

Board of Directors Meeting 12th July 2017

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Board of Directors
Meeting to be held 12th July 2017
at 3:45 pm in the Governors' Hall St Thomas' Hospital

A G E N D A

3:45

1. Care Awards presentations

4:00

2. Apologies: Steve McGuire, Reza Razavi
3. Declarations of Interest *oral*
4. Minutes of the meeting held on the 26th April 2017 *attached* (BDA/17/13)
5. Matters arising from the minutes of the previous meeting
6. Chairman's Report *attached* (BDA/17/14)
Hugh Taylor
7. Chief Executive's Report *attached* (BDA/17/15)
Amanda Pritchard
8. Annual Accounts 2016/17 Update: additional STF bonus *attached* (BDA/17/16)
Martin Shaw

4:30

9. KHP update **PRESENTATION**
Robert Lechler
10. KHP Cardiovascular & Haematology Institute & Network Strategic Outline Cases *attached* (BDA/17/17)

5:10

11. Freedom to Speak Up (Whistleblowing) annual report *attached* (BDA/17/18)
Eileen Sills

12. Reports from Board Committees:
 - a) **Adult Local Services: minutes, 10th May**
 - b) **Audit: minutes 10th May**
 - c) **Cancer Services: minutes 3rd May**
 - d) **Corporate Management: minutes 7th June**
 - e) **Digital Board 3rd May**
 - f) **Evelina London Board (formerly Children's Services): minutes 10th May**
 - g) **Quality and Performance: - 12th July**
 - i. **April IQPR**
 - ii **Month 2 Finance Report**

13. Register of Documents signed under seal *attached* (BDA/17/19)
Amanda Pritchard

Any Other Business

The next Board of Directors meeting will be held on 25th October at 3:45pm in the Governors' Hall, St Thomas' Hospital

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Board of Directors

Minutes of the meeting held on Wednesday 26th April 2017 in the Governors' Hall, St Thomas' Hospital

Present : Sir Hugh Taylor (Chairman)

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

Attendance:	Mr P Allanson	Trust Secretary
	Ms V Cheston	Commercial Director
	Ms A Dawe	Director Operations and Strategic Development, Adult Local Services
	Mr R Drummond	Non Executive Adviser
	Mr A Gourlay	Interim COO and Director of Asset Management for Essentia
	Ms A Knowles	Director of Communications
	Mrs J Parrott	Director of Strategy
	Mr D Perry	Non Executive Adviser
	Ms M Ridley	Director of the Evelina
	Mr S Somerville	Director of IT & T
	Dr S Steddon	Trust Medical Director
	Ms A Hammond	Associate Director of Environmental Sustainability, for itemBOD/17/20

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

BOD/17/13 Apologies

Mr S McGuire, Prof R Razavi, Ms H Coffey

BOD/17/14 Declarations of Interest

No declarations of interest were made. Robert Drummond told the Board that he had recently been appointed as trustee of the Look Ahead charity and as a non executive director of the Met Office. Neither appointment was expected to give rise to any conflict of interest with Trust affairs.

BOD/17/15 Minutes of the meeting held on 25th January 2017

Mr J Findlay's name should be added to the list of attendees and paragraph 7 of the minute of Chief Executive's Report should be corrected to read "...extra money would become available to trusts which exceeded their target." Subject to these revisions the minutes of the meeting held on 25th January 2017 were approved as a true record.

BOD/17/16 Chairman's Report

The Board welcomed the tributes in the Chairman's report to the staff who had responded so magnificently to the incident on Westminster Bridge on 22 March, a representative group of whom had been presented with a special award prior to the meeting. This reflected the fact that a number of GSTT staff went to provide immediate first aid to those who were injured and supported and emergency services response in the initial phase of the incident. The hospital site was immediately locked down. Due to the nature of the incident and because the Trust was within the realm of a crime scene the majority of casualties were taken to other NHS Trusts across London. Two patients were treated at the Trust. The Trust's handling of the incident: from the initial response, the security arrangements, communications with patients and staff and the counselling of patients and staff affected by the incident had been exemplary. Disruptions to services had been kept to a minimum.

Turning to the rest of his Report the Chairman noted that Transport for London had now notified the Trust that work would begin imminently on the installation of the by-pass bus stop outside St Thomas' on Westminster Bridge though it would be some time before the new stop was introduced.

He also drew attention to the two new senior appointments announced in his report and thanked the current post holders for their contribution to the Trust and NHS

The Board noted that Sir Ron Kerr had stood down from the Board as executive vice chairman but would continue to be an adviser to the Trust.

BOD/17/17 Chief Executive's Report

Against the background of a continuing challenging operating climate, the Chief Executive's Report, together with other papers to note, described how the Trust was coping. The announcement of a General Election was likely to cause some initiatives to be paused. Moreover it had implications for the timing of future spending reviews which in turn might impact on the 5 Year Forward View implementation plan.

Following the emergence of Medway FT from special measures, the buddying agreement had come to an end. This had been marked by joint acknowledgement of the progress made and the support given by the Trust. This had involved 113 people, 60% of who were clinical, providing over 4,000 hours of support. The clinical support would not have been available from the commercial consultancies and the Trust had also benefited from the experience – both financially and in terms of learning.

The Board welcomed the Report's account of the different types of integration of local reablement and rehabilitation services being implemented in Lambeth and Southwark.

The Trust continued to work to meet operational targets; the national pressure on A&E departments to achieve 90% compliance by September with a return to full compliance by March 2018 was an acknowledgement of the size of the challenge for the NHS as a whole. The added dimension of the rebuild in our A and E meant that this would be even more demanding challenge for this Trust. Additional A and E consultants and emerging nurse practitioners had been appointed; and other initiatives to support flow through the emerging pathway were being implemented and regularly reviewed.

The Board was informed that Dr Maj Kazmi had been appointed as Chief of Cancer Services and Deputy Medical Director. He would be working closely with clinical and operational colleagues across the Trust, as well as with those in neighbouring trusts, to deliver the strategic, operational and academic ambitions of both Guy's Cancer and the new South East London Accountable Cancer Network, with progress towards achieving the 62 day waiting time target a priority.

Some of the most recent staffing challenges had arisen following the introduction of IR35 regulations which had exposed some gaps including amongst locum anaesthetists. A number of trusts were affected by these changes and it was important that the response was proportionate. The policy fitted with the requirement to lessen reliance on temporary staff. Better staff deployment including the more effective use of e-rostering would help in shortage areas.

The Trust continued to make improvements in the prevention of infection and would need to contribute to the system wide response being developed for a wider range of blood borne infections.

The Board noted the work under way on sharing more widely responsibility for safeguarding assessments, the improvement actions on conscious sedation in interventional radiology following the recent serious incident and the progress on the roll out of the Nightingale project to all inpatient areas.

Finally, the Chief Executive drew the Board's attention to the publication of the next steps document on the implementation of the 5 Year Forward View for which Sustainability and Transformation Partnerships (STPs) remained a key delivery model. Further clarification on the next steps on the evaluation of STPs would now follow the election.

BOD/17/18 Business and Financial Planning Update

The Director of Finance reported that the combined efforts of the directorates to reduce costs and increase treatments and central actions by the Finance Directorate had led to the Trust exceeding its target of a £2mn deficit by £17mn leading to a surplus of £15mn. This was a commendable outcome. As a result, NHSI had agreed to match the excess over target and would also pay a bonus which was likely to result in an operating surplus of £35.5mn. With the addition of capital donations and impairments the final outcome would be a surplus of around £42.5mn, subject to audit.

As most of the savings were non recurrent the cost reduction target for 2017-18 would be £90mn. Good progress had been made on identifying cost improvement savings against this target.

It was confirmed that any cost improvement proposals were only accepted once they had been through a Quality Impact Assessment and agreed by the Chief Nurse and the Chief Medical Officer.

The Board recognised that financial success remained reliant on making savings and improving productivity. Having a highly motivated and engaged staff was key to having a good response to clinical and productivity challenges. The Board acknowledged the welcome progress that had been made.

BOD/17/19 NHS Staff Survey 2016

The Trust had been required to invite 800 staff to participate in the survey. However, as a matter of policy the Trust had opted to involve all staff. This had elicited the largest response ever, including over 82 pages of free format comments. These were a particularly rich seam of information.

Overall the results were very positive, with the Trust's engagement score right at the top end of NHS performance. Nevertheless there were areas to work on including some that seemed resistant to improvement – and where it was acknowledged that the required changes in culture and attitude would take time. This was particularly pertinent to work on the equality, diversity and inclusion elements of the workforce strategy; and the new Workforce Director had acknowledged the need to make further progress in these areas.

Survey results and reports would be made available to directorates and they would be asked to draw up local plans for improvement in areas of need.

It was agreed to invite the Council of Governors to be involved in the development work associated with following up the strategy. The Board congratulated the Trust on its overall performance, whilst emphasising the need for progress in the areas requiring attention.

BOD/17/20 12-month Update - Trust Sustainability Strategy 2016 – 2020

The Associate Director of Environmental Sustainability briefed the Board on the progress on implementing the strategy that had been agreed a year ago. It was clear that the Trust was a system leader in this work which was embedded within daily work, directorate plans and attitudes and also featured in transformation plans.

The Board noted the report and the progress being made, on this key strategic area. The team were to be congratulated on a number of national level awards for their achievements: important indicators of the Trust's commitment to this agenda.

BOD/17/21 Reports from Board Committees

The Board of Directors noted the following 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

BOD/17/22 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/17/23 Any Other Business

There was none

BOD/17/24 Date and Time of Next Meeting

The next meeting of the Board of Directors will be held at 3:45 on **Wednesday 12th July 2017 in the Governors' Hall, St Thomas's Hospital**

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Board of Directors	 Guy's and St Thomas' NHS Foundation Trust	
Chairman's Board Report	12 July 2017	BDA/17/14

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

* Specify

Since our last meeting the Trust has been at the centre of another terrible terrorist incident, this time at London Bridge. Staff at the Trust were involved in responding to the incident, in which one of our colleagues, Kirsty Boden, was tragically killed. Guy's Hospital and Trust buildings in the surrounding area were again part of the crime scene, with operational consequences for several days after the incident. As before individuals, teams and the Trust as a whole responded heroically and professionally. Staff and patients affected directly and indirectly by the incident have been supported through counselling and in other ways. Commemorative events were held to honour Kirsty and the other victims of the crime. The combination of this incident and the events at Westminster Bridge has left its mark on the Trust; but our collective determination to uphold the values of humanity and inclusiveness, for which we as individuals and an organisation stand, in the face of these brutal, direct assaults on them, remains unwavering.

The victims of the deep tragedy at Grenfell Tower have also been very much on our minds; and of course the Trust has been engaged in assessing the implications for our buildings and fire safety arrangements, on which there will be report at our at meeting.

These events have inevitably cast a shadow over the outcome of the General Election and its implication for the health system, including the impact on the Brexit negotiations. Much remains uncertain, not least on key workforce issues, including pay and the position of current and prospective NHS staff from the EU.

Since my last report I have attended the national conferences of NICE and the NHS Confederation, at both of which I spoke, the annual conference held by KHP and a stimulating conference co-hosted by our Charity on 'The Future of People Powered Health'. I also spoke at a seminar convened by for chairs and non-executives of NHS organisations on 'the role of boards in creating culture and ambition in organisations'. In addition I have supported University College Hospital NHS Foundation Trust in the appointment of a new Chair.

It was a particular pleasure to welcome 700 visitors to our third Cancer Survivors' Day, held for the first time in the new Cancer Centre at Guy's. It was a stunning and, as always, a moving and deeply encouraging event. Last month I went to the opening of the new Guy's Cancer unit at Queen Mary Hospital Sidcup, where I joined a

number of colleagues to welcome the first patient (and look around this excellent new facility). It was good to be present, too, at the second, well attended Guy's Cancer Strategy day – where we welcomed for the first time colleagues from other Trusts and the Accountable Cancer Network for South East London.

It was a pleasure to welcome the Lambeth Pensioners' Action Group to St Thomas' for the meeting which they hold here annually. (This was the sixteenth!) They received a number of presentations from clinicians at the Trust; and I was a member of a panel of senior colleagues who took questions from the floor on issues affecting the Trust and the NHS generally. Events like this – and the recent health seminar on diabetes held at Burrell Street - are excellent examples of inter-action with our local community in which we learn from them and they learn from us.

I was proud to be able to sponsor and cheer on one of the Lambeth 'pensioners' – and a huge supporter and champion of the Trust – who shrugged off her 80 plus years and put me and other faint-hearts to shame, by abseiling off the roof of North Wing to raise funds for the Trust. This – and other fundraising events like it – are increasingly vital to the Trust, as we continue to invest in our future.

Like others I went from the abseil event to the new Nurses' Day awards in Governors' Hall, where we celebrated some of the outstanding achievements of nursing teams and individual nurses across the Trust, both on the hospital sites and in the community.

I am delighted to confirm that since our last meeting the Council of Governors has approved the re-appointment of Dr Sheila Shribman, our Deputy Chair, to serve a second term of appointment as a non-executive director. However, it is with real sadness that I have to record the resignation of Emma Duncan, another non-executive director of the Board, following a change in her personal circumstances. We will miss her very much.

On a personal note, I should record that since our last meeting my appointments as Trustee on the Boards of Macmillan Cancer Support and the Nuffield Trust have come to an end, as has my appointment as Chair of the National Skills Academy for Health. I have been appointed as Chair of The Health Foundation with effect from

November this year; and I have agreed, in a personal capacity, to co-Chair the EU Exit NHS Health Alliance convened by the NHS Confederation.

Board of Directors	 Guy's and St Thomas' NHS Foundation Trust	
Chief Executive's Report	12th July 2017	BDA/17/15

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

* Specify

1. Introduction

The Quality and Performance Committee would normally meet two weeks before the Board meeting. On this occasion it will be meeting on the morning of the meeting. In order to bring the Board the most up to date position we will provide a verbal report at the meeting from the Chief Operating Officer on current operational performance and from the Director of Asset Management on the Trust's position in relation to cladding and fire safety following the tragic fire at Grenfell Tower.

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

2.1 Recent Incidents

2.1.1 London Bridge

The London Bridge terrorist attack was one of the most difficult major incidents the Trust has dealt with for many reasons. A staff member, Kirsty Boden, tragically died during the attack and the Guy's site was part of the crime scene, which meant there was limited access to some parts of the site for a number of days. The nature of the attack, combined with the recent terrorist incidents at Westminster Bridge and in Manchester, also played a part in making this a particularly distressing time for staff.

Operational response

There was a fantastic response across the Trust on the evening of the terrorist attack and over the following days. On the night itself the Trust enacted a full major incident response, receiving 13 patients in total, 4 of whom were seriously injured with others discharged within 24 hours. Operating theatres worked overnight, with supporting clinical and non-clinical services fully staffed and working extremely well. 1 patient remains in hospital but is making good progress.

St Thomas' Street being closed off meant that 250 staff were unable to access their normal place of work but with great effort essential services continued. Staff salaries were processed on time and no patient appointments were cancelled, although some patients decided not to attend.

A formal de-brief will take place in July to reflect on what went well and to ensure lessons are learned from the Trust's major incident response.

Support for staff

In the immediate aftermath of both the Westminster and London Bridge attacks, the well established site lock-down process run by the security team was put in place to restrict access to the sites. The importance of staff carrying their Trust ID badge was emphasised through internal communications and additional checks were carried out on the Monday following the London Bridge attack to check the legitimacy of those visiting the site for reassurance. Ongoing enhanced security presence was then put in place and further work is underway to review arrangements for securing the hospital sites in the event of an enhanced threat level.

With help from South London and Maudsley NHS Mental Health Foundation Trust, psychology support was available for staff from the Monday following the London Bridge incident on Saturday. Continuing support has been provided by the Trust's psychology team and through Occupational Health.

A regular flow of internal communication was maintained throughout the week following the incident. Services were held at both Guy's and St Thomas' on the Monday and further events are planned to remember Kirsty Boden and to celebrate the diversity of our staff.

Clinical response

All patients who made it to hospital survived, which is a tribute to the emergency response across London. We received patients requiring head and neck care, including a transfer from the trauma centre at King's College Hospital, and all patients have done exceptionally well.

On behalf of the Executive Team I would like to take this opportunity to thank everyone involved in the tremendous response to both the London Bridge and Westminster Bridge incidents – I am sure I speak for all of us when I say how proud we are to work for an organisation that responded with such determination, compassion and professionalism.

2.1.2 Cyber Attack

A global cyber-attack occurred on Friday 12th May 2017, affecting more than 200,000 organisations in 150 countries. In the UK, the ransomware 'WannaCry' infected over 50 NHS organisations. Guy's and St Thomas' was not directly affected by the attack, in part thanks to instructions received from Care CERT (the NHS Digital Data Security Centre), which provided information to help secure against the attack. Emails containing the WannaCry virus were blocked from entering the email system as additional screening had been applied.

Immediate action was taken, based on recommendations provided by CareCERT and internal expertise, to apply additional screening for the antivirus running on our email servers. Security patches were released to target this specific attack and the relevant technical teams initiated controlled testing and deployment of these across the user device and server estates. However, the North East London Commissioning Support Unit (NELCSU) advised users on their network, including GSTT Community staff, to shut down their devices in order to prevent infection. In addition, the Imaging Exchange Portal (IEP) also shut down their services as a precautionary measure and therefore PACS image transfer services between hospitals were unavailable. An impact was also felt across operational areas as patients were diverted from other impacted Trusts.

At present, the WannaCry patch has been deployed to all end user devices across Windows XP, 7 and 10. The number of secure machines is now over 13,000, equating to over 97% of the entire estate. IT are actively monitoring the remaining unpatched machines. We are also reviewing all CareCERT alerts issued over the last 3 months to reassure ourselves the correct actions are in train.

In addition, the Chief Digital Information Officer has commissioned a full end to end Cyber Review of GSTT. This review will be carried out by a third party to give an independent perspective and will highlight areas of vulnerability,

risk and improvement across people, processes and technology. This review will initially be reported to the Audit Committee.

2.2 Speech and Language Therapy Services

At its most recent Part 2 Trust Board meeting, concerns about the future provision of speech and language services for children in Southwark were raised. The Board was made aware that the London Borough of Southwark has served notice on Southwark CCG and the Trust that is no longer in a position to commission speech and language therapy services for children under 5 in Southwark with effect from this autumn. Currently this service has a caseload of over 3,000 children and is a mix of specialist referrals and open access/drop in services. Southwark Council has said that it can no longer afford to provide these services. However, they have not consulted, made alternative provision or undertaken an impact assessment prior to deciding to decommission the services. We have raised our concerns formally about the process and the lack of statutory basis for this decision.

Our hope is that a solution that protects the needs of these vulnerable children can be found quickly, but we have taken legal advice so that we are clear about the grounds upon which we could challenge the decision should this be necessary.

2.3 Sexual Health Services

An issue relating to the future commissioning arrangements for sexual health services was also brought to the attention of the Trust Board at its last Part 2 meeting.

There has been a London Sexual Health Transformation initiative over the past few years to procure a pan London on-line sexual health testing service for asymptomatic patients and develop a new tariff infrastructure called the integrated sexual health tariff (ISHT). When the Board met, it was explained that if the Trust could not agree a pathway to implementation of the ISHT during 2017/18 then the service might be put out to tender. This was against the backdrop of a recent public consultation on, and subsequent implementation of, significant changes to service provision in order to try to maintain access to sexual health services whilst also living within the lower financial envelope available from commissioners.

Since that meeting negotiations between the Trust and commissioners have progressed and the risk of tender seems to have been avoided because, whilst the Trust is likely to move to the new tariff from January 2018, it is unlikely that there will be a material impact on sexual health funding during this financial year. Further negotiation is underway in relation to future years.

In parallel, the performance of sexual health services since implementation of the changes made following public consultation have been kept under close scrutiny. It is clear that there has been significant pressure at Burrell Street, such that clients have been redirected to other sites due to lack of capacity. In the short term the Sexual Health management team is looking at ways of increasing capacity at Burrell Street and also encouraging uptake of on-line testing services. As agreed at the close of the consultation process, a formal review will be completed in the autumn. In addition, Lambeth and Southwark commissioners have assured the Trust that they will review the impact via the Lambeth, Southwark and Lewisham Transformation Board and local Clinical Advisory Group. Commissioners have also stated that they are reviewing, with all key stakeholders, their Sexual Health Strategy for 2018 and that this process will include refreshing needs assessments and agreeing a methodology with local Trusts for measuring the impact of changes.

2.4 Operational Performance: Access, Finances and Quality

2.4.1 A&E

Although there was a deterioration in performance in May, there has been a noticeable improvement in performance against the 4 hour standard towards the end of the quarter. This is largely due to the impact of One Team Week in early June, a clinically focused improvement week, led by the Trust's Medical Director with the support of the Fit for the Future team amongst many others. The principal aim of the initiative was to galvanise the whole Trust to contribute to the effective management of emergency care and to foster closer inter-specialty collaboration. Thirty new processes and pathways were piloted during the week, with many having an immediate impact on the provision of timely care for patients and the quality of experience for staff. Performance against the 4 hour standard improved

to 90% against an average of 83% from January to April and the initiative was well received by staff within the Emergency Department and wider organisation.

To try to make many of these new ways of working sustainable, the One Team Programme has been launched. This Programme will build on the learning from One Team Week, with three specific areas of focus: -

- An Emergency Floor workstream will review ambulatory pathways, the overall admissions process (particularly from the Emergency Department to the Acute Admissions Ward) and specific processes within the Emergency Department itself.
- An Emergency Pathways workstream will review inter-speciality standards, mental health and GP liaison.
- An Enablers workstream will review IT, analytics and workforce issues relating to emergency care.

In addition, all the new posts that are needed to support the Emergency Department have been funded and appointed to, with staff expected to join the Trust from June to August.

2.4.2 Cancer

The Trust did not achieve its trajectory for the 62 day referral to treatment standard in May, but has committed to achieving the 62 day standard internally by July. Two key actions have been implemented to support this: the appointment for a Deputy Medical Director / Chief of Cancer Services to set up and lead Quality Review Meetings with every tumour group to enhance clinical engagement and ownership of cancer pathways, and the restructure of the Cancer Data Team to improve the administration of cancer pathways. Both of these initiatives are already making a positive impact and are supported by a range of other actions, all of which are being overseen by a weekly Cancer Delivery Board chaired by the Chief Operating Officer, which reports into a monthly Star Chamber chaired by the Chief Executive.

The South East London Accountable Cancer Network (ACN) is leading work to improve cancer pathways across south east London. The second Guy's Cancer Strategy day was held on 21 June at the Oval. In future it is intended to be an annual event bringing together all the key clinical, academic and management stakeholders working in the field of cancer across the ACN to share learning, horizon scan and agree future priorities. For the first time clinical teams from across the Guy's Cancer & Partners ACN were invited and clinical leads from Kings College Hospital NHS Foundation Trust (KCH) and Lewisham and Greenwich NHS Trust (LGT) gave presentations on their respective roles on the Steering Group and their hopes and expectations for the new way of working. Improving access was a key theme throughout of the day.

Six pathway groups are currently operational across the ACN with a further four commencing in July. Their focus remains on streamlining clinical pathways to improve access and reduce duplication.

NHS England (NHSE) continues to negotiate directly with the three London provider networks (Guy's Cancer & Partners and the two cancer Vanguards) as part of the efforts to improve waiting times. The ACN is working with NHSE on behalf of the SEL Trusts regarding the release of £4.5m transformation funds and £0.5m for independent sector diagnostic support for LGT and GSTT. Following the implementation of a pan-SEL e-prescribing system in 2016, Guy's Cancer is now exploring whether patient tracking systems and root cause analysis could be harmonised across the ACN. This approach is expected to further reinforce Guy's Cancer's role as system leader for cancer services across STP.

2.4.3 Financial performance

The Trust is planning to deliver an overall control total of £19.1m for the financial year 2017/18, which after adjusting for depreciation on donated assets of £8.9m implies an underlying surplus position of £10.2m. The planned surplus of £10.2m includes sustainability and transformation funding of £22.1m which is dependent upon achieving the financial control total (70%) and specific milestones in relation to A&E performance (30%).

Financial performance to the end of May shows a loss of £9.7m which is £5.9m worse than our planned loss of £3.8m. Performance against clinical income contracts is the main driver of our year current performance, and whilst

there remains £18.6m of further cost improvements to be identified by directorates the timing of these has been reflected in our planning assumptions. Further details are included in the finance report later in the agenda.

The Trust has notified NHS Improvement that it expects to achieve the agreed control total and so on this basis our reported financial position includes £1.5m of income associated with sustainability and transformation funding.

2.4.4 Infection Control

We continue to see positive progress with many aspects of our infection control plans, although in the first quarter of this year we have had 4 MRSA bacteraemias. These are under investigation and the Infection Control team is working with individual directorates. Cdifficile remains below target. We are now reporting MSSA and EColi bacteremias although at present there is no target associated with these. We continue to make positive progress with antibiotic stewardship. Our plans for flu vaccination for 17/18 are underway and these will have been signed off by TME on the 6th July, after being presented to the Trust's Ethics Committee. However we are disappointed that at present we haven't received any guidance from national bodies about what else they will do to encourage flu vaccine uptake.

2.4.5 Patient & Carer Experience

The national inpatient survey results were published last month and the Trust has benchmarked well against other organisations. Although there were many areas showing improvement, there are still a small number of areas which we are struggling to get right. These include on the day of discharge and noise at night. A small number of priorities have been agreed and will be implemented over the next 2 years. Please see attachment 1 for details.

Family & Friends Test feedback remains positive, although the response rate in some areas, for example maternity & A&E is lower than we would like. We are working to see how we improve this over the next couple of months.

Carers week took place on the 12th June, when we re-launched the carers passport and carers course and have set these out as our key priorities alongside the patient experience priorities.

2.4.6 Pressure Ulcers & falls with harm

Although our pressure ulcer rate remains below the national average we have had 2 grade 4 pressure ulcers, one in the acute setting and one in community. Both will be thoroughly reviewed through a root cause analysis. We have recently reviewed the governance of pressure ulcer management and have decided to make all acquired pressure ulcers avoidable unless proven otherwise, to ensure we are not missing any lessons we need to learn.

2.4.7 Safe Guarding

Activity continues at the level we have been experiencing in the last year. The Quality & Performance Committee reviewed the first quarter's activity at its last meeting. We have put in place measures to manage very difficult, complex cases and these have been beneficial. The Review of Complex Patients panel has met on a number of occasions and this has led to safe, effective decisions making that has protected both staff and patients.

We launched our learning disability strategy which has 7 clear priorities. The area we particularly need to focus on is the transition from child to adult services. Attachment 2 is an easy read version of the strategy.

We have reviewed our progress against the dementia strategy and although progress is being made, we need to see faster progress in addressing some of the environmental issues, which have also been flagged within our PLACE assessments.

2.4.8 Nursing Professional Update

I am delighted to report that on the 12th May the Trust launched the Nightingale Academy, the new Nightingale Nurse Award and a new 3 year strategy known as 'Next Generation Nightingale'. These developments have been well received by the workforce and it is hoped will attract staff to want to come to work for us.

The Trust is in discussion with South London and Maudsley NHS Mental Health Foundation Trust to establish a joint post, to strengthen the integration of physical and mental health. We will report further to the next meeting.

Safe staffing: the Chief Nurse has moved all her available resource into a comprehensive workforce team to focus on recruitment, retention and workforce utilisation to help to create a sustainable workforce at this time of uncertainty. To date our vacancies stand at 12.6 % with 129 starters in the pipeline. The largest number of vacancies are in Community, Acute Medicine, Gastrointestinal Medicine and Surgery and CLIMP. However these are lower than the previous quarter, suggesting that our current recruitment activities have made a positive impact.

We began a piece of work to improve compliance with rostering, with the aim to roll out a 'predictive' roster. Following feedback from staff, we have slowed implementation down to ensure staff are fully engaged with the design of their rotas. The roll out should be completed next year.

Nightingale phase 1 – we are now in the process of embedding phase 1, and assessments of all areas takes place in August to identify those areas that are struggling with adoption of all 3 principles of the project.

2.4.9 Campaigns

We launched our HALT – take a Break Campaign at the end of March; we will be assessing its impact with staff in the autumn.

Following the launch of the Violence & Aggression campaign in the autumn of last year we are undertaking a survey with staff to see if this has made a difference to them. The outcome will be reported to the next meeting.

2.4.10 Care Quality Commission Registration – Provision of Personal Care

As part of our service development and to allow us to provide re-ablement services in Lambeth we have been approved by the CQC for an additional regulated activity - to provide personal care. We have also received confirmation from the CQC for our registered manager to provide the regulated activity. This is significant for the Trust in that we are being licenced to provide what is usually defined as social care. The approval process was reassuringly rigorous and the registration will allow us to support vulnerable patients in the community to help them to return to whatever level of independence they are capable of sustaining.

3. Continuous Improvement & Transformation

3.1 Carter Report – Hospital Efficiency Opportunities

In February 2016, the Carter report set out 15 recommendations to pursue efficiency opportunities relating to variation in acute hospitals. There was a discussion at the Corporate Management Committee (CMC) about the relevance of this analysis for Guy's and St Thomas' which concluded that substantial aspects of the Carter approach have already been translated into our existing delivery mechanisms - £24m CIPs and other savings relating to these opportunities were delivered in 2016/17. In 2017/18, relevant CIPs total £24m. From 2018/19, there are projected savings associated with the STP, Fit for the Future and directorates that equate to the remaining theoretical opportunity. However, it was acknowledged that these projections have yet to be converted into robust plans.

Therefore, following the discussion at CMC the Fit for the Future Programme team is working with clinical directorates to test and then roll out a process for service line reviews, with the aim of reducing unwarranted variation. Using four sources of benchmarking data, a small team will support Directorate Management Teams to use variation to identify opportunities for improvement in quality and efficiency, with benefits feeding into 2018/19 business plans. A substantial proportion of the potential savings identified in the Carter report are related to the STP, therefore the Fit for the Future Team will work closely with colleagues involved in the STP to support delivery of potential benefits.

3.2 Fit for the Future Week

Fit for the Future Week took place during the week of 3rd July. The purpose of the week was to raise awareness of and celebrate the many successful improvement projects that have been undertaken within the Trust, to provide training and support for people wishing to undertake improvement activity and to introduce a wider group of staff to the wider transformation initiatives (Digital Patient Journey, Care Redesign) that have been launched recently. We were particularly delighted to welcome Professor Richard Bohmer, an international expert on clinical leadership for service improvement who has been supporting the first cohort of the Care Redesign Programme to lead one of the sessions during Fit for the Future Week.

3.3 Electronic Health Record (EHR)

Some of the Trust's electronic patient record systems are aging and not readily interoperable, which results in our clinicians accessing and entering data into multiple systems and health records. In addition, the licence period for some of our core systems expires over the course of the next few years. This means that, despite significant improvements in many areas such as the local care record, our core patient administration systems need to be replaced.

We have taken the decision to embark on a programme to procure and deliver a new Electronic Health Record (EHR) system. This will bring the Trust in line with many of the leading healthcare organisations in the UK and abroad and should deliver significant clinical, research and patient benefits. However, it is a complex undertaking involving radical change in how we provide care. The components of the EHR system can support every clinical and operational process in the hospital, from admission through prescribing, to writing a letter. Bringing all these things together on a modern IT infrastructure is one of the biggest things that a modern hospital can commit to. It is, therefore, vital to have clarity and strong governance. The first task of our EHR team is the production of a Strategic Outline Case (SOC), which will be done in conjunction with both clinical and non-clinical teams to ensure the approach that we need to take is in line with the Trust's priorities and its longer term strategic ambitions.

Over the past few weeks in developing the SOC the team has been working towards establishing the EHR Programme vision with clinical leads, meeting with staff to discuss the current uses of clinical technology and infrastructure, visiting clinical areas to assess the challenges faced and supporting decisions on the capabilities required to deliver the EHR Programme objectives. The process of drafting, discussing and finalising the SOC is expected to take until September to ensure full engagement with key stakeholders. The Trust Board will then be presented with the SOC following completion of all the relevant governance processes within the organisation.

If the SOC is approved, the target date for delivery of the Outline Business Case for approval by the Trust Board is December 2017 with formal approval anticipated in January 2018.

4. Strategy

4.1 Acute Care Collaboration Vanguard

The partnership between Guy's and St Thomas' NHS Foundation Trust and Dartford and Gravesham NHS Trust is one of 13 acute care collaboration vanguards within NHS England's New Care Models programme. The vanguard is seeking to develop a sustainable model of care that makes best use of scarce resources and can be replicated across the NHS. It aims to improve outcomes and access, reduce costs and meet the challenge of increased demand. Crucially, the Group's approach seeks to achieve the benefits of collaboration without the changes to management control necessary for mergers or acquisitions. The partnership represents more than a network as it is based on shared vision and values underpinned by a firm mutual commitment to work together in a different way. It is being designed in order that it can continue to grow, bringing new members into the Group to support a sustainable system.

The first quarter of the final year of the Vanguard programme is on track. We are currently in the process of developing a business case for the Proactive Care for Older People's Service (POPS), which has shown good outcomes for patients, to be commissioned on an ongoing basis. We have progressed to Stage 3 of the group model design, which is currently developing the vision for the Group and testing the feasibility of setting up a collaborative group model. This will be considered by the Trust Board at the end of Q2 in line with our milestones for the Vanguard programme.

We hosted a celebration and showcase event on the 4th July to thank all of the clinicians and teams across both organisations that have been involved in the vanguard programme and to share the work that we have undertaken through the programme with colleagues from across the STP as well as NHSE and NHSI.

5. Trust Management Executive (TME) review and revised Terms of Reference

TME is the most senior formal management meeting in the Trust and reports (via the Chief Executive) to the Board – if it is working effectively, the Board should wish to know what TME's view is on relevant items that come to Board meetings for decision and debate.

To ensure the Trust is continuing to meet its commitment to being a clinically led organisation and that the Board continues to be able to seek advice from the most senior clinical and managerial leaders in the Trust, I commissioned an independent review of the governance and effectiveness of the Trust Management Executive (TME).

A Review Group was established and has made recommendations for how to ensure TME can effectively discharge its role. The Executive Team and I have accepted the recommendations and a revised terms of reference are attached for the Board to note as attachment 3.

6. Patient and Public Engagement Strategy Annual Report

We have published the third annual patient and public engagement (PPE) report, since the inception of the Trust's PPE Strategy in 2014 – included as attachment 4. It includes:

- a) A summary of the progress and achievements in implementing the Strategy and the objectives that have not been implemented and / or will be carried forward
- b) Information about our plans to reinvigorate the Trust's patient and public engagement strategy
- c) The findings of our 3rd annual PPE audit, monitoring the Trust's compliance with the statutory 'duty to involve'.

Since its inception in June 2014, significant progress has been made in implementing the PPE Strategy, which comprises of 22 objectives' with 73 related actions. Most actions are now complete and we have met a number of the objectives. We have identified the actions that we should carry forward and made some changes to ensure they remain relevant.

Between now and autumn 2017/18 the Trust will reinvigorate its PPE Strategy, building on the framework and the successes of the last three years.

We are pleased to report that the findings of the annual PPE Audit indicate that all projects, which trigger the 'duty to involve', have met or will have met the duty upon completion.

7. CQC Inspection Changes

The CQC strategy for 2016 to 2021, Shaping the future, was published in May 2016 and set out their vision for a more targeted, responsive and collaborative approach to regulation. The CQC consulted on this vision and has recently published their response to the consultation together with new guidance for providers.

The CQC is aiming to inspect all trusts at least once between June 2017 and spring 2019 and after that each trust will be inspected annually.

Key changes include:

- CQC Insight, which is the repository of information that the CQC hold about provider services and is due to launch at the end of July. The CQC will analyse this information to monitor services at provider, location, or core service level and this information will play a significant part in the CQC's decision making about what and when to inspect.
- The Provider Information Request (PIR) is the standardised information the CQC will ask for prior to inspection. The PIR has been significantly reduced in size and asks us to make our own assessment of the quality of our services against the five key questions (safe, caring, effective, responsive, well-led). They will be asking trusts to provide this information annually and will phase in the request over a year – we have not heard whether we are in the first or second wave.
- Frequency of inspections - previous ratings will be used as a guide to setting maximum intervals for re-inspection of core services alongside annual inspection (from 2019) of the well-led question along with annual inspection of at least one core service.

Further details are provided in attachment 5.

8.1 The Board is invited to note the following Consultant Appointments since last reported three months ago at the 26th April Board of Directors meeting.

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
06/04/2017	Consultant In Clinical Genetics And Genomics x 2 Post (CON349)	Dr Francesca Forzano Dr Shwetha Ramachandrappa	New and Replacement	100% GSTFT	N/A	03/07/2017 04/09/2017
COMMENTS: <ul style="list-style-type: none"> • Increased capacity to meet growing demand • Better able to meet demand in peripheral/outreach clinics (regional service) • Recruitment of 1.0 WTE Consultant in Clinical Genetics will result in an net financial contribution to the Trust 						
12/04/2017	Consultant in Paediatric Orthopaedic Surgery (CON355)	Mr Daniel William Reed	Replacement	100% GSTFT	N/A	TBC
20/04/2017	Consultant in Histopathology with a special interest (CON334) Consultant Paediatric and Perinatal Pathologist (CON345)	Dr Yurina Miki Dr Anita Nagy	Replacement	100 % GSTFT	N/A	04/09/2017 (TBC) 04/09/2017
20/04/2017	Consultant in Transplant Surgery & Urology (CON354)	Mr Alec Nicholas Richard Barnett Miss Rhana Hassan Zakri	New	100% GSTFT	N/A	06/11/2017 06/11/2017
COMMENTS: <p>We are the largest paediatric transplant unit in Europe, and one of the top three adult transplant units in the UK, with a consultant delivered service performing around 300 transplants a year. We have recently negotiated additional clinics at St Helier, Brighton and Southampton. These have been carried out without additional resource, and have generated additional transplant income. There is an opportunity to develop our international practice based on our worldwide reputation for good clinical outcomes and high quality care. The intention is to expand this income stream. In addition, the appointment of 2 additional consultants will enable us to provide a formal two tier consultant on call rota to safely cover adult cases at GSTT, Evelina and GOSH hospitals.</p>						

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
21/04/2017	Consultant in Emergency Medicine (CON339)	Dr Maja Gavrilovski Dr Oliver Andrew Grant Dr Arjun Thaur Dr Pippa Alamango	New/Replacement	100% GSTFT	N/A	04/09/2017 TBC TBC TBC
27/04/2017	Consultant in General Emergency Surgery (CON335)	Mr Luca Bonomo	Replacement	100% GSTFT	N/A	TBC
04/05/2017	Consultant Nephrologist (CON358)	Dr Dimitrios Anestis Moutzouris	New	100% GSTFT	N/A	19/05/2017
COMMENTS: This post would contribute to dialysis growth which is expected to be 2% next year, equating to 1,661 treatments. The consultant will also support our home haemodialysis programme, working alongside the lead for this area.						
04/05/2017	Consultant in Weaning, Rehabilitation & Complex Home Ventilation (CON356)	Dr Eui-Sik Suh	Replacement	100% GSTFT	N/A	07/08/2017
COMMENTS: This consultant in Lane Fox will support the service's expansion at a time of increasing demand. The post holder will complete a mixture of outpatient activity and on-call support for Lane Fox London and Lane Fox REMEO, Surrey.						
05/05/2017	Consultant in Paediatric Sleep (CON353)	Dr Desaline Veronica Joseph	New	100% GSTFT	N/A	31/07/2017
COMMENTS: This post is required to accommodate the rapidly increasing demand for tertiary sleep services at Evelina London Children's Hospital to ensure that we create additional capacity to meet the growing demand for the service and cement the Evelina's position as the leading national centre for paediatric sleep disorders.						
05/05/2017	Consultant in Cardiology with a Specialist Interest in Inherited Cardiac Conditions (CON360)	Dr Nabeel Adnan Sheikh Dr Rachel Marie Bastiaenen	Replacement	100% GSTFT	N/A	24/05/2017 TBC

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
12/05/2017	Consultant in Clinical Oncology With specialist interest in Gynaecological and Lung Oncology (CON351)	Dr James Matthew Wilson	Replacement	100% GSTFT	N/A	TBC
25/05/2017	Consultants in Anaesthesia x 8 posts (CON361)	Dr Anna Dorota Janowicz Dr Desire Onwochei Dr Anna Marie Heaney Dr Janet Adanma Ezihe-Ejiofor Dr Asta Lukosiute Dr Kariem El-Boghdadly Dr Iosifina Karmaniolou Dr Christine Sharmilla Sathananthan	Replacement/New	100% GSTFT	N/A	01/10/2017 TBC TBC TBC 04/09/2017 TBC 12/06/2017 TBC
01/06/2017	Consultant in Reproductive Medicine and Gynaecology (CON346)	Dr Yuliya (Julia) Kopeika	Replacement	100% GSTFT	N/A	03/08/2017
02/06/2017	Consultant in Paediatric Allergy (CON362)	Dr Tom William Sharp Marrs	Replacement	100% GSTFT	N/A	19/06/2017
07/06/2017	Consultants in Paediatric Nephrology (CON364)	Dr Nicholas Ware Dr Shazia Adalat	Replacement	100% GSTFT	N/A	TBC TBC
08/06/2017	Consultant in Diabetes with Endocrinology & GIM (CON347)	Dr Piya Sen Gupta	Replacement	100% GSTFT	N/A	TBC
15/06/2017	Consultant in Paediatric Spinal Deformity Surgery (Part-time 4 PA) (CON357)	Mr Mark Harris	Replacement	100% GSTFT	N/A	TBC
21/06/2017	Consultant in Paediatric Neurodisability (CON370)	Dr Gabriel Lawrence Whitlingum	New	100% GSTFT	N/A	TBC

COMMENTS:

This post is required to accommodate the rapidly increasing demand for the Neurodisability feeding service at Evelina London Children's Hospital. Paediatric feeding disorders have gained greater recognition both professionally and in the public domain, this has led to an increase in referrals. It will also ensure that we create additional capacity to meet the growing demand for the service, adhere to the national RTT standards and cement the Evelina's position as the leading national centre for eating disorders.

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
22/06/2017	Consultant in Foot & Ankle (CON363)	Mr Ahmed Muhsin Hussein Latif	Replacement	100% GSTFT	N/A	22/06/2017
29/06/2017	Consultant in Paediatric Gastroenterology (CON368)	Dr Rakesh Mulji Vora	New	100% GSTFT	N/A	TBC
COMMENTS: This post is required to accommodate the increasing demand for tertiary gastroenterology service at Evelina London Children's Hospital. The new post holder will be expected to take leadership in further developing of the complex nutrition service and support the development of the network and service provision across South East Region.						
30/06/2017	Consultant in HIV Medicine (CON376)	Dr Rebecca Simons	Replacement	100% GSTFT	N/A	TBC

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

Name of post	Appointee	Department	Start date	End date
Consultant	Simon Mark Wharton	Paediatric Urology	13.07.16	13.07.17
COMMENTS: Extension of contract				
Consultant	Fabian Norman Taylor	Paediatric Orthopaedics	17.06.17	31.08.17
COMMENTS: Substantive consultant left Trust				
Consultant	Alexis Corrigan	PET Centre	28.04.17	28.04.18
Consultant	Arindam Chaudhuri	Vascular Surgery	20.06.17	19.06.18
COMMENTS: Extension of contract				

Patient and Carer Experience Priorities 2017 - 2018

* Denotes priority which is part of or linked to a FFF works stream

Carers Passport – seek to identify and support all carers that use trust services.

Caring with Carers Course – develop a course that will help carers build on their existing skills and resilience in caring.

Supporting staff who are carers – develop a Employees as Carers policy for managers and staff and include staff as part of the appraisal and supervision process.

*Improve patients and carers experience of contacting the Trust and receive the response they need.

Ensure that patients have adequate rest and sleep during their stay with us.

Ensure we listen to, support and involve patients and their carers in decisions about their care and treatment.

Keep patients informed and regularly updated on waiting times in clinics.

*Providing patients, their families and carers with information to support self care and who to contact if they have a concern about their condition on returning home.

We will:

- Work to offer patients a range of ways in which they can contact us.
- Improve the experience of contacting the Trust by telephone.
- Improve the quality of letters we send to our patients.
- Ensure patients get the right response.

We will:

- Provide a restful environment.
- Ensure you are as comfortable as possible.
- Reduce sources of noise in the ward environment.

We will:

- Listen to what patients and their carers have to say about their preferences.
- Set goals in partnership with patients and carers.
- Invite patients and their carers to ask questions about their care and provide clear answers.

We will:

- Provide clear information waiting times.
- Use a range of methods to keep patients and carers informed of any delays in clinics.

We will:

- Ensure that patients and carers have the information they need to support self care on their return home.
- Provide clear information on who to contact if they have a concern once they have left a clinic or ward.
- Provide clear information medicines and their possible side effects.

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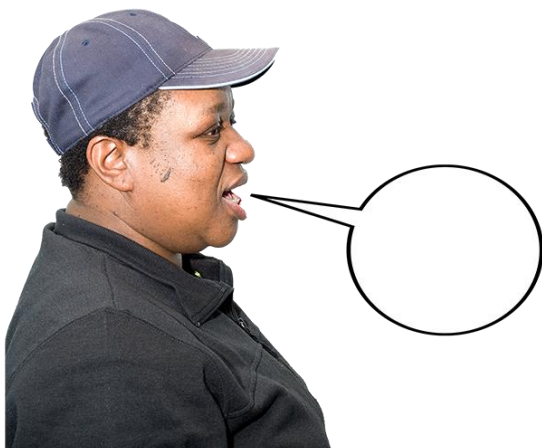
How Guy's and St Thomas' will help people with a learning disability and their carers



7



There are 7 main ways that Guy's and St Thomas' will help people with learning disabilities and their carers.



These 7 ways include what people with a learning disability have said they want Guy's and St Thomas' to do.

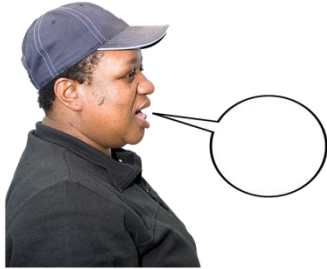
1



Guy's and St Thomas' will find out who is in hospital and has a learning disability and give them the best help with their health.



This help for people with a learning disability will include making sure they have good health checks with their GP.



People working in the hospital will find out all of the best ways to talk to and help the person with a learning disability.



They will then always use these ways to talk to the person and to help them.

2



All of the people that work at Guy's and St Thomas' will be taught about how to give help in the best ways to people with a learning disability and their carers.



People with a learning disability will also teach the people who work at Guy's and St Thomas' about the best ways to help someone with a learning disability.



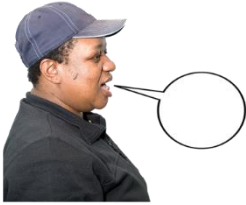
People who work for Guy's and St Thomas' will be helpful, kind and easy to talk to.

3



People with a learning disability and their carers will say how they would like to be helped.

What they say will lead to all help being given in the ways they have said.



There will be an easy way for all people with a learning disability and their carers to say what they thought of the help they were given by Guy's and St Thomas'.



The ideas of people with learning disabilities and their carers will be used to make sure there is better help in future from Guy's and St Thomas'.

4



Guy's and St Thomas' will help young people with a learning disability in the same good ways when they are children and when they become adults.



Guy's and St Thomas' will help young people with a learning disability and their carers to know more about the help they will get when they become an adult.

5



People with a learning disability and their carers will get help to understand all of the information that they are given.

This information will be put in a way that is easy for people with a learning disability and their carers to understand.



People who work for Guy's and St Thomas' will be good at helping people with a learning disability and their carers to understand information and have the time to do this properly.

6



All of the people giving someone with a learning disability help at hospital, at home and when they are out in the community will talk to each other so that they know how to give good help in all of these places.



All of the people who help someone with a learning disability will help in the same good ways.

7



Guy's and St Thomas will check every year how well we are helping people with learning disabilities and their carers.



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

People with learning disabilities and their carers will work with Guy's and St Thomas' to help them to keep getting better in the future.

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Trust Management Executive (TME)

Terms of reference

Purpose

To ensure that the plans and policies of the Trust command the support of clinical and managerial leaders.

Scope

The scope of responsibilities of the TME are:

- Scrutinising draft plans and policies which would have implications across the Trust or for several parts of the Trust.
- Scrutinising reports on operational performance such as those on quality or risk.
- Scrutinising major investment proposals of over £1 million.
- Agreeing Trust-wide policies.
- Developing strategic plans and proposals for consideration by the Executive Team and the Trust Board.
- Any other matters where the support of clinical and managerial leaders is of critical importance.
- Any other matters which are of concern to a majority of members of the TME.

The TME will **not** consider:

- Matters which have implications only for a small number of Directorates.
- Matters which have already been decided unless they have been tabled purely for information.
- Matters which are likely to have only minor implications for Directorates.

The ruling of the Chair on whether a matter falls within the scope of the TME is final.

Authority

The TME has the authority to take any of the following actions:

ACTION	DEFINITION
Note	Something which has been tabled purely for information.
Review and comment	A proposal on which the views and comments of the TME are sought.
Approve	A proposal to which the TME is invited to give its support.
Request	Something which the TME is requesting the Board or the Executive Team or a specific Director to do or consider
Produce	Something which the TME is being asked to produce by the Board or by the Executive Team.
Establish	The TME may establish a working group to carry out a specific task.

Membership

All Clinical Directors

The Director, Medical Director and Nursing Director of SBUs.

Executive Directors and others who routinely attend the Board and other roles at the discretion of the Chair of TME.

Chair of Staff Side.

Representation

It is expected that members of the TME will consult with their senior teams prior to meetings of the TME and will seek to represent their views as well as their own.

Subject matter experts

Subject matter experts may be invited by the Chair to inform and advise the TME on a particular matter. They will attend only for the matter on which their expertise is required and they will not vote.

Chairing

The Chair of the TME is, *ex officio*, the Chief Executive Officer (CEO) of the Trust. The Chair is responsible for ensuring that:

- Only appropriate matters come to the TME.
- It is clear what the TME is being asked to do.
- The requested action is then taken.
- The agenda is realistic.

If the Chair is unable to chair a meeting of the TME, that meeting may be chaired by an Executive Director nominated by the Chair (CEO).

Quorum

The TME will be quorate if at least 50% of the membership are present **and** a majority of those present are clinical leaders (Clinical Directors or their equivalents and other Directors in clinical leadership roles). Decisions of the TME will only be legitimate if they are taken while the TME is quorate.

Deputising

Where a member of the TME is unable to attend a meeting, he or she must appoint a deputy and ensure that they are properly briefed. Deputies will have the same speaking and voting rights as their principals.

For assessing whether a meeting is quorate, Deputies will count as their principals.

Meetings

The TME will normally meet twice a month.

The Chair may call an extraordinary meeting of the TME in addition to scheduled meetings to discuss a specific matter which is so urgent that it cannot wait until the next scheduled meeting.

The TME may decide that it wishes from time to time to have extended meetings to debate matters at greater length.

Agenda

Decisions about agenda content rest with the TME Chair. Requests to add an item to a TME agenda should set out the subject and purpose of the paper and what action is required from the TME.

Papers

TME members and their senior teams have many pressures upon their time. To ensure that papers can be read ahead of the meeting, they must be succinct. The optimal length of a paper is 5 sides of A4. The maximum should be 10. Appendices should all be directly relevant to the questions to be discussed and any decision to be made. Supplementary background material can be made available separately, but should not be essential reading.

Excessively long papers will be rejected, and the item postponed if necessary.

The purpose of the paper should be stated on the cover sheet, as should the questions which TME is being asked to address and the action or decision which the TME is being asked to take.

Papers purely for information will not form part of TME's formal agenda, but can be circulated with TME papers.

Papers will be submitted to the TME secretariat 8 working days ahead of the date of the meeting at which they will be discussed to allow time for TME members to discuss the content with their senior teams as required.

The Chair may, at her discretion, accept papers with a shorter lead time where the discussion is important and urgent and extraordinary circumstances prevent the paper from being submitted within the normal time frame.

Presentations

It should be assumed that all TME members have read the papers in full. Any introductory remarks should seek to focus the discussion, rather than to repeat the content of the paper.

PowerPoint presentations should be the exception, limited to 3-5 slides if possible. Such presentations are more likely to be useful where the topic is highly complex, for example major investment cases or strategic choices.

If used, an electronic version should be shared with the TME secretariat by close of play on the day before TME and with TME members on the day of TME.

Conduct during meetings

TME meetings represent a considerable cost in time. To ensure that we secure value from that investment of time and as a courtesy to colleagues, members are asked to limit use of laptops and tablets during the formal business of the meeting to reviewing papers and to taking notes.

For the same reason, the use of other mobile devices should be limited to the most urgent matters and should if possible only take place during the mid-meeting break.

Members are asked to arrive promptly and to stay until the meeting is finished.

Action notes and minutes

A summary note of decisions taken and actions agreed will be circulated to all TME members within 2 working days of the meeting.

Minutes will be circulated within 5 working days.

Quantifying opinion.

At the discretion of the Chair, a mechanism such as “Turning Point” (electronic polling) will be used to enable opinion to be gauged accurately.

Secretariat and budget

The Chief Executive’s Office is responsible for providing secretarial and other administrative support for TME and any expenses incurred will be charged to that budget.

Review

These Terms of Reference will be reviewed and, if necessary revised, after 6 months.

Board of Directors	 Guy's and St Thomas' NHS Foundation Trust
Patient and Public Engagement Strategy Annual Report	12 July 2017

This paper is for:		Sponsor:	Jackie Parrott
Decision	<input type="checkbox"/>	Author:	Andrea Carney and Lisa Doughty
Discussion	<input type="checkbox"/>	Reviewed by:	Jackie Parrott and Julie Gifford
Noting	<input checked="" type="checkbox"/>	CEO*	<input type="checkbox"/>
Information	<input type="checkbox"/>	ED*	<input type="checkbox"/>
		Board Committee*	<input type="checkbox"/>
		TME*	<input checked="" type="checkbox"/>
		Other*	<input type="checkbox"/>

* *Specify*

1. Summary

This is the third annual patient and public engagement (PPE) report, since the inception of the Trust's PPE Strategy in 2014. It comprises three parts:-

- a) A summary of the progress and achievements in implementing the Strategy and the objectives that have not been implemented and / or will be carried forward
- b) Makes recommendations for the refresh of the PPE Strategy during 2017-18
- c) The findings of our third annual PPE audit, which :
 - Monitors the Trust's compliance with the statutory 'duty to involve'. The findings indicate that all projects which trigger the duty have met or will meet the duty
 - Identifies the 'level' of patient and public engagement activity across the Trust (i.e. inform, consult, involve, co-design). The findings suggest the majority of PPE takes place at the level of consultation and involvement
 - Highlights examples of good practice where PPE has influenced changes and improvements to services
 - Makes recommendations for improvement and opportunities to further our commitment to PPE.

Since it's inception in June 2014, significant progress has been made for all objectives of the Strategy which comprises of 22 objectives' with 73 related actions. This strategy is due to be refreshed from June 2017.

In summary:

- 13 of 22 objectives are complete (11 of 73 actions remain outstanding)
- 9 of 22 objectives remain incomplete, on average there is only 1 outstanding action per incomplete objective
- In the case of objectives 15 and 20, the delivery of these were dependent on participation of local healthcare partners
- The report recommends carrying forward a small number of actions and amending some to ensure they are relevant

2.0 Request to the Board of Directors

The Board of Directors is asked to

- **NOTE** the positive progress made in implementing the Trust Patient and Public Engagement Strategy over the last 3 years
- **NOTE** the findings of the third PPE impact audit and the recommendations made within it.
- **NOTE** proposed plans for and the approach to updating the strategy (paragraph 5.0)

3.0 Patient and Public Engagement Strategy: a summary of achievements since 2014

3.1 The current PPE Strategy was launched in June 2014. This report summarises our progress and achievements in implementing the strategy over the last 3 years. The last annual report was presented to the Trust Management Executive and the Board of Directors in June 2016. Strategy implementation was paused in summer 2016 due to the capacity of the PPE Team and the need to provide support to the services affected by public health funding reductions, which resulted in service changes that required wider public consultation.

3.2 Despite the pause, good progress was made during 2016/17. Examples of achievements over the last 3 years are noted below. Appendix 1 provides further information about progress for all the objectives.

3.3 Task and Finish Group 1: Patient involvement in recruitment

- We have developed a clear process for involving recruitment volunteers, that does not affect the overall recruitment timelines and supports good practice, and complies with employment legislation
- The Trust Recruitment Policy now reflects the Trusts commitment to involving lay people in staff recruitment;
- Accompanying guidance has been developed including a 'quick guide' to PPE in recruitment to support hiring managers which is available on the HR Portal and GTi
- 12 recruitment volunteers, who are Foundation Trust Members, have been recruited and trained
- To ensure the long-term sustainability of this scheme, volunteers are now trained together with Trust staff. Feedback from volunteers on this approach is positive
- The scheme was launched more widely during Volunteers Week in June 2017

3.4 Task and Finish Group 2: Stakeholder engagement mechanisms, policies & communications and Council of Governors Membership Development, Involvement and Communications (MeDIC)

- A survey of our Foundation Trust patient-public membership was completed
- A membership engagement strategy has been developed, early discussions with the governors' working group helped shape its content.
- There have been numerous communications activities reporting or advertising PPE opportunities, including feature articles in the GiST
- A number of activities have been undertaken to increase the ethnic diversity of our membership including a recruitment video and new leaflet;

- A membership recruitment campaign, involving visits to busy public places in Lambeth and Southwark (e.g. shopping centres and supermarkets).
- Research, which involved contacting and interviewing representative black and minority ethnic community organisations - a plan has been developed to take the recommendations forward and forms part of the membership engagement strategy
- The Trust's Patient Involvement and Consultation Policy has been updated to reflect new guidance from NHS England on major changes to services, and engagement best practice. The policy will include a proposal for a new reward and recognition policy for patient-public participants, to be discussed and ratified by TME.

3.5 Task and Finish Group 3: Capacity building – training, tools and resources to support staff

- The Patient and Public Engagement Hub has been available on GTi since 2016. The Hub is for staff involved in quality improvement or service change projects, and guides them through the benefits of engaging patients and the public and ensuring that the legal 'duty to involve' is met. It includes a planner to help staff align the engagement process with key project milestones
- A stakeholder engagement module was developed in the Fit for the Future development programme, which involves a patient-public role play
- Patient and public engagement and patient experience topics are embedded in the Trust's corporate induction course

3.6 The following is a brief summary of progress at the end of the 3-year strategy – the strategy consists of 22 objectives, which comprise of 73 actions.

- 13 of 22 objectives are complete
- 9 of 22 objectives remain incomplete - on average, there is only 1 outstanding action per incomplete objective.
- In the case of objectives 15 and 20 – the delivery of these was dependent on the participation of local healthcare partners
- 11 of 63 actions remain incomplete, with some to be carried forward into the updated strategy

4.0 Refreshing the PPE Strategy: identifying our priorities for the next 3 years

- 4.1 The current strategy ends in June 2017, we propose to 'refresh', rather than re-write the strategy. The existing strategy framework, including its five over-arching aims, continue to be relevant and provide solid foundations, which we should continue to build on.
- 4.2 The table below lists the objectives' that we propose to be carried forward, either because there are outstanding actions or because there is opportunity to further develop the related area of work.

Objective no.	Area of activity
6, 9	Ratify the involvement and consultation policy and guidance regarding rewarding and reimbursing user involvement
8	Develop a suite of PPE skills courses to complement the Fit for the Future development programme
10 & 13	Embed Equality Impact Assessment in the capital business case development process
16, 17 & 18	Implementation of the new Membership Engagement and Communications Plan
15 and 20	Adapt these to reflect the ongoing work and priorities of KHP and include the development of the Citizen Engagement model across Southwark and Lambeth Strategic Partnership and the work of LCNs

- 4.3 Recent Trust activities continue to demonstrate the increasing importance of effective PPE in the design and development of services. The strategy, will support the delivery of key Trust priorities. In the coming year the following programmes and activities will require PPE of varying degrees:-
- Fit for the Future workstreams undertaking activities that directly affect the experience of patients, their families and care networks
 - Development of Evelina 2 business case
 - KHP Cardiovascular Institute
 - The Vanguard with Dartford and Gravesham
 - Development of Orthopaedic Centre of Excellence
 - Cancer Centre and the Accountable Cancer Network
 - Work with partners to develop the Citizen Engagement model to support participation in Southwark and Lambeth Strategic Partnership and the Local Care Networks
 - Services affected by Public Health funding cuts

- 4.4 Recent experiences of supporting service teams, discussions with staff groups, including TME and findings of the poll at the event in December 2015 indicate that we need to further develop the knowledge and skills of staff to lead patient and public engagement activities within services. The Fit for the Future development programme has begun to address this, but bespoke courses will be developed to enable teams to manage user involvement in significant service changes.
- 4.5 In short, we propose:-
- The framework of the strategy and it's 5 broad aims remain the same
 - To develop a much smaller, but no-less ambitious, set of objectives and these might fall under 2 categories
 - Objectives carried forward from the current strategy, where work needs to continue and/ or forms part of everyday business
 - Objectives that support the delivery of Trust priorities and these will focus on:-
 - PPE in the continuous, day to day improvement of care and services
 - Patient-public stakeholder involvement in transforming services
 - Developing and supporting staff to involve patient-public stakeholders
- 4.6 The PPE Team have begun discussions with staff and patient-public participants and key stakeholder groups to inform the refresh, including:-
- Trust Management Executive
 - Members of the Transformation Team and Fit for the Future Programme
 - Heads of Nursing and Matrons
 - Foundation Trust members who are regularly involved in our work
- 4.7 The strategy will be presented to TME and the Board of Directors in October 2017.

5.0 Patient and public engagement impact audit

- 5.1 The results of the third annual audit of PPE activities at the Trust are set out below. The purpose of the audit is to:
- Monitor and provide assurance of the Trust's compliance with the duty to involve and our involvement and consultation policy;

- Understand the level of patient and public engagement (i.e. inform / consult / involve / co-design,)
- Provide high-level evidence of involvement across the Trust and whether the patients-public views have influenced change. This includes continuous improvement driven by patient feedback, as well as service transformation and capital projects.

5.2 The findings are compared to last year's to assess how the level and extent of PPE has changed. The PPE Team have gathered information from all adult and children's acute and community, clinical and non-clinical patient-facing directorates, including Essentia operations and capital projects.

5.3 Directorates have provided details of new activities that triggered the duty to involve and any other engagement activities during 2016-17. All eligible directorates completed the audit. The details of all activities that trigger and meet the duty to involve are detailed in **Appendix 2**. In summary:

- **284** patient and public engagement activities were registered by directorates, an increase from **200** in 2015-16.
- The **duty to involve applies to 62** activities and **all have met the duty** or have plans to involve patients or the public in activities that are ongoing at the time of the audit. Only 1 project is a substantial variation to services which requires wider public consultation, namely the sexual health consultation in 2016 following Public Health funding cuts.
- The duty does not apply to the remaining **222** projects where the change forms part of continuous improvement or are patient support groups
- **23** activities relate to capital projects, this is reduced from **26** in 2015-16

6.0 Types of activities in which patients and public stakeholders are involved

6.1 Directorates categorised the patient and public engagement activities against the framework of the strategy (please refer to Appendix 3). The majority of activity is concentrated in the first 2 areas of the framework: individual care, treatment and support (29%) and service delivery, development and transformation (64%). For comparison, the 2015/16 figures are shown in brackets.

- Individual care and treatment = **81** (61)
- Service delivery, development and transformation = **183** (132)
- Strategy – future planning = **15** (7)

- PPI in research = **5** (*not records in 2015/16*)

- 6.2 A significant increase is noted in activities surrounding service delivery, development and transformation reflecting the priorities of the Trust. This trend is likely to continue with directorates noting 37 projects which will require PPE in 2017/8.
- 6.3 Once again, there has been an increase in activities that involve patients and the public in strategy and future planning. Similar, to previous years Adult Community Services and Evelina London Children's Hospital lead in these activities. However, new areas of activity include Acute Medicine (for discharge planning), Specialist Ambulatory Services (in outpatient improvement) and Women's Services (in the Better Births Programme Board). The Monthly Transport Forum in Essentia is another example reported.

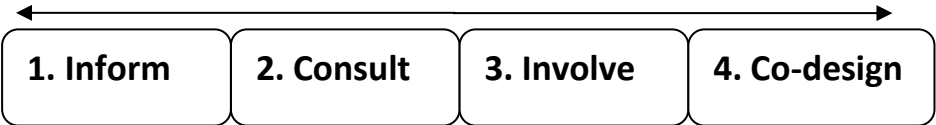
Types of activities	Count 2016/17	2015/16
<i>Individual care, treatment and support</i>		
Individual care and treatment (e.g. projects that support involvement in care, such as passports, care planning tools)	21	9
Patient support groups	60	52
<i>Service delivery, development and transformation</i>		
Service development, relocation and transformation - internal	65	37
Service development, relocation and transformation - partnership working with other health and care orgs	23	20
Continuous service improvement (e.g. responding to surveys, complaints, comments, suggestions)	72	56
Capital project	23	19
<i>Strategy and assurance</i>		
Strategy and future planning	15	7
PPI in research	5	
Total	284	200

- 6.4 A greater number of PPE activities continue to take place in directorates that provide care for patients with long-term conditions. The number of activities is often linked to the size of the directorate. We note that:-
- Evelina London has undertaken the highest number of activities during the last year
 - There has been a slight increase in PPE activities in directorates that have a more transient patient population (e.g. Therapies and Specialist Ambulatory Services)

6.5 Appendix 4 shows the PPE activities by directorate and Appendix 5 compares to last year’s audit.

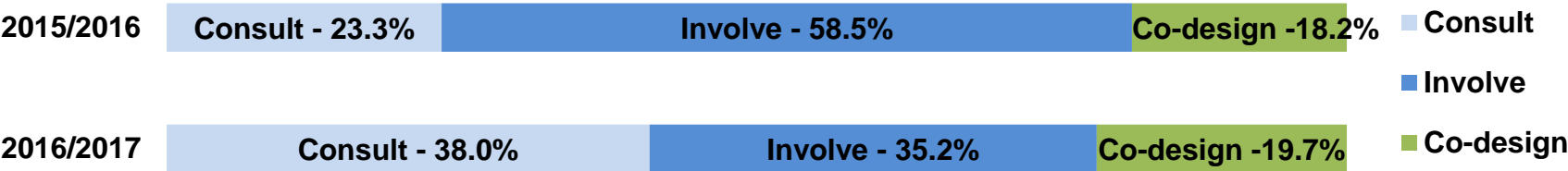
7.0 The level of patient and public engagement across the Trust

7.1 To illustrate the *level* of engagement across the Trust we refer to the *involvement continuum*, which describes the *type* or *intensity* of involvement.

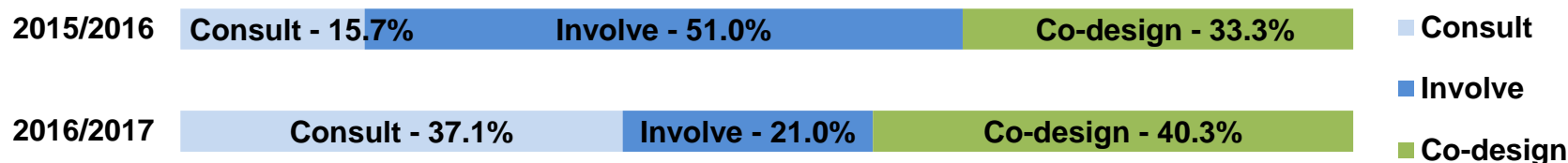


7.2 Parts 2 and 3 of the continuum are the minimum requirement for activities that trigger the duty to involve. The chart below compares the highest level of engagement as a percentage of the total number of projects in 2015/16 and 2016/17: Overall there is a slight increase in the proportion of activities that achieve co-design.

Levels of engagement in all activities across the Trust, 2015/16 and 2016/17



7.3 *Levels of engagement in activities that trigger the duty to involve, 2015/16 and 2016/17*
There was a small increase in the number of activities, which triggered the duty to involve this year – 62 compared to 51 last year, this is probably due to the slight increase in the number of capital projects where the duty more often applies, as well as the current levels of service transformation in the Trust. Of those activities that trigger the duty, there has been a positive increase in the proportion that use co-design, from 33% to 40%, however, there has been a decrease in the number of activities involving patients and public participants from 51% to 21% and an increase in those merely consulting from 16% to 37%.



7.4 Examples of how the patient voice influences change and improvement

This report includes examples of how the patient voice influences change in **Appendix 4**. These range from simple actions that improve the patient experience in hospital and community settings, to larger programmes where patients work alongside staff to design improvements or new services.

8.0 Observations on PPE across the Trust

- 8.1 Observations and recommendations made from the audit and the work of the PPE Team over the last year, will inform the priorities for the new PPE Strategy during 2017-20. The main observations are as follows.
- 8.2 The Trust's local survey programme is well-established however there is limited evidence in the audit of the actions directorates have taken in response to patient feedback and how they then engage them in making changes. The Patient Experience Team (Chief Nurse's Office) notes that it is not systematically reviewed in all directorates and there is an inconsistent approach to how they share improvements made as a result of feedback. There is evidence of good usage in some directorates which could be shared across the Trust as good practice to be adopted.
- 8.3 There is a continued need for the PPE team to support the Trust senior managers and directorate management teams to develop a better understanding of the:
- the duty to involve, what this is, and what it means for the Trust;
 - activities which may trigger the duty to involve and;
 - differences between 'involvement' and 'co-design'.
 - ways of involving in future planning and strategy
- 8.4 In addition to the Engagement Hub, further forms of support will be developed, such as training courses and online learning.

- 8.5 Ensuring staff are supported to undertake successful PPE is likely to become increasingly important as more service changes trigger the legal duty to involve, e.g. services moving location or services consolidated.
- 8.6 In order to achieve the ambitions set out in the PPE Strategy, service improvement projects and transformation programmes need to continue to identify opportunities to involve patients actively at an early stage to enable involvement and co-design to take place. The project teams often identify patient experience priorities, but do not involve patients in selecting what matters most to them. The orthopaedics service, have recently done this particularly well by looking at existing patient experience feedback alongside live patient feedback gained through mapping workshops to fully understand patient priorities for the service.

Appendices

1. PPE Strategy Summary Progress Report 3 Years On
2. Engagement activities that meet the duty to involve
3. Strategy involvement framework
4. Examples of PPE activities and level of involvement by directorate
5. Total PPE activities by directorate, 2016/17

PPE Strategy Summary Progress Report 3 Years On

Aim: Involvement of patients, their families and carers in individual care				
Actions	Success criteria	Progress Year 3 C=complete I=Incomplete N=Not commenced	Lead	Other originating strategy / plan
Objective 1: Listening to our patients – implement Trust Francis pledges including involving patients and carers in decision-making about their care from admission to discharge				
a) Continue to deliver Trust Francis pledges, including: <ul style="list-style-type: none"> Our commitment to ensuring the fundamentals of care (pain management, clean environment, protection from abuse) Hourly comfort rounds to ensure patients needs and concerns are regularly identified and addressed Clinical services to review how they include patients and carers in decision making Continue to support 'SAGE & THYME' training to ensure staff are well equipped to support and involve patients who are in distress Continue to develop pilot of 'Making Good Decisions in Collaboration' (MaGiC) to improve shared decision making in care, between clinicians, patients and carers. 	Improved / consistent national and local inpatient survey results Documented in patient notes Evidence of directorate activities Training delivered MAGIC pilot completed	C	Chief Nurse's Office	Francis Pledges, NHS Constitution
b) Directorates where relevant will identify opportunities to extend the use of tools such as patient passports, across specialties that care for patients who have long-term conditions and learning disabilities	Evidence of directorate activities	C	Chief Nurse's Office	
c) Continue to develop and implement changes to care planning / patients assessment of need to ensure patients are more actively involved and informed about their journey of care	Care planning tool / process developed and rolled out	C	Chief Nurse's Office	
d) Continue to develop a scheme for carers of patients with dementia, including ongoing implementation of a carer questionnaire to understand their needs and the patient's needs.	Results of carers questionnaire reported and evidence of actions in response	C	Chief Nurse's Office	

Actions	Success criteria	Progress Year 3	Lead	Other strategies
Objective 2: Listening to our patients – implement the ‘Duty of Candour’ and ensure the voice of patients, their families and carers inform continuous improvement to the quality and safety of patient care				
a) Involve patients and their families in the development of a user-friendly Root Cause Analysis, following cases of moderate and serious harm and involve patients and families in evaluating the revised process	User friendly RCA implemented and case studies providing evidence of patient, family and carer involvement	C	Assurance	Duty of Candour
b) Involve patients, their families and carers in the ongoing review / development of the doctors handover process	Patient involvement activities undertaken and documented	C	Assurance	
c) Identify opportunities for patient & public / Governor involvement in key Trust patient safety forums, e.g. medicines safety forum, patient safety and improvement forum	Patient / public Governor attendance evidenced in meeting notes / minutes	C	Assurance	
Objective 3: Involve patients, their carers and families in the development, delivery and evaluation of education and training for clinical and non-clinical staff which enable teams to continue provide safe, high quality care				
a) Extend involvement of ‘patient educators’ to include their views in the design, delivery and evaluation of education and training	Patients involved in designing, delivering and evaluating training and new ways for them to participate	C	Amanda Price	Education Strategy
b) Expand Involvement of patients in simulation training	New ways for patients to participate in simulation training	C	Peter Jaye	Education Strategy
Objective 4: Valuing staff - develop ways to involve patients and carers in staff performance appraisal and recognise the relationship between staff and patient experience				
a) Develop guidance on ways managers can involve patient feedback in the staff Performance Development Review (appraisal) process using existing data sources (e.g. surveys, PALS)	Guidance included on eHR pages and in PDR handbook	I	Organisational Development / Patient Experience Team	
b) Implement Staff Friends and Family Test and develop actions for improvement in response to staff feedback in this and annual staff survey	Action plan in response to Staff Friends and Family Test results shared with staff	C	Organisational Development	
c) CARE awards and SIOH recognition scheme to recognise non-clinical staff’s contribution to patient care	Nominations for awards to non-clinical staff increase		Chief Nurse’s Office	

Aim: Service delivery and development				
Actions	Success criteria	Progress Year 3	Lead	Other strategies
Objective 5: Recruit staff based on our values and behaviour and identify ways of involving patients and carers in the recruitment process for relevant roles				
a) Review existing recruitment policy to enable involvement of trained patients and carers in the recruitment process for relevant patient and non-patient facing roles	Policy review / updated as necessary	C	Workforce & PPE Team	
b) Using existing practice examples from both within and outside the Trust, prioritise a variety of roles where patient involvement in recruitment is appropriate and produce guidance for recruiting managers	Practice examples identified	C		
c) Explore and develop different ways in which departments might involve patients in the recruitment process, from development of Job Descriptions to interview panels, via a pool of trained representatives	Examples and impact of patient involvement in recruitment reported as part of strategy implementation	C		
d) Develop a training programme for patients involved in recruitment to ensure their role is clearly defined and complies with equalities / recruitment legislation	Pool of trained patients available to recruiting managers	C		
e) Pilot toolkit in three areas, e.g. consultants (via Appointment Advisory Committee), nursing, and in Essentia Core. Relevant roles to be explored and identified by respective directorates	Learning from pilot informs refinement of toolkit and roll out to other roles	C		
Objective 6: Value and support the effective engagement of our patients and public stakeholders				
a) Review existing policies on user involvement and consultation to ensure they reflect latest best practice, including effective incentive schemes	Involvement and reimbursement policies reviewed and approved	C	PPE Team	
b) Introduce scheme to formally acknowledge role of patients and public who help improve Trust services, e.g. through letter from Chairman	Acknowledgement scheme instigated – new guidance / policy developed	I	Corporate Affairs	
c) Establish communications plans for reporting upon engagement activities through existing communication channels (e.g. Annual Public Meeting, The GiST / e-GiST, staff bulletin, digital media) to keep participants up to date on ways to get involved	Plan developed and evidence of publication (this is an ongoing activity and part of core business)	C	Communications	

Actions	Success criteria	Progress Year 3	Lead	Other strategies
Objective 7: Listen to our patients to improve their experience - Improve staff understanding of and responsiveness to patient feedback received through surveys, PALS and complaints				
a) Through guidance in the PPE toolkit, support staff / directorates to develop greater awareness of the range of sources of patient feedback to enable more effective use of patient stories and experience data (e.g. surveys, PALS complaints, digital media)	Guidance developed and added to toolkit	C	PPE Team	Francis Pledges, NHS Constitution Expert Advisory Group
b) Continue to embed quarterly patient experience reporting / template in the Directorate Performance Review process	Patient experience recorded in templates and discussed in Directorate Performance Review	C	Operational performance	
c) Reporting on Directorate action plans regarding patient experience, which demonstrates how the directorate has acted upon feedback and involved patients in identifying actions for improvement	Evidence of directorate activity included in biannual reports (<i>NB: this now forms part of annual PPE Audit</i>)	C		
d) Continue to promote opportunities for patients to give feedback and raise concerns or make complaints, and their rights under the NHS Constitution	Range of feedback mechanisms publicised across inpatient, outpatient areas and across community services, including further rollout of Friends & Family Test	C	Chief Nurses Office	Clwyd & Hart Review
e) Extend near-time patient feedback to additional community services	Near-time feedback implemented in additional community services and responses from community patients increased.	C		
f) Respond to patient feedback received through local Healthwatch and digital media; report on data and identify improvements based on feedback	Evidence of Trust responses and activity reported through Patient Experience and Quality reports	C		Francis Pledges
g) Publish on our website series of patient stories showing for each what we heard, learnt and the action we took in response	Patient stories published on website (<i>NB: examples of stories & feedback in quarterly Patient Ex Reports</i>)	C		

Actions	Success criteria	Progress Year 3	Lead	Other strategies
Objective 8: Build capacity for patient and public engagement – develop a range of materials / resources to enable staff / directorates to involve patients, their families and carers in the ongoing delivery and improvement of services				
a) Review content of managers' induction to ensure PPE and Patient Experience are included in key Trust messages	Sections on PPE and patient experience included where relevant in induction sessions	C	Education, Training & Development	
b) Undertake learning and development needs analysis to understand staff / Trust PPE learning needs	Needs analysis complete	C	PPE Team Education, Training & Development	
c) Develop a range of PPE skills courses to support staff to develop confidence to involve patients, their families and carers in their work and explore opportunity to develop recognised CPD scheme	Courses developed and delivered with positive feedback (NB: further work to be developed as part of FftF)	I	PPE Team	
Objective 9: Support directorates (clinical and non-clinical) and all those departments providing patient-facing services to develop a consistent and strategic approach to engaging, listening and responding to the views of patients and other public stakeholders				
a) Review and update existing involvement and consultation policy	Policy reviewed and approved	I	PPE Team	
b) Provide guidance regarding departments responsibilities for engaging scrutiny committees, Healthwatch and patient-public stakeholders	Guidance disseminated	C	PPE Team	
c) In the annual business planning cycle, directorates to indicate plans for service development that require patient involvement and monitor this through Directorate Performance Review framework (DPRMs) and through a wider Trust patient and public engagement activity plan that can be shared across directorates	Evidence gathered through annual PPE audit	C	PPE Team / Clinical and corporate directorates	

Actions	Success criteria	Progress Year 3	Lead	Other strategies
Objective 10: Ensure the voices of seldom heard groups, which may include older people, young adults (18-25) among other groups, influence the design and delivery of Trust services				
a) Revise processes for planning patient and public engagement to include equalities impact assessment (EIA) and stakeholder mapping	Guidance developed and disseminated	I	Equalities and Human Rights	<i>Learning Disabilities strategy</i>
b) Develop an EIA information tool which includes information about the populations served by the Trust	EIA information tool produced and disseminated Evidence of EIAs being completed as necessary	I	Equalities and Human Rights	
c) Methods to reach seldom heard groups are included in future PPE tools (see also Objective 7)	Guidance included in PPE Toolkit	C	PPE Team	
Objective 11: Involve patients and the public in all aspects of research conducted at GSTT				
a) Develop a BRC research strategy informed by a standing patient group that meets regularly	Strategy completed with patient group's input	C	Biomedical Research Centre (BRC)	
b) Deliver a training programme in PPI for lay people and for researchers and develop a pool of trained lay people to help deliver the programme	Lay people trained in the PPI programme and involved in its delivery. Positive feedback on training	C		
c) Continue to set up and explore methods of evaluation of speciality user groups to help researchers gather lay input for all stages of the research cycle and to find potential lay co-applicants in research	More clinical speciality user groups established which contribute to research	C		
d) Train 'research champions' – lay people who bring the involvement opportunities of research at GSTT into the community using a range of approaches that they will design to engage their peer group effectively	To have five lay research champions by the end of the 14/15 financial year	C		
e) Inform our local community about the Biomedical Research Centre's translational research. Disseminate our PE activity at local and national events	Local communities and individuals engaging in science events organised by the BRC. BRC representation at national events for disseminating PE best practice	C		

Actions	Success criteria	Progress Year 3	Lead	Other strategies
Objective 12: Ensure the views of patients and service users inform the development and delivery of Trust transformation and capital programmes <i>(Note: the actions relating to this objective will change from year to year depending on Trust priorities)</i>				
a) Identify opportunities for relevant groups to work in partnership with the Trust to influence transformation and capital programmes, for example: <ul style="list-style-type: none"> Cancer Centre and Cancer Programme, Emergency Care Pathway Transformation Programme 	User involvement activities and impact on service / change demonstrated reported	C	Clinical Directorates	
Objective 13: Monitor and report on patient and public engagement activity relating to large scale service improvement, transformation and capital developments				
a) Identify ways to report and monitor service transformation and capital projects that trigger the statutory 'duty to involve'	Compliance with duty to involve reported and monitored through annual PPE audit	C	PPE Team	
b) Support directorates to identify how to involve patients in their actions from their clinical strategies	Directorates' activity reported and monitored	C	PPE Team	Clinical strategy
c) Ensure PPE part of the process determining the IPB project life cycle with trigger points and reporting stages	PPE triggers points noted in IPB project life cycle documentation	I	Essentia / PPE Team	
Objective 14: Involving patients, carers, Governors and Foundation Trust members and Healthwatch in monitoring the quality of patient services				
a) Continue to build on existing Call Quality Assessor and Mystery Shopping programmes, which monitor 'first contact' with Trust services	CQA and MS programmes findings used to improve customer services and expanded where appropriate	C	PPE & Patient Experience teams	
b) Develop a pool of experienced PLACE patient assessors, who may participate in other Trust care and service quality monitoring activities such as Safe In Our Hands alongside governors	Patient assessors participate in other safety and quality monitoring activities	C	PPE Team	Francis Pledges
c) Develop a patient / public-led forum to support staff / departments to involve our volunteer assessors in quality monitoring activities and identify areas for improvement	Forum set up with terms of reference and meets regularly	C	PPE & Patient Experience teams	Francis Pledges
d) Explore and identify a range of opportunities for governors to engage with local Healthwatch and other organisations that represent the needs of our patient groups	Governors build links and engage with local HW / public stakeholders	C	Corporate Affairs	

Actions	Success criteria	Progress Year 3	Lead	Other strategies
Objective 15: Develop a strategic approach to patient and public engagement across local health and care partners				
a) Develop a shared protocol / patient and public engagement framework to support effective patient and public engagement across partners, including KHP	PPE framework <i>to be addressed through development of Citizen Engagement Model of Southwark and Lambeth Strategic Partnership</i>	N	PPE Team	
b) Explore opportunities for funding to develop an online interactive patient and public engagement portal across the local health and care economy, which might include:- <ul style="list-style-type: none"> An interactive patient and public engagement toolkit, shared tools and resources a shared patient and public engagement calendar across Lambeth and Southwark that will assist in planning activities information for public and community voluntary organisations about the different ways to get involved in influencing development of health and care services 	Any funding opportunities identified and application completed with input from local partners, where relevant <i>(NB: GSTT PPE Hub developed – requires funding to share beyond Trust intranet)</i>	I		

Aim: Strategy				
Actions	Success criteria	Progress Year 3	Lead	Other strategies
Objective 16: Develop plans to ensure the constitution of the Foundation Trust Membership is representative of the populations served by the Trust				
a) Undertake a review of whether the current demographic profile of our Foundation Trust membership is broadly reflective of the patient populations we serve	Research completed and findings shared	C	Peter Allanson	
b) Using the findings of the above research, explore the feasibility of developing a membership recruitment plan to enable the Trust to recruit under-represented population groups.	A paper proposing possible approach to membership recruitment presented to relevant Trust committee and Governor working group	C		
Objective 17: Develop mechanisms that maximise the involvement of members in trust activities				
a) Undertake a membership survey to determine how Foundation Trust Members would like to engage with the Trust	Findings of survey reported	C	Peter Allanson	
b) Learning from best practice models outside the Trust, explore the possibility of developing and updating a group of active Foundation Trust members who wish to be involved in our work	A paper proposing possible approaches to developing membership engagement	I		
c) Publicise new ways for members to get involved in the full range of Trust activities	Opportunities published through existing Trust communications publications (part of ongoing / regular activity)	C		
Objective 18: Continue to support Governor involvement in the quality and safety agenda through a variety of existing mechanisms				
a) The new Quality and Engagement Working Group covers patient safety, experience and engagement	Changes to Governor working group implemented and scope of group defined	C	Peter Allanson	Francis Pledges
b) Continue to facilitate Governor representation on all Board committees, such as the Quality Committee	Ongoing attendance and Governor comments evidenced in minutes	C		

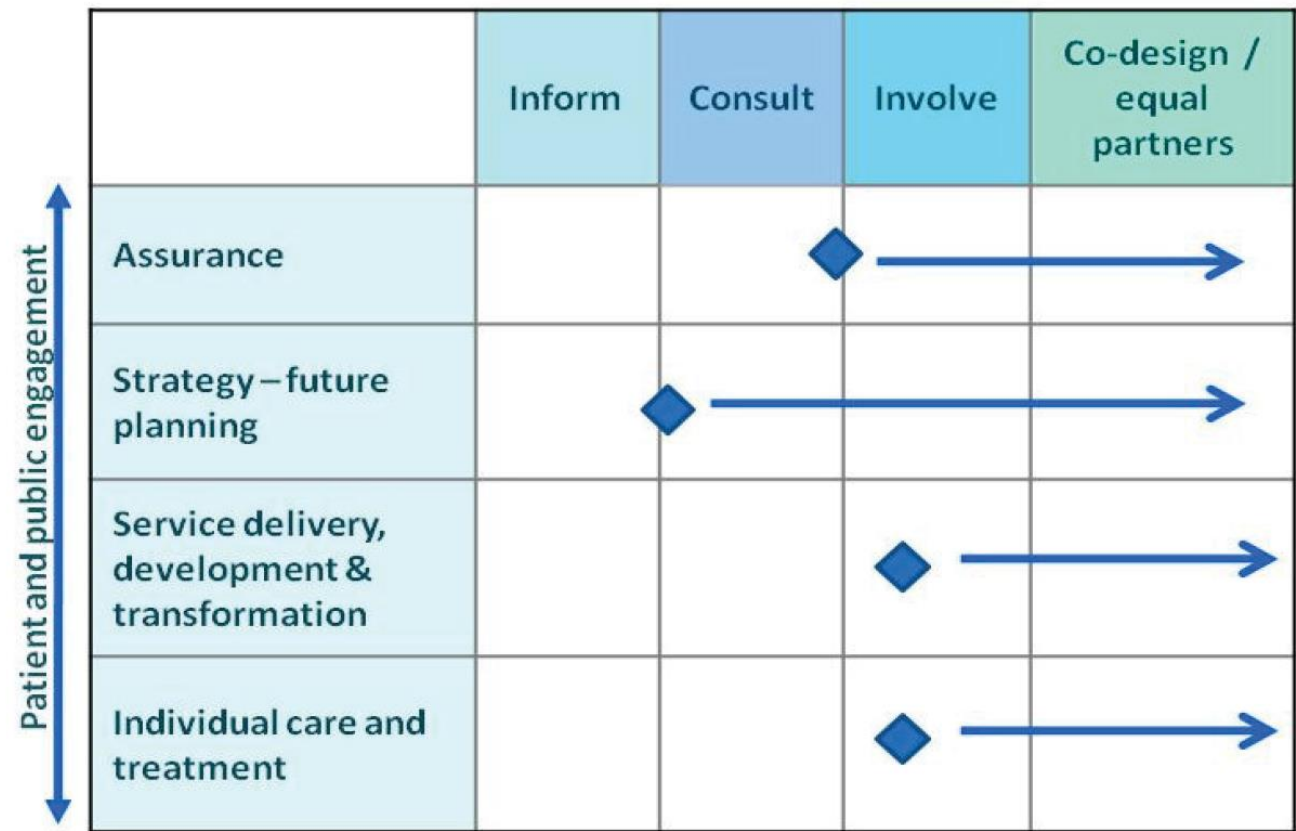
Objective 19: Continue to build stronger relationships between the Trust and its stakeholders including Governors, Foundation Trust Members, community voluntary sector, local Healthwatch and Overview & Scrutiny Committees				
a) Drawing on knowledge of local public and community voluntary sector partners, identify community voluntary sector networks not currently known to the Trust.	Details of organisations added to circulation list of e-GIST	C	PPE Team & Communications	
b) Ensure community voluntary sector networks receive information about Trust activities relating to service delivery and development	Communications shared via network of key VCS organisations, as necessary (ongoing part of business)	C	PPE Team & Communications	
c) Update the list of Trust-supported patient / user groups to facilitate communications and opportunities for future involvement	List updated annually through PPE Audit	C	PPE Team & Communications	
d) Continue to support existing mechanisms through which Governors may engage with the Foundation Trust membership, including:- <ul style="list-style-type: none"> Annual 'accountability session', which is held in public, providing Governors the opportunity to present questions to the Board of Directors Health seminars, which are open to Governors and Foundation Trust members 	Sessions and seminars completed and positive governor evaluation (NB: part of ongoing business)	C	PPE Team & Communications	
e) Explore and Identify further opportunities to engage with our wider community through local Healthwatch and other mechanisms	New members of public are engaged in Trust activities (NB: part of core business)	C	PPE Team	
f) Build good relationships with the local business community (e.g. Team London Bridge, South Bank Employers Group) and involving patients, visitors and staff where relevant	Communication links ongoing and utilised (e.g. disruption to site access reported and publicised) regularly to support activities (NB: part of core business)	C	Essentia Stakeholder Engagement	
g) Put mechanisms in place to ensure the Trust and its services fulfil its duties to consult with Overview and Scrutiny Committees and that it notifies local Healthwatch of substantial changes to services	Timely consultation with OSC on Trust service changes	C	Strategy	
Objective 20: Contribute to the development of a Patient and Public Engagement Strategy for King's Health Partners				
a) Develop a range of shared objectives and where practical, align approaches for PPE and patient experience across partner organisations	NB: to be taken forward as part of KHP Institutes communications and engagement plans	I	PPE Team	

Aim: Assurance				
Actions	Success criteria	Timescale	Lead	Other strategies
Objective 21: The Trust Board is informed of patient and public engagement plans and activities at the Trust and how these have improved services and the quality of care				
a) The Board receives an annual report on directorates' patient and public engagement plans	Report received (NB: annual report and PPE audit undertaken and part of annual reporting cycle)	C	} Strategy / PPE Team	
b) An annual patient and public engagement impact report is submitted to the Board and Council of Governors demonstrating how the views of patients, carers and stakeholders have impacted on the design, quality, safety and efficiency of the care and services we provide	Report presented to Board and Council of Governors	C		
Objective 22: Continue to develop a transparent and open approach to sharing information about the performance of the Trusts clinical and non-clinical services with our patient and public stakeholders				
a) Launch and publicise online 'Information Hub' which will include key Trust performance data on quality, safety and patient experience	Information hub launched and positively evaluated by patients	C	Communications	Francis Pledges
b) Ensure Board and committee papers reporting on quality and safety are routinely shared with commissioners and Healthwatch and provide opportunities to discuss	Dissemination channels set up, feedback received and acted upon	C	Assurance	
c) Ensure key Trust Board reports on safety and quality are easy to understand, clear, concise are available to a range of audiences	Reports reviewed with input from patient publications group and, as required, different versions produced	C	Assurance	Francis Pledges
d) Develop a consistent approach to how clinical areas display how they well they are doing and how they are responding to patient feedback, e.g. using existing corporate templates (you said / we did posters)	All clinical areas display feedback information in a consistent way	C	Chief Nurses Office	Francis Pledges

Engagement activities that trigger the duty to involve 2016/17

Type of activity / category	Total	Trigger the duty to involve	Does the project / initiative meet the duty to involve?		
			Not sufficiently progressed to start involvement	Yes	Duty unmet
Individual care, treatment and support					
Individual care and treatment	21	0	0	2	0
Patient support groups	60	0	0	0	0
Service delivery, development and transformation					
Service development, relocation and transformation - internal	65	16	3	13	0
Service development, relocation and transformation - working with partners in other health and care orgs	23	12	2	10	0
Continuous service improvement (e.g. responding to surveys, complaints, comments, suggestions)	72	11	6	5	0
Capital project	23	21	4	17	0
Strategy and assurance					
Strategy and future planning	15	1	1	0	0
PPI in Research	5	1	1	0	0
Total	284	62	17	47	0

PPE strategy framework

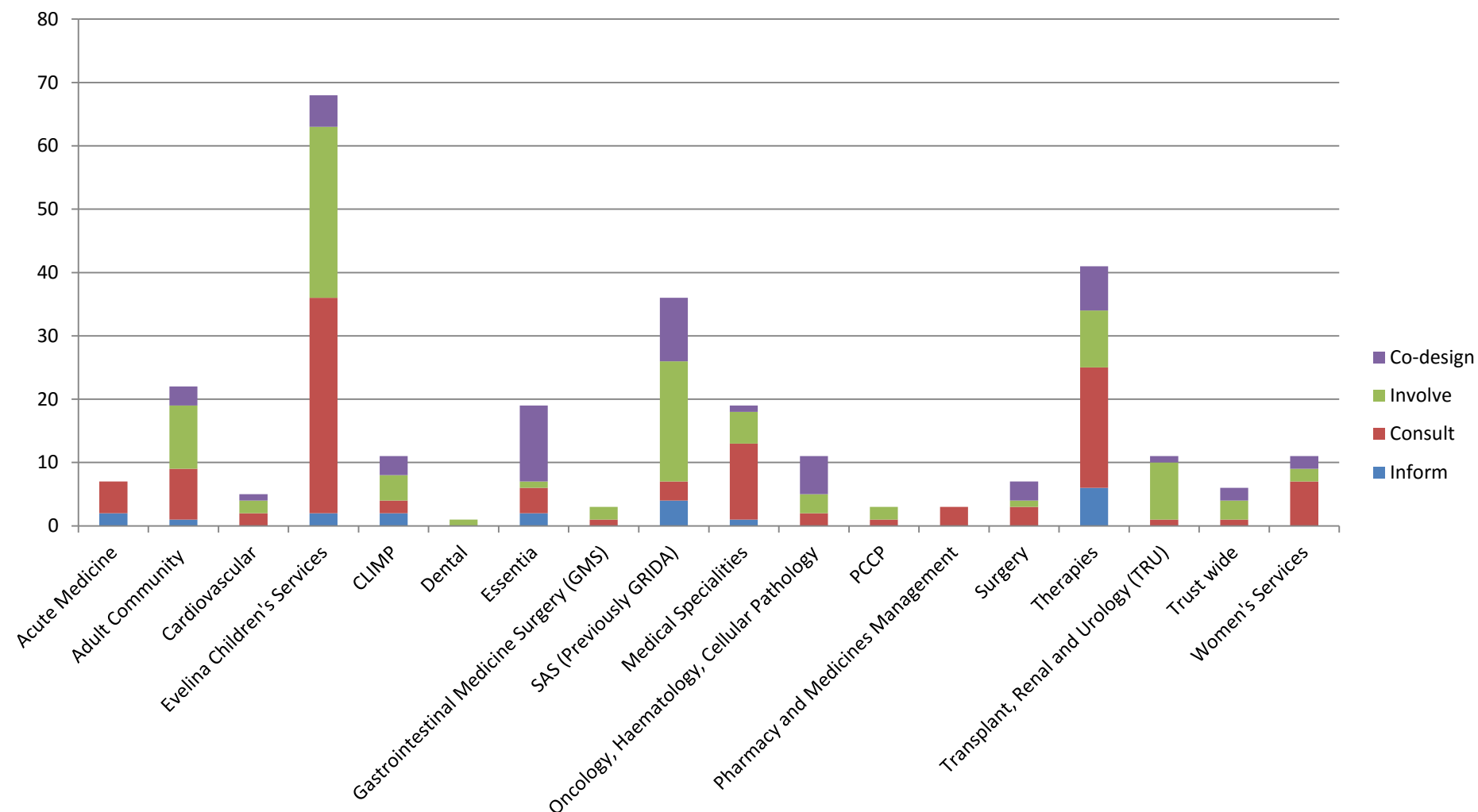


Examples of how the patient voice has influenced change and improvements to services.

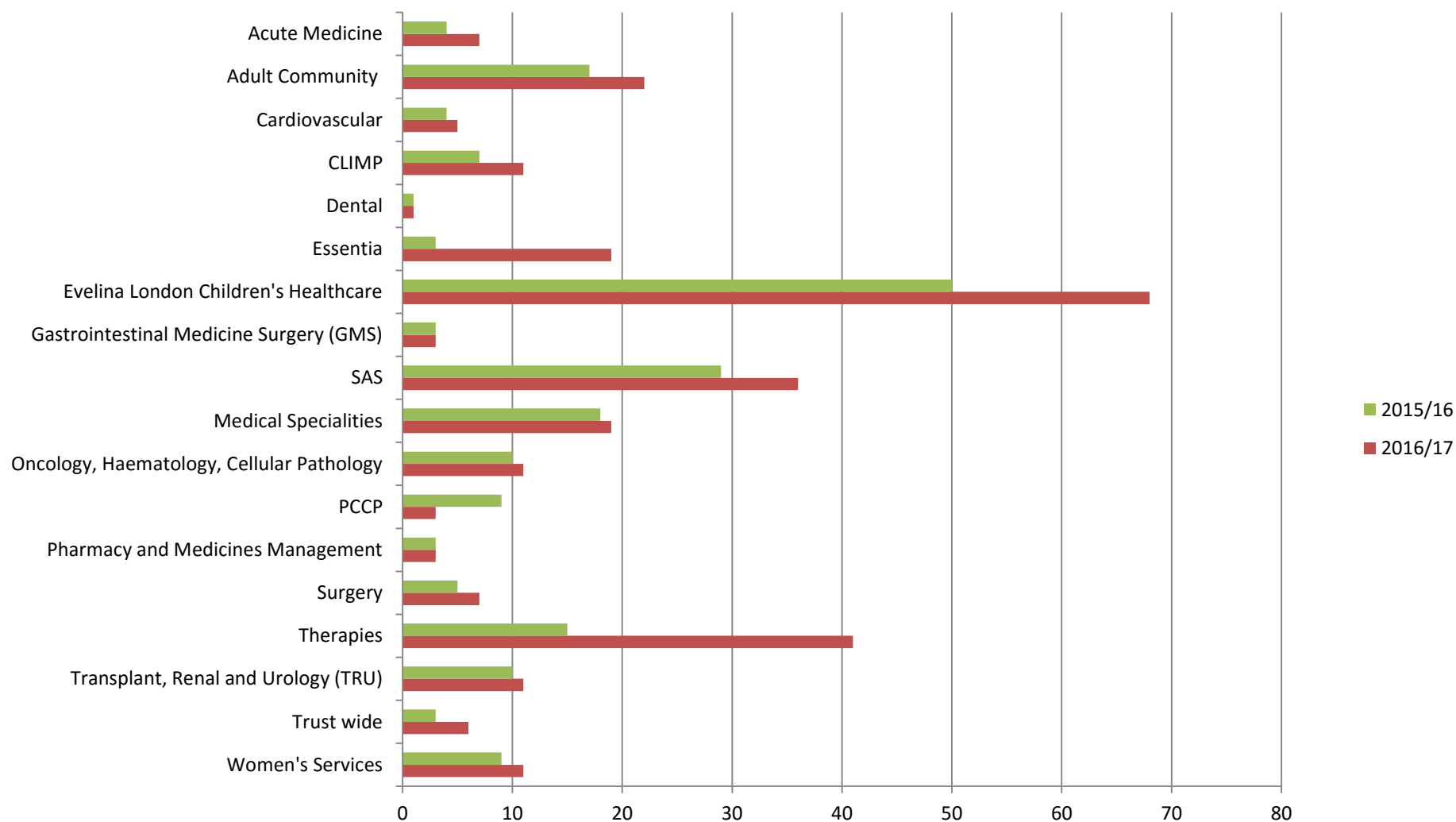
Directorate	Activity	Outcome
Acute Medicine	Best Practice Discharge Protocol – consulted with the public via Healthwatch	Elements of the discharge process amended in line with feedback.
Cardiovascular	Heart Failure – series of patient groups, telephone interviews and face to face discussions both in waiting rooms and with inpatients	Feedback will be used to inform the movement of Heart Failure services into an integrated primary care model across Lambeth and Southwark. In 2017/18 patient engagement will continue through the trialling of a heart failure support group.
CLIMP	Use of mystery shopping findings and patient survey feedback	CLIMP hold monthly Patient Experience staff meetings, attended by a variety of staff groups across the directorate. Designated staff update patient experience feedback boards in waiting areas to communicate feedback received, and where appropriate, demonstrate action taken to address feedback, such as areas now having waiting time posters across the directorate and due to patient feedback, the return of drinks facilities in Nuclear Medicine waiting areas.
Evelina London Children's Healthcare	Metabolic bone service development focus groups	A focus group was run with parents and children from the metabolic bone service to gather their ideas about how the service should run e.g. how they would like the clinics to run, what they like about the clinics, what could be changed. A report was written and parents views have informed service developments, as making changes in clinic following children's feedback e.g. (smaller chairs). This engagement project is being presented at an international metabolic bone conference in 2017.
Evelina London Children's Healthcare	Evelina 'Get a Spark' young persons newsletter	A group of young people from the 'Inspiring Youth Conference' have developed their own newsletter to inform young people about what is going on at Evelina London and opportunities to get involved
Specialist Ambulatory Services	Allergy- Paediatrics redesign of food challenge pathway – parent interviews and feedback	Parents were interviewed as expert users to inform the new pathway. Feedback was gained on the prototype to inform the final model.

Specialist Ambulatory Services	Genetics & Dermatology – involvement of design in new Rare Diseases Centre	Patients and carers from the EB, XP and Baden-Biedel communities have been involved in the design of new Rare Diseases Unit which is being built Q1/2 2017
Directorate	Activity	Outcome
Oncology, Haematology, Cellular Pathology	Changing letter templates in GI oncology	Patients were involved in agreeing the wording for the new letter template in GI oncology. The wording was specifically aimed at encouraging people to attend their appointments on time.
Trust-wide	Involvement of volunteers in staff recruitment processes	The Trust has trained a group of volunteers to support recruitment processes in a number of ways; assisting with review of Job Descriptions, planning interview questions and activities, and assisting as a panel member.
Women's Services	Patient Group: Maternity Services Liaison Committee (MSLC): (Re-named as Maternity Voices Partnership in line with national recommendations)	More user members have been recruited and two co-chairs have been appointed; both co-Chairs provide feedback to the meeting from social media. One of the co-chairs does a walkaround to get feedback directly from patients and new user members will be joining the rota to do this walkaround from May 2017. The MLSC, based on patient feedback, helped develop changes to allow fathers to stay overnight on the postnatal ward and this has now been extended to include the antenatal ward.

Number of PPE activities and their level of involvement by directorate, 2016/17



Total number of PPE activities by directorate, 2016/17 and 2015/16



Board of Directors	 Guy's and St Thomas' NHS Foundation Trust
CQC Inspection - Changes	12th July 2017

This paper is for:		Sponsor:	Ian Abbs, Chief Medical Officer	
Decision	<input type="checkbox"/>	Author:	Elizabeth Palmer	
Discussion	<input type="checkbox"/>	Reviewed by:	Karen Proctor/Marie McDonald	
Noting	<input type="checkbox"/>	CEO*	<input type="checkbox"/>	
Information	X	ED*	<input type="checkbox"/>	
		Board Committee*	<input type="checkbox"/>	
		TME*	<input type="checkbox"/>	
		Other*	<input type="checkbox"/>	

1. Summary

The CQC strategy for 2016 to 2021, *Shaping the future*, was published in May 2016 and set out their vision for a more targeted, responsive and collaborative approach to regulation. The CQC ran their first consultation on developing the regulatory model in early 2017 and in June 2017 the response to the consultation was published together with new guidance for providers. This report summarises the key differences in approach from the previous regulatory model.

The CQC continues to consult and has published its second consultation which closes on 8th August. It asks for views on how the CQC will:

- improve the structure of registration, and clarify the definition of registered providers
- monitor, inspect and rate new models of care and large or complex providers
- encourage improvements in the quality of care in local areas
- carry out the CQC's role in relation to the fit and proper persons requirement.

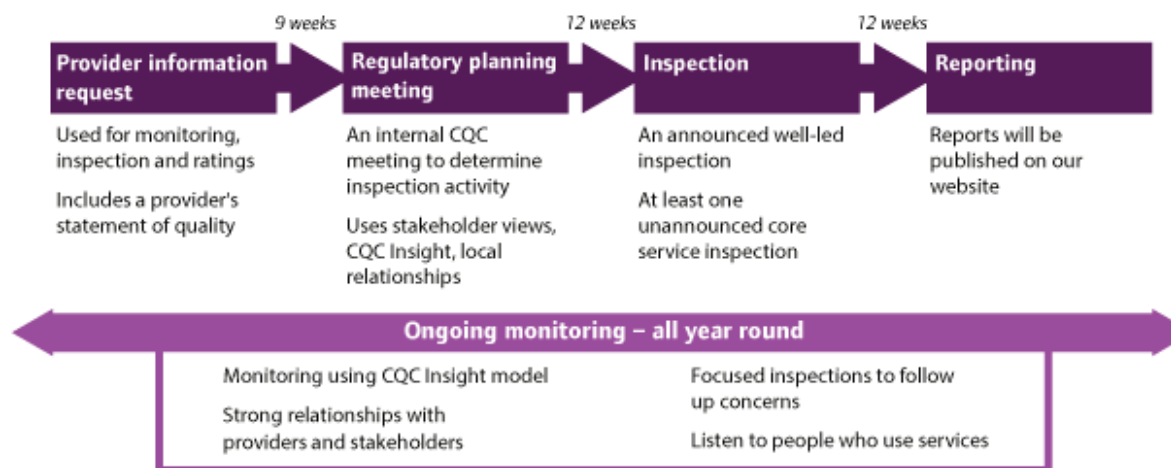
2. Request to the Board of Directors

The Board of Directors is asked **to note** the changes made to the CQC regulatory model and that our first CQC Insight monitoring report is expected to be available in late July 2017.

3. Monitoring and Information Sharing

The CQC is aiming to inspect all trusts at least once between June 2017 and spring 2019 and after that each trust will be inspected annually.

Set out below is the how continuous monitoring will under pin the annual 'well-led' and a single core service inspections.



CQC Insight is the repository of information that the CQC hold about provider services, they will analyse this information to monitor services at provider, location, or core service level. It is the information from CQC Insight that will play a significant part in the CQC's decision making about what and when to inspect.

CQC Insight was expected to launch in the first week of July, due to technical issues this has now been moved to the end of July. Monitoring reports will be produced for each trust and we will be able to access them through the Insight system. The reports will be used to support the regular relationship management

meetings with Robin Shone, our local CQC relationship holder. The reports will also be shared with other stakeholders and partners.

If an improvement or a decline in the quality of care of a service is observed through CQC Insight further information may be requested or the relationship management meeting will be used to follow up.

CQC Insight will give inspectors:

- Facts and figures such as activity levels, workforce and financial information.
- The trust's latest CQC ratings with information about the direction of potential change suggested by the performance monitoring indicators.
- A summary of the analysis of the indicators selected to monitor performance. It will be presented at provider, key question and, where available, core service level.
- Performance monitoring indicators that show our performance compared with national standards or with other providers. They will also indicate changes in our performance over time, and whether the most up to date information on performance is an improvement, decline or about the same as the equivalent period 12 months before. All indicators are mapped to CQC's five key questions and key lines of enquiry (KLOEs).
- Findings from national surveys, incident reports, mortality ratios and outliers.

In addition to this information which is largely available from existing data collections, the CQC are also looking at ways to improve how they use qualitative information, including views from the public, staff and people who use services.

The **Provider Information Request (PIR)** is the standardised information the CQC will ask for prior to inspection. The PIR has been significantly reduced in size and asks us to make our own assessment of the quality of our services against the five key questions (safe, caring, effective, responsive, well-led). This includes any changes in quality or activity since our last inspection. We will be asked to use the key lines of enquiry for the well-led key question to tell the CQC about leadership, governance and our organisational culture to support the well-led assessment for the trust. We will also be asked for key information on core services that is not available through national data collections and CQC Insight.

We will have three weeks to return the information asked for in the PIR. The template for acute and community trusts is available and work has started to identify who will provide the information and to make people aware so that text and information is readily available when the provider information request arrives.

Our **Designated Relationship Manager** is Robin Shone, we already meet and speak regularly but this will be more formalised with face to face meetings at least every three months. Our relationship holder will usually meet with senior managers and/or executives of the Trust with any other member of staff needed to discuss a particular issue. Senior staff from CQC may attend in some circumstances. As part of the relationship management meeting, the CQC may ask to meet staff or patient groups to establish a broader view of the trust's culture and quality performance and to help decide on priorities for inspection.

4. Inspection

Frequency of inspections - previous ratings will be used as a guide to setting maximum intervals for re-inspection of core services alongside inspection of the well-led question. At GSTT all but one core services were rated as good.

- one year for core services rated as inadequate
- two years for core services rated as requires improvement
- three and a half years for core services rated as good

- five years for core services rated as outstanding

The CQC will also take into account our own assessment of the quality of our core services and we have the option to ask the CQC to come and inspect if we believe that a core service has improved and they will do so where possible.

Core service with well-led inspection

After spring 2019 the CQC will aim to carry out an annual inspection of a core service and of the 'well-led' question in all trusts. The five key questions will be inspected in at least one core service and the inspection will take place within six months of a PIR being issued, these inspections will be unannounced. The inspection of 'well-led' will follow the core service inspection to allow interviews to be scheduled, the inspection team will be on site for two days. A small team of inspectors and specialist advisors with appropriate experience will look at a range of evidence at the overall trust board level. This will include interviews with board members and senior staff, focus groups, analysis of data, strategic and trust-level policy documents, and information from external partners.

Comprehensive inspection

These inspections look at all core services and all five key questions for each core service followed by an inspection of how well-led a provider is. The visit is announced and will usually last between one and four days. Comprehensive inspections will only be triggered when the CQC have significant concerns, for example if a trust is in special measures or where there has been significant change in the provision of services.

Focused inspection

These inspections will take place when the CQC need to respond to information about a concern or to follow up on the findings of a previous inspection. The inspection will not always look at all five key questions, but is focused on specific areas of concern. Focused inspections may also happen when enforcement action has been taken. They are smaller than comprehensive inspections but will normally be unannounced.

Appendix 1: links to CQC documents

Guidance to Providers/Assessment prompts and ratings characteristics


These can be browsed on this page:

<http://www.cqc.org.uk/guidance-providers/nhs-trusts/key-lines-enquiry-nhs-trusts>

Or downloaded here:

http://www.cqc.org.uk/sites/default/files/20170609_Healthcare-services-KLOEs-prompts-and-characteristics-FINAL.pdf

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Board of Directors	 Guy's and St Thomas' NHS Foundation Trust
Annual Accounts 2016/17 Update: additional STF bonus 15 June 2017	12 July 2017 BDA/17/16

This paper is for:		Sponsor:	Martin Shaw, Finance Director	
Decision		Author:	Daniel Carlen, Chief Accountant	
Discussion		Reviewed by:		
Noting	x	CEO*		
Information		ED*		
		Board Committee*		
		TME*		
		Other*		

* *Specify*

1. Summary

NHS Improvement have awarded a further £419k of STF bonus to GSTT for 2016/17. This additional funding improves the Trust's recorded financial performance for last year. NHS Improvement will report this revised performance to the DoH on behalf of the Trust.

2. Request to the *Board of Directors*

The Board of Directors is asked to note this additional funding and the modest improvement in the Trust's reported financial position.

3. Detail

The Trust's audited final accounts for the financial year 2016/17 were presented to the Board in Committee on 24 May and received formal approval. The final accounts, signed by the Chair, Chief Executive and Director of Finance and endorsed by the external auditors were subsequently submitted to NHSI prior to the 30 May deadline.

On 15 June NHS Improvement notified the Trust of a further £419k STF bonus. The new funding, while changing nothing fundamental, makes a modest improvement to all the key financial performance metrics, as set out below:


Revised Financial Performance 2016/17

Table 1: Underlying surplus	<i>Now</i>	<i>24-Jun</i>	<i>Change</i>
	<i>£000</i>	<i>£000</i>	<i>£000</i>
Operating Surplus for the year	43,081	42,662	419
Impairments	25,369	25,369	0
Other non-operating items	98	98	0
Capital Donations	-32,353	-32,353	0
Underlying Position	36,195	35,776	419

Table 2: Sustainability & Transformation Fund (STF)	Actual £000	24-Jun £000	Change £000
STF Core	17,520	17,520	0
STF Incentive	18,719	18,719	0
STF Bonus	1,519	1,519	0
STF Bonus (19/5)	200	200	0
STF Bonus (15/6)	419		419
Total STF	38,377	37,958	419
Underlying deficit excluding all STF	-2,182	-2,182	0
Table 3: NHSI Control Total	Actual £000	24-Jun £000	Change £000
Underlying Position	36,195	35,776	419
Depreciation on Donated Assets (Doda)	7,637	7,637	0
Surplus on a Control Total basis	43,832	43,413	419

NHS Improvement will report the new figures to the DoH in its own quarter 4 individual monitoring reporting for 2016/17.

The trust will not change its reported figures or those to be presented to parliament in the combined annual report and accounts – which will remain those approved by the BoD on 24 May. The £419k will actually be received and accounted for by the Trust in 2017/18 but excluded “transparently” from NHS Improvement performance monitoring metrics for 2017/18.

Board of Directors	 Guy's and St Thomas' NHS Foundation Trust
KHP Cardiovascular & Haematology Institute & Network Strategic Outline Cases	12th July 2017 BDA/17/17

This paper is for:		Sponsor:	Jackie Parrott/ David Cheesman	
Decision	X	Author:	Rob Elek/ Kate Barlow	
Discussion		Reviewed by:		
Noting		CEO*	X	
Information		ED*	X	
		Board Committee*	X	
		TME*	X	
		Other*		

* *Specify*

1. Summary

The Board has approved at a part 2 meeting (because of some of the commercial sensitivities) the Strategic Outline Cases (SOC) for the Cardiovascular Institute & Network (CVIN) and Haematology Institute & Network programmes. The attached cover note summarises the key point of the SOC's including the agreed programme funding and next steps.

The SOC's present a compelling case to deliver innovative world-class centres of excellence that will leverage KHP's outstanding strengths in Cardiovascular and Haematology, to transform the delivery of care and to pioneer new treatments and diagnostic methods for personalised medicine by:

1. Creating a clinical academic Institute (hosted by GSTT for CVIN and King's College Hospital for Haematology) that will integrate patient care, science, technology, and education; and
2. Developing a scalable, sustainable and transformative clinical academic Network across SE London and beyond;

The next steps agreed for both programmes are:

- Creating the 'Virtual Institute' in 2017/18 and commencing the integration journey;
- Engaging with external stakeholders to develop a network proposition; and
- Developing the Outline Business Case for the Institute hub (Haematology to begin immediately, CVIN to begin the formal process in 2018).

2. Request to the Board of Directors

The Board is invited to note, formally, progress on the Strategic Outline Cases for the Cardiovascular Institute & Network (CVIN) and Haematology Institute & Network programmes, the programme funding agreed and the next phase of work for each programme.

Appendix

Summary of the Strategic Outline Cases and next steps

King's Health Partners Institute Programmes: Cardiovascular and Haematology Institute & Network Strategic Outline Cases July 2017

1. Introduction

This briefing paper summarises the key points of the Strategic Outline Cases (SOC) for the Cardiovascular Institute & Network (CVIN) and Haematology Institute & Network programmes, the programme funding, agreed next steps and approvals processes to date.

The King's Health Partners Board has agreed to develop plans for bringing together the partnership's collective strength in a range of specialist services to deliver world-class patient care and research in the form of a number of globally competitive clinical academic institutes. The Institutes will allow us to offer our local population world-class clinical services, supported by innovative training and pioneering research. We will be able to offer people new treatments and interventions informed by the latest evidence and achieve improved health outcomes for all the communities we serve.

A framework has been agreed amongst the partner organisations for a collaborative approach to funding the programme costs for both SOC's on the basis of a tri-partite agreement to support both programmes. For practical purposes the framework provides for GSTT to lead the NHS contributions to the Cardiovascular Institute and Network for 2017/18, and to host the overall programme for and on behalf of the partners. Likewise KCH will host the Haematology Institute and Network programme, and will fund the full NHS contribution. KCL has agreed to fund their share (a third) of both the Cardiovascular and Haematology programmes.

2. Cardiovascular Institute & Network

The vision – why a Cardiovascular Institute?

Cardiovascular disease (CVD) is one of the main causes of premature death around the world, and the risks of developing cardiovascular disease are increasing due to lifestyle choices and the ageing population. CVD causes substantial morbidity, uses huge resources, and requires a wide range of diagnosis, care and treatments from social care, community and primary care, to local and specialist hospitals. The impact of CVD reaches far beyond healthcare; patients' quality of life is greatly reduced and often creates a high burden on other parts of the public sector.

Cardiovascular services across King's Health Partners (KHP) are high-quality and comprehensive but the current configuration of services within KHP and across South East London & Kent is not sustainable in the long-term. KHP academic cardiovascular sciences and technology are world-leading.

The SOC sets out a compelling case to deliver an innovative world-class centre of excellence that will leverage KHP's outstanding strengths to transform the delivery of care, develop a global biotech hub, and pioneer new treatments and diagnostic methods for personalised medicine by:

1. Creating a clinical academic **Institute** that will integrate patient care, science, technology, and education:
 - Adult cardiac surgery, cardiology and vascular surgery – provided by Guy's & St Thomas' NHS Foundation Trust (GSTT) and King's College Hospital NHS Foundation Trust (KCH); with
 - Cardiovascular research strengths in science and technology and educational activity provided by King's College London (KCL), complemented by academic, industrial and commercial partnerships.
2. Developing a scalable, sustainable and transformative clinical academic **Network** across South East London & Kent by:
 - Working in partnership with all cardiovascular healthcare providers to ensure that our population receives the highest standards of care, delivered consistently in the right place by the right person;
 - Developing a model that utilises the latest advances in IT, informatics, digital health and artificial intelligence to foster innovation and the rapid translation of new approaches and treatments throughout the network.

The development of the **Cardiovascular Institute and Network (CVIN)** will create a model unique in the UK, and potentially the world, forming a programme that will transform delivery and generate new advances to revolutionise the prevention, diagnosis, and treatment of cardiovascular disease.

In order to respond to the challenges and opportunities previously described, KHP's vision for CVIN is to deliver:

'Advanced cardiovascular care from cradle to grave with an institute that is in the top ten worldwide for clinical and academic innovation and education, and a network of providers that will share best practice'

In order to achieve this vision, a set of strategic objectives have been developed that will underpin all other elements within the SOC:

- Deliver the best **patient experience** and **clinical outcomes** covering '**mind and body**';
- Be **global leaders in research and innovation** to advance the prevention, early diagnosis and treatment of cardiovascular disease, through **ground-breaking studies** and a **biotech hub**;
- Be a beacon centre delivering **outstanding education and training** programmes;
- Create an **innovative population network** of care, **setting standards** for what defines '**best practice**' in cardiovascular prevention and care;
- Maximise commercial opportunities and **ensure financial sustainability** of the services; and
- Be the **centre of choice in Europe** for patients, staff, trainees and students.

Phase 1 of the CVIN programme consists of the creation of the Institute in virtual form and the development of the Network, enabling improvements to be made across a range of the strategic objectives. Phase 1 of the programme is an enabler for Phase 2 and delivers closer working, more clinical-academic integration, improved operational and financial efficiency, faster research innovation and translation, new educational programmes, and greater commercial acumen.

Phase 2 of the CVIN programme is the development of the new clinical academic hub within a purpose built facility on the St Thomas' site, without which KHP will be unable to fully realise all the potential benefits and meet its vision.

The SOC presents a road map for the development of detailed implementation plans relating to:

- The integration of clinical and academic services to create the Institute;
- The merger of the two trust's clinical services and a transformative operational efficiency programme;

- The development of a distributed Network in partnership with the full range of stakeholders;
- The development of significant commercial partnerships to accelerate the translation of basic scientific research into monetisable and deliverable improvements in patient care; and
- The delivery of a new purpose-built Institute hub on the St Thomas' hospital site.

Strategic Outline Case Approval

The Programme Board approved the draft internal SOC for submission to KHP partners on 10th April, noting that the finalised SOC, incorporating partner comments, will be submitted to the Institute Programme Board in July. The internal approvals process for the SOC is now complete with agreements reached for permission to proceed from GSTT (Part II board 24th May), KCH (Part II board 7th June) and also KCL (Revenue and Resources Committee 15th June). External stakeholder engagement will commence as internal approvals are secured, supporting the production of an external SOC.

Programme Costs for 2017/2018:

A budget of just under £1million has been agreed to take forward the first phase of the programme in 2017-18. This phase will be initially focused on collaboration and joint working, and on taking the case forward with partners and external stakeholders. This budget will not allow for the technical phases for progressing the design of the hub to OBC stage to commence until later in the year, and will need to increase significantly as the partners move towards integration and transformational change.

Cardiovascular next steps

The next steps in the programme are agreed as:

- Creating the 'Virtual Institute' in 2017/18 and commencing the integration journey;
- Engaging with external stakeholders to develop a network proposition; and
- Developing the Outline Business Case for the Institute hub (formal process to start in 2018).

3. Haematology Institute & Network

The vision – why an Institute of Haematology?

The Departments of Haematological Medicine at King's College Hospital NHS Foundation Trust (KCH) and Guy's and St. Thomas' NHS Foundation Trust (GSTT) are the largest in the UK and have an extensive referral base within south London, Kent, Sussex and Surrey, with more than 75% of regional referrals for specialised services coming to KCH and GSTT. Thus high quality haematological services are provided through a highly networked model. All clinical aspects of haematological medicine are underpinned by academic excellence, incorporating strong basic and translational scientific programmes, with both national and international collaboration.

Despite our collective strength, there are significant challenges to the ongoing sustainability of the service given the challenging financial environment and competitive threats. We therefore need to move at pace with a compelling and achievable vision for change. There are issues to be addressed within current provision, including duplication of services across sites and variability in the services offered to patients as a result. There are capacity challenges across services such as bone marrow transplantation (BMT) whereby there are long waits for patients due to bed capacity constraints. There is an ageing asset base across haematology, with estates that are of poor quality and in urgent need of modernisation. This limits the productivity of current research activities and hinders the recruitment of additional staff in this area.

In the current and future healthcare climate we cannot afford to work in anything other than the most efficient way to deliver the best outcomes for patients. At the same time, only by adopting, investing in and

exploiting radically new approaches to health care delivery and academic excellence, can we bring together our combined strengths to deliver an offering that is greater than the sum of its parts.

Our vision is to develop a King's Health Partners (KHP) Institute of Haematology that is undeniably top five in the world in terms of clinical outcomes, research output and quality, and education excellence, delivering exceptional outcomes for patients, both locally and globally, by accelerating the adoption of innovation from *bedside to bench and back*.

The delivery model for the Institute is focussed on clinical care delivered primarily in, or close to, the patient's home through a highly networked model. Given the highly specialised nature of much of clinical haematology our vision is for a highly efficient tertiary hub, working in seamless partnership with local "spokes" at a range of DGH and local sites.

Strategic Outline Case Approval

Approval of the SOC has been received from all partner as follows:

- KCH – SOC approved at the Board on 3rd May 2017;
- GSTT – SOC approved at the 24th May part 2 Board meeting (approved by Cancer Services Board Committee for main board review on 3rd May);
- KCL – SOC approved by KCL Revenue and Resources committee on 15th June;
- SLaM –agreement received in May Board, Board presentation planned Autumn 2017;

SOC approval signals partner organisation commitment to the Institute vision, agreement to proceed with one-team integration and the network configuration, and to provide programme funding.

Programme Costs:

A budget of just under £2.8million has been agreed for the total Outline Business Case (OBC) phase. 2017/2018 revenue costs are £801,119 and capital costs £1,790,000. Revenue costs are agreed to be paid by KCH as lead Trust funding 2/3 of the revenue costs on behalf of GSTT, KCL will then provide the remaining 1/3 of revenue costs. The principle of campus lead responsibility for financing capital programmes has been agreed across the Institute programmes, thus KCH will fund the capital costs of the next phase.

Haematology next steps

The key areas of work and immediate next steps are:

- One-team/ integration - Creating the 'Virtual Institute' in 2017/18 and commencing the integration journey to create a single, unified haematology service across KHP;
- Clinical academic network - engaging with external stakeholders to develop a network proposition; and
- Outline Business case for a capital build – developing the case for creating the Institute Hub.

4. Cardiovascular & Haematology next steps

A number of other workstreams are required for both programmes, these will be undertaken jointly to ensure consistency of approach:

- Recruitment to form the core programme team and agree arrangements for releasing clinical and other existing internal resource to support the programme;
- Funding and fundraising strategies;
- Commercial development;
- Joint working across institute programmes – cross cutting themes such as IT/ informatics, Diagnostics, Public and Patient Engagement, KHP partnership working (structures to support one-

team) are in planning and will be structured across programmes to ensure alignment and the benefits of scale.

5. **Governance**

In order to proceed at pace with the programmes and to facilitate decision making, a governance structure has been established across both programmes which formulated an **Institute Programme Board** for each programme, which are accountable to the individual local partner organisation boards within the Kings Health Partners AHSC. The Boards are chaired by a non-executive director of Guy's & St Thomas', Dr Felicity Harvey for the Cardiovascular Institute & Network, and the Chairman of Kings College Hospital, Lord Bob Kerslake, for the Haematology Institute & Network. An executive-level Senior Responsible Officer (SRO) has been appointed for each programme to provide leadership within the Board and to hold accountability on behalf of the programme. The Institute Board is the key governance body within the programme structure that is responsible for decision making and managing business issues that are essential to delivery of the programme.

Organisational Form

The Institutes will require an **organisational form** that allows it to deliver the vision, clinical model, research and education offering set out in the SOC's. The next phase of programme development will need to consider this further, seeking to design an organisational model that delivers the following:

- Clinicians, academics and managers are able to work as "one team" to deliver the required outcomes and feel like they are part of one organisation;
- Bringing rigour to the model that cements buy-in from partner organisations, shares risk and liability as well as gains and benefit;
- Simpler governance that delivers:
 - Simple, robust, internal structures to allow appropriate decision making;
 - Contracts managed in one place – simple for commissioners;
 - Decisions can be made through the Institute lens, rather than corporate lens of each organisation;
 - Each partner board appropriate oversight of the organisation;
- The model can be regulated appropriately and regulators (i.e., OFT, Monitor, HEFCE, NHS England) are content with plans;
- Financial framework that delivers capital management and decision making;

The best organisational form to meet the needs of the Institutes will be further worked up during the OBC phase. Delivering the Institute vision will require system-level integration to create the underpinning network. The potential for KHP to provide policy and system leadership is significant and the SOC's set out initial thoughts on the proposition to organisations outside of KHP across the network and the benefits this will bring.


Affordability

The finances of both SOC's have been tested by the KHP Directors of Finance and the Programme Boards and are affordable under the following three tests:

1. A positive net present value over 40 years;
2. An improvement in EBITDA; and
3. An improvement in overall profitability, after costs of capital are taken into account).

6. **Conclusion**

The Board is asked to note the approvals of the Strategic Outline Cases for the Cardiovascular Institute & Network (CVIN) and Haematology Institute & Network programmes, the programme funding agreed and the next phase of work for each programme.

Board of Directors	 Guy's and St Thomas' NHS Foundation Trust	
Freedom to Speak Up (Whistleblowing) annual report	12th July 2017	BDA/17/18

This paper is for:		Sponsor:	
Decision		Author:	Diane Summers and Georgina Charlton
Discussion		Reviewed by:	
Noting	X	CEO*	
Information		ED*	
		Board Committee*	
		TME*	
		Other*	

* *Specify*

1. Introduction

This is the first annual report to the GSTT Board by the newly appointed Freedom to Speak Up Guardian and Deputy Guardian. The plan is to report annually to a public meeting of the Board and more frequently (usually quarterly) to the Quality and Performance Board Committee.

The Mid Staffordshire Inquiry and subsequent Freedom to Speak Up review by Sir Robert Francis highlighted the tragic consequences for patients and their families when health staff feel unable to speak up, are victimised for doing so, or their concerns are ignored.

Following the Francis review, all Trusts are now required to appoint a named Freedom to Speak Up Guardian who reports independently to the Board on whistleblowing matters and can support the organisation in developing an open culture. The Care Quality Commission in its inspections will look at how effectively Freedom to Speak schemes work and whether they are well supported by a Trust's Board.

2. Appointment of Guardians

The Trust's Speaking Up (whistleblowing) scheme was launched in June 2015 to enable staff to raise matters of concern safely and confidentially. It was championed and managed by Dame Eileen Sills, Chief Nurse, and a confidential phone line and network of Advocates throughout the Trust was set up.

In January 2017 Diane Summers (4 days a month) and Georgina Charlton (full-time secondee) were appointed Guardian and Deputy Guardian. Diane is a former non-executive vice-chair of the Board; Georgina is a senior radiographer.

3. Findings

This report covers the first six months of the Guardians' work, plus the previous six months under the former arrangements.

Most importantly, the Board will wish to know that no major issues affecting patient care have been uncovered during the period. There have been serious patient incidents at the Trust which have been investigated and reported but, to date, the Guardians have found no cases of which the Trust has been unaware. This is reassuring (though of course there is always the possibility of incidents that have been unreported or are, as yet, undiscovered).

In the opinion of the Guardians, GSTT is generally supporting staff in speaking up. This view is reflected by national staff survey results, which compare well with other Trusts.

National staff survey: GSTT results	2014	2015	2016	Change from previous year	National score
If you were concerned about unsafe clinical practice, would you know how to report it?	89%	95%	95%	→	95%
I would feel secure raising concerns about unsafe practice	72%	74%	76%	↑	70%

I am confident that my organisation would address my concerns	61%	67%	68%	↑	57%
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However, as has already been reported to the Quality and Performance Committee, it is of note that nearly a quarter of staff remain feeling insecure about reporting unsafe practice, presumably fearing that they would be victimised or disadvantaged in some way.

Additionally, the picture is uneven across directorates and the Guardians plan to provide particular support to those areas with weaker scores.

The Guardians' have felt supported wholeheartedly by the Board; access to senior staff has been good; and the resources that the Board has made available for the Freedom to Speak Up scheme are greater than at any other Trust the Guardians have been in contact with.

The Deputy Guardian is dealing with enquiries from staff on a daily basis: some come in through a confidential email account; others are personal approaches. In the past 12 months (six months of which have been under the new arrangements) the Guardian's office has dealt with 67 separate approaches from staff.

The approaches can be grouped under the themes below.

Theme	Number of cases
Behaviour/relationship	17
Bullying/ Harassment	3
Culture	4
Fraud	1
HR	8
Patient Complaint	2
Patient safety/quality	8
Non speak up query	5
Query about speak up	5
Staff safety	4
System/process	9
Unknown	1
Total	67

A large proportion of time is taken up with what might broadly be described as HR issues: some queries are straightforwardly for HR and are referred onwards. A number of the HR related contacts are regarding unresolved HR processes including concerns over fairness, integrity and timeliness of these processes. The Guardians have had to resist being seen as an appeal route for individuals who may be dissatisfied with HR department decisions.

Other cases can take some untangling and may straddle HR, systems, personal relationships and cultural issues. All these factors may combine to produce patient safety concerns, either directly or indirectly.

4. Examples of cases

Here are two short summaries of the kind of cases that fall squarely within the remit of the Guardians. The details are anonymised to protect individuals.

Case 1

The Guardian's office was contacted about the quality of care and an allegedly poor culture in a department. Concerns were expressed initially through a Speaking Up Advocate who then encouraged the individual to meet with the Deputy Guardian.

After discussion, the issues were escalated to the Medical Director for investigation. Assurance has been given that there is no current clinical risk and that work to address cultural issues will shortly take place.

Case 2

There have been several contacts from one directorate about allegedly bullying behaviour by managers, meaning that staff say they are afraid to raise concerns and they are considering submitting a collective grievance. Individuals have been referred to staff side for trade union support and a meeting has been scheduled with the clinical director of this area.

The Deputy Guardian has initiated and facilitated listening exercises in areas of the organisation where multiple concerns have been raised. Here is one example:

Directorate A

Anonymous staff complaints should be viewed as a warning sign and Directorate A has historically had a number of them. The directorate was also showing a downward trend in positive responses to the staff survey question, 'If you noticed or saw something that caused you to be concerned at work, would you feel able to speak up?' Most recently, the executive team received a complaint about allegedly poor care, bullying and racial discrimination within this Directorate.

A series of 12 one-hour listening exercises was undertaken on wards within the directorate in a safe, confidential environment facilitated by the Deputy Guardian. Key themes to emerge included: lack of time and availability of managers; lack of a supportive environment; and nursing assistants feeling undervalued.

A full report on the findings was presented to the directorate management team for action and for further support from Organisational Development and Workforce departments as required.

5. Relaunch of Freedom to Speak Up

A key piece of work for the Guardians has been the reformulation of the Trust's Freedom to Speak Up (Whistleblowing) policy and procedures. This has now been completed, with management and staff side approval.

The objective has been to simplify and present in plain English a less legalistic and more supportive process, with as many entry points as possible for an individual with a concern, no matter what their position in the organisation (see **Appendix 1** for a poster summarising the revised process).

Over the past few days, the scheme has been relaunched at the Trust's team briefing, under the banner 'Showing we care by Speaking Up', and the Guardians are beginning a road show, visiting directorates in different locations, giving talks, taking questions and distributing material.

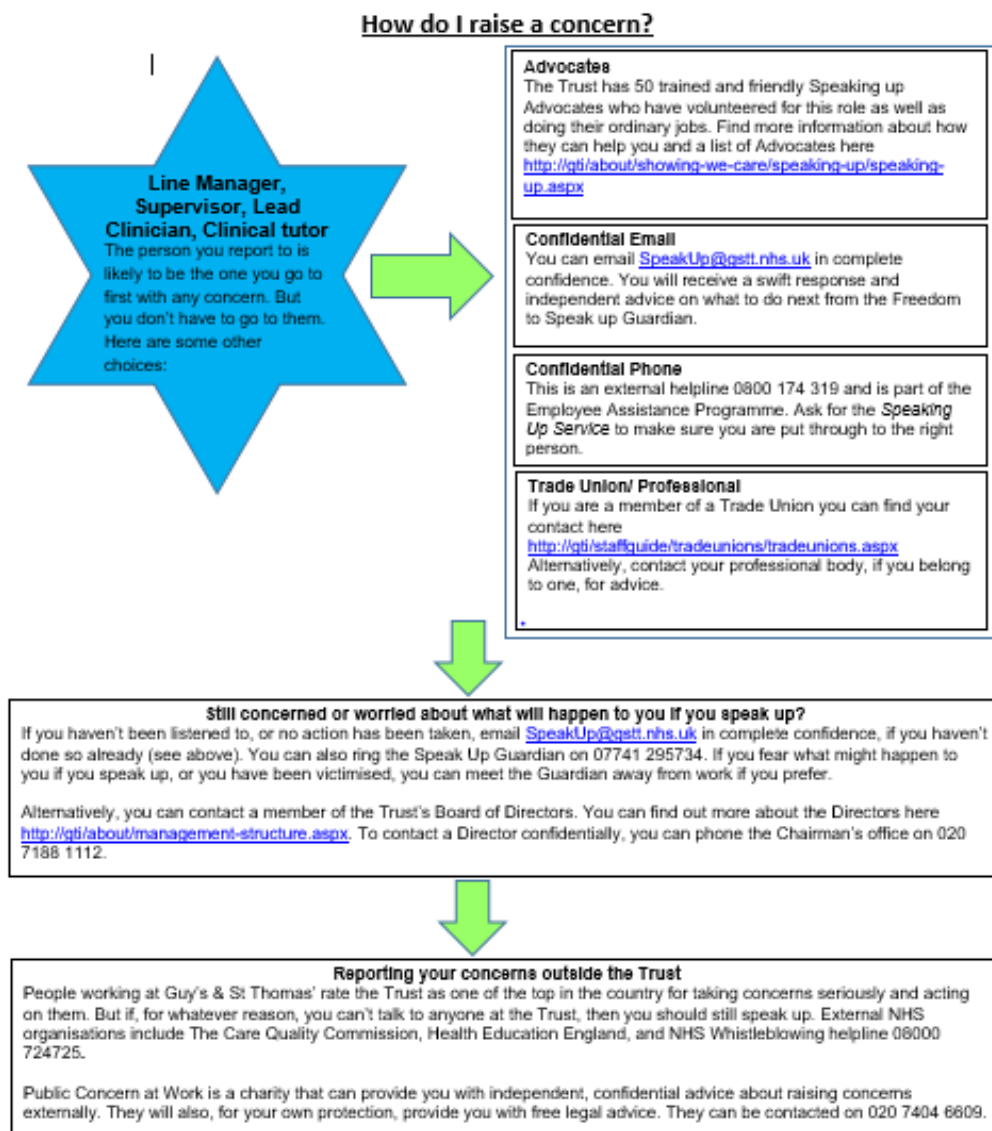
Once the relaunch has been completed, the next tasks, in addition to dealing with the regular caseload (which is expected to increase with the additional publicity), will include: adding to the 50 Trust-wide network of Advocates; developing a short training video; and looking at how to collect user feedback and exit interview information. Further work is also planned in triangulating information from staff surveys, complaints, and recruitment and retention figures, so that directorates needing more support can be prioritised.

The Guardians will continue to play a part in helping to build a more open culture in the NHS, locally and nationally. They attend national conferences, have hosted the National Freedom to Speak Up Guardian, and the Deputy Guardian chairs the London Region Guardian network.

6. Conclusion

The Board is asked to note the Freedom to Speak Up Guardians' annual report and to continue its support of the initiative.

Appendix 1



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Board of Directors Adult Local Services Committee

**Minutes of the meeting held on 10th May 2017
River Room, Gassiot House, St Thomas' Hospital**

Present

Girda Niles	Non Executive Director (Chair)
Felicity Harvey	Non Executive Director
John Pelly	Non Executive Director
Jon Findlay	Chief Operating Officer
Amanda Pritchard	Chief Executive Officer

Attendance

Angela Dawe	Director Operations and Strategic Development - Adult Local Services
Jenny Stiles	Public Governor
Jane Stopher	Deputy Director Adult Local Services
Nicola Jones	ALS Programme Manager
Rebekah Schiff	Service Lead Ageing and Health
Sandra Noonan	Clinical Director
Dr Mark Chamley	Lambeth SE Lambeth LCH for item 2
Rebecca Dallmeyer	CO Quay Health Solutions for item 2
Kemi Lawal	Business Coordinator - Notes

Apologies/Absent

Hugh Taylor	Trust Chairman
Sarah Wilding	Deputy Chief Nurse – representing Chief Nurse
Stephen Thomas	Clinical Director
Mark Kinirons	Clinical Director
Simon Steddon	Medical Director
Ann MacIntyre	Director of Workforce
Dr Ian Abbs	Medical Director
Anita Knowles	Director of Communications
Cllr Bill Williams	Public Governor

Welcome and Apologies:

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

1. Minutes of Previous meeting held on 15th March 2017 and Matters arising.

1.1 The minutes were approved as an accurate record of the meeting.

2.0 Short presentation on Clinical Services

Introduction to the Care Coordination CQUIN- care coordination from a Local Care Network perspective and the key role that GSTT needs to play

The Director Operations and Strategic Development - Adult Local Services thanked Dr Mark Chamley, GP and Chair of South East Lambeth LCN, Rebecca Dallmeyer, Chief Officer, Quay Health Solutions (Southwark GP Federation) and Jane Stopher, Deputy Director Adult Local Services Programme and Interim Chair, North Lambeth LCN for attending and agreeing to talk to the board committee about Local Care Networks and their work on care coordination, highlighting GSTT's role. She highlighted the link to the work on outpatients for people with multiple Long Term Conditions presented at the previous meeting by Dr Mark Kinirons and Dr Steve Thomas.

The Committee were taken through the system-wide incentive process to deliver Care Coordination across organisations which highlighted the following:

- Implementation of a new local care coordination pathway for people with multiple Long Term Conditions.
- The 5 key steps of Care Coordination (known as the 5Cs) – case finding, named professional, care planning, self management, multi-disciplinary teams.
- The creation of stratified disease register of people with three or more long term conditions
- Case studies – classified into Red, Amber and Green were shared and discussed.
- Challenges including information sharing, data, organisational change

The Committee welcomed the presentation, and confirmed GSTT's commitment to the LCN agenda. Issues raised in the discussion included acknowledgement that this is a shared endeavour focussed around the population, the need to be clearer on the requirement from GSTT, the intended impact (e.g. on A&E and outpatient activity) how to measure cost benefits and the importance of the mental health workforce. The impact on the workload within primary care was also acknowledged.

3.0 Adult Local Services: Programme Director's Report:

3.1 Integrated Quality and Performance Report – January to March 2017

The Programme Director explained that there was no separate Director's report as all programme activities will be picked up in the IQPR. The Committee were taken through the IQPR in detail which included more

detailed discussion of the following items: reduction in emergency admission and readmission rates for older people; the work to optimise the use of @home which includes two audits to understand declined referrals and patients who re-present at A&E; transfers of care; integrated health and social care; and neighbourhood nursing.

It was noted that IT remains a challenge in the community and it was suggested that this will now be pick up at the Digital Board Committee meeting. The Committee requested an update at the next meeting in June.

Action: Invite Steve Townsend, Chief Digital information Officer to the next meeting to give a progress update

As progress has been made on a Community estate strategy, the Committee asked for a presentation at the next meeting to update the committee.

Action: Invite Essentia leads to the next meeting.

The IQPR will be refreshed to include the new Adult Local Services programme. A new format will be presented in September.

Programme Risk Register

The risk register was noted and the red rated risks were discussed i.e. @home optimisation and Buurtzorg.

4.0 Local Services - Population health: Scoping GSTT's ambition to deliver population based services

The Director Operations and Strategic Development - Adult Local Services presented a scoping paper on Local Services – Population Health. This was based on the discussion held at the last Board Away time and further internal discussions around the Trust's ambition to deliver population based health services. The intention is to develop concrete proposals for action supported by a clearer vision/way forward for Adult Local Services and Population Health. This would be discussed at the September Board Away time.

The Committee welcomed the paper. They emphasised the need to focus on clarifying our ambition, based on outcomes, in line with the needs of our community. This will require a gap analysis which would inform our programme of work. From a GSTT perspective the step change in outcomes required will be in emergency admissions and outpatient attendances. It was noted that KCL have a School of Population Health that may be able to support this work, and that Bromley-by-Bow have done good work in this area.

5.0 A.O.B

Job Share

Sue Bowler has been appointed Joint Director Operations and Strategic Development - Adult Local Services to job share with Angela Dawe, she will start in June 2017

Scheduling of ALS Committee meeting going forward

The ALS board Committee will move from 6 meetings per annum, to 4 meetings per annum that cover both performance and strategy. Their timings will align with the production of the IQPR.

Date of the next meeting:

21st June 2017, River Room, Gassiot House, 1-3pm

TRUST AUDIT COMMITTEE

Minutes of the Audit Committee meeting held on 10th May 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 J Findlay, Chief Operating Officer
Ms Eileen Sills, Chief Nurse
Mr S Lane, Head of Internal Audit
Mr A Gourlay, Director of Asset Management
Ms A Knowles, Director of Communications
Mr S Nandrha
Ms E Palmer
Mr D Carlen
Ms J Screaton
Ms V MacDonald
Mr N Thomas – KPMG
Ms C Davies – KPMG

1. Minutes of Previous Meeting

The minutes of the meeting of the Audit Committee held on 8th February 2017 were approved as a true record.

2. Matters Arising

Minute 9 - 8th February 2017 - it was noted that responses to the invitation to bid to become the Trust's external auditor had been received and interview, involving the Council of Governors, had been arranged.

3. Internal Audit Report

The Head of internal audit reported that 37 out of 40 planned projects had been delivered and the last three would be completed by the end of May 2017. Overall, the ratings showed an improvement in control across the Trust and there were fewer limited assurance reports. He would be offering an unqualified opinion for 2016-17. It was noted that the Trust was offering internal audit services to the South London and Maudsley NHS Mental Foundation Trust.

The Committee's attention was drawn to a number of reports:

Estates repair and maintenance – extra money had been agreed to deal with backlog maintenance as part of the Quality Impact Assessment process associated with cost improvement programmes. It was confirmed that the plans were being delivered but not in total and a further plan would be considered at the next Investment Portfolio Board. A number of contracts were held with small firms where it was difficult to confirm that true value for money was being achieved. An audit had been undertaken late in 2016 and changes to procurement practices and increased use of technology to improve processes was expected to lead to improved performance. It was suggested that OD support might help to change practices and attitudes. These new ways of working should be linked to the Fit for the Future metrics and reviewed by the Quality and Performance Committee.

Emergency Care – this was a live project that would continue for some months. The review had uncovered weaknesses in the documentation of changes to the scheme and the associated costs. Document control was not strong enough and there were risks to both cost control and if problems arose that resulted in claims being made. Since Christmas, controls had been improved with a weekly dashboard confirming what had been completed. The project was now being managed through a Trust portal which had the added advantage of the Trust owning the information. The turnover of project managers had caused problems. This was a difficult project for the team and the Trust had had to offer larger salaries to improve stability in the team.

The review had also suggested that the benefits realisation needed added focus through transformation activity. This had to become the responsibility of the clinical team and not the project managers. It was suggested that the Board should specify where and how reports on transformation and benefits delivery should be reported noting that IPB was expected to devote every third meeting to benefits realisation. Certainly reports made to the Corporate Management Committee should widen their perspective to embrace the delivery of benefits.

The Committee noted the East wing cladding settlement based on an adjudication and that the Digital Committee had asked the CDIO to set up an IT risk register for it to monitor.

4. Counter Fraud Update

The Committee noted the Counter Fraud report.

5. Trust Annual Report and Accounts

The Trust had exceeded its financial targets and had been awarded matching sustainability and transformation funding which would lead to a year end reported surplus of £38mn. This would be available to the capital plan and was a welcome out turn though it was not a true reflection of the Trust's performance. The Committee noted the new accounting policies, the PDC declaration and valuations. The explanation of how the out turn was regarded as helpful and was accepted by the Committee. The Trust continued to operate on a going concern basis.

The latest draft of the Annual Report had been produced in compliance with the long, detailed and prescriptive central guidance which led to repetition in the document that was unavoidable. It would be finalised later in the month.

The External Auditor reported a satisfactory start to the audit and would be giving three opinions: the finance report and use of resources reports were expected to be "clean".

Chair approved

However it was anticipated that the same reservation as last year on the sample taken on RTT would recur.

6. Board Assurance Framework

The Committee noted the progress made with each Board Committee owning and monitoring specific risks relevant to their subject areas. It was suggested that the next iteration should include a risk surrounding the STP. The Digital Committee would take on a number of IT related risks and it was noted that TME was more actively engaged in reviewing strategic risk and it was encouraged to draw issues to the attention of the appropriate committee.

7. Information Governance

The Trust had achieved 92% compliance on the IG Toolkit training and increase for last year's 78% which was commendable.

The improvements on meeting FOI request response times was noted. Motivation to meet FOI requests that were journalistic or commercial was low and identifying those that were more significant and involved patient was now a greater priority whilst recognising the requirement to deal with all expeditiously. It was also suggested that the initial sift should try to identify those requests that were exempt so that they were not late responses.

8. Visa Management

The Trust's licence to issue visas had been reviewed by the Home Office as a result of penalties being imposed. A second review had also found the Trust in default but the report was not completely accurate and some judgements were based on information that was no longer extant. The Home Office had agreed to revisit the Trust. It was suggested that the trust's process should be reviewed by a firm of expert lawyers as the Home Office had been tough with universities and now seemed to be targeting the NHS.

9. Internal Audit and Counter Fraud Plans 2017-18

The Committee noted the plan, suggesting that transformation activities should be added.

The next meeting will be held at 1pm on 6th September 2017, in the Burfoot Court Room, Guys

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**Board of Directors
Cancer Services Committee**

**Minutes of the meeting held on Wednesday 3rd May 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
- Attendance:** Mr David Cheesman – Programme Director, Guy's Cancer
Dr Maj Kazmi – Chief of Cancer Services, Guy's Cancer
Prof Arnie Purushotham - Director of KHP Comprehensive Cancer Centre
Mairead Griffin – Director of Nursing, Guy's Cancer
Mr Angus Norton – Cancer Programme Manager
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 Julie Gifford – Deputy Director, Strategy
Ms Fiona Wheeler – Director of Operations, Kings College Hospital NHS FT
Ms Louise Fleur - Lead Urology Clinical Nurse Specialist
Dr Mieke Van Hemelriick – Senior Lecturer in Cancer Epidemiology, KCL
Ms Debra Guest – IP & Commercial Research Manager
Mr Kieron Boyle - Chief Executive, GSTT Charity
Prof Claire Harrison – Clinical Director
Ms Justine States – Management Trainee, Guy's Cancer
Ms Kate Barlow, Programme Director, KHP Haematology Institute
- Apologies:** Prof Peter Parker – Head of the Division of Cancer Studies, KCL
Ms Dawn Harper – Head of Nursing, Guy's Cancer
Ms Amelia Price – General Manager, Oncology and Haematology
Dr Polly Edmonds – Clinical lead, Kings College Hospital NHS FT
Ms Anita Knowles – Director of Communications
Mr Kislaya Thakur - Clinical lead, Lewisham & Greenwich NHS Trust
Ms Julie Baker – Cancer Nurse lead, Lewisham & Greenwich NHS Trust
Dr Ian Abbs – Medical Director
Ms Jackie Parrott – Director of Strategy
Dr Anna Rigg – Clinical Director, Oncology

1) Welcome and Introductions

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

The Chair welcomed Ms Fiona Wheeler, Director of Operations at Kings College Hospital NHS Foundation Trust. Cancer leads from Lewisham & Greenwich NHS Trust had sent their apologies but would be also be attending future meetings.

2) Minutes of the previous meeting and action log

The minutes of the previous meeting which took place on the 1st February 2017 were approved as accurate.

The Chair asked that the summary plan of actions presented as part of the strategy refresh be programmed into a more granular plan and re-presented at September meeting (either as a dedicated paper or as part of the IQPR).

3) KHP Haematology Institute Strategic Outline Case (SOC)

The Programme Director, Guy's Cancer explained that this was the final draft of the SOC before submission to the three partner organisation boards. A summary paper had been circulated addressing the key questions and issues that had been raised at previous committees. For example the SOC now included greater emphasis the Institute's links with the Comprehensive Cancer Centre and the Accountable Cancer Network.

The Programme Director, KHP Haematology Institute explained that once the SOC was approved, work would commence on the more detailed Outline Business Case (OBC). She explained that the development of the OBC required each partner organisation to agree a share of the associated £2.7 million costs. The £1.8m capital element (of the £2.7m total) to develop the OBC would be funded by King's College Hospital. A reciprocal arrangement had been agreed for the Cardiovascular Institute so in reality, GSTT would not incur any additional financial costs for the Haematology programme. The Trust would however be agreeing in principle to moving to a network configuration and the introduction of a 'one team' model for haematology.

The Non-Executive Director (FH) thanked the committee for the clarity regarding funding requirements and asked how the SOC related to the 100k genome project. The Joint Chair of the Cancer Clinical Academic group (CAG) explained that the 100k genome programme was a current project managed by the Genomics Medicine Centre (GMC) and that soon the project would be extended into haematology. He explained that the 100k genome project was due to be completed before the Haematology Institute was built but its legacy was very important for the development of molecular oncology and how treatment would be delivered in the future.

It was agreed that the Programme Director, Guy's Cancer and the Programme Director, KHP Haematology Institute would meet with the Joint Chair of the Cancer Clinical Academic group to explore more closely how the Haematology Institute could link with the 100k Genome Project.

The Director of KHP Comprehensive Cancer Centre reminded the Committee that it had taken five years to raise £11 million for the Cancer Centre at Guy's and questioned whether the £30m fundraising target for the Haematology Institute was realistic.

A detailed discussion about governance arrangements followed. The Chair noted that there was only limited reference made in the SOC to the Comprehensive Cancer Centre (CCC) and the Accountable Cancer Network (ACN) and asked for greater clarity about how governance structures would work with the Haematology Institute (HI). The Chair asked for some more reassurance in the SOC that the management of both solid and liquid cancers would not be undermined by the establishment of a new Institute. Similarly the Joint Chair of the Cancer Clinical Academic group (CAG) requested greater clarity about the Haematology Institute's relationship with the Cancer Research UK (CRUK) Cancer Centre and the Biomedical Research Centre (BRC).

The Clinical Director, Guy's Cancer & Partners explained how the ACN's haemato-oncology pathway group would be jointly managed with the Haematology Institute. This would ensure that the immediate requirement to streamline patient pathways (and improve access) would remain aligned with the clinical model described in the OBC.

The Chief of Cancer Services noted that it was not yet clear how shared services would work between solid cancer and liquid cancer. Specifically consideration needs to be given to how chemotherapy would be delivered. More assurance was needed that services would not be duplicated. The Clinical Director, Haematology added that in successful large cancer centres, haematology was generally integrated not just with cancer services but also with non-malignant services such as sickle and haemophilia.

The Chair asked about how the phasing would work and the specific gateways for approval. The Programme Director, KHP Haematology Institute explained gateway 1 focused on network configuration and integration. The Chair noted that the plan looked ambitious for the phase 1 plans to be developed by June 2017. The Programme Director, KHP Haematology Institute said the deadline had been deferred to September with the work over the next few months focusing on what integration actually looks like. Finally, the Chair noted that clear identification of staff (and their roles) mattered and asked that the SOC include a structure chart describing the names of people, their responsibilities and where they will be located.

A decision regarding the SOC will be made at the May GSTT Board and a report will go to the Public Board in July.

4) Accountable Cancer Network for SEL

The Clinical Director, Guy's Cancer & Partners noted that the ACN had been live for one year and there had been a phased approach to establishing tumour group due to resource constraints. The ACN is now part of the SEL Alliance which brings together the six CCG commissioners with the SEL ACN. The Clinical Director explained that the ACN functions as a provider network as part of wider SEL Alliance working in partnership with the wider SEL stakeholders covering primary care and survivorship. The Programme Director, Guy's Cancer and Chief Executive of Lambeth CCG are the Joint SROs.

Six SEL tumour groups are now up and running with Breast and Acute oncology scheduled to be set up in September. The focus on the work remains on improving the cancer pathways across SE London. The key priority going forward will be how the tumour groups implement their 62 day CWT timed pathways starting with a high level gap analysis where tumour leads and managers will be asked to present a summary of their findings

The Clinical Director, Guy's Cancer & Partners provided an update on the Cancer Transformation Fund Bids and explained that there had been no confirmation of funding. In the meantime the SEL Alliance had received £275k core funding to deliver their work plan.

The Director of KHP Comprehensive Cancer Centre asked how well Lewisham and Greenwich NHS Trust (LGT) were engaging with the ACN (who had sent their apologies for the meeting). The Clinical Director, Guy's Cancer & Partners confirmed that LGT had good engagement at a senior level particularly with the lead cancer clinician, nurse and manager. The Director of KHP Comprehensive Cancer Centre also asked about the link with RM Partners. The Clinical Director, Guy's Cancer & Partners explained that the three transformation bids had included a pan London bid for funding of the recovery package and stratified follow up interventions.

The Joint Chair of the Cancer Clinical Academic Group wondered if the 100k genome work could be integrated with the ACN tumour groups. The Programme Director, Guy's Cancer noted that the absolute focus of the ACN pathway groups was to deliver CWT access targets and was concerned that there was currently insufficient capacity within the tumour groups to take on this work. The Clinical Director, Haematology suggested that

Cancer Services BC minutes 03-05-17 chair approved

100k genome work needed to be *business as usual* over time. The Chief of Cancer Services agreed that the focus needed to be on cancer waiting times and noted that the task and finish group being set up for pathology could address some of the 100k genome project issues.

The Chief of Cancer Services emphasised the need for a robust sign-off process of the outputs from the ACN tumour groups including operational and clinical teams. The Director of Operations, KCH agreed that the ACN tumour groups were the right people to agree the clinical pathways and it was critical that the key timings be signed off. She reassured the Committee that there was a firm commitment from KCH to empower the ACN tumour working groups.

The Chair requested that the ACN considered overall diagnostic and treatment capacity. He stated that rapid access to scans and timely reporting were essential to improve performance against cancer access standards.

The Chair stated that it was critical that all three provider boards were all equally exposed to the challenges of delivering a SEL wider sustainable position. The Chair noted that at the recent KCH Board, cancer waiting time performance was rated green. The Director of Operations (KCH) explained that she was the Trust's lead for cancer and was aware of the problems regarding the diagnostic pathway at PRUH and pathway problems between her Trust and GSTT. She acknowledged that there were no easy solutions but gave her assurance that these issues are being prioritised by the Trust.

The Non-Executive Director (SS) commented that none of issues regarding diagnostic capacity were new and asked whether there is anything different we could do to tackle this. The Programme Director, Guy's Cancer explained that within the £6.2 million transformation fund bid discussed previously, £4.5 million was earmarked to improve early diagnosis of cancer. The Chief of Cancer Services confirmed that there may be some quick wins such as implementing protocols for CT scans and different ways of working to reduce duplication of scans.

The Chair thanked the Programme Director, Guy's Cancer and the Clinical Director, Guy's Cancer & Partners on the ACN progress report. There was evidence of good progress and the Chair welcomed the explanation of governance arrangements across the Alliance and ACN.

5) Research & Development Report

5a. Real World Evidence (RWE) – an opportunity for Guy's Cancer

The Senior Lecturer in Cancer Epidemiology, KCL and the Intellectual Property (IP) & Commercial Research Manager gave a presentation on the need for real world evidence (RWE) cancer data at Guy's Cancer and early discussions with a commercial partner. This was supported by a detailed paper circulated prior to the meeting.

The Senior Lecturer in Cancer Epidemiology argued that if Guy's Cancer wanted to be at the forefront of policy making in cancer treatment, it needed to accelerate efforts to improve data capture and ensure that systems were wherever possible better coordinated and automated.

This approach was consistent with the current IT strategy to develop a cancer management system that would support better data collection for nationally mandated returns. The expectation was that this will make the comprehensive cancer centre a high-value resource for pharma industry and regulatory agencies, whilst also improving patient safety and reducing duplicate costs of database management. The Senior Lecturer in Cancer Epidemiology reported that Guy's Cancer had recently shared anonymised data of 500 prostate patients treated at GSTT as part of a study looking at the treatment across 25 centres worldwide.

The IP & Commercial Research Manager noted that there was a potentially material commercial value in GSTT's RWE data which could be further capitalised by improving its data infrastructure.

The Trust had been approached by a commercial company to jointly develop RWE potentially as part of a novel European Oncology Evidence Network with a small selection of leading centres across Europe. This was expected to help individual hospitals exploit their data potential and the quality of network data.

In conclusion the Senior Lecturer in Cancer Epidemiology, KCL and the IP & Commercial Research Manager asked the boards Committee to:

- Note the progress made with the commercial partner and the further development of Guy's Cancer strategy for informatics and RWE in particular.
- Support entering into a three month due diligence process whereby the Trust provides support and availability from our IT and lead clinicians.

The Senior Lecturer in Cancer Epidemiology, KCL explained that the 3 month due diligence process would cover the breast, lung and prostate tumour groups and this strongly linked to the Trust strategy to develop biobanking.

The Non-Executive Director (FH) highlighted the importance of aligning this work with Public Health England (PHE) returns.

The Chair asked for assurances about a commercial partner having exclusive access to Trust data. The Chief of Cancer Services highlighted the need to be cautious with Guy's Cancer data as it was very valuable and remained a foundation for clinical and research activities. The IP & Commercial Research Manager gave assurances that the Trust would not enter any agreement where it could not use its NHS data as it saw fit. The Senior Lecturer in Cancer Epidemiology, KCL also noted that there were current examples of the preferred partner having similar arrangements with other Trusts. She explained that one of the benefits of the partnership would be to secure investment in Guy's Cancer infrastructure. The focus would be limited to three tumour groups initially and would not prejudice any other data sharing agreements. The Committee agreed that this could be a good opportunity to better understand the potential to develop RWE.

The Chief Operating Officer noted that the development of RWE was very exciting however it was important that the Trust does not sign up to anything that distracts the operational teams from delivering cancer waiting times.

The Committee agreed that the three month due diligence process should proceed but on the basis that the commercial partner would not be granted exclusivity and operational teams' time would not be diverted from the priority of improving waiting times.

The Cancer Services Committee agreed to proceed with the three month due diligence and to review the outcome at the September Board Committee.

5b. South London Genomic Medicine Centre (GMC)

The Joint Chair of the Cancer Clinical Academic Group gave a presentation on the South London GMC.

He explained that there was significant national support for genomics and following the launch of the 100k genome project, NHS England was preparing to issue the Genomic Laboratories tender. The Trust was now well positioned to be a regional and potentially a national leader in genomics.

GSTT is the lead provider of the highest performing GMC for cancer recruitment contributing approximately 20% of the national total to date. In respect of rare diseases it was the second highest performing GMC.

The Joint Chair of the Cancer Clinical Academic Group outlined the implications of the genetic laboratory reconfiguration. There will be regional genomic central laboratory hubs and although it was not clear as to the number there will be nationally there are likely to be two regional hubs in London – one in the north and a GSTT led hub in the south.

The Joint Chair of the Cancer Clinical Academic Group explained that the roadmap for local transformation in the laboratory tender made 35 recommendations around service delivery change (clinical, scientific & technical) and key enablers (Bioinformatics & IT, Education & Training, Governance & