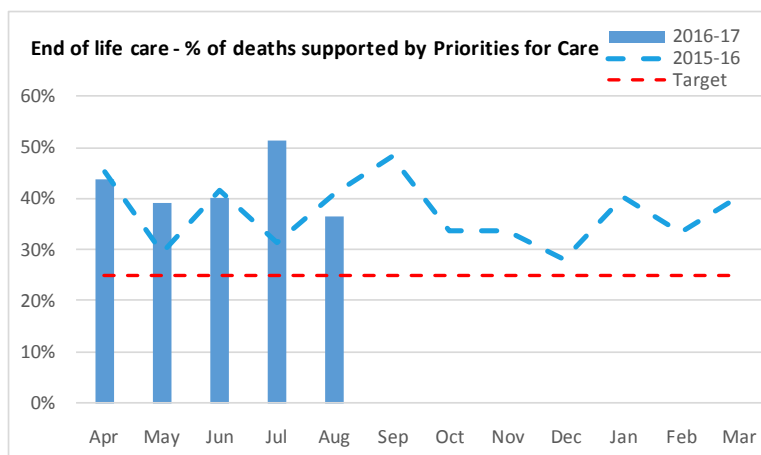
- The CQUIN for dental is related to tier recording on patients referred for Oral Surgery. The Tier system reviews complexity of referral and as you can see percentage of Tier recording has improved substantially in Q1.
- We are achieving against the target for Q2 which is 35%.



- Readmission rates vary depending on the clinical service and by patient group. There is an Outcomes group to review the data and look for any trends as well as 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 slightly lower than target and shows similar level to last year in August. 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 is comparable to last year. Patients were prioritised according to clinical need for a 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.

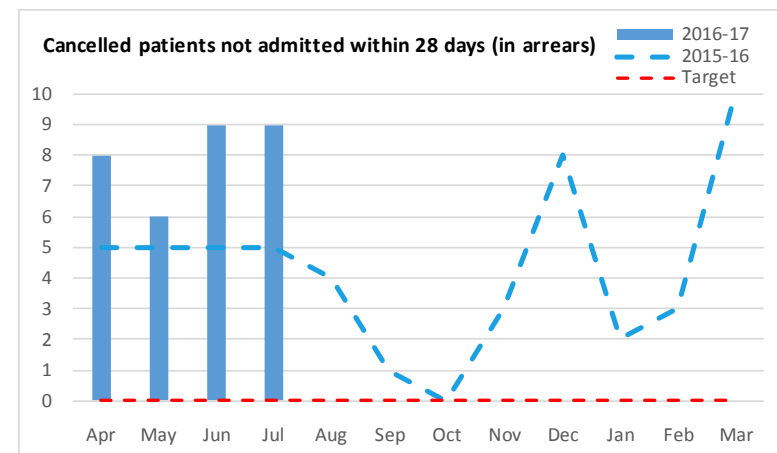
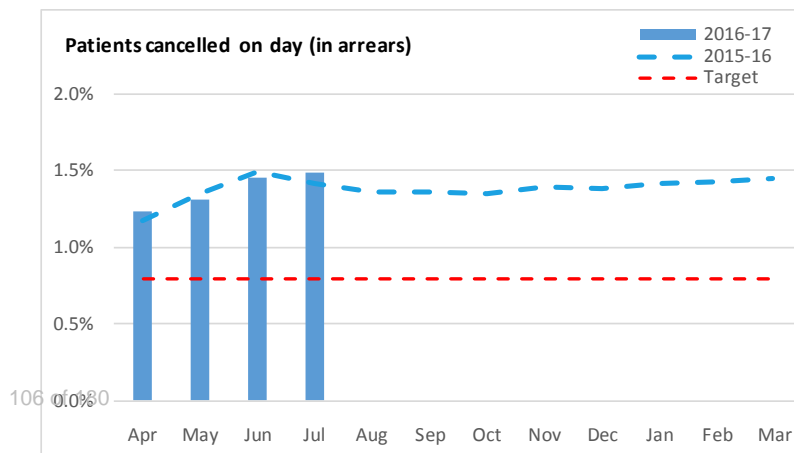
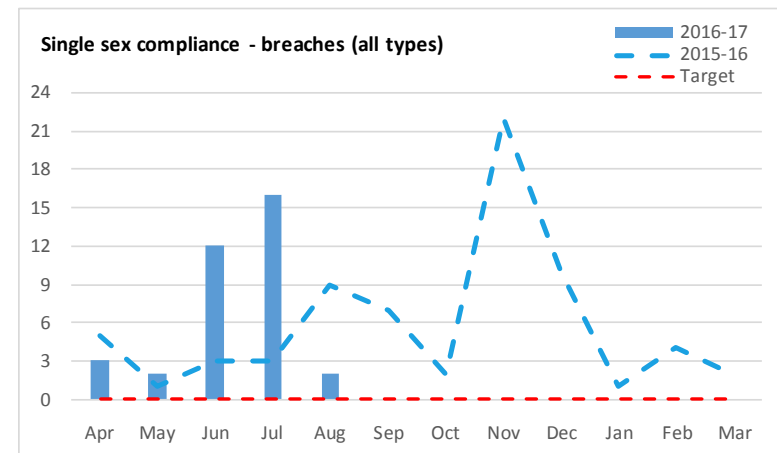
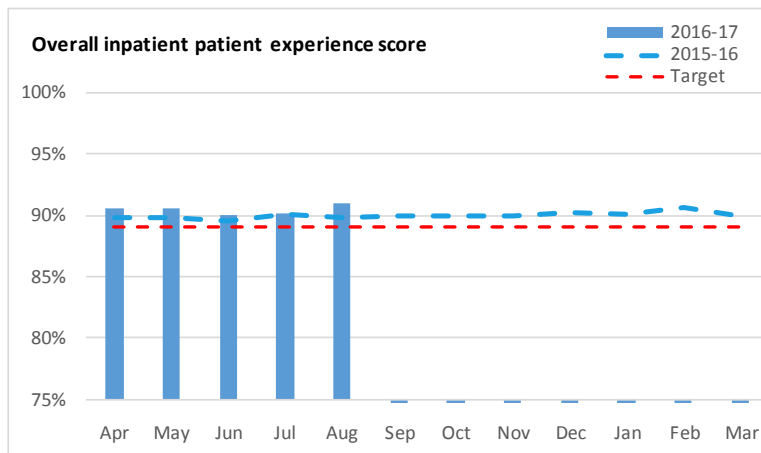


- There was an increase in the proportion of adult inpatient deaths supported by *the priorities for care of the dying person* in July 2016. It is likely that the staff events held in June 2016 to re-launch EoLC across the Trust have had an impact on this.
- As part of our participation in the national Building on the Best programme, further pilot work is planned in the acute admissions ward this Autumn to further improve the quality of care planning and symptom management.

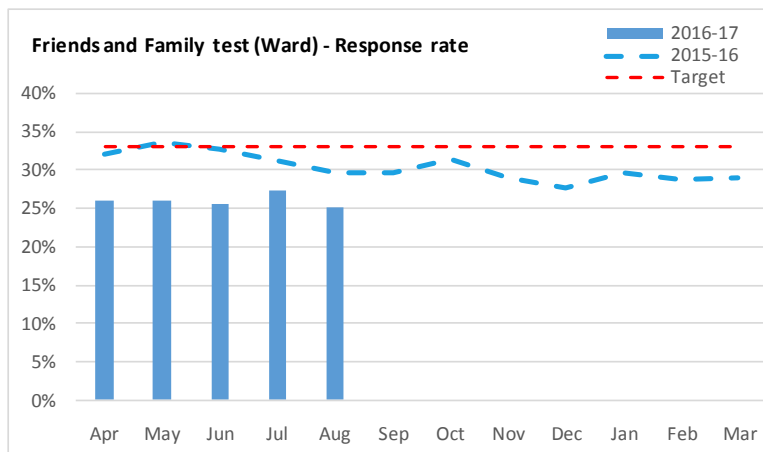
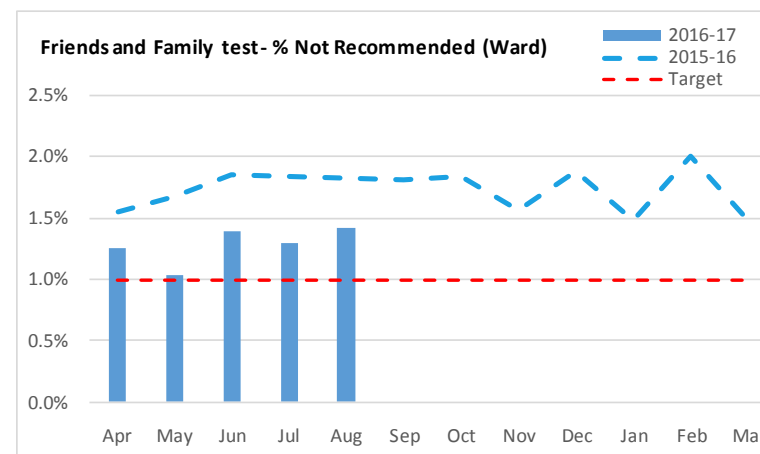
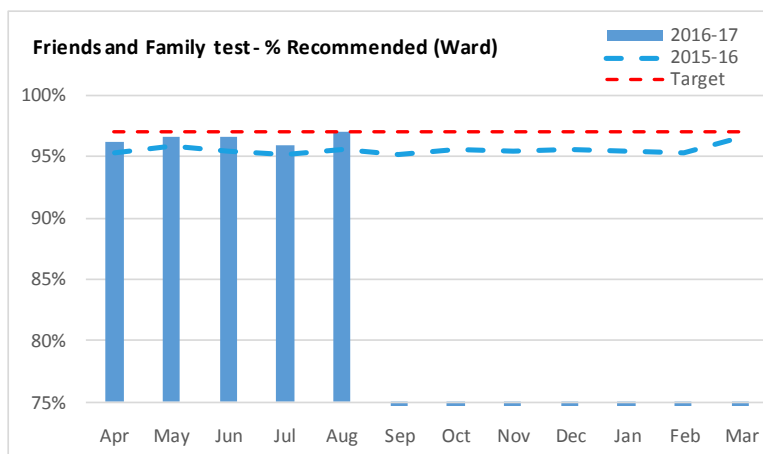


Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jun	Jul	Aug	YTD avg	Monitor	Quality priorities	Trend chart
3.1 Admitted care	258	Overall inpatient patient experience score	Mthly %	>89%			90%	90.0%	90.2%	90.9%	90.4%			Y
	310	Single sex compliance - breaches (all types)	Cases	Zero			5.8	12	16	2	7.0			Y
	501	Patients cancelled on day (in arrears)	Cum %	<0.8%			1.4%	1.5%	1.5%		1.4%			Y
	502	Cancelled patients not admitted within 28 days (in arrears)	Number	Zero			3.4	9	9		6			Y
	FFT1W	Friends and Family test (Ward) - Response rate	Mthly %	>=33%			30.4%	25.7%	27.4%	25.2%	25.7%			Y
	FFT2W	Friends and Family test - % Recommended (Ward)	Mthly %	>=97%			95.5%	96.6%	96.0%	97.0%	96.4%			Y
	FFT3W	Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%			1.7%	1.4%	1.3%	1.4%	1.3%			Y
3.2 A&E care	FFT1AE	Friends and family test (A&E) - Response rate	Mthly %	>=18%			15.6%	16.2%	17.9%	14.8%	15.1%			Y
	FFT2AE	Friends and Family test - % Recommended (A&E)	Mthly %	>=88%			85.0%	87.3%	84.2%	85.7%	85.1%			Y
	FFT3AE	Friends and Family test - % Not Recommended (A&E)	Mthly %	<=6%			8.1%	5.0%	7.0%	6.9%	6.9%			Y
3.3 Maternity care	FFT1M	Friends and Family test (Maternity) - Response rate overall	Mthly %	-			18.1%	41.6%	33.9%	36.0%	31.7%			Y
	FFT2M	Friends and Family test - % Recommended (Maternity)	Mthly %	-			92.6%	91.7%	90.2%	91.7%	91.2%			Y
	FFT3M	Friends and Family test - % Not Recommended (Maternity)	Mthly %	-			2.1%	2.4%	2.6%	2.7%	2.8%			Y
3.4 Outpatient care	FFT2OP	Friends and Family test - % Recommended (Outpatients)	Mthly %	-			92.6%	92.8%	93.7%	92.4%	93.0%			Y
	FFT3OP	Friends and Family test - % Not Recommended (Outpatients)	Mthly %	-			3.4%	3.2%	2.7%	3.4%	3.1%			Y
3.5 Community care	FFT1CS	Friends and Family test (Community) - Response rate	Mthly %	-			5.4%	7.5%	6.1%	4.5%	4.9%			Y
	FFT2CS	Friends and Family test - % Recommended (Community)	Mthly %	-			96.0%	95.5%	95.0%	96.8%	95.4%			Y
	FFT3CS	Friends and Family test - % Not Recommended (Community)	Mthly %	-			0.8%	0.9%	0.5%	0.4%	0.7%			Y
	260C	Adult community health centre patient experience score	Mthly %	>89%			93.9%	96.1%	91.8%	92.8%	94.0%			Y
3.6 Patient Transport	FFT1PT	Friends and Family test (Transport) - Response rate	Mthly %	-			2.5%	2.0%	3.0%	2.3%	2.1%			Y
	FFT2PT	Friends and Family test - % Recommended (Transport)	Mthly %	-			91.9%	95.6%	93.2%	93.3%	94.5%			Y
	FFT3PT	Friends and Family test - % Not Recommended (Transport)	Mthly %	-			3.0%	0.8%	2.0%	1.6%	1.1%			Y
3.7 General patient and	Food	Satisfaction with food (PLACE)	Mthly %	>85%			92%				92.0%			Y

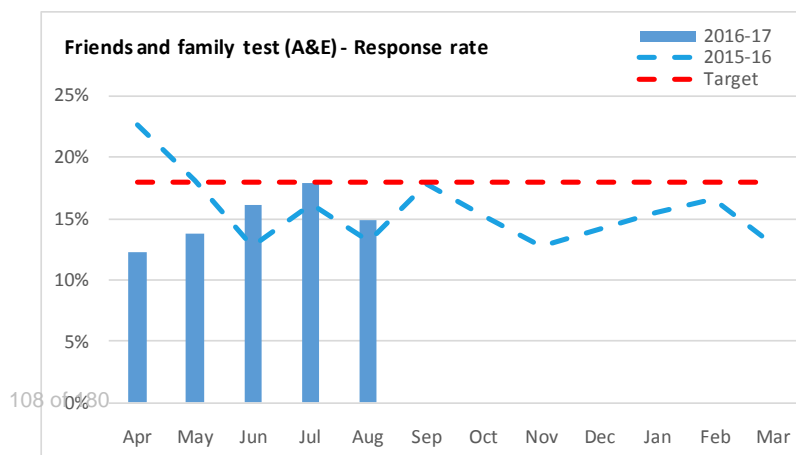
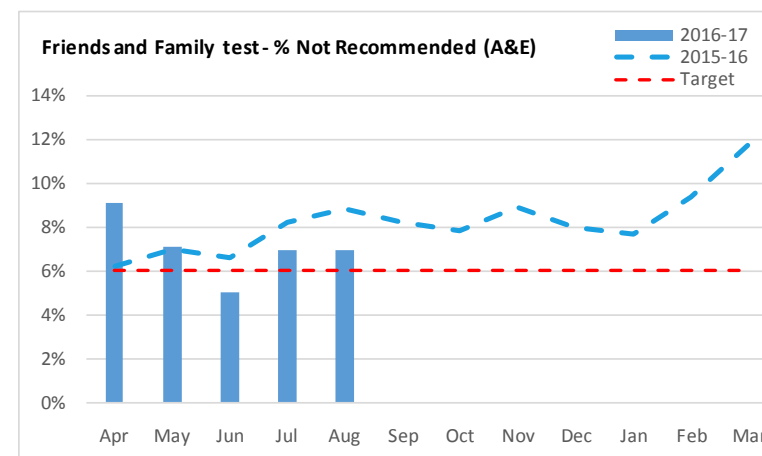
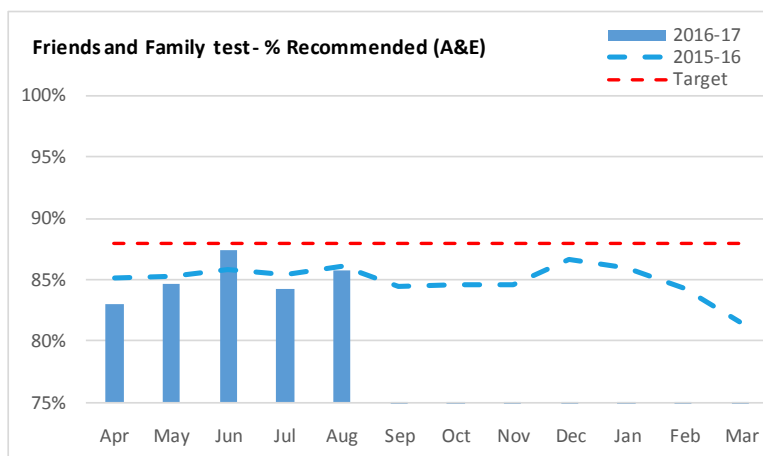
- Cancellations have increased in proportion to our increased levels of activity, so work to reduce cancellations is a key focus of the Fit for the Future work-stream that supports theatre productivity. We have also seen an increase in the number of patients not being rebooked within 28 days compared 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.
- During August the Trust experienced very high levels of activity which presented challenges regarding capacity. There were particular challenges within Cardiology with managing step down of some patients.
- Patient experience scores continue to reflect well on inpatient care, with an overall satisfaction rate of 90.9% in August. This is slightly higher than the score of 90.2% for July.



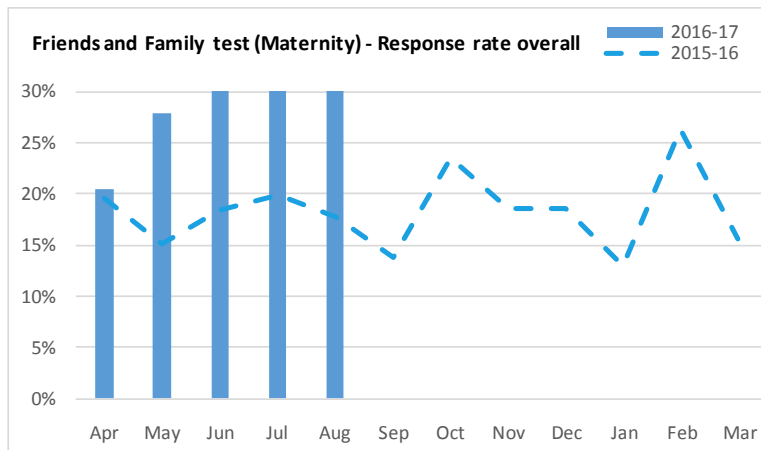
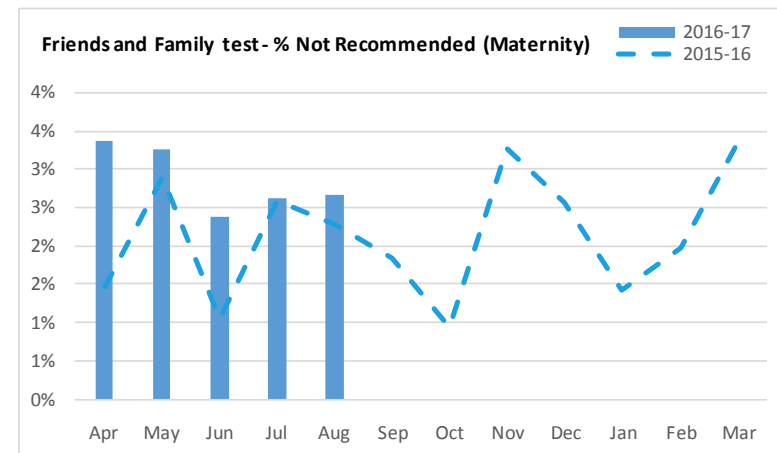
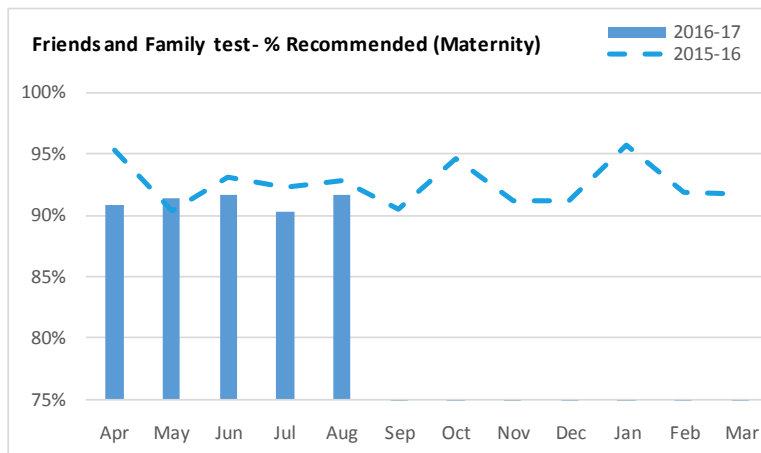
- The Friends and Family test for inpatient areas includes responses from adult and young patients admitted for day-case treatment. This has increased the total number of patients surveyed, although response rates from day-case patients have so far been lower than for inpatients.
- Having reviewed the previous years data on inpatients and day case/surgery as a new area of care, the Trust has set itself a combined response rate of 30% for 2016-17. In August we achieved a response rate of 25.2% which is consistent with the response rate of 25.7% for July. The proportion of day case patients who answered the FFT question in June and July is much lower than previous months. The Patient Experience Team are reviewing the data in detail to establish trends and teams who may need additional support in capturing responses.
- The proportion of patients who would recommend the Trust in August has risen from the July figure of 95.7% to 97% in August. The percentage of patients who would not make a recommendation has remained consistent with the July figure of 1.4%.
- 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.



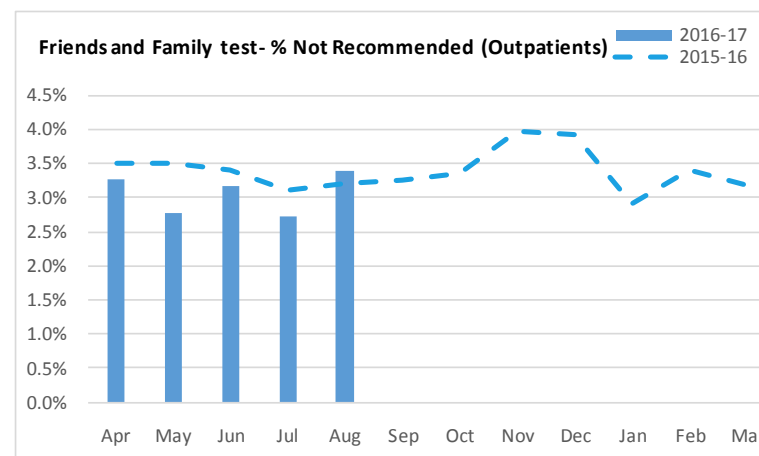
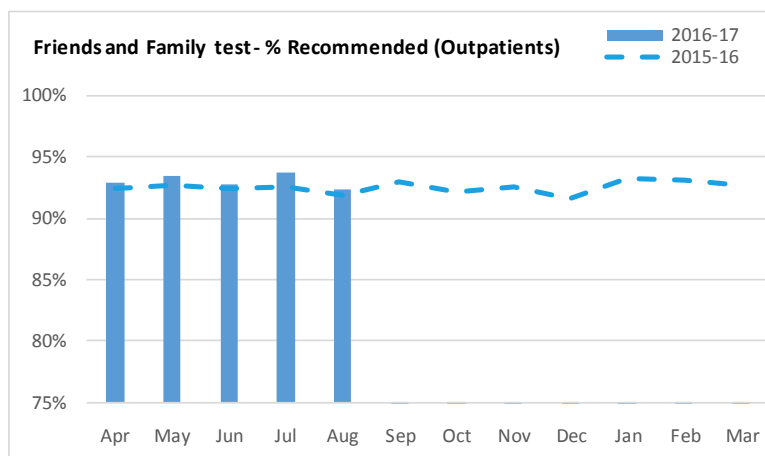
- The A&E Friends and Family Test (FFT) has been extended to include patients attending our Minor Injuries Unit at Guy's Hospital.
- Having reviewed local and national data for 2015-16 the Trust has set itself a target response rate of 16% for 2016-17. The response rate for A&E fell from the July figure of 17.9% to 14.8% in August. The department continues to be extremely busy with high levels of attendance. The team is continuing to take measures to increase the numbers of responses in the coming months and have piloted having a dedicated member of staff to help capture feedback from patients. This has proved successful and will be introduced on an ongoing basis from October.
- The proportion of patients who would recommend the service has improved rising from 84.2% in July to 85.7% in August. The proportion of patients who said they would not recommend the service was 6.9% in August which is consistent with July.



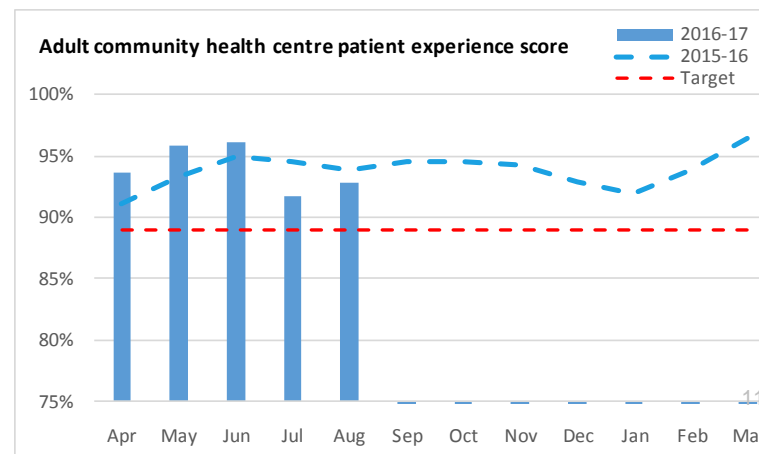
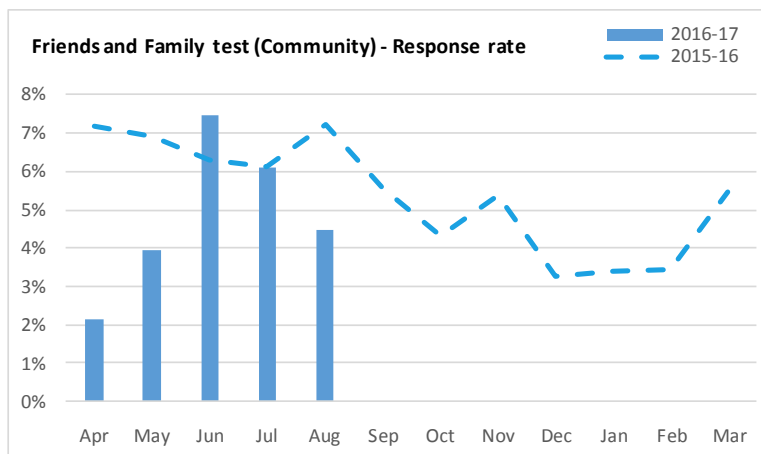
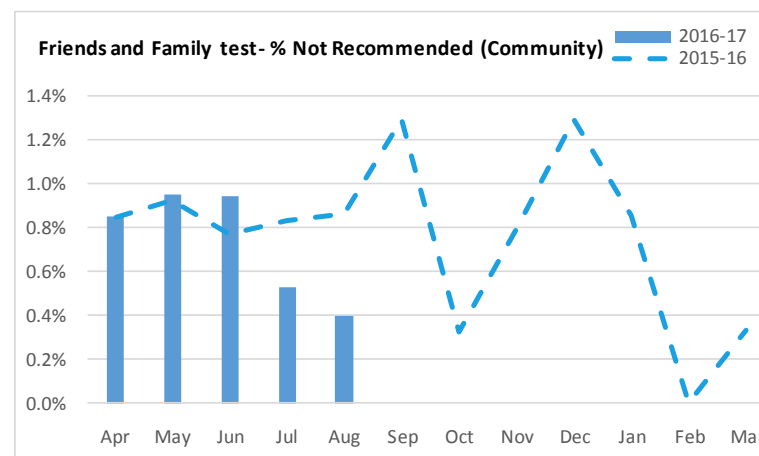
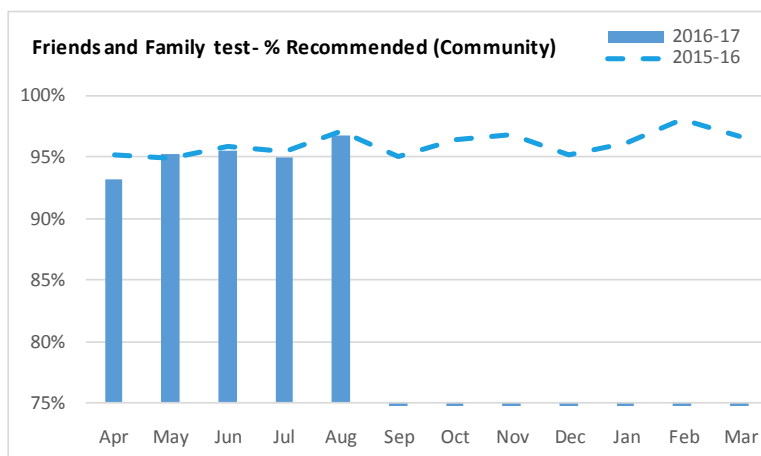
- Having reviewed local and national data for 2015-16 the Trust has set itself a target response rate of 20% for 2016-17. The overall response rate for the Friends and Family Test for maternity services has increased from 33.9% in July to 36% in August. The team continues to encourage colleagues to invite feedback from women before and after the birth of their baby and there has been a significant increase in responses from women at the antenatal and postnatal community touch points.
- The proportion of women who would recommend the service has increased slightly rising from 90.2% in July to 91.7% in August. The proportion of women who said they would not recommend the service in has also increased slightly from 2.6% in July to 2.7% in August. The team regularly review comments and use the emerging themes to identify actions for improvement.



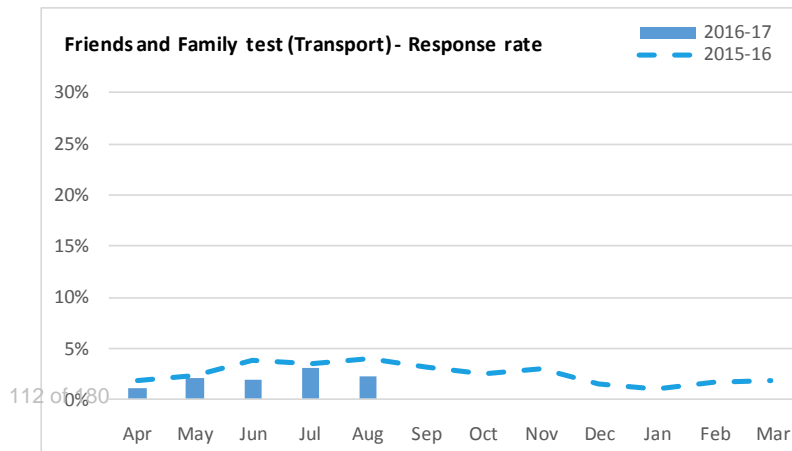
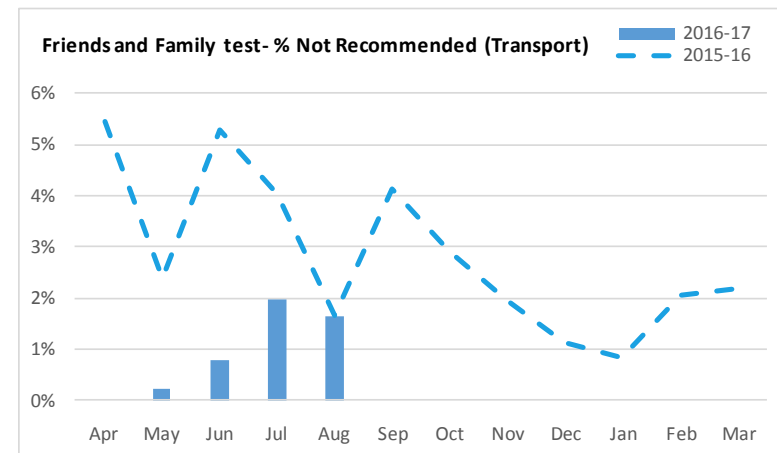
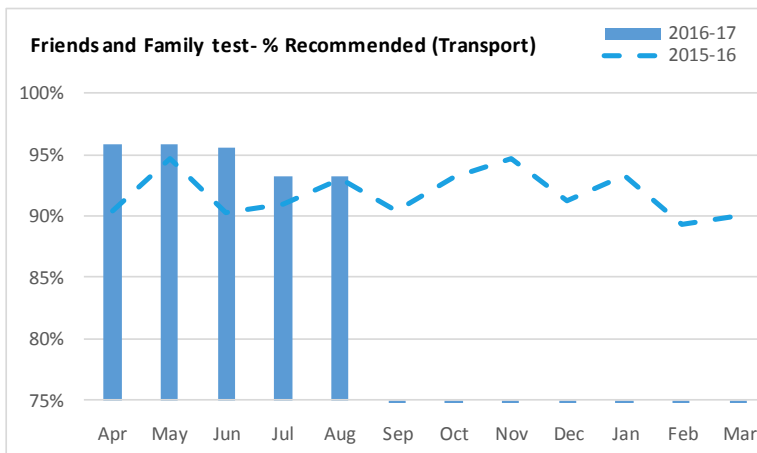
- We have reviewed local and national 2015-16 data and have set a response rate target of 7%.
- The proportion of outpatients who would recommend the Trust has decreased slightly from 93.7% in July to 92.4% in August. The proportion of patients who would not recommend the Trust has increased slightly from 2.7% in July to 3.4% in August.
- As part of the Fit for the Future outpatient work stream, directorates are improving communication with patients regarding their appointments through text messaging, where it is not currently in use and introducing a system for booking follow ups. "Partial booking" of follow up appointments 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, and introducing more one-stop visits (where the consultation appointment and any associated diagnostic tests occur on the same day). Through improving patient experience some of these initiatives will improve new to follow-up ratios.



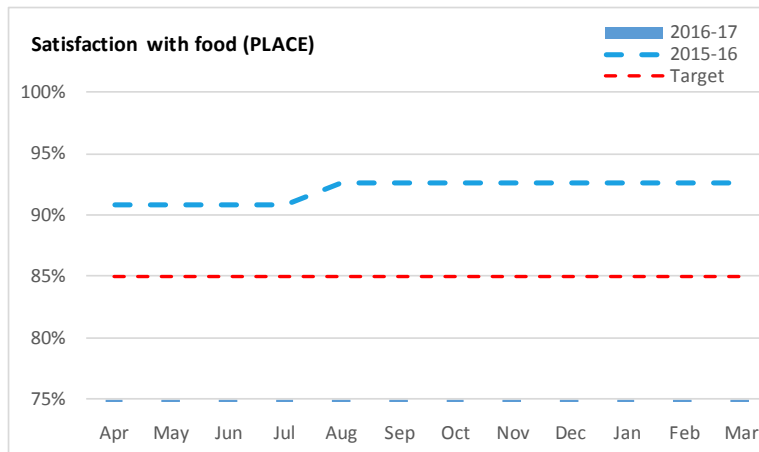
- We have reviewed 2015-16 local and national data and set a response rate target of 7%.
- In August the response rate fell from the July figure of 6.1% to 4.4%. The number of responses from community nursing, children and family services were lower this month.
- The proportion of patients who would recommend community-based services has increased slightly from 95% in July to 96.8% in August. The proportion of patients who would not recommend services in July has continued to improve falling from 0.5% in July to 0.4% in August.
- The overall patient satisfaction score has improved from 91.85% in July to 93% in August.



- In July the proportion of patients recommending the transport in August was 93.3% which is consistent with July. The not recommend score has improved slightly from 2% in July to 1.6% in August. This compares favourably to other areas of care.
- The response rate has fallen slightly from 3% in July to 2.7% in August.



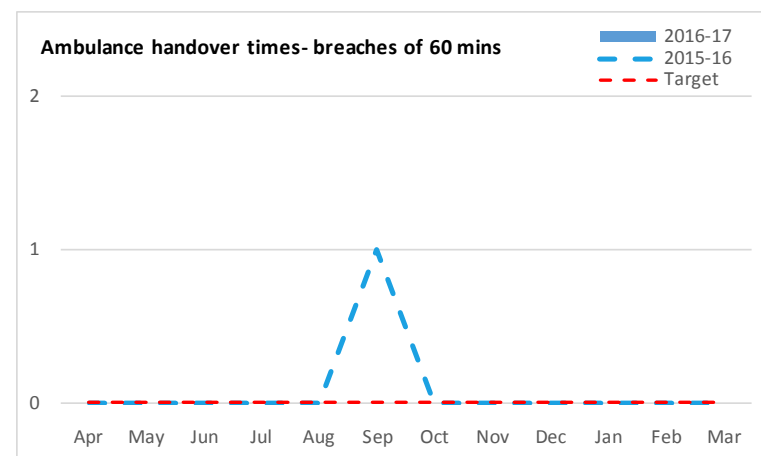
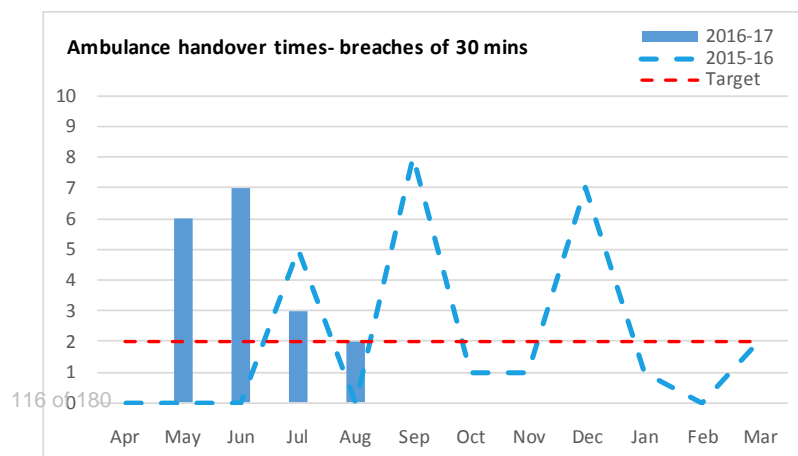
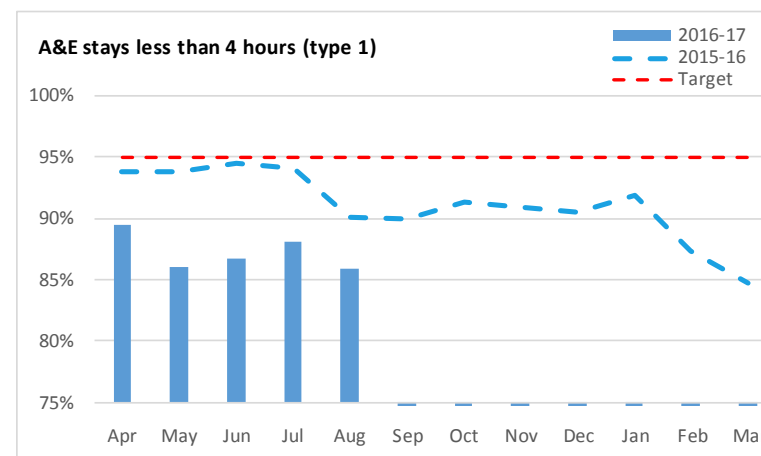
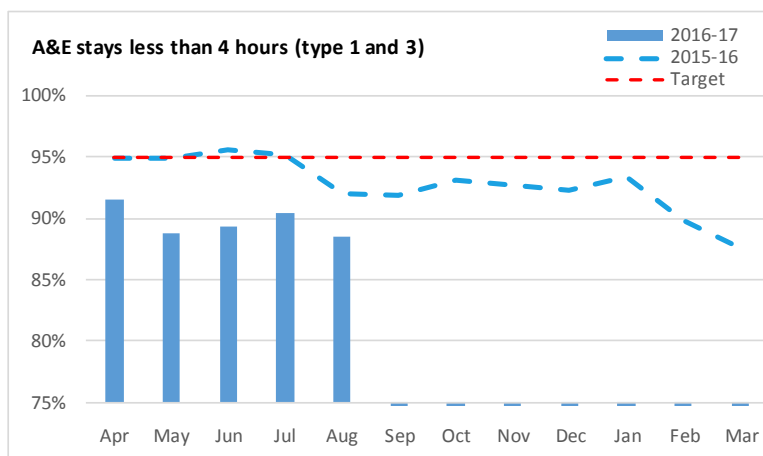
- The Trust has scored strongly for catering as reflected in the National Inpatient Survey 2014, published by the Care Quality Commission (CQC). The Trust's catering scores exceed those of other London Trusts.
- The catering team continue to work closely with both Nursing and Dietetic staff to consolidate and introduce further quality improvements, and the Trust is working towards full compliance with the Hospitals Food Standards Report.
- Data in development for 2016/17.



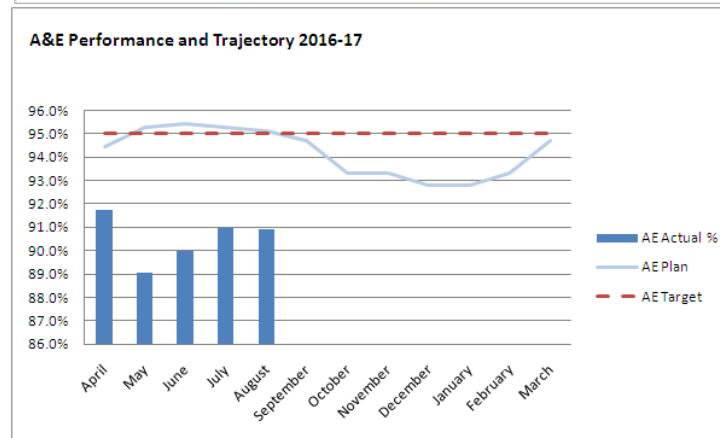
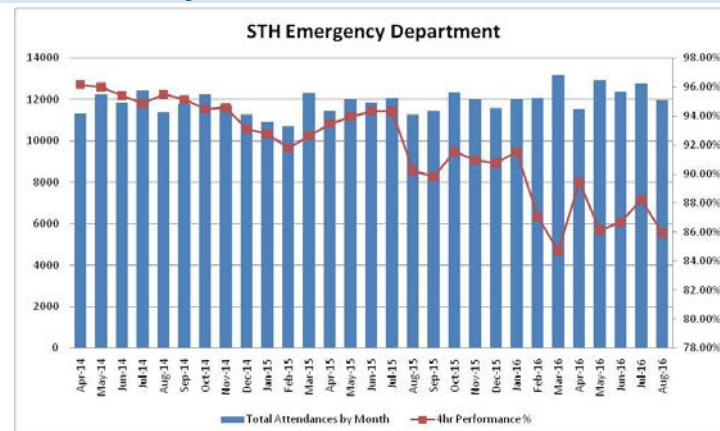
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jun	Jul	Aug	YTD avg	Monitor Quality priorities	Trend chart
4.1 A&E access	AE1	A&E stays less than 4 hours (type 1 and 3)	Mthly %	>95%			92.8%	89.3%	90.4%	88.6%	89.7%		Y
	AE1STH	A&E stays less than 4 hours (type 1)	Mthly %	>95%			91.0%	86.7%	88.1%	85.9%	87.2%		Y
	AE30	Ambulance handover times - breaches of 30 mins	Number	<3			2.1	7	3	2	3.6		Y
	AE60	Ambulance handover times - breaches of 60 mins	Number	Zero			0.1	0	0	0	0.0		Y
4.2 Elective treatment access - referral to treatment (RTT) performance	403M	RTT - Incomplete pathways < 18 weeks (unadjusted)	Mthly %	>92%			92.3%	92.2%	91.5%	90.6%	91.9%		Y
	RTT 52I	RTT - Incomplete pathways over 52 weeks	Mthly	Zero			7.9	18	17	23	15.8		Y
	RTT TQ	RTT - Total incomplete pathways	Mthly	-			47,493	56,017	57,027	58,135	55,097		Y
	RTT 18Q	RTT - Incomplete pathways over 18 weeks	Mthly	-			3,671	4,409	4,834	5,444	4,539		Y
	401M	RTT - Non-admitted patients <18 weeks (unadjusted)	Mthly %	>95%			93.2%	92.3%	92.0%	91.5%	91.9%		Y
	402M	RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%			83.7%	83.8%	82.4%	81.6%	82.9%		Y
	RTT 52	RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero			7.1	7	12	7	8.4		Y
4.3 Cancer access	451M	Cancer - 2 week wait	Qtly%	>93%			92.8%	88.6%	88.4%	90.4%	90.0%		Y
	941	Cancer - breast symptomatic referrals <2 wks	Qtly %	>93%			95.0%	83.6%	87.0%	91.9%	88.7%		Y
	453M	Cancer - 31 day first treatments	Qtly%	>96%			94.4%	93.5%	96.0%	98.6%	95.7%		Y
	459M	Cancer - 31 day subs treatments - surgical	Qtly%	>94%			91.5%	90.6%	89.1%	90.5%	89.2%		Y
	943	Cancer - secondary chemotherapy <31 days	Qtly %	>98%			98.7%	97.1%	98.5%	99.5%	98.0%		Y
	942	Cancer - secondary radiotherapy <31 days	Qtly %	>94%			96.0%	97.6%	94.5%	91.6%	95.1%		Y
	454M	Cancer - 62 day urgent GP referrals	Qtly %	>85%			69.8%	63.6%	65.5%	73.5%	68.3%		Y
		Cancer - 62 day urgent GP referrals (LCA cases only)		In devt									
	454I	Cancer - internal 62-day referrals	Qtly%	>85%			79.6%	73.4%	82.4%	85.3%	81.6%		Y
	456M	Cancer - 62 day screening	Qtly %	>90%			89.5%	100.0%	75.0%	71.4%	86.1%		Y
		Cancer Backlogs - pathways over 62 days						133	133	143	129		
		Cancer - % of referrals received by day 38						49.4%	42.0%	52.7%	43.2%		

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jun	Jul	Aug	YTD avg	Monitor Quality priorities	Trend chart
4.4 Diagnostic access	Diag 6	Diagnostic waits - % over 6 weeks	Mthly	<1%			1.48%	1.45%	1.12%	0.88%	1.20%		Y
	FFF19	Turnaround time - inpatient MRI within 24 hours	Mthly %	>80%			70.9%	66.5%	62.2%	69.8%	63.1%		Y
	FFF20	Turnaround time - inpatient CT within 24 hours	Mthly %	>80%			83.5%	81.5%	84.6%	83.3%	83.6%		Y
	FFF21	Turnaround time - inpatient Ultrasound within 24 hours	Mthly %	>80%			77.6%	76.4%	76.5%	74.9%	77.6%		Y
4.5 Bed capacity and management	531	Average length of stay (elective)	Cum ALOS	<last yr			3.44	3.45	3.38	3.42	3.42		Y
	LOS>1	Non-elective average LOS >1 night	Cum ALOS	<last yr			8.60	8.75	8.72	8.61	8.61		Y
	535	Discharges before noon	Mthly %	>25%			20.9%	21.3%	21.2%	21.7%	21.1%		Y
	Home	GSTT referrals to @Home service	Cases	>100			61	80	77	99	76		Y
	DTtoCPS	Patients with a DTtoC (snapshot)	Number	0			16	15	17		20		Y
	DTtoCDT	DTtoC total delayed days	Number	0			449	670	476		615		Y
4.6 Outpatient management	604	Appointments re-scheduled by hospital <6wks	Cum %	<4%			4.7%	4.6%	4.6%	4.7%	4.7%		Y
	FFF57	Gassiot House Room Utilisation	Mthly %	>75%			87.0%	90.5%	86.8%	90.0%	88.6%		
	618	Choose and Book - % slot unavailability	Mthly %	<5%							-		Y
	601R	Follow-up ratio - adj cons appts (in arrears)	Ratio	2.17			2.20	2.20	2.19		2.19		Y
	602	Non-attendance rate (new appts)	Mthly %	<11%			12.1%	11.3%	10.8%	12.3%	11.4%		Y
	603	Non-attendance rate (f/up appts)	Mthly %	<10.5%			13.1%	12.6%	13.4%	13.4%	13.1%		Y
4.7 Theatre management	533M	Daycase rate - basket (in arrears)	Mthly %	>85%			83.3%	84.3%	76.8%		82.7%		Y
	505	Theatres Gross Cancellation Rate (in arrears)	Mthly %	<7%			7.3%	7.3%	6.6%	6.8%	6.9%		Y
4.8 Complaints mgt	COM1T	Complaints opened in month (Trust total)	Cases	-			95.1	102	93	83	96		Y
	COM2T	Complaints re-opened in month (Trust total)	Cases	-			4.7	3	2	5	3		Y
	COM5T	Timely response to complaints - median wait	Days	-			53.6	50	65	61	57		Y

- August saw a deterioration in performance in the patient waiting time within our A&E services. The department had two breaches of the >30 minutes ambulance off-load target with no >60 minute delays (lower graphs). Safe and effective ambulance offloads remain a key priority for the department. St Thomas' was the 2nd best receiving hospital in London (in terms of the number of 30 minute breaches) in 2015 and continues to be at this level in 2016 despite high ambulance arrivals.
- This month has continued the trend of increased overall attendances over the last year with August 2016 seeing a 6% increase in attendances compared to August 2015. Attendances in the ED have increased compared to last year for every month so far in 2016. Since January 2016, there has been an average increase of 7% compared to the same period in 2015. The increase in attendances have been seen across all areas of the department and are in-line with national trends.
- The next Trust 'Star-Chamber' will be held in September to review the Emergency Pathway.

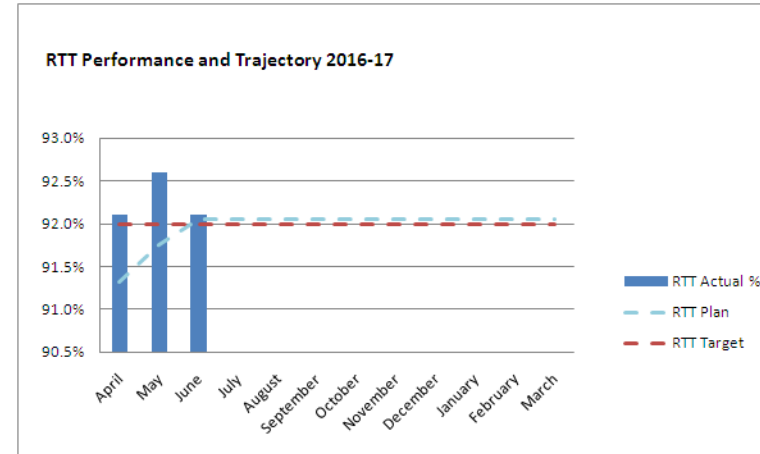
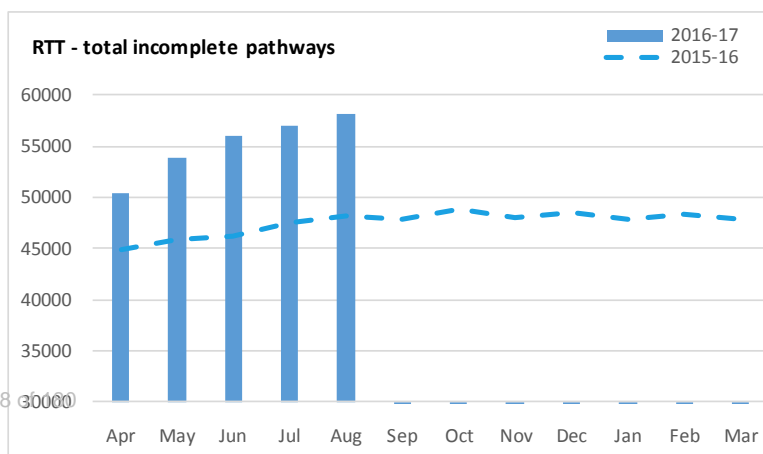
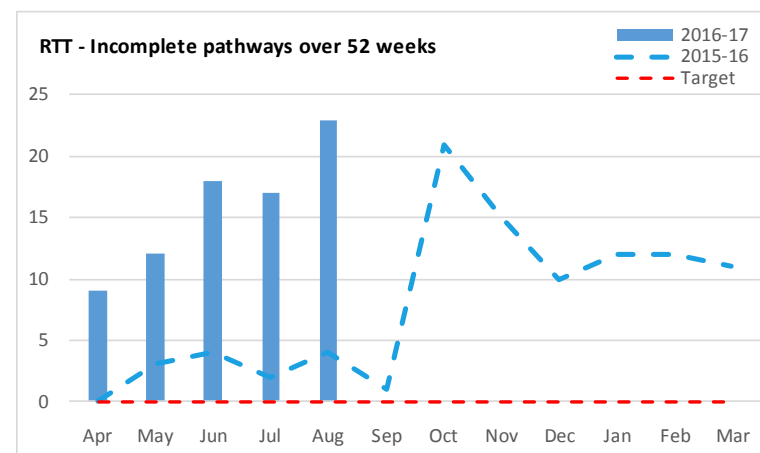
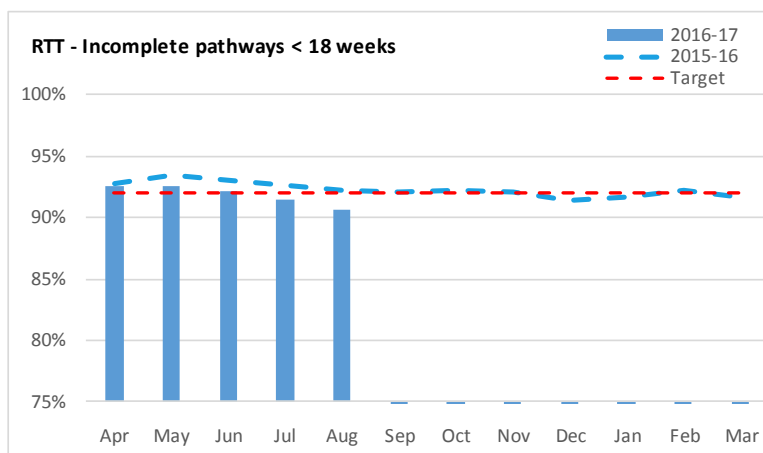


- **Where we want to be: targets and benchmarks**
- We are seeking to reduce the number of patients waiting over 4 hours to a level at which we can sustain performance against the national standards for incomplete pathways.
- We want to achieve our submitted performance trajectory for 4 hour performance – see bottom graph
- **Where we are: trends and patterns**
- August 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 however attendance numbers will be closely monitored.
- **Risks or opportunities for the Trust**
- The increase in Emergency demand is creating a significant challenge within ED and the Emergency Pathway with a particular pressure on capacity. Actions addressing this are outlined below.
- Effective ambulatory pathways (including Frailty, Acute Assessment Unit & the Surgical Assessment Unit) remain 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. A sustained increase in attendance numbers, including an increase in ambulance arrivals.
 2. Reduced physical capacity in A&E as part of the Emergency Care Programme transitional phase.
 3. High number of patients with complex clinical requirements including mental health conditions.

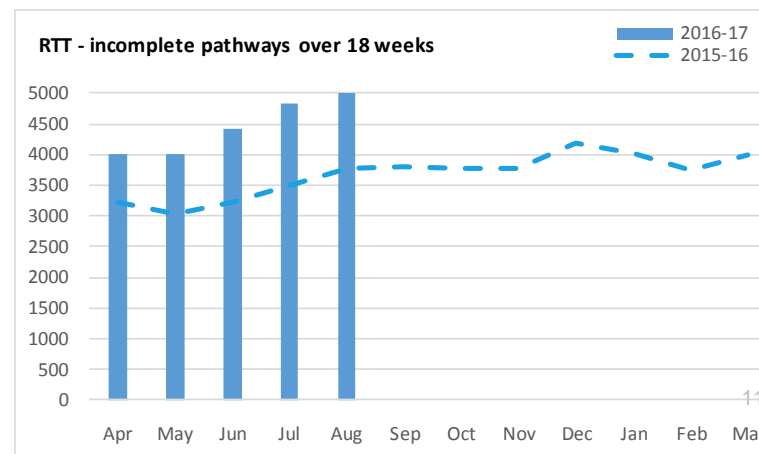
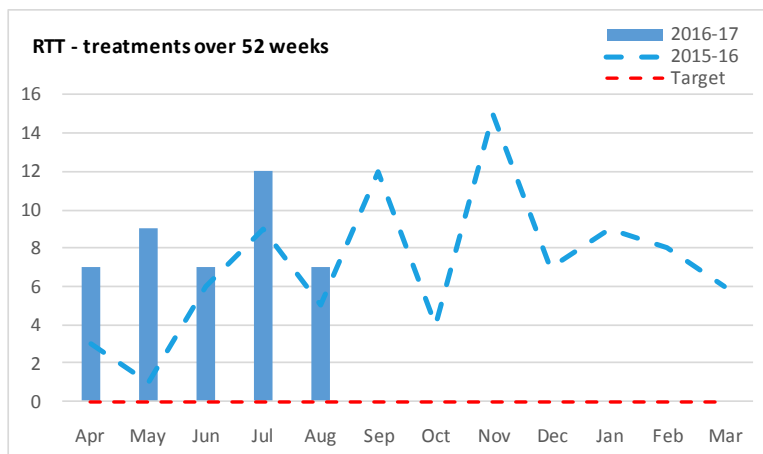
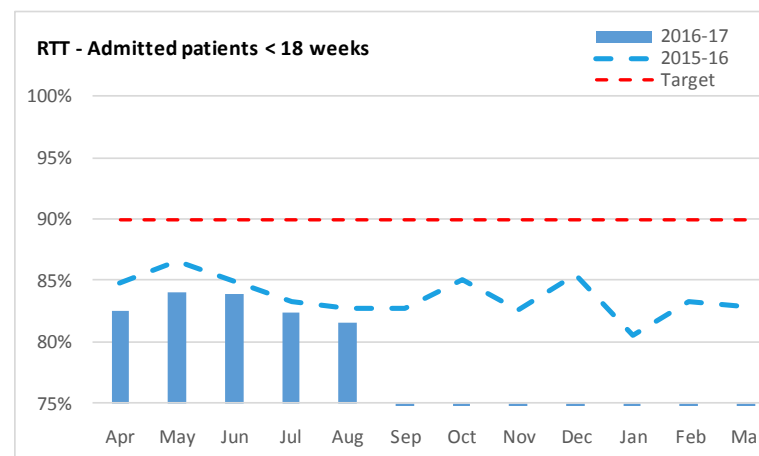
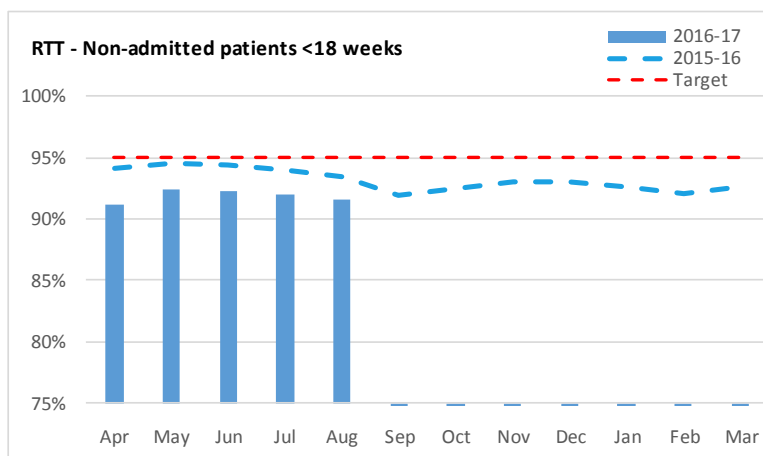


Action and progress	Owner	Next review date
Options are being reviewed to increase the Emergency Department capacity. The department is also safely redirecting patients to alternative providers, including GP Hubs and the Waterloo Health Centre.	Deputy Dir of Operations & Acute Medicine DMT	September 2016
The next Trust 'Star Chamber' will be held in September to review the emergency pathway. There will be a focus on options to increase the capacity in the department and the flow through the Emergency Pathway. There is also a CCG led Mental Health Workshop in early October with GSTT, KCH, Lewisham and SLaM to review the pathway.	Deputy Dir of Operations & Acute Medicine DMT	September 2016
'ACE Team' projects within Acute Medicine are live and reporting back on actions – including: 1) Emergency Department internal improvements, 2) the Medical Model & Admissions Ward flow and 3) North Wing Complex discharge work.	Acute Medicine DMT	September 2016

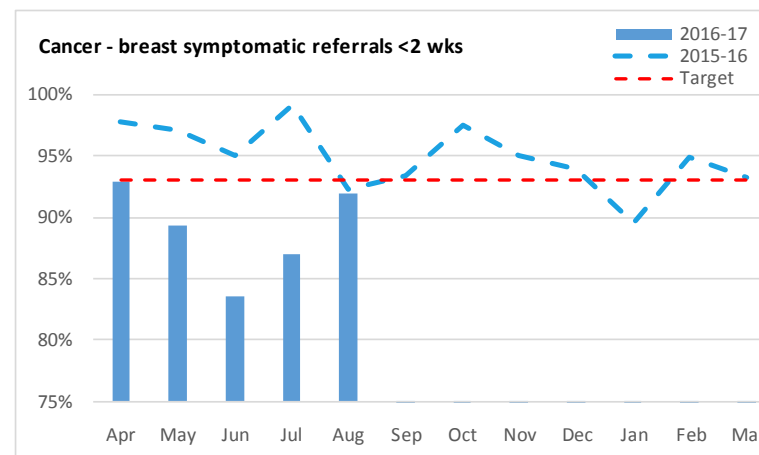
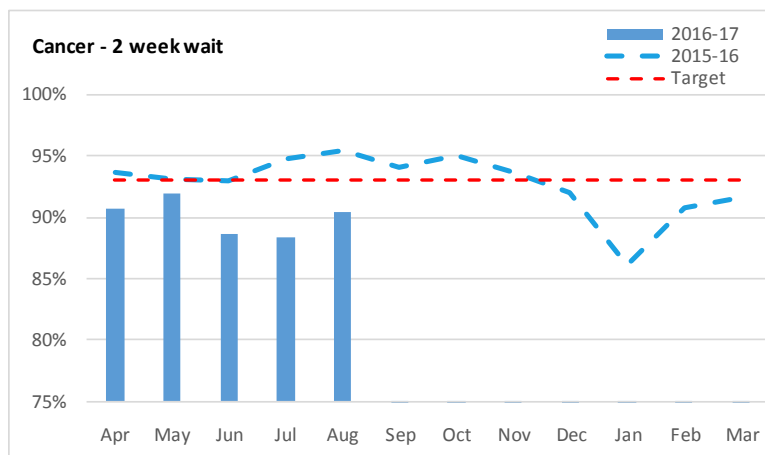
- Q2 to date, we have not achieved the RTT incomplete target. In August our performance against the 'Incomplete' pathway was 90.64%. This dip in performance is mainly due to a growth in backlog resulting from the increased referrals which started in March 2016, in addition to further delays with ENT outsourcing to a private provider. We expect to agree the outsourcing contract at the end of September with the aim of sending our first patient in October.
- We continue to see significant growth in our waiting list month on month since April (bottom right), as a direct result of an increase in GP referrals. We are working with our local commissioners holding demand and capacity workshops, to bring together specialty consultants and GPs, to look at referral pathways and patterns, short and mid-term actions to help reduce demand.
- All service level demand and activity management plans are being reviewed to assess the efficiencies and changes required by the service to meet the new demand.



