

Board of Directors Meeting, 26th April 2017

	Document	Page
1	20170426 BoD agenda	3
2	[04] 20170125 BoD minutes	5
3	[06] Chairman'sBoardReportApril2017	11
4	[07] 20170426 CEO report	15
5	[09] Staff Survey Results BoD paper 26 Apr 17 FINAL	23
6	[09app] Staff Survey appendices	35
7	[10] Sustainability Strategy 12 month update.V3	43
8	[10app1] Sustainability Strategy Appendix 1 - Guy's and St	47
9	[10appll] Sustainability StrategyAppendix II - Guy's and St	65
10	[11a] 20170208 ALS Committee Minutes	67
11	[11a] 20170315 ALS Committee Minutes chair approved	71
12	[11b] 20170208 Audit Committee Minutes - CHAIR	75
13	[11c] 20170201 BoD Cancer Services Committee Minutes	81
14	[11d] 20170108 Childrens Services Committee	89
15	[11d] 20170315 Childrens Services Committee Draft Minutes	95
16	[11e] 20170308 CMC Minutes Part 1	99
17	[11fi] 20170412 Q&P minutes	103
18	[11fii] IQPR February 2017 V4	111
19	[11fiii] Month 12 Finance Report - Board of Directors - 26th	189
20	[11fiii] Month 12 Integrated Performance Report - Board of	199
21	[12] DocsUnderSeal1Janto31March2017	215

This page has been left blank

Board of Directors

Meeting to be held 26th April 2017
at 3:45 pm in the Governors' Hall St Thomas Hospital

A G E N D A

1. Care Awards presentations
2. Apologies: Reza Razavi
3. Declarations of Interest *oral*
4. Minutes of the meeting held on the 25th January 2017 *attached (BDA/17/07)*
5. Matters arising from the minutes of the previous meeting
6. Chairman's Report *attached (BDA/17/08)*
Hugh Taylor
7. Chief Executive's Report *attached (BDA/17/09)*
Amanda Prichard
8. Finance and Business Planning update *presentation*
Martin Shaw/Jon Findlay
9. NHS Staff Survey 2016 *attached (BDA/17/10)*
Ann Macintyre
10. 12-month Update - Trust Sustainability Strategy 2016 – 2020 *attached (BDA/17/11)*
Steve McGuire

11. Reports from Board Committees:
  - a) **Adult Local Services: minutes 8th February and 15th March**
  - b) **Audit: minutes 8th February**
  - c) **Cancer Services: minutes 1st February**
  - d) **Children's Services: minutes 8th February and 15th March**
  - e) **Corporate Management: 8th March**
  - f) **Quality and Performance:**
    - i. Minutes: **12th April**
    - ii. IQPR
    - iii. Finance Report Month 12
12. Register of Documents signed under seal *attached (BDA/17/12)*
Amanda Pritchard

Any Other Business

The next Board of Directors meeting will be held on 12th July at 3:45pm in the Governors' Hall, St Thomas' Hospital

This page has been left blank



Board of Directors

**Minutes of the meeting held on Wednesday 25th January 2017
in the Robens Suite Guy's Hospital**

Present : Sir Hugh Taylor (Chairman)

Dr I Abbs
Dr F Harvey
Sir Ron Kerr
Ms A Macintyre
Mr S McGuire
Ms G Niles
Ms A Pritchard
Prof R Razavi
Dame Eileen Sills
Mr M Shaw
Dr S Shribman
Dr P Singh
Mr S Weiner

Attendance:	Mr P Allanson	Trust Secretary
	Mr D Perry	Non Executive Adviser
	Ms V Cheston	Commercial Director
	Ms H Coffey	Director
	Ms A Dawe	Director Operations and Strategic Development, Adult Local Services
	Ms A Knowles	Director of Communications
	Mrs J Parrott	Director of Strategy
	Dr S Steddon	Trust Medical Director

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

BOD/17/01   Apologies

Mr R Drummond, Ms E Duncan, Mr J Pelly, Mr S Weiner

The Chairman welcomed Jon Findlay to his first Board meeting as Chief Operating Officer.

BOD/17/02   Declarations of Interest

No declarations of interest were made.

BOD/17/03   Minutes of the meetings held on 26th October and 14th December 2016

Minutes of the meetings held on 26th October and 14th December 2016 were approved as a true record.

BOD/17/04   Matters Arising

There were no matters arising.

BOD/17/05   Chairman's Report

In addition to the report circulated and which the Board noted, the Chairman reported that he and the Chief Executive had now visited all parts of both hospitals during the day and at night.

The Trust was still awaiting the final documentation to be agreed with Transport for London, following the decision to cease the judicial review. TfL had said they would present the revised plans to the public in February but the date had not yet been confirmed.

BOD/17/06   Chief Executive's Report

The Chief Executive commented that both hospitals were busy, reflecting the sustained pressure on the NHS as a whole. Nevertheless the Trust seemed to be coping better than most other trusts in London and was showing considerable resilience. The Quality and Performance Committee had recognised the fragility of the position, including the risk of tipping over into regulatory territory, and had spent much of its meeting reviewing the associated risks.

Over the holiday period, A&E had had 6% more attendees than the previous year and had been asked to relieve the pressure on other trusts in SE London. Performance against the four hour target had improved but had not reached 95%. Nor had the improvement been consistently attained and there had been unanticipated surges in activity. A new set remedial of initiatives was being brought into play, including a further review of discharge processes to help to maintain flow through the hospital. A help line to support GPs with urgent referrals was being set up. Preparation had begun for the next phase of the refit which would see "majors" moved to its final location.

The growth in referrals appeared to have lessened, and there was some additional capacity available to reduce the backlog, though clearing this was likely to take up to a year. NHS Improvement had acknowledged the effect the surge in referrals had had on the Trust's ability to meet the 18 week target by paying the STF funds on appeal.

Apart from the 62 day cancer target, the Trust's performance on other cancer targets remained satisfactory. On the 62 day target, work on meeting it internally and externally continued including daily monitoring of the progress of referred patients which would begin on 1st February 2017.

The Board commented on the pressure that staff must be experiencing. The Trust was investing in a number of well being initiatives including a campaign about talking breaks, especially during the night. The new junior doctor contract would help as more doctors would be on resident contracts which should improve medical presence and support better integrated working. This would however mark a significant change for staff and would take some time to settle. Other initiatives

such as the Nightingale Project and the recently launched senior leadership development programme would signal the Trust's commitment to staff development. One of the themes of the forthcoming senior leaders' conference in February would be resilience.

Good progress was being made on finance. At month 9 the Trust was £2.8mn ahead of plan, posting a deficit of £2mn. It was possible that extra money would become available to Trust's and exceeded their target.

The Chief Nurse drew the Board's attention to the increase in activity in both children's and adults' safeguarding. It might become necessary to devolve some of the oversight carried out by the two overburdened central teams to newly developed directorate teams. There were additional concerns for children in the community because of the reduction in the number of Health Visitors.

The Trust had exceeded the target for vaccinating front line staff against flu with a total of 77%, over 10,000 individuals, being inoculated.

There had been a 30% reduction in c-Diff outbreaks which had co-incided with a reduction in antibiotic prescribing in the Trust, although the link was not scientifically established. The Trust was also taking additional precautions in screening patients transferred from other trusts to avoid the introduction of new super bugs such as candida auris.

The Board noted the third MRSA bacteraemia to be recorded in the year.

Two never events had been reported during the quarter marking a reduction in incidences. A report was in preparation to respond to the CQC's concerns about the feedback loops for learning from incidents. A further follow-up COC session was expected.

The Board noted that the Trust had been commissioned by Lambeth CCG to provide reablement services; taking up this commission required the Trust to apply to the CQC for an additional permission to its regulated activities.

The Director of Transformation reported that in addition to the work with colleagues on identifying and implementing changes to ways of working and making them into business as usual, Fit for the Future was also involved in three major programmes, each led by an executive director. Responsibility for monitoring progress had been delegated to the Corporate Management Committee. These programmes were intended to shape the organisation as part of the overarching digital agenda. Also the Fit for the Future Academy would be providing improvement skills in the Trust to enable innovation to take place at pace. This reflected some of the learning from the Intermountain visit at the end of 2016.

Progress to establish the Evelina strategic business unit was noted; the detail was under development considering the implications for governance structures as well as for corporate functions. Whilst this could provide a model for others it was important to recognise that each proposal would have its own characteristics and would need appropriate solutions to be created.

The Executive Vice Chairman updated the board on the work being undertaken with Dartford and Gravesham trust as part of the Vanguard project. The aim was to improve patient pathways with one of the Trust's referring hospitals in a way that would improve quality and safety for patients and help to keep Dartford and Gravesham viable without the Trust having to acquire it. The project had been

awarded an increase in central funding of £3mn for the project and the money would be used to expand the group - though without merger or acquisition and the consequent cost and management distraction.

The aim was to share good practice by using Trust clinical systems and standards leading to more efficient delivery across the geographies.

Finally, the Board noted the appointments made in the past quarter and that the Trust continued to grow and attract high calibre candidates to its jobs.

BOD/17/07   Business and Financial Planning Update including approval of the Operational Plan 2017/18 & 2018/19

The Board noted the version of the plan circulated prior to being published on the Trust's website.

As far as work on the detailed plan was concerned, work in the previous month had been around the first iteration of directorate budgets and the beginning of the process to reconcile them with the figures held centrally. The savings challenge for 2017-18 was £90mn. At this stage some £64mn remained to be identified. The assumptions made on income growth and the cost of delivery were consistent with what was in the plan and inevitably at this stage some of the cost savings had been offset by new cost pressures. It was too early to factor in balance sheet savings or the effect of any discussions with NHS England. Work would continue to try to close the gap, although the Board noted that the last two planning years had begun with savings gaps of around £20mn.

The next stage would be to reflect further savings from Carter initiatives, which should be amalgamated with other initiatives and from commercial activities and from Fit for the Future. This last initiative hoped to contribute £5mn.

As part of the solution relied on additional activity, the Chief Operating Officer confirmed that with extended days and some further weekend working, theatre capacity would be able to cope with the demand, although in the longer term increased capacity would be necessary. In the same vein, productivity and efficiency improvements meant that the current bed stock would be adequate.

The gap to bridge was large – ca 10% reduction in costs. However, an encouraging start had been made and there were two further iterations to go before the beginning of the new financial year.

BOD/17/08   Six monthly safe staffing

The Chief Nurse reminded the Board that she was required to give the Board reassurance that the Trust was safely staffed. This was now an annual requirement. The next report would look at the multi disciplinary clinical workforce, as it was felt that reporting only on nurses and midwives was too restricted. On the basis of the metric used the Trust was safely staffed and added reassurance was available from a more detailed review of skills mix.

Introducing a standardised approach to rostering would help future position. The changing character of patients – in particular the larger number of elderly patients needing extra support – was pointing to a need to take a more multi-faceted approach to expanding the workforce: taking on more volunteers; upskilling some staff to be able to take clinical decisions; and investing more into the band 4 nursing assistant role on the elderly care wards. . There was also a proposal to appoint

physiotherapists to fill some nursing vacancies on elderly care wards to work alongside nurses and work was also under way to look at the career framework for other junior nursing staff including the use of foundation degrees and apprenticeships.

The Board welcomed the report and commended the imaginative and flexible response to the challenges that were arising.

BOD/17/09   Reports from Board Committees

The Board of Directors noted the following reports from Board Committees:

- a) Adult Local Services: minutes 23rd November**
- b) Cancer Services: minutes 28th September and 16th November**
- c) Children's Services: minutes 9th November**
- d) Corporate Management: 14th December**
- e) Quality and Performance:**
  - i. Minutes: 11th January**
  - ii. IQPR, November 2016**
  - iii. Finance Report, month 9**

BOD/17/10   Register of documents signed under seal

The Board noted the register of documents signed under trust seal during the period 1st October to 31st December 2016

BOD/17/11   Any Other Business

There was none

BOD/17/12   Date and Time of Next Meeting

The next meeting of the Board of Directors will be held at 3:45 on Wednesday 26th April 2017 in the Governors' Hall, St Thomas's Hospital

This page has been left blank

Board of Directors	 Guy's and St Thomas' NHS Foundation Trust	
Chairman's Board Report	26 April 2017	BDA/17/08

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

* Specify

The dedication, skill and compassion of staff at our Trust are in evidence to our patients and their families every day. They were demonstrated to the world in a remarkable way on 22 March in the response to the terrible events on Westminster Bridge. Our clinical teams and non-clinical teams showed calmness, bravery and compassion in very difficult circumstances as the Trust became directly caught up in the incident itself; and a number of our staff went above and beyond the call of duty by going to help people injured on Westminster Bridge. We were honoured to welcome HRH the Duke of Cambridge to St Thomas' to meet staff who treated people on the bridge; and a number of staff from the Trust, including our Chief Nurse, Dame Eileen Sills were invited to attend the special 'Service of Hope' which took place at Westminster Abbey to honour the victims of the attack and pay tribute to the individuals and teams who responded so magnificently on the day. We will have our own opportunity at the Board meeting to thank the staff of our Trust for their contribution.

It was an honour to greet two other members of the Royal Family who visited staff and patients of the Trust in recent weeks. HRH the Duchess of Cambridge performed the official opening of Ronald Macdonald House and met staff, together with children and their parents from Evelina London, who are benefitting from the outstanding new residential facilities it provides. HRH the Prince of Wales attended a meeting of the British Geriatrics Association held at St Thomas' and met beforehand a number of staff – and patients – from the Trust who showcased a number of projects aimed at supporting older people in the hospital, community and home settings.

Since our last meeting I have had the pleasure of spending half a day with nursing teams who were engaging in simulation training as part of the Nightingale Project – on which we received a presentation at our last Council of Governors meeting. All the teams on that occasion were from Evelina London; and last month a number of colleagues from the Trust were invited to attend a memorable reception at the House of Lords hosted by Lord Fink, President of the Evelina London, to thank those responsible for organising and supporting the zipwire event which raised over £1m for Evelina London.

Last month I supported the process for appointing the new Chair of Dartford and Gravesham NHS Trust: an appointment for this Trust as well as theirs because of our partnership on the Vanguard project we have discussed at the Board. Other events which I have attended on behalf of the Trust in recent weeks include:

meetings organised by NHS Improvement for engaging Chairs of Trusts nationally and in London; a meeting of non executive directors, lay members and governors of NHS organisations in our STP area; meetings of the KHP Board and Education Council (on which I will report orally at the meeting); and meetings of the South Bank Partnership and the South Bank Forum. We welcomed members of the Trust and other members of the public to the latest in our series of Trust seminars – on kidney disease. I also welcomed to the Trust attendees at a meeting of the Obesity Action Campaign, which we hosted and in which a number of our staff are actively engaged. Childhood obesity is to be the subject of a programme of work supported by the Guy's and St Thomas' Charity, as part of a new strategy directed at tackling health challenges in communities such as ours; and I attended a stimulating event organised by the Charity to explore innovative approaches in this area.

On 21 February, we hosted a special tribute to the life of Patricia Moberly, our former Chairman, and to the outstanding contribution she made to this Trust, to our local community and to public life. The event was attended by members of Patricia's family and by many of her colleagues and friends. Tributes were given by Sir Ron Kerr, Kate Hoey MP, Eileen Sills and Dr Rowan Williams. Others were recorded on a film shown on the evening, exemplifying the breadth, quality and inspirational nature of Patricia's impact on the people whose lives she touched and on the organisation that she served. It was an evening that those of us who were privileged to attend will never forget.

Finally, I am delighted to confirm two appointments at senior level in the Trust. Steve Townsend has been appointed as Chief Digital and Information Officer, a new role created in recognition of the importance of digital technology, informatics and information governance in the Trust. Julie Screatton has been appointed to succeed Ann Macintyre as Director of Workforce and Organisational Development, who is leaving her current role next month. Both Steve and Julie should both be in post in time to attend the next public meeting of the Board in July.

This page has been left blank

Board of Directors	 Guy's and St Thomas' NHS Foundation Trust	
Chief Executive's Report	26th April 2017	BDA/17/09

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

In common with others the operating climate for the Trust remains challenging. Nevertheless we end 2016-17 in a good financial position, ahead of plan reflecting extra clinical activity as well as a relentless focus on cost control and management. The announcement of a General Election following a relatively brief period of hustings may bring some certainty to some of the difficulties we are facing. We are a part of a number of collaborative activities and whilst we remain willing to play our part in the overall health economy it remains important to us that our own performance is not adversely impacted by that of others.

One form of successful collaboration has just ended as Medway NHS Foundation Trust, which we have been working with through a buddying arrangement for some time, has come out of special measures. This is a huge tribute to that trust but also to the number of senior clinicians and staff from the Trust who have worked with them to improve their performance. The overall rating of requires improvement masks a lot of “good” and a few “outstanding” achievements. It was pleasing that the Secretary of State acknowledged our role in this achievement – and we have learned a lot from this.

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

2.1 Operational Performance

Many trusts are struggling to meet the operational targets and we have not been immune to the difficulty. We have submitted improvement trajectories to NHSI against the three main targets for 2017-18 but we do not expect to return to compliance by March 2018 on either the referral to treatment or 62 day cancer wait targets. We are committing to meet the 4 hour A&E target in line with national requirements– this is staged with 90% compliance by September 2017 and 95% by March. Given that our current performance sits at around 85% this presents a considerable challenge but we have to accept the pressure centrally on the NHS as a whole to achieve this. We are interviewing shortly for a number of additional consultant posts in A&E and have recently appointed 6 Emergency Nurse Practitioners who will take up post in June.

We are applying considerable focus to improve waiting times for patients whose cancer referral comes directly to the Trust with a commitment to achieve compliance for these patients. There have been some administrative issues but the numbers are easily disturbed by a small number of failures. Coupled with larger numbers referred and increased complexity this remains one of our most difficult problems and whilst we continue to work closely with referring trusts the likelihood of returning to compliance for the target as a whole seems unlikely. Nevertheless we are the focus of attention on this target and are determined to do all we can to improve.

Having said all of this, our outcomes remain good and in many instances better than others' as is the quality of care we offer.

2.2 Financial performance

The Director of Finance will give an update at the meeting of the year end out turn. At month 11 we were ahead of plan are likely to deliver a good surplus, possibly as high as £30mn. This will include an additional STF payment for delivering a year end in excess of plan. This good result perhaps masks the amount of effort and sheer hard work required of directorates and the central finance team.

There is a further report on the plan for 2017-18 later on the agenda.

2.3 Quality update

Across the NHS the availability of appropriate workforce remains a critical factor in delivering high quality care. In the wake of the introduction of IR35 limiting our ability to employ staff through a personal service company, we experienced an immediate problem amongst some staff groups including locum anaesthetists which unfortunately led to a number of procedures being cancelled before Easter. Whilst we hope to recover the position as individuals return to temporary and bank work this serves to highlight the pressure on parts of our workforce where skilled staff are hard to recruit.

Our ability to recruit and retain the nursing workforce remains strong although we recognises that workforce availability is a growing challenge across the NHS. In terms of the temporary work force it is vital that the London trusts in particular hold the line on bank rates – we are prevented from paying agency rates above a certain limit and it will take a little time for the new IR35 regulations to settle down – or we will all find ourselves in a difficult era of spiralling staff costs.

The Board should note that we have reported a serious incident in interventional radiology which resulted in the death of a patient and led to an urgent review of the use of conscious sedation within that service. To ensure patient safety, we have introduced a range of measures, including having an anaesthetist present for the most complex patients where sedation is required.

More positive is the progress on the implementation of the Nightingale Project which was the subject of a presentation to the Council of Governors in January. Over three quarters of the inpatient workforce has now been trained – their reaction is encouraging and the opportunity to review shifts at the mid point has been particularly welcomed.

The continued reduction of infections – especially c-diff where numbers have fallen by 30% on last year is welcome. The Trust will be part of a local system target to reduce e-coli incidence and we anticipate that there will be targets set to reduce other blood stream infections. The Quality and Performance Committee's reappointment of the Chief Nurse and Dr Nicholas Price as Joint Directors of Infection Control is welcome and their achievements should be noted and congratulated.

The Board should be aware of the increase in safeguarding referrals and the proposal to increase the skills and capabilities of front line staff to respond to this. Also welcome is the permanent establishment of the single critical care response team which has had a number of successes in its trial period not the least of which is removing the confusion of there previously being two teams with similar roles.

3. Next Steps on the NHS Five Year Forward View

NHS England has recently published a document setting out its intentions for the delivery of the plan published in 2014. This is a detailed document with recommendations that have implications for the Trust throughout. We have begun a detailed analysis of the Trust's position including any action we may need to take in response to recommendations – and where we may take a different view to what is proposed. The Five Year Forward View acknowledges the financial, workforce and governance challenges we are currently facing. It discusses specialist commissioning in the context of encouraging bids for commissioning to be delegated to “local commissioners” as part of an accountable care system.

The Executive Team has begun to think about the detail of the recommendations. We welcome the emphasis on local, primary and integrated care whilst acknowledging that there is a huge amount to do to deliver this complex agenda. We are increasingly collaborating with partner organisations and taking a system leadership role – for example in the SE London STP, through our group work with Dartford and Gravesham, our recent support at Medway as well as less formal arrangements with St George's – but the paper implies that these are early steps and the detail about how “accountable care systems” and their governance framework will work is to follow. We are actively engaged with NHS England and Improvement as well as with local commissioners and providers within our STP to think through the implications, opportunities and challenges presented by the delivery plan.

This report, together with the outcome of the General Election, promise an interesting and challenging time ahead. There will be a fuller report at the July meeting.

4. Appointments

4.1 The Board is invited to note the following Consultant Appointments since last reported three months ago at the 25th January Board of Directors meeting.

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
05/01/17	Consultant in Diagnostic (Thoracic) Imaging	Dr Sze Mun Mak	Replacement	100% GSTFT Funded	N/A	17/01/2017
05/01/17	Consultant in Diagnostic (Renal & Urology) Imaging	Dr David Prezzi	Replacement	100% GSTFT Funded	N/A	31/07/2017
05/01/17	Consultant in Diagnostic (GI) Imaging	Dr Fungayi Chinaka	Replacement	100% GSTFT Funded	N/A	09/01/2017
12/01/17	Consultant in Emergency Medicine	Dr Christopher Jones	Replacement	100% GSTFT Funded	N/A	12/01/2017
COMMENTS: Post had arisen as culmination of existing programmed activities from other roles.						
19/01/17	Consultant Obstetrician Fetal Medicine Specialist	Dr Spyridon Bakalis	Replacement	100% GSTFT Funded	N/A	TBC
19/01/17	Consultant Obstetrician	Dr Manju Chandiramani	New	100% GSTFT Funded	N/A	23/03/2017
COMMENTS: The Department of Obstetrics & Gynaecology sought to revise the permanent implementation of emergency Gynaecologist of the week model & increase Gynaecology income. In order to achieve this the department needed to increase substantive Emergency Gynaecology team to 3 Consultants. Income generated from third Consultant post would be in the region of £290k and this includes outpatients appointments, MVA's, theatre lists & outpatient procedures						
26/01/17	Consultant in ophthalmology – with a specialist interest in anterior segment including cornea & cataract	Mr Scott Jonathan Robbie	Replacement	100% GSTFT Funded	N/A	01/02/2017
26/01/17	Consultant in Ophthalmology – with a specialist interest in Medical Retina.	Mr Nigel Philip Davies	Replacement	100% GSTFT Funded	N/A	15/05/2017

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
09/02/17	Consultant in Neuroradiology	Dr Anoma Lalani Carlton Jones Dr Amit Roy	Replacement	100% GSTFT Funded	N/A	TBC TBC
09/02/17	Consultant in Musculoskeletal Radiology (Part Time – 4 PA)	Dr Alireza Tofighi Zavareh	Replacement	100% GSTFT Funded	N/A	03/04/2017
16/02/17	Consultant in Ophthalmology – with a specialist interest in Glaucoma	Dr Ian Aureliano Stephen Rodrigues	Replacement	100% GSTFT Funded	N/A	03/07/2017
17/02/17	Consultant in Respiratory Medicine	Dr Amy Elizabeth Dewar	Replacement	100% GSTFT Funded	N/A	01/04/2017
23/02/17	Ophthalmology Consultant – with an interest in General Ophthalmology & Cataract	Miss Elodie Azan-Couderc	Replacement	100% GSTFT Funded	N/A	17/04/2017
02/03/17	Consultant in Radiology (General, Head & Neck) - Part-time 8 PA	Dr Neshewidha Sriskandan	Replacement	100% GSTFT Funded	N/A	TBC
09/03/17	Consultant in Gastroenterology with Interest in Endoscopic Ultrasound and Interventional Endoscopy	Dr Sabina De Martino	New	100% GSTFT Funded	N/A	TBC
COMMENTS: The Endoscopy Unit has faced an increase of referrals for highly specialised procedures, including endoscopic ultrasound, transgastric drainage of pancreatic collections, endoscopic treatment of early oesophageal cancer (EMR/HALO), complex colonic polypectomy. The availability of an experienced operator is crucial to avoid breaching waiting time targets and meeting the demand from referring hospitals. This role is important in order to maintain JAG accreditation and the status of endoscopy training centre.						
16/03/17	Consultant in Rheumatology	Dr Rachel Byng-Maddick Dr Bina Menon	Replacement	100% GSTFT Funded	N/A	TBC TBC
17/03/2017	Consultant Dermatopathologist	Dr William Richard Rickaby	New	100% GSTFT Funded	N/A	21/03/2017
COMMENTS: This full time 10PA new post has been developed to provide important consultant support to the dermatopathology service within the St John's Institute of Dermatology.						

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
23/03/17	Consultant in Congenital Cardiothoracic Surgery	Dr Simone Speggorin	New	100% GSTFT Funded	N/A	TBC
COMMENTS: This post is required to ensure that we meet the NHSE standards and manage the additional capacity to support the demand for the service with the anticipated re-direction of activity from the Brompton in 17/18; adhering to national RTT standards and; to cement the Evelina's position as the leading national centre for paediatric cardiac surgery. This position would support the service to meet the NHS England Cardiac Standards which state: a minimum of 4 surgeons are required to support a safe on-call rota.						
23/03/17	Consultant in Breast Radiology	Dr Ali Riza Sever	Replacement	100% GSTFT Funded	N/A	TBC

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

Name of post	Appointee	Department	Start date	End date
Consultant	Mina Ryten	Clinical Genetics Department	01.01.17	31.12.17
COMMENTS: Substantive consultant left Trust				
Consultant	Anuj Bhatia	Pain	01.02.17	01.02.18
COMMENTS: Substantive consultant left Trust				
Consultant	Jogiya Roy	Cardiology	26.01.17	31.01.18
COMMENTS: Substantive consultant left Trust				
Consultant	Giedre Calverley	Sleep Disorder	27.01.17	27.01.18
COMMENTS: Extension of contract				
Consultant	Sinead Langan	Dermatology	21.02.17	31.12.17
COMMENTS: Extension of contract				
Consultant	Ellen Thomas	Clinical Genetics Department	21.01.17	22.01.18
COMMENTS: Extension of contract				
Consultant	Kate Panter	Gynaecology	01.03.17	06.09.17

Additionally 15 honorary contracts were issued for the period 24th- 27th March 2017 for an international Urology Conference

Board of Directors	 Guy's and St Thomas' NHS Foundation Trust	
NHS Staff Survey 2016	26 April 2017	BDA/17/10

This paper is for:		Sponsor:	Sarah Morgan, Director or Organisational Development	
Decision		Author:	Hendrika Santer Bream Organisational Development Consultant	
Discussion	X	Reviewed by:		
Noting		CEO*		
Information		ED*		
		Board Committee*		
		TME*	X	16 March 2017
		Other*		

* *Specify*

1. Summary

The 2016 staff survey, paints a positive picture of working life at Guy's and St Thomas', despite the challenges faced by the organisation and the NHS. According to our staff, the Trust remains the best in the NHS in which to work.

Nonetheless, there are some areas of concern identified through the survey.

2. Request to the Board of Directors

The Board of Directors is asked to comment on and note the report and to support the action proposed.

3. Purpose of paper

The purpose of this paper is to:

- give an overview of the staff survey results
- highlight positive points and issues of concern
- remind the Board of Directors of last year's response to the staff survey
- discuss appropriate action
- seek support and from the Board of Directors

4. Background

There is good research evidence showing the positive correlation between patient experience and high levels of staff engagement. In this context, “engagement” means staff are motivated, feel involved and recommend the organisation. It is consistent with our Trust Values (especially *respect others* and *act with integrity*) and our vision to for a workplace that enables all of our staff to flourish. In addition, the link between staff experience and patient outcomes tells us it is crucial.

The NHS Staff Survey takes place between September and November each year with results becoming available at the end of February. In addition, the Staff Friends and Family Test takes place three times a year.

Following each staff survey, the Trust develops an action plan in response.

5. Overview of the staff survey results

NHS Staff survey results were published nationally on 7 March 2017. Over 100 questions are asked. In the results, these are grouped into key scores. The Trust had a 38% response rate, which is an increase on the 33% response rate in 2015.

Overall the findings remain extremely positive, particularly considering the current pressures and external environment.

The headlines are:

- For the second year running, the Trust had the **highest staff engagement score** of all NHS trusts. The score has remained unchanged at 4.03 (on a scale of 1 – 5) compared with a national rate of 3.80 (up from 3.79 last year).
- The Trust's comparator group is "combined acute and community trusts". Of the 32 key findings, the Trust is **above average in 22, below average in four** and average in six against this group.
- The **top five** ranking key scores are
  1. Effective use of patient/service user feedback
  2. Staff recommendation of the organisation as a place to work or receive treatment
  3. Quality of non-mandatory training, learning or development
  4. Staff satisfaction with the quality of work and care they are able to deliver
  5. Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- The **bottom five** ranking scores are
  1. % staff working extra hours
  2. % staff experiencing discrimination at work in the last 12 months
  3. % staff believing that the organisation provides equal opportunities for career progression or promotion
  4. % staff witnessing potentially harmful errors, near misses or incidents in the last month

5. % staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (although this score is weak by this Trust's standards, it is within the range of "average")
- Last year we undertook action planning at a Trust level focussing on the **same three bottom ranking scores** (1, 2 and 3 above), and therefore it is disappointing there has not been any significant change in them and a different approach will be needed this year
  - As we have made a commitment to surveying all staff every year, last year directorates were able to action plan according to their own staff feedback and direct comparisons are available this year. From that, we can see that the two lowest scoring directorates from last year (Finance and CLIMP), although still low in GSTT terms, have both improved their scores this year.
  - We also undertook a significant listening exercise in IT to support improvements in communication between senior leadership and staff.
  - It is worth noting that no directorate in GSTT has scored below the national average for staff engagement and so a 'low' score is in relative terms to GSTT as the highest performer in the country.
  - There have been statistically **significant improvement** on four key findings this year:
    1. Percentage of staff satisfied with the opportunities for flexible working patterns
    2. Support from immediate managers
    3. Quality of appraisals
    4. Staff confidence and security in reporting unsafe clinical practice
  - There have been statistically **significant deterioration** on two key findings:
    1. Staff satisfaction with the quality of work and care they are able to deliver (but still one of the best nationally)
    2. Percentage of staff appraised in the last 12 months (down from 89% to 87%, and now average compared with others)

- 79% of staff agree or strongly agree with the statement “**I would recommend my organisation as a place to work**”. This is the **highest score for any trust**.
- **Overall**, our results remain extremely strong, but there are a few intractable issues. **Appendix 1** gives a summary.
- **Appendix 2** contains an overview of individual directorate’s results.

6. Free text comments

In addition to answering questions, respondents had the opportunity to give their comments. Just over 700 people wrote comments (approximately 14%).

A good proportion of comments can be summarized as “I love my job”.

Other themes emerging from the comments are:

- local manager have a huge influence, both positive and negative on employees' experience
- senior managers are not always seen as demonstrating the Trust values
- concerns about workload and the impact on patient safety and staff wellbeing.
- frustrations expressed about equality of opportunity, particularly in relation to BME staff, and about pay and progression generally
- frustrations with IT and processes
- aware that the wider NHS is struggling.

The comments report covers 82 pages and, it will require time and careful analysis to do justice to the staff who took the time and effort to contribute. This will be carried out and brought to those best placed to act on very specific comments or used to understand better the reasons behind some of the key scores.

7. Last year's action plan

Following last year's staff survey, a two-pronged approach was taken to action planning: Trust-level and directorate level.

At Trust level, co-creation sessions took place with staff to generate ideas for action on the low scoring areas, following which the Staff Engagement Steering Group created an action plan, intended to address the following:

- Equal opportunity for career progression
- Discrimination at work (which includes discrimination by patients or by colleagues)
- Staff working extra hours

A brief summary of the action plan can be found in **Appendix 3**.

At Directorate level, directorate management teams were sent packs containing a summary of their local results, with slides to facilitate a conversation with staff and the request to develop local action plans. In addition, Directorates with the lowest scores were approached and offered further support.

The majority of directorates created action plans which they shared with the OD team.

8. Impact of last year's action plan

At Trust level, there has been no change at all in the three scores targeted by last year's Trust level action plan. There is a time lag between the survey of staff (October – November), the receipt of results (February) and the creation of an action plan that means that there is little time before the next survey for action to take effect.

There is further exploration of some of the factors that may lie behind the scores in section 9 below.

At Directorate level, the same issue of time lag applies – there is only a few months between creation of plans and the start of the new survey. Comparing the 2015 and 2016 results, some directorates have seen improvements in a high proportion of the key findings, some have seen deterioration and some have changed little. There are many factors affecting the outcomes, which are worth studying at a local level. Factors include: effectiveness of local action plans, known issues either in 2015 or 2016 such as restructuring or management instability, changes in structure (such as the spilt of Abdominal Medicine and Surgery into two new directorates, or the creation of a new ICT directorate) or, in some cases, lack of effective action planning. This wide range of influences means that the most meaningful examination can be carried out by the directorates themselves. Support in this is available from the HR Business Partners and from the OD team.

9. Action Planning

Overall, Guy's and St Thomas' is one of the best places in the NHS to work. This has not always been the case. In 2005 and 2006, the staff survey results showed the Trust worse than average on half or more of all key scores. A wholesale culture change, effective leadership and the cumulative effect of successive action plans have turned the situation around comprehensively.

The focus of action should therefore be to continue doing the things that have led to the current success.

The Trust Management Executive has endorsed the setting up of a task and finish group to oversee and support the activity, reporting to and making recommendations to TME. The Staff Engagement Steering Group, which supported staff engagement last year, agreed that it would be better replaced with a working group that reported through TME rather than CMC.

Trust staff have attended open sessions to discuss the survey findings and in particular the weaker scores, to give an opportunity for them to be involved developing the actions plans, and to provide the task and finish group with some insights from staff.

Trust level issues of concern, to be addressed by the task and finish group are:

1. Staff working extra hours

A higher level of discretionary effort is one of the benefits of higher staff engagement, so to some extent the high score could be a positive outcome of the high staff engagement. However, from the free text comments it can be seen that a number of staff are distressed about their work pressure and hours. 7% of staff are working 11 or more unpaid extra hours a week, against an average of 4%. There are several initiatives already in place that could have a positive impact: the Nightingale Project, the HALT campaign and email free Fridays.

2. Staff experiencing discrimination at work

The score takes into account discrimination by patients and colleagues. Discrimination on grounds of ethnicity is the most commonly given reason. This is a complex issue affecting trusts across London and further analysis of the findings is required. A table in Appendix 4 gives a comparison with other London trusts and shows that this Trust has relatively lower levels of discrimination experienced than the London comparators.

3. Equal opportunities in career progression

This has not changed despite last years' action, which was about widening opportunities for career progression. Again, this is a London wide issue. A comparison with other London trusts is shown in Appendix 5. Looking at the free text comments reveals concerns about a perceived lack of transparency in appointments to posts, especially senior ones.

4. Percentage of staff witnessing potentially harmful errors, near misses or incidents

This score is slightly above the national average. It is very positive to see that the Trust has higher than average scores on staff reporting errors, having faith in the procedures and being confident to speak up. The Directorate of Quality Improvement and Assurance has a range of initiatives in place.

5. Variation between directorates

Within the Trust, some directorates have extremely engaged and satisfied staff and others less so. Individual directorate reports and slide sets have been prepared for use by DMTs in their own action planning. Clinical directorates will be supported in this by the Chief Operating Officer, through the performance management review cycle. All directorates have the offer of support from their HR business partners and, if necessary from the OD team.

10. List of appendices (separate document):

Appendix 1 – Guy's and St Thomas' Staff survey results summary

Appendix 2 – Overview of individual directorates' findings

Appendix 3 – Brief summary of last year's staff survey action plan

Appendix 4 – Staff experiencing discrimination at work – comparison with other London trusts

Appendix 5 – Equality of opportunity in career progression – comparison with other London trusts

List of appendices:

Appendix 1 – Guy’s and St Thomas’ Staff survey results summary

Appendix 2 – Overview of individual directorates’ findings

Appendix 3 – Brief summary of last year’s staff survey action plan

Appendix 4 – Staff experiencing discrimination at work – comparison with other London trusts

Appendix 5 – Equality of opportunity in career progression – comparison with other London trusts

Appendix 1 – Guy's and St Thomas' Staff survey results summary

Key Finding	Score	Comparison with similar trusts	Change since 2015
Overall engagement			
Overall staff engagement score	4.03	✓ above average	= no change
Appraisals and support for development			
KF11. Percentage of staff appraised in last 12 months	87%	= average	! decrease
KF12. Quality of appraisals	3.39	✓ above average	✓ increase
KF13. Quality of non-mandatory training, learning or development	4.16	✓ above average	= no change
Equality & diversity			
<i>*KF20. Percentage of staff experiencing discrimination at work in the last 12 months</i>	14%	! above average	= no change
KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	83%	! below average	= no change
Errors & incidents			
<i>*KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month</i>	31%	! above average	= no change
KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	93%	✓ above average	= no change
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.93	✓ above average	= no change
KF31. Staff confidence and security in reporting unsafe clinical practice	3.85	✓ above average	✓ increase
Health & wellbeing			
<i>*KF17. Percentage of staff feeling unwell due to work related stress in last 12 months</i>	35%	= average	= no change
<i>*KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves</i>	55%	= average	= no change
KF19. Organisation and management interest in and action on health and wellbeing	3.76	✓ above average	= no change
Working patterns			
KF15. Percentage of staff satisfied with the opportunities for flexible working patterns	55%	✓ above average	✓ increase
<i>*KF16. Percentage of staff working extra hours</i>	75%	! above average	= no change
Job satisfaction			
KF1. Staff recommendation of the organisation as a place to work or receive treatment	4.20	✓ above average	= no change
KF4. Staff motivation at work	4.03	✓ above average	= no change
KF7. Percentage of staff able to contribute towards improvements at work	76%	✓ above average	= no change
KF8. Staff satisfaction with level of responsibility and involvement	3.99	✓ above average	= no change

Key Finding	Score	Comparison with similar trusts	Change since 2015
KF9. Effective team working	3.88	✓ above average	= no change
KF14. Staff satisfaction with resourcing and support	3.48	✓ above average	= no change
Managers			
KF5. Recognition and value of staff by managers and the organisation	3.63	✓ above average	= no change
KF6. Percentage of staff reporting good communication between senior management and staff	42%	✓ above average	= no change
KF10. Support from immediate managers	3.83	✓ above average	✓ increase
Patient care & experience			
KF2. Staff satisfaction with the quality of work and care they are able to deliver	4.11	✓ above average	! decrease
KF3. Percentage of staff agreeing that their role makes a difference to patients / service users	94%	✓ above average	= no change
KF32. Effective use of patient / service user feedback	3.95	✓ above average	= no change
Violence, harassment & bullying			
*KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	11%	✓ below average	= no change
*KF23. Percentage of staff experiencing physical violence from staff in last 12 months	2%	= average	= no change
KF24. Percentage of staff/colleagues reporting most recent experience of violence	72%	✓ above average	= no change
*KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	27%	= average	= no change
*KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	24%	= average	= no change
KF27. Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	49%	✓ above average	= no change

Appendix 2 – Overview of individual directorates’ findings

	National Average 2016	Trust Score 2016	Acute Medicine	Cardiovascular Services	Chief Executive	Chief Nurse	Chief Operating Officer	Clinical Imaging & Med Physics	Community Adults	Dental Services	Director of Finance	Essentia	Evelina London	Gastrointestinal Medicine & Surgery	Medical Director	Medical Specialities	Oncology & Haematology	Other Corporate functions	PCCP	Pharmacy	Specialist Ambulatory Services	Surgery	Therapies	Transplant, Renal and Urology	Womens Services	Workforce	ICT
`		5127	245	138	23	49	70	182	292	172	109	848	631	80	207	182	313	61	400	171	212	65	206	133	194	144	86
Overall Staff Engagement (KF1, KF4 and KF7)																											
Overall Staff Engagement Indicator	3.80	4.03	4.08	4.10	4.37	4.22	3.98	3.88	4.06	3.98	3.84	4.05	4.11	3.98	3.92	4.01	4.00	3.94	4.03	3.88	4.09	4.06	4.16	4.18	4.04	4.04	3.81
Staff Pledge 1 : To provide all staff with clear roles and responsibilities and rewarding jobs.																											
KF1: Staff recommendation of the organisation as a place to work or receive treatment.	3.71	4.20	4.29	4.25	4.51	4.31	4.19	4.05	4.20	4.18	3.98	4.17	4.28	4.16	4.14	4.15	4.15	4.25	4.22	4.17	4.20	4.36	4.29	4.34	4.22	4.13	3.96
KF2: Staff satisfaction with the quality of work and patient care they are able to deliver.	3.92	4.11	4.09	4.16	-	4.16	4.05	4.06	4.27	4.41	4.08	4.28	4.02	4.11	4.05	4.16	3.97	3.8	4.23	3.82	4.16	4.27	3.98	4.20	3.90	4.18	3.72
KF3:% staff agreeing that their role makes a difference to patients/service users.	91	94	94	99	82	93	85	94	95	95	75	92	95	98	90	91	95	94	95	89	97	94	96	98	94	93	91
KF4: Staff motivation at work	3.94	4.03	4.01	4.14	4.25	4.28	3.90	3.89	4.11	3.95	3.81	4.16	4.09	4.09	3.77	4.03	4.02	3.82	4.04	3.8	4.12	4.08	4.13	4.23	4.04	4.01	3.78
KF5:Recognition and value of staff by managers and the organisation	3.47	3.63	3.63	3.69	4.03	3.95	3.57	3.36	3.66	3.61	3.46	3.71	3.66	3.62	3.72	3.63	3.53	3.61	3.51	3.49	3.68	3.49	3.84	3.84	3.54	3.72	3.33
KF8:Staff satisfaction with level of responsibility and involvement	3.92	3.99	4.06	4.11	4.22	4.14	3.84	3.89	3.97	4.01	3.82	3.97	4.07	4.07	3.80	3.99	3.97	3.85	4.05	3.77	4.06	4.08	4.13	4.19	4.04	4.04	3.69
KF9: Effective team working	3.78	3.88	3.89	3.91	4.02	4.08	3.80	3.60	3.97	3.83	3.68	3.87	4.02	3.82	3.94	3.83	3.93	3.79	3.74	3.72	4.05	3.91	4.10	3.95	3.85	3.96	3.7
KF14:Staff satisfaction with resourcing and support.	3.28	3.48	3.49	3.50	3.89	3.63	3.54	3.27	3.44	3.69	3.46	3.70	3.43	3.38	3.58	3.49	3.33	3.43	3.53	3.17	3.46	3.53	3.46	3.47	3.21	3.59	3.1
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.																											
KF10: Support from immediate managers	3.74	3.83	3.86	3.92	4.15	4.19	3.69	3.60	3.89	3.85	3.82	3.83	3.89	3.78	3.89	3.76	3.68	3.80	3.68	3.81	3.83	3.83	4.09	4.06	3.82	3.97	3.84
KF11: % of staff appraised in last 12 months	86	87	80	81	83	70	80	89	92	92	90	87	90	76	79	86	85	83	85	87	93	89	97	85	94	94	84
KF12: Quality of appraisals	3.11	3.39	3.51	3.60	3.88	3.83	2.90	3.10	3.50	3.28	3.22	3.57	3.41	3.59	3.46	3.29	3.28	3.15	3.37	3.24	3.21	3.27	3.64	3.64	3.26	3.50	3.28
KF13: Quality of non-mandatory training, learning or development	4.07	4.16	4.18	4.22	4.26	4.42	3.95	4.03	4.30	4.16	3.88	4.11	4.21	4.10	4.10	4.18	4.05	3.99	4.23	4.08	4.15	4.12	4.31	4.32	4.15	4.04	3.8
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.																											
KF15: % staff satisfied with the opportunities for flexible working patterns	51	55	56	53	91	53	72	57	52	48	58	63	56	51	64	51	49	56	47	46	56	45	47	58	57	69	53
*KF16: % staff working extra hours	71	75	81	86	91	80	80	79	77	48	69	63	79	83	72	80	86	85	82	85	76	80	87	74	85	56	54
* KF17. % staff suffering work related stress in last 12 months	36	35	44	32	13	31	42	35	35	38	28	28	34	36	32	37	37	31	38	34	35	48	33	34	44	28	44
* KF18. % staff feeling pressure in the last 3 months to attend work when feeling unwell.	55	55	59	45	39	39	58	59	61	61	58	48	55	58	55	57	54	55	53	58	58	65	59	46	62	46	31
KF19. Organisation and management interest in and action on health and wellbeing	3.61	3.76	3.69	3.82	4.28	4.02	3.71	3.58	3.77	3.85	3.69	3.87	3.78	3.70	3.87	3.72	3.61	3.70	3.58	3.72	3.77	3.71	4.04	3.94	3.53	4.03	3.93
Additional Theme: Violence and harassment																											
*KF22: % staff experiencing physical violence from patients, relatives or the public in last 12 months	13	11	46	23	0	27	19	9	13	5	2	5	6	22	2	7	8	7	24	2	8	16	15	8	7	1	1
*KF23: % staff experiencing physical violence from staff in last 12 months	2	2	4	1	0	0	1	2	2	4	1	4	1	0	1	2	1	0	3	0	3	5	1	1	2	1	2
KF24: % staff reporting most recent experience of violence	67	72	85	70	-	50	83	40	88	-	-	74	53	93	-	-	79	-	65	-	88	-	62	-	71	-	50
*KF25:% staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	26	27	62	35	4	27	17	25	29	25	7	11	26	42	11	27	31	25	34	18	36	43	35	37	41	8	14
*KF26:% staff experiencing harassment, bullying or abuse from staff in last 12 months	23	24	30	22	9	24	27	23	27	20	21	21	19	24	27	23	22	31	34	30	27	14	17	21	41	20	7
KF27: % staff reporting most recent experience of harassment, bullying or abuse	45	49	56	58	-	53	56	30	52	42	58	59	48	58	33	43	48	39	41	35	56	56	45	64	47	50	65
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.																											
KF6: % of staff reporting good communication between senior management and staff	32	42	48	39	74	55	54	29	42	40	43	42	47	45	44	38	36	28	38	40	48	45	60	44	37	50	64
KF7: % of staff able to contribute towards improvements at work	71	76	80	78	91	80	71	69	79	71	72	75	80	68	77	77	78	77	74	68	74	66	85	85	76	81	69
Additional Theme - Equality and Diversity																											
*KF20: % staff experiencing discrimination at work in the last 12 months.	10	14	26	16	4	18	15	14	15	17	7	11	8	20	7	10	12	15	21	10	17	20	8	12	20	13	12
KF21: % of staff believing that the organisation provides equal opportunities for career progression or promotion.	87	83	89	85	89	94	86	86	82	70	86	76	89	84	83	84	87	75	77	84	91	86	95	89	79	71	76
Additional Theme - Errors and incidents.																											
*KF28: % of staff witnessing potentially harmful errors, near misses or incidents in the last month	29	31	53	42	0	23	20	29	29	23	10	14	31	38	16	25	41	20	42	61	36	32	34	35	43	8	11
KF29: % of staff reporting errors, near misses or incidents in the last month	91	93	95	89	-	100	93	90	100	97	73	86	95	93	94	89	92	100	92	94	96	95	87	84	96	91	100
KF30: Fairness and effectiveness of procedures for reporting errors, near misses and incidents.	3.73	3.93	3.99	3.95	4.21	4.22	3.80	3.86	4.00	3.93	3.78	3.87	3.97	3.95	3.93	3.84	3.87	3.81	3.93	3.98	3.87	3.97	4.11	3.98	3.92	3.90	3.55
KF31: Staff confidence and security in reporting unsafe clinical practice.	3.68	3.85	3.98	3.93	3.91	3.97	3.78	3.70	4.01	3.87	3.65	3.75	3.95	3.86	3.90	3.75	3.78	3.81	3.82	3.85	3.90	3.91	4.01	3.99	3.72	3.87	3.55
Additional Theme -Patient experience measures																											
KF32. Effective use of patient/service user feedback.	3.68	3.95	4.09	3.93	-	3.89	3.88	3.88	3.88	3.70	3.96	4.01	4.09	3.93	3.76	3.93	3.92	3.74	3.91	3.75	4.02	3.96	4.01	4.12	3.91	4.01	3.59

Anomalies: It is noted that the Chief Offices (CEO, CMO, CNO) contain a variety of additional staff that are not directly managed by GSTT such as hosted services; student placements and others so the numbers of responses are not necessarily directly managed staff. Evelina London contains 3 directoates.

Code: Green- Significantly better than average and Pink- Performing below average

Appendix 3 – Brief summary of last year’s staff survey action plan

Very briefly, the actions included the following,

Equal opportunity for career progression:

- “Realising your potential” career event
- Redesign of PDR to incorporate career conversation
- Identifying professional roles where there is a significant lack of representation to create a positive action programme
- Additional coaching and mentoring training modules
- Unconscious bias training to recruitment team and to recruiting managers

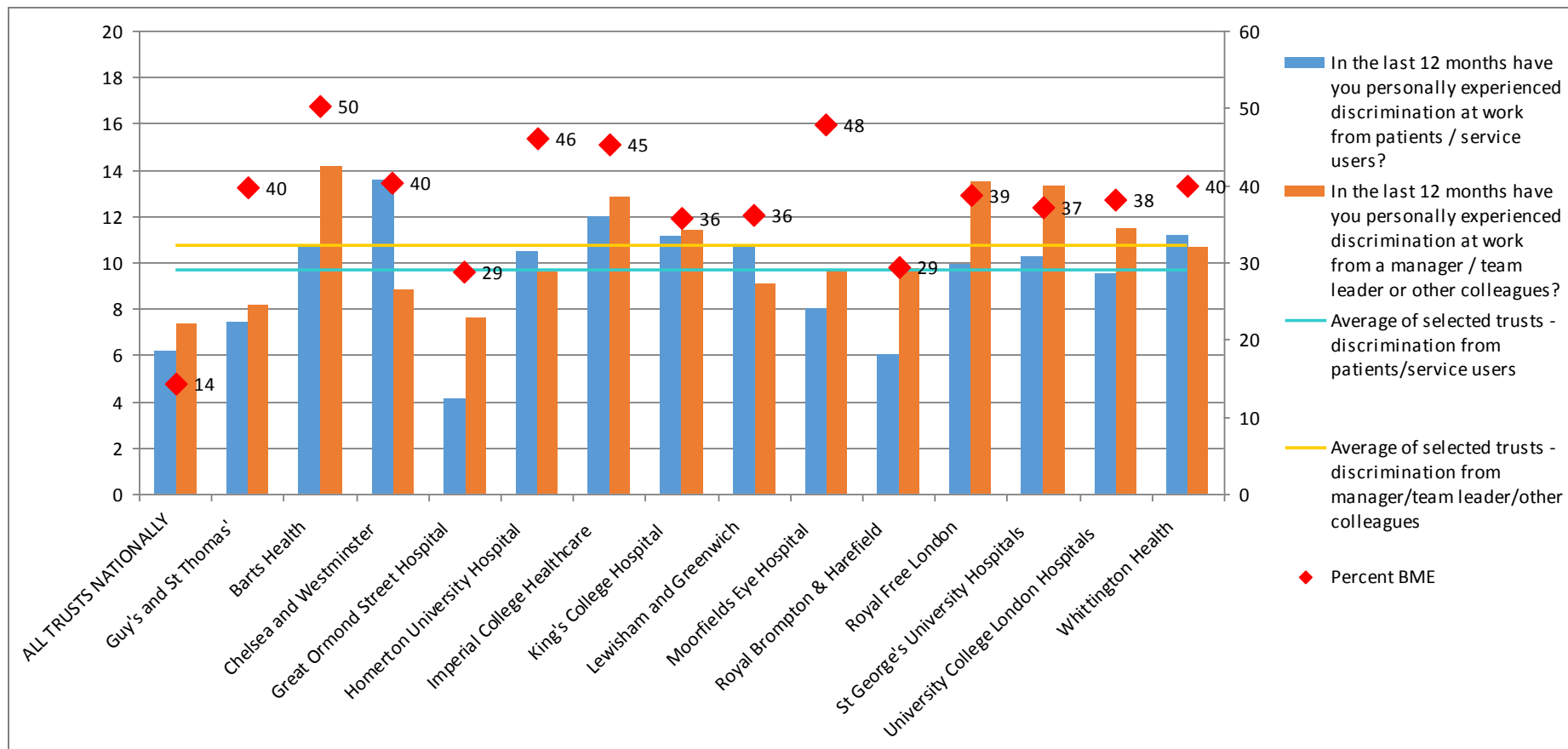
Discrimination at work (which includes discrimination by patients or by colleagues):

- Unconscious bias masterclass
- Relaunch of BME network
- Training for all recruitment panels

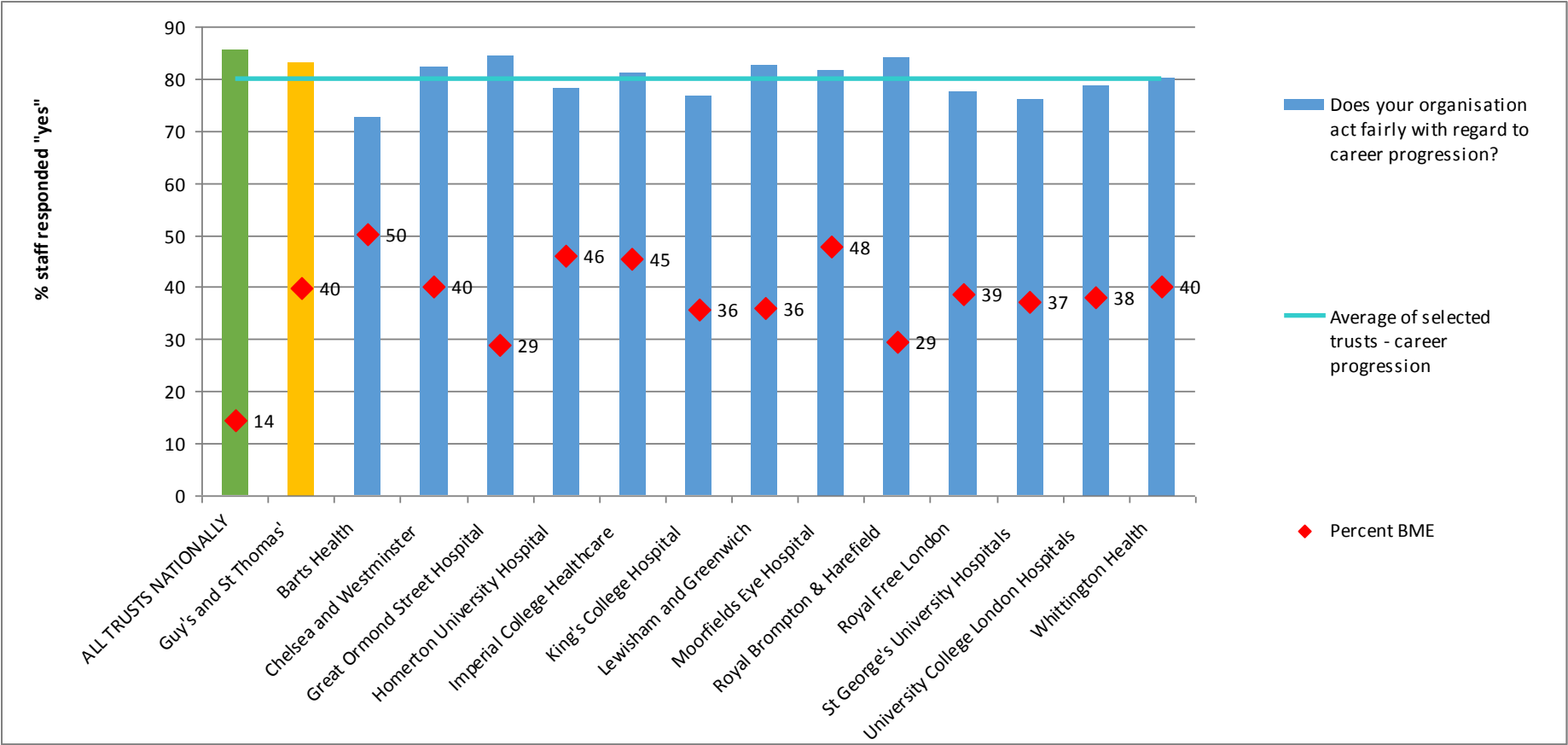
Staff working extra hours:

- Email free Fridays
- Pilot of use of emails training
- Nightingale Project focus on last hour of shift
- Continuing the Health and Wellbeing Programme “5 ways to a healthier you”

Appendix 4 – Staff experiencing discrimination at work – comparison with other London trusts



Appendix 5 – Equality of opportunity in career progression – comparison with other London trusts



This page has been left blank

Board of Directors	 Guy's and St Thomas' NHS Foundation Trust	
12-month update - Trust Sustainability Strategy 2016 – 2020	26 April 2017	BDA/17/11

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

* Specify

Summary

This paper provides a 12-month status update to the Trust's Sustainability Strategy 2016-2020 (April, 2016).

Mission statement of the strategy:

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

Current service and financial pressures on the healthcare system demand even more commitment to delivering sustainability. The Trust has progressed our mission significantly in 2016/17 by delivering resource efficiencies, engaging staff in clinical and non-clinical services to challenge unsustainable practices, enabling long-term thinking and encouraging active and sustainable travel. We acknowledge the importance of ongoing commitment to this work, and are ambitious in our efforts to engage our Trust community to deliver efficiency gains. The sustainability strategy is closely aligned with initiatives to improve the way we work, such as Fit for the Future and Transforming our Ways of Working (TOWOW).

The table below shows progress against the key objectives of the strategy – to engage staff across the Trust and to embed long-term thinking and consider sustainability in strategic decision-making.

Sustainability Strategy 2016-2020

 Staff engaged to deliver savings	Strategic objective Establish an engagement programme to ensure Trust-wide involvement and ownership of the strategy Strategic aims To complement the Trust's Fit for the Future programme, each directorate appoints a lead responsible for delivering at least £10k per annum in energy, water, waste and resource saving Highlights • Valandis Kostas, Senior Radiographer, nominated for NHS Sustainability Day award for his leadership in smart procurement and engaging his teams • Trust nominated for six sustainability awards in 2016/17

	Actions to deliver • SAVE (Sustainable Actions delivering Valuable Efficiencies) programme established in September 2016 • £60k savings in 2016/17 • 14 directorates engaged (leads appointed, action plans established and in implementation phase) • 40 staff members actively engaged and leading in their directorates
	Strategic ambitions • Encourage culture of continuous improvement • Incorporate remaining six directorates into SAVE • Deliver minimum £150k annually (£60k for 2016/17) • Raise profile of programme in context of <i>Fit for the Future</i> to ensure staff aware of resource and savings opportunities realised • Progress projects, including maintenance standardisation, reducing consumables in CSSD, <i>Faster IT</i> efficiencies • Further integrate programme into community services
Build sustainability into long-term thinking	Strategic objective Strategic decision making to consider the “whole life” costs of service delivery, design out waste. Strategic aims Strategic business cases, policies and standards to reflect long-term implications, environmental and social impacts. Highlights • Energy efficiency project proving “test bed” for new technologies and wider roll-out across the Trust, for example, use of LED lighting and metal recovery to recoup value • Active and sustainable travel increasing amongst staff and visitors, wider recognition of importance of air-quality
	Actions to deliver • Sustainability incorporated into capital development strategic business cases • Ambitious energy and technology specifications integrated into capital development standards • Travel plan published to encourage active and sustainable travel for patients, visitors, contractors and staff

- Specification developed for zero/very low emission vehicles to replace current Trust fleet
- Ongoing implementation of large-scale energy efficiency project – completion early 2018.

Strategic ambitions

- Sustainability integrated into clinical business cases
- Long-term thinking in decision-making business as usual
- Further utilise technology to design out need for travel and improve organisational efficiencies

Additional significant achievements include:

Progression of acute hospitals' energy efficiency programme (completion January 2018)

- LED lighting installation (complete) – Over 800 fittings installed, improved patient and staff environments, saves £80k per annum
  - o Now capital development standard for all refurbishments and new builds
- Additional energy saving interventions – guaranteed to save further £1m per annum

Support for Trust's health and well-being programme

- Enabling Commissioning for Quality and Innovation (CQUIN) target through active travel support, including cycle parking improvements, safety and maintenance sessions and guided walks
- Trust Sustainable travel plan and air quality strategy published (September 2016)
- Soil Association *Food for Life* Bronze award achieved for patient food

Request to the *Trust Board*

Note status update and provide feedback, where appropriate.

Appendix I – Trust Sustainability Strategy 2016-2020 and update (full text)

Appendix II – Guy's and St Thomas' Sustainability Strategy - Infographic

Trust Strategy

Sustainability strategy 2016-2020 and update

Strategy Summary

A strategy document that sets out the aims and objectives for the Trust's environmental and social responsibility.

Document Detail	
Document Type	Trust Strategy
Document name	Sustainability strategy 2016-2020 and update
Document location	Essentia SharePoint Document Library
Version	V1.3 As recorded on Essentia SharePoint Document Library
Effective from	27 April 2016
Review due date	April 2020
Owner	Director of Essentia
Author	Associate Director, Sustainability
Approved by, date	Trust Board, 27 April 2016
Superseded documents	Environmental Sustainability Strategy Refresh
Related documents	Environmental Sustainability Strategy, 2010
Keywords	Sustainability, carbon, corporate social responsibility, active travel, engagement, energy efficiency, long term thinking.
Supporting references	e.g. N/A

Change History		
Date	Change details, since approval	Approved by

Review History		
Date	Review details	Approved by

Sustainability strategy 2016-2020 and update

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

1.0 Introduction

- 1.1 The multi-award winning sustainability programme at Guy's and St Thomas' is a well-established driver of efficiency, reducing waste and enhancing quality, and is a clear leader in the NHS.
- 1.2 Sustainability through 2020 must further become a driver for innovative service provision, and must challenge business as usual ways of working. This strategy seeks to embed flexibility, consider long-term implications of decision making, forward thinking design and enable technology to help change the way the Trust delivers services.
- 1.3 It will aim to lead the healthcare sector over the next four years, and we will work with others to encourage a wider consistency in delivering sustainable healthcare.
- 1.4 To date, our sustainability programme:
  - 1.4.1 Saves the Trust over £3m each year in energy, water and waste costs¹;
  - 1.4.2 Has reduced carbon emissions by over 15% since 2007, exceeding carbon reduction targets of 10% by 2015;
  - 1.4.3 Is currently delivering one of the largest energy efficiency projects in the NHS, which will save the Trust a minimum of £1.5m per annum from February 2018 and reduce the Trust's carbon emissions by a further 10%;
  - 1.4.4 Is recognised as a local and national leader in sustainability, having won and/or been nominated for 12 sustainability related awards over the past two years;
  - 1.4.5 Supports an active group of Local Environment Representatives across Trust services, and continues to embed sustainability into the daily operations of the Trust.
- 1.5 Our strategy, originally developed in 2010, and updated in 2013, sets out an ambitious programme for the Trust to deliver significant cost savings while delivering environmental and social benefit.

---

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

2.0 Our strategic direction

- 2.1 This strategy aims to launch the Guy's and St Thomas' Sustainability programme into a new age of engagement, delivery and leadership.
- 2.2 It supports and enables the Trust's ambition to transform its services and ways of working to reflect changing demands on clinical services, care closer to home and more flexible ways of working by challenging business as usual behaviours and providing Trust directorates with bespoke support.
- 2.3 It focuses on the Trust's key drivers for change – improving the way we work every day, keeping costs low and delivering best quality outcomes, and builds upon excellent programmes of work in progress at the Trust, such as the *Fit for the Future Programme*, *Space utilisation*, and *Faster IT (FIT)*.

3.0 Moving the strategy forward

- 3.1 This strategy proposes that each Trust directorate appoints a lead responsible for delivering a financial savings target of at least £10k per annum associated with energy, water, waste and resource saving.
  - 3.1.1 The sustainability team will provide each directorate a tailored heat map to show what directorates are paying for key items and services.
  - 3.1.2 Each lead will be supported by the Trust's sustainability team, who will track and report savings delivered.
- 3.2 As part of the Trust's efforts to improve benefits realisation, every strategic business case presented to the Trust board will be required to report on the long-term implications, as well as the environmental and social impacts of the proposal.

4.0 Context of this document

- 4.1 This strategic plan responds to calls for efficiencies set out in Lord Carter of Coles' independent report on *Operational productivity and performance in English NHS acute hospitals* and Simon Stephen's *5 year Forward View* for the NHS (see section 6 below).
- 4.2 This strategy outlines the aims and ambitions of the Trust in the area of environmental sustainability, and how these can contribute to the Trust's social and financial aims throughout 2016-2020. It builds upon preceding Trust-wide sustainability strategies from 2010 and 2013. It does not replace these documents, but provides an update on progress and sets out future ambitions.

5.0 What we've delivered since 2013

- 5.1 The Trust is an NHS leader in environmental sustainability, and our work to date and projects in progress reflect this standing.
- 5.2 In 2013, Guy's and St Thomas' set out to achieve five key objectives, which at their core, addressed utility consumption and cost savings. To date, these actions have avoided annual fixed costs of over £3m.
- 5.3 These commitments, and the Trust's progress against delivery, are detailed in section 5.4 below:

5.4 Delivery against strategy commitments 2013 – 2016

2013 Commitment	Status	Measured progress	Comments
Implement sustainability strategy for capital development	Implemented	Strategy approved 2013	Sustainability integrated into project management process, training on-going
Comprehensive water saving programme	Programme in its 3 rd year	- Reduced 34% per patient contact from 2007/8 (2014/15) £110k cost avoidance to date	Leak detection and tariff review. Winner of NHS Sustainability Day Award 2015, Shortlisted for edie Award 2015 and 2016
Maximise value of waste through 'waste to energy' technology	Project adjusted to incorporate waste to energy for all GSTT waste.	100% of domestic waste processed via waste to energy	Waste transported by barge, cutting 3,000 lorry trips annually. Waste costs reduced from £1.1m 2012/13 to £900k 2014-15.
Invest in energy efficiency to reach or exceed 34% reduction target by 2020	CHP installed, £12m energy performance contract (EPC) approved and underway	- CHP and plant investments avoid £2.6m in energy costs annually Savings p/a (EPC): £1.5m guaranteed 8,000 tonnes of CO₂ 11% CO₂ Progress to date (excl EPC): - Energy/patient contact down 42% against baseline - Gross CO₂ reduced 15%	Energy performance contract in progress, full benefit to be realised from February 2018. Savings based on baseline year of 2007/08
Establish governance committee to oversee strategy implementation	Implemented, meets bi-annually	Reports to Corporate Management committee (CMC) annually at a minimum.	Chaired by Sir Hugh Taylor, Trust Chairman, comprised of Trust leaders including board members
Achieved annual savings of £3m+			Delivered through CHP, add. energy saving investments, Water programme, Waste savings

6.0 The next phase 2016 – 2020

- 6.1 Guy's and St Thomas' has achieved significant success in addressing utility consumption, and will continue to implement these strategic, large-scale savings programmes; however, the next phase of this strategy will focus on a personal and tangible approach that all staff, patients and visitors can contribute towards and take ownership of.
- 6.2 [Lord Carter's 2016 review of NHS efficiency opportunities](#) found that, across the NHS, £5bn could be saved through simple efficiencies. The review identified six key areas of high spend and significant potential for additional efficiencies in the NHS. These are:
- Workforce (£2bn savings identified)
  - Hospital pharmacy and medicines optimisation (£800m savings identified)
  - Estates management (£1bn savings identified)
  - Procurement (£700m savings identified)
  - Back office and administration (£200m savings identified)
  - Diagnostics (£700m savings identified)
- 6.3 The Trust has made significant progress to achieve savings through capital investment. It has invested in combined heat and power at both acute sites, has replaced aging and inefficient plant, and has a significant investment programme underway to install energy efficient technology across the Trust, which will save a minimum of £1.5m per annum from February 2018. This project includes lighting replacements, which will improve the environment in clinical and non-clinical spaces, and bring lighting levels up to current standards for clinical areas.
- 6.4 Importantly, Carter's report encourages trusts to engage staff to deliver the identified efficiencies. Guy's and St Thomas' is already leading the NHS with regard to Lord Carter's recommendation to invest directly in energy efficiency, but there is potential to realise further benefits by including staff from across the organisation to seek out and implement service improvements and resource efficiencies.
- 6.5 To begin this process of engagement, each Trust directorate appoints a lead responsible for delivering a financial savings target of at least £10k per annum associated with energy, water, waste and resource saving.

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

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

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

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

Case Study – The Dental Institute

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

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

**Saved £42k
each year**

**Empowered
the team**

**Freed staff
to spend
more time
with patients**

7.0 Key strategic objectives

- 7.1 This strategy aims to deliver and demonstrate value for the Trust and its community, as well as deliver environmental benefit and reduce carbon dioxide emissions in line with targets set by the UK Climate Change Act.
- 7.2 It will contribute to the Trust's objectives, and be further integrated into key initiatives, such as *Fit for the Future*, the *Fixed Cost Challenge* and *Faster IT (FIT)*. It will integrate community services to ensure that the programme considers all areas of the Trust's impact, and all areas of opportunity to engage staff and deliver savings.
- 7.3 The Trust's sustainability programme contributes considerably to the wider Trust community, and will continue this support through measures such as local procurement, improved local air quality, fuel poverty alleviation and local employment.

8.0 Utility savings targets

- 8.1 The Trust has set both short and long-term utility savings targets, as well as a target for overall waste recycled.
- 8.2 Guy's and St Thomas' current position and utility reduction targets against a 2007/08 baseline are:

Financial year	Water	Recycling rate	Carbon reduction (CO ₂ e)	Note
2015/16 (current position)	-12%	58%	-15%	CO ₂ e exceeded 10% UK Climate Change Act Target
2016/17	-15%	65%	-18%	
2017/18	-18%	70%	-25%	Aligned with energy performance contract (EPC)
2020/21	-20%	75%	-34%	CO ₂ e is UK Climate Change Act Target
2050/51	-30%	100%	-80%	CO ₂ e is UK Climate Change Act Target

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

Figures will be adapted to include community sites in 2016.

9.0 Savings identified in this plan

- 9.1 This strategy sets a direction to achieve and potentially exceed carbon emissions targets for the NHS, and will ensure the Trust achieves a 34% carbon dioxide emissions equivalent (CO₂e) reduction based on a 2007/8 baseline.
- 9.2 It outlines a plan to achieve £2.22m (£720k previously unidentified) annual savings starting in 2017, plus wider indirect savings. This is comprised of £230k from directorate led savings, £90k from water efficiency and billing

adjustments, £400k from electricity saving associated with reducing hardware and driving efficiency through *Faster IT*, and £1.5m from the energy performance contract, currently underway. This is in addition to the over £3m the programme already contributes annually (see section 5.4).

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

9.4 Key areas of strategic focus will be:

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

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

9.5 Outline of additional savings opportunities

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

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

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

10.0 Simple actions to deliver savings

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

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

10.3 Examples of simple actions and associated potential savings.

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

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

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

² Estimates based on actual print savings at the Trust delivered from use of multi-functional devices (MFDs)

³ As above

⁴ Health Technical Memorandum 07-04 – Section 6.26

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147948/HTM_07-04_Final.pdf

⁵ Health Technical Memorandum 07-04 – Section 6.16

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147948/HTM_07-04_Final.pdf

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

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

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

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

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

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

11.0 Engaging the Trust community

- 11.1 Energy and water are used by all, and waste is generated in nearly every activity undertaken at the Trust. It is for this reason that a crucial part of the solution to save these resources must be led at a local level.
- 11.2 To deliver upon potential savings, a campaign of accelerated engagement has been developed. Directorates across the Trust will be supported by the sustainability team to establish simple and achievable action plans that deliver material benefits and enable better working within departments.
- 11.3 Directorates will appoint leads to deliver a programme of savings, which will be generated and supported by the sustainability team. "Heat maps" detailing spend and performance, where available on key areas for improvement, for example use of office supplies, waste sorting and energy consumption (data to be available early 2017) will be issued to help identify key areas for savings.
- 11.4 Savings will be tracked, and where possible, feedback on progress will be reported back to directorates in order to demonstrate value, refine plans and ensure staff are recognised for their efforts.
- 11.5 For teams that have significant potential for impact, such as housekeeping, engineering and catering, the sustainability team will provide bespoke training and on-going support to deliver against plans.
- 11.6 Targeted campaigns will be run on a quarterly basis to promote key positive behaviours that deliver savings at scale. This will be done in cooperation with Trust and Essentia communications teams, as well as key departments, such as procurement and the *Fit for the Future* teams.

12.0 Community stewardship

- 12.1 Guy's and St Thomas' has long been committed to enabling patients, staff and the wider community to lead healthy, prosperous and sustainable lifestyles. Relationships with community partners, such as schools, youth centres, care homes and Job Centres has fostered strong relationships, and delivers tangible, sustainable benefits to the communities served by Guy's and St Thomas'.
- 12.2 In addition to Trust recruitment policies, initiatives such as the Essentia Academy and other Workforce led programmes support the local community into work, as well as encourage and enable staff to develop skills and gain qualifications in order to excel professionally.

- 12.3 Additionally, the Trust works with NHS Supply Chain and the British Medical Association (BMA) to ensure the £300m of products supplied to the Trust are manufactured, packaged and transported to the highest standards of ethics, efficiency, and environmental integrity. Local procurement is also a key priority for the Trust, for example in the use of local contractors to deliver services or the provision of local food and produce.
- 12.4 The energy performance contract (EPC), currently underway at the acute sites, includes support for vulnerable patients and staff to improve insulation and provide boilers free of charge to those who qualify.
- 12.5 This plan aims to continue and build upon this work to support the communities served by the Trust. Opportunities to collaborate and deliver benefits to the community will be explored and prioritised, for example by supporting local schools to share knowledge, skills and high quality and useful redundant items, such as IT hardware and furniture.

13.0 Adapting to a changing climate

- 13.1 As part of this strategy's commitment to considering the long-term implications of decision-making, the Trust's Strategic Development Plan, which includes the Guy's site redevelopment and the Royal Street development at St Thomas' will be designed to consider the changing climate of the UK, and will incorporate principles of reuse, resilience, flexibility and sustainable innovation.
- 13.2 The Trust has invested considerably in measures that will make our hospitals more resilient to the most likely risks from climate change in London, including heat waves and flooding. The refurbishment of Guy's Tower and the cladding of East Wing, completed in 2014 and 2015 respectively, both incorporate thermal insulation as well as solar shading to regulate the buildings' temperatures and minimise heat gain in summer months.
- 13.3 The Trust's recent investment in water efficiency also strengthens resilience. Through a thorough programme of leak detection and repair, installation of water saving technology and working with key water users within the Trust to eliminate wastage, the Trust has reduced its water consumption by over 20% since 2013. London is a water stressed region, and measures to reduce water usage by large users such as the Trust, reduces the risk of drought in the South West of England.
- 13.4 The Trust acknowledges that its sites are, like many other UK health buildings, vulnerable to climate related events, and will seek to continually improve resilience and work with strategic partners identify and minimise risk to infrastructure and services.

- 13.5 Future ambitions include the installation of green infrastructure on our sites, further understanding of vulnerable dependencies, such as travel infrastructure (London Underground, Rail, etc.), sustainable and flexible capital development and support for staff and patients vulnerable to fuel poverty.
- 13.6 The Trust will continue to work with strategic partners, such as the Greater London Authority (GLA) and the Boroughs of Lambeth and Southwark to improve resilience, and will work with these partners to support strategies such as the [Mayor of London's Climate Change Resilience Plan](#), as well as the [London Infrastructure Plan](#).

14.0 Governance and reporting

- 14.1 The Trust sustainability strategy is overseen by the Sustainability Governance Group, chaired by Sir Hugh Taylor. This group, comprised of Trust leaders from all areas of the organisation, has responsibility for delivering the strategic objectives, and demonstrating value. It meets twice annually.
- 14.2 Where possible, directorates will be supported by the sustainability team to report and demonstrate savings against action plans, and progress against this initiative will be reported to the Trust Management Executive (TME) on an annual basis.
- 14.3 As part of the EPC project, an engagement and behavioural change platform is being developed. This will supplement the established engagement programme of local environmental representatives (LERs) and on-going engagement programmes coordinated by the sustainability team.
- 14.4 Progress against this strategy will be reported to Essentia Directors on a quarterly basis and to the Trust Management Executive (TME) and Trust Corporate Management Committee (CMC) on an annual basis at a minimum.

15.0 Conclusions

- 15.1 This strategic plan sets out an ambitious course of leading action to embed flexibility, enable technology, drive efficiency and ensure high environmental and social standards at Guy's and St Thomas'
- 15.2 Through wide ranging engagement and by requiring the Trust to consider the long-term implications of strategic decisions, Guy's and St Thomas' will lead the NHS in delivery of sustainable healthcare.

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

Sustainability driving high quality and efficient healthcare

Guy's and St Thomas' **NHS**
NHS Foundation Trust

essentia

 **20+ awards**

Saving
£14,000,000
and counting

LED lights
save
£80K
annually

Share your
savings
ideas

Close doors
to save energy
and make
patients happier

Faster IT
Efficiency
Energy

Carbon footprint
reduced by
65%
per patient

Adopting
Electric
vehicles
for cleaner air

Zero waste
to landfill

70%
reduction
in waste
per member
of staff

CHP engines
save nearly
£2m
annually

62%
reduction
in water

2/3
of staff
commute
actively

This page has been left blank

Board of Directors Adult Local Services Committee

**Minutes of the meeting held on 8th February 2017
River Room, Gassiot House, St Thomas' Hospital**

Present	Girda Niles	Non Executive Director (Chair)
	Sir Hugh Taylor	Trust Chairman
	Simon Steddon	Medical Director
	Felicity Harvey	Non Executive Director
	Ann MacIntyre	Director of Workforce
	Jon Findlay	Chief Operating Officer
	Jenny Stiles	Public Governor
	Amanda Pritchard	Chief Executive Officer
 Attendance		
	Angela Dawe	Director Operations and Strategic Development - Adult Local Services
	Dr Di Aitken	Clinical Commissioner, Lambeth CCG
	Dr Adrian McLachlan	Chair Lambeth CCG
	Andrew Eyres	Managing Director, Lambeth CCG
	Emma Saunders	Senior Strategy Manager
	Sue Bowler	KCH
	Heather Campbell	Clinical lead and Head of Neuro Rehabilitation
	Dr Lenyalo King	Consultant in Neuro Rehabilitation
	Nicola Jones	ALS Programme Manager
	Kemi Lawal	Business Coordinator - Note taker
 Apologies/Absent		
	Dame Eileen Sills	Chief Nurse
	Dr Ian Abbs	Medical Director
	Anita Knowles	Director of Communications
	Rebekah Schiff	Service Lead Ageing and Health
	Martin Shaw	Director of Finance
	Cllr Bill Williams	Public Governor
	Mark Kinirons	Clinical Director

1. Welcome and Apologies:

- 1.1 The Chair, Girda Niles, welcomed all including, Dr Di Aitken, NHS Lambeth CCG, Dr Lenyalo King, Consultant in Neuro Rehabilitation and Heather Campbell, Clinical Lead and Head of Neuro Rehabilitation.

2. Short presentation on Clinical Services

Presentation on Neuro Rehab 2B Beds at Pulross as part of the SELNRS (KHP)

- 2.1 Heather Campbell and Dr Lenyalo King, Consultant in Neuro Rehabilitation updated the Committee on the Neuro-rehabilitation Level 2b beds developments across South East London. There are 6 level 2b beds at Pulross and 14 beds at Orpington (KCH). It is a consultant-led service offering specialist intensive rehabilitation for 6 – 12 weeks for people with a new onset or episode of a neurological injury or condition.

Achievements highlighted included:

- Active engagement of families to support patient recovery including a key worker appointed to support and educate families;
- Skill mix across a range of professionals and collaboration with KCH;
- High levels of national and local London interest in the model, including being shortlisted for an HSJ Award;

The Committee was impressed with the model and the work achieved thus far and asked that work on the benefit realisation and the impact on freeing up acute hospital beds be continued. It was noted that seven day rehabilitation is being considered including the potential to up skill nursing staff and use volunteers on the wards.

3. Minutes of Previous meeting held on 23rd November 2016 and Matters arising.

The minutes of last the meeting were approved as a true record.

3.1 Matters Arising

The ALS Programme Manager confirmed that the CCG were happy with the growth figures used in the financial benefits of the strength and balance falls prevention services report.

4.0 Adult Local Services: Programme Director's Report:

Integrated Quality and Performance Report – July – December

The Programme Director presented the combined Q2 and Q3 IQPR covering the period July to December 2016 and the content was discussed in detail.

The Committee were interested in the impact on GSTT bed utilisation and asked that the impact on KCH bed utilisation also should be analysed. Sue Bowler offered to assist with securing the support from KCH to do this.

The Committee also asked that internal audit review the data to provide assurance to the Board.

Action

Angela Dawe to follow up with KCH with regard to producing benefits realisation reports for KCH.

Angela Dawe to ask internal audit to review the IQPR.

Programme Director's Delivery Report including Risk Report

Discussion on the Programme Delivery Report highlighted the external partnership work with the local authorities, the Strategic Partnership Board and Local Care Networks.

The Committee noted that staff in community services continue to experience poor and slow IT. In response, the GSTT CEO is writing formally to CCG CSU to complain about the IT infrastructure and lack of support.

The Director of Workforce, leading on Transforming Our Ways of Working offered to support the community mobile working which is being rolled out.

5.0 Lambeth Integrated Care System

Adrian Mclachlan, Chair (Lambeth CCG) and Andrew Eyres, Managing Director (Lambeth CCG) joined the meeting for this item. In their introduction they highlighted that the proposal to create an integrated care system in Lambeth builds on the long standing partnership work focussed on a co-production approach within the borough. The next steps from a Council and CCG perspective are to move forward towards a formal commitment to integration, with one system and one budget and a leadership team across partners supported by delivery alliances for specific populations and people. They highlighted their patient centred approach with a focus on better population health outcomes, improved patient experience, delivered at a lower cost per person with an improved experience of providing care.

The Committee welcomed the opportunity to have the discussion and confirmed that the Board remains highly committed to being an integrated hospital and community provider in Lambeth and Southwark with a focus on local services that keep people at home wherever possible. It was recognised that there are many challenges in achieving the ambitions set out, some of which are cultural in how organisations within the partnership are perceived. The Committee recognised that GSTT is a large and complex organisation, and therefore has much to bring to the partnership, but wished to ensure GSTT's participation would be well received. They were assured that discussions were taking place with the provider side of primary care (at all practice events, with GP Federations and with the Local Medical Committee) and their response was positive thus far. The Committee emphasised that GSTT would wish to be fully engaged, but it would want to be clear what this approach would deliver above and beyond existing arrangements, with a particular emphasis on practical impact. The Committee recognised that excellent community based initiatives have been implemented but more work is

required going forward to achieve a 'shift in the dial' in the four key aspects of patient centred work highlighted.

It was agreed to continue discussions, recognising that this development is taking place as an 'early mover' within the wider overarching Lambeth and Southwark Strategic Partnership programme of work.

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:

15th March 2017, River Room, Gassiot House, 13.00 – 15.00 pm.

Board of Directors Adult Local Services Committee

**Minutes of the meeting held on 15th March 2017
River Room, Gassiot House, St Thomas' Hospital**

Present	Girda Niles	Non Executive Director (Chair)
	Felicity Harvey	Non Executive Director
	Jon Findlay	Chief Operating Officer
	Simon Steddon	Medical Director
Attendance	Angela Dawe	Director Operations and Strategic Development - Adult Local Services
	Jenny Stiles	Public Governor
	Jonathan Foley	Patient Governor
	Stephen Thomas	Clinical Director
	Mark Kinirons	Clinical Director
	Emma Saunders	Senior Strategy Manager
	Jane Stopher	Deputy Programme Manager
	Nicola Jones	ALS Programme Manager
	Mark Tearle	ALS Project Manager
	Rebekah Schiff	Service Lead Ageing and Health
	Kemi Lawal	Business Coordinator - Notes
Apologies/Absent	Hugh Taylor	Trust Chairman
	Dame Eileen Sills	Chief Nurse
	Amanda Pritchard	Chief Executive Officer
	Ann MacIntyre	Director of Workforce
	Dr Ian Abbs	Medical Director
	Anita Knowles	Director of Communications
	Martin Shaw	Director of Finance
	Cllr Bill Williams	Public Governor
	Sandra Noonan	Clinical Director

Welcome and Apologies:

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

1. Minutes of Previous meeting held on 28th February 2016 and Matters arising.

1.1 The minutes of last the meeting were approved as a true record.

1.2 Matters arising

With regard to accessing KCH data Angela Dawe continues to follow this up.

- 1.3 IQPR - The Audit Department has agreed to work on validating the data in the ALS IQPR report. A new IQPR will be developed for 2017-18 to reflect the updated programme. Commissioners welcome the report.

2.0 **Short presentation on Clinical Services**

Outpatient redesign for people with 3 or more long term conditions

A presentation and discussion by Dr Mark Kinirons and Dr Stephen Thomas.

Dr Mark Kinirons and Stephen Thomas presented on Long Term Conditions: Streamlining Outpatient Care. Their work focuses on redesigning outpatient services – by looking at patients with three or more long term conditions who attend more than one service and ask if there is another way to care for them.

Work to date highlighted included:

- Increase in referrals of patients to two or more specialties - prompted thinking around exploring new ways of working.
- The work plan includes improved communication and standardised letters - a good IT system is key
- A Lead Speciality Model is being explored. Audit of patients seen in multiple speciality clinics is underway. Central register of long term condition patients is essential.
- Follow up model with a Generalist is under discussion.
- A Rapid Improvement Event on 4th May 2017 is planned to agree enablers to make changes happens

The Committee was impressed with the work achieved thus far and questions were raised on the GP Coordination, linking with Primary care, Care coordination/Administrative transformation, generalist/specialists skills, more patient engagement.

Action Primary Care Colleagues will be invited to the next meeting to present the Care coordination Model and joint working within the local partnership.

3.0 **Adult Local Services: Programme Director's Report:**

3.1 **Adult Local Services Programme priorities for 2017-18 for discussion and agreement.**

The Programme Director explained that at the next Board Awaytime there will be a strategic discussion about Adult Local Services and a session with the Clinical Directors has also been scheduled. These

discussions will feed into ALS long term programme plans.

The main focus has been finalising programmes priorities for 2017-18 and on going support to the system wide approaches to Care Coordination and Local Care Network development.

The Adult Local Services Programme Priorities 2017/18 were shared, based on the commissioning intentions 2017/19, Southwark and Lambeth Strategic Partnership priorities. The key priorities of the programme are; Long term conditions and care co-ordination, community nursing transformation, health and social care integration, transfers of care and Local Care Networks. Benefits realisation underpins the programme. .

3.2 Stocktake on Local Care network Developments in Lambeth and Southwark and next steps for GSTT.

Deputy Director, Adult Local Services gave a brief summary. Patients who are to be care coordinated have been identified to receive holistic assessment, refreshed care plans, named professional, multi disciplinary reviews. Linking up with SLAM was discussed.

Local Care Networks - LCN Chairs are being recruited and appointed. It was noted that a senior GSTT Clinician in a chair role will be ideal. The Committee welcomed a partnership approach.

Community Nursing Transformation – The Lambeth test and learn for the new model of neighbourhood nursing is working well while recruitment to the Southwark team is under way. There has been good news about healing rates and patient experience feedback has been positive. Kingston University has been appointed to evaluate the test and learn programme.

The Committee welcomed the positive news and suggested show casing their work and sharing knowledge internally within GSTT.

The Committee also noted the need for a long term plan for the future model of District Nursing. The Director of nursing has been tasked to lead on this.

4.0 A.O.B

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

Date of the next meeting:

10th May 2017, River Room, Gassiot House, 10.30 – 12.30 pm.

This page has been left blank

Guy's and St Thomas'
NHS Foundation Trust

TRUST AUDIT COMMITTEE

**Minutes of the Audit Committee meeting held on
8th February 2017
at St Thomas' Hospital, London**

Present:	Mr S Weiner - Chairman Ms Priya Singh Mr John Pelly
In attendance:	Ms A Pritchard, Chief Executive Sir Hugh Taylor, Chairman Mr M Shaw, Director of Finance Mr P Allanson, Trust Secretary and Head of Corporate Affairs Ms A Macintyre, Director of Workforce Mr S Sommerville, IT Director Mr M Gubby, Head of Information Governance Mr S Lane, Head of Internal Audit Mr P George-Jones Mr S Nandhra Ms E Palmer Mr K Woollard Mr N Thomas – KPMG Ms C Davies – KPMG
Apologies:	Dr Ian Abbs

1. Minutes of Previous Meeting

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

2. Board Assurance Framework

The Audit Committee was reminded that it had asked for the risks around strategy, workforce and disaster planning to be reviewed. It noted that issues surrounding the junior doctors' new contract were being placed on risk registers and the industrial action they had taken had triggered the business continuity plans.

Further consideration was due to be given to how to reflect the risks that arose through collaboration should be factored into the BAF – the STP in particular. Clearly the fragility of other local trusts in this context could be seen as an emerging risk for the Trust.

The Committee asked about the status of terrorism risks which were not currently covered partly because mitigation would be difficult and expensive. CMC and TME would be expected to consider and review the visibility of this type of risk and to provide the Committee with appropriate reassurance and agreed that an annual review of risk registers, as opposed to the BAF, would be helpful.

Overall the Committee agreed that the allocation of risk to specific Board Committees had been helpful and asked that the chairs of each committee confirmed that they had accepted responsibility for the risks and their mitigation. The Chair of the Quality and Performance committee confirmed that it had accepted the risks allocated to it and was currently rating them to review their overall impact on its agenda.

The Committee noted the BAF.

3. Information Governance Quarterly Update

The Head of Information Governance reported that performance on responding to freedom of Information requests had improved though often still lagged behind the statutory deadlines. The Information commissioner had found against the Trust in one occurrence of a late response. In this case a review had shown that there had been delays at every stage. The Committee noted that the Trust remained conscientious in its response and continued to be concerned at the number of requests for information that was already available. It encouraged the Trust to be robust in its response to this type of request.

It was hoped that subject access requests would be responded to more quickly now that the staff vacancies had been filled.

There had been three information security incidents, one of which was being investigated by the ICO. There had been two incidents of patient names being published when they should have been pseudonymised and encryption of information being sent outside the Trust was important.

The Committee agreed that the frequency of reviews of information asset and transfer registers could be reviewed to concentrate mainly on red risks.

4. KPMG External Audit Progress Report

The External Auditor said that there were no changes to financial practices so there would be continuity with previous work. He drew attention to an oddity in land valuations which when impairments were reflected in the figures seemed to deliver a result at odds with the London market. It was understood that the correct valuation methodology had been followed.

Further guidance was due from NHS Improvement about accounting treatment at the year-end where the flexibility was likely to be more complex when STF incentives for over performance and STP funding were taken into account. There would also be further consideration of other technical details that had been announced.

The guidance on Quality Accounts had just been published requiring reviews of RTT and A&E and consultation with the Council of Governors was taking place on the measure they wished to choose.

The Committee noted the imbalance between the audit and non-audit fees paid though part was attributable to a late, non-recurring fee caused by the settlement of a dispute. Overall it welcomed the external auditor's confidence that the Trust was well set up for the year end and for a smooth running audit.

5. Internal Audit Report

The Head of Internal Audit reviewed a number of recent reviews his team had undertaken. Whilst behind trajectory, he expected to meet the target number of reports by May. He also pointed to a slight deterioration in the number of reports able to give full assurance though it was welcome that recent reviews of A&E, RTT and cancer were fully assured.

Staff expenses – it was suggested that the use of business class travel should be referred to the Chief Executive or Director of Workforce on a case by case basis. It was noted that the Commercial Directorate was intending to make recommendations on travel and gifts and hospitality as it affected its business. The Committee acknowledged that the circumstances in which the directorate operated could require some flexibility but the overriding principles were those enshrined on the Trust's policy.

The review of Gifts and Hospitality registers showed compliance by the top of the Trust but with a much patchier response elsewhere in the Trust. It was suggested that in time a digital solution would be sensible and support for the Head of Corporate Affairs in implementing any change would be essential. Any arrangement needed to be straightforward and compliance made obligatory – perhaps making the annual declaration a criteria for a distinction award would capture the attention of consultants, including the need for a nil return.

The review of off payroll arrangements raised a number of issues many of which would be resolved by the introduction of new HMRC rules under IR35. The amounts payable under the NHS Improvement agency cap would also affect some contractors. There were some business continuity risks if IT contractors and therapists decided to move to the private sector where IR35 did not apply. The numbers affected were small and it was the responsibility of the engagement manager to make sure the position was checked with workers asking for non-standard arrangements.

The study of IT network security had been undertaken by an external provider and had raised a number of issues that the IT directorate had welcomed. A proposal to renew the network and improve security was due to be considered shortly by the Investment Portfolio Board. Balancing security against usability would be an issue but it would be important for assurance to undertake penetration testing and generally to increase

security expertise within the Trust. Housekeeping activities, including removing leavers from the system and switching off disused system completely would improve security.

Business continuity planning testing had shown up some weaknesses with individuals not knowing what arrangements to implement and some areas not having plans. Whilst there would be benefits from a central review group, it would be for the Chief Executive to decide when to make this a priority.

It was noted that the wheelchair tendering exercise at Bowley Close had not yet taken place and that the internal audit team would be revisiting Germany because it did not think the recommended procurement improvements had been implemented as agreed. The CMC was to be asked to review whether Essentia or the Commercial directorate owned the right to let space commercially on Trust premises.

It was agreed to delay the end user technology and strategic data centre reviews and there were delays to audits of some capital projects because information could not be made available.

6. Counter Fraud

The Committee noted the report.

7. Trust Standing Financial Instructions

Amendments to the Trust's SFIs would normally come via the Trust Management Executive. However the timing of the Committee's meetings meant that it was reviewing the changes first so it was agreed that any further revisions suggested by TME should be accepted by the Committee Chairman and the Chief Executive.

The Committee commented that it would want to see a consistent level of delegated authority across the whole Trust and that there should be a protocol instructing directorates to use national pay scales unless agreed by the Workforce Director.

8. Counter Fraud and Bribery Policy

Since the policy was last reviewed, there was now a requirement to have a policy to deal with bribery and to introduce sanctions. It was suggested that research risks should be added into the commercial section of the policy which was otherwise accepted by the Committee.

9. KPMG – Non Audit Work

A paper from the National Audit Office to advisers said that auditors should not be allowed to undertake non audit work for trusts. This seemed to have been issued without consultation and on an unreasonable timescale – it was due to be implemented from 1st April 2017. If no dispensation could be agreed, KPMG was likely to ask to be relieved of its audit responsibilities, as these were less remunerative than its audit work for the Trust, and the Committee would have to ask the Council of Governors to retender the Audit.

The Director of Finance was authorised to convene a small group to take matters forward should this become necessary.

The next meeting will be held at 1pm on 10th May 2017, in the River Room, STH

DRAFT

This page has been left blank

Board of Directors Cancer Services Committee

**Minutes of the meeting held on Wednesday 1st February 2017
at 2.00pm in Burfoot Court Room, Guy's Hospital**

- Present:** Sir Hugh Taylor (Chair)
Ms Amanda Pritchard – Chief Executive
Mr Jon Findlay – Chief Operating officer
Dr Felicity Harvey – Non Executive Director
Dr Sheila Shribman – Non Executive Director
Mrs Ann Macintyre – Director of Workforce
Ms Hannah Coffey – Director of Improvement
- Attendance:** Mr David Cheesman –Programme Director, Guy's Cancer
Dr Maj Kazmi – Medical Director, Guy's Cancer
Mr Angus Norton –Cancer Programme Manger
Prof Peter Parker – Head of the Division of Cancer Studies, King's College London
Dawn Harper – Head of Nursing, Guy's Cancer
Ms Amelia Price – General Manager, Oncology and Haematology
Dr Kate Haire – Clinical Director, Guy's Cancer & Partners
Mr Geoff Koffman – Chief of Surgery
Prof Sean Whittaker – Joint Chair of the Cancer Clinical Academic Group (CAG)
Ms Justine States – Management Trainee, Guy's Cancer
Mr James Couzens - Management Trainee, Guy's Cancer
- Apologies:** Dr Ian Abbs – Medical Director
Ms Jackie Parrott – Director of Strategy
Ms Anita Knowles – Director of Communications
Ms Anna Rigg – Clinical Director of Oncology
Prof Arnie Purushotham, Director of KHP Comprehensive Cancer Centre
Mr Kieron Boyle - Chief Executive, GSTT Charity

1. Welcome and introductions

The Chair welcomed members of the Committee and those in attendance.

The Chair welcomed Prof Sean Whittaker to the Committee as the new Joint Chair of the Cancer Clinical Academic Group.

2. Minutes of the previous meeting and action log

The minutes of the meeting which took place on 16 November 2016 were approved as accurate.

3. Surgical Oncology Strategy

The Chief of Surgery presented the key points from his paper:

3.1 Pelvic Surgery Centre

The Guy's Cancer Pelvic Surgery Centre would be formally launched on 2 May 2017. The new Centre enjoyed commissioner support and would bring together four groups of specialities which had agreed to publish a joint audit in summer of 2017.

The Chief of Surgery explained that although the service would be promoted as one service across two sites, he expected that ultimately more specialist surgery would be based on the Guy's campus.

3.2 Endocrine Surgery

The Chief of Surgery confirmed that, following the commissioning of new theatre capacity, thyroid surgery would be consolidated on the Guys campus from April 10th 2017. He explained that additional surgical fellow time had been commissioned to increase surgical capacity.

The final configuration for adrenal and parathyroid surgery still needed to be agreed across the accountable cancer network. As illustrated in the *top trump* analysis, both surgical services were currently provided by several teams with multiple interdependencies across a number of sites. The Chief of Surgery noted that if developments such as the new orthopaedic centre went ahead, there may be additional theatre capacity on the Guys campus which would provide an opportunity to further consolidate surgery and ultimately improve outcomes.

One of the Non-Executive Directors (SS) stated that the surgical oncology strategy outlined was progressing in the right direction but reminded the team that future configuration decisions should to be supported by formal plans and robust data. The Guy's Cancer team acknowledged that more needed to be done on the latter point.

The Medical Director, Guy's Cancer informed the Board that he had met with NHS England the previous week regarding the STP cancer strategy and was pleased to report back that the ACN was acknowledged as being in a strong position in delivering the optimal configuration for specialist cancer surgery. In his opinion, Guy's Cancer would only be able to deliver the best outcomes when its surgical teams were able to focus solely on surgical oncology rather than benign or emergency work.

The Joint Chair of the Cancer Clinical Academic Group asked whether the focus on surgical research & development would be on academic research or on securing greater numbers and complexity of clinical trials. The Chief of Surgery said the focus would be on more trials and referred to the excellent links that GSTT's OG team had made with the Karolinska Institute in Sweden.

The Director of Workforce asked if the new pelvic surgery centre would affect rotas and training given the wide number of teams involved. The Chief of Surgery explained that the final, optimal configuration was still being considered but his priority remained gynae-oncology and releasing theatre capacity on the Guys site.

The Chief Executive stated that she was very supportive of the strategy outlined and noted that the right questions were being asked. She explained that the issues raised in respect of the management and governance of cancer services would be addressed as part of the Trust's work on wider organisational design.

The Chair stated that the Committee remained supportive of the emerging strategy. He recommended that further consolidation was dependent on winning hearts and minds but if successful, the Guys Cancer surgical offering could be very powerful.

Action: The Chief of Surgery and the Director, Guy's Cancer will set up a group to explore the feasibility of further surgical consolidation on the Guy's site and seek to establish a clear direction. An update would be provided at the next Committee meeting.

4. Strategy Refresh

The Director, Guy's Cancer presented a refresh of the Guy's Cancer strategy which was last presented in 2014 - prior to the dissolution of the London Cancer Alliance and the establishment of the South East London Accountable Cancer Network. The Committee heard how the strategic narrative has changed with NHS England's desire to commission services from a smaller pool of lead providers who could hold health systems to account for performance. The Director, Guy's Cancer explained that the Trust's role had changed from leader of one of largest individual cancer centres in England to system leader of one of the smallest of the new provider networks. He explained that developing existing links with Kent trusts and Maidstone & Tunbridge Wells in particular could begin to help address Guy's Cancer & Partners' relative scale.

There was support for the Director's assertion that access times, patient experience and research infrastructure meant that Guy's Cancer was not yet world class. The Director, Guy's Cancer outlined the five core strategic pillars which had been updated to reflect the new role for Guy's Cancer & Partners as system leader of the ACN. He explained that delivery of the various pillars was particularly complicated because it required partnership working via the AHSC, the ACN and the STP. He also noted that while GSTT remains one of the largest centres for specialist cancer care, the busiest unit treating the greatest number of undiagnosed cancers was Lewisham & Greenwich NHS Trust. The Chair stated that this highlighted the criticality of addressing two week wait delays across the ACN.

The Programme Director, Guy's Cancer stressed that securing clinical engagement within Guy's Cancer and across the wider Network remained critical and invited the Medical Director, Guy's Cancer to talk about some of the plans going forward. The Medical Director, Guy's Cancer described his plans to establish dedicated tumour group performance reporting meetings (PRMs) which were designed to hold tumour group leads to account and better address variation in pathway management and performance.

The Medical Director, Guy's Cancer explained that the Cancer Committee would move from a performance management function to a clinical strategy and quality improvement role.

The Director, Guy's Cancer went on to share the service's work plan for the next 18 months. The Medical Director, Guy's Cancer explained that the current governance structures had succeeded in the delivering the achievements to date but greater engagement at a tumour group level was required if the Trust was to deliver its work plan and achieve cancer waiting time targets in particular. The Committee was supportive of the proposal to introduce new tumour group PRMs and increase the focus on the 62 day pathway.

The Chair asked the Board members if there was anything missing from the priorities listed. The Director of Workforce requested that each priority should have its own targets and where appropriate specific metrics. She also recommended that the leadership team be very clear about ongoing ownership of the Cancer Centre benefits plan. This was particularly important as the Cancer Centre project infrastructure would shortly end and benefits tracking would become BAU and monitored through the directorate PRMs.

The Non-Executive Director (FH) believed that the strategy update had been very helpful and that going forward it was important that both internal and external (Network) outcomes improved. The Non Executive Director (SS) asked what the Medical Director, Guy's Cancer and the Programme Director, Guy's Cancer had learned from refreshing the strategy. Both stated it had helped crystallize the key priorities going forward.

The Director of Improvement stated was supportive of the plans to hold another Team Cancer away day (in June). She noted that the planned review of the multidisciplinary meetings (MDMs) was critical as the meetings were the 'engine room' for pathway change. She also warned that Guy's Cancer needed to be very clear about its expectations for the new tumour group PRMs – not least because establishing meetings for nine tumour groups would be very demanding.

The Chief Executive noted that she had enjoyed the presentation and suggested progress be reviewed every six months. She also encouraged the Guy's Cancer team to continue to challenge the Board about where and when support was required.

The Chair recommended that the team maintain a network wide focus on performance and outcomes. He was very supportive of the renewed focus on early diagnosis. He also asked the team to be more direct about discussing potential opportunities with the Kent network and Maidstone and Tunbridge Wells in particular.

The Committee also agreed that, as part of the wider governance work, LGT and KCH should be invited to the future meetings. The Clinical Director, Guy's Cancer & Partners believed that this would help foster a collaborative and open relationship the partners.

The Committee agreed that it would scrutinise pillar 1 (i.e. GSTT performance only) at the first joint meeting but would in time extend the IQPR to cover performance of other Trusts and primary care too.

Action: The Programme Director, Guys Cancer to invite KCH and LGT to the next meeting and develop some options about how to extend the IQPR to cover wider performance measures.

5. Accountable Cancer Network for SEL

The Clinical Director, Guy's Cancer & Partners presented the key points from her paper.

The three first wave SEL tumour groups set up in July 2016 (colorectal, lung and urology) were progressing well as part of the agreed clinical programme. The second wave tumour groups, oesophago-gastric (OG) and head and neck, had also been established. Their priority will be to agree and implement an effective and timely cancer pathway for SEL that supports delivery of the cancer access standards. The OG Tumour Group will also consider how to ensure this work encompasses the referrals from outside SEL, particularly around the Kent surgical referrals.

The Clinical Director, Guy's Cancer & Partners stressed that the focus now will be on implementation and how to strengthen collaborative working. The SEL ACN is strengthening their collaborative working across SEL.

The Clinical Director, Guy's Cancer & Partners updated the Board on the recent bid submitted by the SEL Cancer Alliance for Cancer transformation funds. The total cancer transformation fund is £200 million for a two year period, 2017-19, of which £20 million is allocated for capital funding. The call to bid documentation was for interventions in three areas of the cancer pathway:

- Early diagnosis;
- Implementation of the recovery package; and
- Implementation of stratified follow up.

As part of the bid a first draft of the SEL Delivery Plan was submitted based on the STP priorities and the Cancer Taskforce recommendations. Additional funding was also requested to resource the core team to deliver these priorities.

The Clinical Director, Guy's Cancer & Partners outlined the key priorities going forward:

- Sustainable delivery of the cancer access standards;
- Establish the next wave of tumour and cross cutting groups including Systemic Anti Cancer Therapy (SACT), AOS and patient Involvement;

- Implement a consistent approach to cancer informatics supported where possible by common IT systems;
- Renewal of funding stream for 2017-18
- Further enhance partnership working with Macmillan and CRUK; and
- Set out and align the strategic priorities and a final draft of the SEL Alliance delivery plan by the end of March.

The Non Executive Director (SS) asked whether St Georges NHS Trust were involved in strategic discussions regarding Cancer. The Programme Director, Guy's Cancer informed the Committee that St Georges was part of the RM Partners vanguard.

6. Research & Development Report

The Head of the Division of Cancer Studies, King's College London explained why the recent award of CRUK status (and the associated investment of £8.7m) was so important for the Comprehensive Cancer Centre along with the renewal of the European Cancer Medicine Centre status. He explained that CRUK investment now accounted for £20 million of the CCC's total funding of £207 million. The Head of the Division of Cancer Studies explained how it will help fund the critical infrastructure required to support the growth of research activity in the form of centre grants.

The Head of the Division of Cancer Studies identified the following priorities for the CRUK Centre:

- Identify signals in the tumour metropolis that determine tumour progression;
- Advance immunogenomics and imaging in experimental cancer medicine;
- Generate and trial stratified immunotherapies; and
- Promote training and capacity-building in cancer research.

The Head of the Division of Cancer Studies anticipated that the CCC, UCL Partners and the Francis Crick Institute will be encouraged by CRUK to come back with further major bids. He believed that the CCC had a real opportunity to be a London hub for biotherapies or immune biotherapies.

The Head of the Division of Cancer Studies described other news including the importance of developing a comprehensive bio bank strategy.

Finally the Head of the Division of Cancer Studies confirmed that he would be stepping down from his current role to set up the CRUK Cancer Centre in the summer.

The Chair reported back from the recent KHP away day where it was agreed that developing advanced therapeutics remained KHP's unique selling point. The Chair emphasised the need to really make the research translational and tell the story of how research carried out is helping patients currently on our pathways. The Joint Chair of the Cancer Clinical Academic Group stressed the importance of identifying the tumour groups that could directly link in with the current research programmes.

The Non-Executive Director (SS) noted, that although it was not easy, more work needed to be done to make sure the complex subject matter was communicated in plain English.

7. Haematology Report

The Programme Director, Guy's Cancer presented the key messages from the paper circulated. He reported that progress in answering the key questions raised by GSTT had been slow due to problems releasing clinical staff from their busy schedules. The Committee was pleased to hear that the case now made stronger links between the proposed Haematology Institute and the wide Comprehensive Cancer Centre.

The key next step is the formation of a Programme Board to develop the Institute Programme. The proposed membership is outlined in the paper with the Programme Director, Guy's Cancer, Clinical Director, Haematology and Consultant Haematologist (JH) representing Guy's. Lord Kerslake will chair the Board meeting which was expected to raise the profile and give the initiative priority and focus moving forward.

The Chair requested that the specific intent of the Institute be clearly articulated.

8. Integrated Quality & Performance Report (IQPR)

The Medical Director, Guy's Cancer briefly highlighted the recurring themes within the IQPR of poor compliance with cancer waiting times and data quality specifically in relation to the Cancer Outcomes Services Dataset (COSD).

He stressed that the proposal for new tumour group PRMs discussed earlier would help address this. The Clinical Director, Guy's Cancer & Partners noted that in the recent national audit for lung cancer GSTT had higher one and three month survival rates than the English average.

The Medical Director, Guy's Cancer informed the Committee that the Cancer centre at Queen Mary's Sidcup was still delayed and subject to legal discussions. The planned opening date was Spring 2017 although it was difficult to give a precise date until the building was handed over to the Trust so that it could start commissioning the new services.

9. AOB

The Director, Guy's Cancer confirmed that the new Guy's Cancer brand has been shortlisted for the 2017 Transform Europe Awards in the Best Visual Identity in the Healthcare category

10. 3rd May 2017, 2pm – 4pm, Burfoot Court Room, Guy's

This page has been left blank

Board of Directors Children's Services Committee

Minutes of the meeting held on Wednesday 8th February 2017

- Present**
- Dr Sheila Shribman, Non-Executive Director (Chair)
  - Sir Hugh Taylor, Trust Chairman
  - Ms Amanda Pritchard, Chief Executive
  - Mr Jon Findlay, Chief Operating Officer
  - Mr Martin Shaw, Director of Finance
  - Ms Emma Duncan, Non-Executive Director
- 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 McDougall, 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
  - Dr Owen Miller, Director Specialist Networks, Evelina London
  - Ms Anita Knowles, Director of Communications
  - Ms Jennifer Shaw, Head of Capital Development
  - Mr Simon Blazer, Head of Finance, Women's and Children's Services
  - Dr Tony Hulse, Council of Governors, Staff Member
  - Ms Devon Allison, Council of Governors, Patient Member
  - Ms Julie Gifford, Deputy Director, Strategy
  - Ms Valerie Seago, Strategy and Planning Manager – (Minutes)
  - In attendance for item 8:**
  - Ms Harriet Ward, Specialist Networks Manager
  - In attendance for item 10:**
  - Ms Maria Higson, Credo Consulting

1. Apologies

Dr Ian Abbs, Medical Director

2. Minutes of the last meeting

These were confirmed as an accurate record.

3. Matters arising

Fund Raising: The Head of Strategic Development, Evelina London reported that a draft report had been produced and would be ready to present to the March meeting. The Trust Chairman pointed out the potential of linking fund raising activity to the 150th anniversary of the Evelina Hospital in 2019 and also praised the sum raised by the Southwark News.

Quality and Performance

4. December 2016 IQPR

The Evelina London Director introduced the report and highlighted some of the points from the Executive Summary. She reported that the Carenotes recovery programme was making progress. She also noted that the demand for services continued to grow due to changes in referring patterns and growth of markets. The Paediatric Emergency department was reported to have been busy in November and December 2016 but had been slightly quieter in January 2017 when under 5% of patients had waited for over 4 hours. The referral to treatment position remained stable. Work to reduce out of area orthopaedic referrals from North East London had been successful, thus reducing some pressure on the service.

A good response rate for the flu immunisations had been achieved amongst the Hospital staff but further work would be required next year to increase the take up rate amongst Community staff.

An event held to launch the surgical pathway work had been extremely successful with a large attendance and a high degree of engagement and enthusiasm. Implementation of some of the suggestions had already begun.

The Medical Director, Evelina London reported that the opening of the Children's Short Stay Unit in A&E had had an impact on breaches and also combined with the procedure room opening had improved the pathway for minor plastics trauma patients.

The Chair commented on the hard work put into producing the IQPR and thanked the team. The committee discussed the appropriateness of sharing the information with a wider audience including commissioners.

5. Patient Experience and Engagement Report

This item was deferred until the next meeting.

6. Month 9 Finance Report

The Head of Finance, Women's and Children's Services gave a succinct description of the financial position at month 9. As at the end of December the Evelina was showing an overall £253,000 deficit with a £74,000 deficit in month 9. The forecast for the year end was £261,000 adverse assuming near break-even in quarter four. Underperformance in income at the start of the year had been due to the junior doctors' strike, delay in capital schemes (including NICU, Procedure Room and CSSU) and also a slow start to growth schemes. There had been a significant pay underspend to compensate, particularly on nursing and A&C staff.

7. 2017/18 Business Plan Headlines

The Director Evelina London described how the business plan tackled the challenging situation for the next year, including the issues of how to get physical capacity in place. Assumptions for growth were based on current demand and growth of existing services plus some resolution of backlogs and strategic growth of sub-size specialties. This showed a risk that activity would be greater than capacity in quarter 3, assuming new capacity would be available in quarter 4. Cost pressures included phasing in of new staff for developments and restrictions to 5th floor work from disruption whilst the 6th floor conversion was undertaken. Service development plans including neurosurgery at Evelina were being worked through.

The Clinical Director, Medicine and Neonatology, Evelina London expressed concern regarding the impact of lack of capacity on their plans. Working with the network hospitals and developing an ambulatory space were seen to be key to mitigating the issue.

The Clinical Director, Surgery and PICU, Evelina London reported that her main concern was around theatre capacity. A system of staggered admissions was being trialled. Theatre staffing remained a challenge with 25% vacancies for theatre nursing staff.

The Clinical Director, Children's Community Services remarked on the challenges of a block contract which did not take account of the increasing complexity of children seen. She reported on the LEAN training which was being undertaken to improve efficiency. There would be further consideration as to whether some new service developments could be tariff based.

The committee discussed whether the 10% savings target was achievable and also the extent to which the financial challenge was transitional and linked to lack of capacity. The Evelina London Director stated that the Evelina performance and efficiency benchmarked well amongst other Trusts. It was felt that there could be more ambitious targets for Private Patient/International Patient income with more capacity. Surgical productivity was seen to be a key issue and it was suggested that an alternative workforce model may have to be developed for theatres.

The Director of Finance outlined the Trust's review of major capital funding and the extent to which the surplus would have to be increased by to afford the capital required. He also noted the Trust's handling of the risk from tariff changes.

Strategic Development

8. Specialist Networks Update

A presentation was given by the Director Specialist Networks and the Specialist Networks Manager on the progress of the Specialist Network Team over their first year. Visits had been undertaken to 20 core network partners and relationships established with other specialist network hospitals. A comprehensive map of activity had been produced and a Trust-wide group established, chaired by the Deputy Director of Strategy. Meetings with network hospitals and paediatric services in the Trust had led to a change in the perception of what it meant to lead the network and how best to place the child and family at the centre of the developing service model.

Comprehensive SLAs had been established which had brought in additional income for services already provided. The Evelina@ model was being explored with a prototypic model being used for network activity by the Paediatric Rheumatology service.

Education was seen as a key element with a very successful multi-professional day having been held in November with 80 attendees from the Network. A Network Education Co-ordinator had been funded by the Evelina Children's Fund Committee and a CQUIN proposal submitted to the commissioners. A System Leaders Forum held on 31st January 2017 had been well received (13 trust teams attended) and more were planned in the future.

Plans for the year ahead included development of financial models including the Evelina@ model, development of surgery in network hospitals, patient centred clinical pathways and patient engagement. Joint working with other specialist children's service providers in South London was seen as essential to the design of a network geography that ensured services were provided around the needs of children and families as well as being in line with minimum standards and commissioning requirements. Proposals for expanding the team to support this activity were outlined.

The Council of Governors, Staff Member queried the approach to services which became national rather than just regional.

The Trust Chairman supported the work and suggested that funding should be sought from outside the Trust for initiatives of this nature.

The Committee Chair questioned how the Evelina team planned to ensure standards were maintained and the approach to network partners who may wish to do activities which did not meet the standards. The Director Specialist Networks, Evelina London outlined the reviews which were taking place including the recent Critical Care review and Surgical Review and discussions with Southampton which has a well developed network model.

The Trust Chief Executive emphasised the need for the Evelina to drive the content of reviews of service provision and have a strong vision to present to commissioners. She saw the present situation as a window of opportunity which needed to be pro-actively approached.

The committee noted the achievements of the Specialist Networks Team and supported their plans.

9. Strategic Development Programme Update

The Head of Strategic Development, Evelina London summarised progress on the strategic programme. She reported that the FBC for the Evelina 1+ scheme had been developed in draft and would be taken to the March Investment Portfolio Board (IPB) meeting. She reminded the committee of the components of the scheme and informed them of the change of contractor. The committee expressed concern at the delay caused by the problems with the previous contractor and requested reassurance that the lessons learnt would be applied to future schemes. The Head of Strategic Development, Evelina London outlined the procurement process which had been undertaken to secure the new contractor and the Head of Capital Development described the P22 framework and the reassurance of quality which it should give to trusts.

Other schemes were progressing well. Fundraising for the CRF project was continuing and the PLTV2 project had benefitted from the allocation of LIBOR funding and was now in detailed planning.

A Strategic Outline Case had been developed for an Ambulatory Unit in the space currently occupied by the Newcomen offices. The initial driver for this had been to develop capacity for winter 2017/18 but it was confirmed that it also offered potential long term benefit, to accommodate the growth of existing services and to create flexible inpatient capacity in the context of wider strategic opportunities.

Work was continuing on the Evelina Expansion (Evelina 2) plans and it was intended that a preferred estates option would be taken to the May IPB to request permission to develop that option further. Additional resources would be required to develop the work as would further discussions with the NHSE to reduce uncertainty on their plans for the commissioning of services going forward.

A programme manager post was to be funded jointly by GSTT/Evelina London and KCL to develop the new child health division.

A concordat had been agreed with Kings College Hospital and working groups were looking at the pathways for neurosurgery, ENT, cardiology and at joint capacity planning.

10. Evelina SBU Progress Report

Maria Higson tabled two papers detailing the work which had been undertaken on the development of a Strategic Business Unit model for Evelina. She highlighted the section on the Evelina Executive architecture which proposed a Director of Operations role with the Clinical Directors reporting to this role and the General Managers and Heads of Nursing reporting to the Clinical Directors. The Specialist Network Clinical Director role would become a more formal leadership position within the SBU and the Head of Finance would report directly to the Evelina London Director.

The role of the Evelina London Committee and its terms of reference and membership still required confirming.

Discussions were underway with children's services in other directorates to ensure that specific concerns were addressed before plans were confirmed to transfer them into the Evelina structure.

Conversations were also progressing with key corporate functions to describe key components of the relationship between the SBU and each of the main functions.

The Trust Chief Executive praised the work and emphasised the need to ensure that the model works for everybody across the organisation. The Trust Chairman commented on the need to ensure that there were no conflicts with Trust initiatives within other directorates which would benefit the Trust as a whole for example the St. John's@ model in Dermatology.

The Chair confirmed that further work on this will be presented to the March meeting.

11. Any other business

None raised.

12. Next meeting

The next meeting will be held on Wednesday 15th March 2017 from 4 to 6pm in the London Bridge Room, 4th Floor, Becket House.

This page has been left blank

Board of Directors Children's Services Committee

Minutes of the meeting held on Wednesday 15th March 2017

- Present**
- Dr Sheila Shribman, Non-Executive Director (Chair)
  - Sir Hugh Taylor, Trust Chairman
  - Ms Amanda Pritchard, Chief Executive
  - Mr Martin Shaw, Director of Finance
  - Ms Emma Duncan, Non-Executive Director
- 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 Grenville Fox, Clinical Director, Medicine and Neonatology, Evelina London
  - Dr Bidisha Lahoti, Clinical Director, Children's Community Services, Evelina London
  - Dr Owen Miller, Director Specialist Networks, Evelina London
  - Professor David Edwards, Director, Centre for the Developing Brain, Professor of Paediatrics and Neonatal Medicine
  - Mr Alastair Gourlay, Group Director, Essentia
  - Mr Simon Blazer, Head of Finance, Women's and Children's Services
  - Dr Tony Hulse, Council of Governors, Staff Member
  - Ms Devon Allison, Council of Governors, Patient Member
  - Ms Kathrin Ostermann, Director of Supporter Development, King's Health Partners
  - Ms Valerie Seago, Strategy and Planning Manager – (Minutes)
- 1. Apologies**
- Dr Ian Abbs, Medical Director
  - Mr Jon Findlay, Chief Operating Officer

2. Minutes of the last meeting

These were confirmed as an accurate record.

3. Matters arising

There were no matters arising which were not covered by the agenda.

Quality and Performance

4. Healthy London Partnership Acute Services Peer Review

The Medical Director, Evelina London reported on the visit by the Healthy London Partnership Team which had taken place two week earlier. The peer review panel were visiting all London providers of secondary care for children to provide constructive challenge and ensure acute standards for children were being met.

The formal report was awaited but verbal feedback had been very positive, praising the culture and the genuine evidence that children were at the centre of the service. The recent changes to the acute pathway with the Children's Short Stay Unit and incorporation of the Children's A&E team into Evelina were noted as very positive developments. The close collaboration and integration with CAMHS was also noted. Care of teenagers and young adults across the Trust was raised as an area to focus on.

The Chief Executive commented on the feedback she had recently received from junior doctors and nurses regarding the change in relationship with the Emergency Department and the positive difference it was making in enabling them to improve care for children.

5. January 2017 IQPR

The Evelina London Director introduced the report. The Medical Director, Evelina London reported that root cause analysis reports were being undertaken on the SUIs and that any appropriate immediate action had been taken.

The Committee discussed the Emergency Department activity figures which illustrated some sudden surges in attendances. It was agreed that the figures should be monitored and further analysis undertaken at a similar depth to that undertaken by the adult Emergency Department, including for example the source of attendances.

The RTT percentage had dropped below 80% but this was not anticipated to be a position which would continue as additional activity was planned. Comparison of children's waiting times at other local Trusts was raised and discussed.

The Director of Nursing, Evelina London outlined work which was being undertaken on age appropriate care and the committee requested that a report be brought to a future meeting.

Action: Report on age appropriate care to be brought to future meeting.

6. Patient Experience and Engagement Report

This report was presented by the Director of Nursing, Evelina London. She described the work of the Children's Patient Experience and Engagement Working Group and the Evelina Engagement Team. The results of the Family and Friends Test for 2016 were presented together with a themed analysis of complaints. It was important that improvements in practice which were made as a result of learning from complaints and for these to become embedded in normal activity. Learning from Excellence had been introduced as a pilot on NICU, PICU and the general paediatric ward and had been positively received. Feedback from PALS on responses given to complaints was required and had been requested.

The report also provided detailed Directorate updates outlining changes made in response to feedback from patients and parents.

Action: Feedback on PALS responses required.

7. Month 11 Finance Report

The Head of Finance, Women's and Children's Services circulated the month 11 finance report. This showed the ledger position to be £804,000 favourable to plan at the end of month 11. Income was behind plan due to late delivery of capital programme schemes and slow development of growth schemes. However costs had been contained to compensate and all cost areas were favourable to plan. The year-end prediction was £400,000 favourable to plan. It was noted by the Director, Evelina London that the Surgical Directorate had put in a lot of hard work in order to recover a previously adverse position. The Committee Chairman encouraged the Evelina team to continue the good work.

8. 2017/18 Business Plan 3rd cut update

The Director Evelina London circulated the updated document. It was noted that ambitious activity figures were included for Outpatient activity. The paper included details on how the proposed activity levels would

be reached with the limited capacity available. An assumption had been made that the 6th floor cardiac ward would be completed by the stretch target of December 2017. Occupancy would need to be pushed to higher levels than currently achieved prior to the opening of these beds. Other initiatives such as community nursing and Hospital@home would be important in achieving the activity levels planned. Theatre capacity would be created by a number of means including increasing efficiency of existing theatres, extended days, more weekend working and new network operating agreements. The current 25% vacancy rate in paediatric theatres was seen as a risk to achieving the required activity levels.

The plan had not achieved the 10% savings target set by the Trust although significant progress had been made. The financial plan assumptions were detailed in the paper.

The committee discussed reasons for the increasing demand which was driving the requirement for additional activity levels. Availability of suitably qualified staff was seen as a major challenge which would need to be addressed. This could include different ways of training people or different roles.

The impact of the new tariff across the whole Trust would be known the following day. The level of impact would determine what action needed to be taken. The Director of Finance congratulated the Evelina for the financial position achieved in 2016/17.

Strategic Development

9. Fundraising report

The Director of Supporter Development, King's Health Partners tabled a summary presentation on the recent Fundraising Review. The review had been conducted by Grezbach Glier and Associates in December 2016 and January 2017. This included benchmarking with other organisations and interviews with Evelina staff. The key conclusion was that fundraising was modest but had potential to be higher with annual revenue trending upwards by 17% in the last year. Growth of philanthropic revenue was seen to be constrained by the resources available, current structures and complicated decision making.

The report made the following recommendation:

- Lead fundraiser to be responsible for the overarching fundraising strategy, plan and culture.
- Additional resources and team to sit below this post. Focus on major gifts, events, community and corporate fundraising, donor relations and communications
- Thought to be given to the team (roles and structure) and how it relates to GSTT and Evelina London.
- Physical presence for Fundraising team inside Becket House and inside the Hospital.
- Evelina London to be clear on priorities and fundraising leads.
- The paper outlined the strategy for major gifts, events and community, direct marketing, gift acceptance and communications.

The Director, Evelina London noted that Evelina London was reliant on £1m of fundraising income every year for basic support for services. The next step would be a discussion with the charity to agree a new investment level. The committee were supportive of additional resources being invested in fundraising.

Action: Discussion with the Charity over an increased level of investment in Fundraising resources

10. Evelina SBU Progress Report

A draft paper on the creation of a Strategic Business Unit was in preparation and would be discussed at the Board Away Day. The Director, Evelina London outlined the contents of the paper including changes to the structure and governance arrangements. This Committee would be replaced by new forum, the Evelina London Management Committee (name to be confirmed), which would report directly to the Trust Board. Two Non- Executive Directors would sit on this body. It was suggested that careful consideration be given

to the expertise which would be most useful in these roles. It was also noted that strong links with Fundraising would be required. The Evelina role in discussions with commissioners was queried.

The Director, Evelina London described the work undertaken with key corporate functions and discussions with Directorates with shared adult and children's services. Some of the latter would transfer responsibility for the children's element of their services to Evelina London in 2017/18 and some would transfer in April 2018. Others were still under discussion.

The Chief Executive commended the paper and suggested that the strategic independence be emphasised and also the principles of earned autonomy including stress test scenarios. She noted that the SBU arrangement would give opportunities for mutual learning not just assurance for the Board.

11. Any other business

None raised.

12. Next meeting

The next meeting will be held on Wednesday 10th May 2017 from 4 to 6pm in the London Bridge Room, 4th Floor, Becket House.

DRAFT

Guy's and St Thomas'
NHS Foundation Trust

**Board of Directors
Corporate Management Committee**

Part 1

**Minutes of the meeting held on Wednesday 8th March 2017
at 2:00pm in the Burfoot Court Room, Guy's Hospital**

Present : Sir Hugh Taylor (Chair)

Dr I Abbs
Ms E Duncan
Mr J Findlay
Dr F Harvey
Ms J Hamilton for Dame Eileen Sills
Ms A Macintyre
Mr S McGuire
Ms G Niles
Ms A Pritchard
Prof R Razavi
Mr M Shaw
Dr P Singh
Mr S Weiner

Attendance: Mr D Price, Secretary
Ms V Cheston
Ms H Coffey
Mr R Drummond
Mr A Gourlay
Ms A Knowles
Dr S Steddon
Mr K Burnand, Council of Governors representative
Ms A Price, Associate Director of ET&D for item CMC/17/06

Apologies Sir Ron Kerr
Mr J Pelly
Dr S Shribman

CMC/17/01 Minutes of the meeting held on 14th December 2016

The minutes of the meeting held on 14th December 2016 were approved as a true record.

CMC/17/02 Matters Arising from the minutes of the meeting held on 14th December

There were no matters arising.

CMC/17/03   Essentia Quarterly Capital Programme update

The Director of Asset Management drew the Committee's attention to the success on agreeing a final sum for the construction of the Cancer Centre, which was within budget approval. It was also noted that the Emergency Care Pathway scheme would now complete at the end of March 2018. This has a cost implication of £1.7M which included a cost and time contingency. The Trust was confident that the works on the 6th floor of the Evelina would proceed to plan. This was the first time the new P22 contracting framework had been used and the contractor was keen to ensure they met the deadline of the end of March 2018.

The Chair also updated the committee on the positive discussions with Transport for London on the floating bus stop on Westminster Bridge and the further stakeholder engagement to come.

The Committee discussed the proposed Orthopaedics joint venture and the Commercial Director assured the Committee that a full and proper process was in place for developing the agreement and for taking the decision on whether to proceed. The Committee noted that the Trust was awaiting the Best and Final Offer before further assessment could be made.

On Digital elements of the update the Committee were keen to make sure that the new digital committee consider how its remit aligned with other programmes. That committee should also consider the investment in Carenotes in its appraisal of how best to secure and implement a new Electronic Health Records system.

CMC/17/04   Buildings and Business Interruption Insurance Cover

The Director of Finance outlined the proposal and options for future insurance cover. The Committee agreed there was little advantage in securing longer term insurance and that additional leverage might be secured if the Shelford Group as a whole were to work together on this. It was also noted that there was separate insurance for nuclear elements on the hospital sites.

The Committee approved the proposal and delegated authority for Chief Executive and Chairman to sign any deal secured with the Shelford Group. I

CMC/17/05   Board Assurance Framework

The Committee reviewed the risks ascribed to it in the Board Assurance Framework. The Committee noted that the research and development risk and the leadership element of the workforce risk needed to be updated to reflect the latest position. With that proviso the Committee approved the report.

CMC/17/06   Education Funding – Risks and Mitigation

The Chairman opened the discussion by emphasising the position short to medium impact of the reduction of funding for continuous professional development. The Associate Director of Education, Training and Development said that following the changes to funding the Trust was promoting development of internal programmes and looking for additional

sources of funding. The strong relationship with King's College London and London South Bank University was a good platform for finding solutions to the issues arising, and there might be opportunities to work with the voluntary sector too.

The Committee noted the range of entrepreneurial opportunities like the Ebbsfleet development and South Bank University's nursing associate's pilots and their potential vertical integration with Lambeth College. It was thoughtful on how to influence the priorities of organisations we host and to utilise the benefits they offer and how the Trust can act as a system leader on education.

It was noted that commercial education and training has been used in the Trust to supplement reductions in continuous professional development spending. Further work is required with Kings Health Partners to ramp up the international offer for this offering, although the capacity of our services needs to continue to be appropriately balanced with the commercial education opportunities.

There also needed to be a discussion on how the Trust would work with Health Education England in the future given the uncertainties on future reductions in funding, difficulties in filling training posts and their own concerns on their capacity to support trusts in their education provision.

The Committee supported the recommendations in the paper.

CMC/17/07   Workforce Risks

The Director of Workforce gave a presentation which outlined the risks at three levels. In the London wide context there were high housing costs and long commutes combined with public sector pay restraint. For Guy's and St Thomas' there had been a large increase in staff numbers, but difficulty in filling specialist posts and some issues with retention. (For example, up to 40% of leavers indicated that the Trust could have done something to stop them leaving.) At a directorate level there were areas with high vacancy rates and parts of the organisation with a much older age profile than the rest of Trust.

Workforce availability was being highlighted as a strategic risk across the NHS, emphasising the need to take on a system view of the issue. Factors such as staff knowing their career journey, increasing flexibility for staff and the ability to reinvent roles to motivate staff were cited as examples of ways to help with retention.

The Committee discussed how to identify retention risks, develop a talent pool that could be used across the organisation and to what extent retaining staff by moving around the organisation was culturally accepted. A further issue to be addressed was how to embed a sense of belonging to the Trust in its junior medical staff.

The Committee welcomed the challenge laid out by the presentation. The challenge was a result of a blend of structural and local issues and it was right that we have the view that it is the Trust's role to step in and find the solutions to these risks. There were a range of specific issues; flexibility, role development and a sense of talent management, as well as some practical

Chair approved

issues like accommodation that needed to be considered in the Trust's response.

CMC/17/08   Diversity

The Director of Workforce opened the discussion by thanking Committee members for attending the LGBT history month event. This item was driven by the recognition that while the workforce was 40% BME, fewer than 11% of staff at 8c or above were BME.

The Trust has engaged on this issue, with a BME pioneers programme, good staff engagement and overall BME staff were the most satisfied in the Trust. The Trust ambition was to ensure all recruiters undertook unconscious bias training, that there was a discussion about BME top talent with the Trust setting the standards locally as a system leader.

The Trust would be ensuring that all 8c and above and Clinical Director posts went through an assessment process with recruiters who have undertaken the unconscious bias training. A Diversity in the Workforce steering group had been set up with the Director of Improvement as Chair which will develop a fuller strategy in the next three to six months. There would be a bi-annual report on this, and more regular monitoring of progress.

This was not just an issue of how the Trust appointed, but also how it developed a talent pool of BME staff to fill senior posts with BME and female exemplars in senior leadership positions. The Committee noted that while cross Trust issues needed to be resolved there also needed to be specific action in areas with a particular diversity problem. It was noted that lots of BME candidates were shortlisted at 8c and above, but very few were appointed.

The Committee was supportive of proposals. The Chairman noted the excellent staff survey results.

CMC/17/09   Any other business

There was none.

CMC/17/10   Month 10 Finance Report

The Committee noted the Month 10 Finance report

CMC/17/11   Date and time of next meeting

7th June 2017 from 1pm in the Burfoot Court Room, Guy's Hospital

**Board of Directors
Quality and Performance Committee**

**Minutes of the Part 1 meeting held on Wednesday 12th April 2017
at 1pm in the Burfoot Court Room, Guy's Hospital**

Present: Dr Priya Singh (Chair)

Dr I Abbs
Ms E Duncan
Mr J Findlay
Dr F Harvey
Ms G Niles
Mr J Pelly
Ms A Pritchard
Mr M Shaw
Dr S Shribman
Dame Eileen Sills

Attendance: Mr P Allanson, Secretary
MR A Gourlay
Ms A Knowles
Ms M MacDonald
Ms K Proctor
Ms S Wilding
Ms D Allison (Council of Governors representative)
Ms D Summers and Ms G Charlton for item QPC/17/20

QPC/17/10 Apologies

Mrs A Macintyre, Mr S Steddon, Prof R Razavi, Sir Hugh Taylor

QPC/17/11 Minutes of the meeting held on 11th January 2017

With the addition of the agenda item numbers from QPC/17/05, the minutes of the meeting held on 11th January 2017 were approved as a true record

QPC/17/12 Matters Arising

There were no matters arising.

QPC/17/13 Board Assurance Framework

The Committee was invited to review the risks for which it had responsibility noting that a number would be considered in further detail in the course of the meeting. It was agreed that a fuller report on workforce concerns would be presented to a future meeting of the Committee and that the nursing and midwifery report, posted into the Reading Room of BoardPad, should be

expanded to embrace the medical workforce and Allied Health Professions. It was suggested that the report should comment on the impact on quality that workforce challenges could have, describing them in terms of actual and potential risks.

Finally, it was noted that the Trust Management Executive would be reviewing the highest rated directorate risks over the coming months.

QPC/17/14   Learning from patient deaths

The Trust was required to take action as a result of two documents published by the Care Quality Commission and the National Quality Board as part of the duty of candour requirement and guidance in learning from deaths. New accountability responsibilities at Board level were to be supported by a new system of care record reviews, a new Trust policy with the involvement of families and carers at all stages. A report was to be presented to the Board every quarter. The initial report would be prepared at the end of Q2 with data published in Q3 along with the Trust policy; there would also be a report in the Trust's Quality Report.

It was noted that an independent clinician was expected to review deaths in certain categories using a template – the Trust was likely to adopt the Structured Judgement review for this purpose. As this was a detailed document it was likely that clinicians would need protected time to undertake these reviews.

Performance across the Trust included some excellent practice and the aim was to make it uniform and a Mortality Governance Group, chaired by one of the deputy medical directors, had been set up to oversee the process.

The Committee welcomed the proposals, noting that the number of unexpected deaths to be reviewed should be relatively small. It acknowledged that the most important thing would be to access learning that may not otherwise have emerged and to ensure full engagement of families and carers in all death reviews. It was noted that the Trust was considering replicating the evolving role of medical examiners in local authorities to support dealing with deaths and communication surrounding bereavement.

QPC/17/15   Hot Topics

Quality

The Chief Nurse reported that 77% of the inpatient workforce had now been trained as part of the Nightingale project. The response was positive and the opportunity to review at the mid point of the shift was particularly welcome and should be firmly embedded by the autumn and be a part of all nurses' induction to the Trust. Phase 2 would include work to improve nutrition generally and breakfast in particular.

The Committee noted that there had been a 30% reduction in c-diff cases thought to be as a result of changed prescribing practice. There had been 4 MRSA cases. Reductions in e-coli occurrences were to be mandated for the current year and MSSA was the next infection to be targeted with details due to be issued.

The Committee approved the reappointment of the Chief Nurse and Dr Nicholas Price as Joint Directors of Infection Prevention and Control.

The amount of activity around safeguarding of both children and adults was increasing and becoming more complex. Both Lambeth and Southwark were in the process of changing their referral systems for children; each borough would then have a different process and thresholds. This mirrored the national picture. It was likely to lead to an increase in health visitor safeguarding caseloads.

Most adult referrals came from the community and many were based on Mental Capacity Act issues.

Ensuring that cases were properly documented was difficult as the mobile and fixed technologies needed the improved alignment that would become possible through a full electronic patient record system.

It was intended to provide more support and training to ward and community staff so there was less reliance on the small, central specialist teams whose advice would remain available for particularly difficult cases.

The Committee approved the reappointment of the Chief Nurse as safeguarding lead for the Trust for both adults and children.

Complaints about the transport services contracted for Kent dialysis patients by Kent CCG had increased and the issue referred to the Chief Executive at the CCG who had promised an action plan for early implementation.

The Fit for the Future Digital Patient Journey programme would be reviewing how patients could more effectively contact the Trust by telephone in the light of patient complaints about telephone answering usually at directorate level. Two internal issues also needed to be dealt with – ensuring that staff details were maintained in the system and reducing the large number of internal calls (20-26,000 per day).

The Committee noted the work to improve the Trust's end of life care practices and the success of the single critical care response team which had succeeded in reducing admissions to ITU and identifying deteriorating adult patients earlier. The team had now been formally established. Each directorate had been asked to develop actions to prevent falls with harm.

The Trust had been safely staffed over the previous quarter though there were emerging risks in the adult community and older people's services. However, 20 band 4s in a new role within the older people's services had just been appointed who it was hoped would concert in time to the Nurse Associate role currently under development.

Assurance

The Committee noted that the Trust's support to Medway FT, which had come out of special measures, had been recognised by the Secretary of State.

There had been one fewer never event reported in year than in the previous period; work continued to address the issues whilst encouraging staff to be open and transparent.

The Committee noted a serious incident reported by Interventional Radiology which had brought to light issues surrounding the administration of conscious sedation. Until these were resolved, an anaesthetist would be present for high scoring patients where sedation was required. A root cause analysis had been undertaken which had reached a new conclusion as to the cause of death and this had been notified to the Coroner who had yet to confirm whether he would hold an inquest. The family had been kept informed and involved and had been told of the findings.

The Trust currently provided an abdominal aortic aneurism screening service which was being retendered. Some aspects were unsatisfactory to the Trust as the price offered was lower than the cost of the service and required equipment to be replaced at the Trust's cost; nor were some of the performance aspects practical. The Trust was not intending to bid on this basis and had told the commissioners. No other London trust was expected to bid and it was not clear whether an alternative private sector provider would emerge.

Performance

The Committee noted the new performance trajectories that had been submitted to NHS Improvement against which the Trust would be measured. These had been discussed with NHSI but were not yet agreed.

The Trust expected its performance on the referral to treatment target to improve but would not meet it by March 2018. This remained an NHS Constitution requirement and patients were entitled to be treated within 18 weeks or opt to be referred elsewhere. However, the Trust would not be fined for failing to meet it.

In addition to diverting anaesthetists to the Interventional Radiology service, the impact of the IR35 tax changes which affected staff offering their services through personal service companies had led to a number of service withdrawals from what were expected to have been committed bookings. This had led to 34 cancellations at the beginning of April with the most clinically urgent procedures being prioritised. It was hoped that some staff would become available again and the instruction from NHSI that had subsequently been withdrawn not to employ staff with substantive NHS contracts elsewhere had also had a short term impact. The Trust was working across London and with NHSI to try to make sure that everybody held the line on not increasing pay for bank rates which were within local control as the longer term consequences of spiralling pay inflation would cause major problems in the future. Overall, some services were vulnerable in terms of workforce sustainability with supply issues in A&E and anaesthetics. IR35 had also affected IT consultants who had real alternative sources of employment in the private sector. It was agreed to take a paper on workforce risks at the next meeting covering short, medium and long term issues.

The Trust's A&E trajectory reflected the requirement to return to 90% compliance with the target by September 2017 and 95% by March 2018.

Recovery from the current position would be challenging and there remained workforce issues especially amongst middle grade junior doctors. The spike at the end of the trajectory related to the completion of the rebuild as it had been accepted that performance would be affected during the period of disruption. Applicants for 5 new consultants posts would be interviewed at the end of April from a good field and 6 ENPs would be starting work in June; additional GPs were being recruited to staff the urgent care centres. It was expected that unfilled deanery posts would be filled by the Trust. It was noted that the Trust's performance on ambulance handover was good; issues arose when the department was heavily occupied – 80-100 patients at any one time was not unusual. Patient safety remained the over-riding priority and the triage process to prioritise treatment supported the safety issues. The Committee suggested ensuring that the wider narrative about A&E performance was noted and that the successes discussed more widely.

The Trust continued to work to achieve the 62 day cancer wait target which was now the headline measure. The focus on achieving the target for referrals begun at the Trust would be affected by the problems in Interventional Radiology as a number undergoing diagnostic tests were on a cancer pathway. External referrals, which accounted for 66% of referrals, required more work with the main referring trusts who had other challenges to overcome and it was unlikely that the target would be met overall. The Trust had just appointed a Deputy Director for Cancer whose role would have a particular emphasis on improvement. Increased demand along with the need for more diagnostics and treatments with patients being referred from a large number of other trusts, made sustainable change difficult to achieve. Nevertheless it was important that the performance for GSTT referrals met the target in order for the Trust to be recognised as a credible system leader and cancer centre. Whilst performance across the UK on this target was variable the Trust's was poor in comparison. The increased emphasis on early diagnosis was likely to increase GP referrals even though the majority of those referred would turn out not to have cancer. The Committee also noted that the Trust's performance on the outcomes of treatment was good in comparison to others as was the quality of care offered.

Finance

The Director of Finance said that the early indications for the out turn for M12 showed a continuing improvement. Discussions continued with NHS Improvement about the amount of STF it was prepared to pay for over performance and whether this was in place of or additional to earlier offers. The figures from NHSI were due to be confirmed prior to submission on 26th April 2017. It was anticipated that the outcome will be £15-17mn above plan leading to a year end surplus of about £33mn.

As far as 2017-18 was concerned, the gap left an in year challenge of around £15mn of savings or additional income to be found. Budgets were being allocated to directorates who were expected to make a saving of 1% of costs; there would be an adjustment to the vacancy position so that the full year cost was not being carried for the full period and all reserves had been distributed. Nevertheless it was thought that the delivery of £15mn in year was within the parameters met in previous years. In addition the contribution from the Commercial directorate was not reflected within the figures nor was there any assumption of savings from the Fit for the Future programme and savings from adopting Carter metrics or other joint collaborations would be taken in as

they were realised. The Trust was not prepared to contemplate targets or cash being moved around the members of the STP and would resist any suggestion that this should happen.

Overall, the external environment was of more concern than the Trust's position but an insistence on transparency and the consistent treatment of all providers would provide a proper platform for collaboration.

Essentia

The Committee noted that the latest round of PLACE inspections had taken place.

The operational performances of a number of lifts at St Thomas' had deteriorated – the unfortunate collision of refurbishing older lifts and newer ones unexpectedly failing had led to a review of response times. It was suggested that for North wing in particular a review of the phasing and whether all lifts serviced all floors should be undertaken.

It was noted that from the next report operational issues related to IT would be put within the IQPR and reported by the CDIO and the longer term and investment issues handled by the new Digital Board Committee.

QPC/17/16 IQPR

The IQPR for February 2017 was noted.

QPC/17/17 Draft Quality Report/Account

The draft report had been approved by the Trust Management Executive. The Committee noted that it currently reflected the current position and would be represented once it had been updated to reflect last year. The Committee noted the report.

QPC/17/18 Infection Prevention and Control draft Annual Report

See minute QPC/17/0 above

QPC/17/19 Modern Slavery Act 2015: Annual Statement

On behalf of the Board, the Committee approved the formal statement required to qualify the Trust to bid for work on contracts under certain conditions. The statement would also be published on the Trust's web site.

QPC/17/20 Freedom to Speak Up (Whistleblowing): recent developments Showing we Care by Speaking Up

The Freedom to Speak Up Guardian reminded the Committee of the purpose and role of the Guardian and that she had been appointed to work 1 day per week with a full time Deputy Guardian. The Trust was better resourced than all others that we were aware of and had received very positive feedback during a visit from the National Guardian. The Trust's Deputy Guardian was taking a leadership role as practices developed including as Chair of the London region Guardianship Committee. There were also 50 advocates within the Trust who had been trained to offer support to staff. The Trust had

set up a confidential e-mail account which would lead to investigations if appropriate. It was intended to review and refresh the Trust's policies and procedures with the intention of simplifying them so it would be clear what action staff could take if they had matters of concern to raise. There would be quarterly reports and a full report to the July public board meeting.

So far, since June 2016, the Guardian's office had received 98 contacts of which 16 related to patient issues with the rest line management issues. Most could be resolved informally and were about misunderstandings between individuals – the network of advocates was helpful and allowed the more limited central resource to be proactive.

The team was encouraged to generate feedback on the process and outcomes, as far as possible, including whether there were any longer term consequences for those raising concerns. Clearly it would be difficult to maintain confidentiality and publish more information.

The Committee welcomed the report and the establishment of the service within the Trust.

QPC/17/21   Papers for noting

The Committee noted the following:

- a. Finance Report Month 11**
- b. Patient Experience and Engagement Quarterly Report**
- c. Safeguarding Adults Annual Report**
- d. Safeguarding the Welfare of Children Annual Report**
- e. Trust Risk and Quality Committee Report**
- f. Serious Incident Panel meeting minutes January& draft February**

QPC/17/22   Date and Time of Next Meeting

The next meeting of the Quality and Performance Committee would take place on **12th July 2017 at 10am in the Governors' Hall, St Thomas Hospital**

This page has been left blank

Integrated Quality and Performance Report



February 2017

In this month (page 5)

Although the overall trend of high levels of patient referrals experienced through the course of 2016/17 slowed significantly in February, there continued to be a significant rise in GP referrals for cancer when compared to the same month in the previous year. Non elective attendances and elective inpatient activity was down compared to the same period in the previous year. The Trust has continued to work collaboratively with the CCGs during February to develop further demand management schemes across priority services and this work is now beginning to crystallize into clear actions across each of the work streams.

Are we safe? (pages 6-16)

One Never Event was reported in February, in Dental Services where a patient had the incorrect tooth extracted. There was a notable reduction in the number of Serious Incidents that occurred from 13 in January to 8 in February (including the NE). Two relate to treatment delays, two about interventions in care, one incident relating to surgical intervention and one incident associated with the management of a patient's risk of aspiration. SIAP ensure that all reports have robust action plans which address any lessons that need to be learnt, including organisational learning, and these action plans are then monitored through directorate governance groups.

Are we effective? (pages 17-28)

We continue to perform well against most of the indicators being monitored. The Trust performed well in most CQUINs for Q3. Final details are being agreed with NHSE for CQUINs for 2017-18 and this is anticipated to be completed by the end of March.

Are we caring? (pages 29-39)

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 increased in most care settings with the exception of outpatients which has seen a small dip. “Not recommend” scores show a similar pattern although performance in Recommend has decreased slightly in outpatients. Response rates have dipped slightly in a number of areas of care including maternity and community however steps have been put in place to address this and we hope rates will improve in March. 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 40-56)

Performance against the A&E 95% standard improved in February to 88.9% (types 1&3) when compared to the previous months performance. In addition to the continued impact of the department rebuild, high acuity continued to be the underlying theme for February which impacted upon the Trust's performance. In February the Trust's performance against the internal 62 day cancer standard deteriorated slightly from 80% in January to 77.4% in February. Overall performance against the 62 day target was 63.5% for February which is a slight reduction compared to the previous month and is primarily driven by an increase in referrals received >38 days. Referral to Treatment (RTT) performance remained largely static at 89.2% when compared to the previous month and remains above the STF trajectory. Patients waiting >52 weeks increased by 2 to 18 with the ENT recording 8. Plans are in place for each of these patients. Diagnostic performance improved to 1.28% in February with improved performances recorded in endoscopy, CT, sleep studies and urodynamics.

Are we well-led? (pages 57-61)

The Trust achieved the highest score for overall Staff Engagement of any healthcare provider in England; at 4.03 (on a scale of 1-5) compared to the national average of 3.80. Staff satisfied with the quality of work and patient care scored 4:11, against a national average of 3.92.

Our vacancy rate reduced to 11.22% but remains above target. Agency spend increased to 3.05% of the pay bill, but is below target and a reduction on the same month last year. Usage continues to be monitored closely on a weekly basis. Turnover reduced slightly to 12.21%. The number of completed personal development reviews (PDR) decreased to 75.86%. Managers and staff have been reminded of the importance of undertaking and reporting PDRs.

How effective are our enabling services? (pages 62-75)

The Trust has recorded a surplus of £3.1M for February, which is £6.3M better than the planned loss of £3.2M. 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.

Page 3

[illegible]

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

February	Compared to last year	
	Same month	Year so far

We received...

Referrals from GP's	18,385	0.1%	10.6%
Urgent cancer referrals	1,341	19.4%	11.9%
Referrals to @Home and ERR	377	4.4%	-7.6%

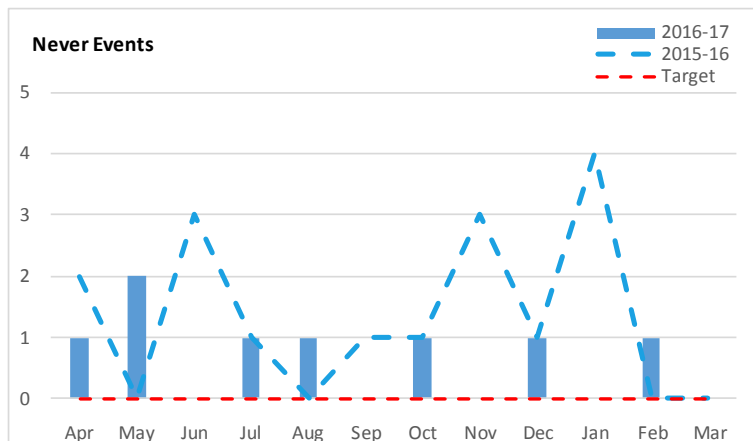
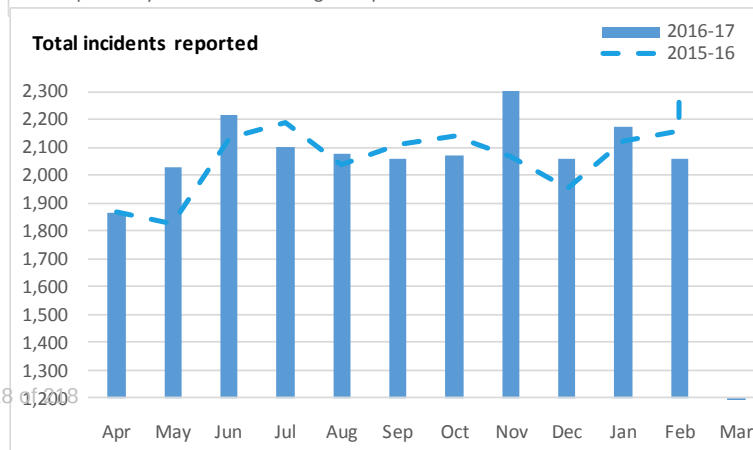
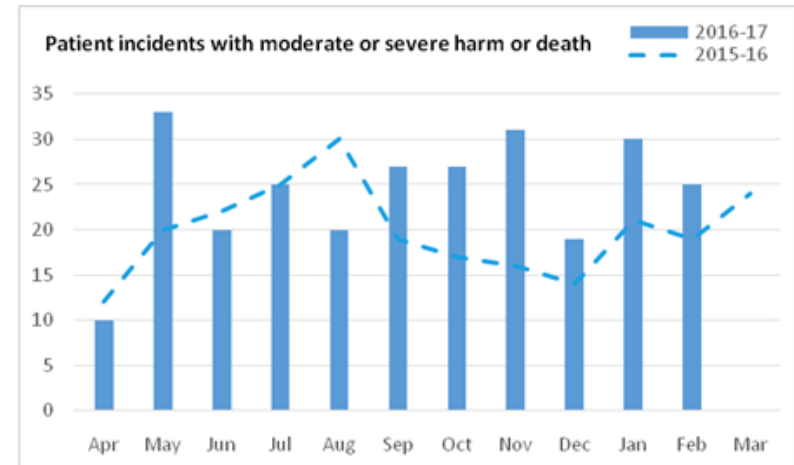
We treated...

A&E attendances	13,417	-11.1%	1.2%
Non-elective admissions	3,524	-0.3%	6.5%
Outpatient attendances	92,108	1.3%	3.9%
Day cases	5,850	1.4%	5.8%
Elective inpatients	2,265	-6.0%	-5.0%

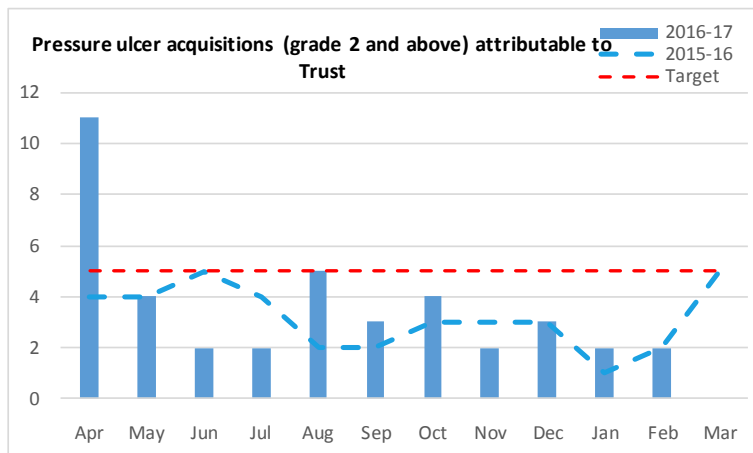
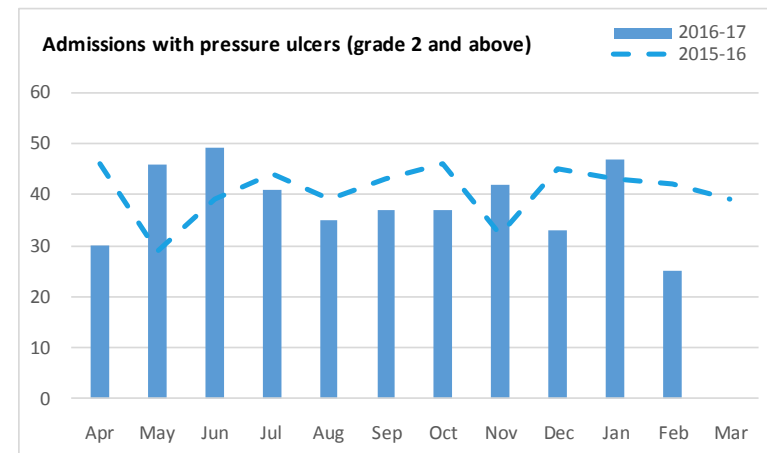
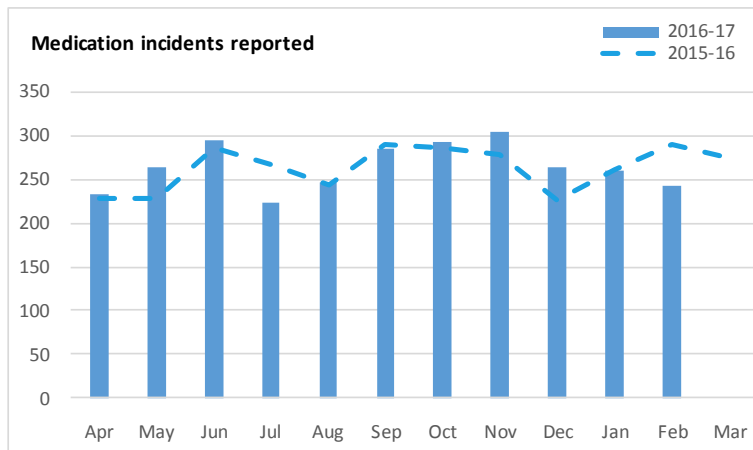
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor	Quality	priorities	Trend chart
1.1 Patient safety - incident reporting	INC 06	Total incidents reported	Number	-			2,052	2,059	2,172	2,059	2,095				Y
	INC 06S	Incidents - Reported on STEIS (total number)	Number	-			6.6	7	13	7	8.9				
	INC 06ST	Incidents reported on Datix that are STEIS reportable (total number)	Number	-			0.0	10	7	7	7.0				
	INC 07	Never Events	Number	Zero			1.3	1	0	1	0.7				Y
	INC 01	Incidents resulting in unexpected death	Number	-			2.3	2	3	3	2.8				Y
	INC 02	Incidents resulting in severe harm	Number	-			2.2	2	6	6	3.5				Y
	INC 03	Incidents resulting in moderate harm	Number	-			15.4	15	21	16	17.9				Y
	INC 04	Incidents resulting in low harm	Number	-			317	290	282	288	306				
	INC 05	Incidents resulting in no harm	Number	-			1,294	1,472	1,336	1,291	1,350				
	INC 01S	Incidents resulting in unexpected death - reported on STEIS	Number	-			2.0	1	4	2	2.4				
	INC 02S	Incidents resulting in severe harm - reported on STEIS	Number	-			1.7	2	1	3	2.7				
	INC 03S	Incidents resulting in moderate harm - reported on STEIS	Number	-			0.9	1	3	3	1.9				
	INC 04S	Incidents resulting in low harm - reported on STEIS	Number	-			1.1	1	1	0	0.7				
	INC 05S	Incidents resulting in no harm - reported on STEIS	Number	-			0.9	2	4	0	1.6				
	INC 08P	% incidents relating to patients	Mthly %	-			79.5%	86.5%	75.9%	77.9%	80.2%				
1.2 Patient safety - harm-free care	305T	Pressure ulcer acquisitions (grade 2 and above) attributable to Trust	Number	<5			3.2	3	2	2	3.6				Y
	305TA	Admissions with pressure ulcers (grade 2 and above)	Cases	-			41	33	47	25	38				Y
	INC 22	Medication incidents reported	Number	-			263	263	260	243	264				Y
	INC 21	Patient falls with moderate or severe harm	Number	-			1.6	5	1	1	2.6				Y
	INC 20	Patient slips trips and falls	Number	-			145	138	146	144	156				Y
	313BD	Incidence of falls per 1000 bed days	Number	-			4.9	4.6	4.9	4.8	5.3				Y
	WHO	WHO surgical safety checklist	Ann %	-			86%				85.0%				

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor	Quality	priorities	Trend chart
1.3 Infection control and cleanliness	324	MRSA screening of admissions	Mthly %	>95%			95%	91.1%	91.7%	91.7%	90.4%				Y
	301	MRSA bacteraemia (Trust-attributable)	Number	Zero			0.2	0	1	0	0.3				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	4	2	1	2.9				Y
	AMS	Anti-microbial stewardship	Score	>85			92.7	91	82	84	89.6				Y
1.4 Screening on admission	9936	VTE screening (externally reported)	Mthly %	>95%			97.2%	96.2%	96.4%	96.1%	96.7%				Y
	Dem75	Dementia screening (patients aged over 75)	Mthly %	>90%			92.7%	83.4%	79.4%	90.6%	88.5%				Y
1.5 Mortality indicators	350	Deaths in hospital - number in month	Number	-			93.7	81	104	87	87.7				Y
	HSMR	Hospital standardised mortality ratio (HSMR) - most recent score	Ratio	<90			75.6	73.0	69.6	67.0	72.1				Y
	SHMI	Standardised healthcare mortality index (SHMI) - most recent score	Ratio	<90			79.0	76.0	76.0	76.0	75.3				Y
1.6 Safe staffing	SafeS	Safe Staffing - ratio of actual to planned hours	Mthly %	-			100.1%	98.6%	99.7%	100.5%	99.9%				

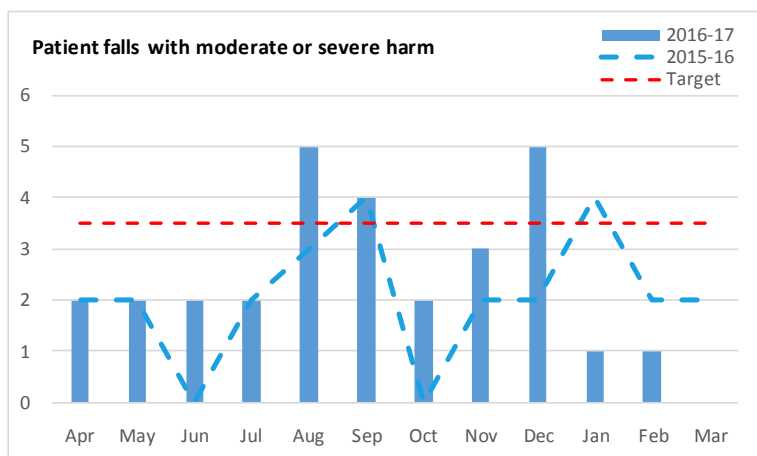
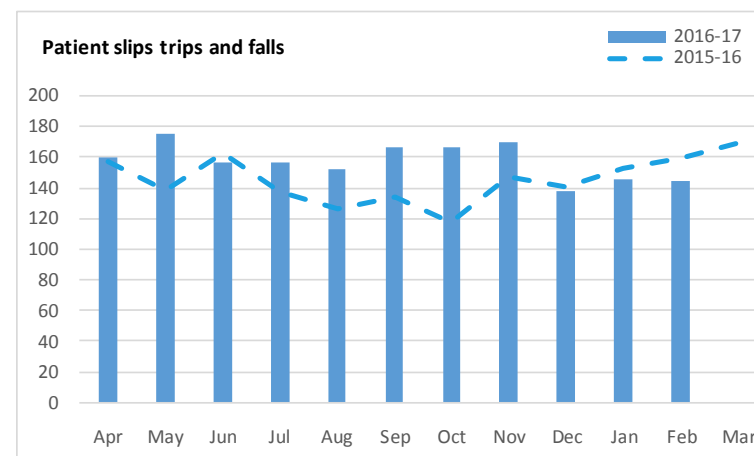
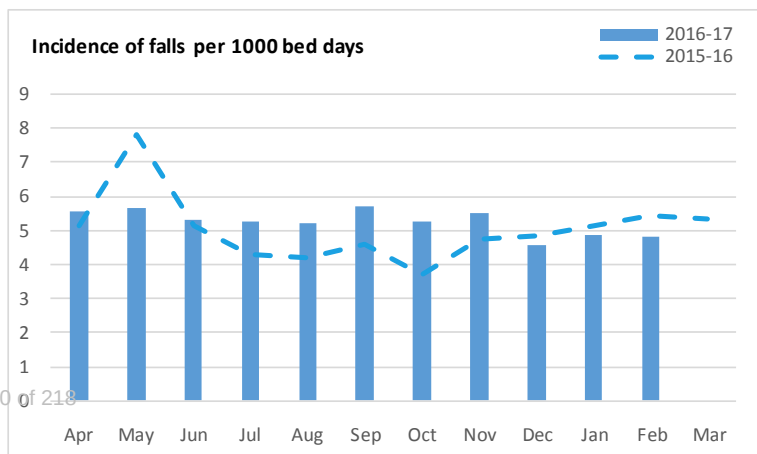
- One Never Event was reported in February, in Dental Services where a patient had the incorrect tooth extracted. There was a notable reduction in the number of Serious Incidents that occurred from 13 in January to 8 in February (including the NE). Two relate to treatment delays, two about interventions in care, one incident relating to surgical intervention and one incident associated with the management of a patient's risk of aspiration. All are under formal RCA investigation and will be concluded in a comprehensive action plan that is presented to the trust Serious Incident Assurance Panel (SIAP). SIAP ensure that all reports have robust action plans which address any lessons that need to be learnt, including organisational learning, and these action plans are then monitored through directorate governance groups. Nine completed RCA investigations were submitted to commissioners in February, all with detailed action plans.
- Incident data remains consistent, reflecting high levels of reported no harm & low harm incidents, compared with ratio of incidents of more serious impact. This is a good indicator of a strong and positive incident reporting culture. This picture is also reflected in national data reports, such as The latest National Reporting & Learning System (NRLS) published in March reflects the Trust in the top ten reporting group.



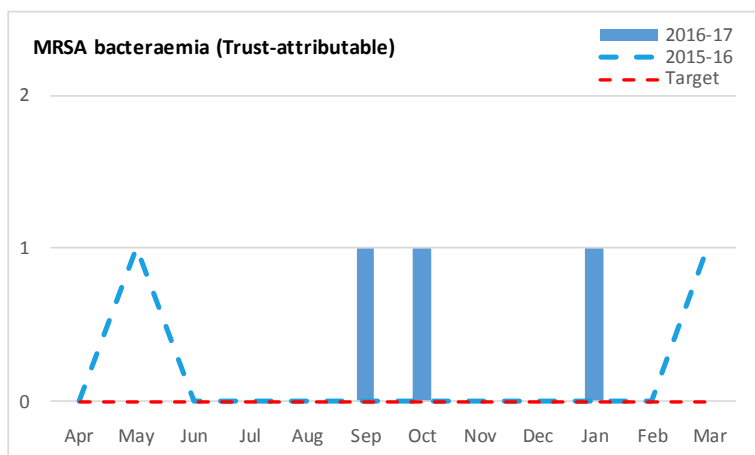
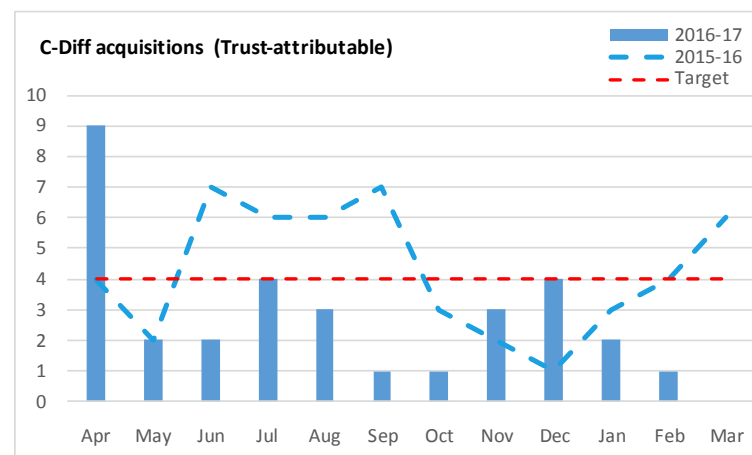
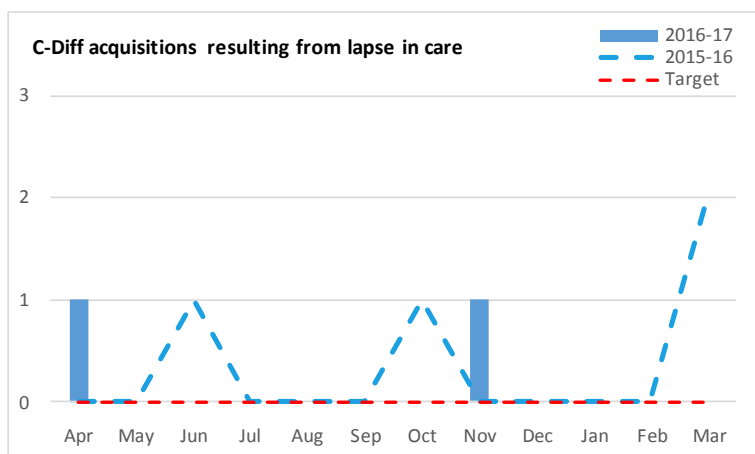
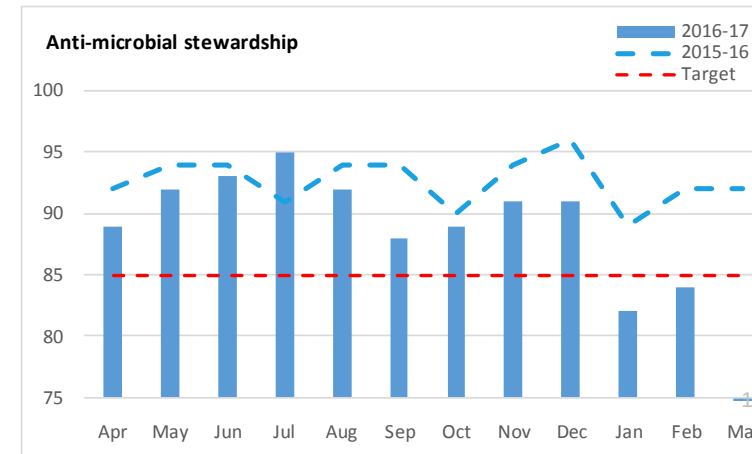
- There were 2 x stage 2 pressure ulcers in acute medicine this month one being a stage 4 the patient being very complex a full RCA is being undertaken. It was not deemed a Serious Incident and this will be feedback for local learning and trust wide if any key themes are identified.
- Admissions with ulcers were lower than previous months the reason for this is unclear, 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 (93% no harm, 7% low harm) with data reported in the Trust Medication Safety Forum and weekly communication 'Safe in our Hands'. Medication incidents include omission or delay, or wrong dose or strength.



- This month there was a small reduction in the incidence of falls with 138 reported compared to 150 in January. A reduction in falls was seen in Inpatient and Non Ward falls with 105 Inpatient falls reported (115 in January) and 28 Non ward falls reported compared to 32 in January. Community falls remained stable with 5 reported this month compared to 3 in January.
- Looking in more depth at the data there were 110 patients that fell and 138 falls reported, which meant that there were 28 occasions where a patient fell more than once during admission (compared to 19 in January). Whilst there was an increase in repeat falls, Assisted falls remained consistent with 18 reported this month.
- The directorates with the highest incidence of falls were Acute Medicine, Haematology & Oncology and Cardiovascular.
- There was 1 fall resulting in moderate harm or above this month which occurred in Haematology and Oncology



- C-diff performance is good with 2 lapses in care since April.
- There were no cases of MRSA bacteraemia in February
- Recent performance in antimicrobial stewardship is connected to changes in data collection methodology (see slide 7 for detail)



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 below trajectory. There were no 'lapses in care' during February Figure 1.

MRSA bacteraemia - was 0 MRSA bacteraemia in February, year to date total at 3

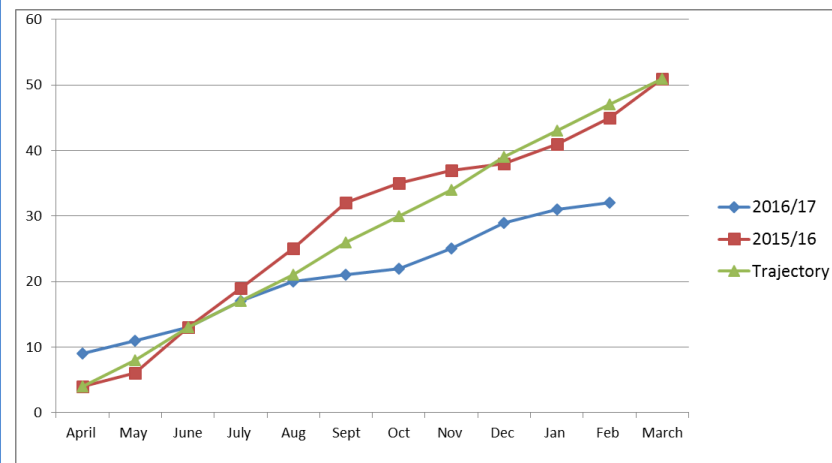
•Other bacteraemia

•MSSA – For February 2017 the Trust reported 8 cases of which 2 were deemed to be Trust attributable (identified > 48 hours after admission). Overall the position is similar to the same period in 2015/16 and there has been a reduction of cases in the past three months.

•E coli – For February 2017 the Trust reported 24 cases, of which 8 were categorised as healthcare associated. We expect an increased focus on *E coli* and other Gram negative bacteraemia from NHS England. Preparations to respond are underway.

•**Antimicrobial stewardship** - data collection methodology has changed leading to broader & deeper coverage; this has uncovered some areas of suboptimal practice that were not evident using the old methodology, although there has been no adverse change in any other stewardship quality metrics.

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 - A national patient notification exercise is being planned

Actions underway

The Trust has established screening and preparedness for the threat of resistant *Candida auris* – one imported case to date only

Actions underway

Continued but limited influenza and norovirus activity in February. No significant impact on activity or flow.

Actions underway

Intelligence triangulated

122 of 218

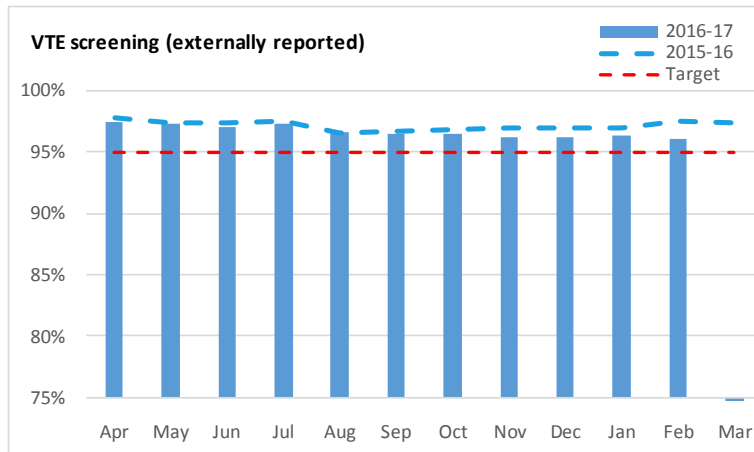
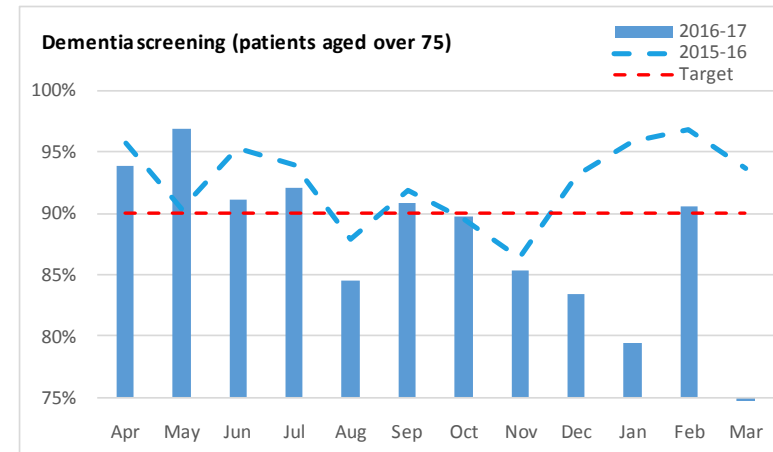
Root cause understood

Action plan set

Actions underway

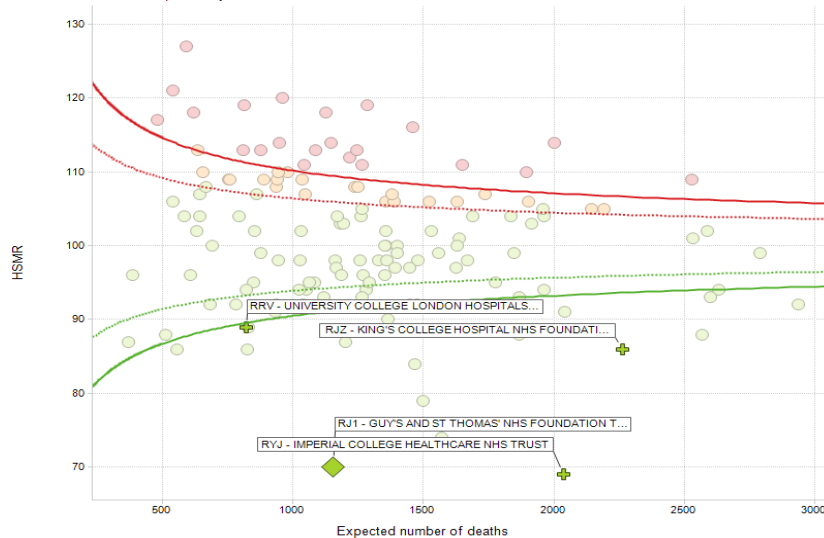
Actions complete

- The screening figures had improved in February with a compliance of 90.6 %. The Dementia and Delirium (DaD) CNSs are continuing to target and contact all the wards where compliance is low on a daily basis to ensure that the screening is completed. They have also been working very closely with the Admissions Ward where most of the patients admitted as an emergency are placed.
- The DaD CNSs have been making phone contacts at the start of the day to all wards where there are patients to be screened and have also followed-up where screening is not completed and escalated if required. They have been offering ward based teaching on screening and this has also been clearly highlighted in Level 2 Dementia training. The Clinical lead has continued to support junior doctors and especially targeted all new junior doctors with teaching on screening of all patients over the age of 70 for memory problems within 72 hours of admission.

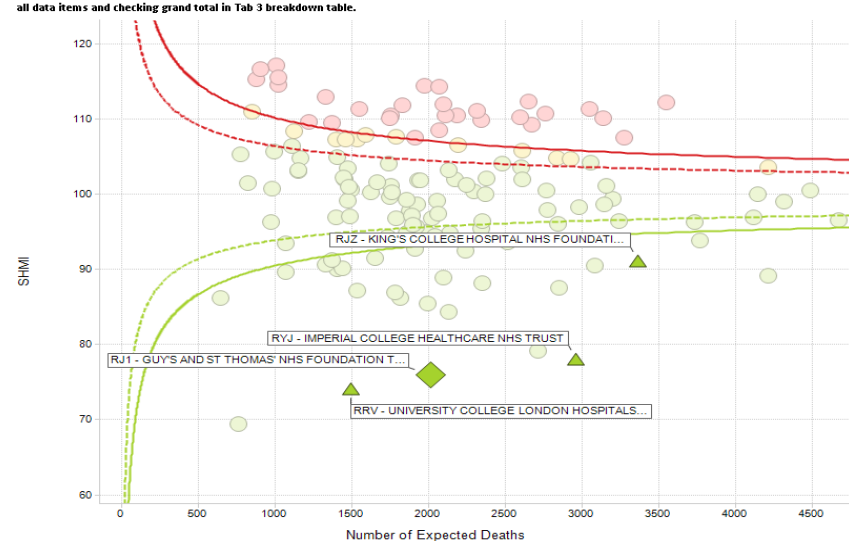


- Benchmarked mortality allows case-mix corrected risk of death to be compared across organisations. The Trust continues to perform exceptionally well, both against the England average and other London acute hospitals. Two measures are used: Hospital Standardised Mortality Rate (HSMR) shown in graph upper left; and Summary Hospital Mortality Indicator (SHMI) shown in graph upper right. SHMI includes deaths within 30 days of discharge. For both indicators a low score is good.
- Crude mortality for 2016/17 is lower than the previous year despite an overall increased activity including for emergency admissions where most deaths occur. Review of deaths did not show any clustering or unexpected trends. Benchmarked mortality indices remain low compared to peers.

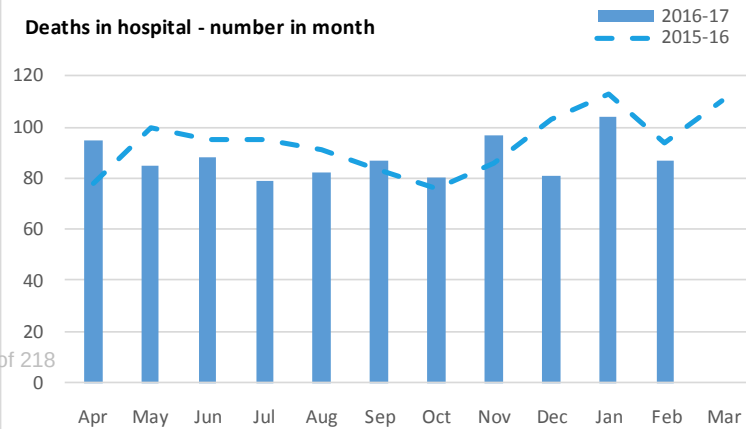
Please note that the funnel plot is only valid when the overall HSMR score is around 100.



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



Key highlights for January 2017

Average fill rates of planned hours for Registered Nurses (RN's) for days were 98.2%, with nights at 99.3%. Average fill rates for planned hours for NAs was 104.5% in the daytime and 115.3% for the night. Overall 100.5% of planned hours were used.

The Directorates have been working hard to maintain patient safety whilst also continuing to focus on reducing the nurse and midwifery agency spend required to meet the NHS Improvement regulations.

Vacancies have decreased by 0.1% since January. On 3rd March 2017 there were 281 external candidates in the Recruitment Pipeline, who are expected to join the Trust over the next few months which will have a positive impact on the vacancy rate, however due to turnover vacancy rate is likely to remain above target. Besides looking at possible strategies to increase the retention rate, three weekly recruitment open days are being run to engage with candidates and make the on-boarding of them more efficient, decreasing the drop-out rate of candidates and improving the time to hire.

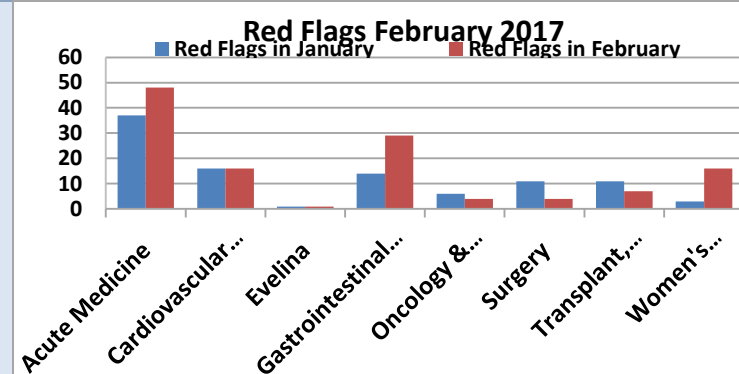
The Heads of Nursing and Midwifery (HoN/Ms) have given assurance that they have reviewed their staffing numbers and assessed their areas to be safely staffed.

Red Flags

A total of 125 Red Flags, highlighting potential concerns regarding safe staffing were raised in February 2017, 26 more than in the previous month. These were resolved within the Directorates without there being an impact upon patient care or patient safety. There were no reported quality incidents related to staffing reported in February 2017.

Safe Staffing

As outlined in the table below the number of bed days in February 2017 stood at 36,661, a decrease of 2,893 on the longer previous month and 6,142 more than in February 2016. There were 31 level 3 days captured this month. The IPAMS system is now consistently collating planned and actual staffing numbers and hours on a twice daily basis as well as patient acuity and dependency. Actual hours for Registered Nurses was 3,210 below the planned hours for the month, which equates to 19.7 WTE, whilst Nursing Assistants were 4,705 above planned hours which equates to 28.87 WTE. This variation is driven by occasions where Nursing Assistants are employed in addition to the planned numbers to provide 1:1 care for those requiring enhanced care. There are also occasions where patient acuity lower than expected and Directorate Teams will facilitate appropriate deployment on Nursing Assistants to cover a vacant shift for a Registered Nurse.



Staffing measures	Feb-16	Feb-17	Change	
Nursing Establishment WTE	5882.44	6056.16	173.72	▲
Nursing Staff in Post WTE	5310.38	5309.02	-1.36	▼
Vacancies WTE	572.06	747.14	175.08	▲
Vacancy rate	9.7%	12.3%	2.6%	▲
Red Flags raised	58	125	67	▲
Agency % of Paybill	4.8%	4.9%	0.1%	▲
Planned v Actual Hrs used	99.6%	100.5%	0.9%	▲
Care Hours per Patient Day	N/A	10.5	N/A	N/A

Count of bed days						
Month	Level 0	Level 1a	Level 1b	Level 2	Level 3	Total
February	10,590	7,140	17,453	1,447	31	36,661
January	11,511	7,677	18,874	1,491	1	39,554

Proportion of bed days				
level 0	Level 1a	Level 1b	Level 2	Level 3
28.9%	19.5%	47.6%	3.9%	0.1%
29.1%	19.4%	47.7%	3.8%	0.0%

Recruitment

The overall Nursing vacancy rate came down to 12.3%, which is 0.1% lower than the previous month. The number of nursing and midwifery staff in post increased by 19.2 WTE from January 2017. 74 nursing staff members commenced employment this month, outweighing the month's 65 leavers.

Recruitment activity continues with the 3 weekly Band 5 generic assessment centres yielding good numbers of quality candidates. The review of the new assessment centre process over its first four months is currently underway and will be presented to the Nursing and Midwifery Workforce Council in March. A summary of the findings will be presented to the Board as part of this report in April.

Health Roster

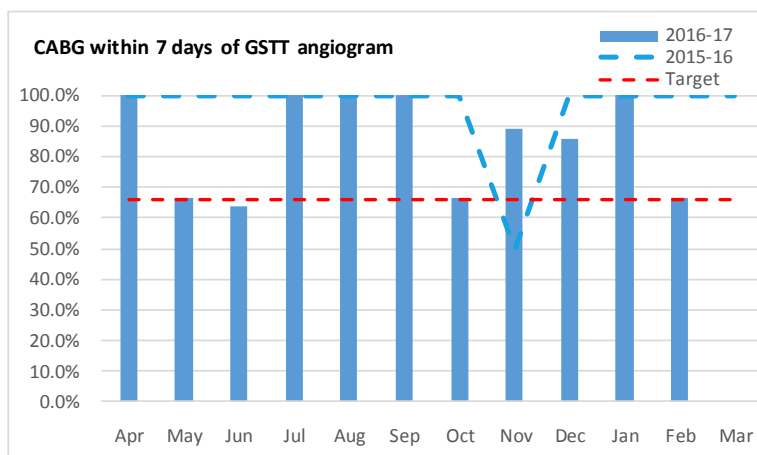
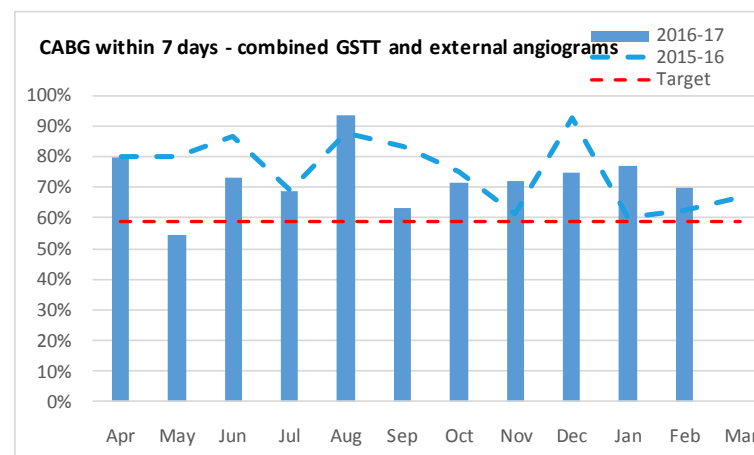
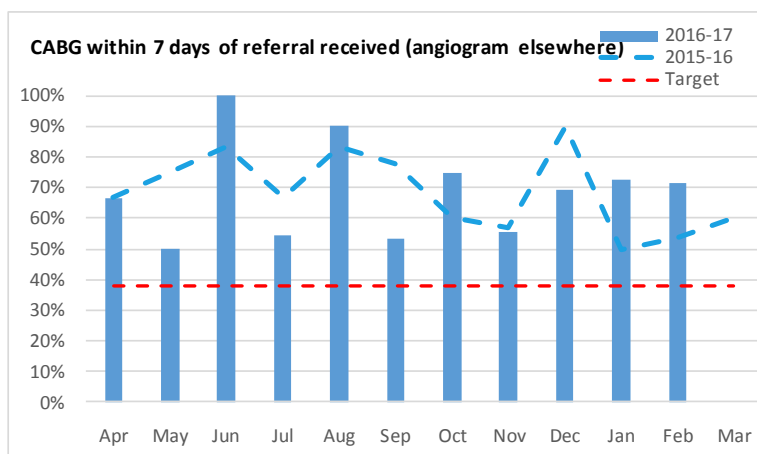
The second cohort (Cardiovascular Services, Community Services, William Gull, Hillyers and Albert Wards) have begun their predictive roster preparation to go live in April/May. The updated e-roster policy will be presented for discussion and approval at the Workforce Council in February 2017.

The second cohort of clinical areas (Cardiovascular Services, Community Services, William Gull, Hillyers and Albert Wards) has begun their predictive roster

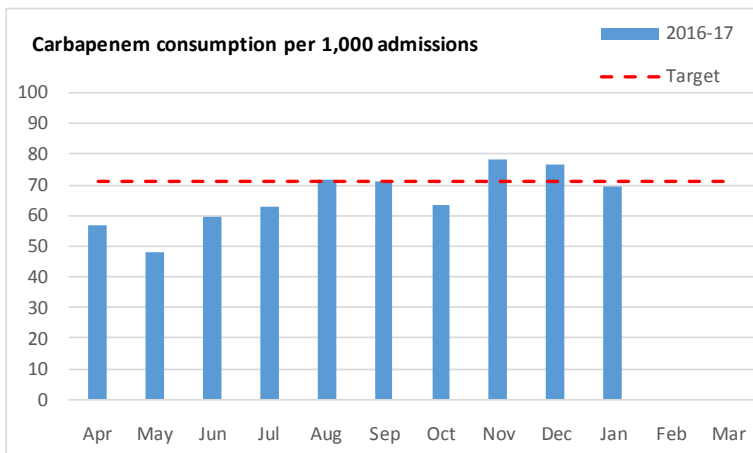
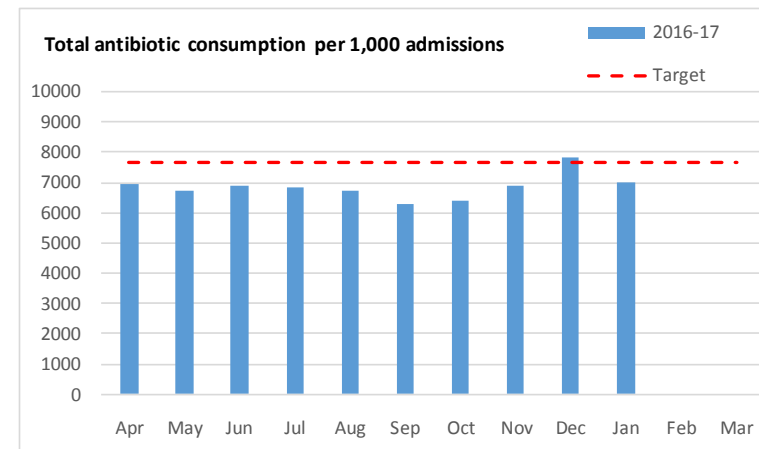
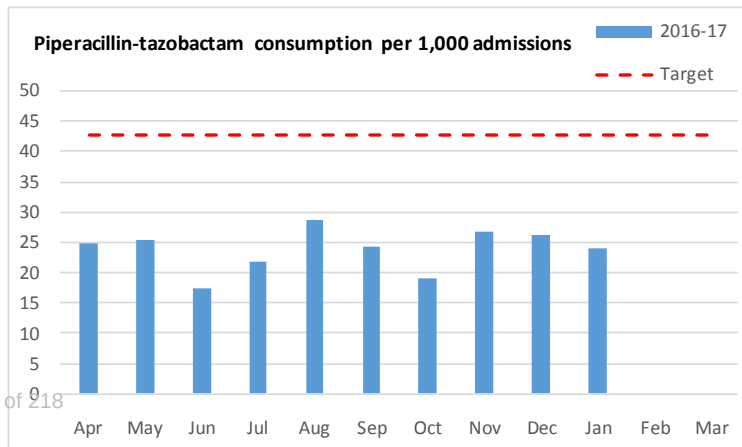
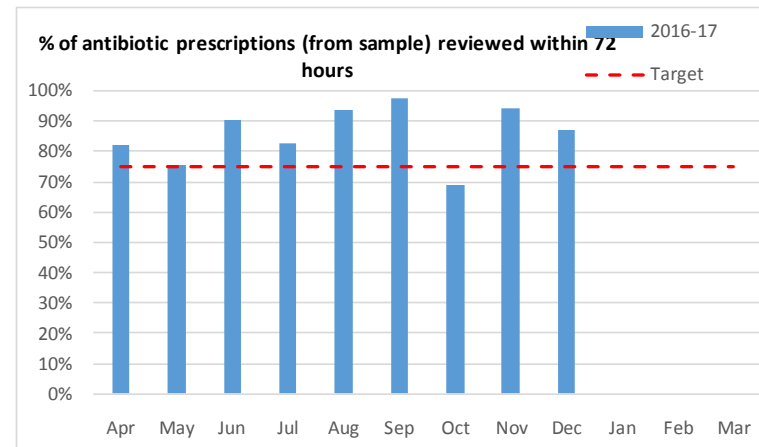
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor	Quality priorities	Trend chart
2.1 Quality improvement initiatives	CQ1Aq	CABG within 7 days of GSTT angiogram	Qtly %	>66%			97%	85.7%	100.0%	66.7%	85.3%			Y
	CQ1Bq	CABG within 7 days of referral received (angiogram elsewhere)	Qtly %	>38%			68%	69.2%	72.7%	71.4%	69.0%			Y
	CQ1Cq	CABG within 7 days - combined GSTT and external angiograms	Qtly %	>59%			74%	75.0%	76.9%	70.0%	72.6%			Y
2.2 Quality improvement Sepsis	1617CQ2	% A&E patients appropriately screened for sepsis	Mthly %	>90%				83.3%			89.2%			Y
	1617CQ3	% A&E patients prescribed antibiotics withiin timeframe and review	Mthly %	>70%				80.0%			55.2%			Y
	1617CQ5	% INPATIENTS prescribed antibiotics withiin timeframe and review	Qtly %	>15%				50.0%			48.4%			Y
2.3 Quality improvement Antimicrobial resistance & stewardship	1617CQ6	Carbapenem consumption per 1,000 admissions	Number	<71				76.5	69.8		65.8			
	1617CQ7	Piperacillin-tazobactam consumption per 1,000 admissions	Number	<43				26.3	23.9		23.9			
	1617CQ8	Total antibiotic consumption per 1,000 admissions	Number	<7045				7,847	7,033		6,859			
	1617CQ9	% of antibiotic prescriptions (from sample) reviewed within 72 hours	Mthly %	>90%				87.3%			85.9%			
2.4 Quality improvement Prevention	1617CQ10	% assessed for smoking in Vascular	Mthly %	>80%				78.6%	100.0%	97.7%	96.5%			
	1617CQ11	% assessed for smoking in Cardiology	Mthly %	>80%				98.1%	90.2%	90.1%	89.2%			
	1617CQ12	% assessed for smoking in Cardiac Surgery	Mthly %	>80%				92.5%	100.0%	93.6%	94.0%			
	1617CQ13	% assessed for smoking in Elderly Care	Mthly %	>80%				85.7%	91.0%	82.1%	75.9%			
	1617CQ14	Total (all areas) % assessed for smoking	Mthly %	>80%				88.8%	95.0%	91.6%	89.5%			
	1617CQ15	% assessed for alcohol use in admissions ward	Mthly %	>80%				82.3%	78.0%	88.5%	83.7%			
	1617CQ16A	Number of NRT and Varenicline prescriptions	Number								466			
2.5 Dental	1617CQ20	Tier recording for Oral Surgery - new patients only	Mthly %	>45%				38.7%	42.1%	31.8%	33.5%			
	1617CQ21	Tier recording in Orthodontics - new patients only	Mthly %					8.5%	53.3%	36.5%	19.5%			

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor	Quality priorities	Trend chart
2.6 Adult critical care timely discharge	1617CQ30	% critical care discharges delayed for more than 4 hours	Mthly %					21.2%	22.4%	23.6%	25.7%			
	1617CQ31	% critical care discharges delayed for more than 48 hours	Mthly %	< 1.5%				0.8%	0.4%		1.3%			
2.7 Automated exchange transfusion sickle	1617CQ26	% Children with Sickle Cell receiving automated exchange transfusion	Mthly %	>80%				87.5%			93.8%			
	1617CQ25	% Adults with Sickle Cell receiving automated exchange transfusion	Mthly %	>95%				98.7%			98.7%			
2.8 Nationally Standardised Dose Banding	1617CQ27	% of rituximab SACT doses matching standardised doses	Qtly %	>30%				98.8%			83.9%			
	1617CQ28	% of vincristine SACT doses matching standardised doses	Qtly %	>30%				100.0%			81.3%			
2.9 Clinical best practice	352	Emergency readmissions (within 28 days - in arrears)	Cum %	<5.7%			5.7%	5.9%	6.0%		5.8%			Y
	353	Emergency readmissions (within 14 days - in arrears)	Cum %	<3.5%			3.6%	3.8%	3.8%		3.8%			Y
	IC48	Critical Care Unplanned Readmissions within 48 Hours	Mnthly (%)	<=1.3			1.4%	1.1%	0.6%	1.1%	1.2%			
	913	% Caesarean sections	Mthly %	<28%			33%	33.5%	34.0%	34.4%	32.9%			
	ICNARC-STH	Critical care mortality indicator-STH+VH DU	Quarterly	<=1.0			0.83	0.89	0.89	0.89	0.91			
	ICNARC-Guys	Critical care mortality indicator-Guys CCU	Quarterly	<=1.0			0.99	0.95	0.95	0.95	0.87			
	EOL	End of life care - % of deaths supported by Priorities for Care	Mthly %	>25%			37.0%	45.2%	37.9%	40.0%	42.1%			

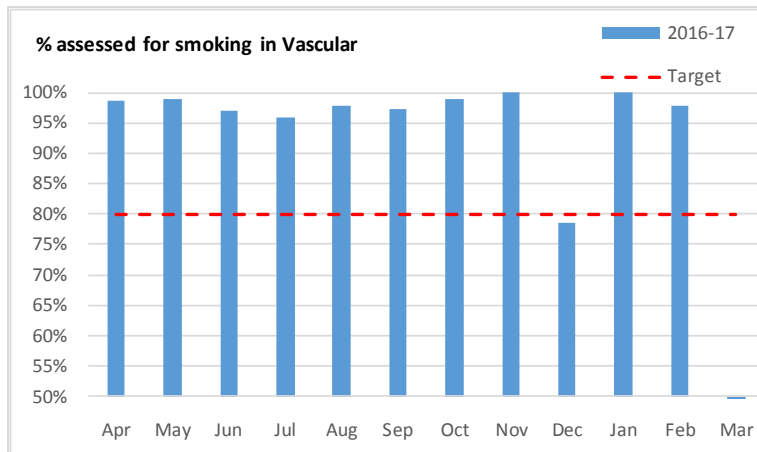
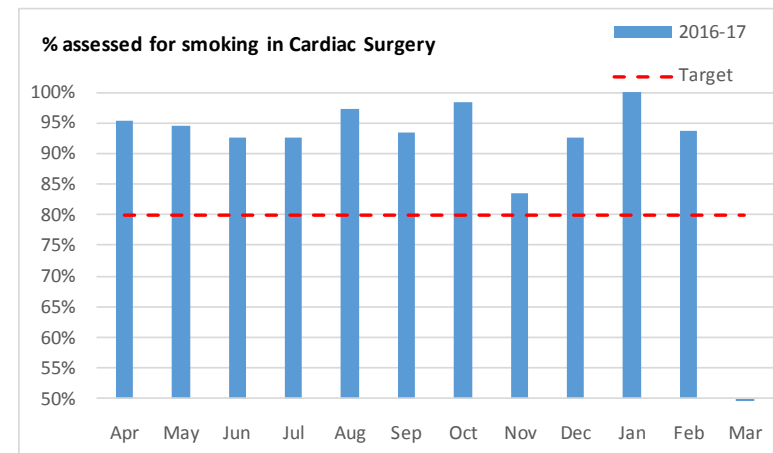
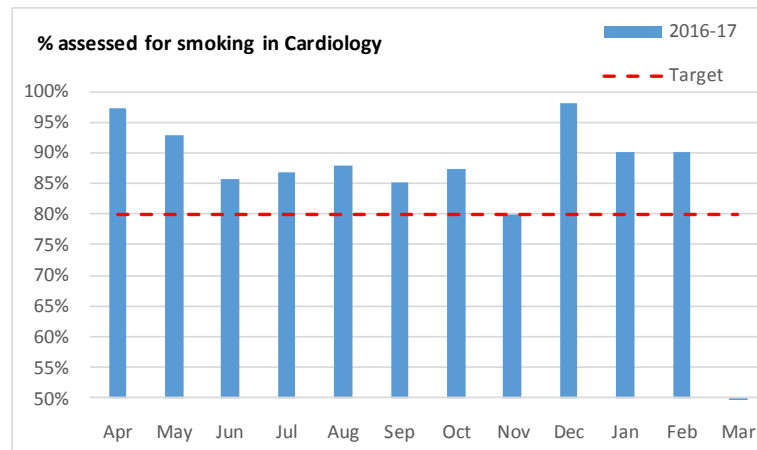
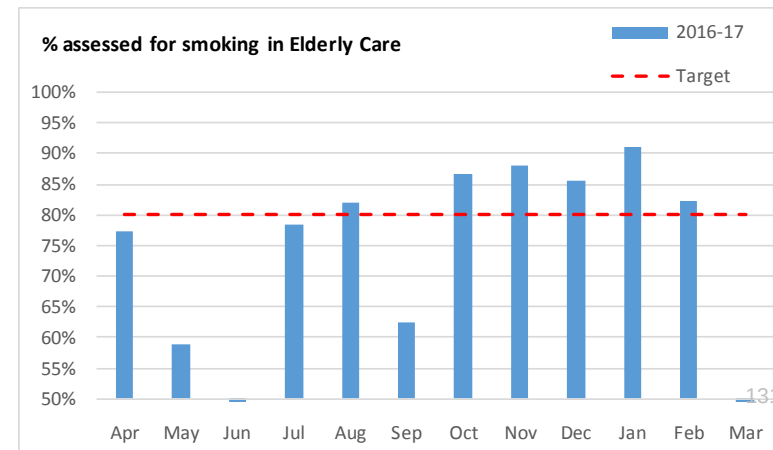
- Q3 CQUINs data has been submitted to the CSU and NHS England.
- We are finalising the milestones for the 2017/19 CQUIN schemes with our commissioners (National, local and specialist services), in preparation for commencement of the new schemes in April.
- The graphs below show performance against three cardiovascular quality indicators from previous years, which we continue to monitor.
- Performance for all three elements are meeting or exceeding the target.



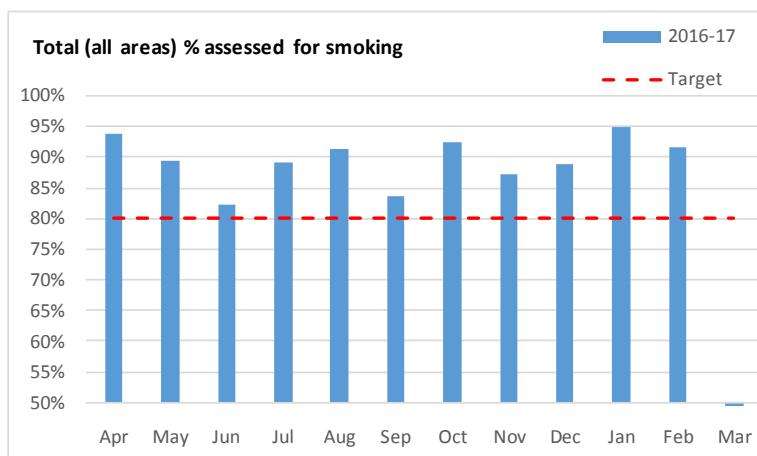
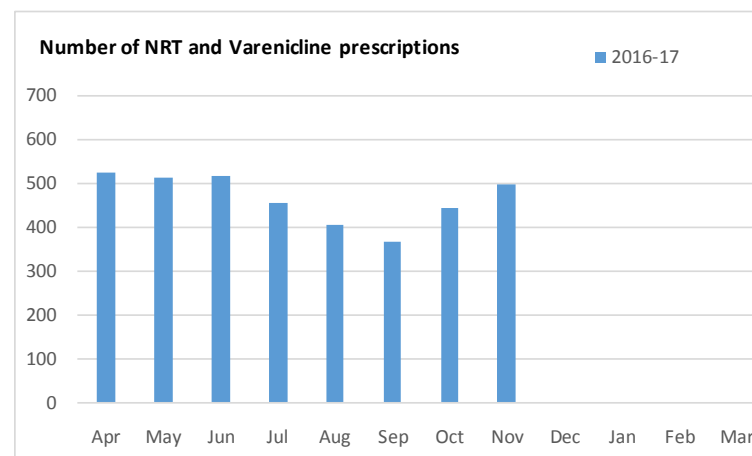
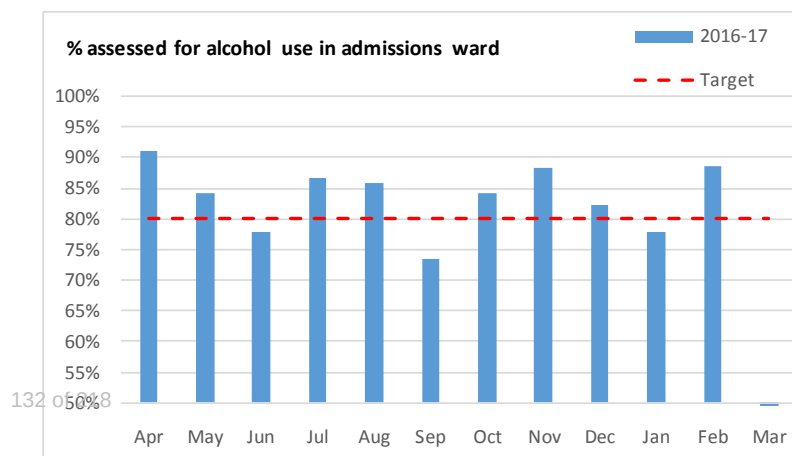
- The monitoring of our consumption of 3 key antibiotics per 1,000 admissions is not reportable for the CQUIN until Q4. Monitoring the standard ahead of submission, shows that we are still ahead of the target. (see graphs below).
- We have exceeded the target of 25% for antibiotic prescriptions (from sample) reviewed within 72 hours'.



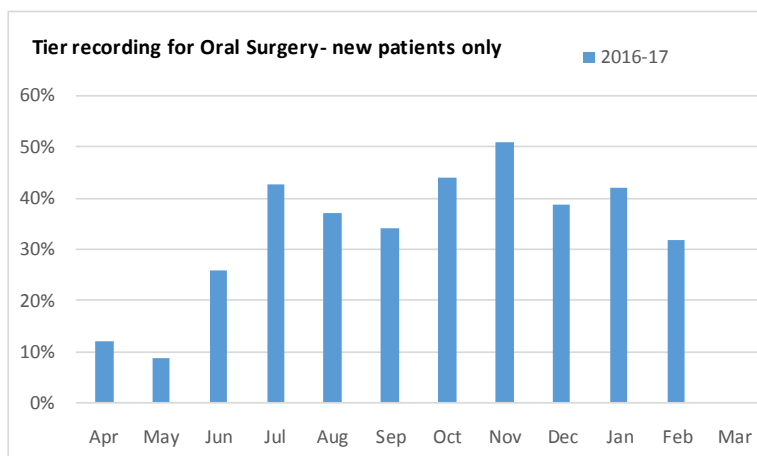
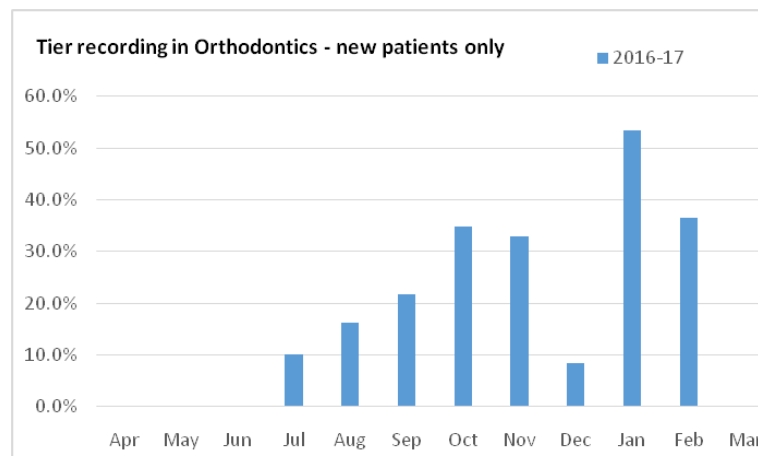
- The Prevention CQUIN is the promotion of mental and physical health and wellbeing for patients and staff. It involves the development of the skills in key frontline staff to make every contact count. The areas of focus for this CQUIN are smoking and alcohol assessments for patients, with signposting and brief intervention.
- We are exceeding the target for the percentage of patients assessed for smoking in all areas, which are evident in the graphs below.
- Our prevention leads are working with additional directorates to introduce smoking and alcohol screening to new outpatient areas within the hospital in Q3 and Q4. In Q3 the uptake of smoking screening in these new areas (Dermatology day case, Ophthalmology and Pre-assessment) achieved the 20% target.



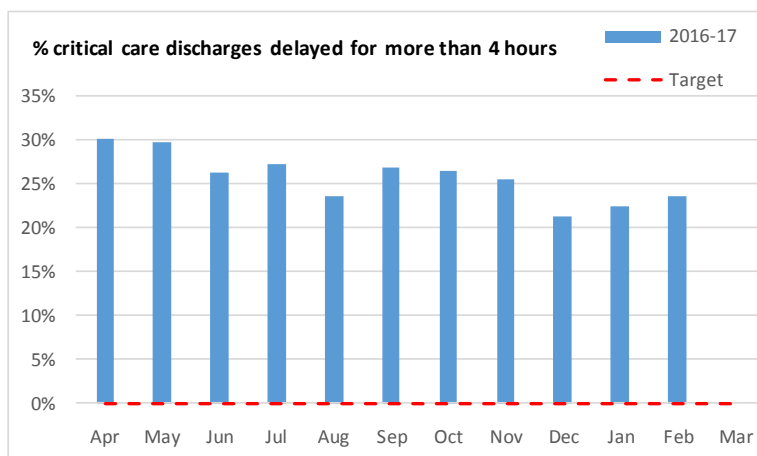
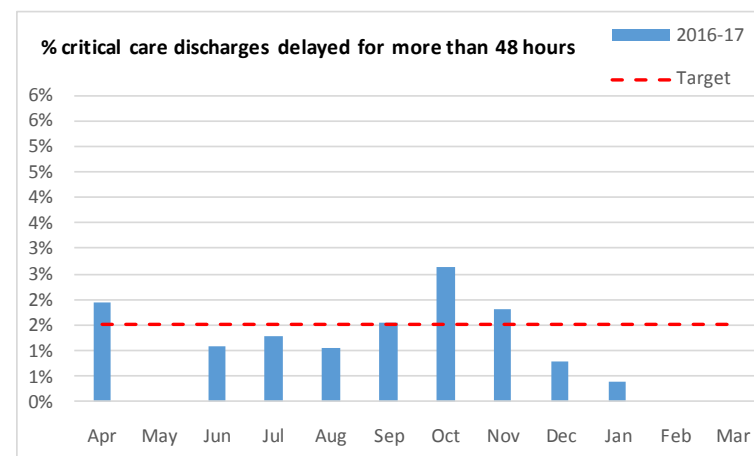
- Across the Trust we have consistently met the smoking target (Top left graph), with monthly improvements.
- The prevention CQUIN also requires us to report on number of NRT and Varenicline prescriptions (Outpatients and Inpatients), which has increased since September.
- The percentage assessed for alcohol used in admissions wards has improved in February and exceeded the 80% target.



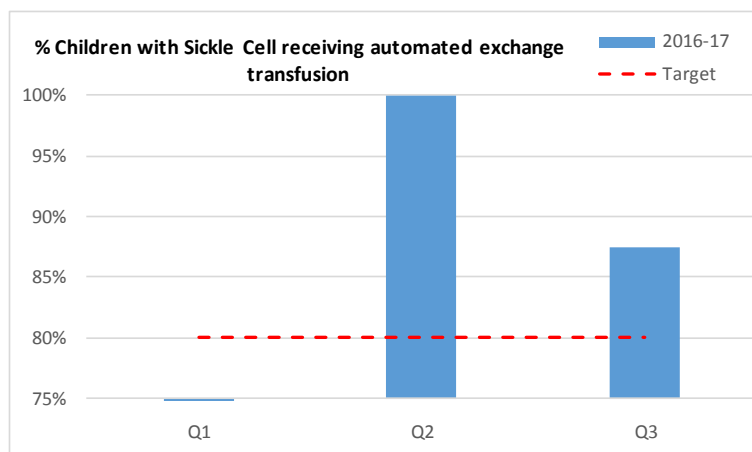
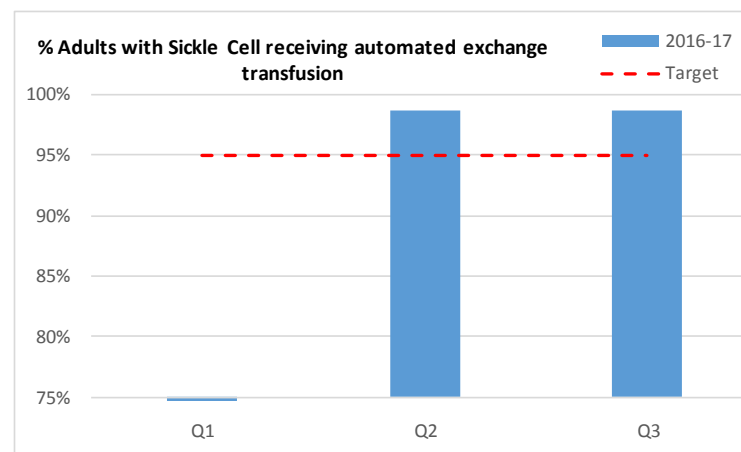
- The CQUIN for dental is related to tier recording on patients referred for Oral Surgery. The Tier system reviews complexity of referral and due to staffing issues performance dipped in January. Although the directorate has a plan to improve this in the quarter.
- NHS E has now confirmed that Tier recording in Orthodontics (2nd Graph) will continue to be included as part of the CQUIN monitoring for 2016/17.



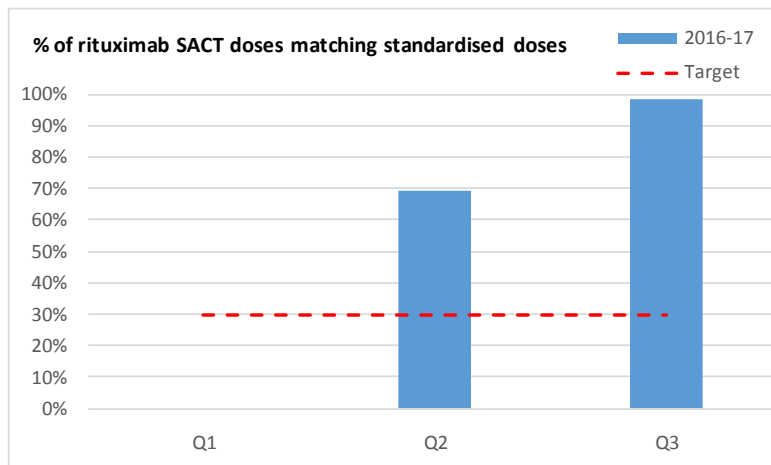
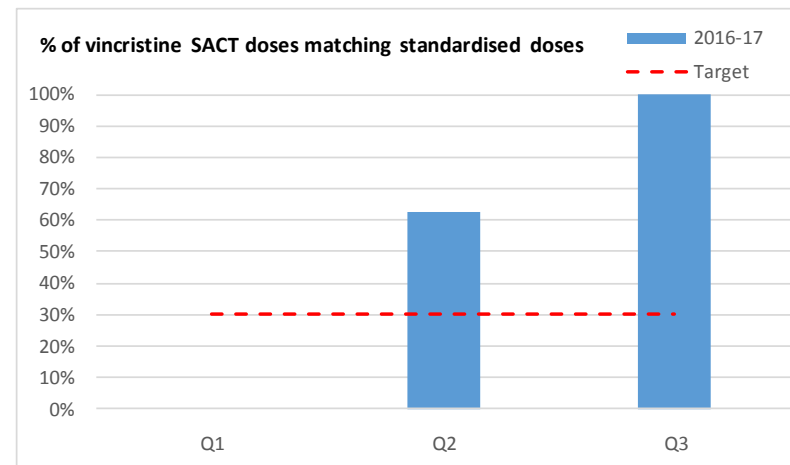
- The Critical Care CQUIN is specifically focused on delayed discharges from Critical Care and delays over 4 hours and 24 hours are both monitored.
- Although Critical Care is a risk area for the Trust in 2016/17, due to limitation in beds and this CQUIN has encouraged further improvement work to reduce the delays in both 4 hours and more than 24 hours.
- There is no target for critical care delays more than 4 hours, but the CQUIN still requires for this data to be monitored on a monthly basis.
- We are below and therefore achieving against the target for “% critical care discharges delayed for more than 24 hours”.



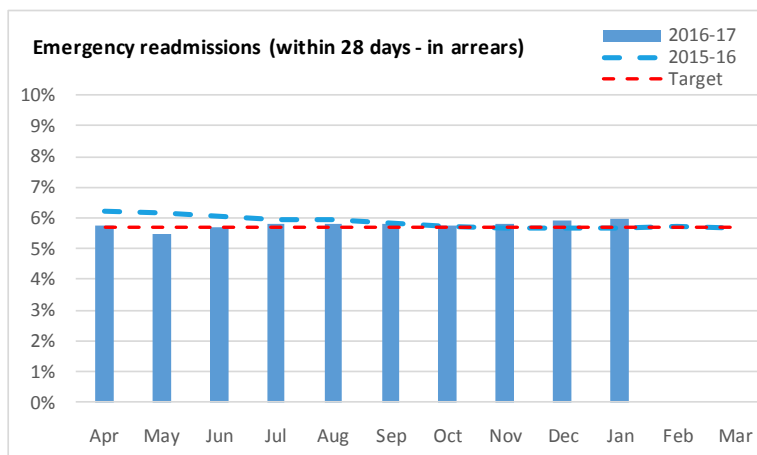
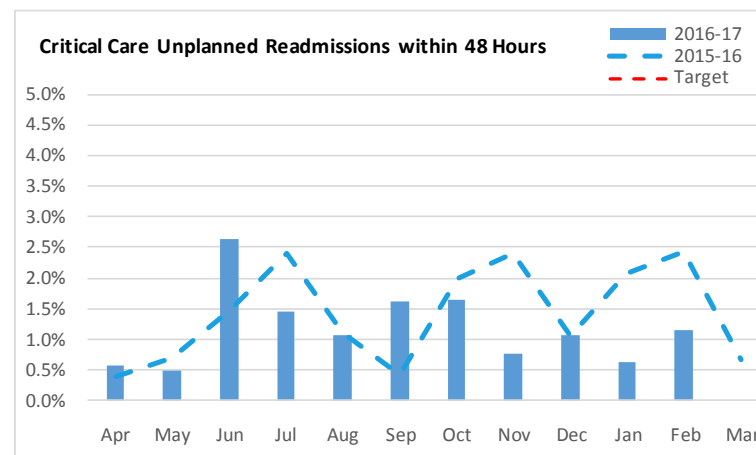
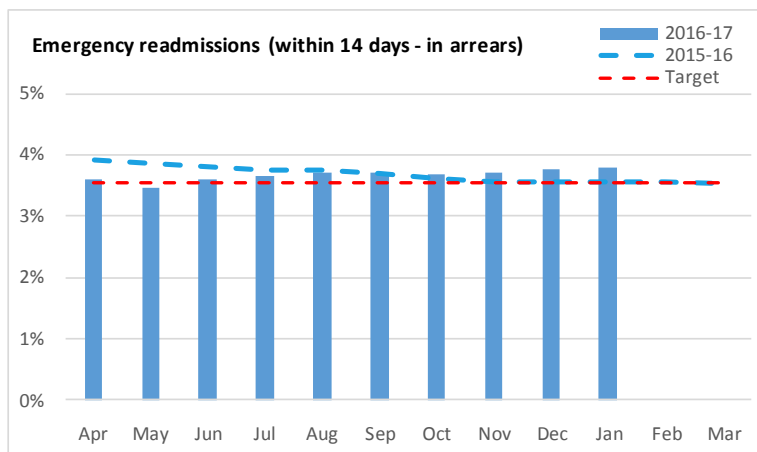
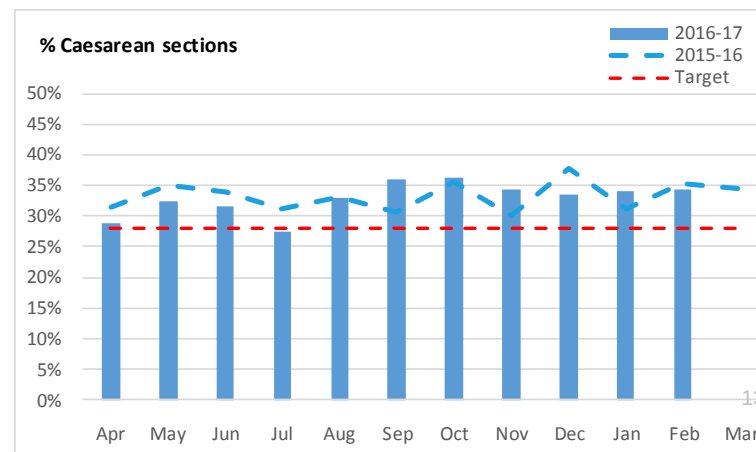
- Automated exchange transfusion for sickle cell improves patient experience and use of clinical resources and this CQUIN has been developed to incentivise this over manual exchange for both adults and children.
- We are achieving against the target with this CQUIN for both Adults and Children, which is evident in the graphs below.



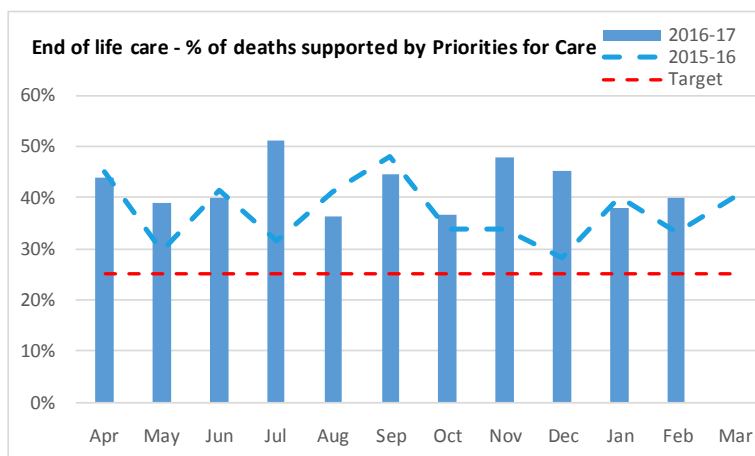
- This CQUIN is a national incentive to standardise the doses of Intravenous systemic anticancer therapy (SACT), for adults across England. The purpose is to increase safety, efficiency and support parity of care across NHS providers. NHS England published a set of dose banding principles and dosage tables to which all pharmacy departments have to apply to new patients. All the dose banding principles have to be agreed with my local Drug and Therapeutic committees.
- The CQUIN is monitored on a quarterly basis for two drugs (Rituximab and Vincristine), which we are exceeding the targets for both of these drugs. The data is assessed and submitted on a quarterly basis.



- 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 continues to be higher than target but remains in line with the 2015/16 average. Over the past year we have been reporting the CS rates under the Robson criteria, as per CCG and CQC agreement. This gives us a more meaningful breakdown of the rates, enabling focused action. Our average CS rate reflects the medical complexity, acuity of our tertiary and quaternary referrals and demographic trends (obesity and maternal age). We are focussing our attention on Robson groups 1 and 4.
- Unplanned readmissions to critical care is lower than last year. The Clinical Response Team (formerly the Critical Care Outreach Team) have been proactively reviewing all patients prior to admission to Critical Care and supporting them after step down onto a general ward. The main area of focus for improvement is Guy's Critical Care as there is no High Dependency Unit on the site.

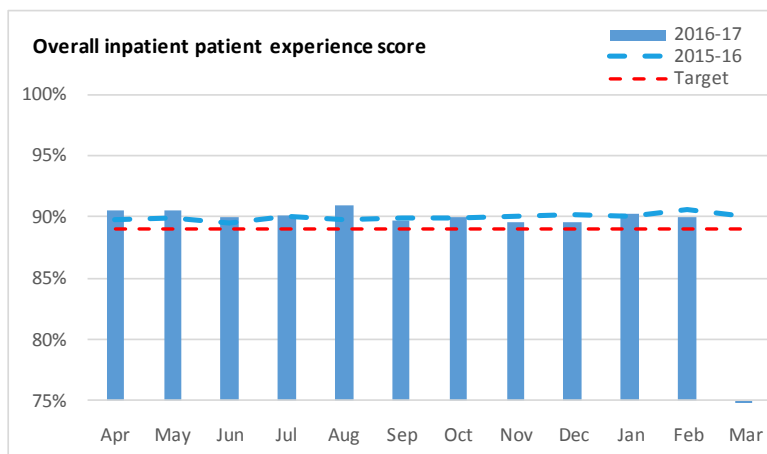
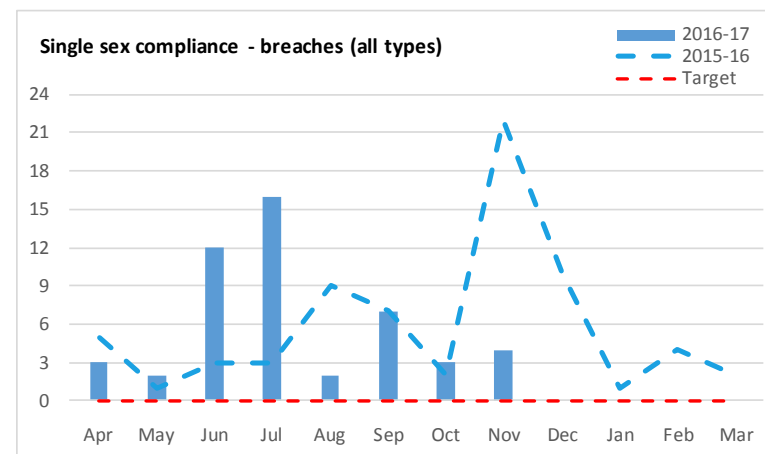
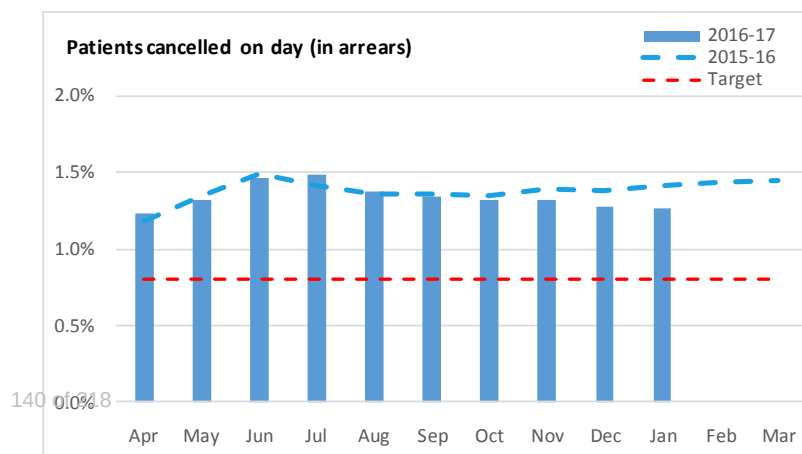
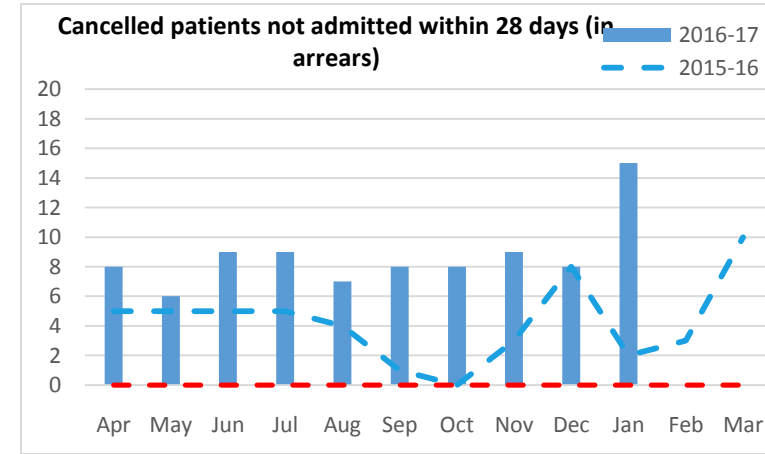


- Performance is maintained in the level of use of the Priorities for Care of the Dying Person.
- The acute admissions ward, medicine, elderly care and oncology are all recognising people in whom death can be expected in a high proportion of those who go on to die. This supports active communication, planning and provision of holistic care to patients and those important to them.
- We will shortly analyse an audit and survey regarding the use of a symptom control observation chart and nursing care planning guide for patients in the last days of life in the acute admissions ward. We will consider roll out across the Trust if beneficial.

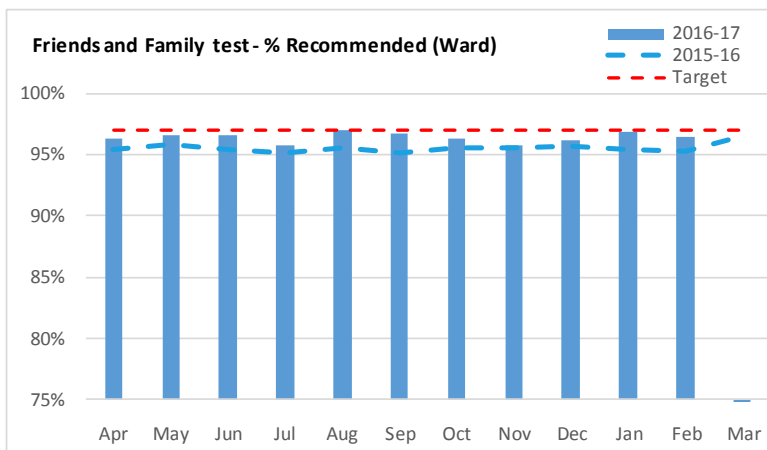
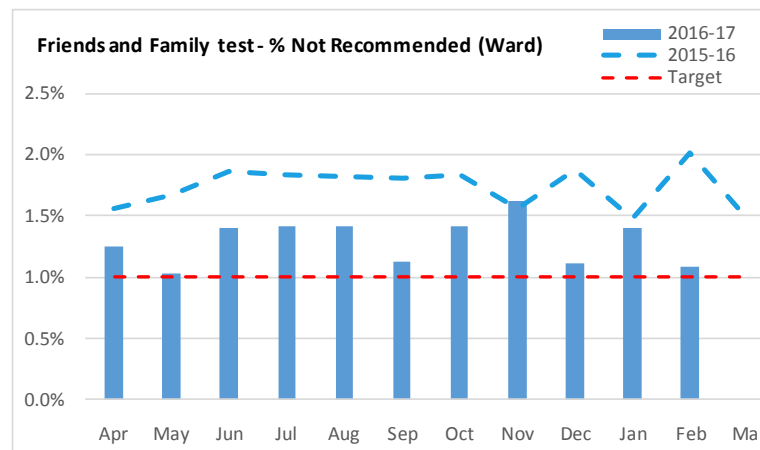
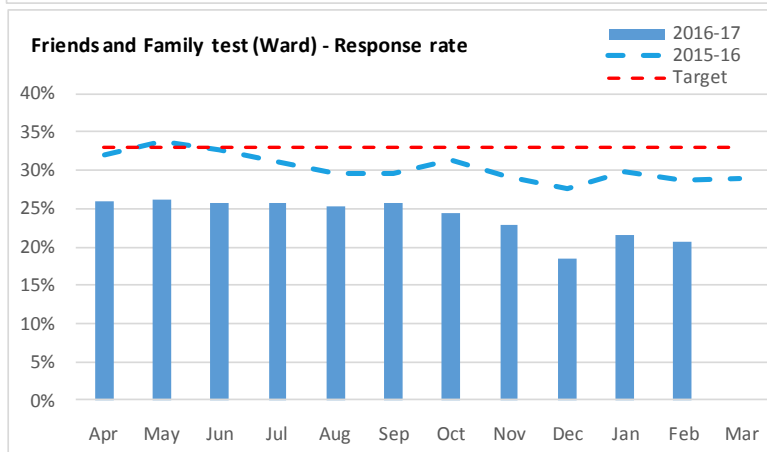


Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor	Quality priorities	Trend chart
3.1 Admitted care	258	Overall inpatient patient experience score	Mthly %	>89%			90%	89.5%	90.3%	90.0%	90.1%			Y
	310	Single sex compliance - breaches (all types)	Cases	Zero			5.8	0	0	0	4.5			Y
	501	Patients cancelled on day (in arrears)	Cum %	<0.8%			1.4%	1.3%	1.3%		1.3%			Y
	502	Cancelled patients not admitted within 28 days (in arrears)	Number	Zero			3.4	8	15		8.7			Y
	FFT1W	Friends and Family test (Ward) - Response rate	Mthly %	>=33%			30.4%	18.4%	21.6%	20.9%	23.9%			Y
	FFT2W	Friends and Family test - % Recommended (Ward)	Mthly %	>=97%			95.5%	96.2%	96.9%	96.3%	96.4%			Y
	FFT3W	Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%			1.7%	1.1%	1.4%	1.1%	1.3%			Y
3.2 A&E care	FFT1AE	Friends and family test (A&E) - Response rate	Mthly %	>=18%			15.6%	14.2%	19.5%	20.6%	15.4%			Y
	FFT2AE	Friends and Family test - % Recommended (A&E)	Mthly %	>=88%			85.0%	86.8%	86.6%	87.3%	85.3%			Y
	FFT3AE	Friends and Family test - % Not Recommended (A&E)	Mthly %	<=6%			8.1%	6.1%	6.0%	5.2%	6.9%			Y
3.3 Maternity care	FFT1M	Friends and Family test (Maternity) - Response rate overall	Mthly %	-			18.1%	20.4%	9.9%	8.4%	24.8%			Y
	FFT2M	Friends and Family test - % Recommended (Maternity)	Mthly %	-			92.6%	90.0%	95.6%	96.0%	91.4%			Y
	FFT3M	Friends and Family test - % Not Recommended (Maternity)	Mthly %	-			2.1%	3.6%	1.9%	3.2%	3.0%			Y
3.4 Outpatient care	FFT2OP	Friends and Family test - % Recommended (Outpatients)	Mthly %	-			92.6%	94.3%	93.1%	91.5%	92.9%			Y
	FFT3OP	Friends and Family test - % Not Recommended (Outpatients)	Mthly %	-			3.4%	2.9%	3.3%	3.7%	3.2%			Y
3.5 Community care	FFT1CS	Friends and Family test (Community) - Response rate	Mthly %	-			5.4%	2.9%	5.8%	2.1%	4.6%			Y
	FFT2CS	Friends and Family test - % Recommended (Community)	Mthly %	-			96.0%	99.3%	92.6%	96.1%	95.3%			Y
	FFT3CS	Friends and Family test - % Not Recommended (Community)	Mthly %	-			0.8%	0.7%	1.4%	0.8%	0.7%			Y
	260C	Adult community health centre patient experience score	Mthly %	>89%			93.9%				94.1%			Y
3.6 Patient Transport	FFT1PT	Friends and Family test (Transport) - Response rate	Mthly %	-			2.5%	2.5%	2.4%	3.0%	2.4%			Y
	FFT2PT	Friends and Family test - % Recommended (Transport)	Mthly %	-			91.9%	90.0%	89.8%	93.6%	92.7%			Y
	FFT3PT	Friends and Family test - % Not Recommended (Transport)	Mthly %	-			3.0%	3.1%	2.8%	2.2%	2.1%			Y
3.7 General patient and	Food	Satisfaction with food (PLACE)	Mthly %	>85%			92%	91.8%	91.8%	91.8%	92.1%			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.
- Patient experience scores continue to reflect well on inpatient care, with an overall satisfaction rate of 90.0%. This is similar to the January score of 90.3%.
- Single sex compliance is also reported a month in arrears.



- 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 February we achieved a response rate of 20.9% which is a decrease on the January figure of 21.6%. The Trust switched over to a new patient feedback system which went live on 1st December. As the system becomes embedded response rates will increase. The Patient Experience Team are reviewing the data in detail to establish trends and themes in feedback and have contacted teams who may need additional support in capturing responses.
- The proportion of patients who would recommend the Trust in January has dipped slightly from the January figure of 96.9% to 96.3%. The percentage of patients who would not make a recommendation has improved slightly falling from 1.4% in January to 1.1% in February.
- 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 briefing on page 32 provides further analysis and detail of actions underway.



Where we want to be: targets and benchmarks

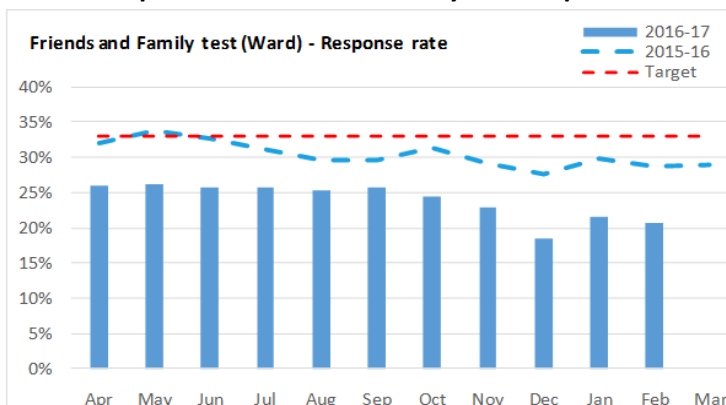
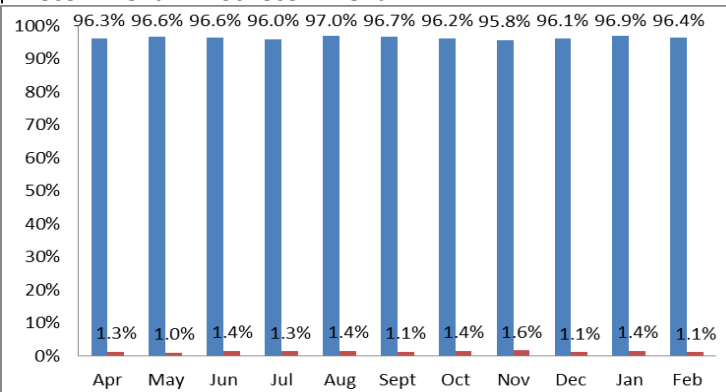
- Work towards achieving a 30% response rate
- Increase our FFT score/proportion of patients who would recommend us to 97%
- Improve our response rate and the proportion of patients who would recommend the Trust when compared with Shelford Peers

Where we are: trends, patterns and causes

- The response rate slight decrease from 21.8% in January to 20.9% in February
- The response is starting to rise again as the new patient feedback system becomes more embedded.
- The Patient Experience Team have been carrying out small group training sessions with Directorate management teams and ward sisters. Additional training sessions were carried out in February and have also been set up for March.
- A review of comments made by patients completing the inpatient survey has shown that noise at night continues to disrupt many patients sleep and a number of patients have commented that wards have either been too hot or too cold. The issue of noise at night will be addressed via the Nightingale Programme and issues regarding temperature on the wards shared with colleagues in Essentia.
- In January our response rate, recommend and not recommend scores placed us towards the top of the Shelford Group. Our scores are above the national and London averages.
- The proportion of patients who would recommend us has remained consistent at above 95%.

Risks or opportunities for the Trust

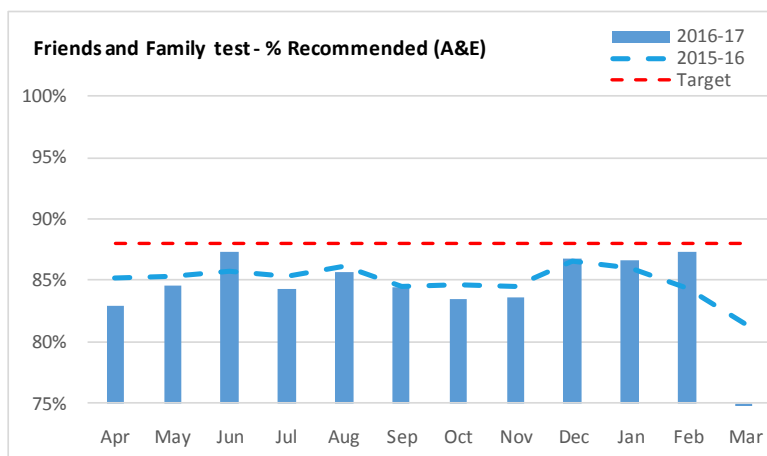
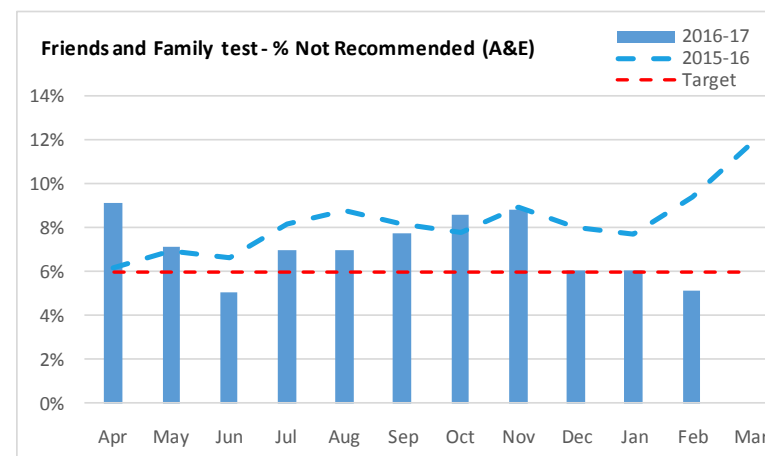
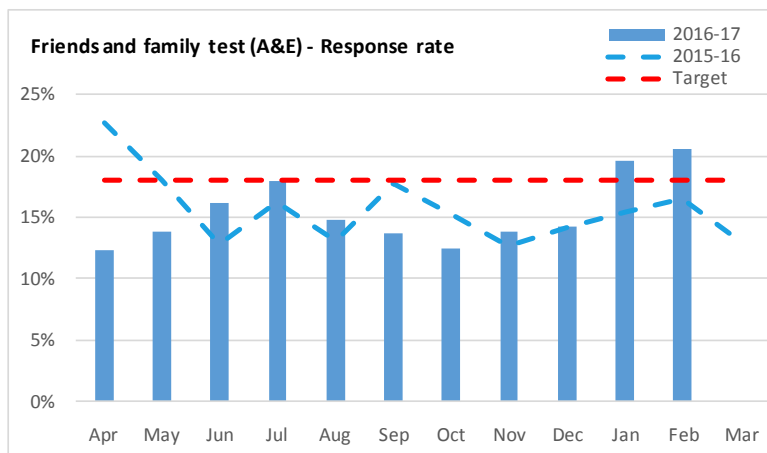
- It is important to ensure that we continue to capture patients' feedback and that it is used to further improve the experience of patients staying on our wards
- The proportion of patients who would recommend our care and proportion of those who would not recommend our care places us towards the top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

Trend – Inpatient Friends and Family Test response rate**Trend –2016 Inpatient Friends and Family Test percentage Recommend v. Not recommend****Comparator – Shelford Group**

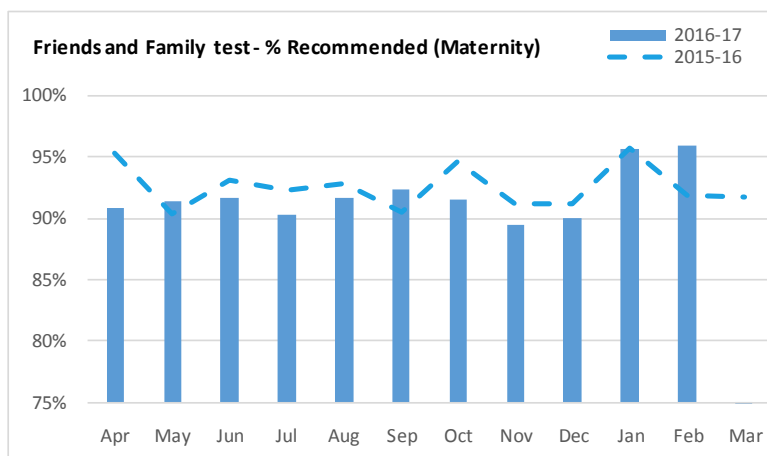
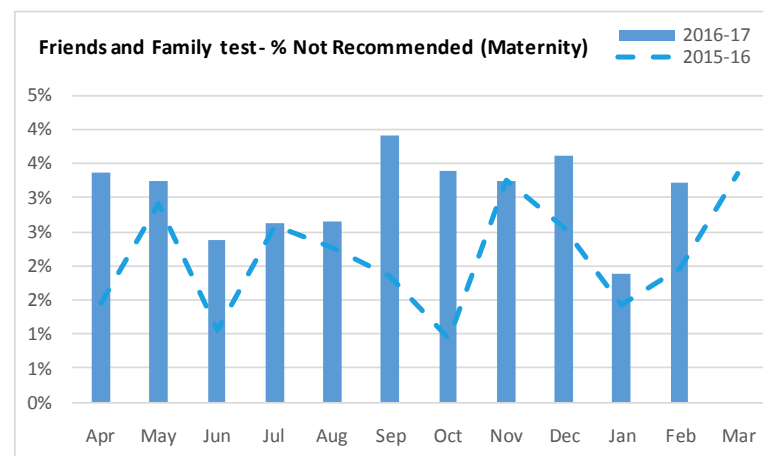
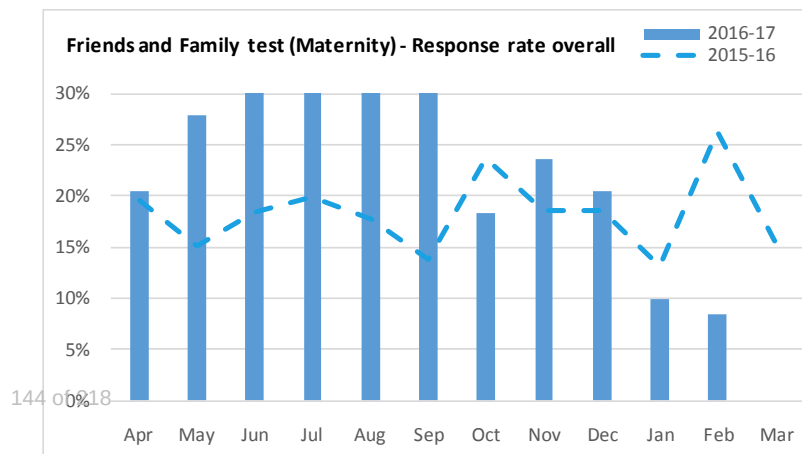
Shefford Group			Response Rate
Trust/Month	January		January
	Recommend %	Not recommend %	Inpatient
National Score for England	95%	2%	23.1%
London region score	94%	2%	25.0%
Guy's and St Thomas' NHS Foundation Trust	97%	1%	21.9%
University College London Hospitals NHS Foundation Trust	96%	2%	16.0%
Newcastle-Upon-Tyne Hospitals NHS Foundation Trust	98%	1%	16.2%
Sheffield Teaching Hospitals NHS Foundation Trust	95%	2%	29.5%
University Hospitals Birmingham NHS Foundation Trust	99%	1%	17.6%
Oxford University Hospitals NHS Trust	97%	1%	19.3%
King's College Hospital NHS Foundation Trust	95%	1%	11.1%
Cambridge University Hospitals NHS Foundation Trust	96%	1%	8.0%
Imperial College Healthcare NHS Trust	95%	1%	28.5%
Central Manchester University Hospitals NHS Foundation Trust	96%	2%	21.6%

Action and progress			Owner	Next review date
Free text comments highlighting areas of concern for patients have been identified. Improvements regarding environment aspects will be taken forward via the Nightingale programme			Nightingale Programme	March 2017
Wards with very low response rates have been contacted, reminded of response rates and invited to contact the Patient Experience should they need further support.			S. Allen & Directors of Nursing	March 2017
Additional training sessions on the new patient feedback system have been arranged for March			Patient Experience Team	April 2017
142 of 218 Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

- 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 continues its upward trajectory rising from 19.5% in January to 20.6% in February. The department continues to be very busy. The team is continuing to take measures to increase the numbers of responses in the coming months and a dedicated member of staff is now in post to help capture feedback from patients.
- The proportion of patients who would recommend the service has improved slightly rising from 86.8% in January to 87.3% in February. The proportion of patients who said they would not recommend the service continues to improve falling slightly from 6.0% in January to 5.2% in February. The team are reviewing themes from feedback to identify actions which can be put in place to improve patients experience.



- 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 fell from 10.4% in January to 8.4% in February. Unfortunately a number of February surveys were entered under March in error. Additional training has been provided for the member of staff and we hope to see an improvement in March response rates. 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 postnatal community touch point compared with September.
- The proportion of women who would recommend the service increased slightly in February rising from 95.6% in January to 96.0% in February. The proportion of women who said they would not recommend the service has increased rising from 1.9% in January to 3.2% in February. The team regularly review comments and use the emerging themes to identify actions for improvement.
- The briefing on page 35 provides further analysis and detail of actions underway.



Where we want to be: targets and benchmarks

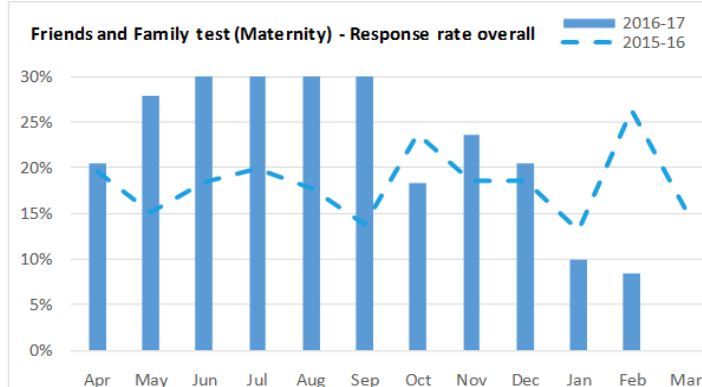
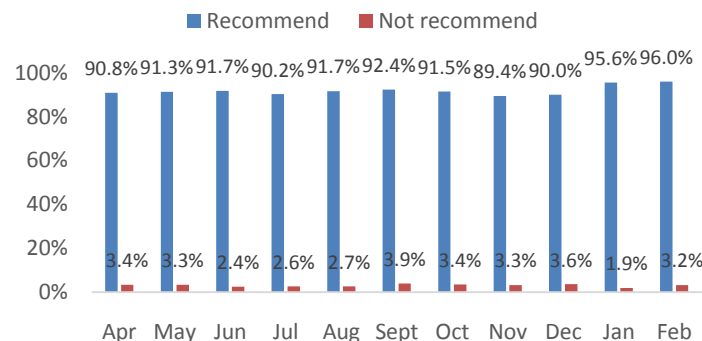
- Work towards achieving a 20% response rate
- Increase our FFT score/proportion of patients who would recommend us to 97%
- Improve our response rate and the proportion of patients who would recommend the Trust when compared with Shelford Peers

Where we are: trends, patterns and causes

- The response rate fell from 10.4% in January to 8.4% in February.
- Data entry issues resulted in significantly few surveys being entered for the labour and birth and postnatal ward touchpoints. The response rate for these touch points fell from 14% to 8.2%.
- A member of staff who is on non clinical duties within Women's Services has been allocated this task as part of her duties and unfortunately a number of February surveys were entered for the month of March in error. Additional training has been provided to support the member of staff's understanding.
- The overall recommend score has improved slightly from 95.8% in January to 96% in February. However the not recommend score which has increased from 1.9% in January to 3.2% in February. A large proportion of women raised concerns about the environment in particular levels of noise, heat and the cramped nature of the wards.
- In January our response rate for the labour and birth touchpoint placed us in the lower half of the Shelford Group, whilst our "recommend" and not recommend scores placed us at the top of the Shelford Group. Our scores are above the national and London average. Please note that we are only able to use the labour and birth touchpoints as this is the only touchpoint NHS England can accurately estimate a response rate for.
- The proportion of patients who would recommend us has remained consistent at above 95%.

Risks or opportunities for the Trust

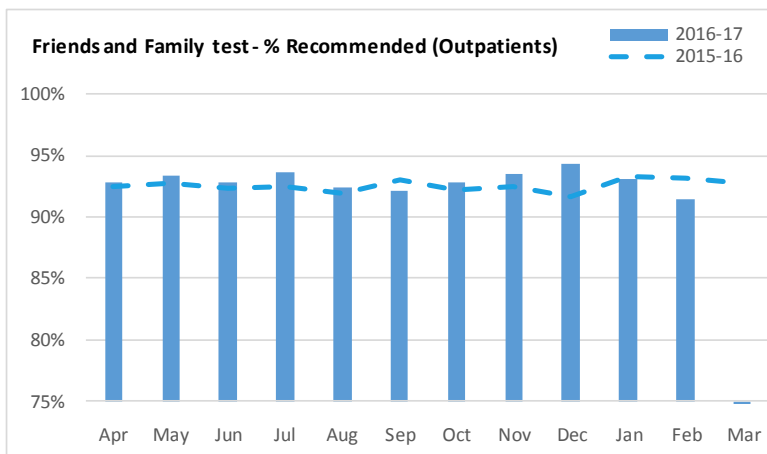
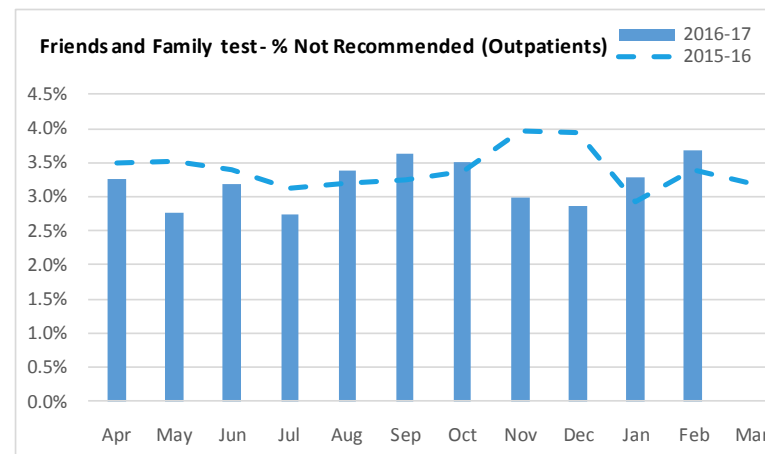
- It is important to ensure that we continue to capture patients' feedback and that it is used to further improve the experience of patients staying on our wards
- The proportion of patients who would recommend our care and proportion of those who would not recommend our care places us in the lower quartile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

Trend – Maternity Friends and Family Test response rate**Trend –2016 Maternity Friends and Family Test percentage Recommend v. Not recommend****Comparator – Shelford Group**

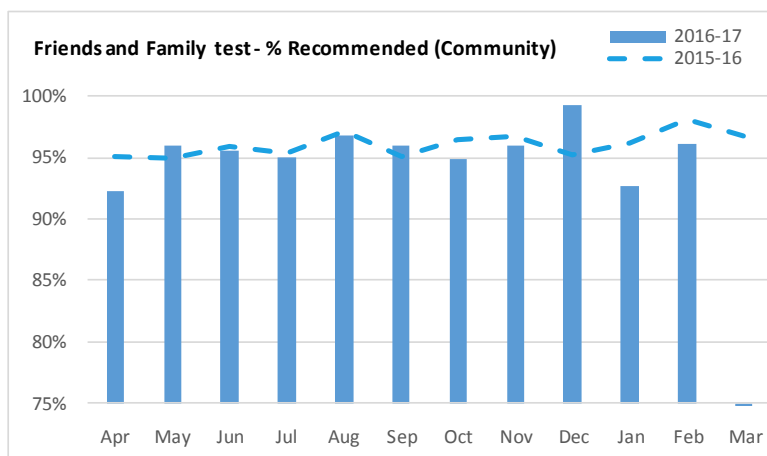
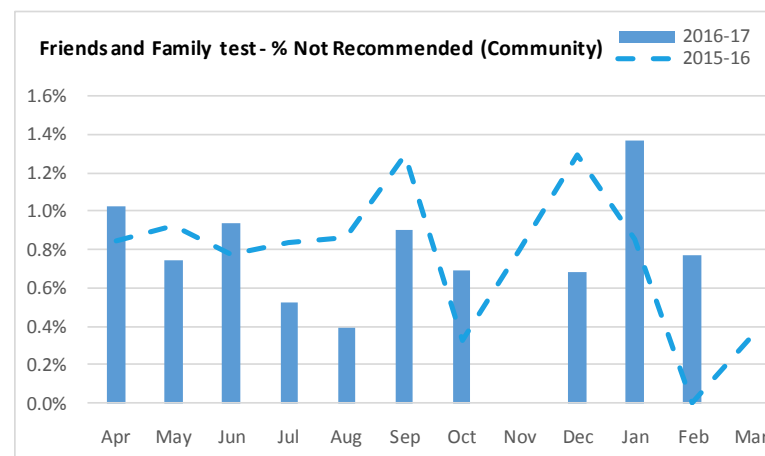
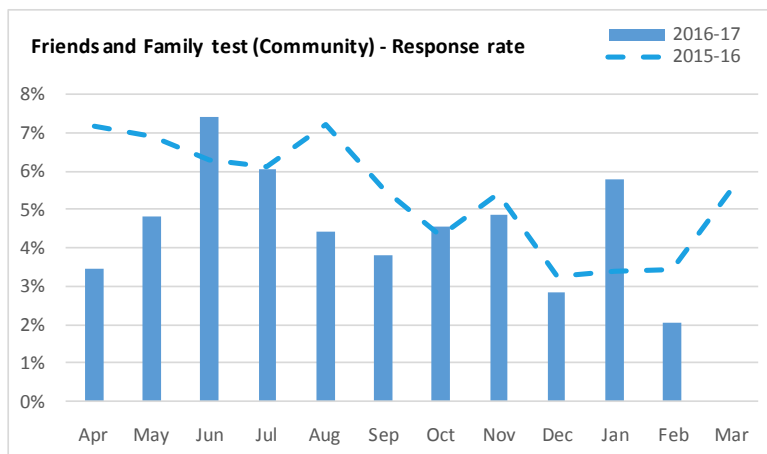
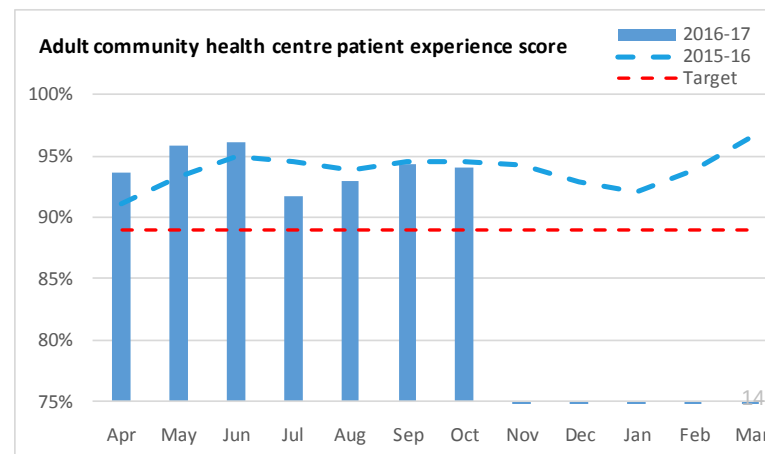
Shelford Trust/Month	January									
	Antenatal		Labour & birth		Postnatal Ward		Home Birth		Postnatal community	
	Recommend %	Not recommend %	Recommend %	Not recommend %	Recommend %	Not recommend %	Recommend %	Not recommend %	Recommend %	Not recommend %
National Score for England	94%	2%	97%	2%	94%	2%	97%	2%	98%	2%
London region score	94%	3%	95%	2%	92%	3%	95%	2%	98%	2%
Gay's and St Thomas' NHS Foundation Trust	*	*	100%	0%	90%	4%	No data	No data	No data	No data
King's College Hospital NHS Foundation Trust	93%	3%	93%	2%	88%	9%	No data	No data	100%	0%
University College London Hospitals NHS Foundation Trust	90%	6%	99%	0%	89%	5%	No data	No data	No data	No data
Imperial College Healthcare NHS Trust	94%	3%	94%	3%	93%	2%	No data	No data	98%	0%
University Hospitals Birmingham NHS Foundation Trust	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Sheffield Teaching Hospitals NHS Foundation Trust	100%	0%	96%	2%	94%	2%	No data	No data	98%	0%
Oxford University Hospitals NHS Trust	95%	0%	92%	0%	96%	0%	No data	No data	100%	0%
Newcastle Upon Tyne Hospitals NHS Foundation Trust	No data	No data	99%	0%	100%	0%	No data	No data	*	*
Central Manchester University Hospitals NHS Foundation Trust	96%	0%	91%	0%	98%	2%	No data	No data	94%	0%
Cambridge University Hospitals NHS Foundation Trust	92%	3%	99%	1%	96%	3%	No data	No data	100%	0%

Action and progress		Owner	Next review date	
A member of staff who is currently on non clinical duties allocated the role of data entry, has been given further training on data entry to ensure that she is clear about the process and data entry deadlines have been set		Rose Haldane & patient Experience Team	March 2017	
The Patient Experience Team have asked the supplier of the new patient feedback system to look at combine to the 2 separate electronic surveys into one so that the team can make use of ipads and reduce the paper data entry burden. The supplier is currently reviewing the amount of work and time needed to make this change to the system.		Patient Experience Team	April/May 2017	
Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

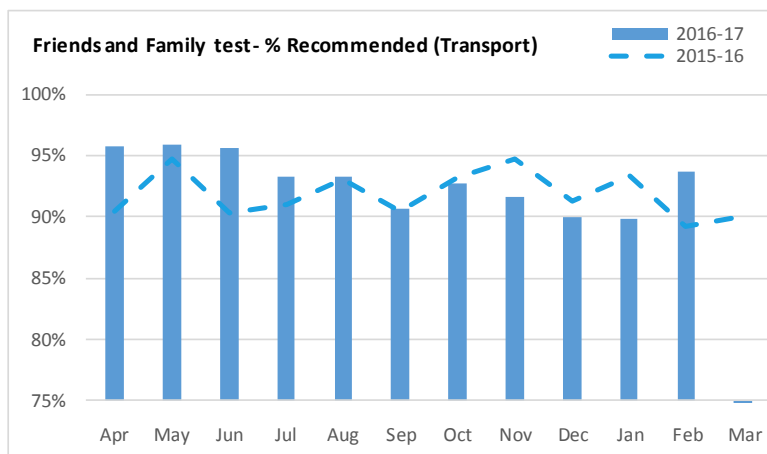
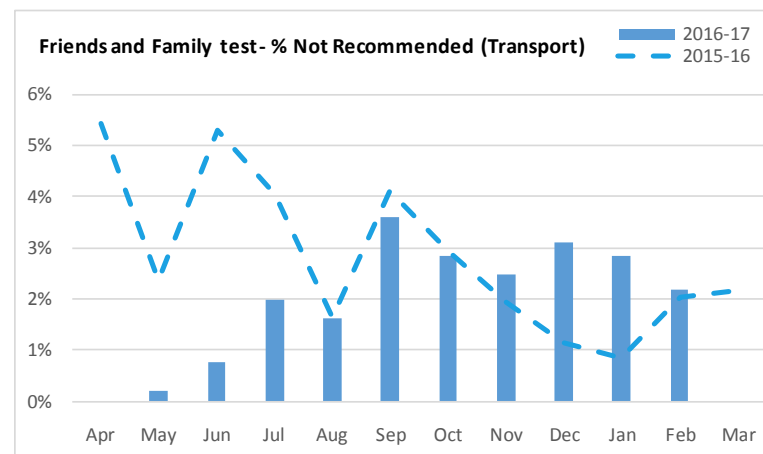
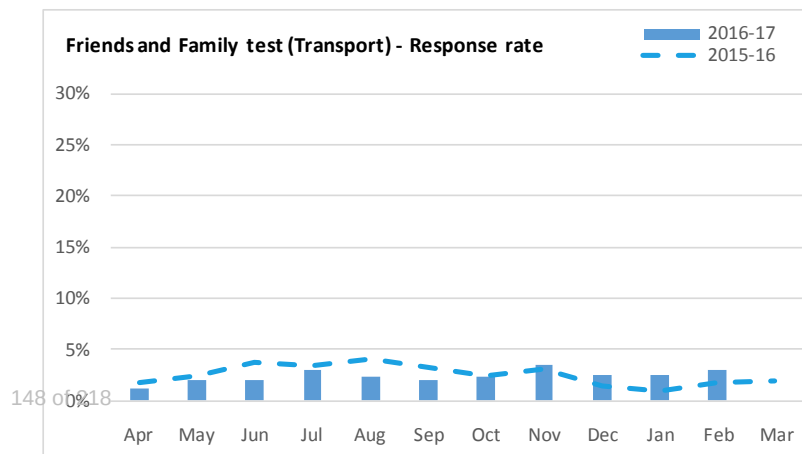
- We have reviewed local and national 2015-16 data and have set a response rate target of 7%.
- The proportion of outpatients who would recommend the Trust was 91.3% which is a slight decrease on the January 93.1%. The proportion of patients who would not recommend the Trust was 3.7% which is an increase on the January figure of 3.3%.
- 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.



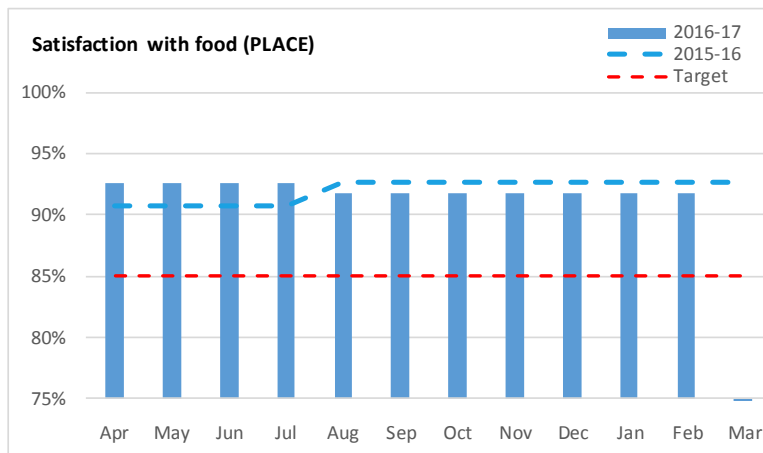
- We have reviewed 2015-16 local and national data and set a response rate target of 7%.
- In February the response rate fell from the January figure of 5.8% to 2.1%. Health visiting contributes significantly to this, unfortunately no surveys were entered for health visiting for February. This has been addressed to ensure feedback is included in March. As the system becomes further embedded response rates should increase.
- The proportion of patients who would recommend community-based services has increased from 92.6% in January to 96.1% in February. The proportion of patients who would not recommend services has improved falling from 1.4% in January to 0.8% in February.
- The overall patient satisfaction score of 92% is an increase on the December score of 90%.



- The proportion of patients recommending the transport increased this month rising from 89.8% in January to 93.6% in February. The not recommend score has improved slightly falling from 2.8% in January to 2.2% in February.
- The response rate has fallen slightly from 2.4% in January to 2.1% in February.



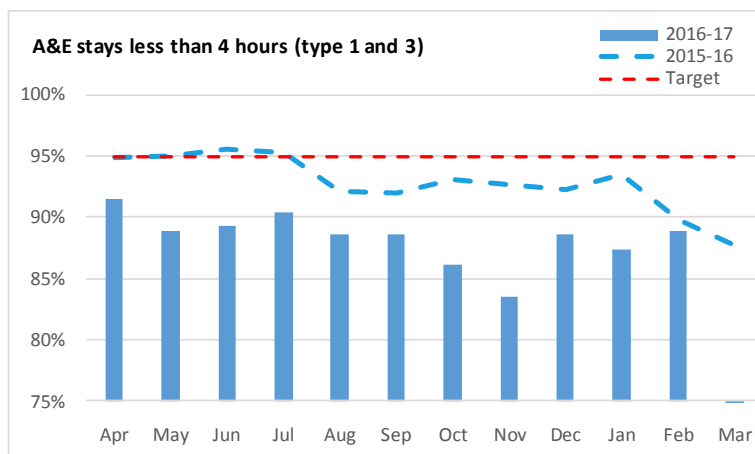
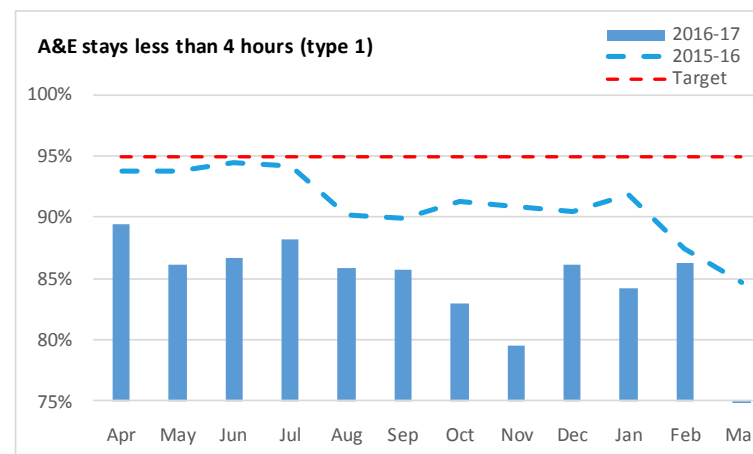
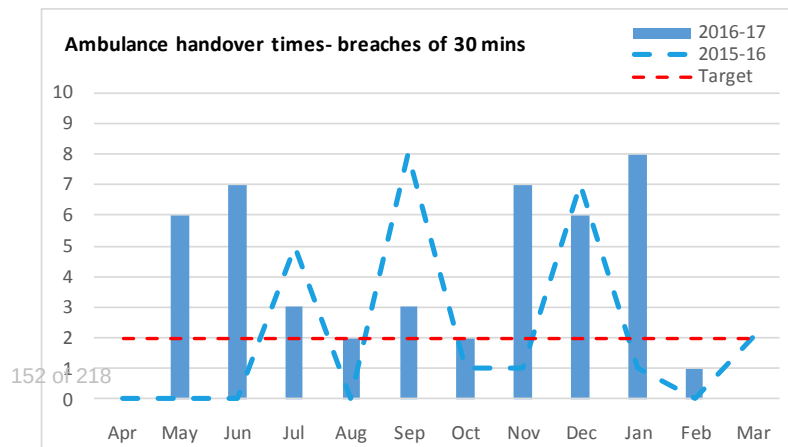
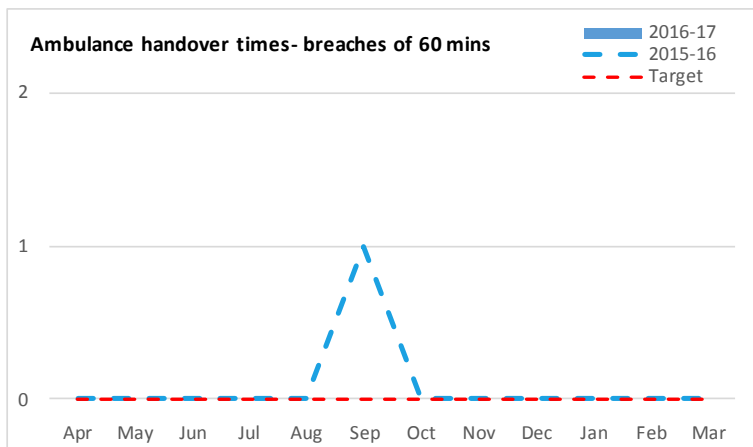
- The Trust has scored strongly for the quality of its catering as reflected in the National Inpatient Survey 2015, published by the Care Quality Commission (CQC). The Trust's catering scores exceed those of other London Trusts.
- The catering team continue to work closely with both Nursing and Dietetic 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.



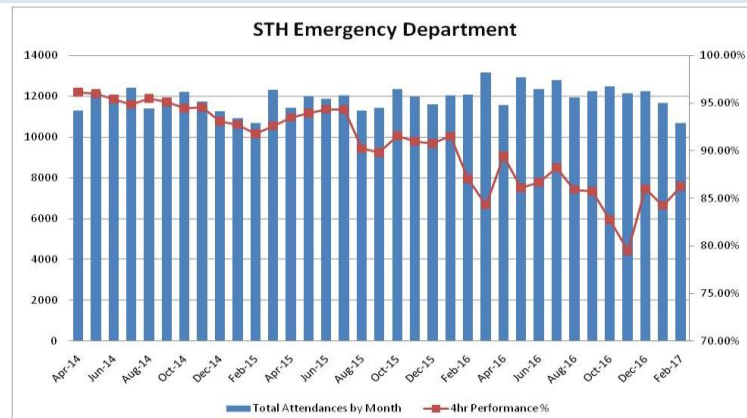
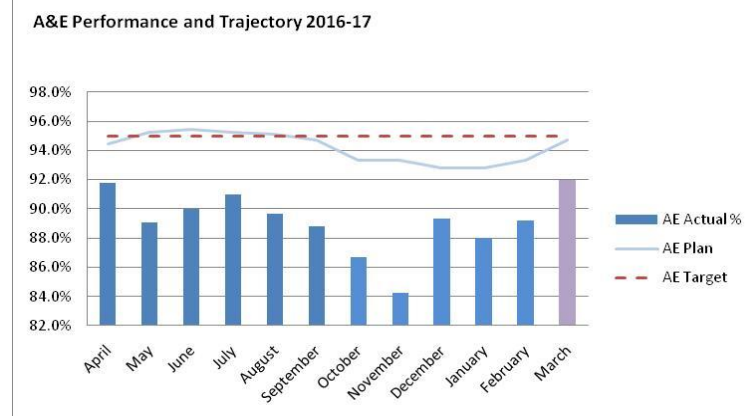
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor	Quality priorities	Trend chart
4.1 A&E access	AE1	A&E stays less than 4 hours (type 1 and 3)	Mthly %	>95%			92.8%	88.6%	87.4%	88.9%	88.3%			Y
	AE1STH	A&E stays less than 4 hours (type 1)	Mthly %	>95%			91.0%	86.2%	84.2%	86.2%	85.5%			Y
	AE30	Ambulance handover times - breaches of 30 mins	Number	<3			2.1	6	8	1	4.1			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%	88.8%	89.5%	89.2%	90.5%			Y
	RTT 52I	RTT - Incomplete pathways over 52 weeks	Mthly	Zero			7.9	18	16	18	17.7			Y
	RTT TQ	RTT - Total incomplete pathways	Mthly	-			47,493	58,293	58,187	58,932	56,995			Y
	RTT 18Q	RTT - Incomplete pathways over 18 weeks	Mthly	-			3,671	6,519	6,097	6,383	5,443			Y
	401M	RTT - Non-admitted patients <18 weeks (unadjusted)	Mthly %	>95%			93.2%	89.8%	89.8%	90.1%	90.6%			Y
	402M	RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%			83.7%	81.8%	79.1%	80.3%	81.0%			Y
	RTT 52	RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero			7.1	12	17	14	13.1			Y
4.3 Cancer access	451M	Cancer - 2 week wait	Qthly%	>93%			92.8%	92.5%	95.7%	96.0%	91.3%			Y
	941	Cancer - breast symptomatic referrals <2 wks	Qthly %	>93%			95.0%	90.3%	86.3%	95.6%	89.7%			Y
	453M	Cancer - 31 day first treatments	Qthly%	>96%			94.4%	95.3%	93.1%	95.0%	95.1%			Y
	459M	Cancer - 31 day subs treatments - surgical	Qthly%	>94%			91.5%	91.9%	93.1%	90.1%	90.8%			Y
	943	Cancer - secondary chemotherapy <31 days	Qthly %	>98%			98.7%	98.4%	95.7%	96.7%	97.9%			Y
	942	Cancer - secondary radiotherapy <31 days	Qthly %	>94%			96.0%	95.2%	90.1%	93.5%	94.3%			Y
	454M	Cancer - 62 day urgent GP referrals	Qthly %	>85%			69.8%	63.3%	66.4%	63.5%	66.7%			Y
		Cancer - 62 day urgent GP referrals (LCA cases only)		In devt										
	454I	Cancer - internal 62-day referrals	Qthly%	>85%			79.6%	66.2%	80.0%	77.4%	78.5%			Y
	456M	Cancer - 62 day screening	Qthly %	>90%			89.5%	91.7%	66.7%	100.0%	81.6%			Y
	457	Cancer Backlogs - pathways over 62 days	Number	-				157	141	110	138			
	458	Cancer Backlogs - pathways over 62 days	Number	-				63.5%	46.3%	54.8%	49.3%			

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor	Quality priorities	Trend chart
4.4 Diagnostic access	Diag 6	Diagnostic waits - % over 6 weeks	Mthly	<1%			1.48%	1.60%	1.83%	1.28%	1.27%			Y
	FFF19	Turnaround time - inpatient MRI within 24 hours	Mthly %	>80%			70.9%	59.3%	69.9%	65.7%	63.6%			Y
	FFF20	Turnaround time - inpatient CT within 24 hours	Mthly %	>80%			83.5%	89.2%	83.1%	85.7%	84.7%			Y
	FFF21	Turnaround time - inpatient Ultrasound within 24 hours	Mthly %	>80%			77.6%	78.9%	76.1%	75.2%	76.8%			Y
4.5 Bed capacity and management	531	Average length of stay (elective)	Cum ALOS	<last yr			3.44	3.52	3.53	3.54	3.54			Y
	LOS>1	Non-elective average LOS >1 night	Cum ALOS	<last yr			8.6	8.7	8.7	8.7	8.7			Y
	535	Discharges before noon	Mthly %	>25%			20.9%	20.1%	20.9%	22.1%	20.9%			Y
	Home	GSTT referrals to @Home service	Cases	>100			61	72	84	69	75			Y
	DTtoCPS	Patients with a DTtoC (snapshot)	Number	-			16	14	12	26	18			Y
	DTtoCDT	DTtoC total delayed days	Number	-			449	497	462	641	534			Y
4.6 Outpatient management	604	Appointments re-scheduled by hospital <6wks	Cum %	<4%			4.7%	4.7%	4.8%	4.7%	4.7%			Y
	FFF57	Gassiot House Room Utilisation	Mthly %	>75%			87.0%	85.2%	90.4%	93.0%	88.6%			
	618	Choose and Book - % slot unavailability	Mthly %	<5%							-			Y
	601R	Follow-up ratio - adj cons appts (in arrears)	Ratio	2.11			2.20	2.11	2.22		2.14			Y
	602	Non-attendance rate (new appts)	Mthly %	<11%			12.1%	11.1%	11.3%	10.9%	11.1%			Y
	603	Non-attendance rate (f/up appts)	Mthly %	<10.5%			13.1%	12.2%	12.4%	11.4%	12.4%			Y
4.7 Theatre management	533M	Daycase rate - basket (in arrears)	Mthly %	>85%			83.3%	84.3%	86.0%		84.2%			Y
	505	Theatres Gross Cancellation Rate (in arrears)	Mthly %	<7%			7.3%	7.5%	6.3%	7.6%	7.2%			Y
4.8 Complaints mgt	COM1T	Complaints opened in month (Trust total)	Cases	-			95.1	95	105	98	98			Y
	COM2T	Complaints re-opened in month (Trust total)	Cases	-			4.7	5	3	5	3			Y
	COM6T	Complaints CLOSED in month (total Trust)	Cases	-			-	107	75	105	99			Y

- February saw an improvement in performance in the patient waiting time within our A&E services. The department had one breach of the >30 minutes ambulance off-load target with no >60 minute delays (lower graphs). The number of ambulance arrivals has increased and the department is now regularly seeing over 100 ambulance patients each day. The department and Trust are committed to ensuring safe and effective ambulance handovers. St Thomas' is currently the 2nd best receiving hospital in London (in terms of the number of 30 minute breaches) in 2016/17 whilst being the 6th highest receiver of ambulances.
- This month has continued to be a busy month for the department, with high acuity, reflecting the national picture.
- The Urgent Care Centre continues to improve flow through the department whilst the ED team are working hard to improve internal and external processes in temporary Majors. This area will eventually become the Emergency Medical Unit in a year's time.
- The next Trust 'Star-Chamber' will be held in March to review the Emergency Pathway.

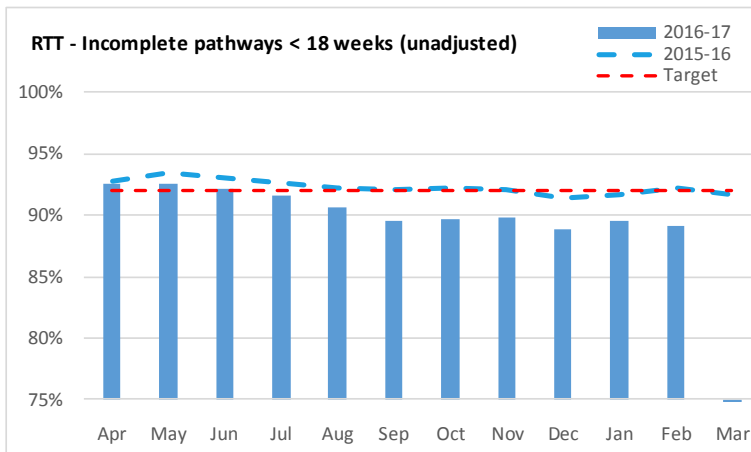
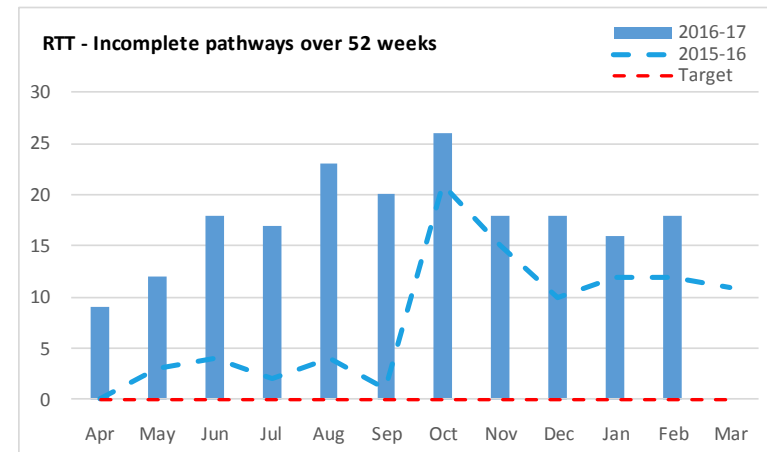
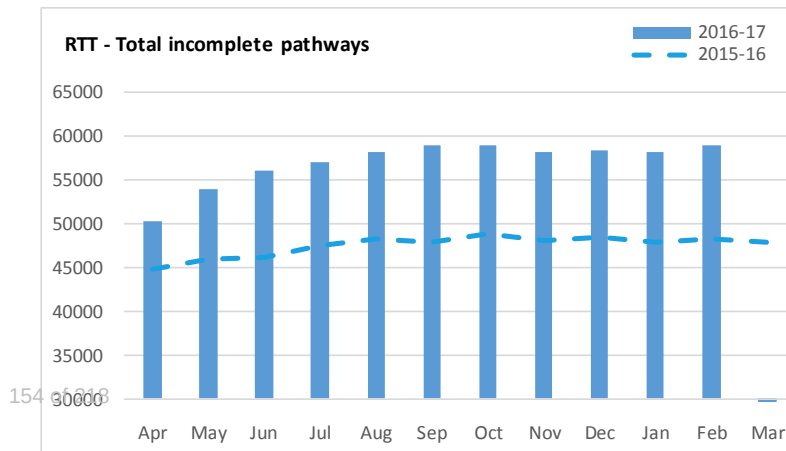
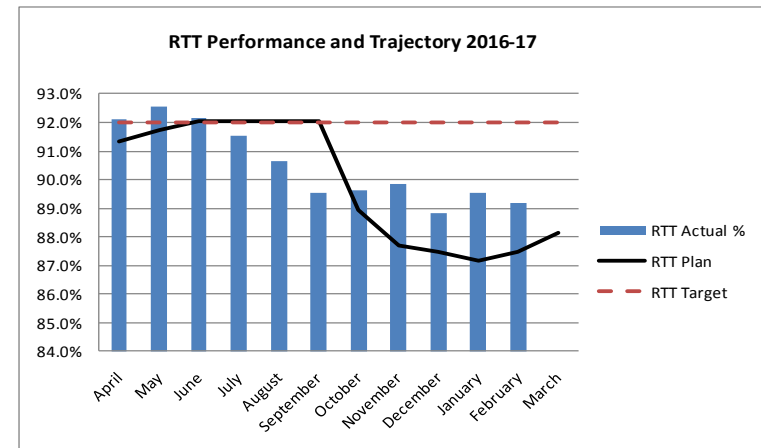


- **Where we want to be: targets and benchmarks**
- We are seeking to reduce the number of patients waiting over 4 hours to a level at which we can sustain performance against the national standards for incomplete pathways.
- We want to achieve our submitted performance trajectory for 4 hour performance – see bottom right graph (purple columns).
- **Where we are: trends and patterns**
- February was a busy month with high acuity patients. Guy's Urgent Care Centre has retained performance with approximately 2 breaches or less per week however this is being closely monitored.
- **Risks or opportunities for the Trust**
- 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.
- Clinically safe Emergency Pathways for other specialties which avoid patients having to be seen in the Emergency Department are also in development.
- **Root cause analysis and insights**
- The three key drivers for current A&E performance are:
  1. A challenging physical environment due to the current temporary phase of the Emergency Care Pathway rebuild.
  3. High number of patients with complex clinical requirements including mental health conditions.
  3. High attendance numbers, including an increase in ambulance arrivals.

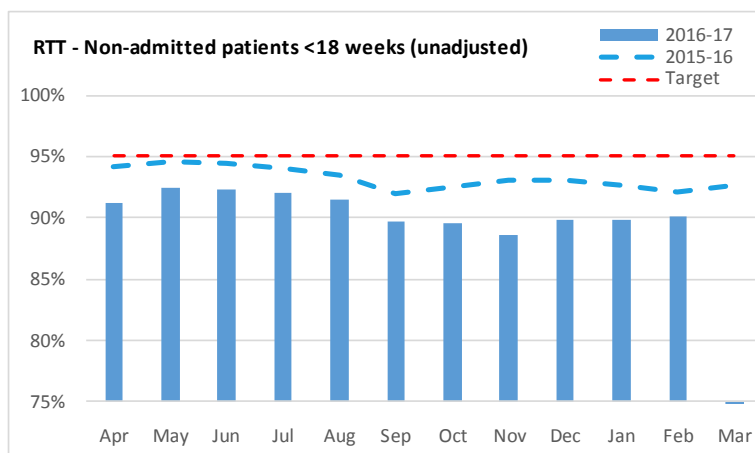
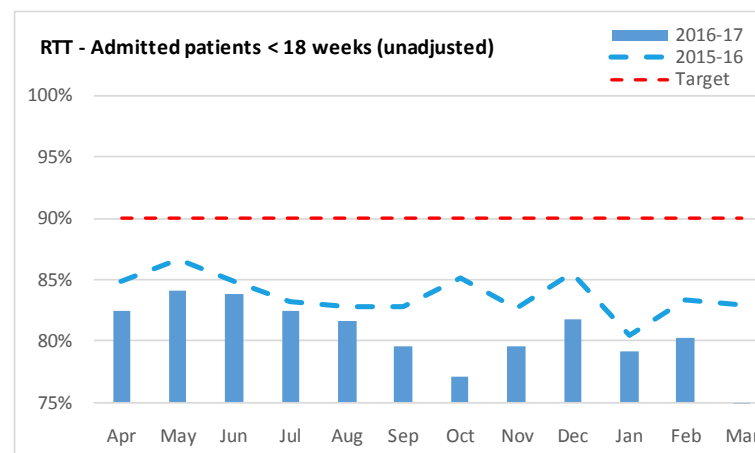
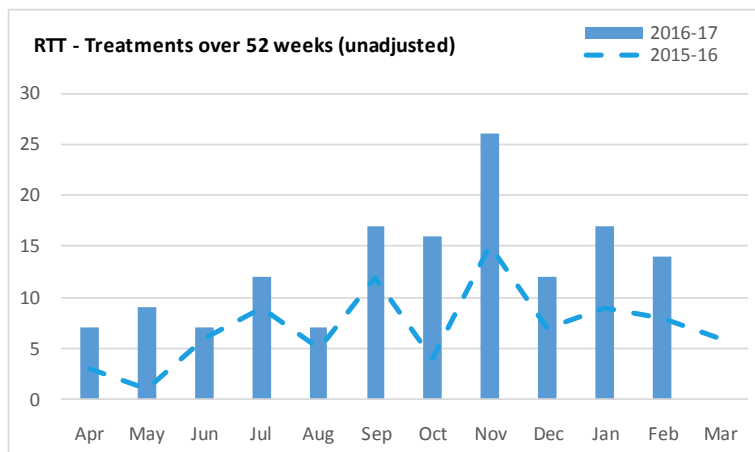
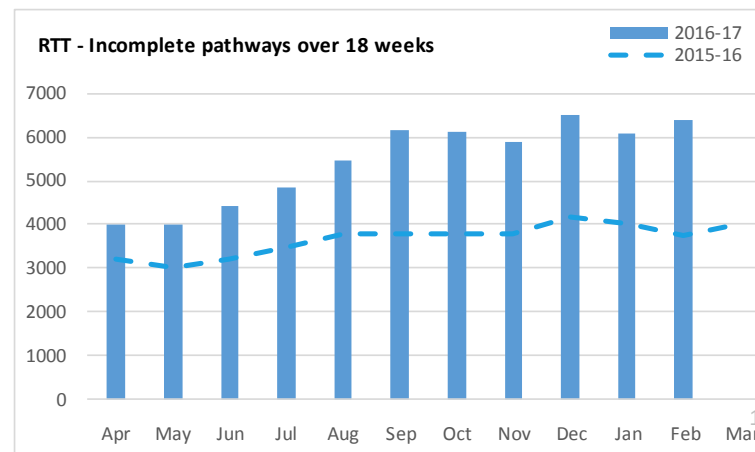


Action and progress	Owner	Next review date
The service continues to safely redirect patients to alternative providers, including GP Hubs and the Waterloo Health Centre. An audit in January showed that on average, 66 patients are redirected every week day to more appropriate care environments.	Acute Medicine DMT	Daily
The next Trust 'Star Chamber' will be held in March to review the progress made within the emergency pathway. Reporting into Star Chamber is the Urgent & Emergency Care Board which includes the various leads of work-streams across these pathways.	Deputy Dir of Operations & Acute Medicine DMT	March 2017
'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 which included 'Helping Patients Home' week. A bid has been submitted to NHSE and internal Trust Capital Planning groups as part of the transformation fund to ask for the capital funding to create a new Ambulatory Care Unit which will help reduce the demand on the Emergency Department.	Acute Medicine DMT	March 2017

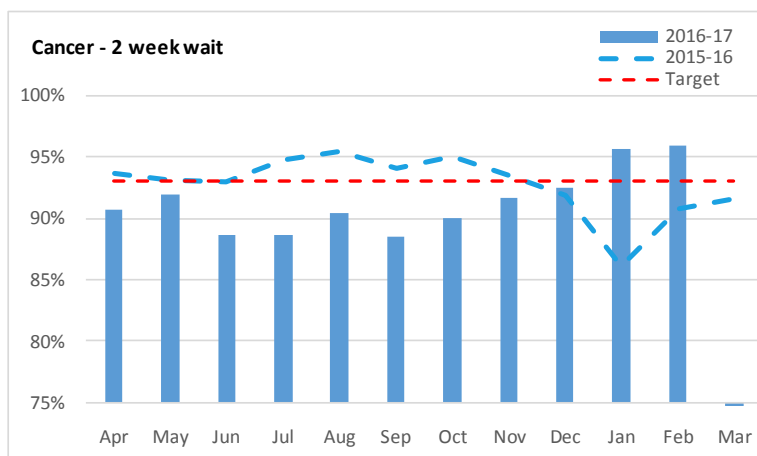
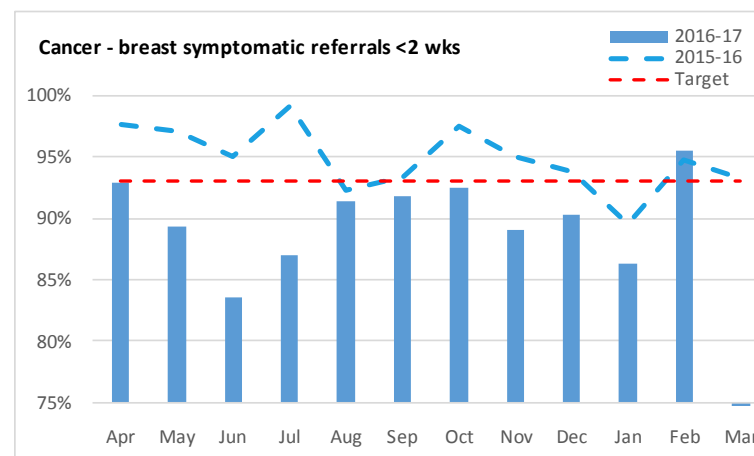
- Our incomplete performance in February is 89.2%. The most troubled specialties with the largest backlog are Pain Management, Orthopaedics, and Plastic Surgery, Vascular Surgery, Cardiology, GI Surgery, Paediatric spinal, Paediatric ENT and Gastroenterology.
- The dip in RTT performance is in part due to an increase in referrals for some specific specialties, however there are still internal issues with capacity, booking practices and waiting list management that need to be looked at we are reviewing these closely with all specialties. We have also gone to advert to recruit business support officers, who will be leading on data cleansing for specialties.
- The total PTL has increased slightly from 57,847 in January to 58,577 in February.



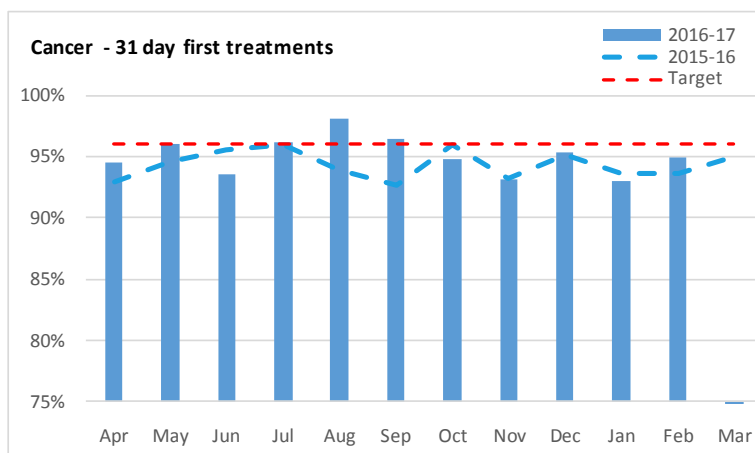
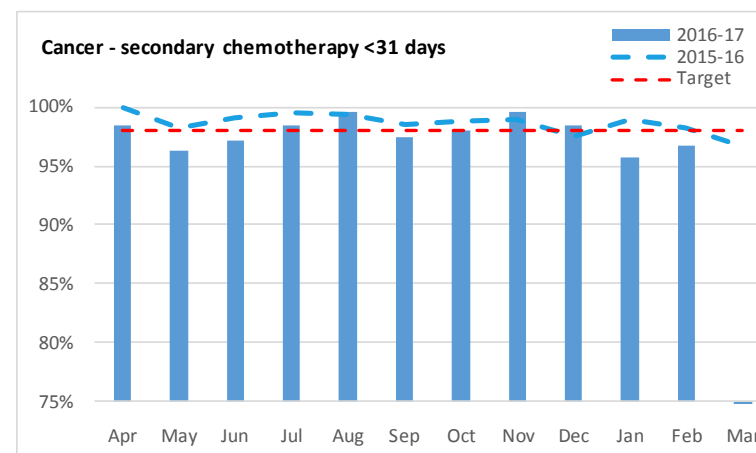
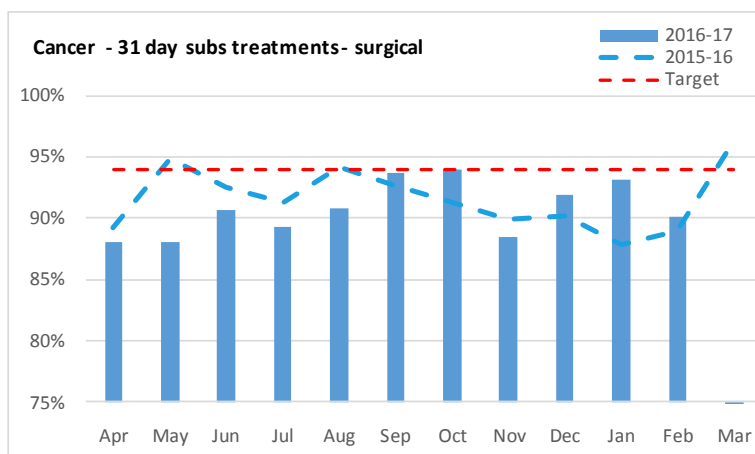
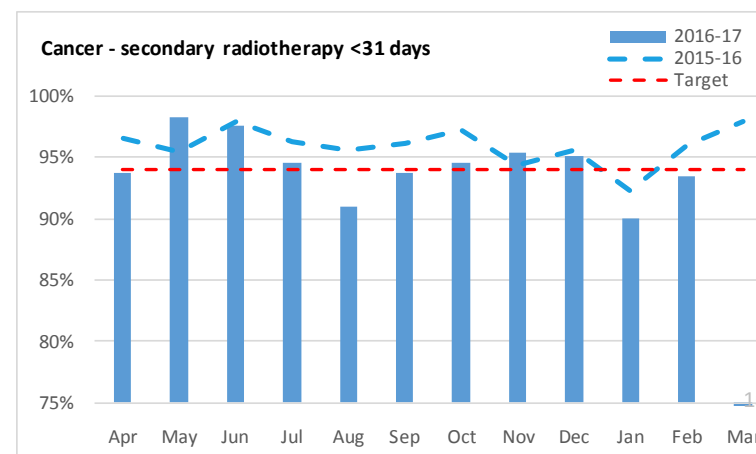
- Total backlog has risen in February to 6,383 from 6,097.
- The Trust reported 18, 52 week waiters in February, which is two more than the previous month. The specialty with the highest number of over 52 week breaches is ENT with 8. The remaining 52 week breaches were in Plastic Surgery (3), Vascular (1), Paediatric ENT (2), Cleft (1), Paediatric Orthopaedics (1) and Gynaecology (1).
- All these long waiters are reviewed on a weekly basis and services have been asked to review their recovery trajectories with the performance team and monitor back on these on a fortnightly basis to ensure a plan is in place for each patient.
- A new RTT performance management framework has been developed and the performance team is currently working with individual services to review their RTT recovery action plans and implement the new framework.



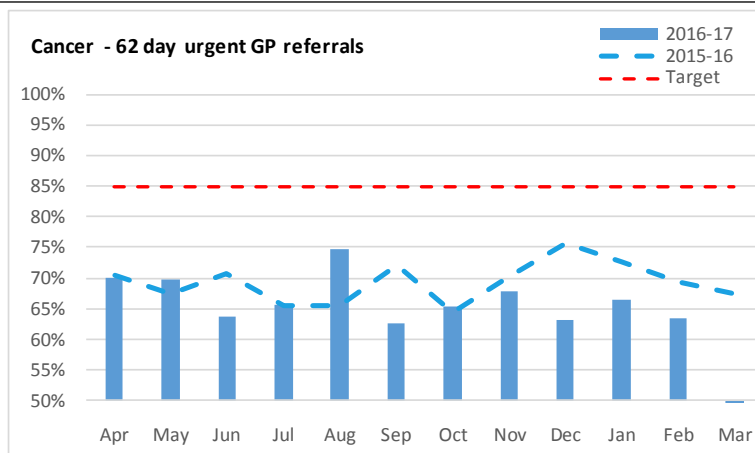
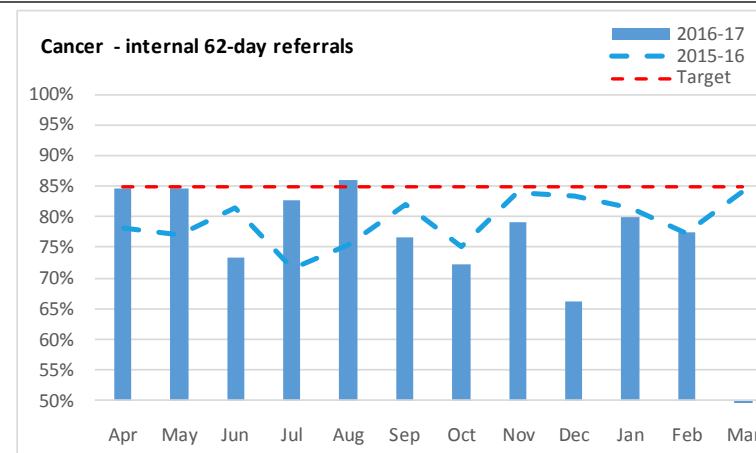
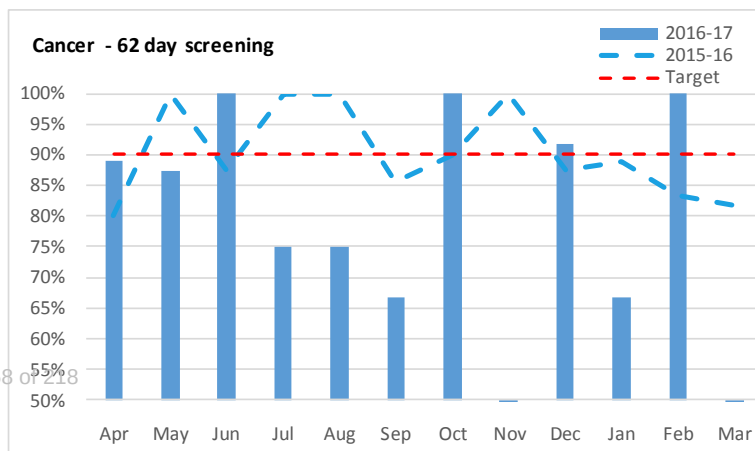
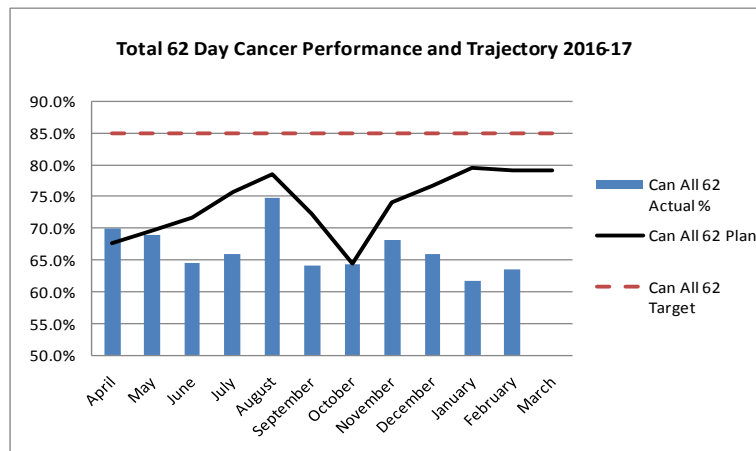
- The Trust achieved the 2-week wait target set for patients with suspected cancer with a performance of 96.2% and the breast symptomatic target (95.6%).



- The Trust did not achieve the 31 day targets in February. There were a total of 14, 31 day first treatment breaches, of which 5 of these breaches were avoidable(3 Administrative errors and 2 capacity). The other main breach reasons were due to Patient choice, and medical/complex reasons.
- The work with the co-ordinators and medical teams for capturing and recording the Decision To Treat dates continues in Urology and Dermatology.
- This month 7 out of 30 subsequent breaches were avoidable, mainly due to administrative issues relating to planning treatments . The Radiotherapy team are continuing to flag to the Medical teams on aligning the correct process with the Decision to treat dates and Earlier Clinical appropriate dates (ECAD).



- Overall performance for 62-day maximum wait for first treatment remains below the 85% target. We achieved 63.5% overall which is below our trajectory and 77.4% for the internal patients. There were 12 internal breaches in January with only 55 treatments, 6 were avoidable (5 due to capacity and 1 admin errors). 8 of these patients were long waiters (treated >than 14 days after breach), as we continue to expedite the treatments for patients in the backlog.
- There were 48 external breaches in February. 35 (73% of the breaches) were referred late (>38 days) in the 62 day pathway and 20 had already breached the 62-day target before the referral was received. 7 of the breaches were treated within 24 days of referral. 13 patients were referred before or on day 38, but still breached, mainly due medical reasons and complex pathways (50%) the others were due to patient choice, capacity and admin errors. The majority of 62 day breaches in February were within Thoracic The South East London Accountable Cancer Network is continuing to progress the work on timed clinical pathways for the main tumour groups(Urology, Colorectal and Lung), this will enable a standardised approach for all patients in the sector and should support the elimination of late referrals to the Centre.



	62 Day Treatment Status		
February	Total Treatments	Total Breaches	Compliance
Brain CNS	0	0	
Breast	10.5	1.5	85.7%
Gynae	9	5	44.4%
Haematological	4	0	100.0%
Head and Neck	5.5	2	63.6%
Lower GI	9	3	66.7%
Lung	6.5	4	38.5%
Other	1	1	0.0%
Skin	5.5	2	63.6%
Skin Haematology	1	1	0.0%
Thoracic	7.5	6	20.0%
Thyroid	2	0	100.0%
Upper GI	8.5	6	29.4%
Urological	31.5	5.5	82.5%
Total	101.5	37	63.5%

	62 Day Treatment Status		
Quarter 4	Total Treatments	Total Breaches	Compliance
Brain CNS	0	0	
Breast	38	7.5	80.3%
Gynae	25	7.5	70.0%
Haematological	9	2.5	72.2%
Head and Neck	15	4.5	70.0%
Lower GI	21.5	9.5	55.8%
Lung	22	11.5	47.7%
Other	1	1	0.0%
Skin	25.5	3.5	86.3%
Skin Haematology	1	1	0.0%
Thoracic	29.5	20.5	30.5%
Thyroid	6.5	1	84.6%
Upper GI	22	13.5	38.6%
Urological	98	20.5	79.1%
Total	314	104	66.9%

- Overall performance in February was 63.5% this was mainly due to completing the work on treating backlog patients and late external referrals.
- The highest number of breaches overall, were in Lung (Thoracic). The Trust continues to support services with a review of their processes around the use of their timed pathways and the recovery plan in place to support the Cancer data team. In February the backlog of patients who are over 62 days reduced with the largest backlog reduction was in Thoracic followed by Upper GI, Lower GI and Gynae. The additional Assurance PTLs continues to support services in reducing the long waiters and addressing the implementation of the timed pathways.

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 increased in February however it is still below the 72% seen in December. LGT increased to 67% in February and KCH achieved 52.9%
- For the South of England Trusts the proportion of early referrals remains unchanged.
- 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. High sickness rates and turnover continues to be a challenge to the pace of change required to implementing further changes.
- The “Star Chamber” approach continues to provide a focus for delivering the agreed improvements and actions.
- The risk with continuous late referrals (>38 days) is the adverse affect on our ability to treat patients within 62 days.

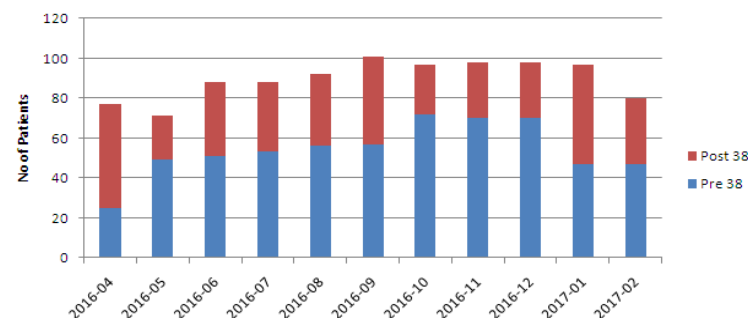
• 104 day patients

- There were 20 long wait breaches(treated after day 104) in February . 8 in Lung/Thoracic, 5 in urology, 2 in Upper GI, 2 un lower GI, and 1 each in Breast, Gynae, Skin and Colorectal
- 3 were internal breaches, 17 were external referrals
- The reasons for the long delays were: A mixture of late referrals(13), complex pathways(3), medical reason (1) and patient choice (1).
- 13 of the external long wait breaches were referred after day 62 from other Trusts, and 4 of these were referred after day 104.
- 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.

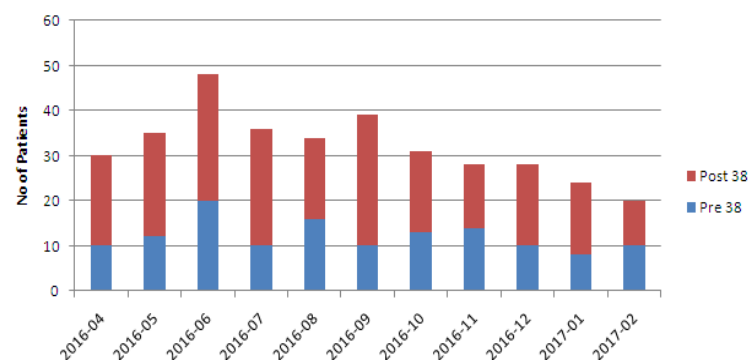
• Root Cause analysis and Action

- 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

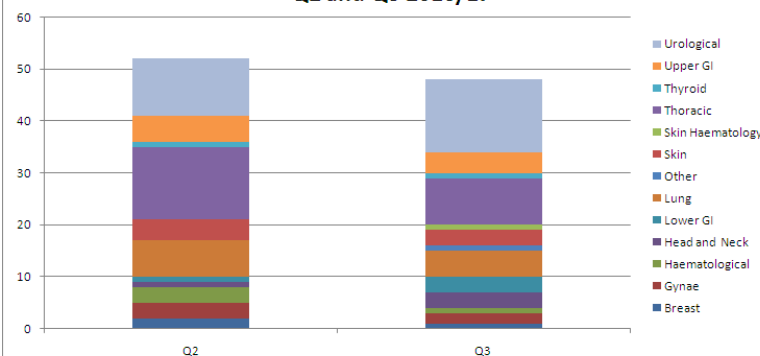
External Referral - SEL - Apr 16 Onwards



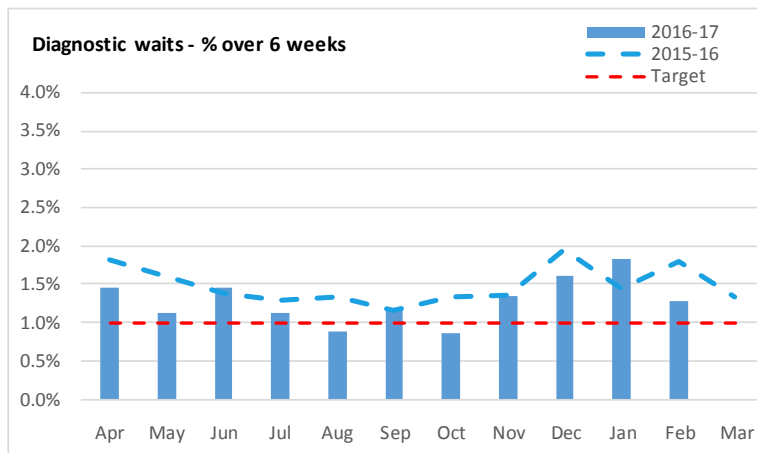
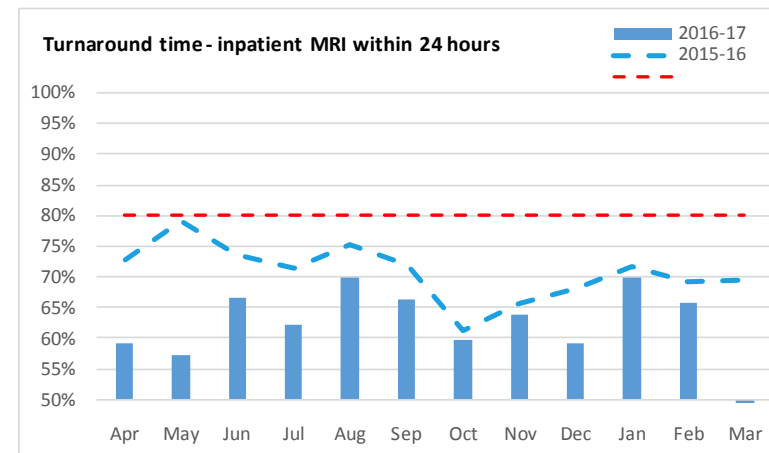
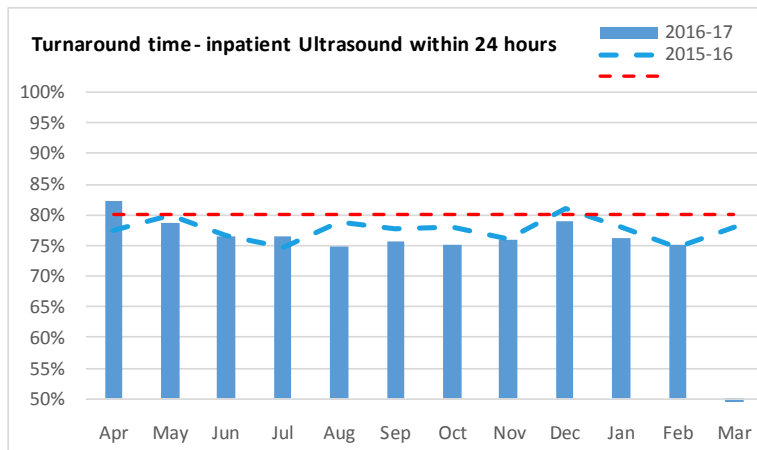
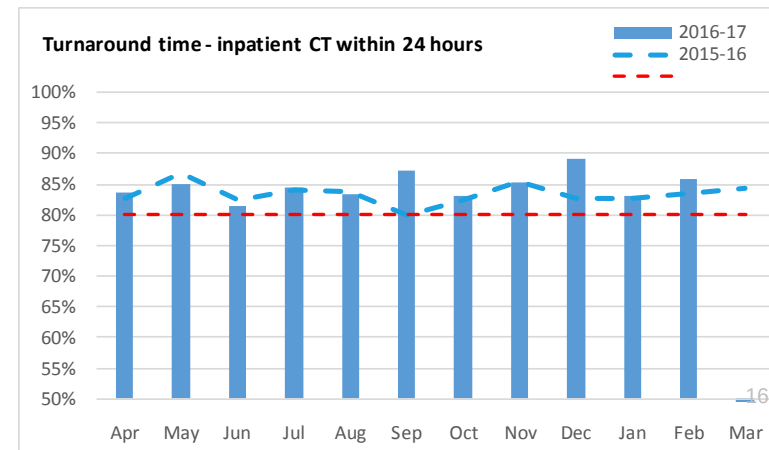
External Referral - Non-SEL - Apr 16 Onwards



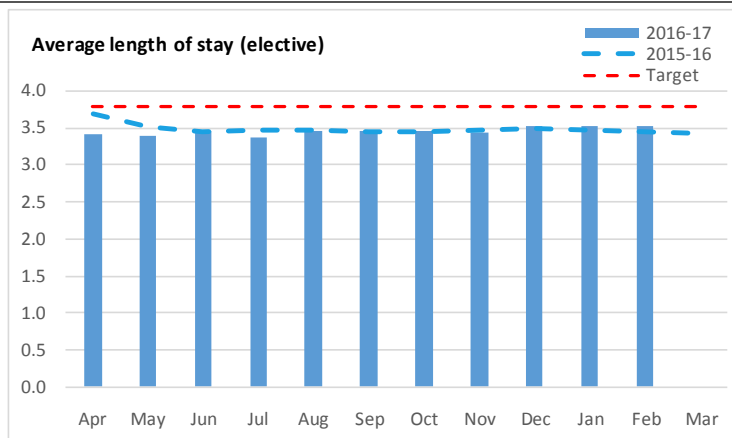
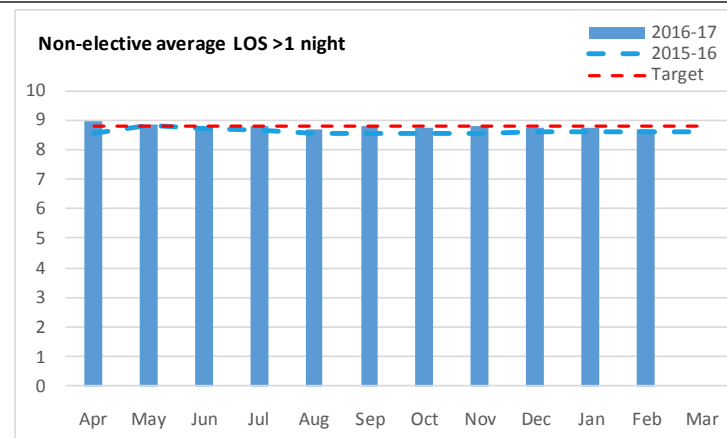
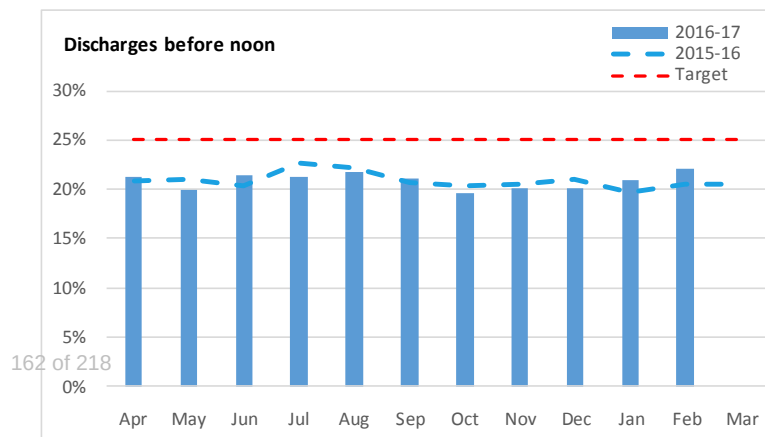
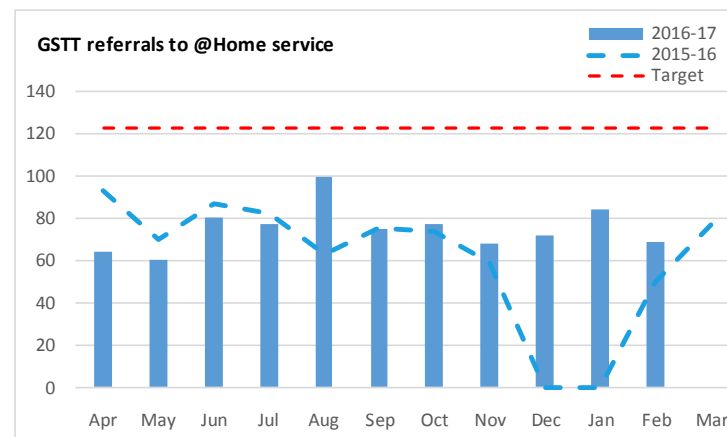
No. of 104 day breaches per tumour site
Q2 and Q3 2016/17



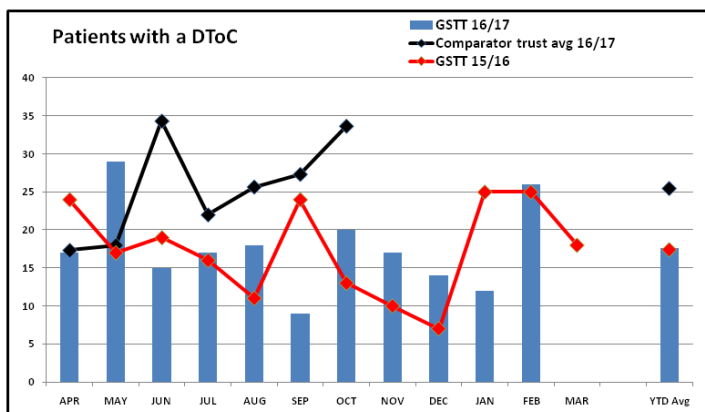
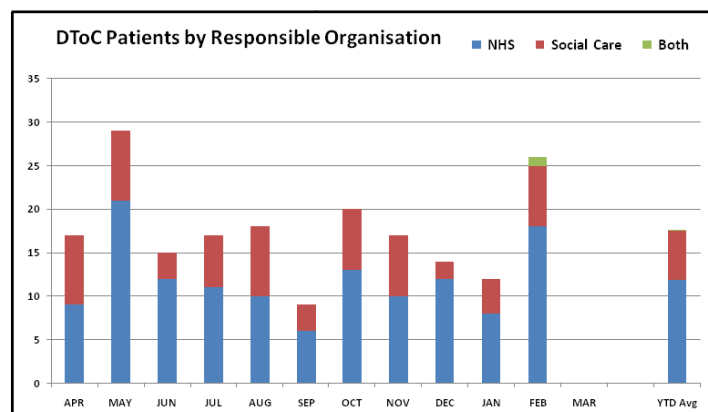
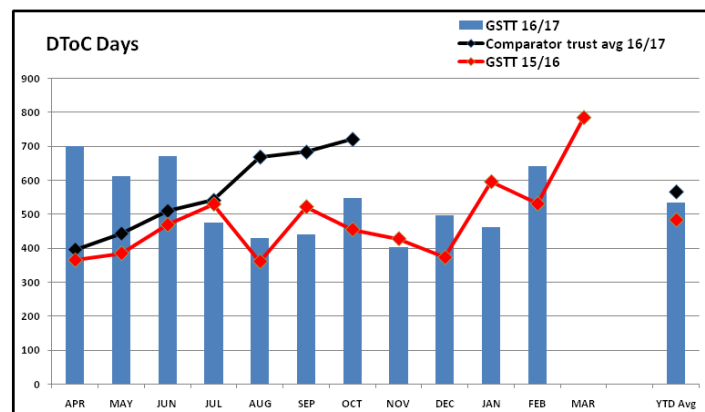
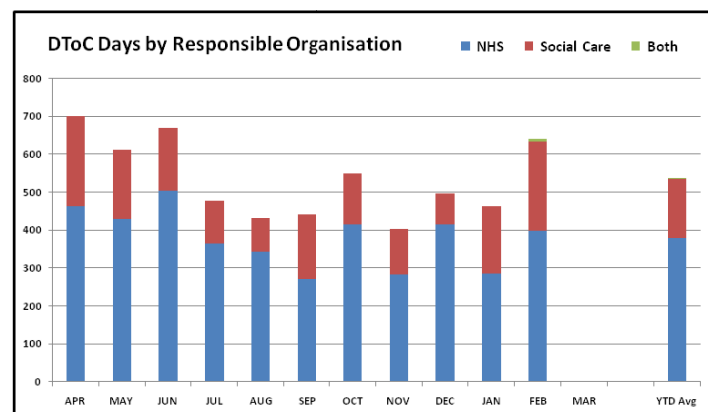
- An improvement was seen in February compared to previous months, with a performance value of 1.28%. This was related to a reduction in breach numbers for all endoscopy modalities as well as improvements in CT, Sleep Studies and Urodynamics.
- In February, there was a slight increase in Paed MRI breaches, which is due to a loss of capacity over Christmas, and an additional spell of sickness from scheduling staff however this has now resolved.
- A new process is set to be implemented for March which will track services weekly predictions to prospectively identify any potential end of month breaches and offer services support in avoiding these breaches.



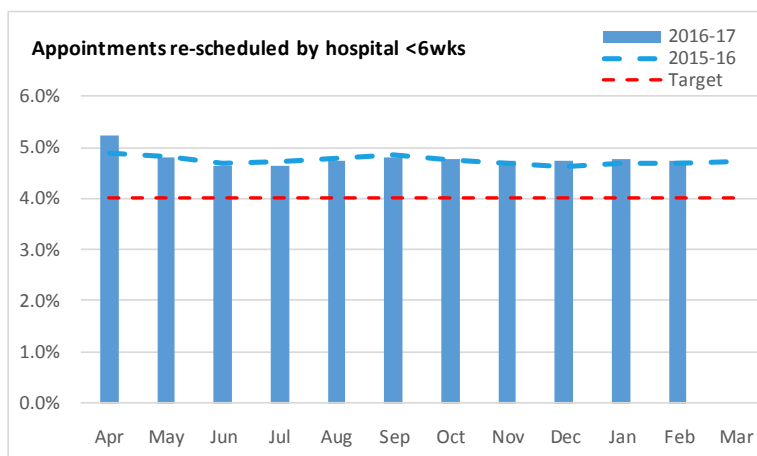
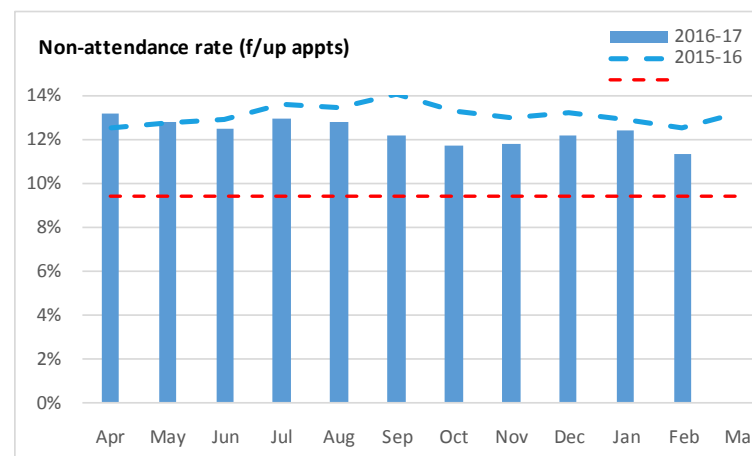
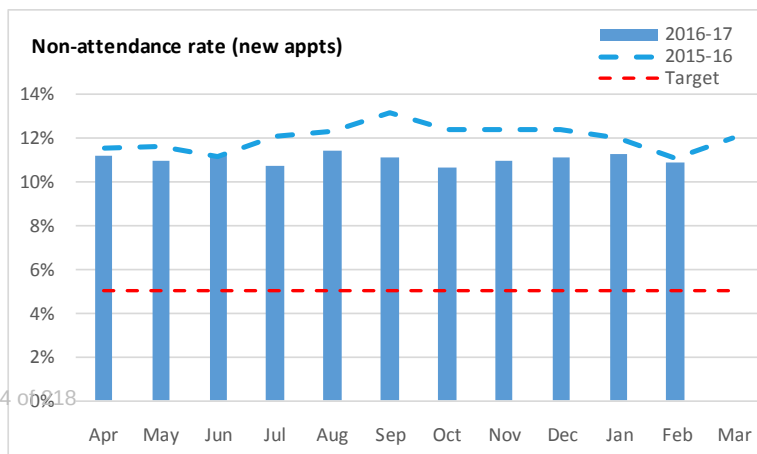
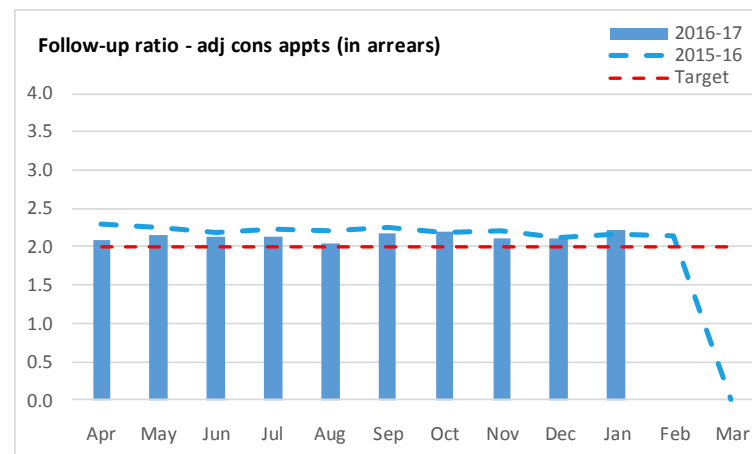
- @home: Overall accepted referrals have decreased from 254 (Jan) to 246 (Feb) and GSTT referrals have seen a decrease from 84 (Jan) to 69 (Feb). The priority for the service is to improve recruitment and retention in order for the service to be fully optimised and a recruitment and retention plan has been developed. The service is continuing the same day discharge campaign. Positive promotion of the service during the Helping Patients Home week.
- 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.



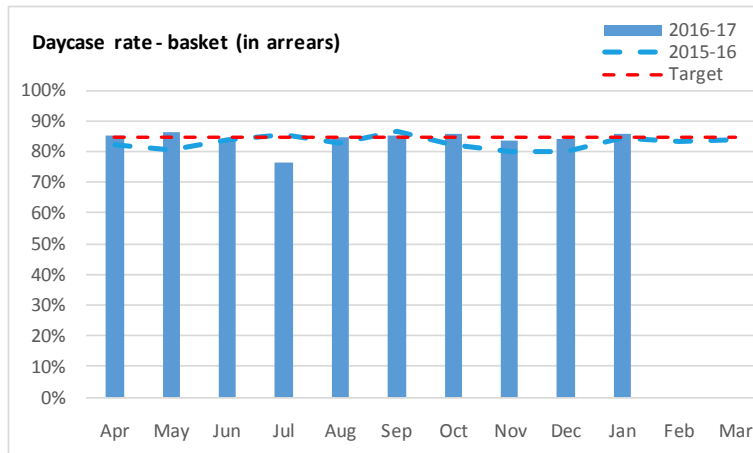
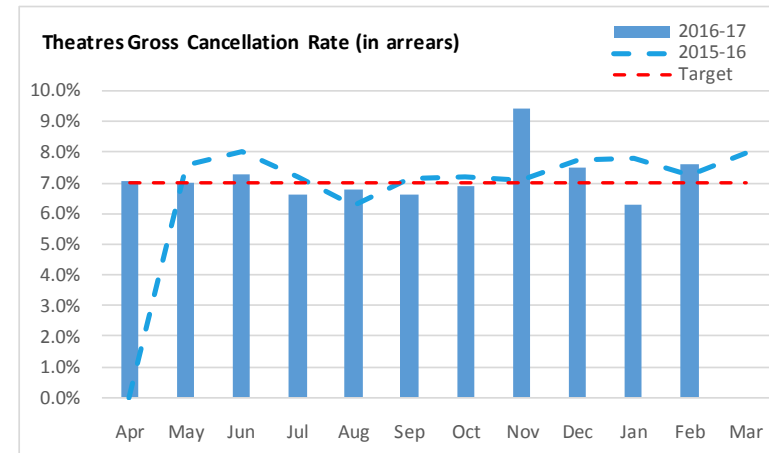
- The definition of a DTOC is when a patient is ready to transfer from acute to non-acute setting, but remains in an acute hospital bed.
- The Trust has launched a 'Transfers of Care' improvement workstream within the Fit for the Future programme, with three overarching improvement aims:
  - To join up improvement initiatives across the Trust relating to transfers of care / discharge
  - To develop an IT solution to capture data on discharge delays (as part of Live Bed State)
  - To work with our external partners across health and social care to develop new ways of working, including 'Trusted Assessments' and 'Discharge to Assess' models.
- "Helping Patients Home Week" took place at the end of January 2017, with lots of initiatives running during the week with a focus on reducing delayed transfers and unblocking issues. We saw an increase in community referrals as a result, and further impacts of this initiative are currently being reviewed.



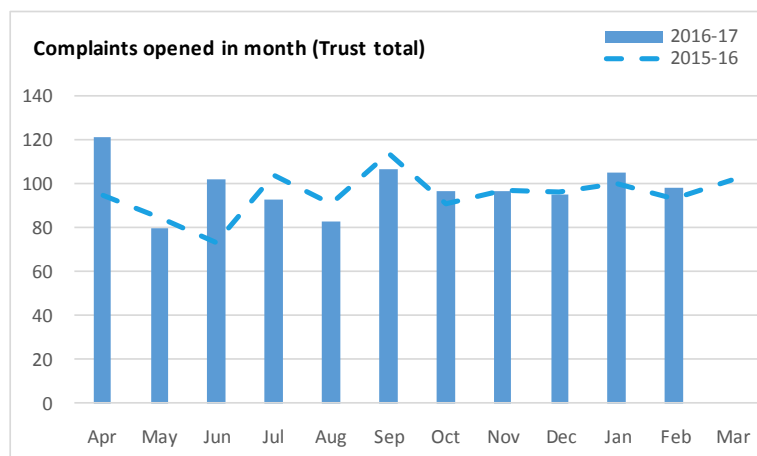
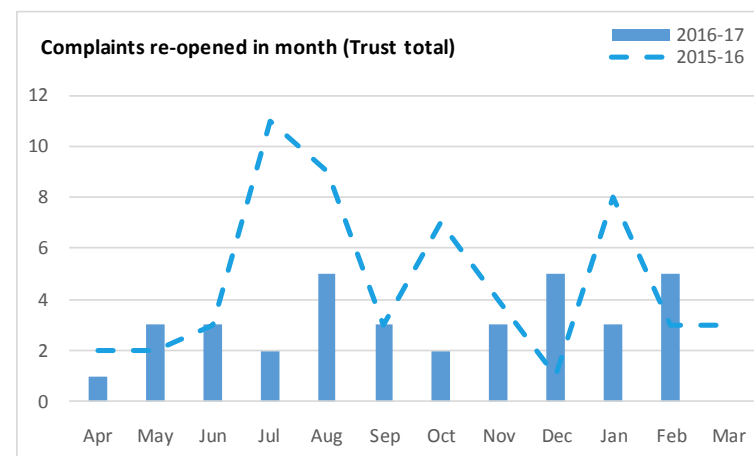
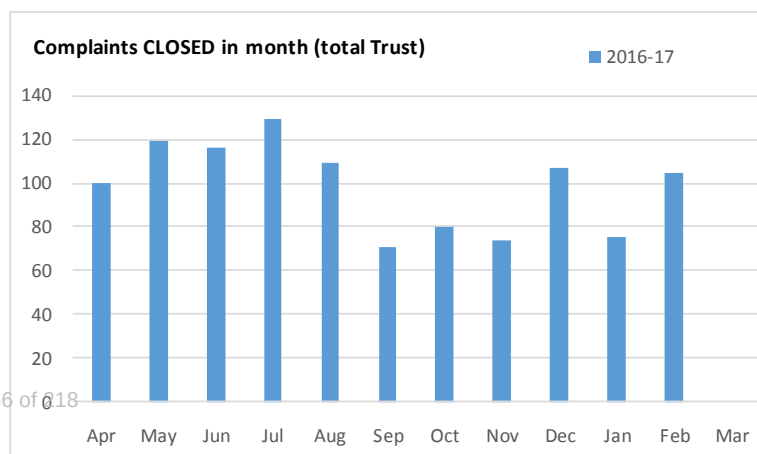
- **Appointments re-scheduled by the hospital within 6 weeks of an appointment** – The number of rescheduled patients has continued at a rate below 2015/16 levels.
- **e-RS (National e-referral system) - % slot availability** – Appointment slot issues (ASIs) reduced from January's 1097 to 1084, while Advice and Guidance also reduced slightly from 219 to 209. These small decreases seem likely to be related to being the shortest month of the year rather than any other factors. Work has commenced on most of the specialties identified by the Planned Care Board (Gynaecology, Ophthalmology, Dermatology & Neurology) to update their DoS and add any missing services. Locally a PID has been written for the Exec team that will raise the 2 CQUINs informally at CDs meeting followed up by a discussion at DMT – this will allow a couple of iterations of the discussion.
- **Non-attendance for new and follow up appointments** – The next level of drdoctor functionality – level 2 – (appointment re-schedule, auto offer) has begun and its findings will inform the wider implementation of L2 across the Trust later in 2017.
- **Follow-up ratio** – OP page of FFF Intranet site continues as Trust wide information sharing hub, providing current guidance on improving DNA rates.



- Day case rates continue to meet the target of 85% with continued focus on ensuring patients are operated on in the most appropriate care setting.
- Cancellation rates were slightly above target in February, 47% of which were as a result of patients either cancelling on the day or failing to arrive. The pilot for text reminders for surgery starts in Gastroenterology and Dental in April which is anticipated to reduce this. If successful, it will be rolled out to all inpatient admissions



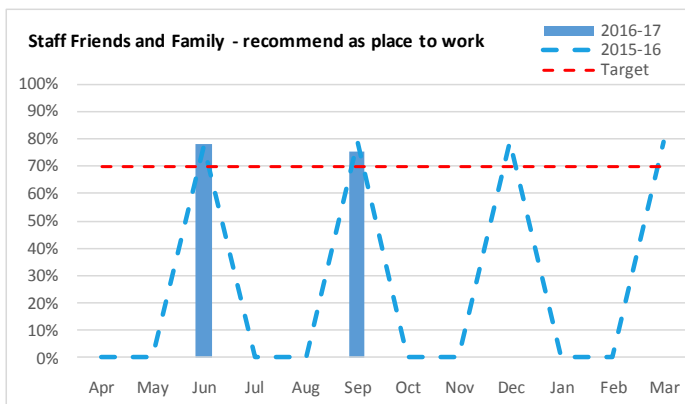
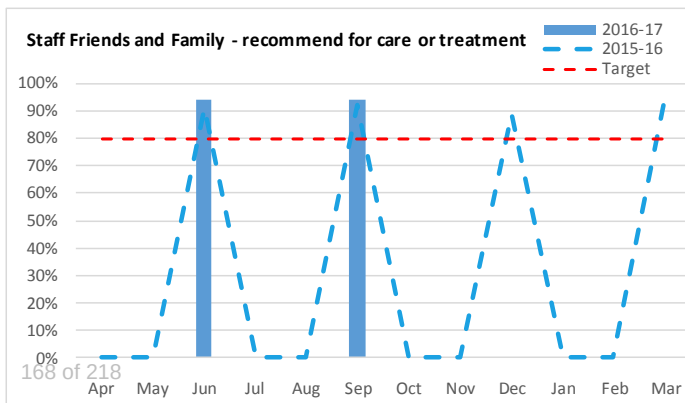
The complaints team continue to work together with the directorate teams to produce high quality responses following a robust investigation, to ensure learning is shared and that action is taken to improve the experience of future patients. In February, the Trust received 98 formal complaints and the complaints team also resolved an additional 68 contacts from patients and their families where concerns were raised. No new notifications received from the Parliamentary and Health Service Ombudsman.



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.

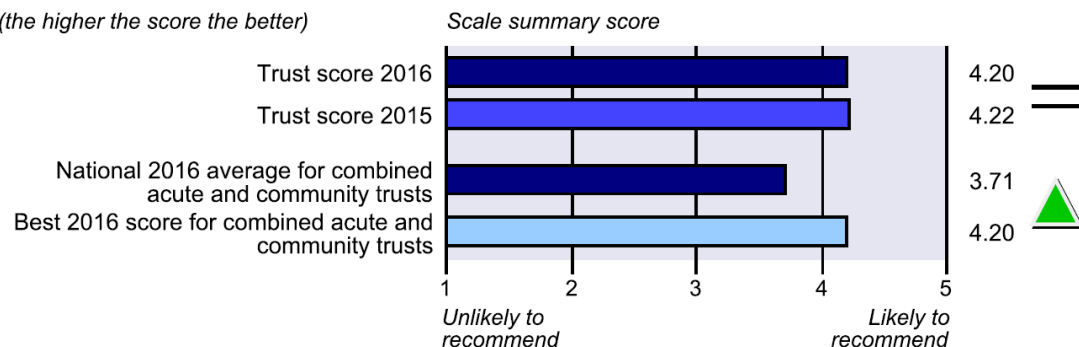
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor Quality priorities	Trend chart
5.1 External assessments	GOV	Overall governance rating (Monitor, in arrears)	Rating	Green			Green	Green	Green	Green	Green		
	CQC	Care Quality Commission (CQC) risk assessment	Score	>5			6	6	6	6	6		Y
5.2 Staff experience	FFTS1	Staff Friends and Family - recommend as place to work	Qtly %	>70%			78.5%				77%		Y
	FFTS2	Staff Friends and Family - recommend for care or treatment	Qtly %	>80%			91.5%				94%		Y
5.3 Workforce indicators	VACTB	Overall vacancy rate	Mthly %	<9%			11.5%	11.9%	11.2%	11.1%	11.5%		Y
	TEMPTB	Agency staff (% of paybill)	Mthly %	<4.3%			5.7%	3.0%	3.1%	3.6%	4.0%		Y
	TURNTB	Rolling annual turnover rate	Mthly %	<11%			10.1%	12.3%	12.2%	12.1%	12.1%		Y
	206TB	Sickness and absence rate	Mthly %	<3.0%			3.4%	3.48%	3.58%	3.36%	3.26%		Y
	211TB	Appraisal compliance (non-medical staff)	Mthly %	>95%			73.1%	76.0%	75.9%	74.7%	72.1%		Y
	MTTB	Mandatory training compliance	Mthly %	>95%			86.3%	84.9%	84.7%	83.5%	84.8%		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 Trust achieved the highest score for overall Staff Engagement of any healthcare provider in England; at 4.03 (on a scale of 1-5) compared to the national average of 3.80. Staff satisfied with the quality of work and patient care scored 4:11, against a national average of 3.92.
- The survey results show we are above average in 22 of the 32 key findings in the survey. 94 % of staff agreed that their role makes a difference to patient and service user compared to a national average of 91%, which was one of the highest scores.
- The National Staff Survey asks similar but differently worded questions to the Staff Friends and Family Test (SFFT), which is open in quarters 1, 2 & 4. The Q4 SFFT was opened for 3 weeks in March and over 1017 staff responded.

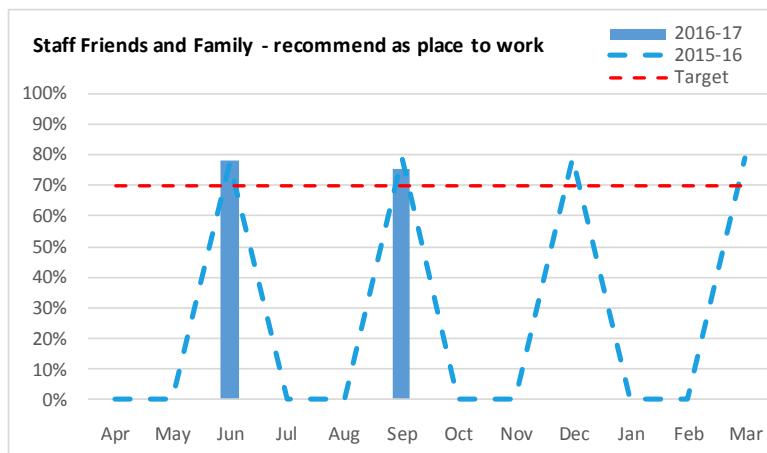
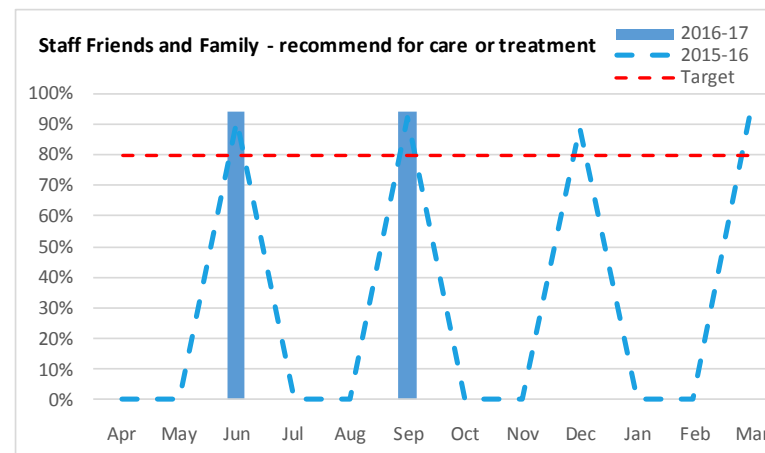


KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

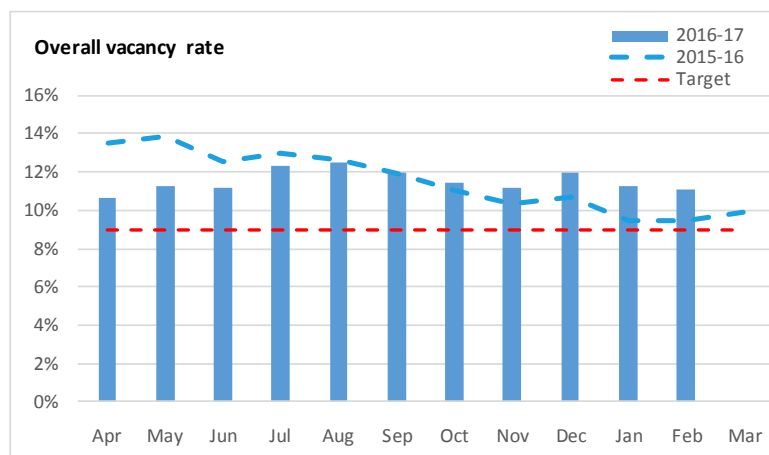
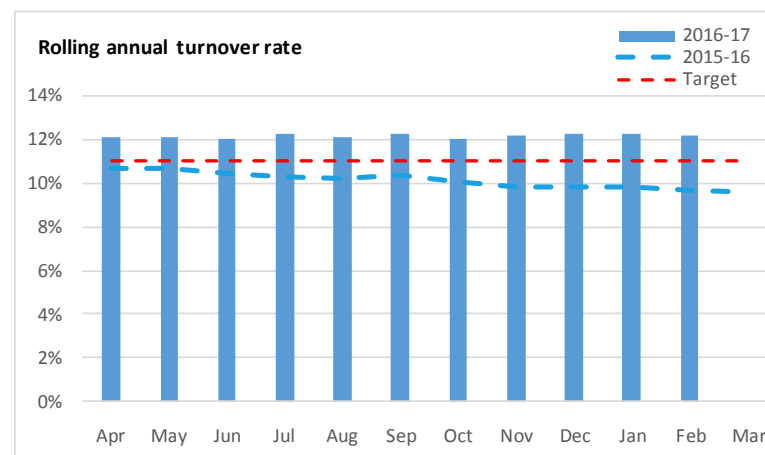
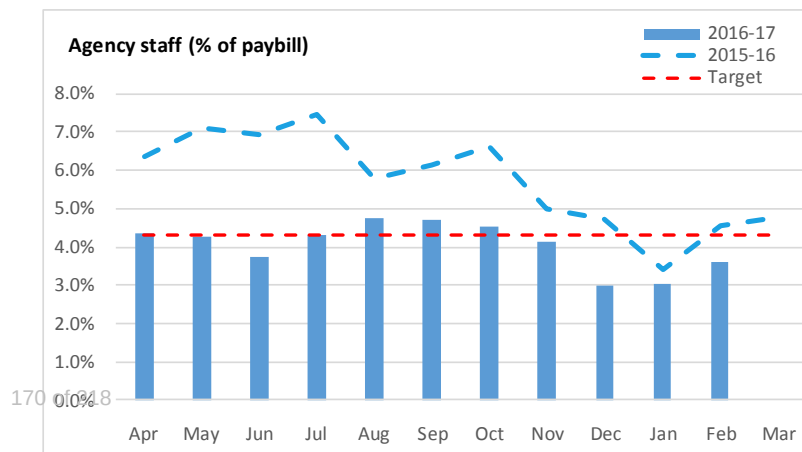
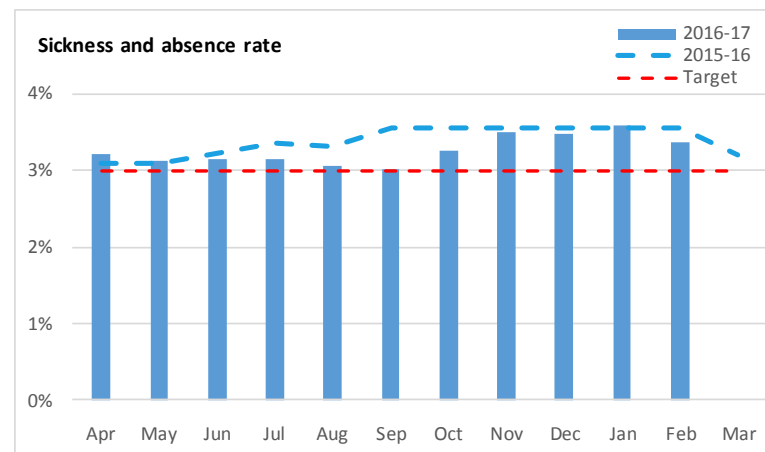
(the higher the score the better)



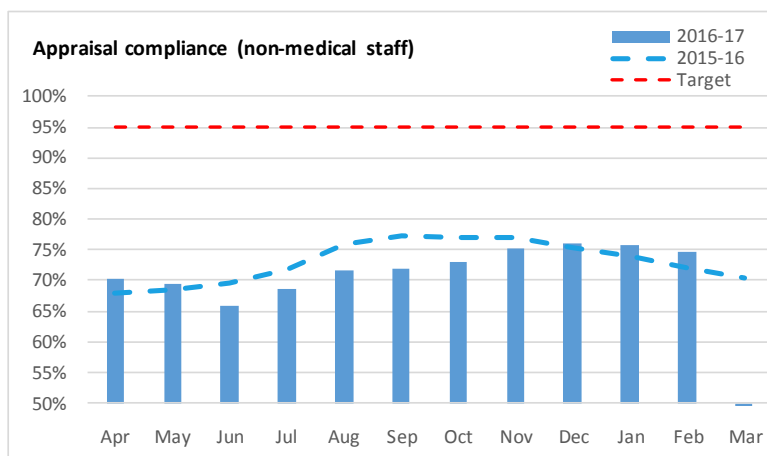
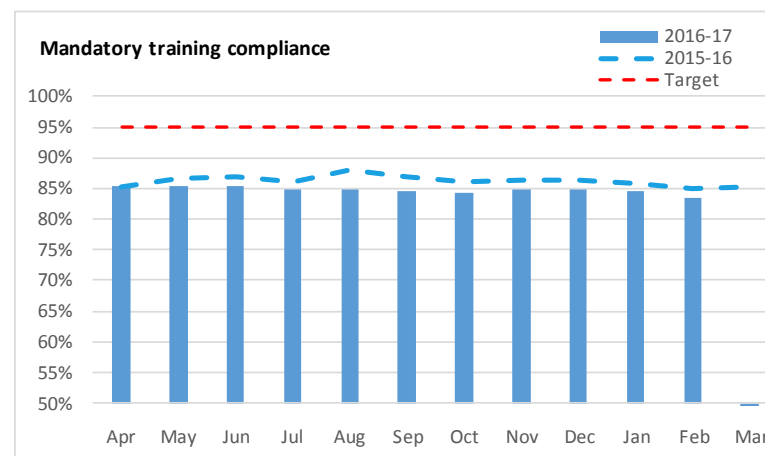
- Staff opinion on whether they would recommend a health care organisation for care or for work is statistically associated with the quality of care. Any fall in the positive opinion should be seen as a potential early indicator of a reduction in quality of care.
- 700 staff participated in the Quarter 2 Staff Friends and Family Test (SFFT), which was conducted between August and September 2016. The results show that 94% of our staff would recommend the Trust as a place to be treated. This figure is well above the national average of 80%. 75% of our staff said that they would recommend the Trust as a place to work, again a higher figure than the national average of 64%.
- All staff were invited to participate in The NHS National Staff Survey, which takes place in the third quarter of each year. This year's survey ran from 3rd October to 7th December 2016. 5128 staff members took time to respond. The Survey asked for staff to share their experience of working in the Trust, including questions about their job, their managers, their personal development, their health and wellbeing and their safety at work. The results will be available in February 2017 and will give us a clear picture of staff experience within the organisation and how we compare nationally, with other NHS Trusts.



- The overall vacancy rate (11.10%) reduced in February but remains above target. The Substantive workforce is over 400 WTE greater (3.49%) than the same month last year and at it's highest ever level, however the vacancy rate is higher than February 2016. There are currently over 600 external applicants in the recruitment pipeline scheduled to join the Trust over the next few months and we currently project the vacancy rate to move closer towards the 9% target, without reaching it.
- Agency spend as a proportion of paybill increased to 3.61% but was still below target and the same month last year. The YTD figure currently is below the NHS mandated cap, however usage remains under close scrutiny to ensure that the position does not deteriorate in the last month. Agency usage continues to be monitored on a weekly basis, with price cap breaches reported to NHS Improvement and the Trust Board.
- Staff Turnover reduced slightly to 12.14%, but remains above the target of 11%, however the Trust continues to benchmark favourably other London Trusts.
- The sickness rate decreased to 3.36%, remaining above target, but lower than the equivalent 2016 month and NHS average.



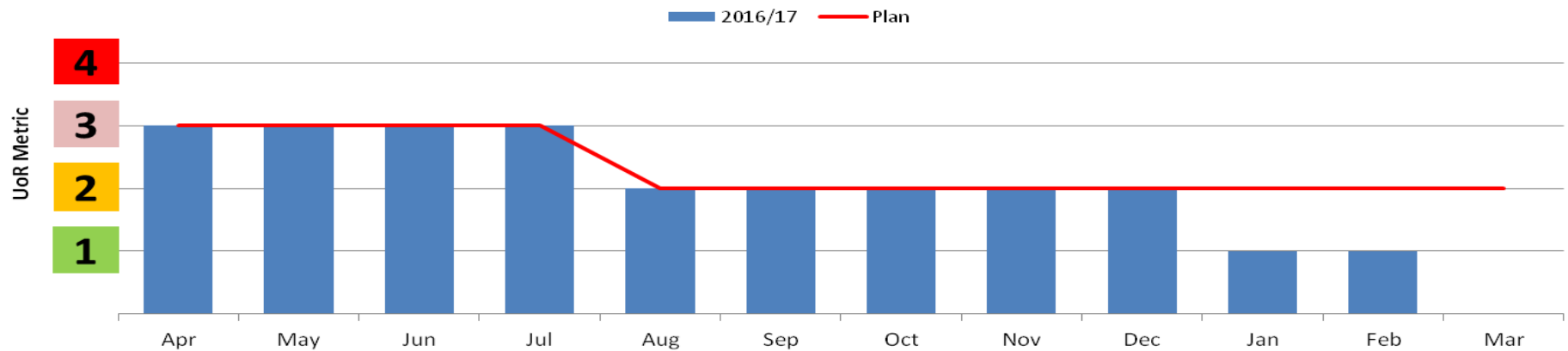
- Personal Development Review (appraisal) compliance rates slightly decreased in February, and remains well below target. The Trust has yet to achieve its target of 95%. Work is ongoing to engage with Directorates with low compliance rates to offer support to improve these.
- Mandatory training reduced to 83.49% in February, slightly lower than the February 2016 rate, with compliance remaining below Trust target level of 95%. Most directorates are now over 75% compliant, with three achieving over 90% compliance. Training data is updated weekly on WIRED which is available to all staff and managers.



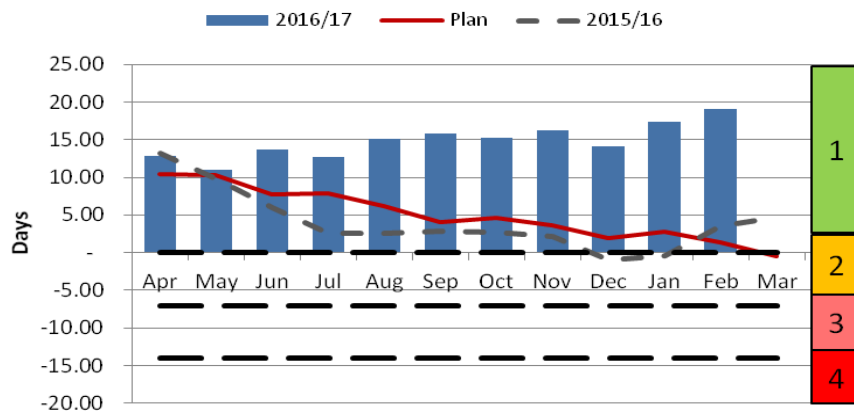
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Dec	Jan	Feb	YTD avg	Monitor	Quality priorities	Trend chart
6.1 Overall financial position	MRRT	Finance Use of Resources	Score	<=2			2.2	2.0	1.0	1.0	2.2			Y
	LQRT	Liquidity ratio (in days)	Days	>0			3.6	14.1	17.3	19.1	14.8			Y
	DSCT	Capital service cover	Ratio	>2.59			1.1	2.09	1.99	2.21	1.75			Y
	FIN01T	Overall underlying financial surplus/(deficit)	£M	>£2.3m			-£13.0	-£2.0	-£0.2	£3.1	-£3.6			Y
	CSHT	Cash flow	£M	>£143m			£94.3	£137.0	£152.0	£154.0	£142.8			Y
	CAPT	Capital spend vs plan (year-to-date variance)	Mthly %	+/- 15%			72.6%	-32.6%	-35.5%	-37.8%	-35.9%			Y
	VRPT	Variance from Plan (year to date)	Mthly %	> 0			-1.3%	0.08%	0.14%	0.34%	-0.1%			Y
	UNPT	Underlying Performance	Mthly %	> 0.6%			-0.9%	0.3%	0.4%	0.7%	0.0%			Y
6.2 Activity levels (magic numbers)	560	Elective activity vs profiled plan - cumulative variance	Cum var %	>0%			-0.3%	-2.6%	-2.8%		0.6%			Y
	606T	New patients seen vs plan (all categories, in arrears)	Mthly var	>0			-946	-1,352	996		21			Y
	714	External cons referrals	Number	>last yr			1,937	1,972	2,159	1,720	2,082			Y
	713	GP referrals	Number	>last yr			16,199	16,108	18,917	18,385	17,921			Y
6.3 Fit for the Future	CIPSTC	Cost improvement plans (CIPs) - var to plan YTD	£M	>£0m			-£13.4	-£6.8	-£9.1	-£10.3	-£5.2			Y
6.4 Data quality and clinical coding	CM024	Community data completeness - % contacts outcomed	Mthly %	≥ 95%			93.7%	94.2%	95.8%	92.8%	95.0%			Y
	712	NHS number coverage	Cum %	>98%			97.7%	97.9%	97.9%	97.9%	97.9%			Y
	710x	Clinical coding - diagnostic depth (in arrears)	Ratio	>4.5			4.93	5.17	4.57		5.06			Y

The FSRR was replaced by the Single Oversight Framework from October 2016, the scoring has now reversed (compared with the FSRR ratings) so that one is now the highest score and four is now the lowest. This shows that we are achieving a rating of 1 which is ahead of plan. Indicative ratings have been calculated using historical data for prior periods in 16/17.

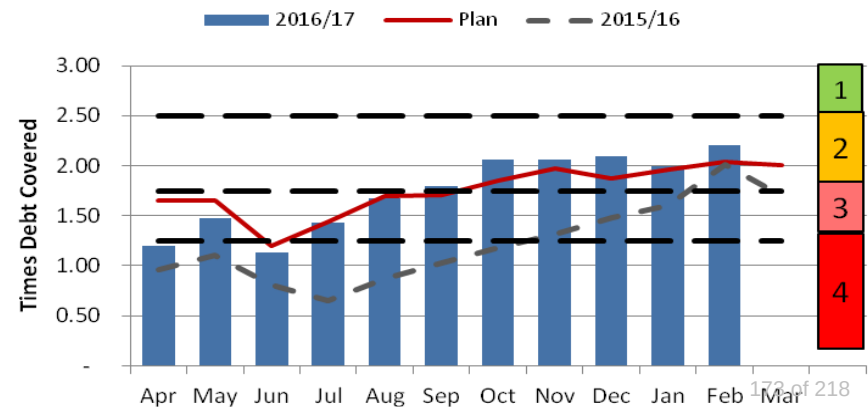
Finance Use of Resources Metric



Liquidity



Capital Service Cover

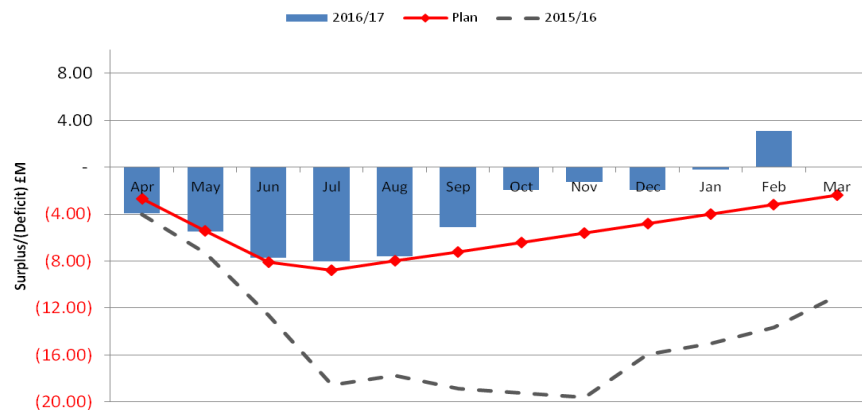


The annual plan has been amended to a deficit of £2.4m. A surplus of £3.1 has been recorded at February, which is £6.3M better than the planned loss of £3.2M.

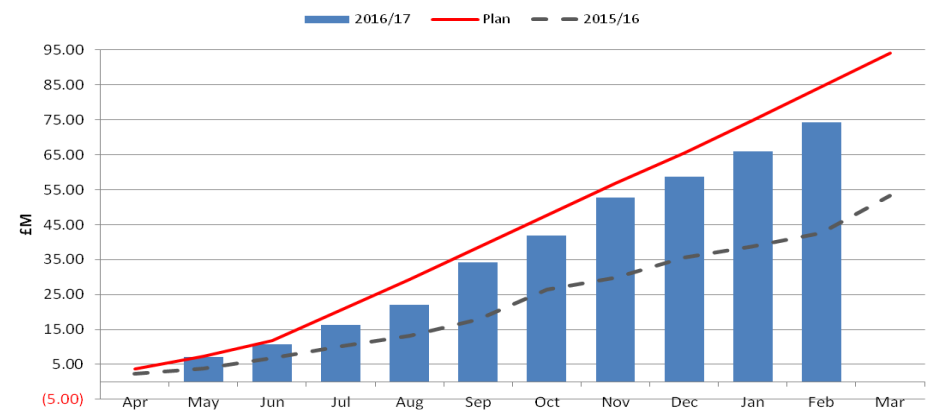
The CIP requirement for 16/17 is £94.2m Current schemes have identified £82.7m of new savings or income growth. At month 11 £74.3m of savings or income growth has been achieved against a plan of £84.6m

The cash position at £154M is £31.6m ahead of the plan of £122.4M. Capital expenditure as a percentage of plan has fallen below the threshold of 85% (to 62%). A reforecast of the Capital plan may need to be considered having breached the threshold.

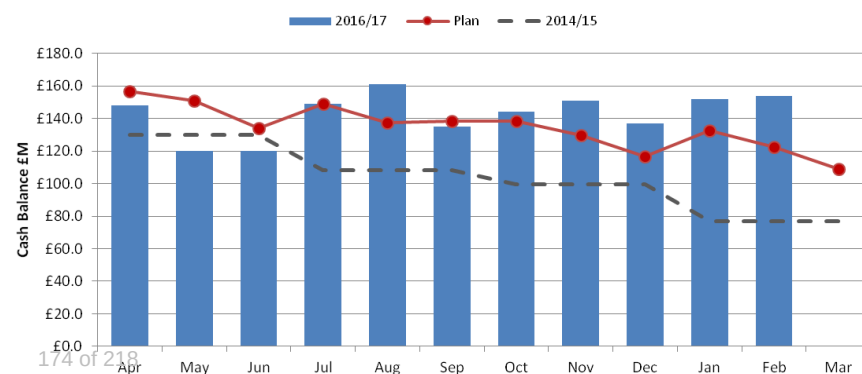
Overall Underlying Financial Surplus/(Deficit)



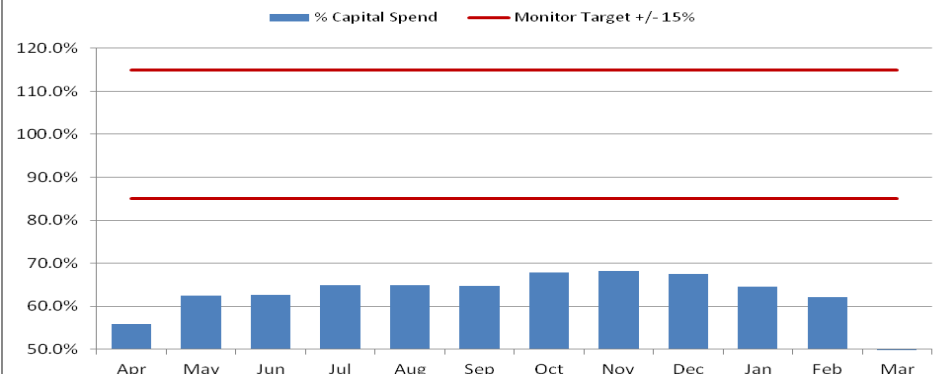
YTD Trust CIP Performance



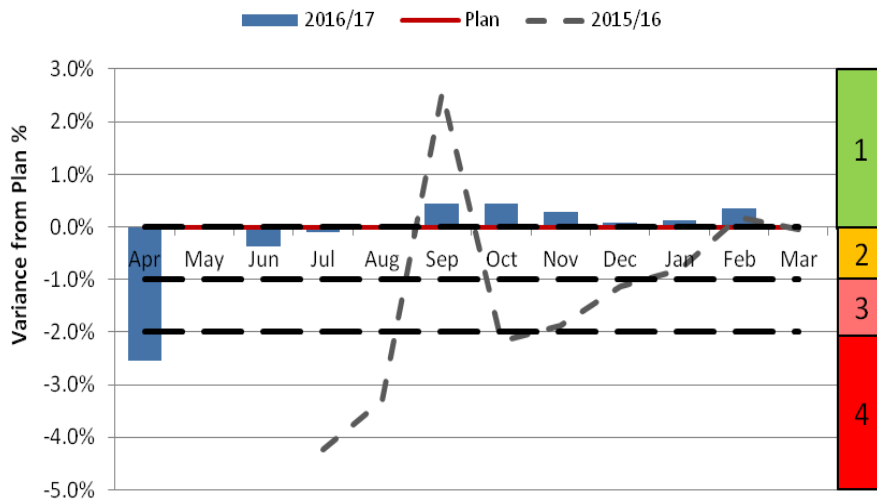
Cash - Actual Cash vs Plan and Prior Year (£m)



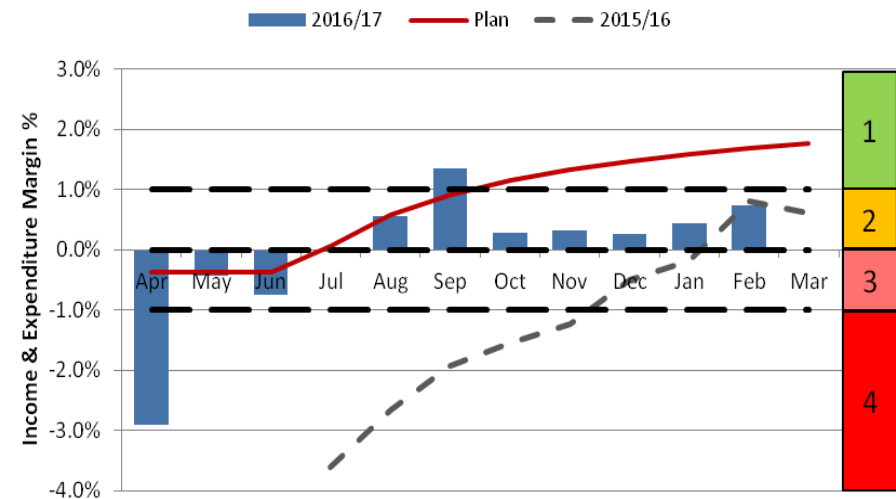
YTD Capital Spend % of Plan



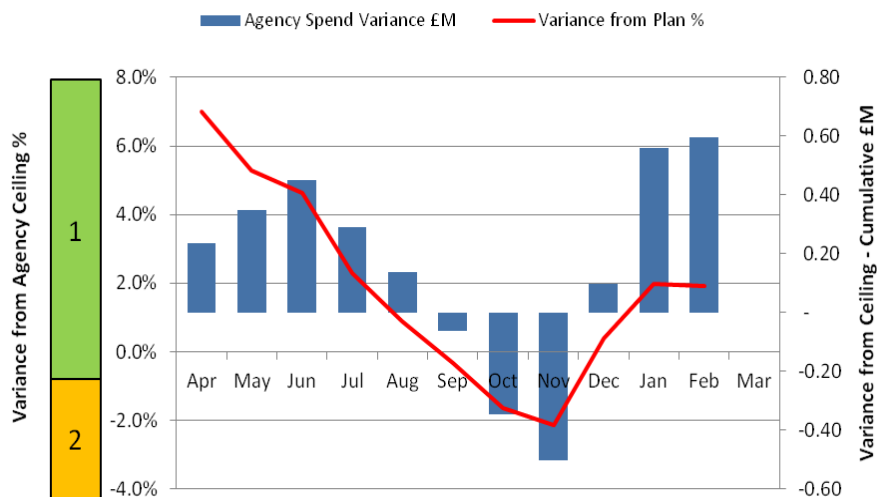
Variance From Plan



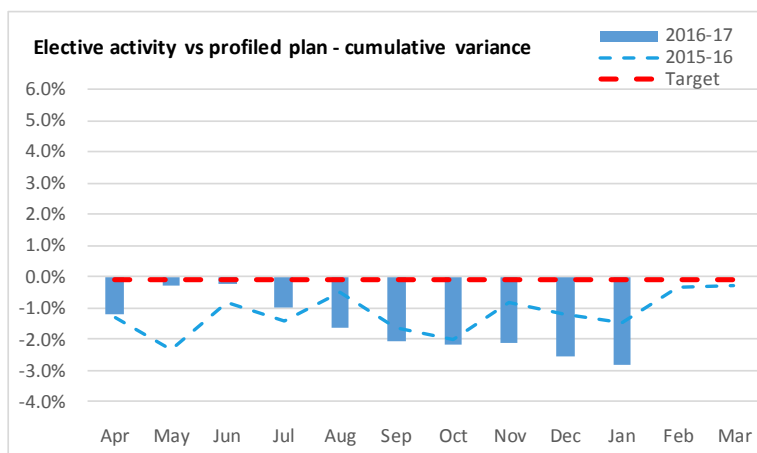
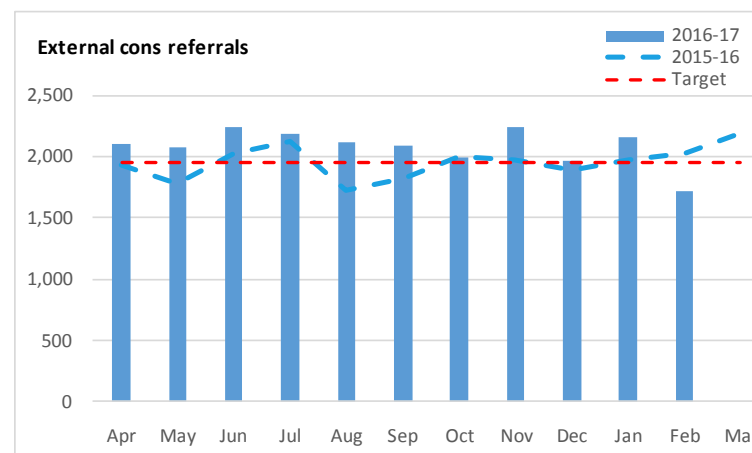
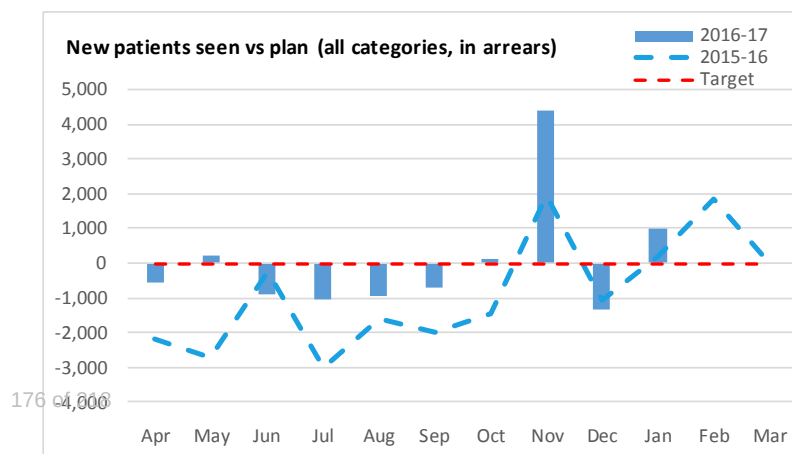
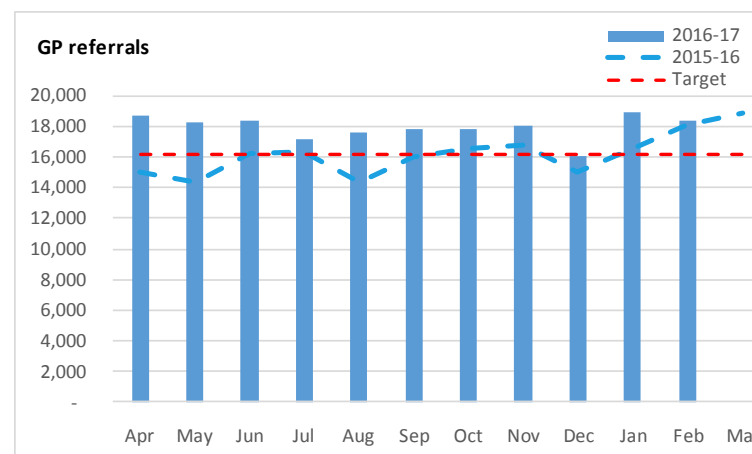
Income and Expenditure Margin



Reduction in Agency Spend - Variance

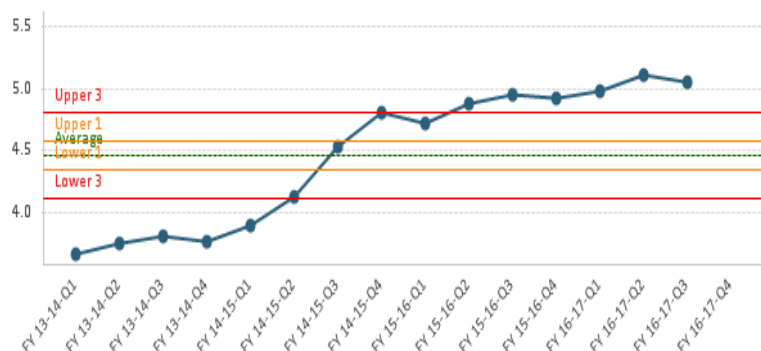


- We are behind on our cumulative variance for elective admissions and are working with directorates to improve this position. Our new patient profile is better than last year, but we continue to be behind at the end of Q3. Directorates are planning to improve their activity levels through increased capacity across elective and out-patient areas.
- Demand – as measured in referral volumes – has remained high through the year to the end of Q3. For GPs it is currently 12% higher in Q3 than the same period last year. This continued growth in referrals has impacted on the Trust ability to meet the national operating standards.
- Work continues to with the CCGs under the banner of the Planned Care Board to identify sustainable ways to reduce referral rates in Q4 and into 2017/18 and 7 work streams have been identified to support this aim.



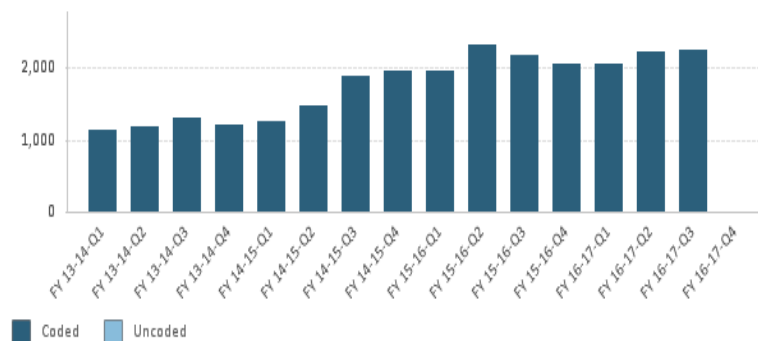
- Accurate and complete clinical coding of our activity is important to ensure patient safety, accurate benchmarking and appropriate payment for the services we provide. Improving the quality of all of our data ensures that the information on which we base decisions is reliable.
- Diagnostic depth - the average number of diagnoses recorded per admitted episode – has increased to 5 diagnoses during 2016-17 (top left) and we have re-set targets for further improvements going forward. 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). Levels have now returned to 95% following a dip in performance at the end of last year 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

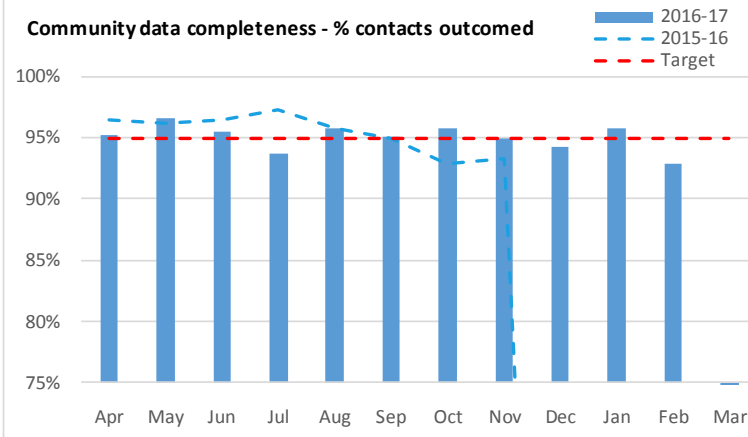


Coded smokers

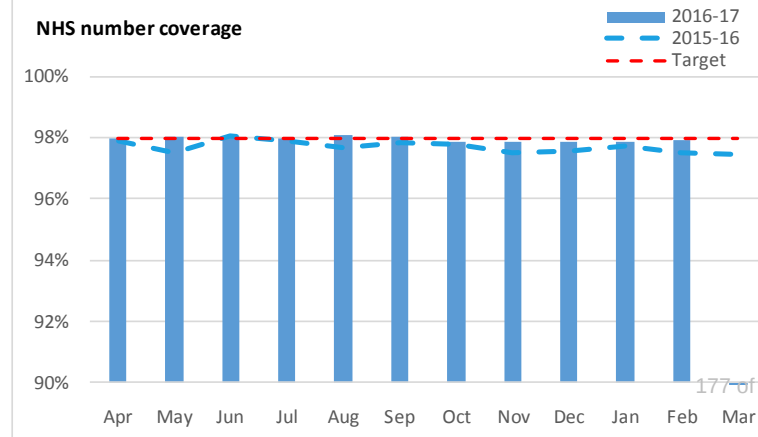
Number of Spells by Quarter



Community data completeness - % contacts outcomed



NHS number coverage



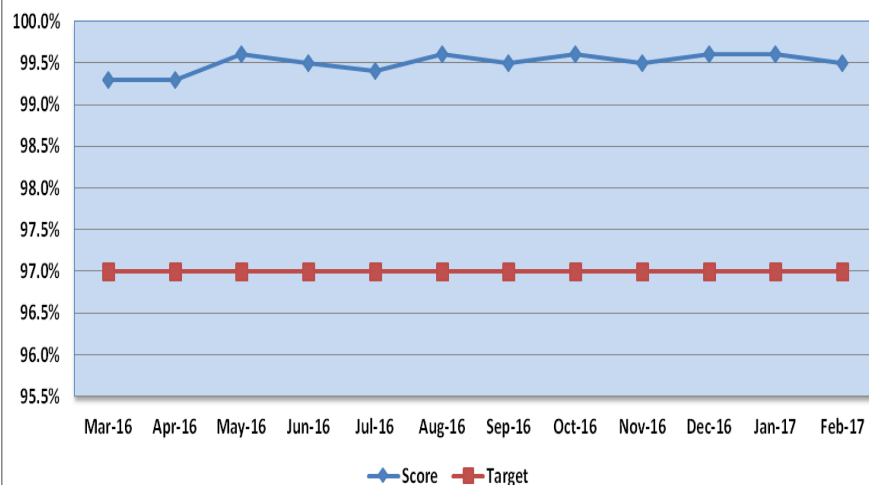
Summary:

- Cleanliness scores continue to meet and exceed the performance targets, as measured by the monthly Inpatient survey. The monthly Inpatient Survey for cleanliness is conducted via 'Meridian', an on-line survey that is available on patients' bedside entertainment systems.
- In February there were 1,395 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 97.7% being achieved in February against a target of 90%.

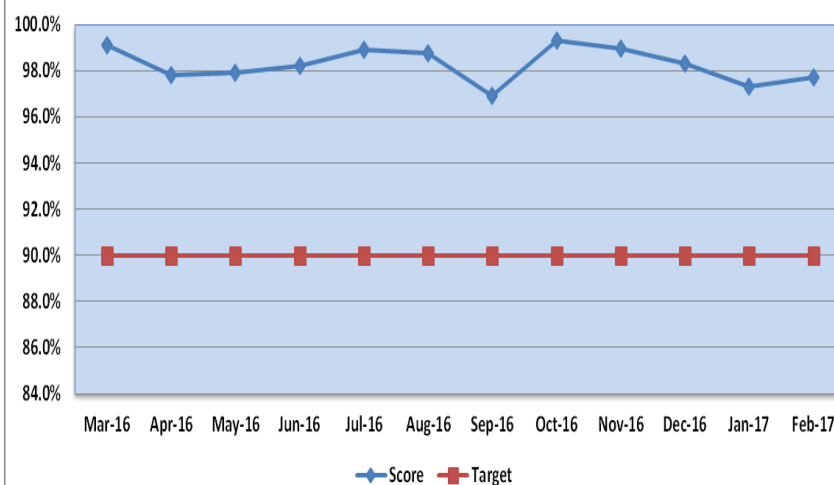
Action and Progress to Date:

- 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 St Thomas' and Guy's housekeeping rapid response team carried out a total of 371 decontamination cleans using Vaporised Hydrogen Peroxide and Ultra Violet respectively. VHP cleans have now also commenced within Community sites. It is noted that there is now a large increase in demand for UV decontamination cleans at St Thomas' and a briefing paper will be presents to Infection Control.

Inpatient Survey - Feedback on Ward Cleanliness



Internal Audit NPSA Trust Risk Profile



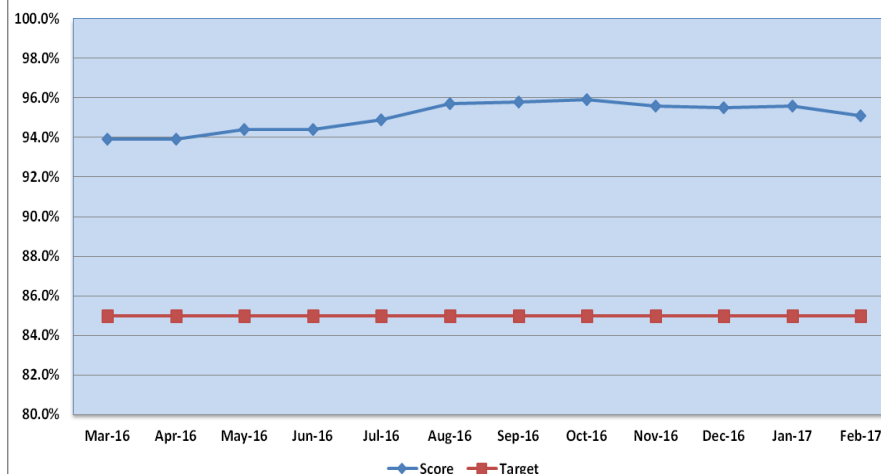
Summary:

- Inpatients' feedback on catering services (undertaken via the Meridian online survey) demonstrates a performance consistently above the locally set target of 85%. In February, just over 95% of the surveys received (1,241) stated that the food they received was 'fair', 'good' or 'very good'.
- A table and narrative of the Trust's Food Safety performance for February 2017 is reported below.

Action and Progress to Date:

- To support the CQUIN target and the Trust's HALT initiative, a trial trolley service to the North Wing wards will commence in March 2017. If successful consideration will be given to a site wide service aimed at making healthy food more accessible for staff unable to leave their work areas.
- Following the successful award of the Serco contract to Barts Health NHS Trust, it is expected that the contract will be agreed by the end of March prior to final sign-off by the Commercial Board. The contract will be phased in commencing June 2017, with full mobilisation expected by the end of September 2017.
- The patient services team have been working closely with nursing to enhance the service provided to the elderly care wards. This has included changes to the hot breakfast range, and the timing of the service to allow patients time to be prepared ready to eat. The project is also looking at standardising other aspects of the service, including access to snacks between meals.

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	95%	5	SALSA
Wards	95%	5	-
Community Wards	94%	5	-
Trust Retail	92%	5	-
Trust Hospitality	91%	5	-
Trust Creche's	94%	5	-
Thomas Guys Club	93%	4	-
Goods-In Stores	93%	-	-

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.

All areas maintain green status with audit scores above target levels. A 5 star rating has been awarded for all areas, with the exception of the Thomas Guy's Club which was awarded a good rating of 4. It is expected that a 5 rating will be achieved following the next audit by Southwark Local Authority.

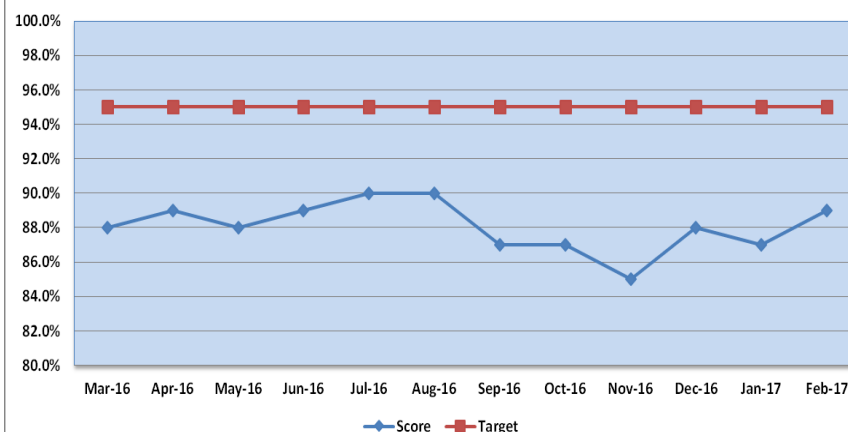
Summary:

- 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 Bears / G4S (5%).
- Overall performance is in line with **pre-contract levels** but arrival times continue to remain extremely challenging. However, mitigating factors, such as local traffic conditions and continuing highways work local to hospital sites, compromise our ability to make significant improvements. Our main supplier Savoy Ventures has introduced additional resources including dedicated ambulances for the kidney units.

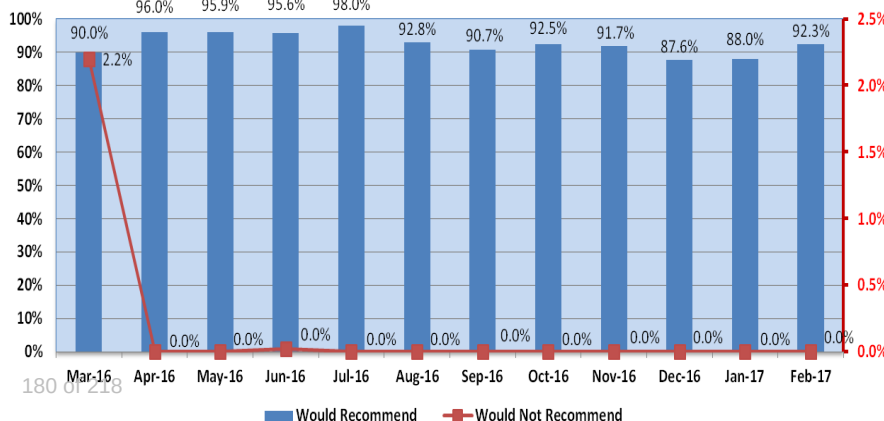
Action and Progress to Date:

- The Friends and Family score for February, in respect of 'would recommend', reflects an increase against the levels achieved in January 2017.
- The second phase of the transfer of Kent and Medway patient transport services to G4S, which involves transporting Kent and Medway patients to the main hospital sites and remaining Kidney Treatment Centres, commenced on the 1st February. As with the first phase the service was problematic. To mitigate this we took the renal journeys back, an arrangement which will remain in place until such time as we are satisfied that G4S has the capability to deliver. The activity to the main sites, which has remained with G4S, continues to be a cause for concern with an unacceptable number of delayed journeys. For updates and tracking any service failures there is a daily conference call with the Kent and Medway CCG and G4S. We have also agreed that where there are unacceptable delays the journey will be taken back and re-allocate to an alternative service provider.

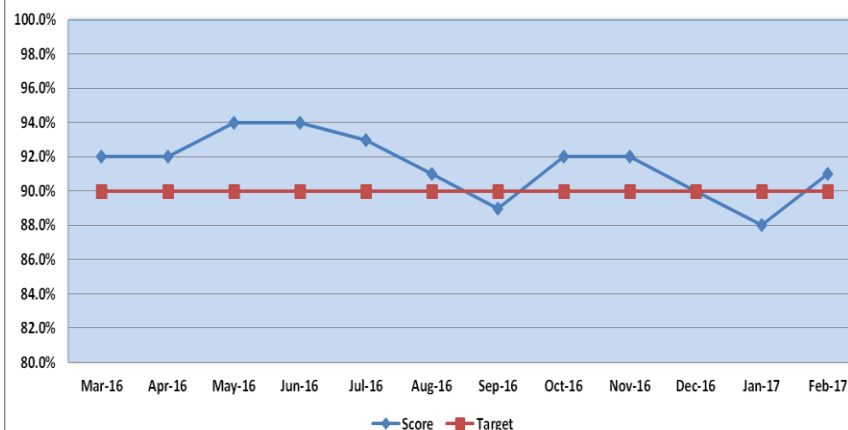
Patient Transport - Patients arriving within 90 minutes prior to appointment



Patient Transport - Friends and Family



Patient Transport - Patients picked up within 90 minutes of reporting 'ready to travel'



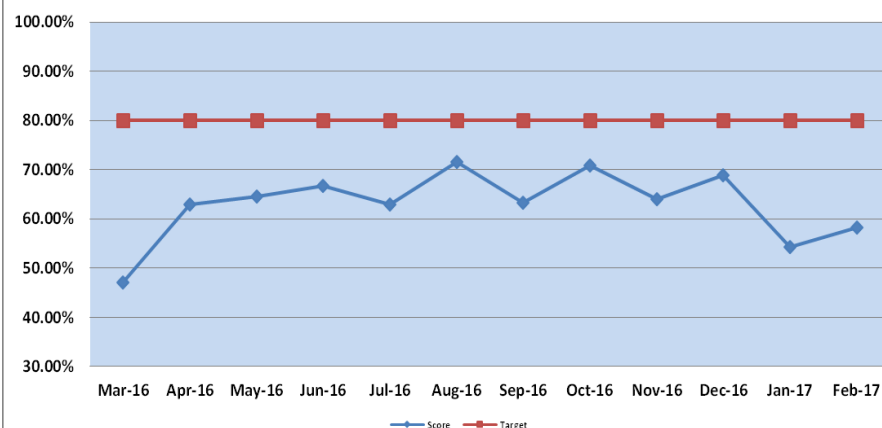
Summary:

- The Telephony service saw improvements in performance in February for all KPIs compared to their respective reported figures for January. February has been a challenging month. High sickness levels have impacted performance standards which has caused issues maintaining an even skill mix amongst staff, during continued periods of high call volume.
- The KPIs for pick up of internal (18,900) have improved to Amber status and external (56,657) calls per month and calls answered within 30 seconds remain in red status.

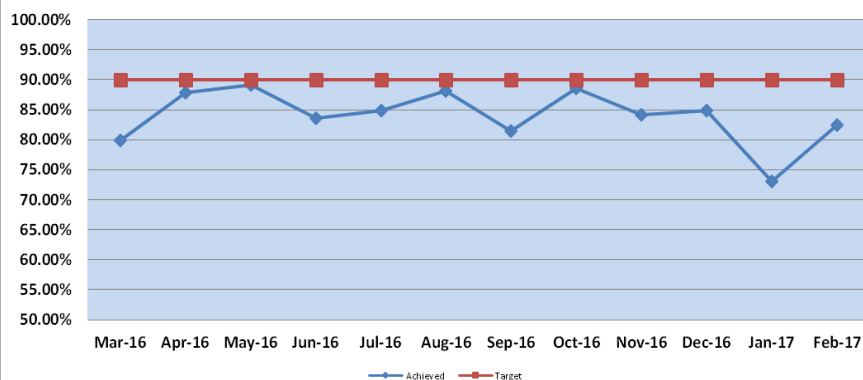
Action and Progress to Date:

- Customer Services have initiated a further Band 3 recruitment drive with interviews taking place in March 2017. In addition four apprentices have been taken on.
- There will be a prioritisation review of all calls received by the switchboard with a view to increasing the priority of inbound external calls (patients first).
- Multi-skilling remains a focus concentrating on existing staff consolidating their newly acquired skillsets. More than 40% of staff are trained on a secondary service.
- There continues to be a high volume of calls to the operators for directory and Rotawatch information. Further communications are planned throughout the Trust to combat this. Engagement with the Corporate Induction team is also being reviewed, with a view to including this in their scheduling and will see all new staff being exposed early on to the directory with quick tutorials in where to find relevant information.

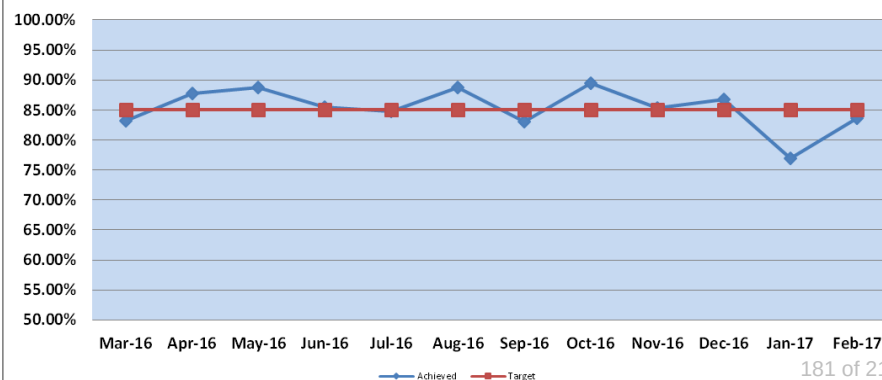
% of Calls Answered Within 30 Seconds



GSTT External Calls - % Achieved



GSTT Internal Calls - % Achieved



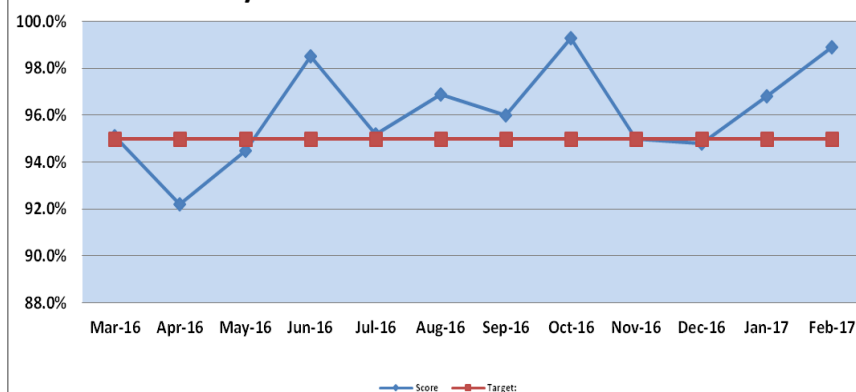
Summary:

- 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, with February reported above target at 98.9%.
- 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.
- 236 Priority 1 and 1,158 Priority 2 calls were logged in February, achieving a 92% and 75% performance respectively against a locally set target of 70%.

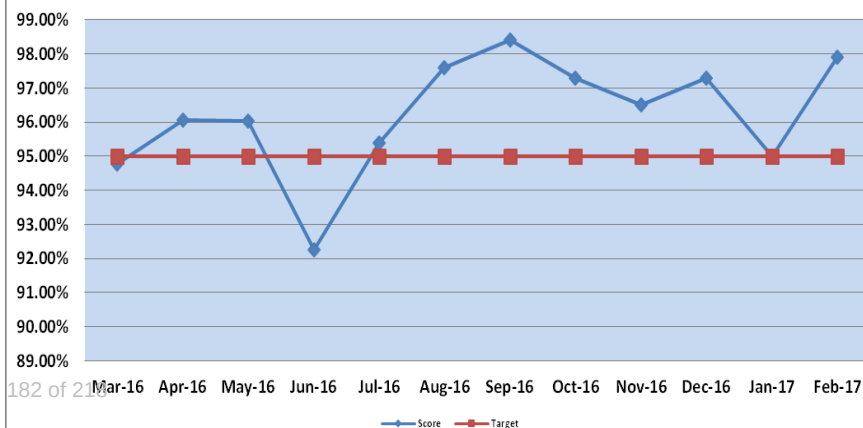
Action and Progress to Date:

- There have been no major infrastructure issues in February 2017.
- Following the decrease in Lift performance reported in December, this indicator has returned to target. Capital lift refurbishment has now commenced on both acute sites.
- Recruitment continues to ensure resources required to maintain the new Cancer Treatment Centre are in place.
- Five members of staff completed their NVQ 3 courses, increasing the number of qualified staff on the department. A number of staff are also due to complete their courses imminently. In addition the department will be taking on three apprentices by the end of March 2017.
- A Fit For the Future presentation was held with all mechanical, electrical and plumbing staff and a plan is being developed to take this forward.

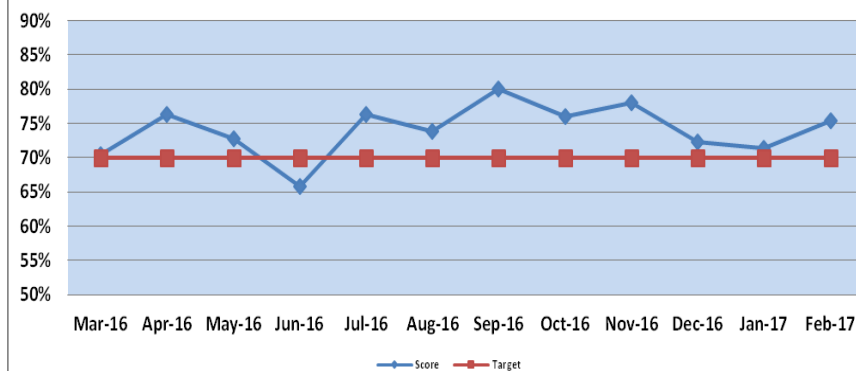
Guy's & St Thomas' - Lift Performance



Essentia Facilities Service Desk - % Calls Answered



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



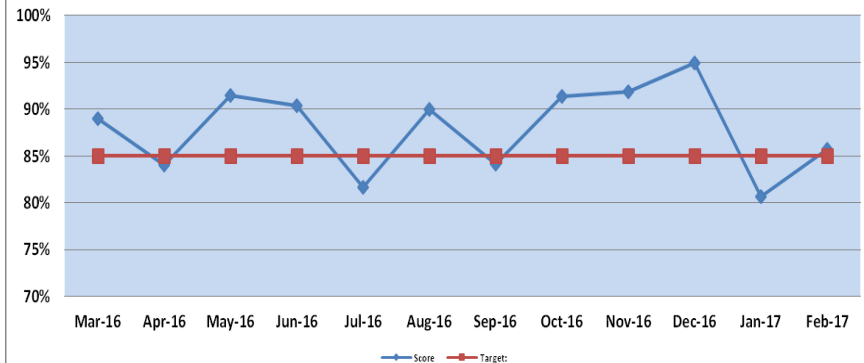
Summary:

- The agreed service level for customer satisfaction (85%) increased in performance in February being reported at 86%, an increase of over 5% from January.
- Performance for Incidents resolved within target deteriorated against its locally set target of 85%, being reported at 79% in February, due to all incident response SLA's not being met.

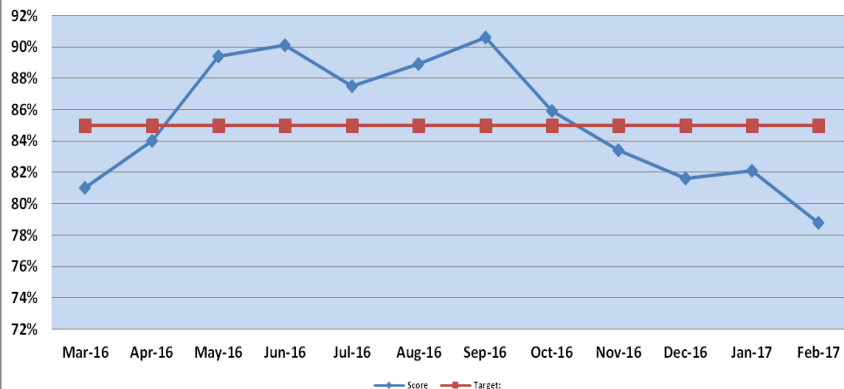
Action and Progress to Date:

- The average time to answer calls by the IT Service Desk was reported at 489 seconds against a target of 60, maintaining red status for this KPI. Call volume was recorded in February at 14,044 calls.
- A significant turnover of staff in February directly impacted the availability to answer calls on the IT service desk. Work is currently being undertaken to restructure the current model to ensure the increase in demand is being met and service levels are being achieved.
- IT Service availability was generally very good with key IT services achieving the target of 99.9% uptime. There were no full service outages and two applications experienced partial unavailability for short periods, which had no impact to clinical activity.

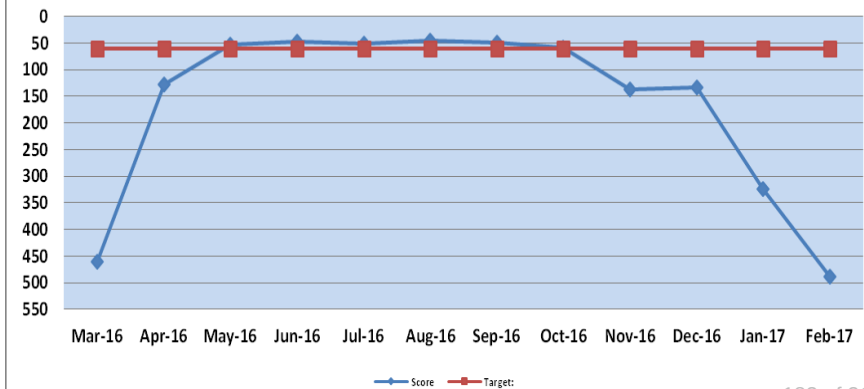
IT - Helpdesk User Satisfaction



IT - Incidents Resolved Within Target



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



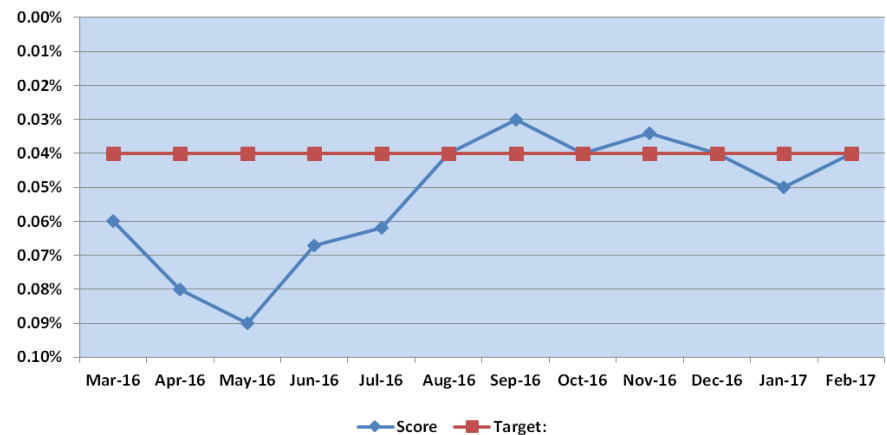
Summary:

- Non conformance levels were reported at 0.04% in February equating to one non-conformance in 2,272 packs.
- The average instrument processing time is 7.5 hours, against a target of less than 12.

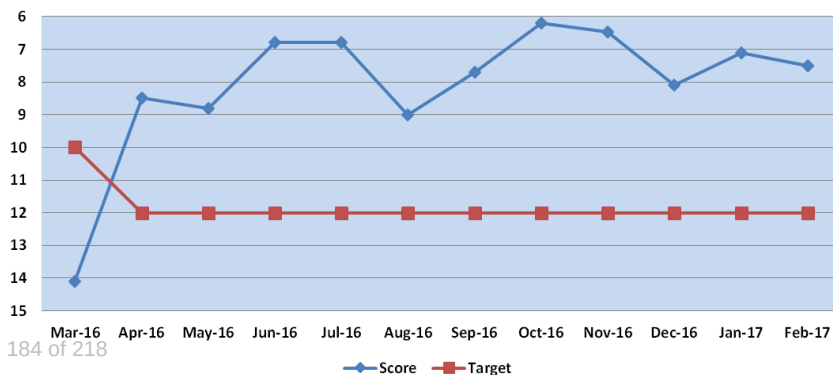
Action and Progress to Date:

- Activity volumes continue to maintain at a high level. In February 1,156,926 instruments were processed, a record high for the year, averaging over 231,000 instruments per week.
- The teams continue to maintain instrument processing times ahead of target, which is a significant achievement in light of the continued high level of instrument volume being experienced.
- The North Middlesex contract continues to settle with positive feedback from the customer reporting a continued improvement and satisfaction with service performance. The contract negotiation was positive with SLA sign off due in March 2017.
- SSD attended the re-tender presentation for Great Ormond Street and are awaiting the clarification meet. Outcome is scheduled for the end of March 2017.

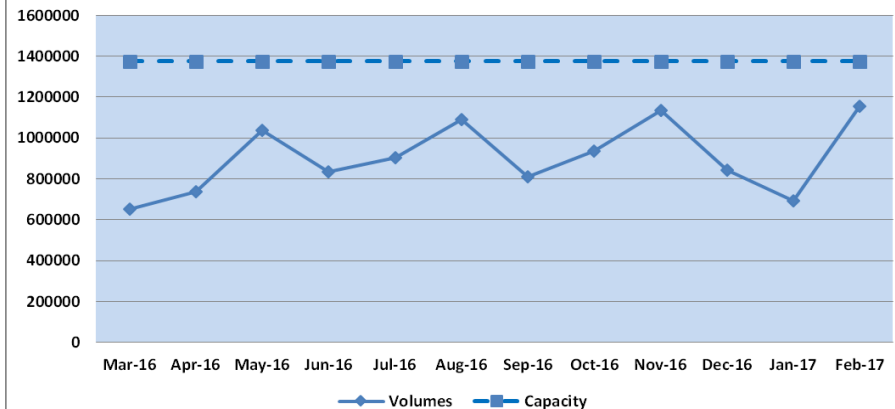
Sterile Services - Non Conformities



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



Sterile Services - Instrument Volumes



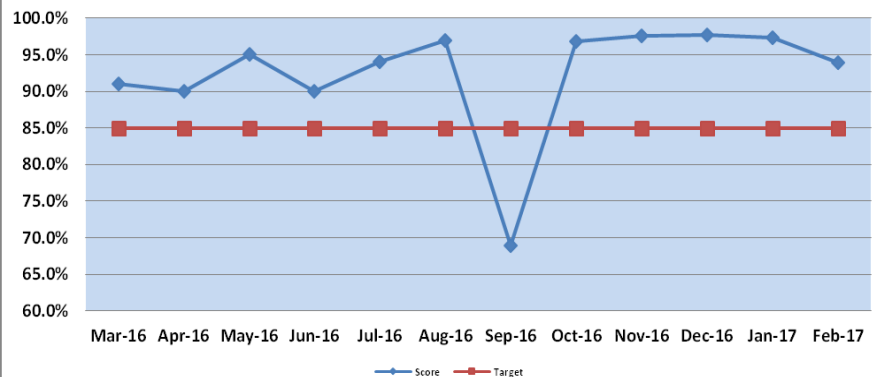
Summary:

- Community teams are consistently achieving and exceeding their targets for reactive and PPM maintenance.
- Community cleanliness scores consistently exceed the 95% target.

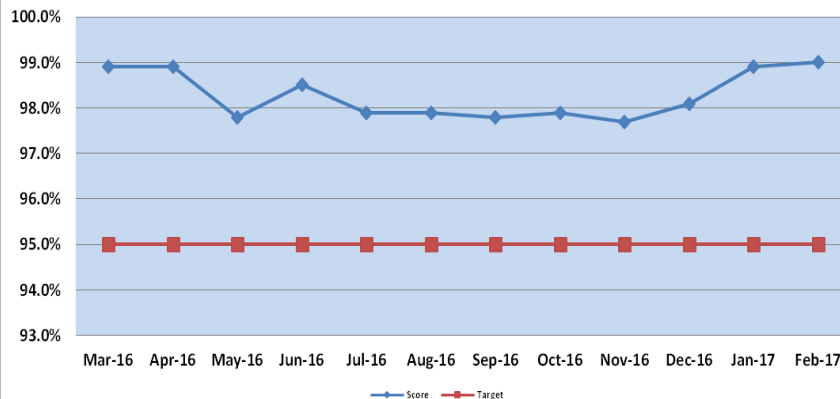
Action and Progress to Date:

- Reactive Maintenance is tracking consistently above its target of 80% with February reported at 91.0%.
- Community PPM tasks was reported at 93.9% in February.
- Community cleaning scores continue to exceed the target of 95%, being reported at 99.0% in February.
- VHP cleaning has now been introduced to GSTT Community sites.

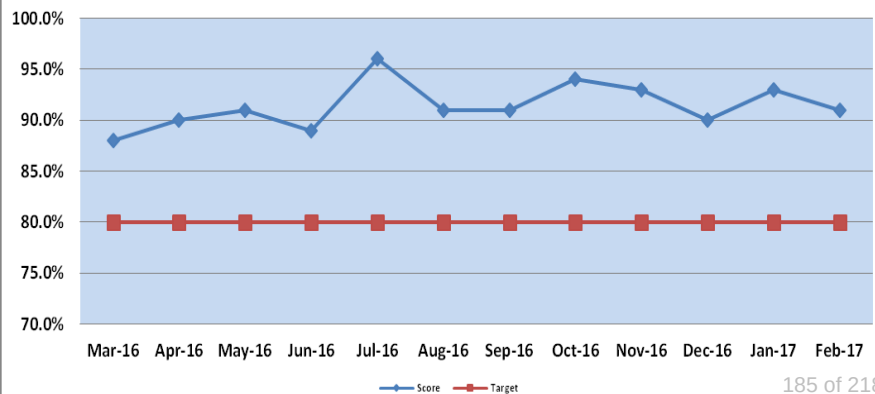
Community - PPM Tasks Completed



Community - Cleaning Scores



Community - Reactive Maintenance



Appendix: directorate-level heatmap (1 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 COUIN	Fit For Future workstream	Quality priorities	Local
Safe	Patient safety - Incident Reporting	Total incidents reported	Number	-	2,059	421	233	48	98	54	180	216	34	31	45	35	8	217	16	214	0				
		Incidents - Reported on STEIS (total number)	Number	-	7	0	0	0	1	3	0	0	0	1	1	0	0	0	0	1	0				
		Incidents reported on Datix that are STEIS reportable (total number)	Number	-	7	0	1	0	1	2	0	0	0	1	1	0	0	0	0	1	0				
		Never Events	Number	Zero	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0				
		Incidents resulting in unexpected death	Number	-	3	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0			
		Incidents resulting in severe harm	Number	-	6	1	1	0	1	0	2	1	0	0	0	0	0	0	0	0	0	0			
		Incidents resulting in moderate harm	Number	-	16	0	1	3	1	1	0	2	0	0	0	1	1	1	3	0	1	0			
		Incidents resulting in low harm	Number	-	288	49	35	2	13	5	26	40	9	11	6	3	1	44	1	28	0				
		Incidents resulting in no harm	Number	-	1,291	309	141	37	63	40	126	146	15	13	26	14	5	102	5	143	0				
		Incidents resulting in unexpected death - reported on STEIS	Number	-	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0			
		Incidents resulting in severe harm - reported on STEIS	Number	-	3	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0			
		Incidents resulting in moderate harm - reported on STEIS	Number	-	3	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0			
		Incidents resulting in low harm - reported on STEIS	Number	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
		Incidents resulting in no harm - reported on STEIS	Number	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	Patient safety Harm Free Care	Never events (confirmed)	Cases	Zero	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
		Patient slips trips falls (DATIX)	Cases	-	138.0	53.0	1.0	7.0	14.0	6.0	11.0	4.0	2.0	0.0	0.0	0.0	2.0	0.0	0.0	2.0	0.0				
		Incidence of falls per 1000 bed days	Number	-	4.8	7.9	0.9	4.1	3.4	3.2	3.6	1.6	4.2	0.0	0.0	0.0	-	0.0	-	0.8	0.0				
		Falls with moderate or severe harm	Cases	0	2.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
	Infection Control and Cleanliness	Pressure ulcer acquisitions (grade 2 and above)	Number	0	2.0	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	0.0	0.0			
		MRSA screening of admissions	Mthly %	>95%	92%	61%	96%	98%	94%	99%	97%	98%	96%	94%	100%	100%	-	-	-	100%	100%				
		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	0.0			
	Screening	C-Diff acquisitions	Number	0	1.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
		VTE screening (externally reported)	Mthly %	>95%	96%	94%	94%	92%	80%	99%	96%	94%	93%	96%	100%	100%	-	100%	-	95%	66%				
	Mortality	Dementia screening (patients aged over 75)	Mthly %	>90%	91%	91%	-	89%	91%	100%	100%	-	-	100%	-	-	-	-	-	-	-				
		Deaths in hospital - number in month	Number	-	87.0	35.0	6.0	1.0	14.0	3.0	12.0	0.0	0.0	0.0	0.0	2.0	0.0	1.0	0.0	6.0	1.0				
Caring	Admitted care	Friends and Family test (Ward) - Response rate	Mthly %	>=33%	21%	33%	7%	55%	25%	34%	28%	11%	-	-	-	-	-	50%	-	25%	-				
		Friends and Family test - % Recommended (Ward)	Mthly %	>=97%	96%	98%	100%	97%	97%	95%	98%	100%	-	-	-	-	-	100%	-	98%	-				
		Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%	1%	0%	0%	0%	1%	2%	1%	0%	-	-	-	-	-	0%	-	0%	-				
		Overall inpatient patient experience score	Mthly %	>89%	90%	91%	81%	90%	87%	91%	90%	88%	97%	94%	-	77%	-	-	-	-	-				
		Single sex compliance - breaches (all types)	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				
		Patients cancelled on day (in arrears)	Cum %	<0.8%	1.3%	-	1.0%	1.1%	5.4%	3.0%	1.4%	1.6%	-	0.8%	0.2%	-	-	-	-	1.8%	2.3%				
		Overall outpatient patient experience score	Mthly %	>89%	90%	86%	-	90%	88%	81%	78%	90%	91%	89%	92%	90%	90%	-	-	-	-				
	Outpatient care	Friends and Family test - % Recommended (Outpatients)	Mthly %	-	91%	94%	87%	93%	88%	90%	87%	90%	90%	88%	94%	93%	92%	-	-	97%	91%				
		Friends and Family test - % Not Recommended (Outpatients)	Mthly %	-	4%	1%	0%	4%	4%	4%	8%	7%	8%	5%	3%	3%	3%	-	-	1%	2%				

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
Responsive	RTT	RTT - Non-admitted patients <18 weeks (unadjusted)	Mthly %	>95%	90%	91%	58%	84%	81%	92%	89%	95%	63%	94%	95%	95%	91%	100%	-	80%	86%				
		RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%	80%	100%	75%	72%	72%	82%	77%	82%	95%	86%	87%	100%	-	-	-	75%	65%				
		RTT - Incomplete pathways < 18 weeks (unadjusted)	Mthly %	>92%	89%	96%	86%	83%	84%	90%	82%	91%	81%	96%	95%	97%	92%	94%	100%	84%	79%				
		RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero	14.0	0.0	0.0	2.0	0.0	2.0	4.0	1.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	3.0					
		RTT - Total incomplete pathways	Mthly	-	58,932	2,631	2,037	4,444	3,838	2,726	5,813	3,322	166	5,672	9,475	6,895	1,264	99	9	2,917	2,921				
		RTT - Incomplete pathways over 18 weeks	Mthly	-	6,383	109	276	735	631	262	1,069	295	32	234	431	231	97	6	0	471	615				
	Cancer access	Cancer - 2 week wait	Qtly%	>93%	96%	95%	-	-	-	99%	96%	99%	-	100%	-	97%	-	-	-	100%	-				
		Cancer - breast symptomatic referrals <2 wks	Qtly %	>93%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%				
		Cancer - 31 day first treatments	Qtly%	>96%	95%	88%	-	-	-	93%	98%	95%	-	100%	-	92%	-	-	-	-	-				
		Cancer - 31 day subs treatments - surgical	Qtly%	>94%	90%	-	-	-	-	86%	86%	100%	-	-	-	100%	-	-	-	-	-				
		Cancer - 62 day urgent GP referrals	Qtly %	>85%	64%	33%	-	-	-	85%	63%	47%	-	-	-	56%	-	-	-	-	-				
		Cancer - internal 62-day referrals	Qtly%	>85%	77%	67%	-	-	-	88%	83%	50%	-	-	-	50%	-	-	-	-	-				
		Cancer - 62 day screening	Qtly %	>90%	100%	-	-	-	-	100%	-	-	-	-	-	-	-	-	-	-	-				
			Mthly	<1%	1%	1%	-	-	0%	15%	0%	-	1%	0%	-	-	-	-	-	8%	8%				
Responsive	Diagnostics	Diagnostic waits - % over 6 weeks	Cum ALOS	<last yr	3.5	1.8	6.5	3.0	5.1	3.3	4.3	3.2	1.1	3.4	3.2	8.7	0.0	41.4	0.0	2.5	1.8				
		Non-elective average LOS >1 night	Cum ALOS	<last yr	8.7	6.6	24.1	9.7	2.2	6.6	15.1	9.3	0.0	66.5	0.0	54.2	0.0	20.2	0.0	5.9	25.0				
	Bed management	Discharges before noon	Mthly %	>25%	22%	39%	36%	29%	12%	12%	19%	6%	21%	18%	25%	14%	-	71%	-	20%	27%				
		Appointments re-scheduled by hospital <6wks	Cum %	<4%	5%	3%	5%	6%	7%	5%	8%	1%	1%	8%	4%	4%	2%	2%	0%	4%	5%				
		Follow-up ratio - adj cons appts (in arrears)	Ratio	2.11	2.22	2.78	1.49	1.97	2.37	3.79	2.67	0.99	0.97	2.49	3.08	1.50	-	-	-	2.73	1.51				
	Outpatient mgt	Non-attendance rate (new appts)	Mthly %	<11%	11%	13%	8%	7%	12%	17%	12%	13%	8%	12%	6%	11%	-	-	0%	11%	9%				
		Daycase rate - basket (in arrears)	Mthly %	>85%	86%	-	-	81%	100%	57%	76%	94%	-	97%	-	-	-	-	-	88%	76%				
		Theatres Gross Cancellation Rate (in arrears)	Mthly %	<7%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%				
	Theatre management	Emergency readmissions (within 28 days - in arrears)	Cum %	<5.7%	6.0%	11.7%	1.5%	3.5%	4.9%	6.0%	9.9%	2.2%	2.9%	1.7%	0.2%	2.0%	0.0%	6.0%	0.0%	3.3%	2.0%				
		Emergency readmissions (within 14 days - in arrears)	Cum %	<3.5%	3.8%	8.5%	0.9%	2.6%	3.4%	3.4%	6.2%	1.7%	1.7%	1.1%	0.1%	1.3%	0.0%	4.8%	0.0%	2.1%	1.5%				
Effective	Readmission mgt		Qtly %	>90%	91%	91%	-	89%	91%	100%	100%	-	-	100%	-	-	-	-	-	-	-				
	CQUIN - general	Patients >75 asked dementia screening question	Cum %	>98%	98%	94%	100%	98%	100%	100%	100%	99%	100%	99%	94%	99%	99%	100%	100%	99%	99%				
Enablers	Data quality	NHS number coverage	Ratio	>4.5	4.6	6.9	4.1	3.1	7.1	5.9	4.0	5.9	3.4	3.5	2.3	3.5	-	10.3	-	2.9	3.2				
		Clinical coding - diagnostic depth (in arrears)	Cum var %	>0%	-3%	5%	-5%	-3%	-10%	-9%	-2%	-7%	29%	1%	1%	-11%	0%	0%	0%	0%	-5%				
	Activity (magic numbers)	Elective activity vs profiled plan - cumulative variance	Mthly var	>0	996	-1	18	-221	-25	49	96	-6	-52	329	-132	409	386	0	0	-100	99				
		New patients seen vs plan (all categories, in arrears)	Number	>last yr	1,720	94	41	150	253	121	199	44	10	62	47	232	3	0	0	140	199				
		GP referrals	Number	>last yr	18,385	516	164	630	951	595	1,610	2,504	4	1,236	2,950	1,836	3,621	9	0	223	296				

This page has been left blank

BOARD OF DIRECTORS	Guy's and St Thomas'  NHS Foundation Trust
Financial Report for the twelve months to 31st March 2017	26th April 2017

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 surplus of £15.4M on income and expenditure against a planned loss of £2.4M for the twelve months to 31st March 2017. This is a favourable variance to plan of £17.8M.
- 1.4 The reported surplus of £15.4M includes income shortfalls in respect of sustainability and transformation (STF) baseline funding of £1.7M and depreciation on donated assets of £1.3M. Once these are adjusted against the control total agreed with NHSI the Trust becomes entitled to £18.2M of STF incentive funding.
- 1.5 In addition to the above the Trust has been informed it will receive a further £0.5M of additional STF additional incentive funding in relation to recent changes in discount rates. This brings total STF incentive funding to £18.7M and increases the total surplus to £34.1M, which is £36.5M better than plan.
- 1.6 The Trust has been informed that it will also be eligible to a payment from the STF bonus scheme, the Trust having agreed it would beat its control total earlier in the year. A payment of £2.5M has been indicated but this is dependent upon the balance remaining of STF monies and the financial performance of other providers. Confirmation is expected on the 24th April 2017 and no value, as yet has been included in the reported position.
- 1.7 The total surplus of £34.1M is £13.7M more than had been projected at month eleven. This comprised an underlying improvement against plan of £7.0M and STF incentive funding of £6.7M

1.8 Donated Capital receipts of £32.3M have been recorded, which is £5.1M ahead of plan, an impairment charge of £25.4M and a loss on disposal of assets of £0.1M.

	Annual Plan £m	YTD Plan £m	YTD Actual £m	Variance £m	Forecast Variance Month 11 £m	Forecast Variance Change £m
Performance against Plan	(2.4)	(2.4)	15.4	17.8	10.8	7.0
* STF Incentive funding	0.0	0.0	18.7	18.7	12.0	6.7
** STF Bonus funding	0.0	0.0	0.0	0.0	0.0	0.0
Total Performance against Plan	(2.4)	(2.4)	34.1	36.5	22.8	13.7
Donated capital receipts	27.2	27.2	32.3	5.1	6.7	(1.6)
Total Surplus \ (Deficit)	24.8	24.8	66.4	41.6	29.5	12.1
Impairment	0.0	0.0	(25.4)	(25.4)	(24.8)	(0.6)
Profit \ (Loss) on Disposal	0.0	0.0	(0.1)	(0.1)	0.9	(1.0)
Comprehensive (Expenditure) \ Income	24.8	24.8	40.9	16.1	5.6	10.5

* Based on the projected performance against plan, the Trust would be entitled to £18.7M of Sustainability and Transformation incentive funding, this includes £0.5M of additional incentive funding. This has been included within the reported position.

* * The Trust is awaiting confirmation of its entitlement to any Sustainability and Transformation bonus funding, a figure of £2.5M has been indicated but this will be dependent upon any remaining allocations and the performance of other providers.

2. Request to the Board of Directors

The Board of Directors is asked to:

- Note the reported current financial position a surplus of £15.4M, which is £17.8M favourable to plan.
- Note the STF incentive funding of £18.7M.
- Note that confirmation of the STF bonus funding is still awaited
- Note the receipt of capital donations of £32.3M, which is £5.1M more than plan.
- Note the impairment charge of £25.4M and a loss on disposal of £0.1M.
- Note the Finance and use of resources metrics and the achievement of an overall rating of one, which is better than the planned rating of a two.

3. Assumptions made in the Reported Position

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

- Commissioning income has been billed to the end of January and for a number of commissioners a year end position has been agreed. Where an agreed out-turn position has not been agreed, income has been accrued based on a straight-line projection of the January position.
- Other adjustments have been made in respect of potential fines and challenges.
- At year end £28.7M of invoices relating to income from Commissioners remains unpaid, £27.6M of which relates to 2016/17 performance and £1.1M in respect of prior periods. Provisions have been made in line with the Trusts accounting policy.

3.2 An underlying surplus of £31.0M was recorded in March which is £30.2M better than plan, the significant drivers include:

- STF incentive funding of £18.7M has been recognised in the YTD position in March, this had only previously been accounted for in the projection.
- An increase in STF baseline funding of £0.8M, where the Trust will be paid in full in respect of quarter four operational trajectories.
- CCG \ NHSE income not allocated to Directorates was £7.1M above plan, reflecting increased activity in March and an increase in the accrual in respect of patients not yet discharged.
- The performance of Clinical directorates in March was £1.1M worse than plan, this compares to a monthly average over spend of £1.3M between April and February.
- The performance of corporate and the commercial directorate in March was £0.3M better than plan, supported by non-recurrent benefits.
- Reclassification of a building (Salomon's Centre) to an investment property has resulted in a £1.1M favourable adjustment
- Reserves of £1.2M, no longer required for their original purpose were released.
- The review of the assumptions underpinning the PDC payment resulted in a favourable movement of £1.1M
- Payments received in respect of prior and current year CCG \ NHSE invoices has driven a reduction in provisions for outstanding debts, resulting in a favourable performance of £2.1M for March.

4.0 Change from the Month Eleven Projection

4.1 The total surplus of £34.1M is £36.5M better than plan; this is an improvement of £13.7M when compared to last month's projected variance of £22.8M. The significant drivers of the £13.7M improvement include:

- An increase in STF incentive funding of £6.7M
- An increase in STF baseline funding of £0.8M, being full payment of quarter four operational trajectories
- An increase in central income above that previously projected of £5.8M, most notably from clinical commissioners
- Additional R&D contribution of £1.2M
- The reclassification of a building (Salomon's Centre) to an investment property has resulted in a £1.1M favourable adjustment
- The main area of deterioration related to Essentia and Fixed Cost Challenge where the month twelve position was £2.4M worse than had been projected. This was driven by a property not being sold, outstanding debt not yet paid, increased legal provisions a prior year rates rebate not being secured.

5.0 Single Oversight Framework: Finance and Use of Resources Metrics

- 5.1 The single oversight framework, introduced in October 2016, segments providers based on the level of support each provider needs across five themes, one of which is finance and the use of resources.
- 5.2 The scoring has now reversed (compared with the FSRR ratings) so that one is now the highest score and four is now the lowest.
- 5.3 As before the overall weighted risk rating is calculated as an average of each of the five individual metrics with each being equally weighted. If any single metric is scored as a four (the lowest) then the highest weighted risk rating that can be scored is a three.
- 5.4 The Trust plan at month twelve is a two. The rating achieved YTD is a one with no metrics rated as a four.

6.0 Cost Improvement Plan (CIP) Delivery

- 6.1 The Trust has delivered CIPs of £83.7M to the end of March which is £10.5M less than plan.
- 6.2 Clinical and Corporate Directorates have been asked to deliver a CIP and income growth target of £94.2M. Through FFF and local directorate initiatives £43.0M has been achieved, in addition reserves of £20.0M have been released to Directorates to off-set their Unidentified CIPs thus increasing their overall contribution to £63.0M.
- 6.3 Further opportunities through the recovery of prior year income, reduced provisions, a review of asset lives and a reduction in the PDC payment have realised CIPs of £20.7M, bring the total CIPs achieved to £83.7M.

7.0 Availability of Operational Capital

- 7.1 The reported performance indicates an increase of £28.9M against planned operational capital after adjusting for non-cash items, which is £31.3M better than plan.

Integrated Performance Report for the twelve months to 31st March 2017

Integrated Performance Report

M12 2016–17 Executive Summary

Risk ratings

Financial Use of Resources Rating:

16/17 Plan:	YTD	FY	Performance:	YTD
	2	2	Current	1
			Previous Mth	1

Summary Performance:

- The Trust has recorded a surplus of £34.1M, which is £36.5M better than the planned loss of £2.4M
- Use of resources metric : a rating of 1 against a plan of 2
- The cash balance of £140.0M is a reduction of £14m from last month due to a PDC payment of £10.9m and repayment of the ITFF loan repayment of £2.9m

Summary Income & Cash Flow vs Plan

£m	2016/17 - M12			Previous Month	
	Plan	Actual	Variance	Actual	Variance
Operating Income for EBITDA	1,382.6	1,416.1	33.5	1,264.3	(3.1)
Employee Expenses	(777.9)	(772.4)	5.5	(703.4)	8.5
All other operating expenses	(524.8)	(537.8)	(13.1)	(491.8)	(8.5)
EBITDA	80.0	105.9	25.9	69.2	(3.1)
Surplus/(Deficit) pre exceptionals	(2.4)	34.1	36.5	3.1	6.3
Net Surplus/(Deficit)	24.8	40.9	16.1	29.7	8.0
EBITDA %	100.0%	132.4%	32.4%	95.6%	(4.4%)
Capital Expenditure ¹	157.0	98.0	59.0	90.0	54.7
Net Cash Flow ¹	(13.1)	(14.0)	(0.9)	2.0	12.2
Cash & Cash Equivalents ¹	109.2	140.0	30.8	154.0	31.6
CoSRR Liquidity Days	3.8	23.3	19.5	19.1	17.8
CIP Performance %	100.0%	88.9%	(11.1%)	87.9%	(12.1%)
Net Current Assets ¹	25.6	115.9	90.3	90.2	58.4
Borrowings ¹	(221.2)	(221.2)	(0.0)	(223.0)	(0.0)

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

Key risks

Financial Performance

- YTD income is reported as £33.5M more than plan. The main driver is STF Incentive funding of £18.7M, Commissioning income has been assessed as £4.5M above plan and the accrual in respect of partially completed spells (patients not yet discharged) has increased by £4.3M
- Clinical Directorates are £24.3M behind plan of which £7.6M is attributable to slippage against Planned CIPs and £16.7M against Unidentified CIPs
- Corporate Directorates are £4.0M behind plan, planned CIPs have over achieved by £2.0M and there were £6.4M of Unidentified CIPs
- Reserves of £20.0M have been allocated to Directorates to mitigate unidentified CIPs
- The cash balance of £140.0M is a reduction of £14m from last month due to a PDC payment of £10.9m and repayment of the ITFF loan repayment of £2.9m

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 (Associate Director Financial Planning), with strong clinical input.
- 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 programme has been created.
- 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

M12 2016-17 Use of Resources Metric

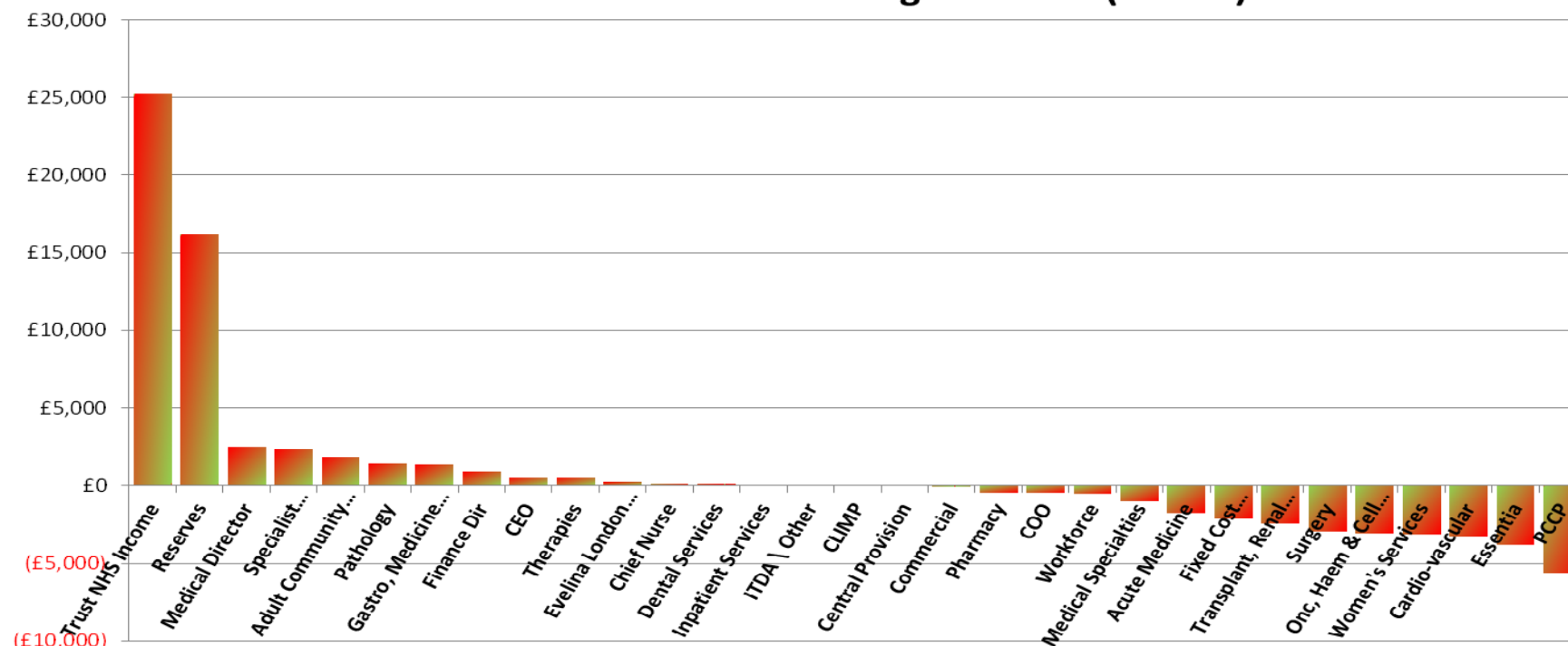
Page 2 - Single Oversight Framework - finance and use of resources metrics

Area of review		Key Highlights	Use of Resources Metric		
			Month 12 Plan	Month 12 Draft	Projection
OVERALL Weighted Risk Rating		- The overall Weighted Risk Rating is calculated as an average of the five metrics below, each having an equal weighting. However, if an individual metric is rated as four, then the highest rating that can be achieved is a three - The Overall rating recorded is one, rounded from 1.2; this is consistent with the month eleven projection	2	1	
Financial sustainability	Capital service Capacity 20%	- The degree to which generated income covers financial obligation - Cover of 3.1 times has been achieved against a plan of 2.0 and is rated a one	2	1	
	Liquidity (days) 20%	- Days of operating costs held in cash or cash equivalent forms, including available credit 23.32 days cover is achieved against a plan of +3.79 days and is rated a one	1	1	
Financial efficiency	I&E Margin 20%	- I&E surplus or deficit \ total revenue - YTD: a margin of +2.91% has been achieved against a plan of +0.47% and is rated a one	2	1	
Financial controls	Distance from financial plan 20%	- I&E surplus or deficit in comparison to the planned surplus \ deficit - A variance of +2.44% is achieved against a plan of 0.76% and is rated one	1	1	
	Agency spend 20%	- Distance from providers cap - The Trust is 1% above the agency ceiling (£414K) set by NHSI, but against its submitted plan - expenditure is some £7.5M less than plan	2	1	

Integrated Performance Report

M12 2016-17 Directorate Performance

YTD Performance against Plan (£'000s)



Year to Date Financial Performance: £6.3M favourable to plan

- The Trust has recorded a YTD surplus of £34.1M, which is £36.5M better than the planned loss of £2.4M
- This chart records the performance of each directorate against its agreed target. The performance will comprise the directorates performance against its CIP programme as well as in year variances to plan associated with its service delivery.
- A more detailed analysis of the underlying causes is provided to the Trust Management Executive for their consideration through the monthly finance report
- The performance of clinical directorates is reviewed on a monthly basis with the COO, and senior representatives from Finance, the Chief Nurse, the Medical Director and Workforce. Any required actions are discussed and agreed at those meetings
- The performance of corporate directorates is reviewed on a quarterly basis with the Executive Directors.

Integrated Performance Report

M12 2016–17 Directorate Commentary

	Month 12 Directorate YTD	Prior Month YTD Variance	
Acute Medicine	(£1,779)	(£1,418)	Year end Position: The un-identified CIP of £1.6m explains the underlying year end position. Compensating year end positions to note are pay ending £1.4m under spent and internal recharges £1.3m over spent (Pathology, Therapies and Imaging). Further, non-pay ended £925k over spent (pass through drugs and patient transport) & NHS Income is £370k ahead of plan, (drugs income & outpatient attendances) Change from Month 11 Projection: This can be attributed to lower NHS Income, being recognised in the final month, including A&E performance being £265k lower than projected.
Adult Community Services	£1,881	£1,868	Year End Position: The unidentified CIP contributes £1.5m to the overall adverse final position. Favourable positions more than mitigating the aforementioned are Pay £2.1m under spent, non-pay at £872k under spent and NHS Income £644k ahead of plan. Change from Month 11 Projection: In net the overall change is negligible. Material offsetting changes to note are Pay deteriorating by £300k, due to recognition of backdated worked agency shifts, which has been mitigated in full by year end stock recognition of wheel chairs resulting in a £320k benefit.
Cardio-vascular	(£3,245)	(£2,637)	Year End Position: The unidentified CIP value of £1.2m coupled with NHS Income (excluding pass through currencies) finishing £2.6m behind plan explains the final position. Other variances to note are pay £1.8m under spent and non pay (net off pass through income) ending £800k over spent (this recognises £315k of cost relating to patients not discharged by March end). Change from Mth 11 projection: Half this deterioration is explained by a timing issue, where non pay cost incurred of £315k will have no NHS income recognised until the next financial year. In addition, retrospective lab charges and further pathology/private patients charges each accounted for a further £100k deterioration"
CLIMP	£5	(£234)	Year End Position: The unidentified CIP totals £690k. Income in aggregate has finished £960k behind plan, comprising of internal SLR Income £1.2m behind plan (slippage & under-utilisation of new TOHETI CT/MRI scanner capacity); operating income £300k behind plan and NHS Income (excluding pass through PET Income) £540k ahead of plan. The above has been addressed non-recurrently, in-year, through Pay which has under spent by £1.9m (vacancies against new posts). Change from Month 11 Projection: This improvement is associated with Income – both external (NHS Income) and internal (SLM Income).
Dental Services	£98	(£94)	Year End Position: The unidentified CIP of £460k has been addressed in year by a sizeable pay under spend of £582k Change from Month 11 Projection: The improvement of £191k is attributable to NHS Income performance

Variance: Favourable \ (Adverse)

Integrated Performance Report

M12 2016–17 Directorate Commentary

	Month 12 Directorate Out-Turn	Prior Month YTD Variance	
Evelina London Children's Healthcare	£224	£366	Year End Position: The unidentified CIP totals £1.2m. Both NHS & private income streams have ended behind plan by £1.9m and £1.2m respectively. These adverse positions have been mitigated in year by pay, ending £4.0m under spent (nursing vacancies). Change from Month 11 Projection: In aggregate this has deteriorated by £140k. Items attributing to this movement include adjustments for year-end stock (Cath lab) and the transfer from Acute Medicine of underperforming Paediatric ED income.
Gastro, Medicine & Surgery	£1,385	£1,501	Year-End Position: Pay, net of vacancy factor, ended £2.0m under spent (medical £880k & nursing £810k). Pass through expenditure, has contributed £350k to the directorate's favourable position, as a result of over performance on the biocatalysis service. Adverse positions to note are NHS income (excluding pass through income) finishing £480k behind plan (GI surgery planned admitted, pelvic floor & Gastro non-elective) & Internal recharges ending £630k over spent (bed days, theatres & pathology). Change from Month 11 Projection: Both clinical supplies and internal recharge spend in the month was higher than projected, each by £80k.
Inpatient Services	£25	£16	Year End Position: The unidentified CIP totalling £563k for the year has been addressed by favourable positions across pay £370k, operating income £190k and non pay £30k Change from Month 11 Projection: No material change to note
Medical Specialties	(£993)	(£976)	Year-End Position: The unidentified CIP has contributed £1.1m to the final reported adverse position. Other final year end variances to note are non-pay including internal recharges ending £1.7m over spent (clinical supplies, imaging, theatres and bed days used), pay £1.2m under spent and NHS Income finishing £660k ahead of plan (Ophthalmology and Diabetic Medicine). Change from Month 11 Projection: No material change to note
Onc, Haem & Cell Path	(£3,094)	(£2,836)	Year End Position: The unidentified CIP has contributed £2.0m to the final position. Year-end over spends to note are drugs (net of income) £1.0m, clinical supplies £900k and internal charges £550k (beds and theatres). Pay (net of vacancy factor) has under spent by £1.3m and NHS income (excluding drug and blood pass through income) has ended £365k ahead of plan. Ongoing delays to the handover of The QMS Cancer Centre has resulted in a non recurrent under spend of £400k Change from Mth 11 Projection: A further deterioration of £258k has largely been seen within surgical specialities (pathology, theatres and imaging).

Variance: Favourable \ (Adverse)

Integrated Performance Report

M12 2016–17 Directorate Commentary

	Month 12 Directorate Out-Turn	Prior Month YTD Variance	
Pathology	£1,439	£722	Year End Position: The position is driven by prior year benefits, not distributed to Clinical Directorates totalling £1.4m (dermatology £820k, Haem Onc FISH tests £400k and Clinical Genetics £240k). Blood has underspent by £260k. Internal Pathology income received from clinical directorates, for testing provided, was £685k behind budget which was partly offset by an under spend of £400k for activity related payments made to Viapath. Change from Month 11 Projection: The improvement of £717k is attributable to (a) the additional prior year benefit for third party Dermatology, of £407k, settled in March, and (b) additional reserves funding of £415k in relation to the recurrent element distributed to Clinical Directorates."
PCCP	(£5,603)	(£4,739)	Year End Position: The unidentified CIP contributes £1.3m to the final reported adverse position. NHS income has added £2.9m to the position (ECMO, Lane Fox/ and Pain Management) and Other Income a further £2.2m (non-delivery of CIP schemes). Nursing pay has ended £1.4m under spent & non-pay £300k under spent. Change from Month 11 Projection: The primary deterioration has been non-pay £500k, which includes non –recurrent expenditure of £120k relating stock provisions. In addition to the above, NHS Income deteriorated by £200k and internal theatre Income £100k.
Pharmacy and Medicines M'gmt.	(£423)	(£374)	Year End Position: The unidentified CIP has contributed £126k towards the final reported adverse position. Operating Income has ended £400k behind plan, explained by the cessation of contracts with Quintiles and Bromley College, for the provision of commercial trials and pharmacy training services provided respectively, and lower drug sales made during the course of the year. Pay has under spent by £170k in total. Change from Month 11 Projection: This is associated with the late recognition of legal fees incurred.
Specialist Ambulatory Services	£2,367	£1,279	Year-End Position: Pay (excluding redundancy charges of £240k) has ended £1.6m under spent, Pathology £1.1m under spent (correction for 3rd party charges) and NHS Income (excluding drug income) ending £580k ahead of plan. These positions have been offset by over spends across drugs (net of Income) £330k and Purchase of Healthcare £390k (use of online sexual health care providers - SH:24). Change from Month 11 Projection: The large improvement in March is explained by the removal of 3rd party pathology charges, with this correction alone valued at £860k. In addition, redundancy costs in Sexual Health have been revised down by £140k
Surgery	(£2,920)	(£3,505)	Year End Position: The unidentified CIP has contributed £2.0m to the final reported adverse position with NHS Income adding a further £2.2m to this total. Non-pay and internal recharge costs have under spent by £1.4m due to reduced activity. Change from Month 11 Projection: A year end stock count in Orthopaedic Theatres has resulted in a stock benefit of £350k. Reasons for the significant increase in stock levels are being investigated. Internal transfers of budgets and cost, related to medical posts, between Surgery and ECH has resulted in a further benefit of £215k

Variance: Favourable \ (Adverse)

Slide 6

PP7

Should say Change from Month 11 Projection

Parr Peter, 19/04/2017

Integrated Performance Report

M12 2016–17 Directorate Commentary

	Month 12 Directorate Out-Turn	Prior Month YTD Variance	
Therapies	£546	£504	Year End Position: The final position shows Pay £770k under spent (vacancies across Physiotherapy, Occupational Therapy and Foot Health), NHS Income £365k ahead of plan & Internal SLM Income £540k behind plan (notably for services provided to A&E, and paediatric neurology & physiotherapy outpatients). Change from Month 11 Projection: This small improvement is associated with the capture of retrospective internal income for service provided to clinical directorates.
Transplant, Renal & Urology	(£2,420)	(£2,125)	Year-End Position: The unidentified CIP value of £1.4m combined with NHS income ending is £1.1m behind plan (kidney transplants and urology elective) largely explains the final position. Change from Month 11 Projection: Expected corrections for 3rd party pathology charges did not materialise by year end. The value of this correction was anticipated at £250k.
Women's Services	(£3,117)	(£2,476)	Year End Position: In addition to the unidentified CIP total of £1.6m, further unfavourable year end positions to note are non-pay £580k (ACU drugs & ACU satellite clinics), internal recharges £350k (low SLR fertility income earned) and Pay £270k (junior doctors back pay & midwifery nursing). Change from Month 11 Projection: The deterioration has been reported across several categories, covering non-pay £270k due (unverified invoices for antenatal pathways transfers & high ACU drugs costs), Internal recharges £130k (works and pathology) and private patient income £100k
Chief Executive	£567	£423	Year End Position: the Unidentified CIP totals £340k, this has been off-set by vacancies and underspends across a number of programmes within Transformation and Improvement, Cancer Strategy, CEO and strategy. Change from M11 Projection: an improvement of £144K due to recovery of VAT charges and under spends against programme costs within Cancer Strategy
Chief Nurse	£98	£87	Year End Position: The Unidentified CIP totals £233k and has been off-set by vacancies across a number of departments, slippage on recruitment to new posts and non pay under spends within the Workforce team. Change from M11 Projection: a small improvement of £11K.
Chief Operating Officer	(£459)	(£554)	Year End Position: The Unidentified CIP totals £380k and in addition to this additional costs within the coding team and Informatics software have driven further over spends. Change from M11 Projection: an improvement of £95K, primarily due to the reclassification of expenditure to capital.

Variance: Favourable \ (Adverse)

Integrated Performance Report

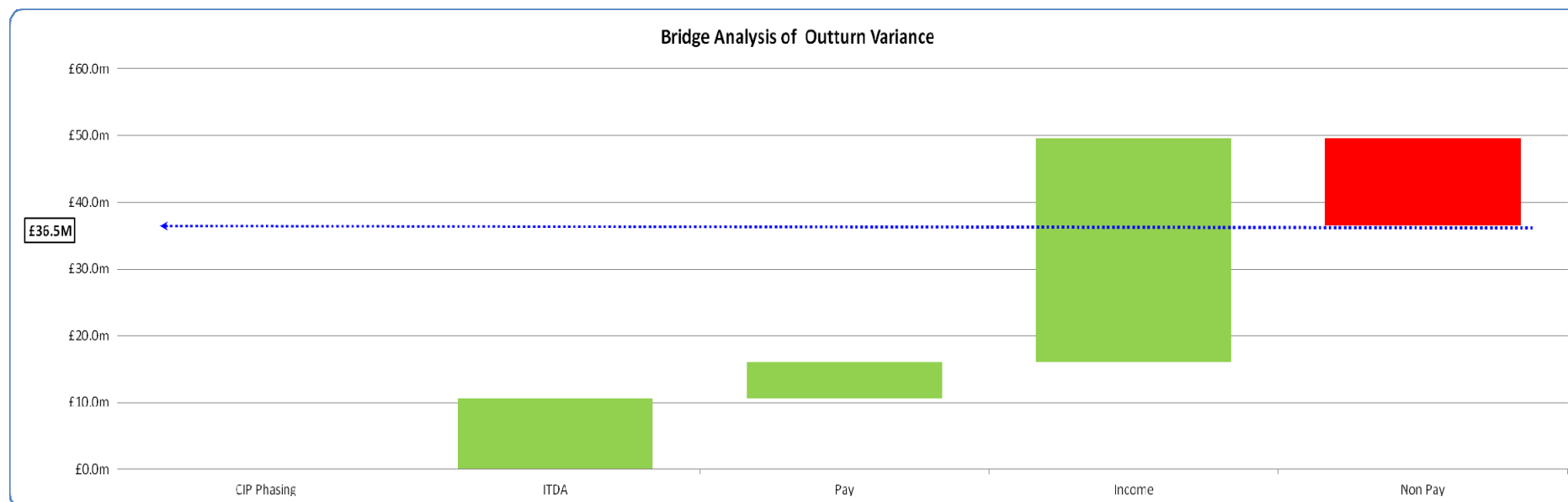
M12 2016–17 Directorate Commentary

	Month 12 Directorate Out-Turn	Prior Month YTD Variance	
Director of Essentia	(£3,809)	(£2,607)	Year End Position: The headline contributors to the overall adverse position are the unidentified CIP £2.0m, performance against CIP schemes £3.0m and patient transport finishing £1.7m behind plan (loss of existing contracts and provisions for litigation). These adverse positions have been partially alleviated through prior year benefits (recovery of bad debt) £900k and 16/17 utility charges being less than estimated for by £630k. Change from Mth 11 Projection: The sizeable deterioration in March can in part be explained by (a) the need to increase provisions made by a further £400k in respect of an ongoing dispute with Savoy and (b) unsuccessful recovery of a bad debt by year end, totalling £400k"
Fixed Cost Challenge	(£2,143)	(£1,205)	Year End Position: This is broadly in line with the value of the unidentified CIP carried totalling £1.9m. In detail, under performance against CIP schemes, including EPC contract, £500k and Clinical Community £400k, have been addressed by new in year benefits including Quintile lease surrender £400k, sale of Ann Moss Way £100k and prior year rental benefits of £700k. Change from Mth 11 Projection: This sizeable deterioration has two causes (a) non completion of the sale of Bowley Close car park £500k and (b) non occurrence of rate revaluations for Bowley Close and Aylesbury Health Centre by year end £400k
Director of Finance	£896	£649	Year End Position: vacancies across a number of departments, VAT recovery and securing prompt payment discounts, above the levels planned and in year rebates secured by Procurement are the main drivers of the positive performance.. Change from M11 Projection: an improvement of £247K where additional pay costs projected by Procurement did not materialise and further income was also realised.
Medical Director	£2,451	£1,445	Year End Position: the additional R&D contribution mitigated the Unidentified CIPs, shortfalls on income targets, cost pressures being incurred and medical negligence excess payments Change from M11 Projection: an improvement of £1.0M due to further R&D overhead contributions.
Commercial Director	(£32)	£2	Year End Position: areas of under performance relate to the development of new contracts, private patients and intellectual property, but these have been off-set by other areas of favourable performance Change from M11 Projection: whilst overall there was a minor deterioration there were significant changes across a number of different commercial activities.
Director of Workforce	(£516)	(£802)	Year End Position: The Unidentified CIPs total £1,070k and has in part been off-set by vacancies across Human Resources teams, additional income from occupational health services and salary sacrifice schemes. Change from M11 Projection: an improvement of £286K where additional Human resource pay and non pay costs did not materialise, additional income from occupation health services and the payment of an outstanding invoice, thus reducing bad debt provisions.

Variance: Favourable \ (Adverse)

Integrated Performance Report

M12 2016–17 Bridge Analysis

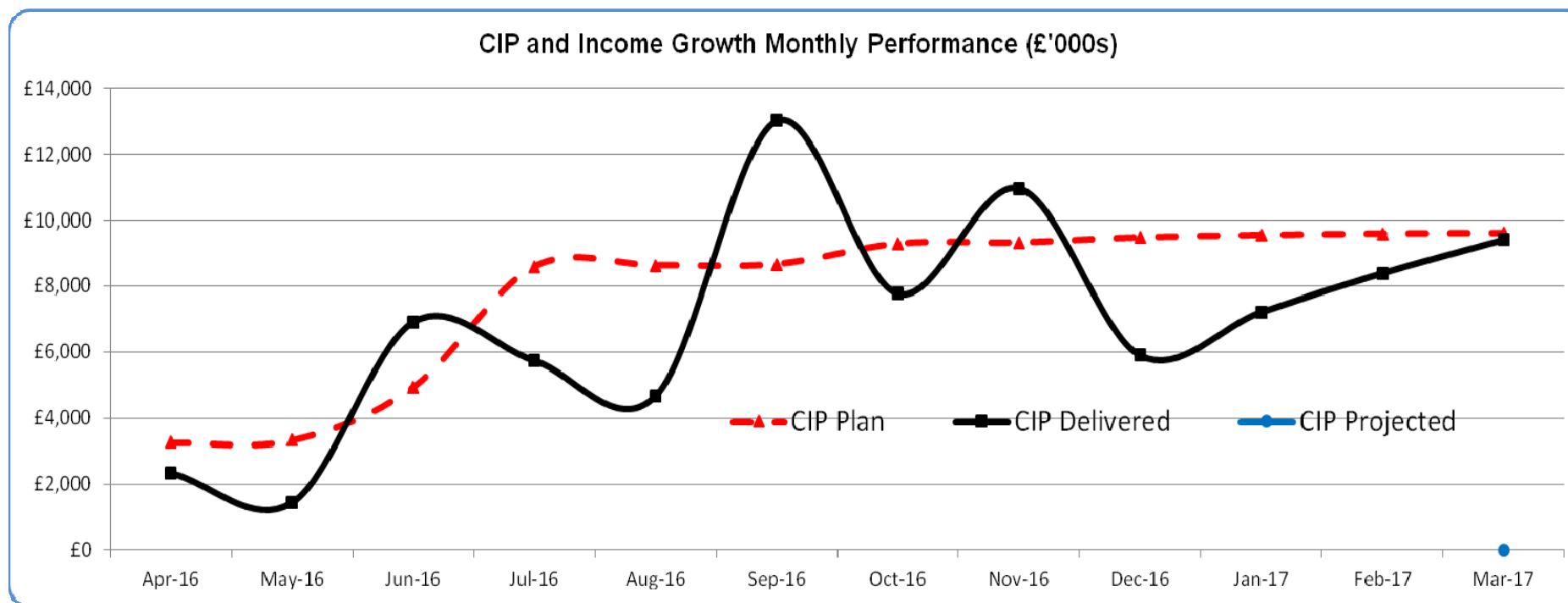


Bridge Analysis

- **Summary:** the Trust has recorded a YTD surplus of £34.1M, which is £36.5M better than the planned loss of £2.4M; this excludes donated capital income £32.4M and technical adjustments of £25.5M
- **CIP Phasing:** the CIP phasing adjustment from earlier in the year, does not apply in month 12
- **ITDA £10.5M under spent:** Depreciation charges are £5.2M less than plan due to a review of the asset lives of buildings and slippage on the capital programme; PDC £5.3M, due to high cash balances and slippage on the capital programme
- **Pay £5.5M under spent:** Includes £23.1M of Unidentified CIPs within Directorate budgets and £8.0M of benefits realised from prior year income and reduced provisions; meaning £20.6M of other under spends due to vacancies, slippage in recruitment
- **Income £33.5M above plan:**
  - STF Baseline income £1.7M less than the planned £19.2M
  - STF Incentive income £18.7M driven by financial performance
  - Commissioning income £4.5M above plan
  - Partially completed spells accrual has increased by £4.3M
  - Education income £4.2M more than planned relates to the release of income from prior years, matched against expenditure
  - other notable income variances include R&D, non patient care, commercial and other operating income and budget phasing
- **Non Pay £13.1M over spent:** the most significant adverse variances are due technical adjustments such as budget phasing, which is matched by a favourable income variance, internal recharges, provisions for outstanding debts and operating expenses which are funded from charity grants, commercial income and hosted services. Reserves of £14.6M released, where reserves were no longer required. Drugs £3.3M over spent, primarily due to pass through drugs, Premises £3.1M over spent across Essentia, some of which will be matched by additional income

Integrated Performance Report

M12 2016–17 CIP & Income Growth (IG) Performance



CIP Performance

- The Trust CIP plan for the year is £94.2M, with an average monthly run rate of £7.8M
- Directorates finished £31.1M behind their required levels of CIPs; £23.1M of which is attributable to Unidentified CIPs and £8.0M against non delivery of Planned CIPs
- The Trust CIP plan is phased for increased delivery later in the year; this has no impact in month 12
- The monthly performance review meetings (PRMs) with the clinical directorates reviewed the CIP programme, identified blockages and agreed actions required to recover any slippage.

Integrated Performance Report

M12 2016–17 FFF CIP Delivery

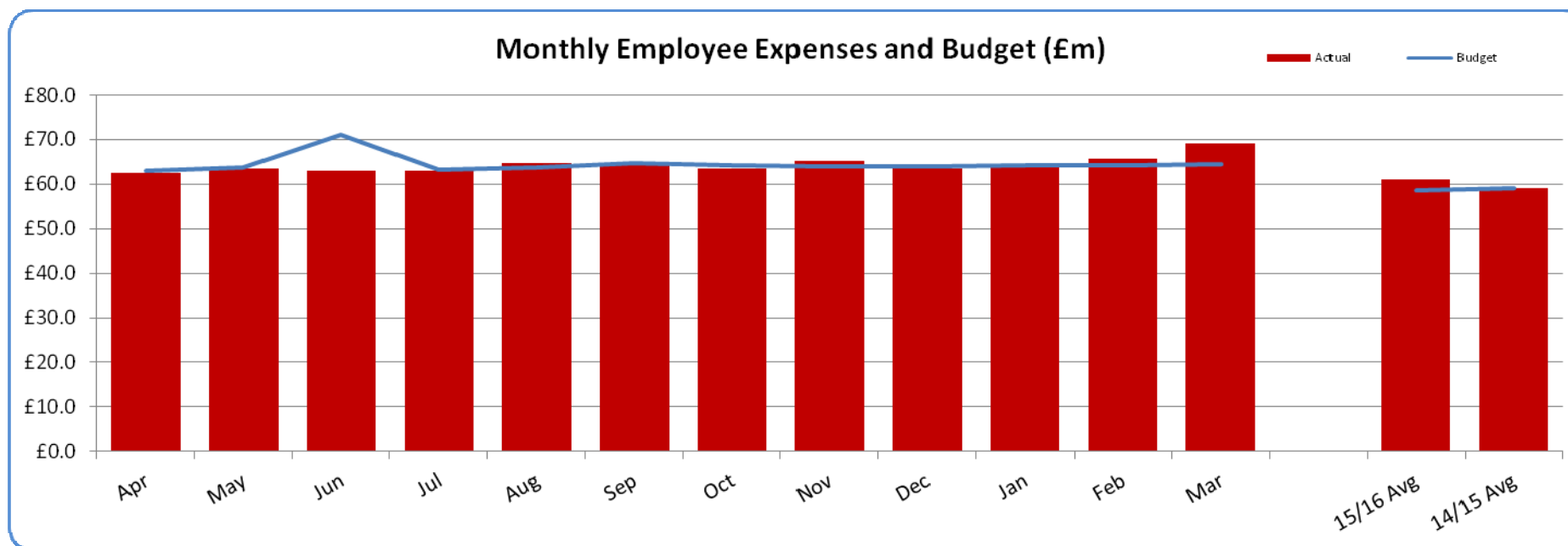
Year to Date

Annual Plan

CIPs Required	CIPs Delivered	CIPs Variance	By Theme:	CIPs Required	Projected Total CIPs	CIPs Projection VAR
			<u>Fit for the Future Theme</u>			
£1,955	£870	(£1,085)	Surgical Productivity	£1,955	£870	(£1,085)
£2,262	£1,353	(£909)	Safer faster care	£2,262	£1,353	(£909)
£2,075	£2,191	£115	Outpatients	£2,075	£2,191	£115
£1,340	£1,173	(£167)	Pharmacy Transformation and Medicines Optimisation	£1,340	£1,173	(£167)
£4,149	£2,438	(£1,711)	Procurement	£4,149	£2,438	(£1,711)
£1,253	£874	(£380)	Pathology	£1,253	£874	(£380)
£295	£283	(£12)	Diversifying income	£295	£283	(£12)
			Patient Admin		£0	£0
£3,746	£2,437	(£1,309)	Clinical coding	£3,746	£2,437	(£1,309)
£316	£189	(£127)	Effective Staff Deployment including Temporary Staffing	£316	£189	(£127)
£662	£2,104	£1,442	Agency Staff reduction	£662	£2,104	£1,442
			Team-Based Service Improvements		£0	£0
£18,054	£13,911	(£4,142)	Total FFF Themes	£18,054	£13,911	(£4,142)
£32,935	£29,127	(£3,808)	Directorate Initiatives Outside of Themes	£32,935	£29,127	(£3,808)
£23,183	£0	(£23,183)	CIPs Unidentified	£23,183	£0	(£23,183)
£20,000	£40,661	£20,661	Reserves / Provisions released	£20,000	£40,661	£20,661
£94,173	£83,700	(£10,473)	Total All Themes	£94,173	£83,700	(£10,473)

Integrated Performance Report

M12 2016–17 Employee Expenses

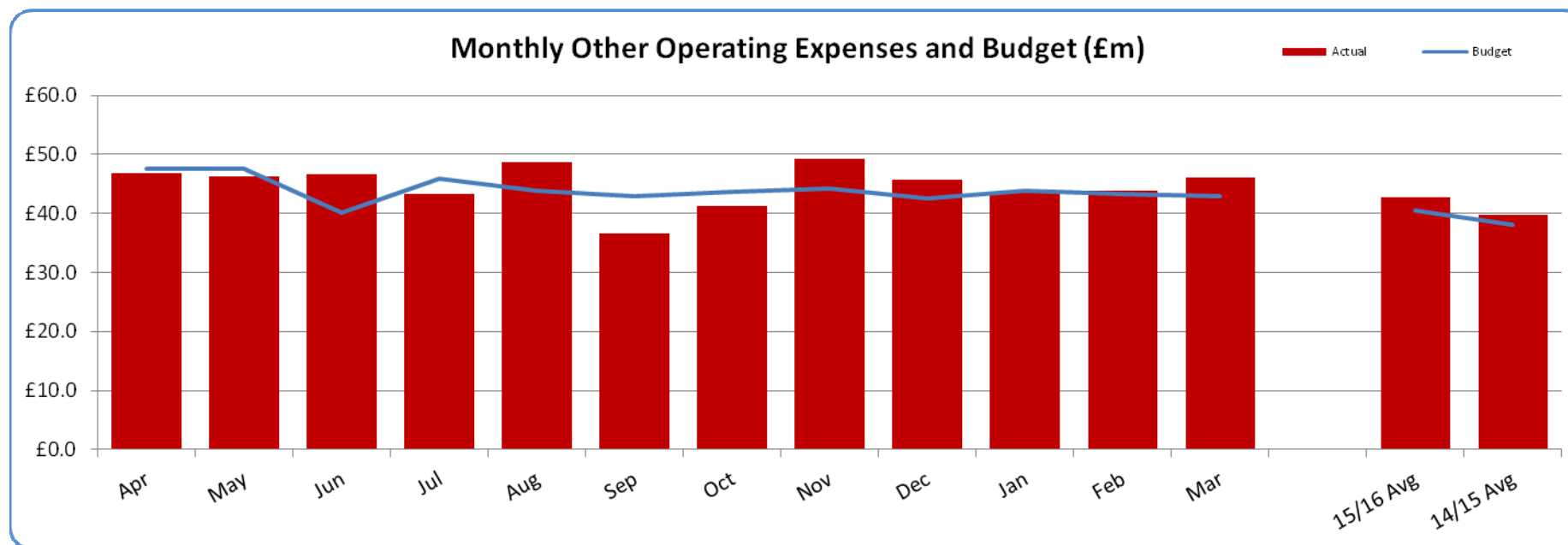


Monthly Employee Expenses

- March pay bill £69.0M, an increase of £3.4M from February, is the highest recorded this year
- Unidentified CIPs of £15.1M. The remaining balance of £4.8M includes planned vacancy targets

Integrated Performance Report

M12 2016–17 Other Operating Expenses

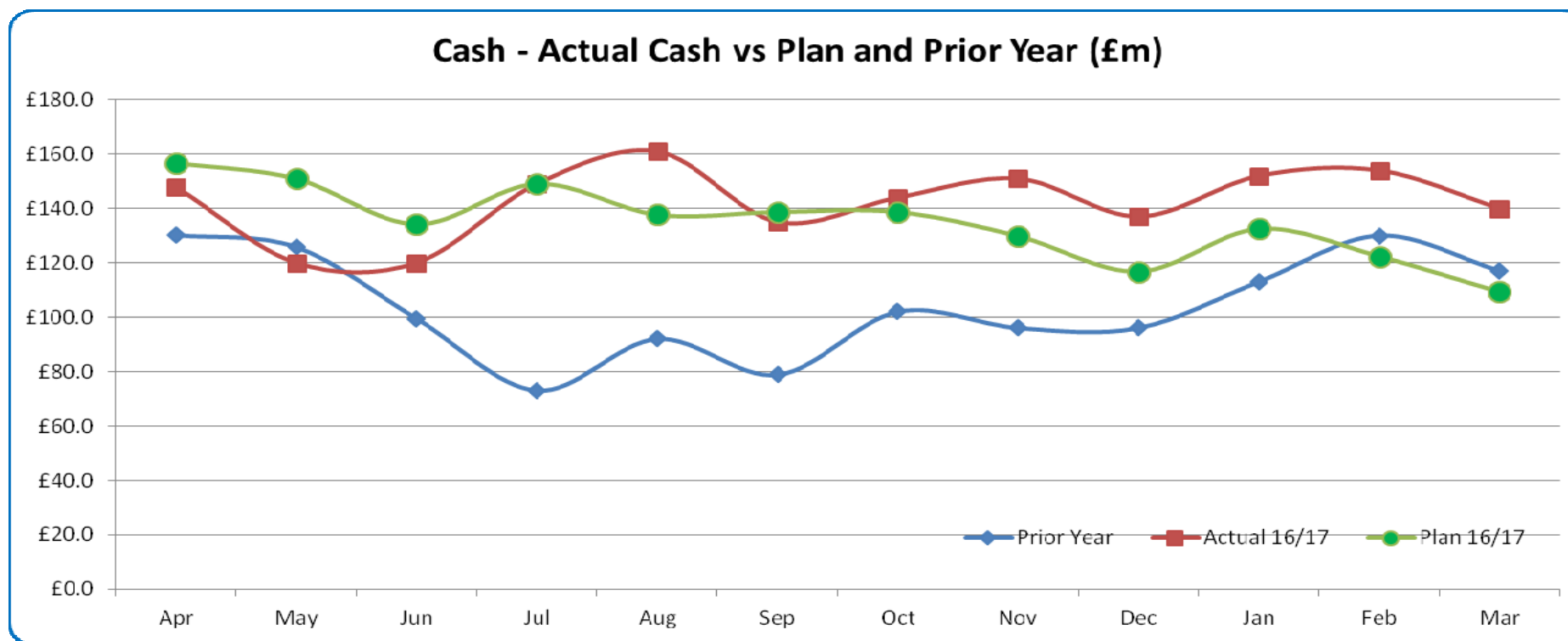


Monthly Other Operating Expenses

- Operating Expenses at February were £537.8M, which is £8.5M above plan
- Provisions - £2.9M (A): significant in month improvement due to payment of invoices by CCGs \ NHSE and settlement of outstanding invoices within Commercial and Essentia
- Clinical Supplies - £2.2M (F) reflects the impact of reduced costs due to income under performance and non achievement of planned CIPs
- Other Non Pay - £4.7M (A): over spends in the main relate to charity grants, commercial and hosted income services, most of which have compensating additional income

Integrated Performance Report

M12 2016–17 Cash Flow



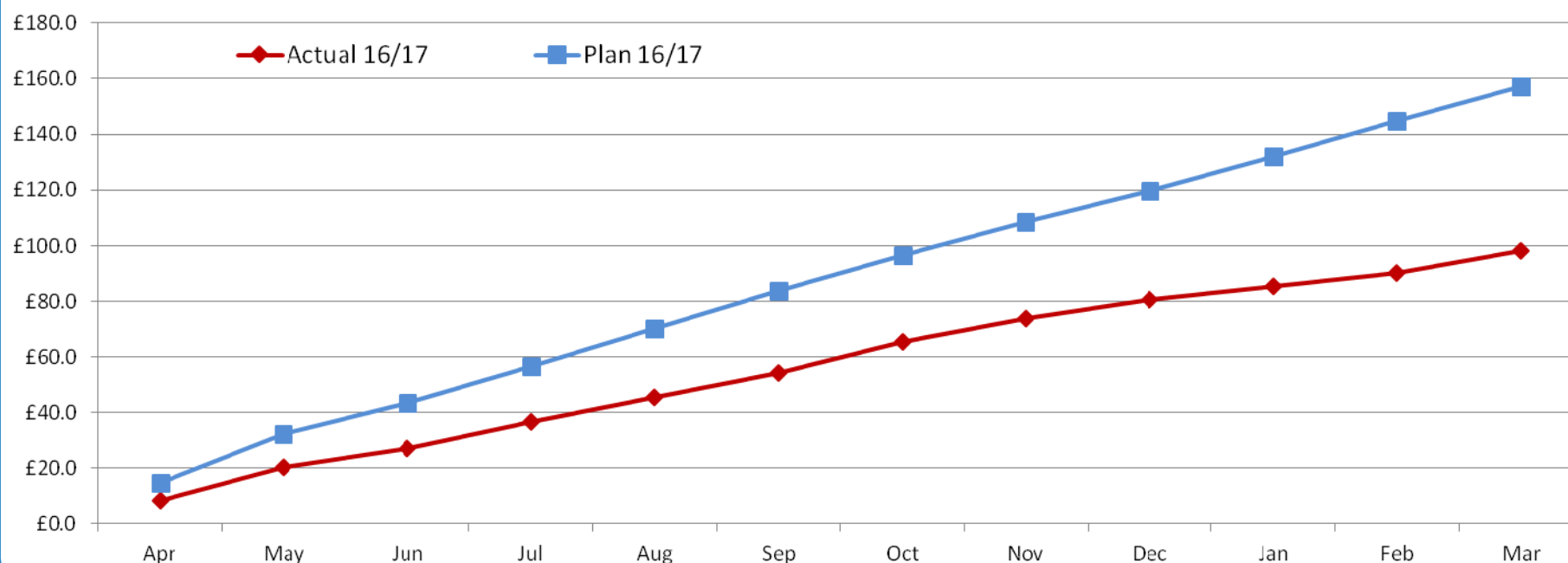
Cash Flow

- The graph above shows the actual cash and cash equivalents held by the trust. The plan is set Quarterly with NHSI.
- The cash balance at the end of March is £140M which is a reduction of £14m from last month due to a PDC payment of £10.9m and repayment of the ITFF loan repayment of £2.9m
- The finance team monitor the cash balances on a daily basis and on a weekly basis the payment of supplies, also liaising with capital projects to identify when large contractual payments are due.

Integrated Performance Report

M12 2016–17 Capital Expenditure

Capital - Cumulative Spend Monitor Plan (£m)



Capital Expenditure

- The Trust plan is for £157.0m of funding available for capital projects for the year 2016/17
- The capital spend as at the end of March is £98M which is £59M 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 NHSI laying out plans and aspirations for the trusts capital expenditure and development of the trusts estate.

Board of Directors	 Guy's and St Thomas' NHS Foundation Trust	
Documents Signed under Trust Seal 1 January to 31 March 2017	26 April 2017	BDA/17/12

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 746 to 757 on behalf of the Trust, under the Foundation Trust's Seal during 1 January to 31 March 2017.

2. Recommendation

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

Number	Description	Date
746	Counterpart sub-underlease of premises at Eltham Community Hospital, 30 Passey Place, London SE9 5DQ between 91) Community Health Partnerships Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	03.02.17
747	Licence for crane access and oversailing property known as Bowley Close Rehabilitation Centre, London SE198 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Deco Design and Build Co. Ltd.	03.02.17
748	Lease of land for siting of the Mary Seacole statue in the gardens adjacent to Gassiot House, St Thomas' Hospital, Westminster Bridge Road between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Roxanne M St Clair, Dawn Hill, Lisa Rodriques, Trevor Stirling (being the Trustees for the time being of the Mary Seacole Trust).	03.02.17

749	Counterpart lease of premises at Talbot Yard, Guy's Hospital, London SE1 between (1) Guy's and St Thomas' Charity and (2) Guy's and St Thomas' NHS Foundation Trust.	03.02.17
750	Lease of the AMT Coffee and Storage Unit being part of the Cancer Treatment Centre at Guy's Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) AMT Coffee Limited.	03.02.17
751	Licence for alterations relating to AMT Coffee and Storage Unit being part of the Cancer Treatment Centre at Guy's Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) AMT Coffee Limited.	03.02.17
752	Agreement made pursuant of section 278 of the Highways Act 1980 in relation to land at Guy's Hospital, Great Maze Pond, London SE1 9RT between (1) The Mayor of Burgesses of the London Borough of Southwark and (2) Guy's and St Thomas' NHS Foundation Trust.	03.02.17
753	Lease surrender – Quintiles Ltd, 14 th floor, Tower Wing, Guy's Hospital ref: TGL property 331289. Transferor : Quintiles Limited. Transferee: Guy's and St Thomas' NHS Foundation Trust.	03.02.17
754	Counterpart lease of Ground Floor premises, Cancer Care Centre, Queen Mary's Hospital, Sidcup, Kent DA14 6LT between (1) Oxleas NHS Foundation Trust and (2) Guy's and St Thomas' NHS Foundation Trust.	07.03.17
755	Counterpart lease of First Floor premises, Cancer Care Centre, Queen Mary's Hospital, Sidcup, Kent DA14 6LT between (1) Oxleas NHS Foundation Trust and (2) Guy's and St Thomas' NHS Foundation Trust.	07.03.17

756	Counterpart lease of Orchard Lisle swimming pool, Weston Street, London SE1 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Guy's and St Thomas' Charity.	07.03.17
757	Lease of Renal Unit, Block C, Queen Mary's Hospital Sidcup, Kent DA14 6LT between Oxleas NHS Foundation Trust and (2) Diaverum Facilities Management Limited and (3) Guy's and St Thomas' NHS Foundation Trust.	27.03.17