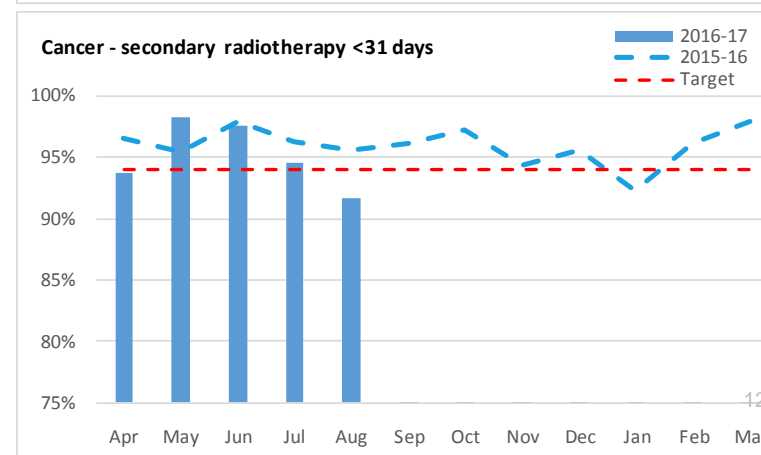
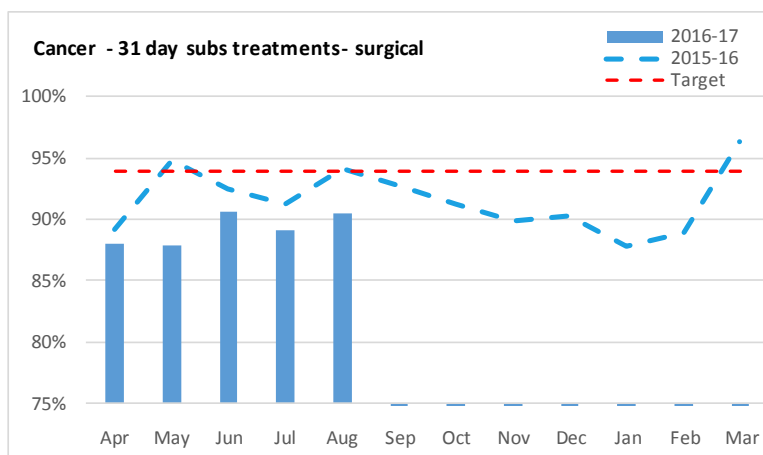
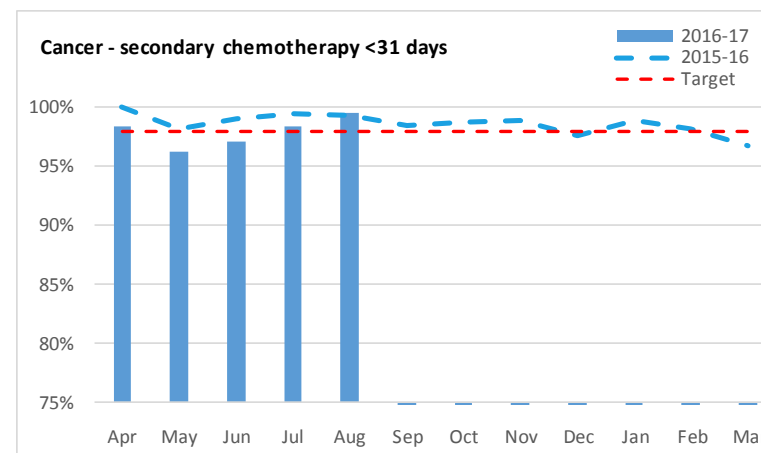
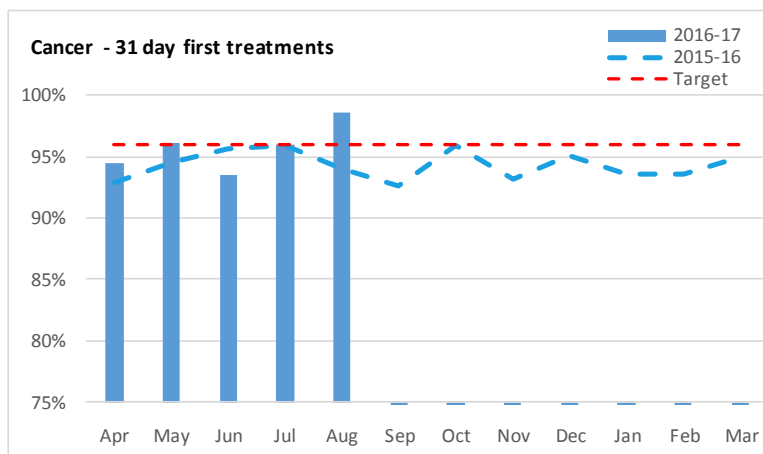
- The graph on the bottom right, shows a consistent increase in our backlog since May which has risen to 5000 in August. There has been a large backlog increase over the current quarter from ENT, Dermatology, Genetics and Cardiology.
- In Aug, we have reported 23 incomplete pathways over 52 weeks, in Plastics, Urology, ENT and Paeds ENT. The reason for delays were due to capacity constraints and patients choosing to wait longer for treatment. 10 of these patients have a planned treatment date (in Sept and Oct). All long waiters (over 40 week waiters) are reviewed in the weekly PTL meetings where we identify the next steps to progress the treatment for those patients.
- This month there were 7 clock stops (treatment) over 52 weeks. All patients that breach 52 weeks have a Root Cause Analysis (RCA) with clinical review of their wait.



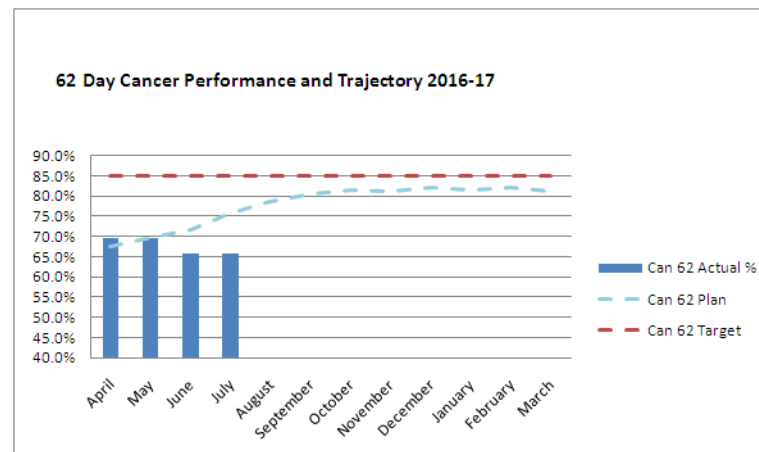
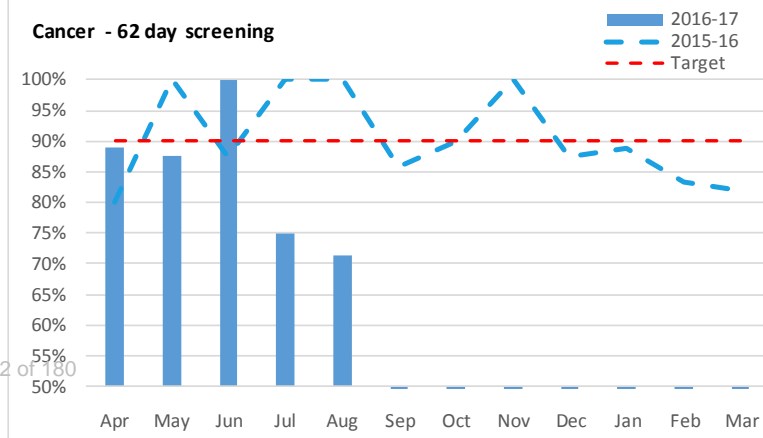
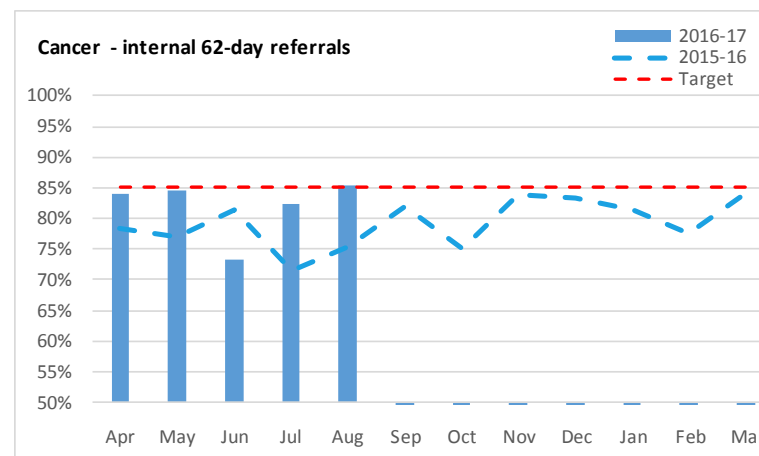
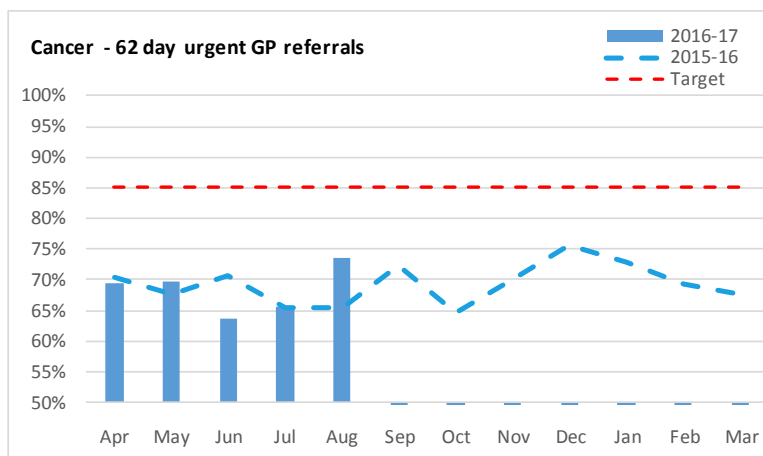
- The Trust Position for the 2-week wait target set for patients with a suspected cancer diagnosis and breast symptoms remains below target in August, achieving 90.2% and an improvement in breast symptomatic, 91.9%.
- Breach analysis identifies that our main cause of breach is still linked to patients choosing to be seen after day 14. This effect which is worse in the summer months due to travel holidays already scheduled that cannot be changed. This has affected the whole of Q2. The main areas affected this month are: Skin, Colorectal, and Head and Neck.
- For Colorectal, there is still a substantive number of patients having the first diagnostic test following the telephone triage beyond 14 days. We have seen an improvement this month since the change in the booking process that gives patients more time and choice around the timings of the first diagnostic.
- For Skin, the start date for the newly appointed consultant remains on course which will improve capacity and performance.
- The Breast Symptomatic performance for August has improved further as recruitment plans have helped with workforce shortages in Radiology.



- We achieved the 31 day target in August for first and Subsequent drugs in August, but missed it for subsequent Surgery and radiotherapy. As part of our improvement programme all avoidable breaches are analysed with directorate teams to ensure that the improvements required are embedded.
- There were 22 subsequent radiotherapy breaches of which only 1 was avoidable. There were 9 subsequent surgery breaches with 5 avoidable breaches. We are working with Directorate teams provide some additional education for clinical teams on cancer waiting times rules which will help reduce the avoidable breaches.



- Overall performance for 62-day maximum wait for first treatment remains below the 85% target. We achieved 74.8% which is below our trajectory, but achieved 85.5% for the internal patients. There were 10 internal breaches in August with 69 treatments. 4 were in Urology, 2 in Head and Neck, 1 in breast, and 1 breach each in the following tumour sites, Gynaecology, Haematology, and Skin. Of the internal breaches 2 were avoidable and none were linked to administrative reasons.
- There were 39 external breaches in August. 29 were referred late (>38 days) in the 62 day pathway and 15 had already breached the 62-day target before the referral was received, 1 patient was referred before or on day 38 but still breached as a result of complex or medical reasons. The number of referrals received by day 38 from within south-east London is improving. The work in the areas outside of south-east London requires a stronger focus from the Trust with support from regulators. We are continuing with the shared care PTL conference calls with Maidstone and Tunbridge wells which help track patients once they are referred to us.



August Treatments	62 Day Treatment Status		
CWT Code	Internal Treatments	Internal Breach	Internal Performance
Brain CNS	0	0	
Breast	12	1	91.7%
Gynae	2	1	50.0%
Haematological	4	1	75.0%
Head and Neck	5	2	60.0%
Lower GI	5	0	100.0%
Lung	1	0	100.0%
Other	1	0	100.0%
Skin	9	1	88.9%
Skin Haematology	0	0	
Thoracic	0	0	
Thyroid	0	0	
Upper GI	4	0	100.0%
Urological	26	4	84.6%
Internal total	69	10	85.5%
External total	96	39	59.4%

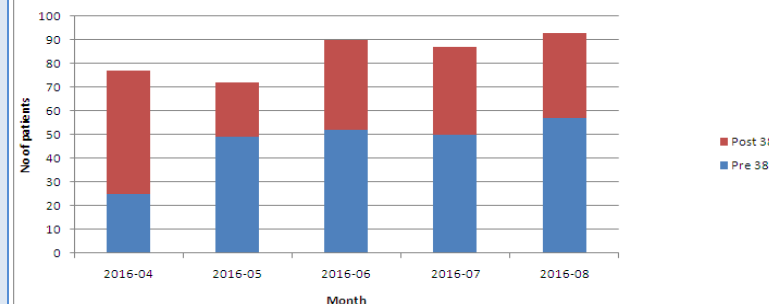
62 day Treatments-Q1 2016/17	62 Day Treatment Status		
CWTCode	Internal Treatments	Internal Breach	Internal Performance
Brain CNS	0	0	
Breast	38	3	92.1%
Gynae	12	3	75.0%
Haematological	5	1	80.0%
Head and Neck	14	6	57.1%
Lower GI	15	1	93.3%
Lung	10	4	60.0%
Other	0	0	
Skin	19	0	100.0%
Skin Haematology	1	1	0.0%
Thoracic	4	1	75.0%
Thyroid	4	3	25.0%
Upper GI	8	2	75.0%
Urological	76	17	77.6%
Internal total	206	42	79.6%
External total	248	131	47.2%

- Overall performance In August was 74.8% mainly due to the high proportion of breaches that occurred due to late external referrals. Of the 39 recorded breaches 29 were referred beyond day 38 and 4 were treated within 24 days. 15 of the patients were beyond day 62. We have begun to monitor the time we take to treat patients once they are referred to GSTT. 12 of those that breached were treated within 0-31 days of referral. 10 patients were referred early for treatment but still breached due to complex/medical reasons (5) pathway errors(2) , capacity(2) and patient choice. The average number of days for treatments was 42 days from referral.
- In August ,2 of the 10 internal breaches were avoidable and related to capacity. Our Internal performance was 85.5% which is slightly above our plan to meet the 85% target for internal referrals.

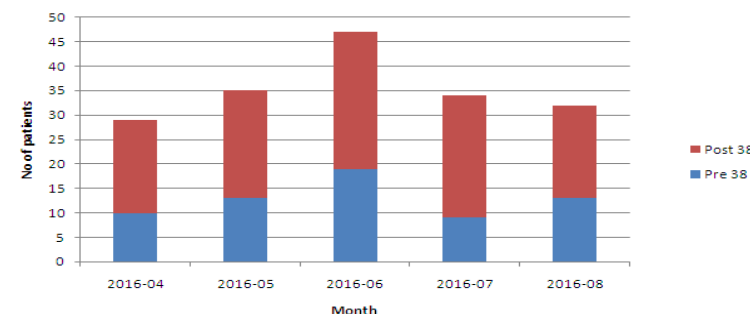
Inter Trust Referrals

- **Where we want to be: targets and benchmarks**
 - We want to be achieving 85% of referrals to GSTT within 38 days.
- **Where we are: trends and patterns**
 - The proportion of Pre day 38 day referrals from South East London Trusts was 61% in August.
 - For Southern region Trusts the proportion of early referrals remains below the anticipated improvement with only a slight rise in August -40%.
 - Both Joint Coordinators working between GSTT and LGT and KCH are managing to support those cohorts of patients who may need to be referred and are facilitating these transfers. They have also identified improvements needed within pathways and those are being tackled
- **Risks or opportunities for the Trust**
 - We are focused on improving the processes and workflow for staff within the Cancer data team. We are aiming to be paperless in October and establish a call centre. High sickness and turnover represents a challenge to implementing these changes.
 - To support the change process we will established a “Star Chamber” approach to review the agreed improvements and actions over the next 3 months for the team to achieve its full functionality
 - The risk with continuous late referrals (>42 days) is the adverse affect on our ability to treat patients within 62 days.
- **104 day patients**
 - There were 18 long wait breaches in August . 4 in urology, 6 in Lung/Thoracic, 2 in UGI, 2 in Skin, and 1 in breast, Gynaecology , Head and Neck and haematology. Only 4 were internal referral pathways and 14 were external.
 - The reasons for the long delays were: late referrals from other Trusts, patient choice delays and medical complexity.
 - 8 out of the 14 external long wait breaches were referred after day 70 from other trusts, 3 of which were referred on days 91,92, and 97.
 - 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.
 - 7 days for first OPA for 2ww referrals involving use of eRS.
 - Building resilience within the Coordination and Tracking team

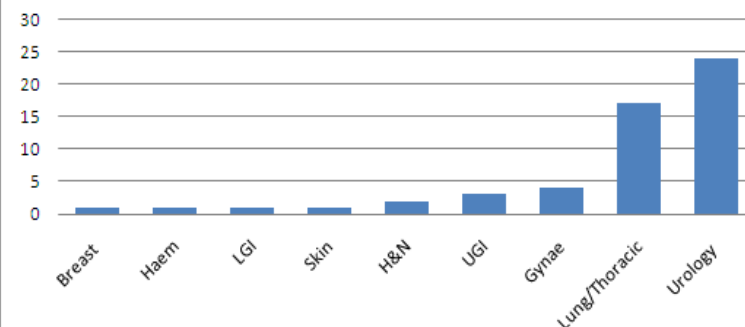
South East London Referrals-Day Received (Apr -Aug 2016)



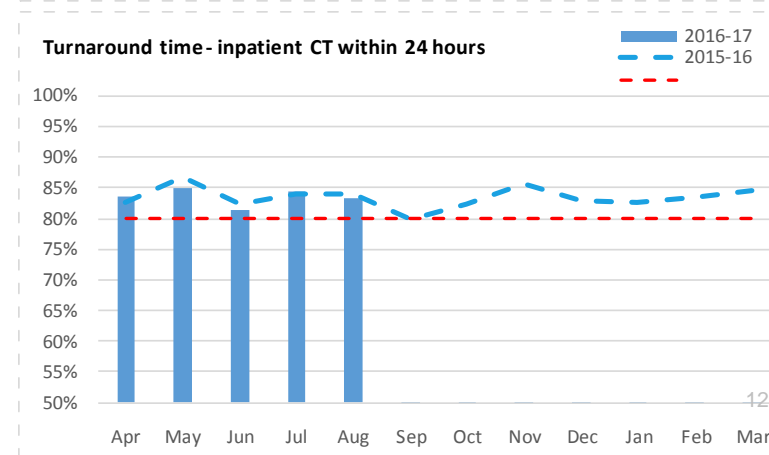
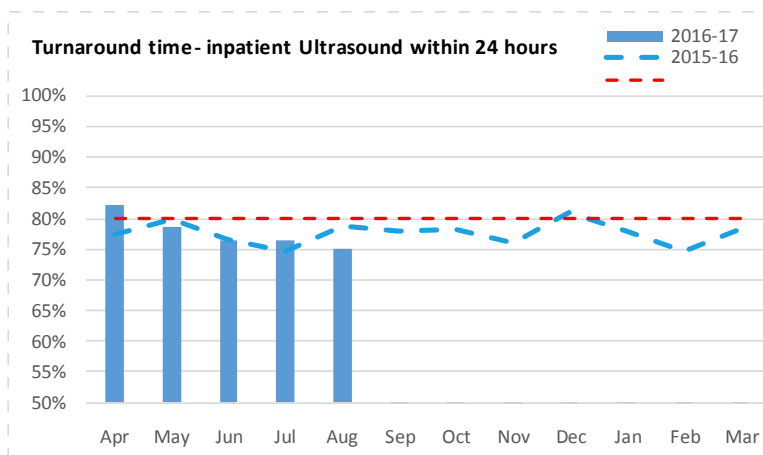
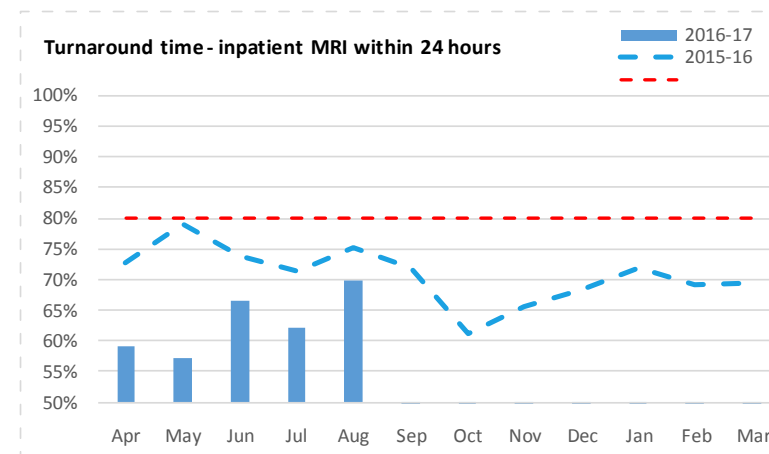
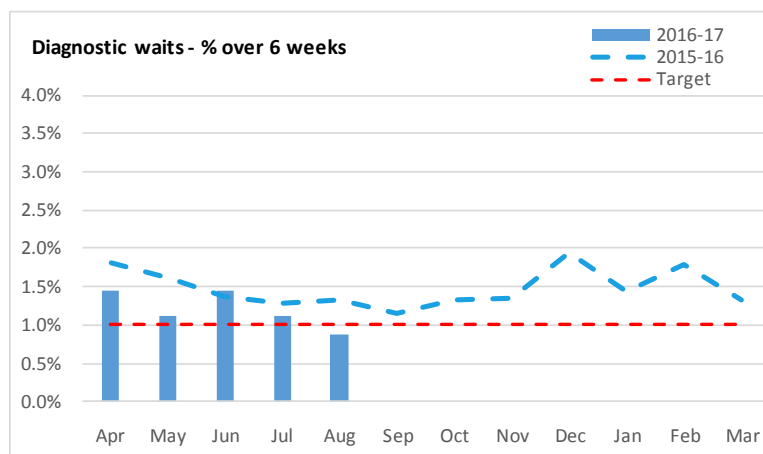
South of England Referrals-Day Received (Apr -Aug 2016)



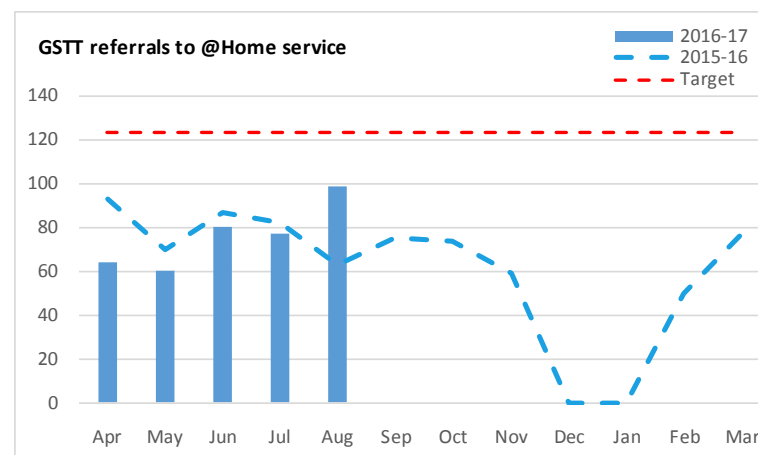
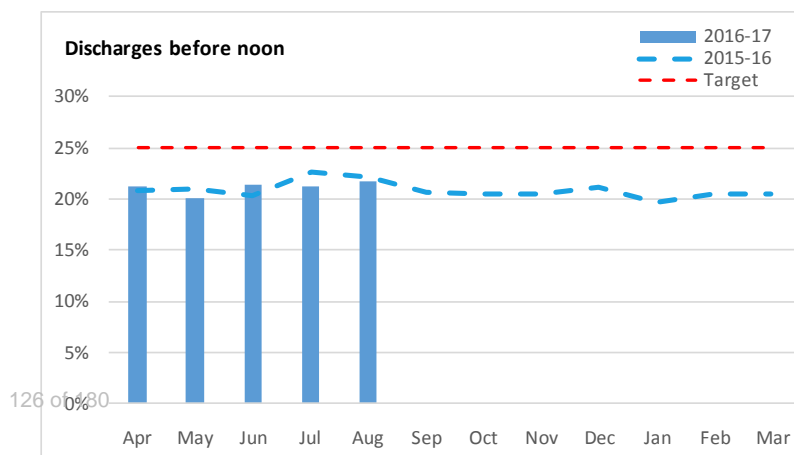
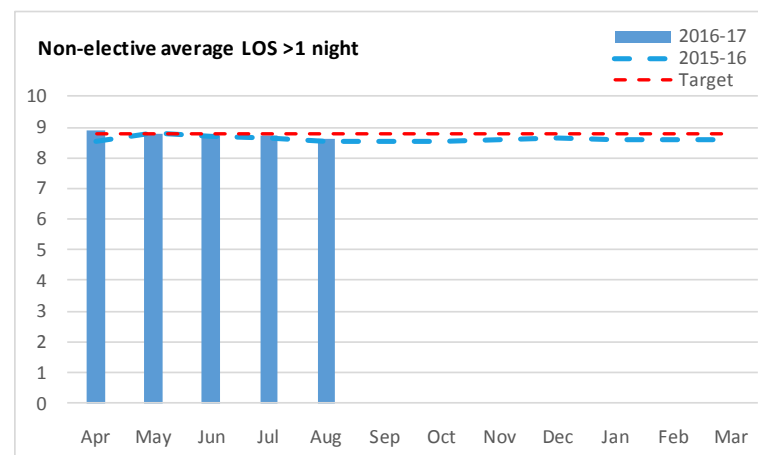
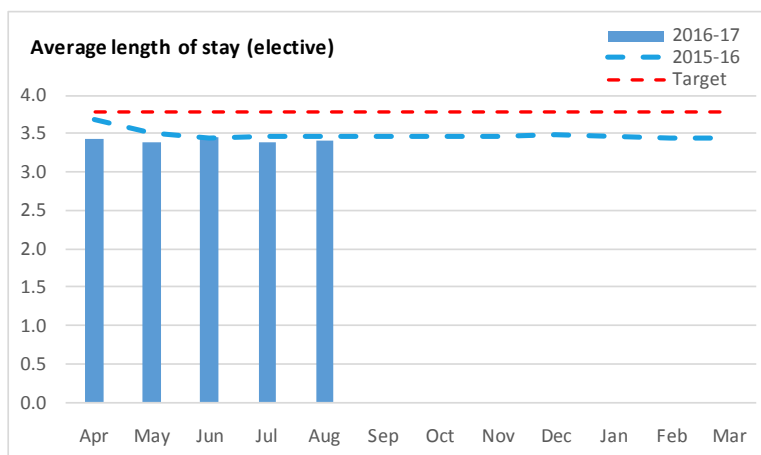
Number of 100 day breaches per Tumour site (Q4-15/16)



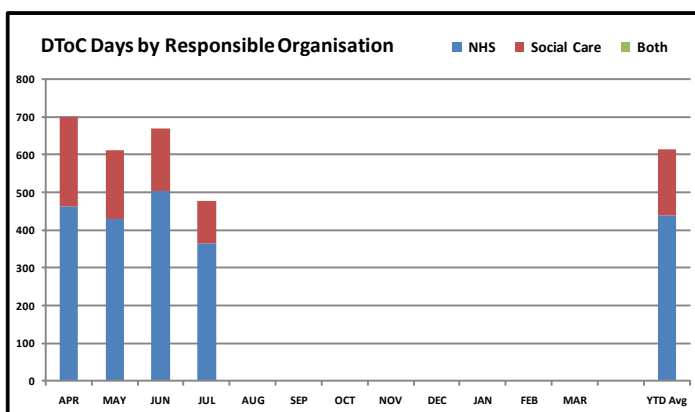
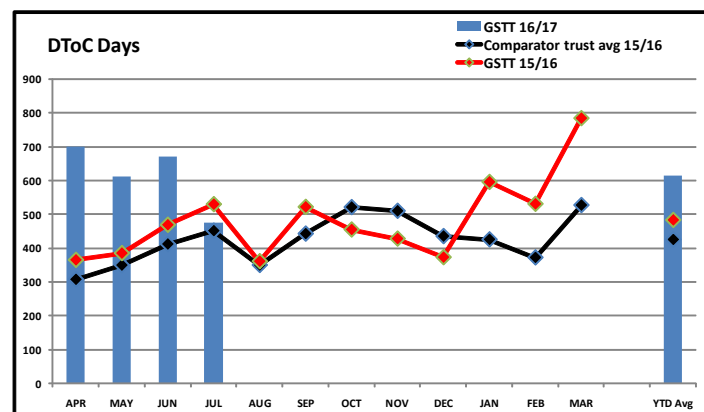
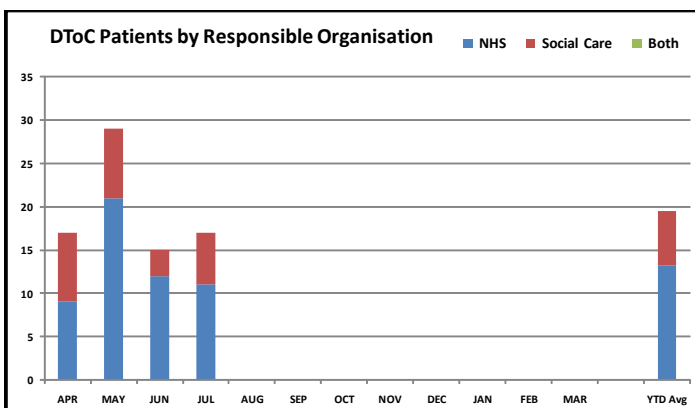
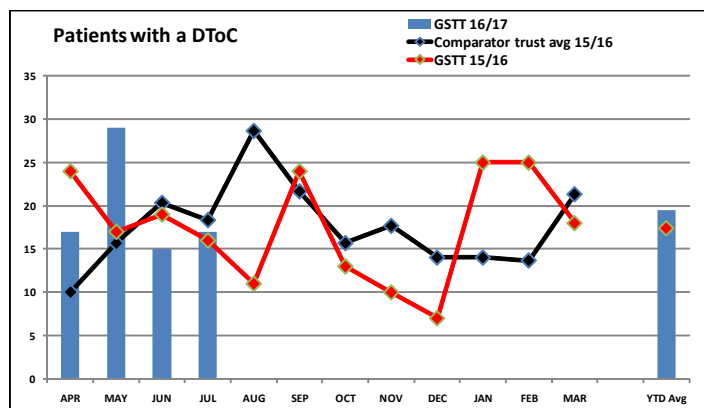
- We achieved the diagnostic target for August with 0.88% of patients waiting over 6 weeks for a diagnostic test. This is first time in 4 years and a significant achievement for the clinical teams.
- However, we have identified that Audiology has recorded 20 breaches of the standard in August. This is not usual and a root cause analysis has identified a change in the administrative pathway. We are still investigating this problem but it is likely that we have a larger group (~270) of patients over 6 weeks in September that will require priority assessment and treatment due to their waiting time. No harm has been identified, however we recognise the longer waiting time is a poor experience for our patients.
- We will ensure additional capacity is provided to ensure waiting times return to normal as soon as possible.
- It is likely to take 2 months to return to previous reported levels and will put our performance against this target at risk until the end of Q3.



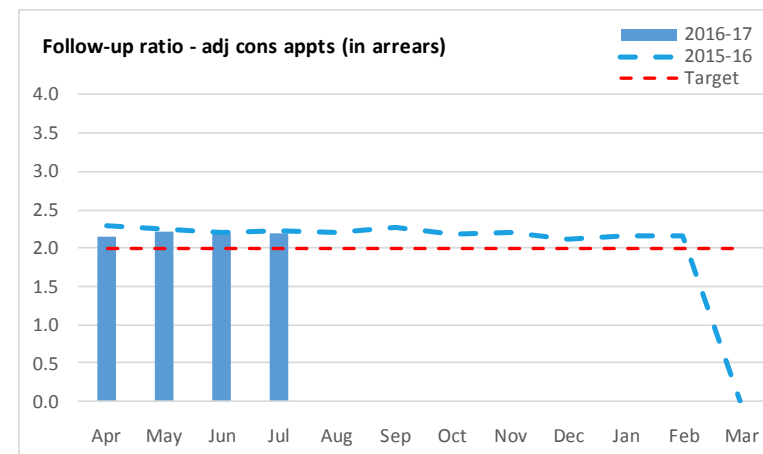
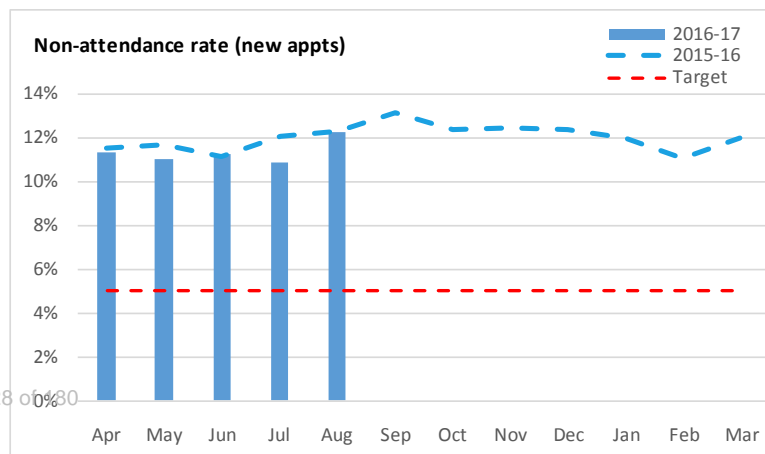
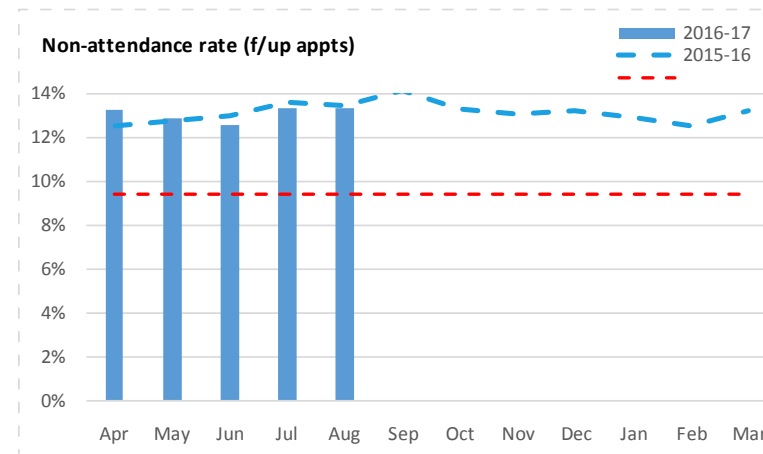
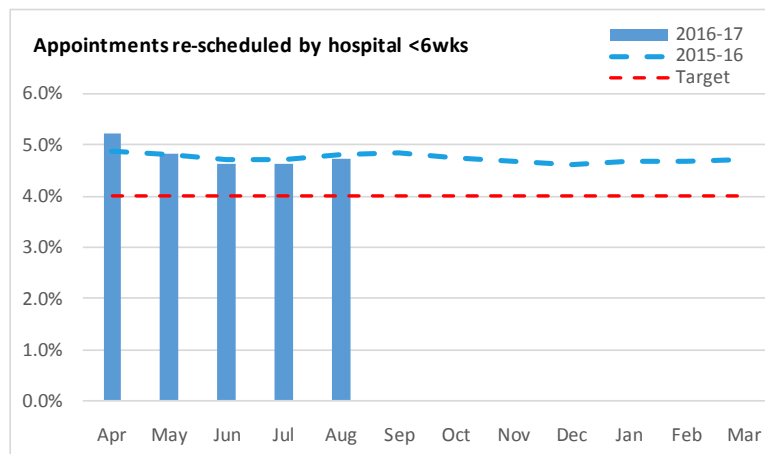
- Efforts to provide alternatives to hospital admission continue. The capacity targets for @home now reflect the demand from patients presenting with increased levels of acuity. The service is currently operating with a 25% vacancy level due to the challenges of recruiting appropriately qualified and skilled staff. Despite this @home has maintained an average caseload of 70 patients. Since April 2016, the service has accepted 1211 referrals (average 242 per month). In Q1, 720 referrals were accepted, in July and August the service accepted 491 referrals. Recruitment is ongoing and a review of medical cover has been completed. An initial recruitment round for medical posts was unsuccessful therefore another round is being planned for Q3. Carenotes still has issues of poor functionality and slowness which impacts on the productivity of the service. The system is now able to produce activity data and we have put in place systems to validate the data with input from the service.
- Average length of stay for elective patients remains better than target and is at similar levels to 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 ensure we can meet our activity plans for 2016/17.
- Work continues on improving hospital discharges before noon, Directorates use their huddles to continue focusing on improvements to early discharge.



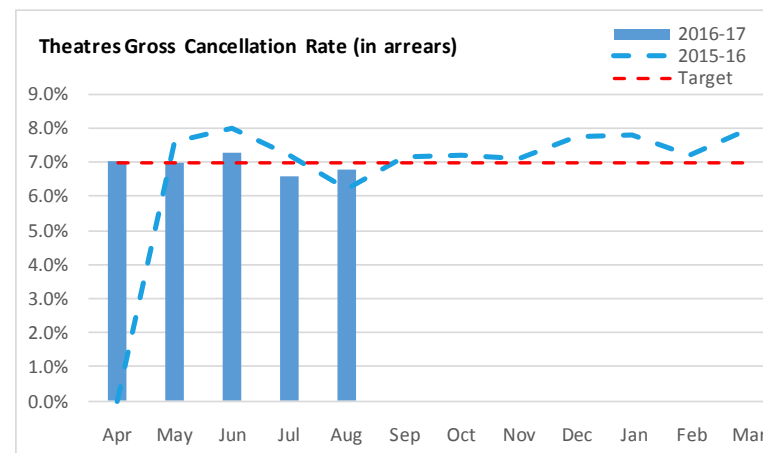
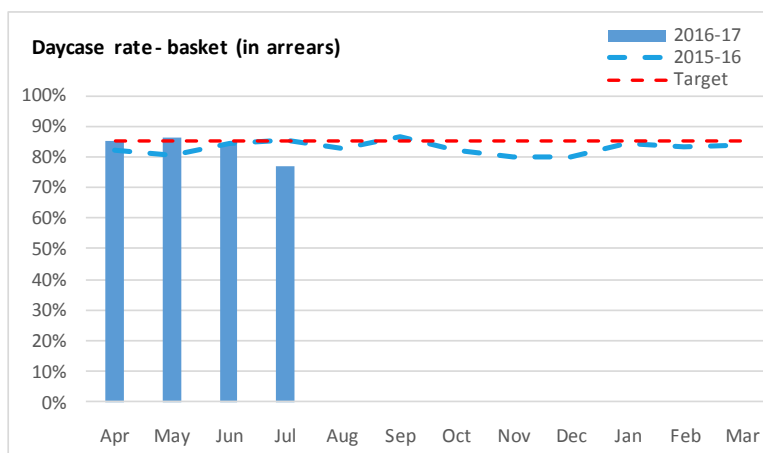
- The definition of a DTOC is when a patient is ready to transfer from acute to non-acute setting, but remains in an acute hospital bed.
- In August we have continued to have a three-weekly "Discharge Ops Forum" (MDT patient level review of complex discharges) which is now attended by Lambeth/Southwark social services. We share reports of all complex discharge patients with various CCG colleagues to enable better communication of actions required for individual patients.
- We are working with Informatics to improve the capture of data around delayed discharges. This will enable greater visibility and management of discharge delays across the Trust.



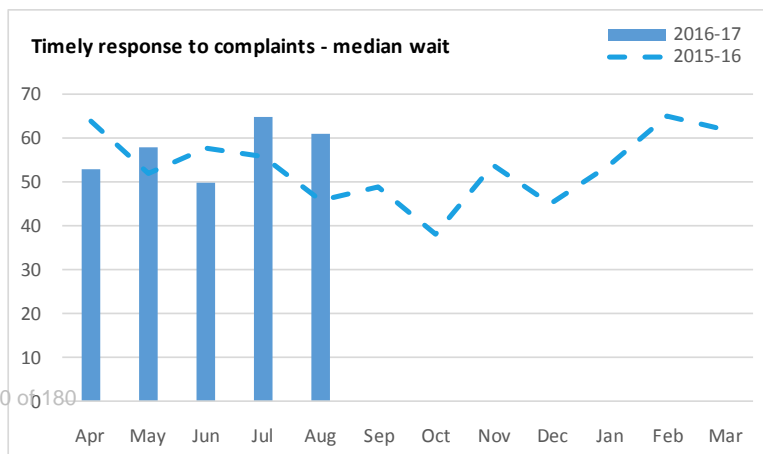
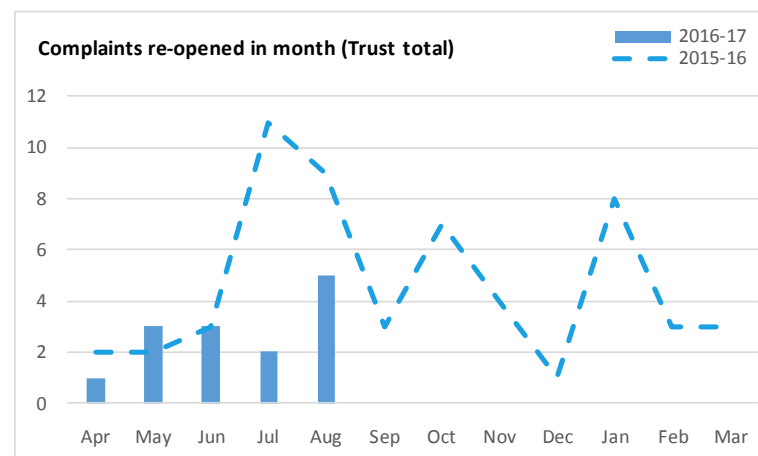
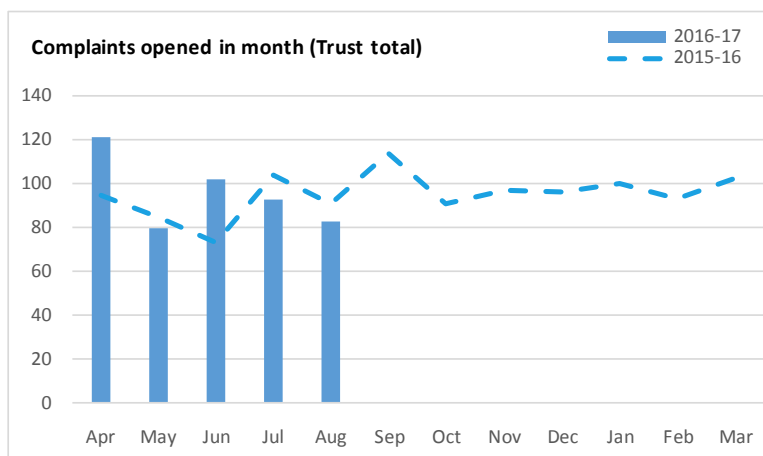
- **Appointments re-scheduled by the hospital within 6 weeks of an appointment** – The number of rescheduled patients has continued at rate which is below 2015//16. This has improved as a result of no further strike action and improvements in planning clinics and clinician's annual leave.
- **e-RS (National e-referral system) - % slot availability** – National reporting is still unavailable on e-RS. Services which provide 2 week wait appointments are on track with reconfiguring their appointments so they will be available to book on e-RS, this should be completed by October. Training has commenced with GP services in conjunction with HSCIC, KCH and GSTT to encourage the use of e-RS and correct methods of booking into clinics, feedback from sessions has been positive. There has been a slight increase with Appointment slot issues increasing from 1201 in July to 1286 in August. Advice and Guidance stats remain static with 195 requests in August.
- **Non-attendance for new appointments** – The roll out of DrDoctor is processing as scheduled with 52% of sessions set up. Currently trust wide 40% of patients are being reminded and 12250 appointments being saved per year. To increase the benefits, leads within the directorates have been shown how to turn-on more features for more sessions. 49% of rescheduling requests of appointments from DrDoctor are being actioned with plans to improve which will free space available for increased utilisation. To increase the benefits, phone number coverage needs to be increased, services are checking contact details with patients when they attend clinics to improve this.



- A renewed focus on reducing cancellations by proactively contacting patients to confirm their admission time and date has resulted in a successful reduction in theatre cancellation rates. This work will continue with focus on the most challenged areas.
- The weekly scheduling meetings held jointly between theatres and the surgical specialties have focused on ensuring clinically appropriate cases are booked into day case theatres maintaining the strong performance. August has seen a drop in performance and this is being explored with the teams.



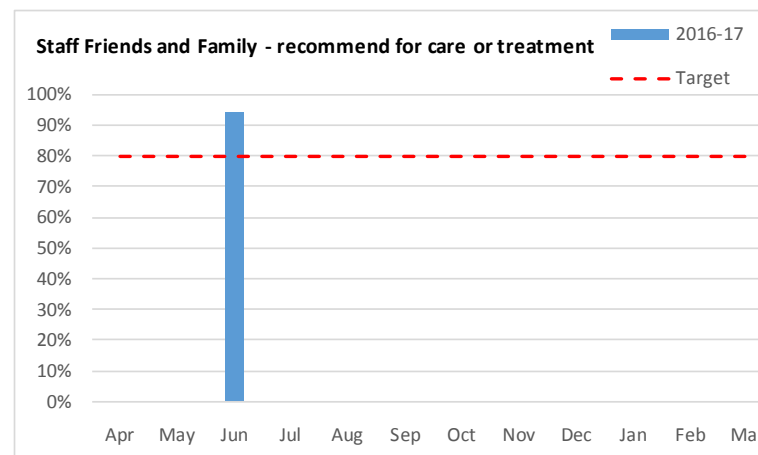
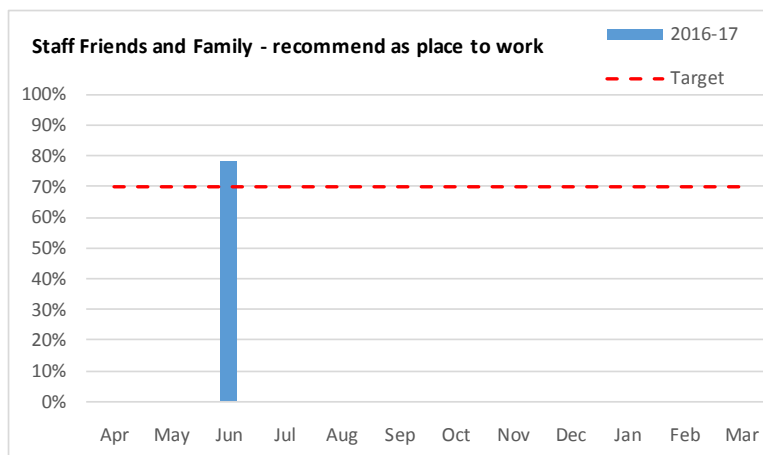
- The number of formal complaints received in August remains consistent with the previous 3 months, and received numbers were between 80-100 for this period. The closure rate remains high reflecting on the overall open figure of 260. The complaints team are continuing to work hard to support the directorates to maintain the current closure rate, with an overall commitment to reducing response times while maintaining good quality responses.



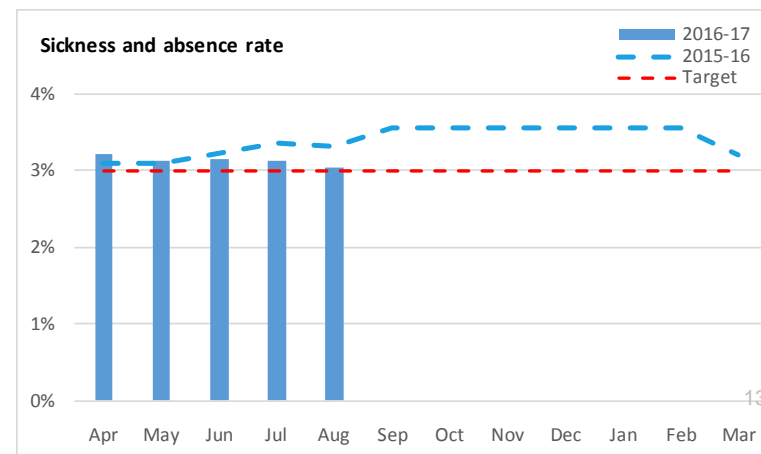
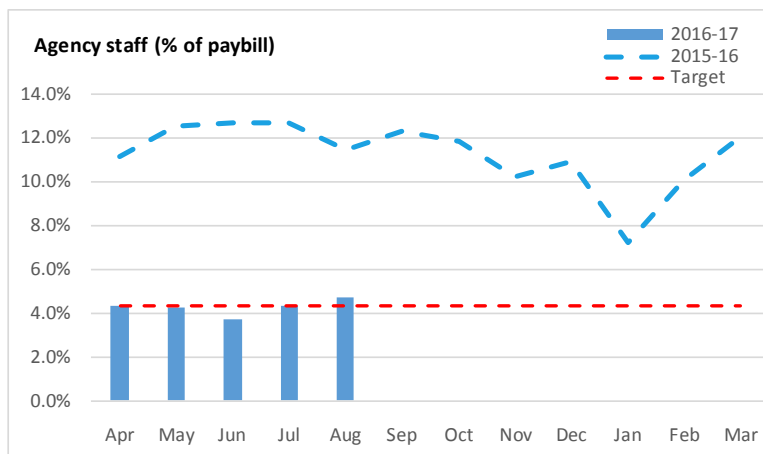
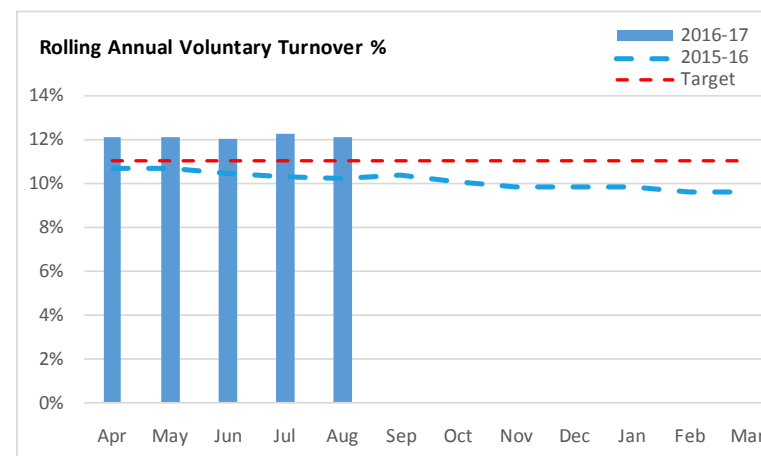
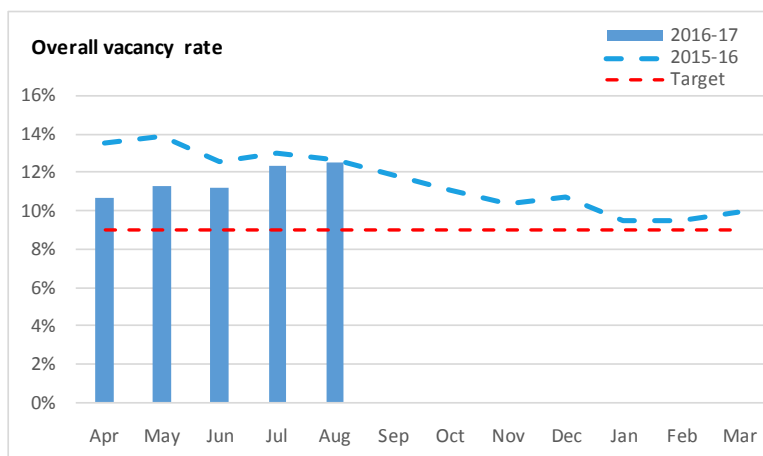
The Trust's ambition is to provide a complaints system which is open to complaints, supports patients, families, and staff through the process, and which delivers a timely apology, explanation and determination to learn from mistakes. The aim is to produce a service about which complainants are able 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.

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jun	Jul	Aug	YTD avg	Monitor	Quality priorities	Trend chart
5.1 External assessments	GOV	Overall governance 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%			78.5%	78.0%	-	-	78.0%			Y
	FFTS2	Staff Friends and Family - recommend for care or treatment	Qtly %	>80%			91.5%	94.0%	-	-	94.0%			Y
5.3 Workforce indicators	VACTB	Overall vacancy rate	Mthly %	<9%			11.5%	11.2%	12.3%	12.5%	11.6%			Y
	TEMPTB	Agency staff (% of paybill)	Mthly %	<4.3%			5.7%	3.7%	4.3%	4.7%	4.3%			Y
	TURNTB	Rolling Annual Voluntary Turnover %	Mthly %	<11%			10.1%	12.0%	12.3%	12.1%	12.1%			Y
	206TB	Sickness and absence rate	Mthly %	<3.0%			3.4%	3.15%	3.14%	3.05%	3.14%			Y
	211TB	Appraisal compliance (non-medical staff)	Mthly %	>95%			73.1%	66.0%	68.7%	71.5%	69.2%			Y
	MTTB	Mandatory training compliance	Mthly %	>95%			86.3%	85.2%	84.9%	84.9%	85.2%			Y

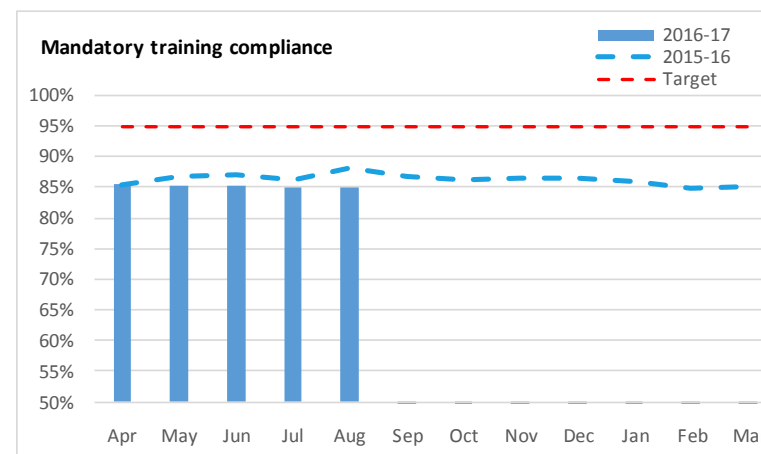
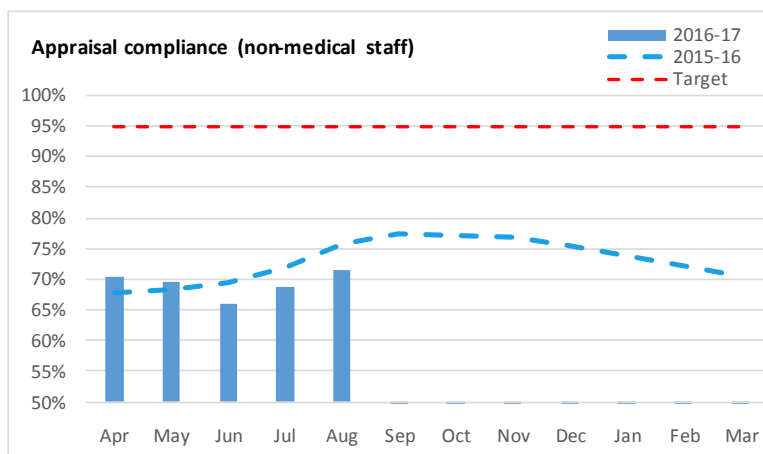
- Staff opinion on whether they would recommend a health care organisation for care or for work is statistically associated with the quality of care. Any fall in the positive opinion should be seen as a potential early indicator of a reduction in quality of care.
- The Quarter 1 Staff Friends and Family Test (SFFT) was open for 3 weeks in June and over 1100 staff responded. We have sustained our excellent results from the previous quarter as 94% of staff said that they would recommend the organisation as a place for treatment. 78% of staff would recommend the organisation as a place to work. We await national results to support comparisons. The Quarter 2 SFFT is currently open and over 400 staff have responded so far took place in August and results are due in October.
- The National Staff Survey asks similar but differently worded questions to the SFFT; which is open in quarters 1, 2 & 4.
- 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. 4454 staff members responded to the Survey which was open in the Autumn of 2015. Overall 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 2016 staff survey will take place in October – December 2016



- The overall vacancy rate (12.49%) continued to increase in August and remains above target, although is lower than the same month last year. There is a large cohort of nursing staff scheduled to join the Trust from September onwards, from which point we expect the vacancy rate to reduce towards the 9% target.
- Agency spend as a proportion of paybill increased to 4.73% which is above target, but is significantly lower than the same month last year (5.8%). Agency usage continues to be monitored on a weekly basis, with price cap breaches reported to NHS Improvement.
- Staff Turnover decreased to 12.12%, and remains above the target of 11%, however the Trust continues to benchmark favourably other London Trusts. Turnover now captures all voluntary leavers from the trust (including those who retain a Bank assignment)
- The sickness rate reduced to 3.05% but remains slightly above target. The Trust consistently records a lower sickness rate than the NHS average. Management teams receive monthly updates on sickness episodes and are required to address areas of concern.



- Personal Development Review (appraisal) compliance rates saw a further increase to 71.54% in August, although continues to be lower than the previous year. The Trust has yet to achieve its target of 95%.
- Some Directorates operate a personal development review (PDR) window of April to June for completion of all outstanding reviews, so it is anticipated that the rate will continue to increase in the coming months as completed PDRs are recorded.
- Mandatory training remained stable at 84.9% in August with compliance remaining below Trust target level of 95% and slightly lower than the same month last year. All directorates are now over 75% compliant, with three achieving over 90% compliance in August.



Where we want to be: targets and benchmarks

- The Trust has set a stretch target of <4.3% for Agency spend to ensure it achieves it NHS Improvement (NHS I) mandated cap for 2016/17 of £33.2 million
- In July, Agency spend was reported as 4.32% of the paybill. This is based on financial information including accruals.

Trends and patterns

- Agency spend amounted to £2.66 million in July, which represents 48% of all temporary staffing costs in the month. This was over £1 million lower than the same month last year, where agency accounted for 63% of temporary costs. Technical staff (7%) Maintenance (6.6%) and Nursing staff (5.9%) have the highest ratio of agency staffing costs, while Nursing (£1.3 million) Administrative staff (£0.5 million) and Medical staff (£0.4 million) represent the largest proportion of these costs.

Root cause analysis and insights

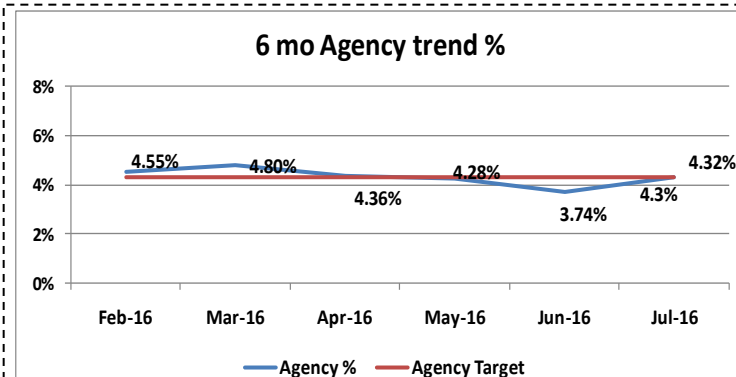
- The main reason for agency spend is associated with vacancy cover, which is expected to reduce as the staff in the recruitment pipeline join the Trust. The Trust is meeting additional demand as activity increases and this is primarily met through the use of temporary staffing. Although every effort is made to utilise internal Bank staff where possible, Agency staff are used to ensure service delivery when no other avenues are available.

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. With the increasing vacancy rate there is a risk that we will see increased Agency usage.
- Agency shifts are monitored on a weekly basis to identify any breaches of the NHS I price cap and breaches are reported to the Board on a weekly basis. High level of breaches may lead to increased monitoring by NHS I.

Actions set and progress to date

- The Finance team are developing a projection model to show agency spend trajectories. This will support Board and Directorate decision making in identifying areas of concern earlier.
- Directorates have been asked to review areas with high levels of retrospective bookings to reduce these. Currently retrospective bookings (Bookings made more than 2 days after the shift) account for over 25% of all bookings. This impedes the ability of the Trust to accurately monitor usage, and report breaches to NHS I. A monthly report identifying retrospective bookings has been developed to ensure this longstanding issue is addressed, and the Staffbank team are providing training and addressing operational barriers to compliance.



Directorate heatmap-July 2016

Key: ■ Above Trust target & average
■ Above Trust target and below average
■ Meeting target

Directorate	Agency Spend (£,000s)	Agency % of Paybill
Acute Medicine	573.6	12.10%
Community Adults	322.1	10.80%
Cardiovascular Services	212.5	8.00%
Clinical Imaging & Med Physics	142.4	6.00%
Gastrointestinal Medicine & Surgery	86.0	5.80%
Essentia	312.7	5.80%
Corporate Directorates	261.5	5.20%
PCCP	257.0	3.60%
Transplant, Renal and Urology	36.3	3.60%
Pharmacy	39.3	3.00%
Medical Specialties	59.0	2.70%
Oncology & Haematology	109.4	2.50%
Womens Services	65.8	2.30%
Evelina London Childrens Healthcare	128.5	1.60%
Specialist Ambulatory Services	21.3	0.80%
Surgery	10.6	0.80%
Dental Services	2.8	0.20%
Therapies	-8.3	0.60%
Trust	2,644.3	4.32%

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

- **Where we want to be: targets and benchmarks**

- The Trust has set a local stretch target of <9% for vacancies. In July, the Trust vacancy rate increased to 12.3%.

- **Trends and patterns**

- The Trust vacancy rate has increased over the last 6 months, and remains above target, but is lower than the same month last year. We expect the vacancy rate to reduce over the next few months but to remain above target for the next quarter at least. The vacancy rate for Estates and Ancillary staff (22.5%) and additional Clinical Services (Nursing & Therapy Assistants-14.5%) are the highest vacancy rates currently. The Nursing & Midwifery Registered vacancy rate was 12.7% in July, with band 5 vacancies at 16.5%. However the recruitment pipeline has a large cohort of newly qualified nurses to start shortly which will have a significant impact on the nursing vacancy rate.

- The active vacancy rate (posts advertised during the month) increased to 4.91% of the establishment, which is higher than the average advertising rate, due to bulk recruitment of nursing posts.

- **Root cause analysis and insights**

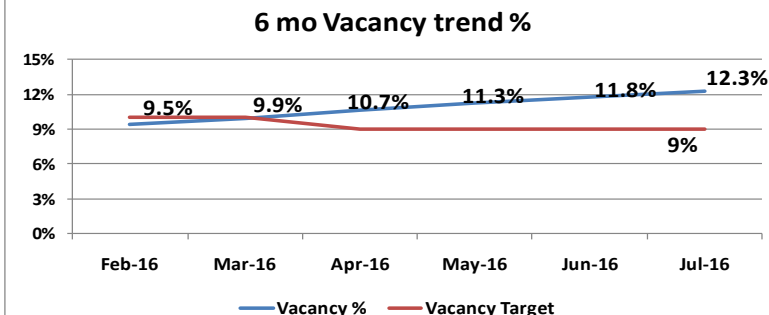
- Reconciliation between Finance and HR establishments achieved it's 95% reconciliation target resulting in improved accuracy of the ESR establishment. The recruitment pipeline has over 900 external applicants awaiting a start date with the Trust, with over 500 nurses due to start in the coming months. The increase in the vacancy rate reflects a seasonal trend that has been evidenced over the last several years.

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

- Projections for the vacancy rate indicate that over the next three months, it will come down toward the Trust target, this should have a positive impact on temporary staffing costs as the substantive workforce grows.
- As a large proportion of the nursing staff will commence from September onwards, there is a potential risk of a temporary growth in vacancy rates over the summer as turnover will not immediately be replaced with new starters.
- The Recruitment team has recently reviewed conversion rates from offer to starting with the Trust, with an aim to increase the numbers of successful applicants who join us.

- **Actions set and progress to date**

- The Trust has initiated a review of the ESR vacancies to ensure that that the ESR establishment is accurate.



Benchmark

Vacancies	Jun-16
Guy's & St Thomas's	12%
Imperial College Healthcare	10.2%
ULCH	8.8%

Directorate heatmap-July 2016

Key: ■ Above Trust target & average
■ Above Trust target and below average
■ Meeting target

Directorate	Vacant FTE	Vacancy Rate
Community Adults	219.8	23.30%
Gastrointestinal Medicine & Surgery	81.9	22.40%
Essentia	353.1	18.30%
Clinical Imaging & Med Physics	94.9	17.70%
Acute Medicine	172.0	17.20%
Medical Specialties	73.0	12.80%
Cardiovascular Services	66.9	12.60%
PCCP	182.7	11.30%
Transplant, Renal and Urology	51.3	10.00%
Evelina London Childrens Healthcare	184.8	9.40%
Specialist Ambulatory Services	48.0	8.60%
Pharmacy	31.0	8.60%
Womens Services	50.5	7.90%
Corporate Directorates	97.3	7.20%
Oncology & Haematology	63.2	6.50%
Therapies	21.7	4.90%
Surgery	12.6	4.10%
Dental Services	18.1	3.90%
Trust	1822.7	12.33%

Intelligence triangulated

Root cause understood

Action plan set

Actions underway

Actions complete

White – Not started

Red – Not successfully completed / facing significant issues

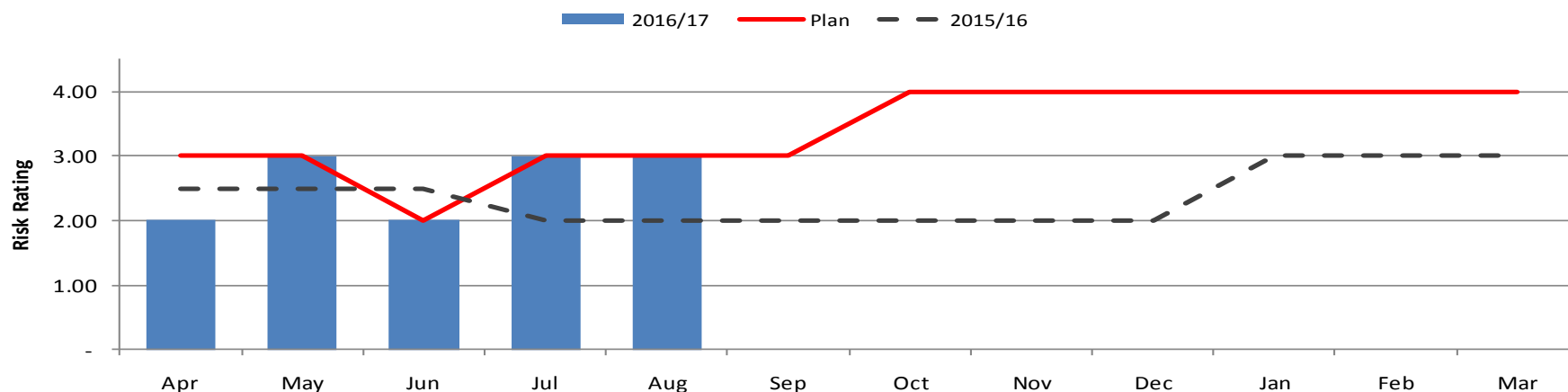
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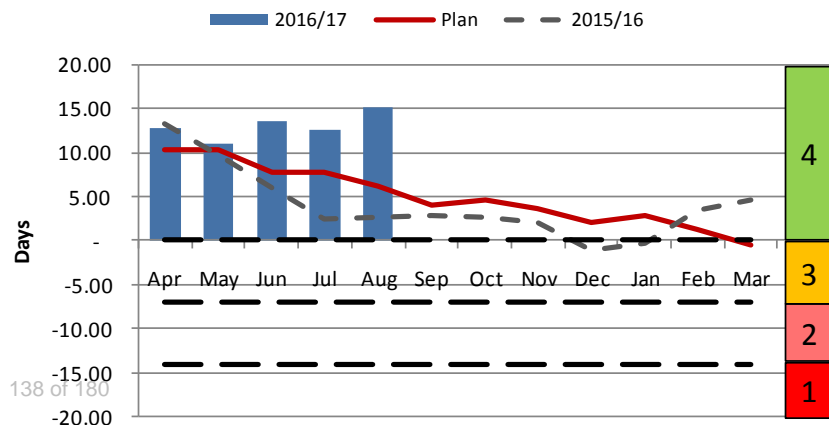
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jun	Jul	Aug	YTD avg	Monitor	Quality priorities	Trend chart
6.1 Overall financial position	MRRT	Monitor continuity of service risk rating	Score	>3			2.2	2.0	3.0	3.0	2.6			Y
	LQRT	Liquidity ratio (in days)	Days	>0			3.6	13.6	12.6	15.1	13.0			Y
	DSCT	Capital service cover	Ratio	>2.59			1.1	1.13	1.43	1.68	1.42			Y
	FIN01T	Overall underlying financial surplus/(deficit)	£M	>-£5.5m			-£13.0	-£7.7	-£8.0	-£7.6	-£6.5			Y
	CSHT	Cash flow	£M	>£143m			£94.3	£120.0	£149.0	£161.0	£139.6			Y
	CAPT	Capital spend vs plan (year-to-date variance)	Mthly %	+/- 15%			72.6%	2.7%	3.7%	4.6%	2.8%			Y
	VRPT	Variance from Plan	Mthly %	> 0			-1.3%	-0.37%	-0.09%	-0.02%	-0.6%			Y
	UNPT	Underlying Performance	Mthly %	> 0.6%			-0.9%	-0.7%	0.0%	0.6%	-0.7%			Y
6.2 Activity levels (magic numbers)	560	Elective activity vs profiled plan - cumulative variance	Cum var %	>0%			-0.3%	-1.8%	-2.7%		-2.7%			Y
	606T	New patients seen vs plan (all categories, in arrears)	Mthly var	>0			-946	-907	-1,120		-589			Y
	714	External cons referrals	Number	>last yr			1,937	2,281	2,246	1,795	2,111			Y
	713	GP referrals	Number	>last yr			16,199	18,866	18,027	18,130	18,467			Y
6.3 Fit for the Future	CIPSTC	Cost improvement plans (CIPs) - var to plan YTD	£M	>£0m			-£13.4	-£1.2	-£4.2	-£7.4	-£3.3			Y
6.4 Data quality and clinical coding	CM024	Community data completeness - % contacts outcomed	Mthly %	≥ 95%			93.7%	95.5%	93.7%	95.8%	95.4%			Y
	712	NHS number coverage	Cum %	>98%			97.7%	97.6%	97.5%	97.6%	97.7%			Y
	710x	Clinical coding - diagnostic depth (in arrears)	Ratio	>4.5			4.93	5.05	4.91		5.00			Y

An overall Financial Sustainability Risk Rating of three has been achieved at month five, which is in line with the plan.

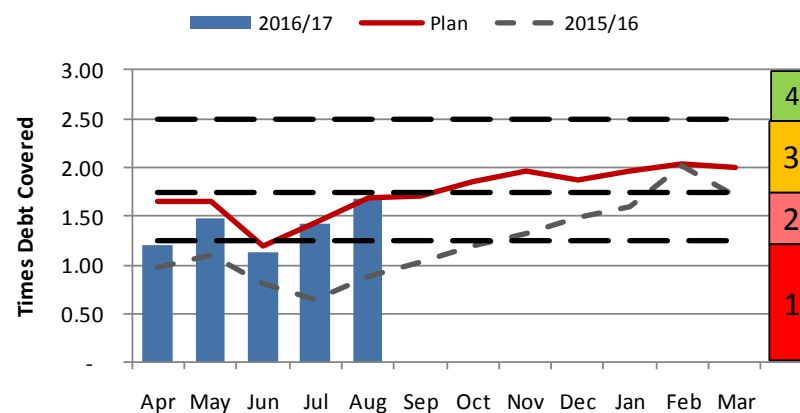
Overall Monitor



Liquidity

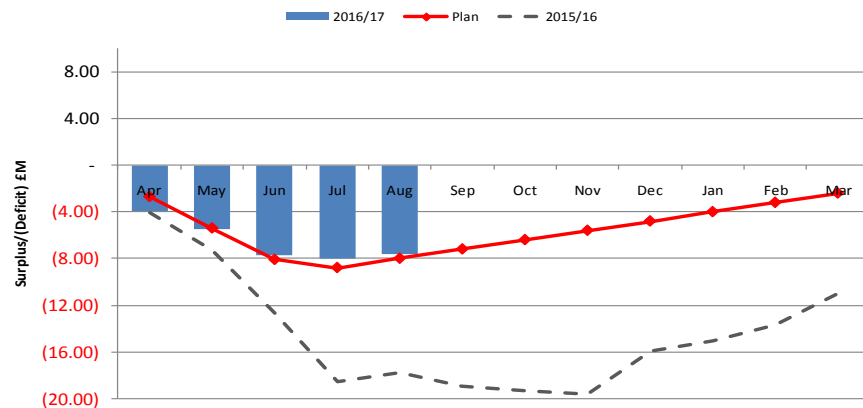


Capital Service Cover

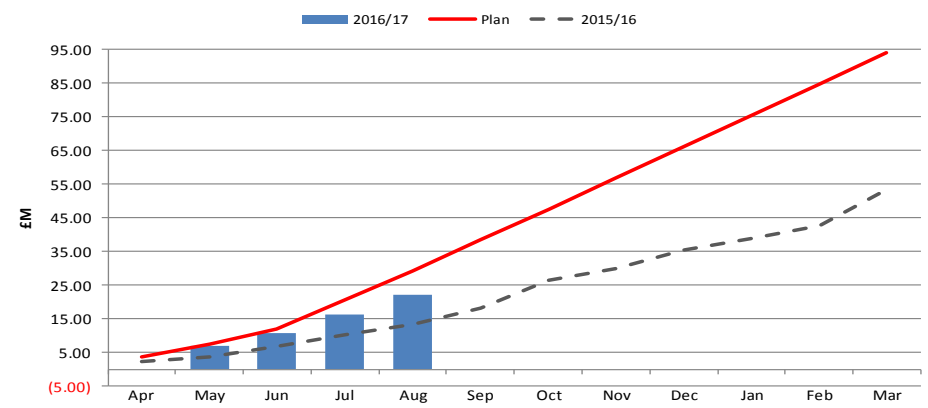


- The annual plan has been amended to a deficit of £2.4m. A loss of £7.6M has been recorded at August, which is £0.4M better than the planned loss of £8.0M.
- The CIP requirement for 16/17 is £94.2m. Current schemes have identified £72m of new savings or income growth. At month 5 £22.0m of savings or income growth has been achieved against a plan of £29.4m.
- The cash position at £161M is £23.3m more than the plan of £137.6M. 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.

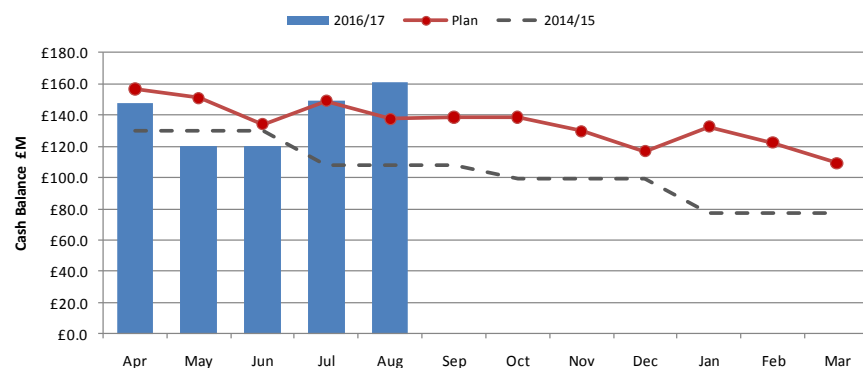
Overall Underlying Financial Surplus/(Deficit)



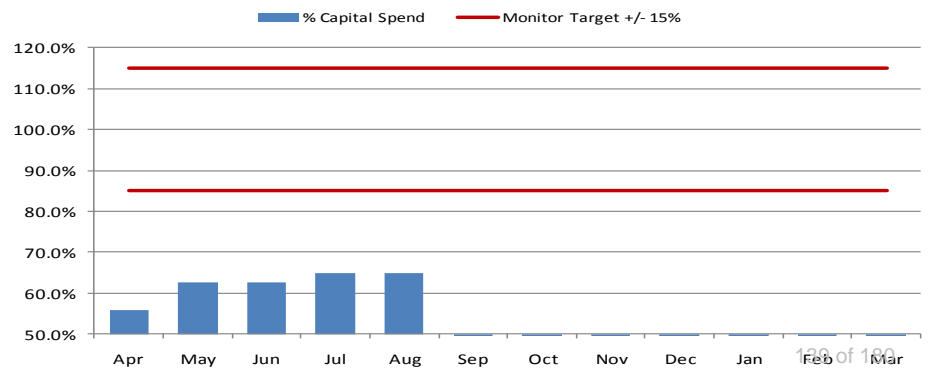
YTD Trust CIP Performance



Cash - Actual Cash vs Plan and Prior Year (£m)

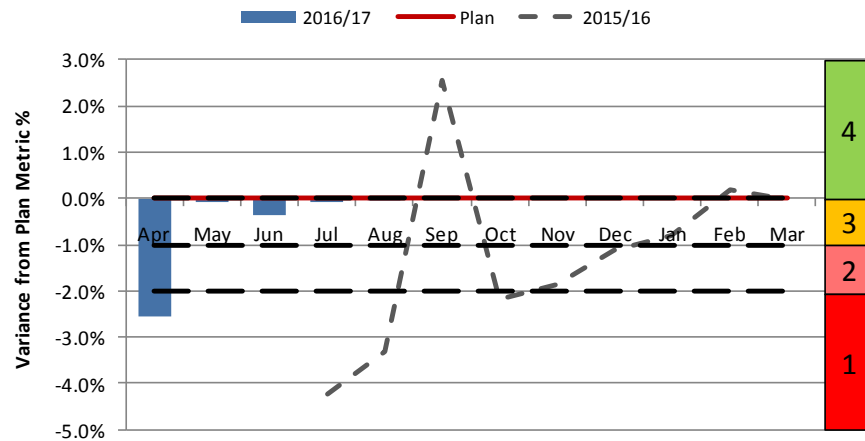


YTD Capital Spend % of Plan

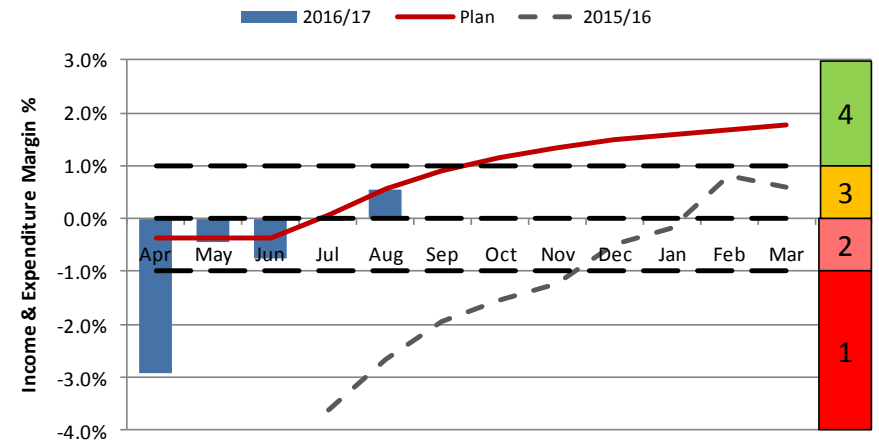


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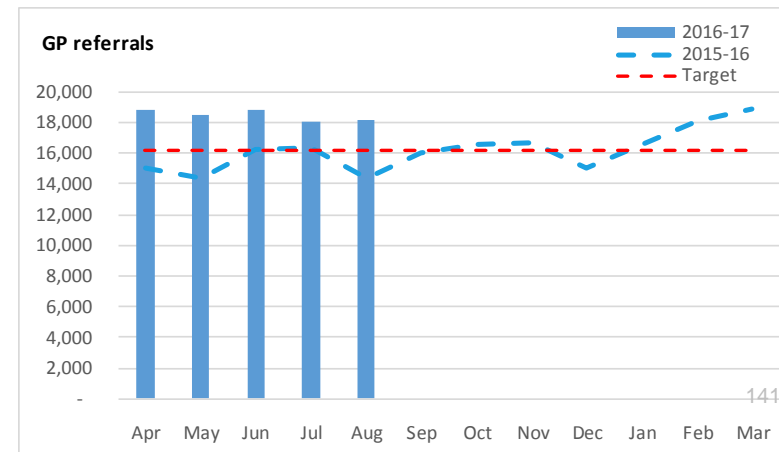
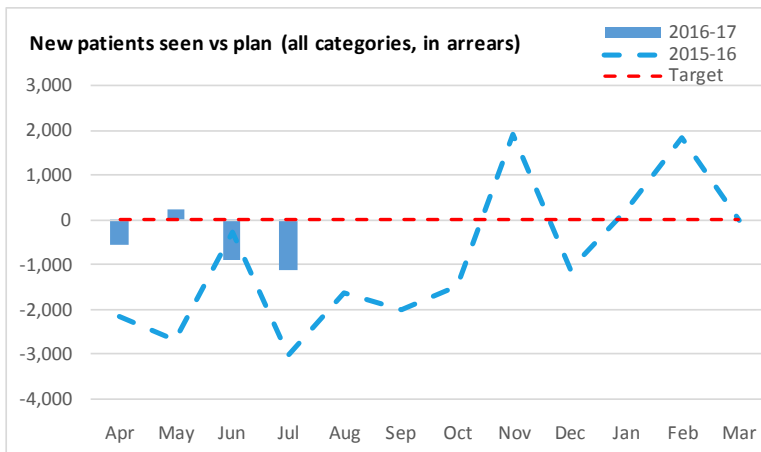
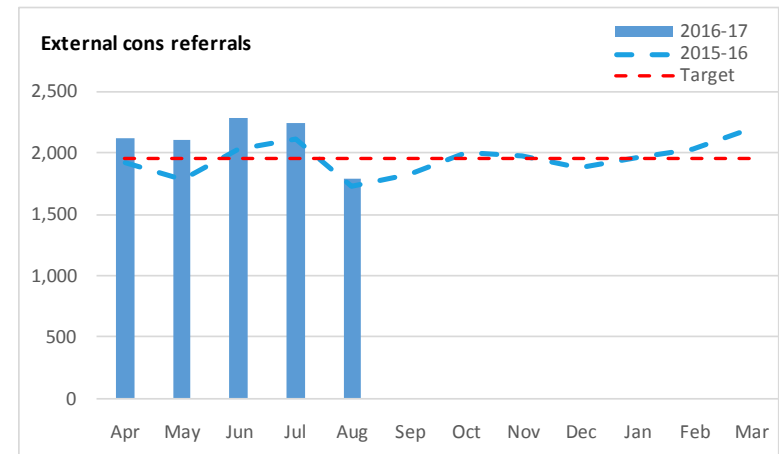
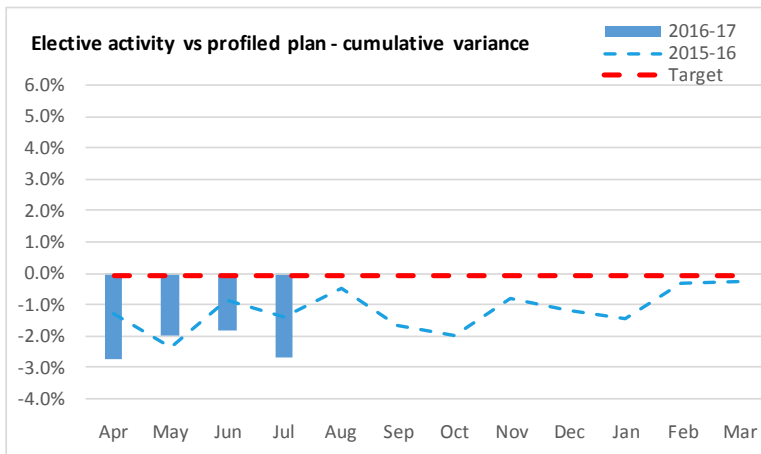
Variance from Plan



Underlying Performance

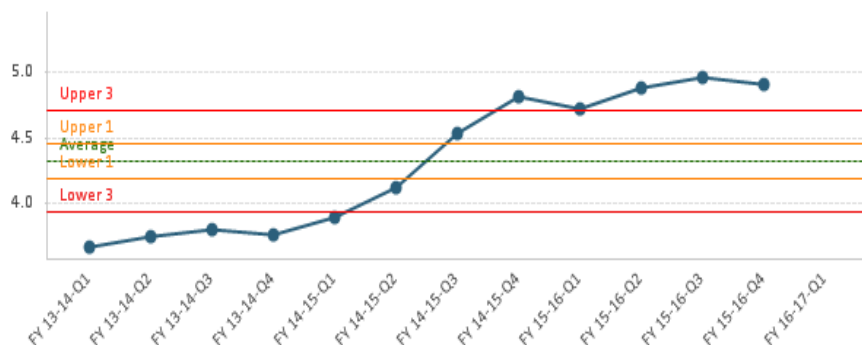


- We are behind on our cumulative variance for elective admissions and are working with directorates to improve this position. Our new patient profile is better than last year, but we are behind at the start of Q2.
- Demand – as measured in referral volumes – has remained high for Q1 and has continued into Q2. For GPs it is currently 17% higher than the same period last year. This increases the level of concern around our ability to provide enough capacity to meet this level of demand in 2016-17. We have highlighted that growth above 5% compared to 15/16 has impacted on our ability to achieve the national standards. We are investigating the data further we have a started a series of meetings with our CCG colleagues to determine what mitigating actions can be taken.

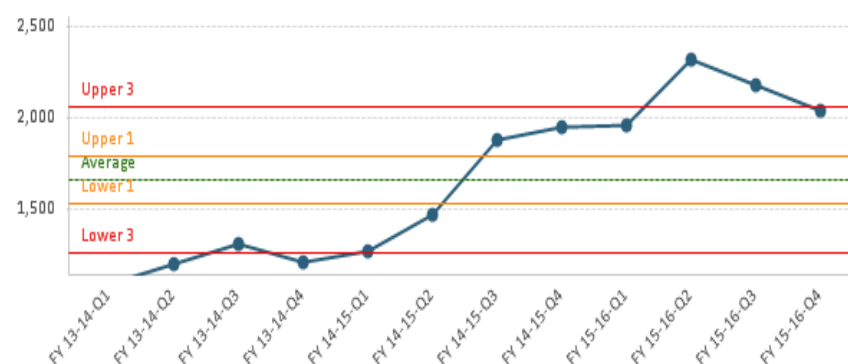


- Accurate and complete clinical coding of our activity is important to ensure patient safety, accurate benchmarking and appropriate payment for the services we provide. Improving the quality of all of our data ensures that the information on which we base decisions is reliable.
- Diagnostic depth - the average number of diagnoses recorded per admitted episode - increased to nearly 5 diagnoses during 2015-16 (top left) and we have re-set targets for further improvements in 2016-17. 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). We are expecting to see further increases during 2016-17 as a result of more structured capture of patients' underlying medical conditions within E-noting. We anticipate that the current level still understates the true prevalence of smoking amongst our admitted patients.
- Within the community setting, the capture of outcomes from patient contacts is our key indicator (bottom left). Plans are in place to raise this back above 95% in 2016-17 following a dip in performance linked to the introduction of Advanced Care Notes – the new community clinical IT system.
- NHS number coverage (bottom right) is 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.

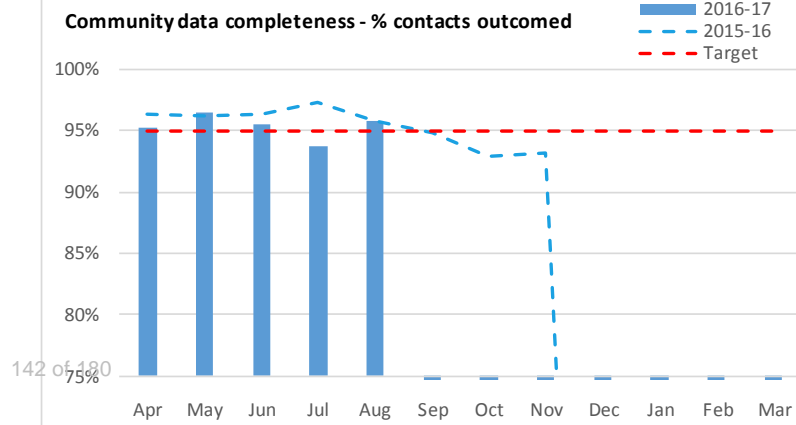
Diagnosis Depth by Quarter - SPC



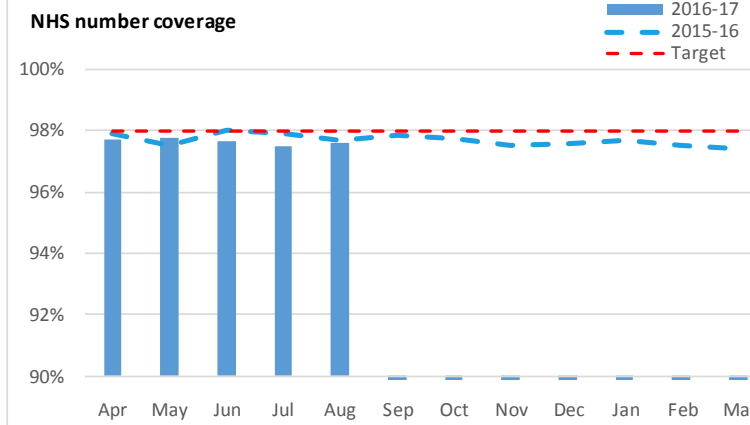
Number of Spells by Quarter - SPC



Community data completeness - % contacts outcomed



NHS number coverage



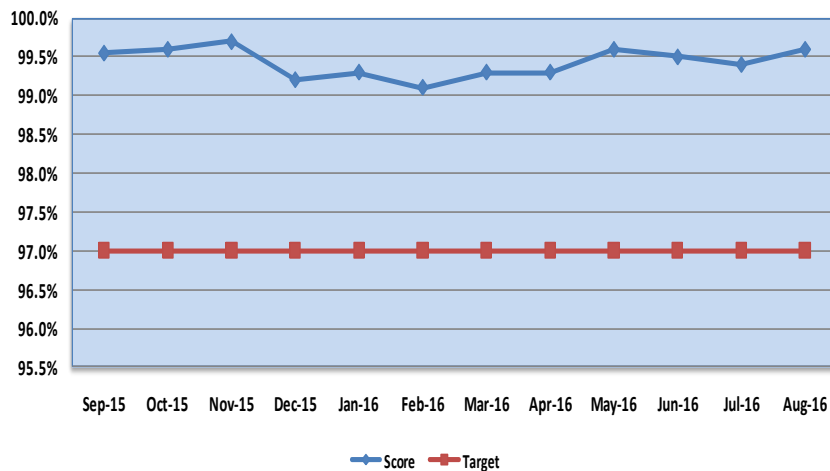
Summary:

- 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 August there were 1,378 responses, of which over 99% said that the cleanliness of their ward or room 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 just below 99% being achieved in August against a target of 90%.
- The PLACE results were published in August and reflected the very strong success achieved in 2015. Cleaning was scored at 99.42% versus a national average of 98.1%.

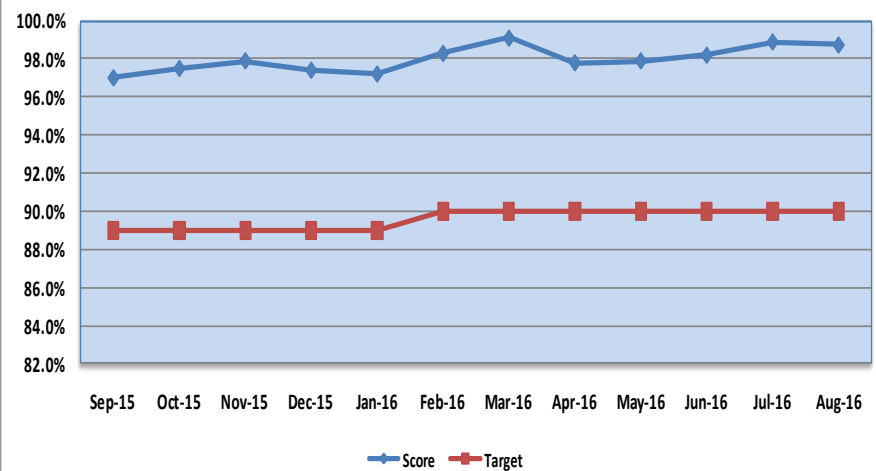
Action and Progress to Date:

- The NPSA target score is an aggregated score which is derived from the weighted profile of the clinical functional area risk categories across the Trust. This ensures that scores are consistently evaluated and comparable externally.
- The housekeeping team is currently implementing a Ultra Violet (UV) decontamination system. This will supplement the capability that we currently have with Vaporised Hydrogen Peroxide (VHP). Although not as effective as VHP, UV has benefits in speed of deployment and ease of use, and can be deployed for specified infection cleaning as agreed with the Infection Control Team.

Inpatient Survey - Feedback on Ward Cleanliness



Internal Audit NPSA Trust Risk Profile



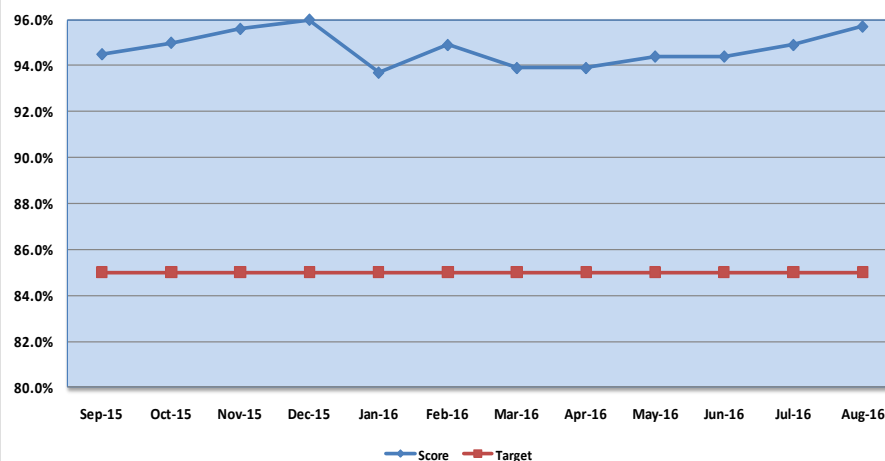
Summary:

- Inpatients' feedback on catering services (undertaken via the Meridian online survey) demonstrates a performance consistently above the locally set target of 85%. In August, just under 96% of the surveys received (1,778) stated that the food they received was 'fair', 'good' or 'very good'.
- The PLACE results were published in August and catering were broadly comparable to 2015. The catering score was 91.88% versus a national average of 88.2% and was one of the strongest performers compared to our London peer group hospitals and the Shelford Group.
- A table and narrative of the Trust's Food Safety performance for August 2016 is at the bottom of this page.

Action and Progress to Date:

- The Catering team successfully achieved the 'Bronze' Food For Life Catering Mark award for patient feeding. Being the first award of its type in the NHS this represents a major achievement for the Trust. This has been instrumental in allowing the Trust to team up with Serco for the food supply part of the Barts Healthcare Soft FM bid, which was conditional on Food for Life accreditation.
- Electronic meal ordering is currently being piloted on four wards and due to be rolled out to North Wing. This will allow provided food to be more closely matched to actual orders taken immediately prior to the meal service, ensuring that patients are more likely to receive their first choice meal and wastage levels will be reduced.

Inpatient Survey of Food Quality: Fair/Good/Very Good

Food Safety

Audit Area	Internal Audit Scores	Food Safety Rating (5 = Full Compliance)	Accreditation
CPU Kitchen	98%	5	SALSA
Wards	94%	5	-
Community Wards	89%	5	-
Trust Retail	96%	5	-
Trust Hospitality	95%	5	-
Trust Creche's	94%	5	-
Thomas Guys Club	100%	3	-
Goods-In Stores	94%	-	-

Food Safety

Independent internal food safety compliance monitoring is carried out unannounced in all Trust catering venues. The audits are conducted to assure compliance with the food hygiene regulations and adherence to the Trust's food safety policy and procedures. Food venues are also inspected periodically by the Local Authority Environmental Health Department who issue a food safety rating between 0 and 5, with 5 representing full legal compliance with the food safety and hygiene regulations.

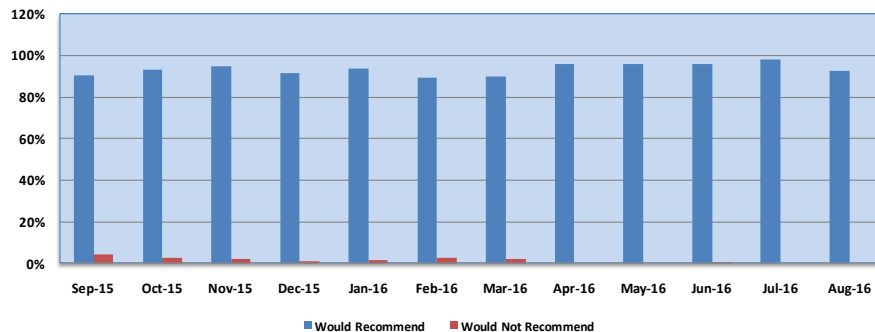
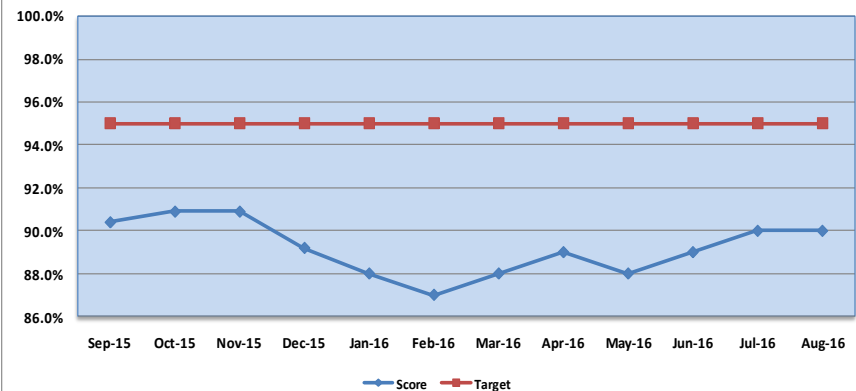
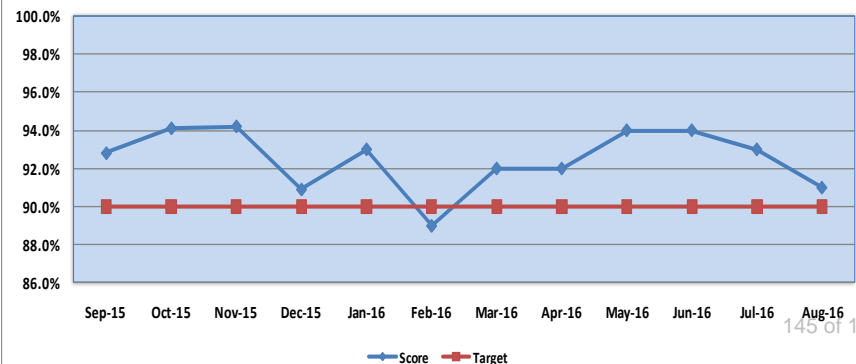
The under-performance reported in the community wards related to the standards found at Minnie Kidd House. The main issues identified related to cleaning and stock control, following a re-audit these areas had been addressed resulting in an audit score which now meets the internal KPI.

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 main KPIs around arrival and departure times remain challenging. There has been considerable focus with the transport providers to improve performance, which has included the introduction of additional driver and resource availability in order to align capacity with journey volumes. Arrival times are still tracking below pre-contract levels whilst departure times are now back in line, and are expected to improve further. Work is continuing with the transport providers to improve this level of performance. However the traffic situation around our main hospital sites has an adverse impact on performance, particularly in respect of arrival times.
- The PTS service to all of the renal units is particularly challenging and still the subject of some user dissatisfaction. The Patient Transport team is working with the transport providers to bring about an immediate improvement.

Action and Progress to Date:

- The Friends and Family score (see below) reflected a small decrease versus the prior 4 months. However, of the 488 surveys received in August, there was a zero response to 'Would Not Recommend'. The reduction in the 'would recommend' score was attributable to operational problems arising from staffing challenges over the August bank holiday period. This score also reflected a reduction in performance on departure times, as illustrated in the table below.
- We are working closely with our transport providers to bring about an improvement in the service, particularly in the renal units.
- The first phase of the transfer of patient transport services to G4S, servicing the Sidcup and Tunbridge Wells Kidney Treatment Centres, continues to be problematic. This has been formally escalated to the CCG to seek a commitment on an immediate improvement. The second phase of the service change, which involves transporting Kent and Medway patients to the main hospital sites, is due to commence on the 1st November 2016.

Patient Transport - Friends and Family**Patient Transport - Patients arriving within 90 minutes prior to appointment****Patient Transport - Patients picked up within 90 minutes of reporting 'ready to travel'**

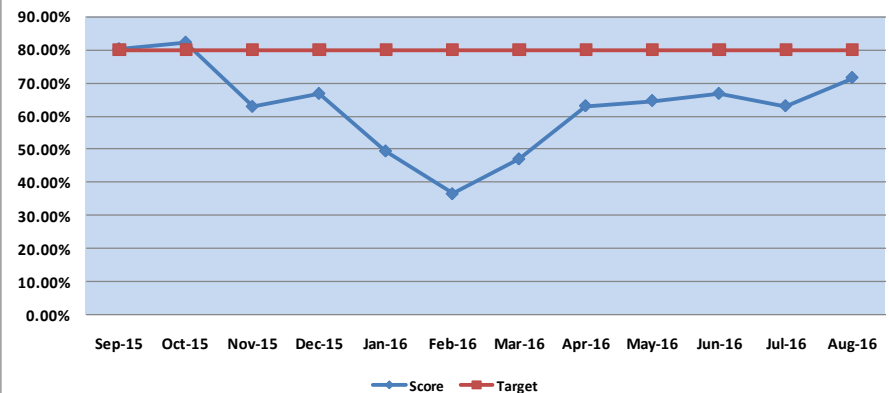
Summary:

- Telephony has improved in August with all KPIs reporting a uplifted performance as illustrated in the graphs below. There are still issues which the team are addressing, notably recruiting to the vacant positions and staff retention. There currently remains 8 WTE vacancies that are yet to be filled.
- Pick up of internal (21,846) and external (61,910) calls per month have increased in performance significantly for August placing the KPI for internal calls back into green status and external calls in amber status but approaching target. Calls answered within 30 seconds increased in performance and is also approaching target levels once more.

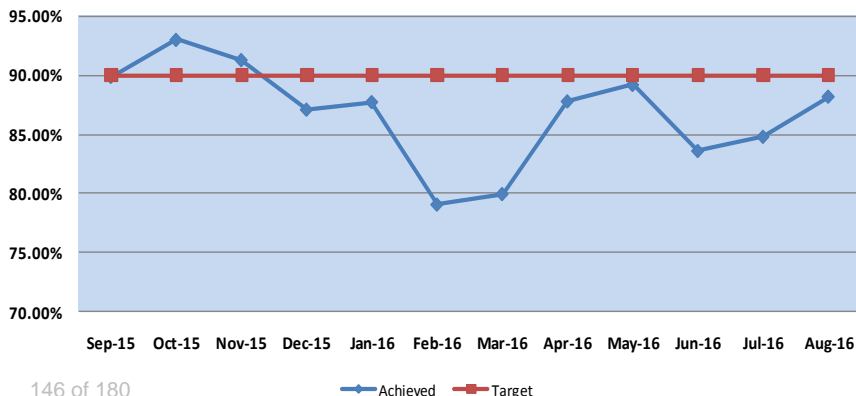
Action and Progress to Date:

- A strategic recruitment plan is being developed, in conjunction with HR and Recruitment, that will aim to see all vacancies filled with contingencies for staff turnover. This will include looking at the talent pool and apprentices.
- This month there has been a focus on managerial responsibility in delivering performance and service improvements. Monthly performance review meetings co-ordinate efforts and enable staff to share good practices.
- The department has been looking at ways to motivate the team to deliver consistently high performance through fun and motivational activities. The 'Customer Service Olympics' has seen a positive effect on the department. Staff have been more engaged with increased output and focussed on offering a quality service. Team Leaders are developing the next stage of the Olympics based on the board game Monopoly, with the goal of increasing output for the Calls Answered within 30 seconds KPI.

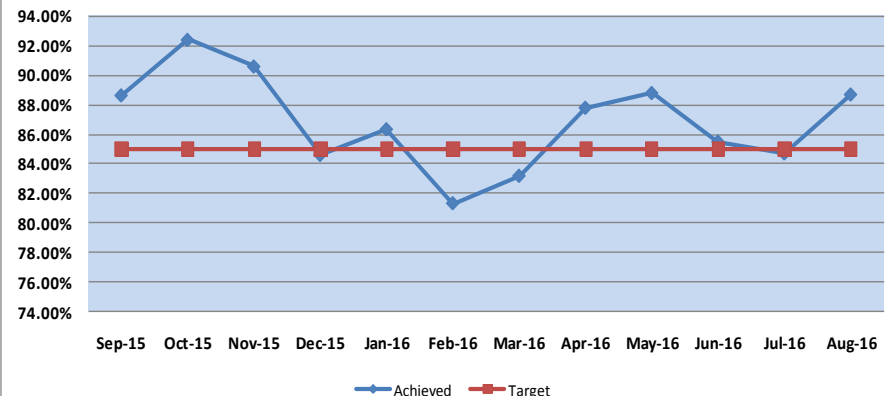
% of Calls Answered Within 30 Seconds



GSTT External Calls - % Achieved



GSTT Internal Calls - % Achieved



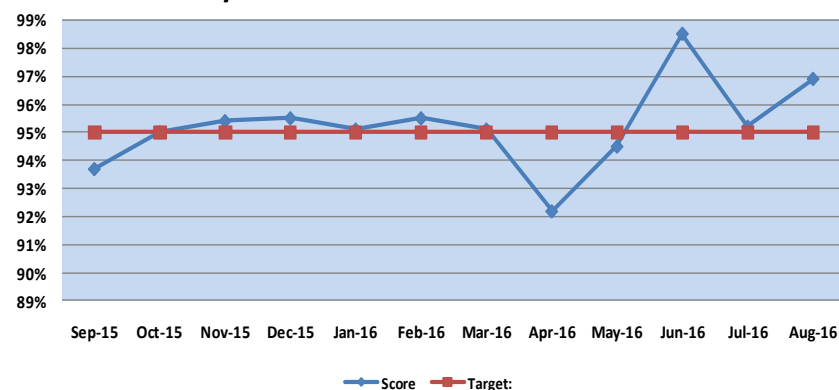
Summary:

- Following additional revenue investment in an enhanced out of hours maintenance regime, lift availability on the two acute sites has been 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 for much of the last 12 months, achieved and exceeded the target set out in the Service Level Agreement. 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.
- 238 Priority 1 and 1,232 Priority 2 calls were logged in August, achieving a 91% and 74% performance respectively against a locally set target of 70%.

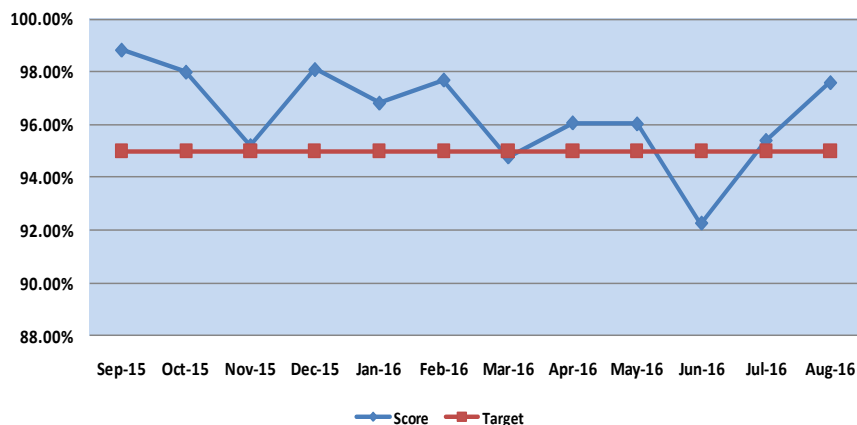
Action and Progress to Date:

- There were no major infrastructure issues in August 2016.
- 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.
- As part of the approved senior management restructure, the Director of Engineering has been appointed and is the process of reviewing organisation and structure within Engineering and Building.
- Recruitment is underway to ensure resources required to maintain the new Cancer Treatment Centre are in place ahead of occupation.

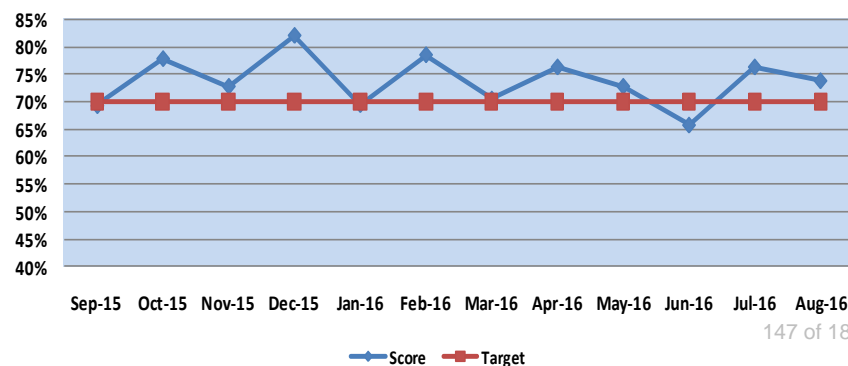
Guy's & St Thomas' - Lift Performance



Essentia Facilities Service Desk - % Calls Answered



Building & Engineering - Priority 2 Calls Attended within Target (4 Hours)



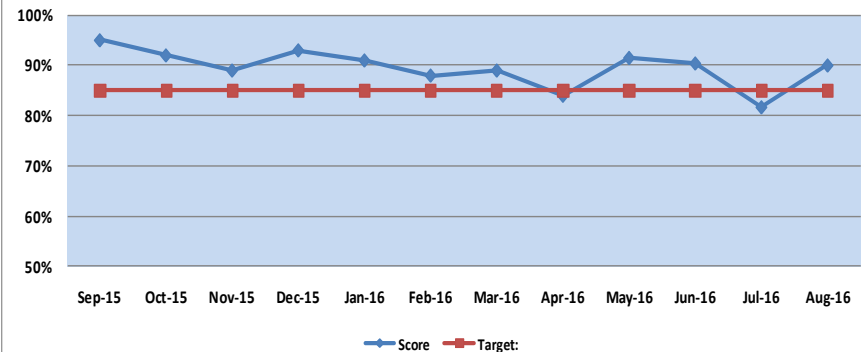
Summary:

- The agreed service level for customer satisfaction (85%) returned to green status in August being reported at 90%. Trust members of staff are invited to provide feedback once their issue or problem has been resolved, and 70 members of staff completed the on-line survey in August.
- Following the breach between February and April 2016, incidents resolved within target has tracked consistently above the locally set target of 85%, being reported at 89% in August.
- Service desk performance has been bought back to target following the absorption of the CSU activity, which caused the erosion of performance in previous months.

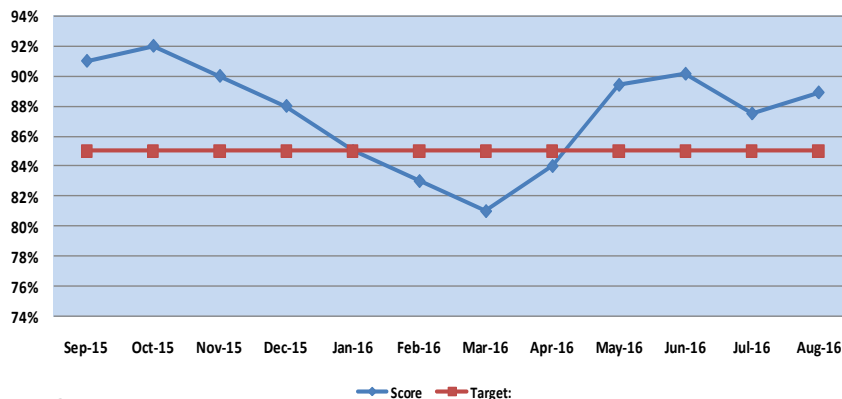
Action and Progress to Date:

- The average time to answer calls by the IT Service Desk was reported at 46 seconds against a target of 60 seconds.
- There was one declared serious incident experienced in August, relating to the underlying service (KEMP) Network Load Balancing. This system failure had an impact to new user connections associated with MedChart, e-Noting, HR Portal and CIS Registration, although existing connected users were unaffected. The issue was rectified quickly with a downtime of 80 minutes.
- IT Service availability was generally very good with key IT services achieving the target of 99.9% uptime. Nine applications experienced partial unavailability for short periods, which had no impact to clinical activity.

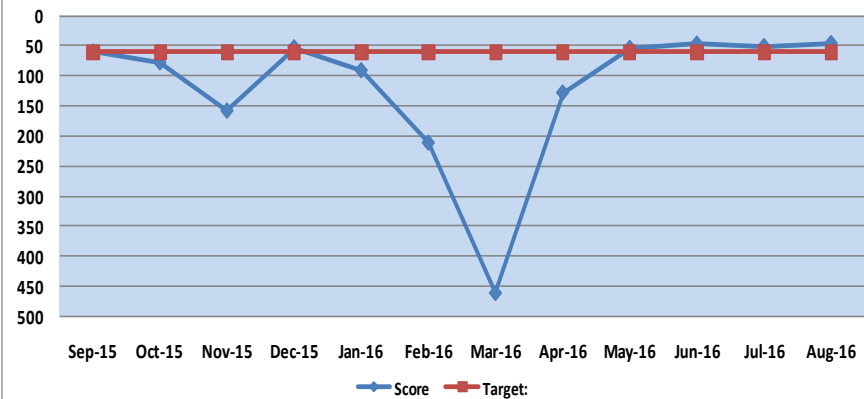
IT - Helpdesk User Satisfaction



IT - Incidents Resolved Within Target



IT - Service Desk Avg. Call Answer Time (Seconds)



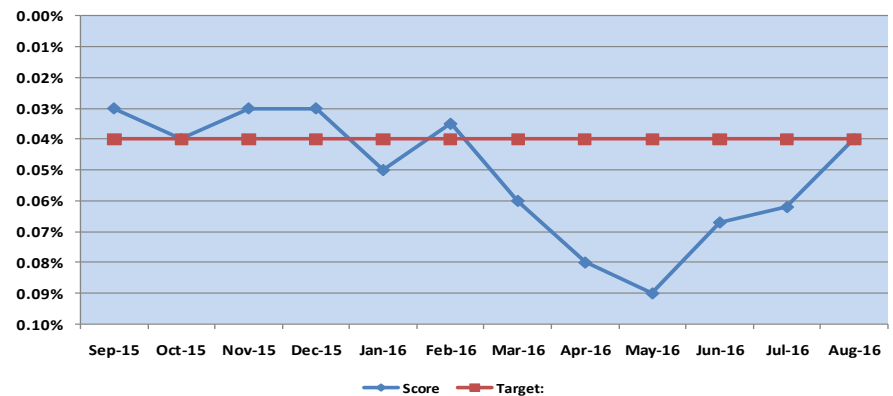
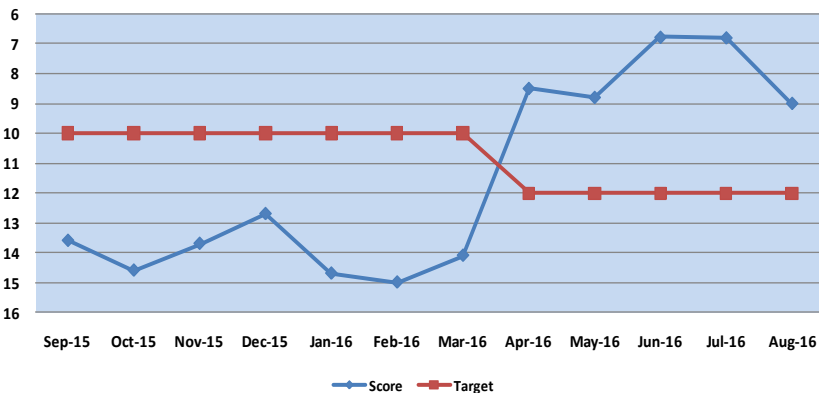
Summary:

- Non conformance levels have been steadily returning to target over the last few months and August was reported at 0.04% returning to back to Green status, equating to one operational error in 2500 packs, against an average throughput of 4,300 packs per week or 17,376 instruments. This is well above industry standards of 0.1% or 1:1000 packs.
- The average turnaround times of product was reported at an average of 9 hours against a target of less than 12 hours and within target.
- Instrument volumes are reported at their highest recorded level.

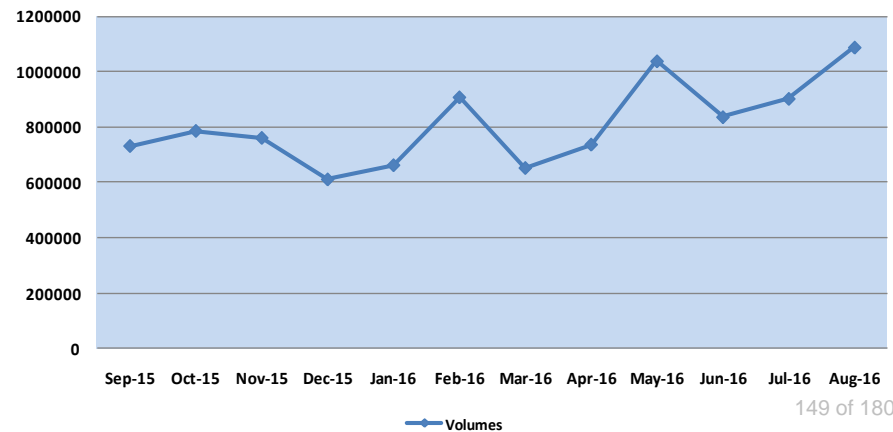
Action and Progress to Date:

- It is evident that the team leads continue to drive for improved turn-around times across all product lines. Although the turnaround time target reduced to <12 hours (better than industry standards), the reported figure on 9 hours remains firmly within these parameters. Along with the reduction in non conformances, this is a significant achievement considering current activity levels.
- Activity volumes show an increase of nearly 186,000 instruments in month within production compared to July figures, an additional 116 trays per week. This can be attributed to the over performance at GOSH and additional use across the Trust.

Sterile Services - Non Conformities

Sterile Services - Average Instrument Processing
Turnaround Time (in hours)

Sterile Services - Instrument Volumes



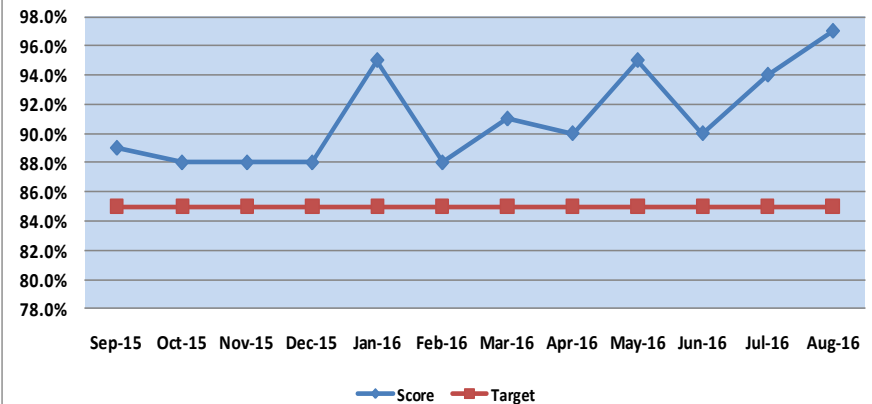
Summary:

- 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.

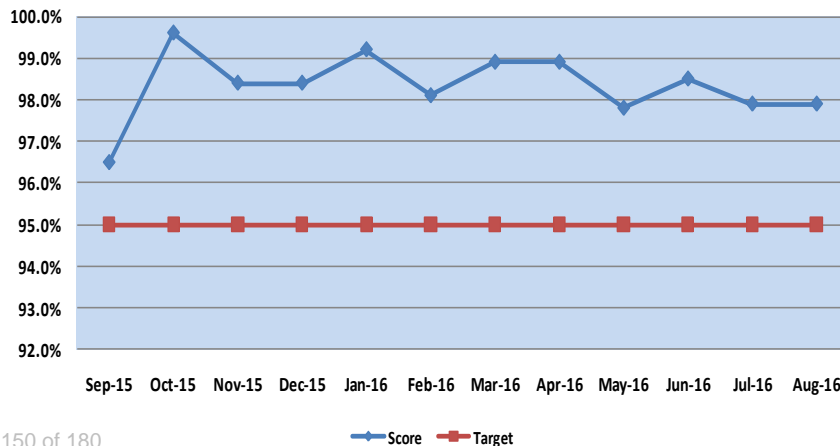
Action and Progress to Date:

- 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.
- 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 successfully joined Essentia as a result of the reconfiguration. Bringing the contract in-house forms part of Essentia's efficiency programme for FY 16/17.

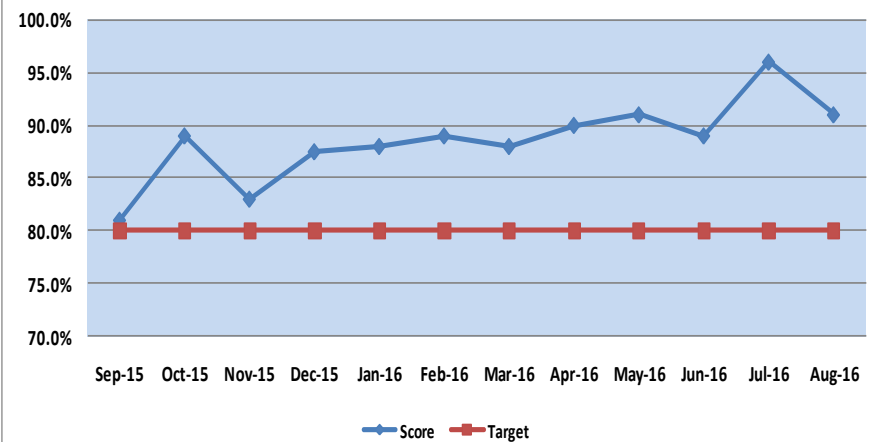
Community - PPM Tasks Completed



Community - Cleaning Scores



Community - Reactive Maintenance



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 Specialities	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	-	2,079	373	278	47	111	86	217	154	60	48	21	30	22	186	0	188	0					
		Incidents - Reported on STEIS (total number)	Number	-	11	1	1	1	0	0	1	1	1	0	0	0	0	0	0	2	0					
		Incidents reported on Datix that are STEIS reportable (total number)	Number	-	8	0	1	1	0	0	0	1	1	0	0	0	0	0	0	2	0					
		Never Events	Number	Zero	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0					
		Incidents resulting in unexpected death	Number	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in severe harm	Number	-	6	1	1	0	1	0	0	0	1	1	0	0	0	0	0	1	0					
		Incidents resulting in moderate harm	Number	-	21	4	3	2	1	0	1	1	3	0	0	0	0	4	0	0	0					
		Incidents resulting in low harm	Number	-	305	47	34	8	13	9	15	36	9	20	0	6	2	53	0	29	0					
		Incidents resulting in no harm	Number	-	1,341	278	168	24	84	63	180	99	36	19	12	18	12	66	0	121	0					
		Incidents resulting in unexpected death - reported on STEIS	Number	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in severe harm - reported on STEIS	Number	-	3	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0					
		Incidents resulting in moderate harm - reported on STEIS	Number	-	4	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in low harm - reported on STEIS	Number	-	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0					
		Incidents resulting in no harm - reported on STEIS	Number	-	3	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	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	-	163.0	66.0	6.0	6.0	17.0	8.0	24.0	3.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
		Incidence of falls per 1000 bed days	Number	-	5.5	10.0	4.6	3.1	3.7	4.1	7.2	1.2	27.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
		Falls with moderate or severe harm	Cases	0	8.0	1.0	0.0	1.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
	Infection Control and Cleanliness	Pressure ulcer acquisitions (grade 2 and above)	Number	0	5.0	3.0	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	0.0	0.0					
		MRSA screening of admissions	Mthly %	>95%	90%	56%	94%	96%	96%	99%	97%	98%	97%	89%	100%	100%	-	-	-	100%	93%					
		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					
	Screening	C-Diff acquisitions	Number	0	3.0	0.0	1.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0					
		VTE screening (externally reported)	Mthly %	>95%	97%	95%	98%	91%	83%	99%	97%	94%	93%	98%	100%	99%	-	-	-	77%	52%					
		Dementia screening (patients aged over 75)	Mthly %	>90%	86%	89%	-	71%	90%	100%	64%	100%	-	50%	-	-	-	-	-	-	-					
	Mortality	Deaths in hospital - number in month	Number	-	81.0	33.0	7.0	0.0	17.0	1.0	15.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	2.0	2.0					
		Friends and Family test (Ward) - Response rate	Mthly %	>=33%	25%	37%	32%	55%	11%	45%	34%	30%	-	-	-	-	-	0%	-	20%	-					
Caring	Admitted care	Friends and Family test - % Recommended (Ward)	Mthly %	>=97%	97%	97%	100%	99%	94%	98%	97%	95%	-	-	-	-	-	-	-	100%	-					
		Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%	1%	1%	0%	1%	3%	1%	1%	2%	-	-	-	-	-	-	-	0%	-					
		Overall inpatient patient experience score	Mthly %	>89%	91%	91%	90%	91%	88%	92%	91%	89%	-	97%	-	97%	-	-	-	-	-					
		Single sex compliance - breaches (all types)	Cases	Zero	2.0	0.0	2.0	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%	1.5%	-	2.0%	1.3%	6.7%	3.0%	1.5%	1.7%	-	1.2%	0.1%	-	-	-	-	2.6%	2.5%					
		Overall outpatient patient experience score	Mthly %	>89%	90%	87%	-	89%	88%	87%	88%	93%	86%	84%	94%	92%	92%	-	-	-	75%					
		Friends and Family test - % Recommended (Outpatients)	Mthly %	-	92%	93%	86%	92%	91%	92%	92%	90%	89%	92%	95%	93%	92%	-	-	96%	91%					
		Friends and Family test - % Not Recommended (Outpatients)	Mthly %	-	3%	1%	11%	5%	2%	3%	3%	6%	11%	4%	3%	4%	4%	-	-	0%	4%					
	Outpatient care	Overall outpatient patient experience score	Mthly %	>89%	90%	87%	-	89%	88%	87%	88%	93%	86%	84%	94%	92%	92%	-	-	-	75%					
		Friends and Family test - % Recommended (Outpatients)	Mthly %	-	92%	93%	86%	92%	91%	92%	92%	90%	89%	92%	95%	93%	92%	-	-	96%	91%					

Appendix: directorate-level heatmap (2 of 2)

Domain			Type	Target	Trust-wide	Acute Medicine	Peroperative, 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%	89%	53%	87%	82%	92%	87%	95%	82%	98%	96%	95%	94%	95%	100%	84%	89%					
		RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%	82%	100%	85%	79%	72%	78%	79%	76%	90%	89%	88%	96%	-	-	-	85%	60%					
		RTT - Incomplete pathways < 18 weeks (unadjusted)	Mthly %	>92%	91%	94%	89%	86%	88%	88%	79%	93%	92%	98%	96%	97%	95%	99%	100%	90%	80%					
		RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero	7.0	0.0	0.0	5.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0					
		RTT - Total incomplete pathways	Mthly	-	58,135	3,021	1,960	4,292	4,057	2,771	5,688	2,626	160	5,885	7,174	8,994	1,113	152	2	2,517	3,065					
		RTT - Incomplete pathways over 18 weeks	Mthly	-	5,444	171	213	581	505	338	1,204	180	13	139	263	306	52	1	0	241	621					
	Cancer access	Cancer - 2 week wait	Qtly%	>93%	90%	88%	-	-	-	99%	92%	95%	-	100%	-	91%	-	-	-	33%	-					
		Cancer - breast symptomatic referrals <2 wks	Qtly %	>93%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%					
		Cancer - 31 day first treatments	Qtly%	>96%	99%	100%	-	-	-	98%	98%	100%	-	-	-	95%	-	-	-	-	-					
		Cancer - 31 day subs treatments - surgical	Qtly%	>94%	91%	-	-	-	-	89%	94%	75%	-	-	-	86%	-	-	-	-	-					
		Cancer - 62 day urgent GP referrals	Qtly %	>85%	73%	70%	-	-	-	78%	67%	58%	-	-	-	79%	-	-	-	-	-					
		Cancer - internal 62-day referrals	Qtly %	>85%	85%	100%	-	-	-	85%	81%	50%	-	-	-	88%	-	-	-	-	-					
		Cancer - 62 day screening	Qtly %	>90%	71%	-	-	-	-	80%	-	-	-	-	-	-	-	-	-	-	-					
		Diagnostic waits - % over 6 weeks	Mthly	<1%	1%	1%	-	-	0%	7%	12%	-	0%	1%	-	-	-	-	3%	21%						
Responsive	Diagnostics	Average length of stay (elective)	Cum ALOS	<last yr	3.4	1.5	6.6	2.9	5.0	3.2	4.4	3.0	1.1	2.5	5.4	5.0	0.0	47.7	0.0	2.6	1.8					
		Non-elective average LOS >1 night	Cum ALOS	<last yr	8.6	6.8	20.7	9.6	3.8	6.9	11.4	9.4	0.0	65.4	0.0	40.7	0.0	16.5	0.0	5.5	29.8					
	Bed management	Discharges before noon	Mthly %	>25%	22%	35%	35%	24%	13%	16%	23%	9%	33%	20%	40%	17%	-	86%	-	17%	28%					
		Appointments re-scheduled by hospital <6wks	Cum %	<4%	5%	3%	4%	6%	8%	6%	8%	1%	2%	8%	4%	4%	2%	1%	0%	4%	5%					
		Follow-up ratio - adj cons appts (in arrears)	Ratio	2.17	2.19	1.97	2.01	1.42	1.86	4.06	2.79	0.90	1.14	2.62	2.42	2.20	-	-	-	3.29	1.89					
	Outpatient mgt	Non-attendance rate (new appts)	Mthly %	<11%	12%	15%	15%	10%	22%	14%	14%	11%	48%	13%	7%	10%	-	-	0%	15%	11%					
		Daycase rate - basket (in arrears)	Mthly %	>85%	77%	-	-	60%	97%	45%	63%	90%	-	98%	-	-	-	-	57%	43%						
	Theatre management	Theatres Gross Cancellation Rate (in arrears)	Mthly %	<7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%					
		Emergency readmissions (within 28 days - in arrears)	Cum %	<5.7%	5.8%	11.6%	1.6%	3.8%	4.7%	5.7%	9.8%	2.4%	2.7%	1.8%	0.2%	2.3%	0.0%	5.7%	0.0%	3.8%	2.1%					
		Emergency readmissions (within 14 days - in arrears)	Cum %	<3.5%	3.7%	8.4%	0.9%	2.5%	2.9%	3.1%	6.0%	1.8%	1.1%	1.1%	0.1%	1.3%	0.0%	5.7%	0.0%	2.5%	1.7%					
Effective	Readmission mgt	Patients >75 asked dementia screening question	Qtly %	>90%	86%	89%	-	71%	90%	100%	64%	100%	-	50%	-	-	-	-	-	-	-					
		NHS number coverage	Cum %	>98%	98%	93%	100%	98%	100%	100%	100%	98%	100%	99%	92%	99%	99%	100%	100%	99%	99%					
Enablers	Data quality	Clinical coding - diagnostic depth (in arrears)	Ratio	>4.5	4.9	7.5	4.4	4.1	7.6	5.9	4.9	6.3	4.0	3.5	2.0	3.6	-	12.5	-	2.8	3.3					
		Elective activity vs profiled plan - cumulative variance	Cum var %	>0%	2%	8%	4%	1%	-2%	221%	-2%	0%	23%	8%	4%	-5%	0%	0%	0%	9%	-3%					
	Activity (magic numbers)	New patients seen vs plan (all categories, in arrears)	Mthly var	>0	-1,120	6	-80	114	121	-100	-201	-177	-92	-282	150	-102	-10	0	0	-228	-106					
		External cons referrals	Number	>last yr	1,795	91	41	239	185	87	243	32	12	67	65	302	1	0	0	128	174					
		GP referrals	Number	>last yr	18,130	555	129	632	824	505	1,544	2,796	3	1,548	2,537	2,068	3,288	78	0	196	218					

BOARD OF DIRECTORS	Guy's and St Thomas'  NHS Foundation Trust
Financial Report for the six months to 30th September 2016	26th October 2016

This paper is for:		Sponsor:	Martin Shaw	
Decision		Author:	Peter Parr	
Discussion	✓	Reviewed by:		
Noting	✓	CEO*		
Information		ED*		
		Board Committee*		
		TME*		
		Other*		

* *Specify*

1. Summary

- 1.1 Following communication from NHSI on the 22nd June 2016, the Trust submitted an updated plan within the required deadline of the 29th June 2016.
- 1.2 The reported position is based on the updated annual plan of an underlying loss of £2.4M and Donated capital receipts of £27.2M.
- 1.3 The financial report shows an underlying loss of £5.1M on income and expenditure against a YTD planned loss of £7.6M for the six months to 30th September 2016. This is a favourable variance to plan of £2.1M.
- 1.4 Donated Capital receipts of £14.5M have been recorded, which is £0.9M ahead of the equally phased plan and a profit on disposal of land and buildings of £0.1M.

	Annual Plan £m	YTD Plan £m	YTD Actual £m	Variance £m
Performance against Plan	(2.4)	(7.2)	(5.1)	2.1
Donated capital receipts	27.2	13.6	14.5	0.9
Total Surplus \ (Deficit)	24.8	6.4	9.4	3.0
Profit \ (Loss) on Disposal	0.0	0.0	0.1	0.1
Comprehensive (Expenditure) \ Income	24.8	6.4	9.5	3.1

2. Request to the Board of Directors

The Board of Directors are asked to:

- Note the reported current financial position a loss of £5.1M, which is £2.1M favourable to plan
- Note the receipt of capital donations of £14.5M, which is £0.9M more than plan
- Note the profit on disposal of £0.1M
- Note the assumptions made and the potential risks high-lighted in 3.1 that under-pin the year to date loss of £5.1M
- Note the Financial Sustainability Risk Rating and the achievement of a FSRR of 4, which is better than plan.
- Note the introduction of the Single Oversight Framework for NHS providers from the 1st October 2016 as high-lighted in 4.2
- Note the delivery of CIPs and income growth in 5.3 of £34.1M, which is £3.3M less than plan at the end of September

3. Assumptions made in the Reported Position

3.1 The assumptions made in the reported position include a number of potential risks and opportunities:

- An assessment of Commissioning income to the end of August and an early view of September indicates the Trust is some £7.1M below the over performance target against a plan phased in equal twelfths. If measured against a plan phased for working days, growth and seasonality, the Trust would be £2.0M behind plan
- Accrued income in respect of partially completed spells (patients not yet discharged) has decreased by £0.9M, primarily driven by critical care patients being discharged.
- The reported position assumes that at September the Trust will receive £8.4M of its planned £9.6M in respect of its agreed Sustainability and Transformation funding of £19.2M. The shortfall relating to operational performance
- Discussions with our commercial partner continue with regard to income receipts relating to the Cancer Treatment Centre.
- The assumptions underpinning the Public Dividend Capital payment (PDC) have been re-assessed; it is now expected that this will be some £3.0M less than plan, driven by higher cash balances and a reduction in taxpayer's equity
- The Trust plan assumes that CIP delivery will not happen equally and that £6.0M of CIPs will happen later in the year.
- The final billing in respect of 2015/16 clinical activity now finalised. The final invoices raised were £4.4M higher than estimated at year end. This benefit is now included in the reported position.
- Whilst the full income is now recognised in respect of 2015/16 clinical activity, £5.1M of this remains unpaid. In line with the Trust's policy on outstanding prior year CCG \ NHSE debt, this has been fully provided, this position will improve as outstanding debt is paid.

3.2 A surplus of £2.5M was recorded in September which is £1.7M better than plan, the significant drivers include:

- Payment was received in September of prior year CCG \ NHSE invoices, enabling an overall reduction in provisions which was £5.1M better than the September plan
- Unidentified CIPs accounted for £0.4M of adverse performance in September, and a further £1.0M due to the unwinding of the CIP phasing adjustment
- The performance of Clinical directorates in September is £2.1M worse than the value of their Unidentified CIPs. This includes almost £1.0M of costs accrued relating to rota compliance issues in respect of junior doctors that relate to earlier periods.
- The performance of corporate directorates in September is £1.1M better than the value of their Unidentified CIPs. Significant drivers of this in month performance include:
 - Allocation of funding from Reserves to Essentia for premises costs relating to Becket House has resulted in a favourable in month variance of £0.7M, this has been partly off-set by an increase in costs associated with infrastructure failures
 - Receipt of intellectual property income by the Commercial Directorate of £0.7M
- Reserves released of £1.5M to off-set expected reductions in drug income
- The review of the assumptions underpinning the PDC payment, and slippage on the capital programme against an equally phased plan have resulted in a favourable movement of £0.2M
- Income not specifically allocated to Directorates deteriorated by £2.1M in September, the main drivers of which were:
 - Sustainability and Transformation funding £0.5M less than plan, reflecting operational performance against trajectories
 - Whilst discussions continue with our commercial partner on the CTC income receipts no income is currently being accrued, an adverse variance of £1.1M

4.0 Financial Sustainability Risk Rating (FSRR) (Page 2)

- 4.1 The Trust plan at month six is a 3. The rating achieved YTD is a 4 with no metrics rated as a one.
- 4.2 On the 13th September 2016 NHS Improvement published the Single Oversight Framework for NHS providers which they plan to introduce from the 1st October 2016. This will replace the current FSRR effective for month seven reporting

5.0 Cost Improvement Plan (CIP) Delivery (Page 5)

- 5.1 Clinical and Corporate Directorates have been asked to deliver a CIP and income growth target of £94.2M. Through FFF and local directorate initiatives £44.6M has been identified, Reserves of £20.0M have been released to Directorates and were used to off-set their Unidentified CIPs, £23.4M currently remains as unidentified CIPs.
- 5.2 Against the £23.4M shown as currently unidentified, £8.0M of opportunities through prior year income and reduced provisions are projected to be achieved
- 5.3 The Trust has delivered CIPs of £34.1M to the end of September, which after accounting for the CIP phasing adjustment of £6.0M is reported as £3.3M less than plan.

6.0 Availability of Operational Capital (Page 1)

- 6.1 The reported performance to date indicates a year to date increase of £0.4M against planned operational capital after adjusting for non cash items.

Integrated Performance Report for the six months to 30th September 2016

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Integrated Performance Report

M06 2016–17 Executive Summary

Risk ratings

Financial Sustainability Risk Rating:

16/17 Plan:	YTD	FY	Performance:	YTD
	3	4	Current	4
			Previous Mth	3

Summary Performance:

- The Trust has recorded a YTD loss of £5.1M, which is £2.1M better than the planned loss of £7.2M
- FSRR : a rating of 4 against a plan of 3.
- The Trust plan assumes an increase in CIPs later in the YTD, this is reflected by a phasing adjustment of £6.0M at September
- The cash balance of £135M is a decrease of £26M from last month due to repayment of PDC and loans.

Summary Income & Cash Flow vs Plan

£m	2016/17 - M06			Previous Month	
	Plan	Actual	Variance	Actual	Variance
Operating Income for EBITDA	691.3	682.4	(8.9)	571.8	(4.3)
Employee Expenses	(389.4)	(381.2)	8.1	(316.6)	8.2
All other operating expenses	(267.9)	(268.3)	(0.3)	(231.7)	(6.7)
EBITDA	34.0	32.9	(1.1)	23.5	(2.8)
Surplus/(Deficit) pre exceptionals	(7.2)	(5.1)	2.1	(7.6)	0.4
Net Surplus/(Deficit)	6.4	9.4	3.0	3.2	(0.1)
EBITDA %	100.0%	96.7%	(3.3%)	89.4%	(10.6%)
Capital Expenditure ¹	83.6	54.1	29.5	45.7	24.6
Net Cash Flow ¹	1.0	(26.0)	(27.0)	12.0	23.4
Cash & Cash Equivalents ¹	138.7	135.0	(3.7)	161.0	23.4
CoSRR Liquidity Days	4.0	15.8	11.8	15.1	8.9
CIP Performance %	100.0%	91.1%	(8.9%)	75.0%	(25.0%)
Net Current Assets ¹	40.0	76.6	36.6	74.6	27.3
Borrowings ¹	(210.4)	(212.8)	(2.5)	(214.7)	(2.5)

1. Plan is set Quarterly with Monitor - Monthly plan is extrapolated

Key risks

Financial performance

- Contract monitoring draft August reports reviewed, against a plan profiled in straight-twelfths, the Trust was £7.0M behind plan. The cumulative position to September has been assessed as £7.1M behind plan
- Clinical Directorates are £7.8M over spent, driven by unidentified CIPs of £8.7M, partly off-set by under spends across pay and clinical supplies
- Corporate Directorates are £0.8M over spent, driven by unidentified CIPs of £3.0M, and over spends within Essentia and Workforce.
- The back-phased plan assumes that £6.0M of the currently unidentified CIPs will be identified during the remaining months
- Reserves of £20.0M have been allocated to Directorates to mitigate unidentified CIPs
- The cash balance of £135.0M is a decrease of £26.0M from last month due to repayment of PDC and loans

Action taken / committed

- The Trust implemented a recovery plan during 2015/16 to ensure we delivered our financial plan. To support this work, a new multi-disciplinary financial recovery team was created led by Hannah Coffey (Director of Improvement) and Chris Bowler
- External consultancy support was obtained to advise on our turnaround approach and to identify key lines of enquiry, primarily based on cost reduction. Additional support has also been provided to support the most financially challenged directorates.
- An Executive Director level post – Director of Improvement - to drive and lead major programmes of improvement work, including Fit for the Future and our continuing financial recovery
- The Trust holds monthly performance review meetings with all clinical directorates to ensure progress toward targets are on track and actions are in place to close any shortfalls.
- The outcomes of the cost base reviews were reviewed across all clinical directorates in September and action plans agreed

Gaps and residual concerns

- The Fit For the Future programme (FFF) is developing further programmes for 2016/17
- All CIPs are mapped to Fit For the Future programmes which will help support their delivery.



Integrated Performance Report

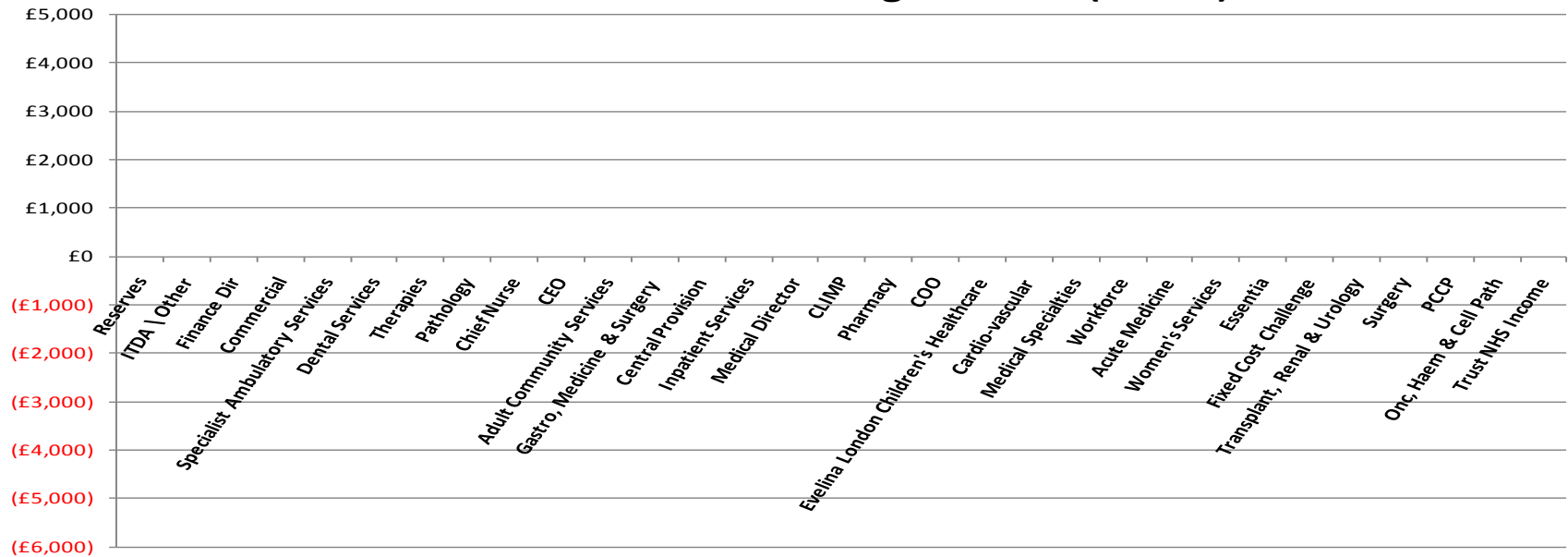
M06 2016-17 Monitor Risk Rating

Area of review	Key Highlights	Financial Sustainability Risk Rating (FSRR)		
		Month 06 Plan	Month 06 YTD	Previous Month
OVERALL Weighted Risk Rating	<ul style="list-style-type: none"> The overall Weighted Risk Rating is calculated as an average of the four metrics below, each having an equal weighting. However, if an individual metric is rated as one, then the highest rating that can be achieved is a two YTD the Weighted Risk rating is calculated as 3.75 which is rounded to a four and is better than the planned rating of 3.25 	3	4	3
Capital Service Cover (25%)	<ul style="list-style-type: none"> The degree to which the income generated by the Trust covers its financial obligations Cover of 1.8 times YTD is rated three; this is slightly better than the plan of 1.7 times 	2	3	2
Liquidity (25%)	<ul style="list-style-type: none"> The number of days of operating costs that are held in cash or cash equivalents forms, including committed lines of credit available to be drawn down Current days cover of +15.81 YTD is above the planned +4.04 days and obtains the highest rating of four 	4	4	4
Underlying Performance (25%)	<ul style="list-style-type: none"> 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 +1.35% and is rated as a four, this is better than the planned score of +0.91% which is rated a three 	3	4	2
Variance from Plan (25%)	<ul style="list-style-type: none"> The variance between the planned I&E margin and its actual I&E margin in the current year YTD performance gives a measure as +0.44% and a rating of four is recorded, compared to a planned rating of four 	4	4	3

Integrated Performance Report

M06 2016-17 Directorate Performance

YTD Performance against Plan (£'000s)



Year to Date Financial Performance: £2.1M favourable to plan

- The Trust has recorded a YTD loss of £5.1M, which is £2.1M better than the planned loss of £7.2M
- 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

M06 2016–17 Directorate Commentary

	Month 06 YTD Variance	Prior Month YTD Variance	
Acute Medicine	(£1,005)	(£329)	<p>YTD: The unidentified CIP accounts for (£790k) of the adverse to date. Pay is £564k favourable, across medical, A&C and professional & technical staff groups. Non-pay is (£297k) adverse due to drugs (primarily pass through), clinical supplies and delays against CIP schemes. Internal recharges are (£557k) adverse driven by bed usage and activity related imaging, pathology and therapies recharges. NHS activity income is £145k favourable to plan, through increased A&E attendances and drugs income.</p> <p>Actions: The directorate is committed to delivering both its CIP programme and identifying new opportunities to address the current unidentified CIP of (£1.6m). There is a sustained programme of recruitment underway to reduce reliance on temporary staffing.</p>
Adult Community Services	£111	£217	<p>YTD: The unidentified CIP contributes (£990k) to the reported position. Income from Activities is reported as £138k favourable driven by run rate improvements across Specialist Regional Rehabilitation. Non-pay is £151k favourable due to projects which will spend in the later part of the year. Internal recharges are (£63k) adverse due to Essentia recharging through fleet/car costs whereas they were previously being paid from budgeted non-pay lines. Pay is £869k favourable.</p> <p>Actions: The directorate is identifying further CIPs where possible. There will be a budget transfer to Essentia from Community Management of £6.5M and from Adult Community of £0.7M for Community Site Costs.</p>
Cardio-vascular	(£279)	(£663)	<p>YTD: The unidentified CIP contributes (£627k) to the reported adverse position. NHS Income is (£1.125m) adverse, driven by low April activity due to industrial action and pass-through activity. Non-pay is £1.37m favourable as a result.</p> <p>Actions: The Directorate aims to recover activity by increasing non-elective work through improved processes for transfers and by accelerating estates plans to increase day case capacity. Progress on realising current CIPs is being monitored weekly and the directorate will continue to identify further CIPs to reduce the unidentified savings gap of £1.3m.</p>
CLIMP	(£72)	(£143)	<p>YTD: The unidentified CIP totals (£345k) in the adverse position. NHS Income is £266k favourable, whilst operating income is (£274k) adverse. Non-pay is £200k favourable, driven by lower activity levels in Nuclear Medicine. Pay is £440k favourable, explained by new posts which are presently in the recruitment pipeline.</p> <p>Actions: The Radiology service is focused on installing new scanner capacity with no further delay and is working with HR to ensure recruitment into new posts.</p>
Dental Services	£607	£15	<p>YTD: The unidentified CIP contributes (£230k) adverse to the reported position. NHS Income, now measured against a tailored seasonal plan, is £627k favourable to plan. Work is underway to validate income overperformance. Other Income is (£15k) adverse to plan: the KCL post graduate income CIP scheme has been moved to CCG income and is backphased to the last 6 months of the year and is expected to be achieved by means of the Oral Surgery business case. Non pay is (£6k) adverse due to clinical supplies although the trend has reduced partly due to tighter controls and partly due to lower seasonal activity levels. Pay is (£47k) over spent in total.</p> <p>Actions: The Directorate Management Team is working with KCL to review ways of increasing postgraduate NHS activity. Ongoing reviews continue to be focused on: medical pay, clinical supplies and A&C.</p>

Integrated Performance Report

M06 2016–17 Directorate Commentary

	Month 06 YTD Variance	Prior Month YTD Variance	
Evelina London Children's Healthcare	(£233)	(£438)	<p>YTD : The unidentified CIP contributes (£630k) towards the reported adverse position. NHS income is (£2.2m) adverse. The main areas driving this are Paediatric Spinal (due to low activity caused by Consultant leave) and Paediatric Cardiac Services (mainly due to low non-elective demand). Private patient income is (£530k) adverse driven by low Neonatal activity. Overseas income is £170k favourable, however this is offset with bad debt provisions. Other income is £420k favourable mainly due to prior year invoicing for Paediatric Audiology NHSP, increased Network Clinic income and charitable purchases. Non-pay is £300k favourable mainly due to low clinical supplies in line with activity, partly offset by overseas bad debt provisions. Pay is £2.0m favourable, driven by high nursing vacancies within the Community, PICU & hospital wards, therapist vacancies and Junior Doctor vacancies. Internal Recharges are £280k favourable, mainly within Theatres & Anaesthetics influenced by low surgical activity and a delay to the Procedure Room.</p> <p>Actions : Activity is being monitored to deliver the 2016/17 plans and the Hospital Directorates continue to work up action plans to ensure lost activity will be recovered. The Hospital Directorates are working on inpatient flows and theatre efficiency schemes which are necessary to deliver the planned growth. The Community Directorate are in the process of formulating a plan to relating to the long-term, sustainable delivery of the Local Authority disinvestment.</p>
Gastro, Medicine & Surgery	£101	£267	<p>YTD: NHS income is (£714k) adverse to plan driven by low activity in GI surgery, notably elective, daycase, pelvic floor and Gastro non-elective activity. This is offset by pass-through income for Drugs which is ahead of plan. Net of vacancy factors, Pay is £956k favourable notably in medical and nursing which are £421k and £348k favourable respectively, across all wards. Non pay is (£259k) adverse, mainly in drugs, which is offset in income as noted above. Internal recharges are £175k favourable of which £148k is attributable to net bed days due to lower than planned admitted care activity and £96k is attributable to therapies, mainly in nutrition and dietetics.</p> <p>Actions: Ongoing recruitment; review of internal recharges to understand drivers of favourable position and investigation of low Gastroenterology non-elective activity.</p>
Inpatient Services	(£6)	£3	<p>YTD: The unidentified CIP contributes (£280k) to the adverse position. Favourable positions are reported across pay of £175k and operating income of £100k. Non-pay and recharges are to plan.</p> <p>Action: The Directorate Management Team continue to develop strategies for addressing the unidentified CIP value of (£563k).</p>
Medical Specialties	(£494)	(£384)	<p>YTD: The unidentified CIP contributes (£575k) to the reported adverse position. NHS Income is £640k favourable, driven by Ophthalmology, Diabetic Medicine and Diabetic Eye Screening. Operating income is (£55k) adverse. Pay is £445k favourable, whilst non-pay and internal recharges are (£950k) adverse, driven by clinical supplies, imaging, theatre and anaesthetics and bed days used.</p> <p>Action: The Directorate Management Team continue to develop strategies for addressing the unidentified CIP total of £1.2m with weekly meetings focussing on improvements to operational throughput.</p>
Onc, Haem & Cell Path	(£1,887)	(£1,330)	<p>YTD: The unidentified CIP contributes (£1.0m) adverse to the reported position. NHS income, excluding drug and blood pass through income, has been reported at (£505k) adverse to plan, with underperformance noted under Radiotherapy, Chemotherapy, Head & Neck and Clinical Haematology. Pay is £620k favourable, this after allowing for a vacancy factor of £545k. In month the Directorate incurred £400k costs relating to Junior Doctor back pay from non-compliant rotas. Pathology use shows an under spend of £90k following settlement of a testing charging error with ViaPath.</p> <p>Actions: The Directorate Management Team is meeting weekly to review progress against plan, sanction recruitment requests and consider strategies for addressing the unidentified CIP of (£2.0m).</p> <p>Weekly financial huddles are in place to review activity and develop recovery plans.</p>

Variance: Favourable \ (Adverse)

Integrated Performance Report

M06 2016–17 Directorate Commentary

	Month 06 YTD Variance	Prior Month YTD Variance	
Pathology	£300	£456	<p>YTD: The position includes prior year benefits of £380k. Costs associated with charges for external work show (£140k) adverse but this is offset by NHS Income which is £170k favourable to plan. Activity related payments made to Viapath show a (£350k) adverse. This is offset by internal pathology income recovered from clinical directorates, for testing provided, which stands at £330k favourable.</p> <p>Actions: Ongoing issues cover resolution of commercial issues with Viapath, as well as finalising the transfer of community pathology charges to Adult Community Services and Evelina London.</p>
PCCP	(£1,847)	(£1,461)	<p>YTD: The unidentified CIP contributes (£660k) to the reported adverse position. NHS income is (£967k) adverse due to Lane Fox and Pain Management underperformance. Other Income from Activities is (£1.05m) adverse, driven by CIP schemes on Pain Commercial - (£500k) adverse and on Operation Notes - (£502k) adverse. Theatres internal recharge income is (£260k) adverse due to delays in the completion of the new theatre and procedure room. Nursing Pay is £759k favourable and Medical Pay is £51k favourable, both due to vacancies, tighter control on Bank and Agency usage and non delivery of growth CIPs. Non Pay is £623k favourable, driven by clinical supplies. Internal Recharges are (£291k) adverse, mainly as a result of CIP slippage on Guy's theatre flow income - (£593k) adverse partly mitigated by Private Patient income £197k favourable.</p> <p>Actions: The directorate are monitoring CIP's closely to ensure the current forecast will not deteriorate further and are actively seeking further opportunities to reduce the directorates planning gap.</p>
Pharmacy and Medicines M'gmt.	(£95)	(£165)	<p>YTD: The unidentified CIP contributes (£63k) towards the reported adverse position. Income is £6k favourable, whilst direct pay is (£8k) adverse.</p> <p>Actions: Progress delivery of Transformation programme and CIPS – both internal and PWC.</p>
Specialist Ambulatory Services	£848	£974	<p>YTD: Pay is £1.11m favourable, this after allowing for the Directorate's vacancy factor, and is seen primarily in the Medical and A&C staff groups. NHS Income, excluding drug income, is (£400k) adverse to plan. Pathology is £290k favourable driven by Genetics, offset by in-tariff drug adverse of (£160k) seen mostly in Rheumatology.</p> <p>Actions: The DMT plan to recruit to vacancies in order to meet activity plan. There is also ongoing review the overall establishment held on ESR. The trust is negotiating the pathology position with Viapath.</p>
Surgery	(£1,823)	(£1,475)	<p>YTD: The unidentified CIP contributes (£964k) to the reported adverse position. NHS Income is (£1.4m) adverse to plan, explained by elective orthopaedics activity.</p> <p>Actions: Progress on realising current CIPs is being monitored weekly and progress against the unidentified CIP of £2.0m is expected as a result of the Cost-base Reviews.</p>
Therapies	£407	£292	<p>YTD: Income from activities is £394k favourable with Physiotherapy private patients contributing £105k, and NHS activity over performing across all services. Pay is £425k favourable driven by the omission of agency shifts and new positions added via increase in internal inpatient activity targets. Additionally, there are posts to deliver growth yet to be recruited. Internal SLR Income, derived from inpatient activity, is (£413k) adverse which is a direct reflection of the pay under spend.</p> <p>Actions: Recruitment to new growth related posts now in progress.</p>

Integrated Performance Report

M06 2016–17 Directorate Commentary

Month 06 YTD Variance	Prior Month YTD Variance
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Transplant, Renal & Urology	(£1,441)	(£894)	<p>YTD: The unidentified CIP contributes (£681k) toward the position. NHS income is (£1.2m) adverse to plan explained by (i) donor transplant and (ii) Urology elective and daycase activity below plan. Non pay is (£307k) adverse driven by (i) drugs costs which are partially covered by pass through income, (ii) Lewisham Urology SLA invoices [(£113k) adverse with credit notes expected] and (iii) (£53k) adverse on Bad debts driven by overseas activity being ahead of plan. Internal recharges are £472k favourable, mainly in private patient income which is £138k favourable to plan (one transplant) and favourables on Imaging, £137k and Pathology, £89k.</p> <p>Actions: Service teams are reviewing activity capture processes where there has been incomplete recording, to make these more robust going forwards. The Directorate continue to consider opportunities to reduce unidentified CIP of (£1.7m).</p>
Women's Services	(£1,007)	(£123)	<p>YTD : The Unidentified CIP contributes (£780k) to the YTD adverse position. NHS income is £550k favourable, mainly within Maternity due to high Antenatal Pathways explained by a shift in the period of peak activity and improved clinical coding. Pay is (£290k) adverse due to (i) back pay for junior doctors and (ii) Midwifery over-spends which are partly offset by vacancies in Medical Staff and Gynaecology Nursing. Non-Pay is (£140k) adverse mainly due to high drug costs in ACU. Internal Recharges are (£380k) adverse mainly within (i) Theatres & Anaesthetics due to increased theatre charges and (ii) Fertility Preservation due to unmet growth.</p> <p>Actions : The Directorate is working on (i) implementation of changes to Birth Centre shifts to reduce agency spend and (ii) implementation of changes in Community Midwifery to provide AN and PN care more efficiently.</p>
Chief Executive	£121	(£164)	<p>YTD: The Unidentified CIP totals £340k and accounts for £119k of the reported position. The significant in month improvement is due to the transfer of Transformation and Improvement budgets from COO and these current under spends along with slippage in the timing of corporate cost pressures have to date helped to mitigate the currently Unidentified CIPs</p> <p>Actions: a bid for funding has been submitted to the Charity in respect of costs incurred in relation to the CTC; it has been confirmed this would be funded</p>
Chief Nurse	£124	£116	<p>YTD: The Unidentified CIP totals £233k and accounts for £117k of the reported position; this continues to be off-set by vacancies across a number of departments and project income being received in advance of the associated costs</p> <p>Actions: on-going review of current vacancies</p>
Chief Operating Officer	(£194)	£32	<p>YTD: The Unidentified CIP totals £380k and accounts for £190k of the reported position. The significant in month deterioration is due to the transfer of the under spending Transformation and Improvement budgets to the CEO which had mitigated over spends from additional coding staff, maternity cover</p> <p>Actions: review actions required to address current areas of over spend</p>
Director of Essentia	(£1,228)	(£1,497)	<p>YTD: The reported month 6 position is being driven by the year to date unidentified gap which relates to the recurrent 2015/16 movement-to-outturn of (£997k), and slippage against the YTD CIP target (£1.12m) - schemes identified through 2016/17 Business Planning). The above pressures have been partially off-set by recovery of prior year bad debt totalling £732k. Asset Management has reported an adverse position of (£128k), this is related to an uplift in rent for Elizabeth Newcomen House, which is back dated to March 2015 (£262k). Overspends in Engineering and Essentia Technology related to business planning cost pressures and increased activity have largely been off-set by one-off benefits from the release of accruals relating to prior year utilities expenditure, ca £630k.</p> <p>Actions: The directorate are actively monitoring the slippage in CIPs as part of the Directorate huddle process. The directorate are committed to finding sustainable resolutions to address the remaining recurrent 2015/16 MTO gap of (£2m).</p>

Variance: Favourable \ (Adverse)

Integrated Performance Report

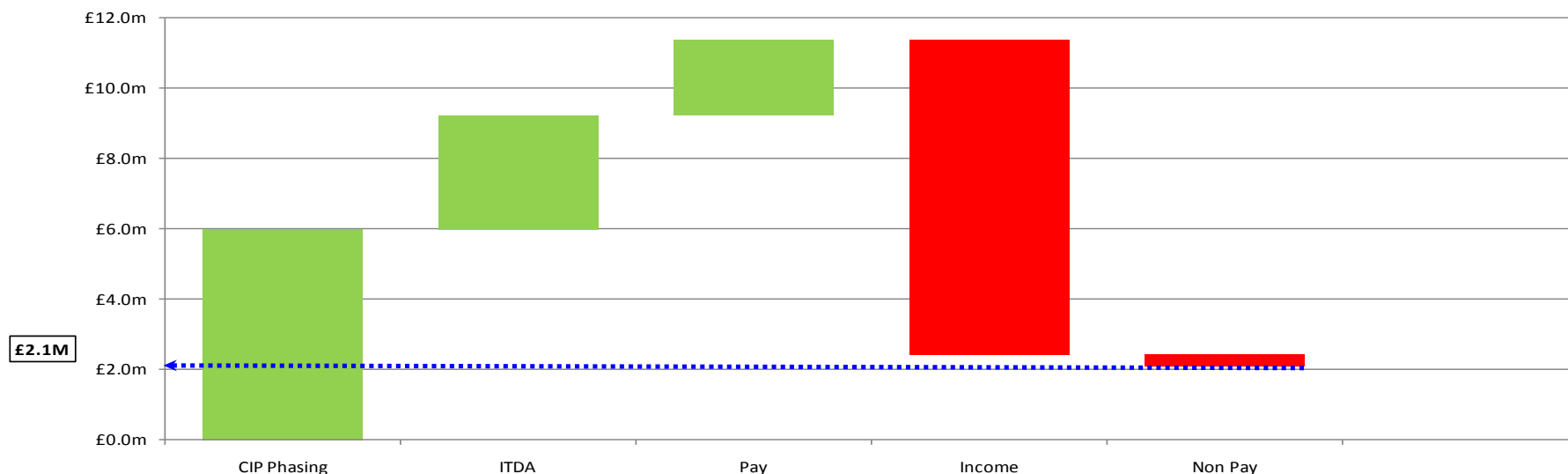
M06 2016–17 Directorate Commentary

	Month 06 YTD Variance	Prior Month YTD Variance	
Fixed Cost Challenge	(£1,229)	(£972)	<p>YTD: The unidentified CIP contributes (£939k) towards the reported adverse position. This level of unidentified savings represent a risk to delivery of the Fixed Cost Challenge Plan. The position also includes slippage against the 2016/17 CIP programme (£446k). The adverse position has been partially off-set by compensatory savings initiatives which include the Sale of Anne Moss Way and backdated STH rental charges.</p> <p>Actions: The directorate are actively monitoring the slippage in CIPs as part of the Directorate huddle process. The directorate are committed to working with the wider Trust in finding sustainable resolutions to address the remaining FCC planning gap of (£1.9m).</p>
Director of Finance	£1,201	£1,193	<p>YTD: strong performance is due to recovery of prior year VAT, the annual target has been achieved, but is not currently projected to be exceeded; across a number of departments vacancies have helped mitigate shortfalls on external income targets.</p>
Medical Director	(£21)	£76	<p>YTD: the additional R&D contribution noted last month has to date mitigated the Unidentified CIPs, shortfalls on income targets, cost pressures being incurred and medical negligence excess payments</p> <p>Actions: Review invoices to be raised in respect of the Simulation centre and assess the training grade doctors that have been charged centrally against the funding available.</p>
Commercial Director	£944	£501	<p>YTD: The directorate has a balanced financial plan; the YTD performance is driven by income from Intellectual Property, which will, in the main be allocated to Clinical Directorates and a favourable benefit on currency exchange gains. Other variances are in the main off-setting</p> <p>Actions: securing income associated with aerials located on Trust premises</p>
Director of Workforce	(£500)	(£628)	<p>YTD: The Unidentified CIPs total £1,070k and accounts for £535K of the current performance; Further over spends are driven by income shortfalls against a range of departments and non-achievement of planned CIPs. A confirmed reduction to the CPD and ILA funding of £0.5M will need to be managed by the department</p> <p>Actions: Review invoices to be raised in respect of external income and identify opportunities to address the current level of Unidentified CIPs; need to ensure expenditure in relation to CPD and ILA's is kept within the reduced funding available</p>

Integrated Performance Report

M06 2016–17 Bridge Analysis

Bridge Analysis of Outturn Variance



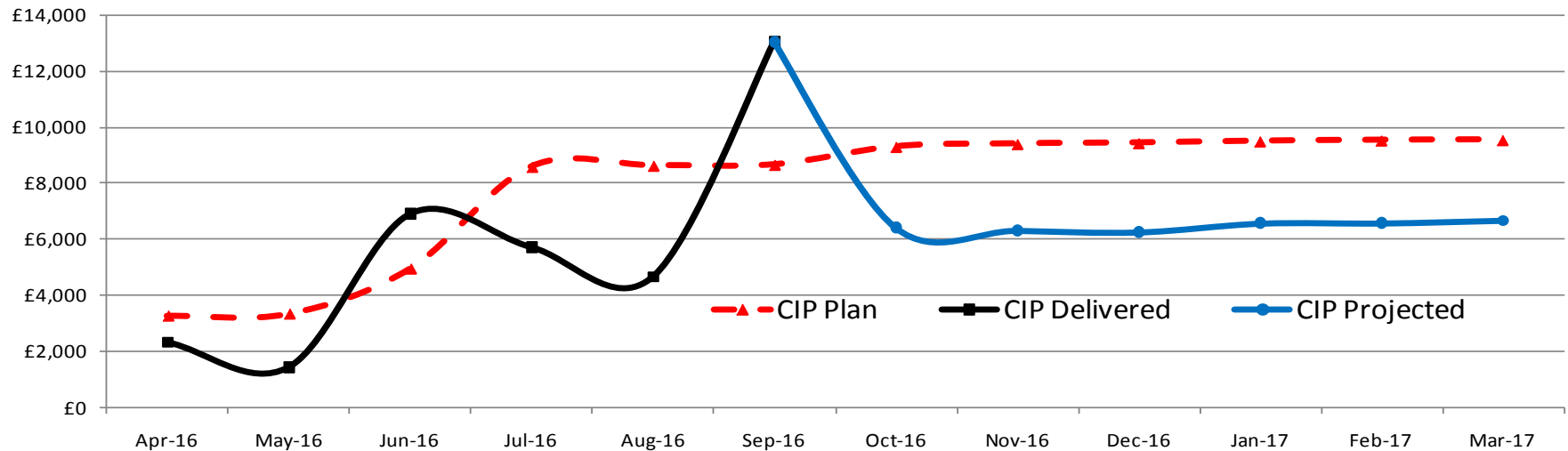
Bridge Analysis

- **Summary:** the Trust has recorded a YTD loss of £5.1M, which is £2.1M better than the planned loss of £7.2M
- **CIP Phasing £6.0M favourable:** the Trust plan assumes an increase in CIPs later in the YTD, this is reflected by a phasing adjustment of £6.0M at the end of September.
- **ITDA £3.2M under spent:** Depreciation charges are £1.7M less than an equally phased plan, where the opening of new premises later in the year such as the CTC will attract a higher charge; PDC £1.5M less than plan.
- **Pay £2.1M under spent:** Includes £11.7M of Unidentified CIPs within Directorate budgets and £4.0M of potential benefits to be realised from prior year income and reduced provisions; meaning £9.8M of other under spends due to vacancies.
- **Income £9.0M below plan:** Commissioning income £7.1M below a plan phased in equal twelfths. Partially completed spells accrual has reduced by £0.9M; A target has been set to recover £4.0M of prior year income; to date £4.4M has been recognised, resulting in an favourable variance YTD of £2.4M. S&T Funding £1.2M below plan due to performance against operational targets. Other Operating income whilst £1.4M ahead of plan, in a number of instances this will be matched by additional pass through costs.
- **Non Pay £0.3M over spent:** There has been a significant reduction this month in provisions associated with CCG \ NHSE income. Overall provisions have increased by £1.9M from last year, which is £0.8M adverse to plan. Transport budgets are over spent by £1.0M; supporting data is being reviewed with CCG's; slippage on planned CIPs is another factor. Other budgets are over spent by £1.6M, driven by over spends across a range of non-clinical departments, which in the main will be partly off-set by the increased income noted above.

Integrated Performance Report

M06 2016–17 CIP & Income Growth (IG) Performance

CIP and Income Growth Monthly Performance (£'000s)



CIP Performance

- The Trust CIP plan for the year is £94.2M, with an average monthly run rate of £7.8M
- Directorates YTD are £3.3M behind their planned levels of CIPs; this includes £11.3M of Unidentified CIPs and £4.1M against non delivery of Planned CIPs
- The in month improvement is due to the payment of prior year CCG / NHSE invoices
- The Trust CIP plan is phased for increased delivery later in the year; a YTD phasing adjustment of £6.0M reflects this
- The £17.4M adverse performance against CIPs reduces to £11.4M once the £6.0M phasing adjustment is accounted for
- 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

M06 2016–17 FFF CIP Delivery

Year to Date

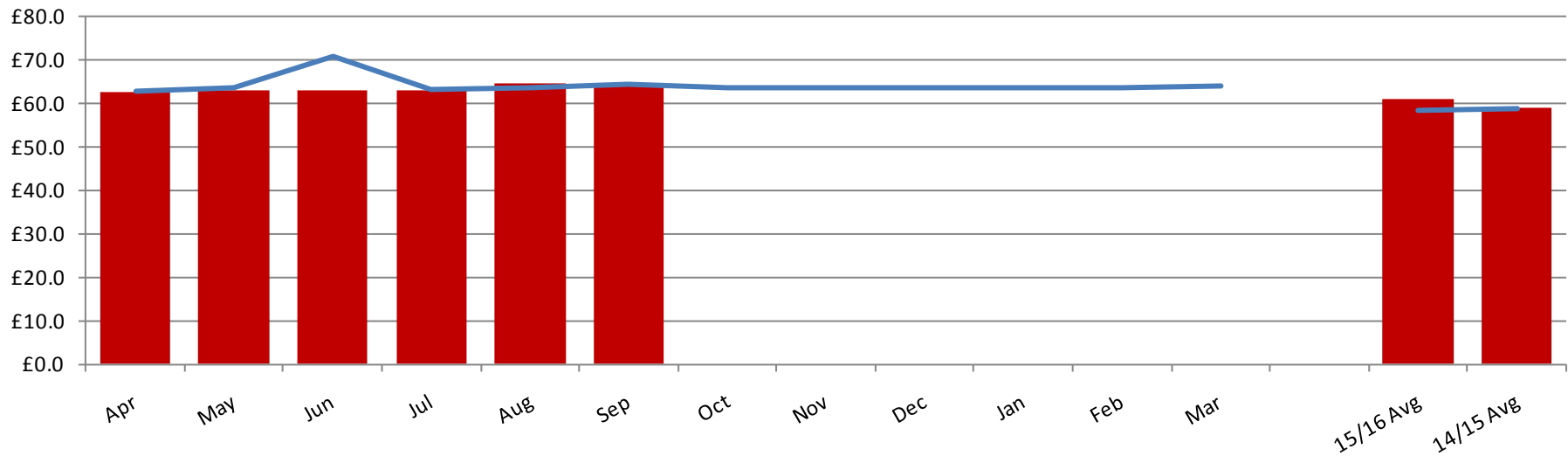
Annual Plan

CIPs Required	CIPs Delivered	CIPs Variance	Total Directorate VAR	By Theme:	CIPs Required	Projected Total CIPs	CIPs Projection VAR	Total Directorate Forecast
				Fit for the Future Theme				
£848	£351	(£496)		Surgical Productivity	£1,955	£1,367	(£589)	
£966	£586	(£380)		Safer faster care	£2,262	£1,846	(£416)	
£759	£541	(£217)		Outpatients	£2,075	£1,734	(£341)	
£422	£318	(£104)		Pharmacy Transformation and Medicines Optimisation	£1,068	£1,060	(£8)	
£1,953	£853	(£1,100)		Procurement	£4,113	£2,792	(£1,321)	
£613	£546	(£67)		Pathology	£1,253	£1,184	(£69)	
£132	£100	(£31)		Diversifying income	£295	£281	(£14)	
				Patient Admin		£0	£0	
£1,796	£1,132	(£664)		Clinical coding	£3,746	£2,624	(£1,122)	
£374	£1,056	£681		Effective Staff Deployment including Temporary Staffing	£978	£1,740	£762	
£7,863	£5,484	(£2,379)		Total FFF Themes	£17,746	£14,628	(£3,118)	
£13,882	£10,590	(£3,293)		Directorate Initiatives Outside of Themes	£32,960	£29,940	(£3,020)	
£11,734		(£11,734)		CIPs Unidentified	£23,467	£0	(£23,467)	
(£6,000)		£6,000		CIP Phasing Adjustment				
£9,950	£18,036	£8,086		Reserves / Provisions released	£20,000	£28,399	£8,399	
£37,429	£34,109	(£3,319)		Total All Themes	£94,172	£72,967	(£21,205)	

Integrated Performance Report

M06 2016–17 Employee Expenses

Monthly Employee Expenses and Budget (£m)



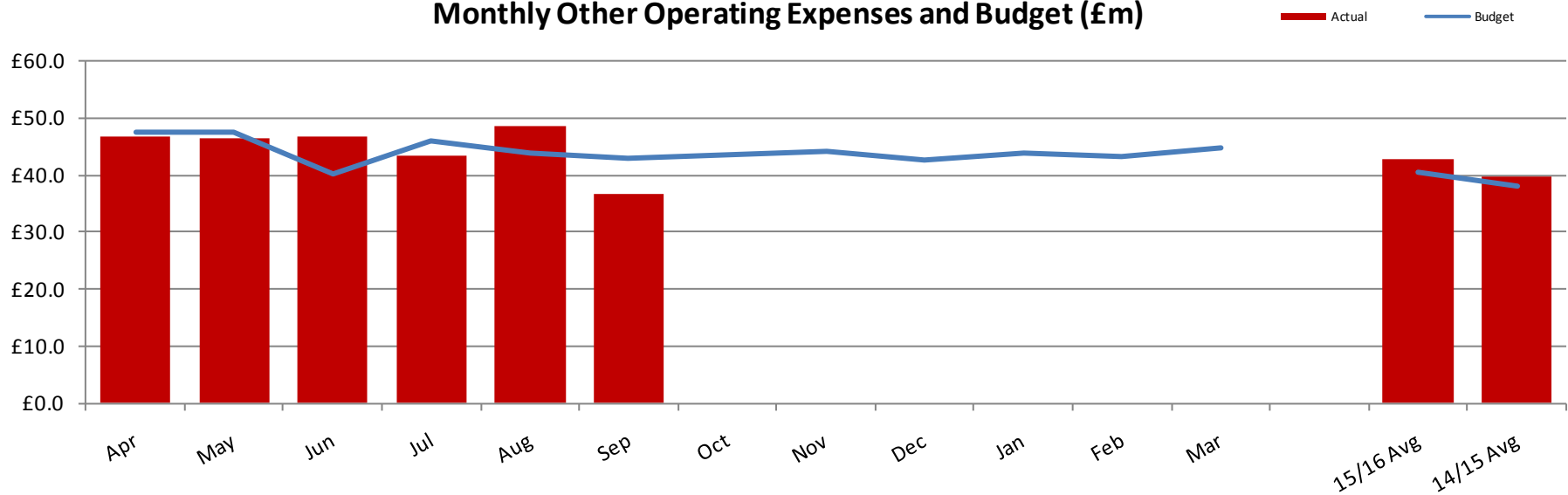
Monthly Employee Expenses

- September pay bill £64.7M, an increase of £0.1M from August, but includes an accrual of £0.9M in relation to junior doctor rota compliance costs
- Pay budgets are £8.1M under spent; driven by the impact of unidentified CIPs £7.7M (A) and back-phased CIPs £6.0M (F), the balance of £9.8M (F) is due to vacancies \ slippage in recruitment to business planning posts

Integrated Performance Report

M06 2016–17 Other Operating Expenses

Monthly Other Operating Expenses and Budget (£m)



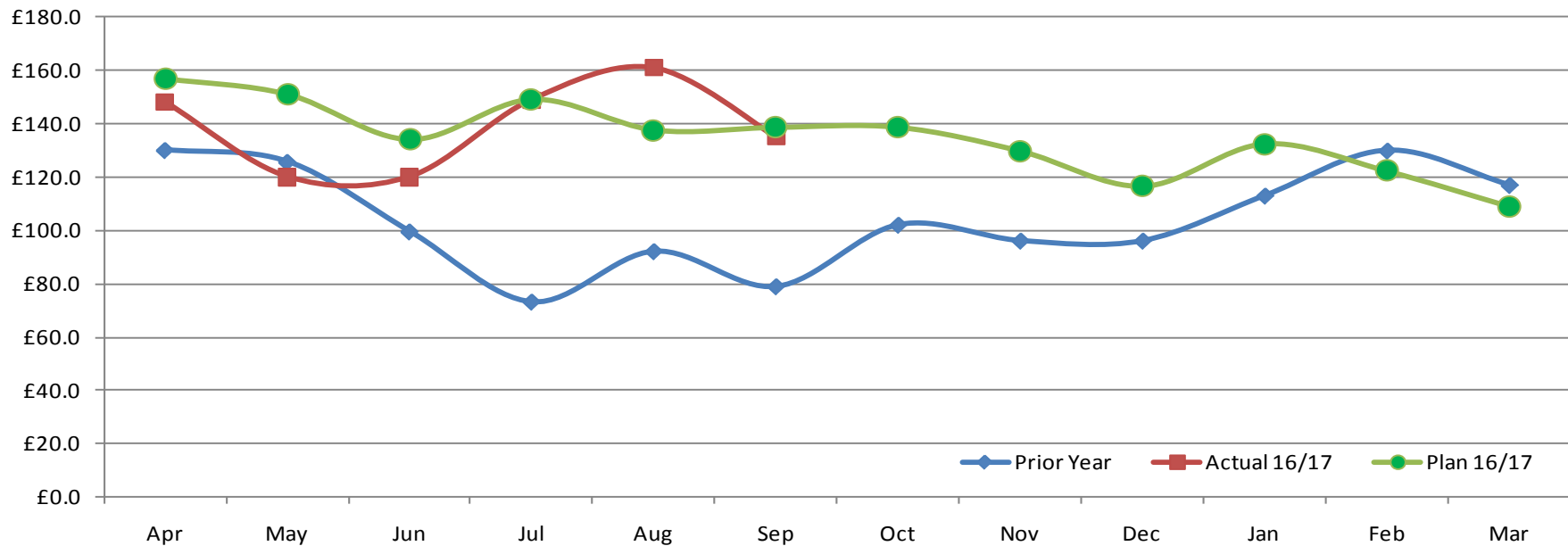
Monthly Other Operating Expenses

- Operating Expenses at September were £268.3, which is £0.3M above plan
- Provisions - £0.8M over spent: a significant reduction in outstanding CCG \ NHSE debt has allowed provisions to be reduced
- Other Non Pay - £1.6M over spent: over spends across a range of non-clinical departments, which in the main will be partly off-set by increased income
- Clinical Supplies budgets are under spent by £2.4M; reflects the impact of reduced costs due to income under performance

Integrated Performance Report

M06 2016–17 Cash Flow

Cash - Actual Cash vs Plan and Prior Year (£m)



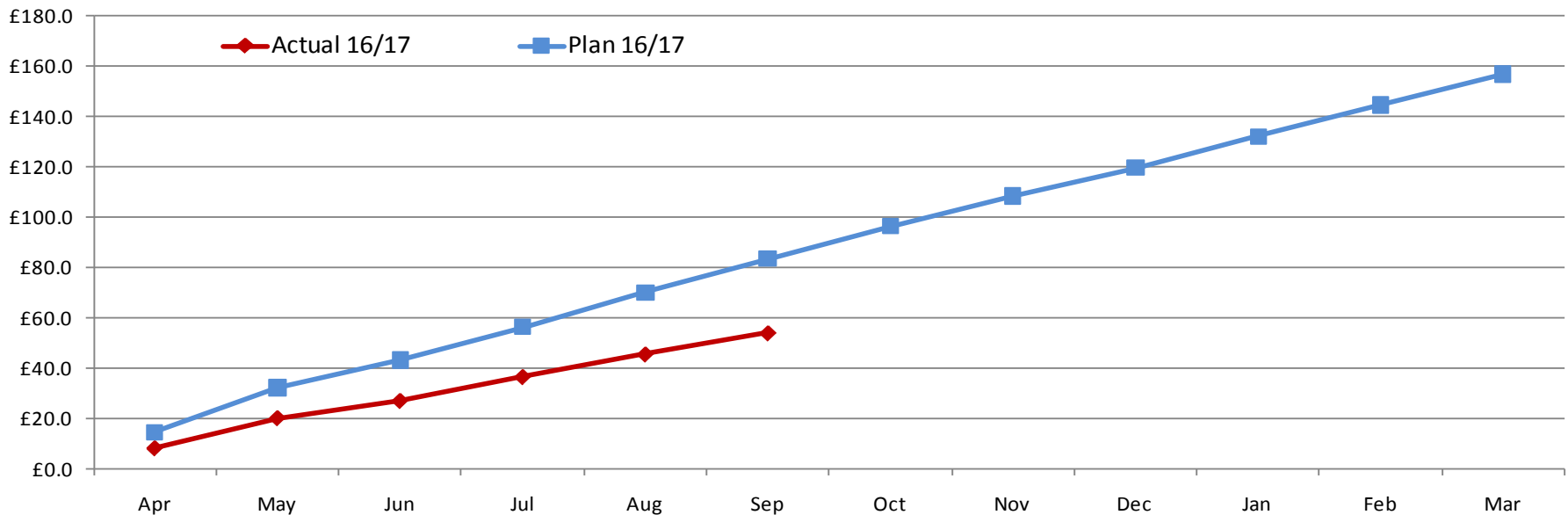
Cash Flow

- 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 September is £135.0M, which has decreased by £26.0M from last month, and is £3.7M behind plan. The in-month cash decrease is due to £11.4M payment for PDC, and a £3.0M ITFF repayment and interest payment. £5.7M was paid to Viapath, and £3.6M to Siemens Healthcare with a further £2.1M payment to KCL.
- 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

M06 2016–17 Capital Expenditure


Capital - Cumulative Spend Monitor Plan (£m)



Capital Expenditure

- The trust monitor plan is for £157.0m of funding available for capital projects for the year 2016/17
- The capital spend as at the end of September is £54.1M which is £29.5M behind 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.

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Board Paper	Guy's and St Thomas'  NHS Foundation Trust
Documents Signed under Trust Seal 1 July to 30 September 2016	26 October 2016 BDA/16/22

This paper is for:		Sponsor:	Chief Executive	
Decision		Author:		
Discussion		Reviewed by:		
Noting	X	CEO*		
Information		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 714 to 728 on behalf of the Trust, under the Foundation Trust's Seal during 1 July to 30 September 2016.

2. Recommendation

The Board is asked to note the record of documents signed under Trust seal

Number	Description	Date
714	Consultant Agreement for professional services for a new Cancer Centre at Guy's Hospital site, Guy's Hospital, Great Maze Pond, London SE1 9RT between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Aecom Professional Services LLP.	14.07.16
715	Agreement for lease variation relating to the Kidney Treatment Centre at Queen Mary's Hospital, Sidcup between (1) Oxleas NHS Foundation Trust and (2) Diaverum Facilities Management Limited and (3) Guy's and St Thomas' NHS Foundation Trust.	26.07.16
716	Lease of Naum Gabo Fountain at St Thomas' Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Guy's and St Thomas' Charity.	26.07.16
717	Civil and Structural Engineer's Collateral Warranty for the benefit of the Tenant relating to Guy's and St Thomas' Satellite Radiotherapy Centre between (1) Morley Design Associates Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	26.07.16

718	Contractor's Collateral Warranty for the benefit of the Tenant relating to Guy's and St Thomas' Satellite Radiotherapy Centre between (1) Arien Contractors Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	26.07.16
719	Independent Certifier's Collateral Warranty for the benefit of the Tenant relating to Guy's and St Thomas' Satellite Radiotherapy Centre between (1) Potter Raper Partnership and (2) Guy's and St Thomas' NHS Foundation Trust and (3) HTI London Limited.	26.07.16
720	Architect's Collateral Warranty for the benefit of the Tenant relating to Guy's and St Thomas' Satellite Radiotherapy Centre between (1) IBI Taylor Limited and (2) Guy's and St Thomas' NHS Foundation Trust and (3) HTI London Limited.	26.07.16
721	CDM Co-ordinator's Collateral Warranty for the benefit of the Tenant relating to Guy's and St Thomas' Satellite Radiotherapy Centre between (1) Innov8 Safety Solutions Limited and (2) Guy's and St Thomas' NHS Foundation Trust and (3) HTI London Limited.	26.07.16
722	Underlease of part relating to part of the ground and second floors, Lister Health Centre, 101 Peckham Road, London SE15 5LJ between NHS Property Services Limited and (2) Guy's and St Thomas' National Health Service Foundation Trust.	16.08.16
723	Licence to Underlet relating to part ground floor and part second floor of Lister Health Centre, Peckham Road, London SE15 5LJ between (1) Sovereign Property Holdings (Peckham) Limited and (2) NHS Property Services Limited and (3) Guy's and St Thomas' NHS Foundation Trust.	16.08.16
724	Lease for alterations to premises known as Lower Ground Floor and Ground Floor, Minerva House, Montagu Close, London SE1 between (1) Pontsarn Investments Limited and (2) Guy's	13.09.16

	and St Thomas' NHS Foundation Trust.	
725	Wayleave Agreement to premises known as Lower Ground Floor and Ground Floor, Minerva House, Montagu Close, London SE1 between (1) Pontsarn Investments Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	13.09.16
726	Underlease of whole relating to Elm Court Primary Care Centre, 214 Norwood Road, London SE24 between (1) NHS Property Services Limited and (2) Guy's and St Thomas' National Health Service Foundation Trust.	13.09.16
727	Licence to Underlet for part ground floor and part lower ground floor, 214 Norwood Road, London SE24 between (1) Assura Primary Care Properties Limited and (2) NHS Property Services Limited and (3) Guy's and St Thomas' National Health Service Foundation Trust.	13.09.16
728	Becket House Refurbishment Level 1 to 4, Guy's and St Thomas' between (1) Guy's and St Thomas' NHS Foundation Trust and (2) ITC Concepts Ltd.	27.09.16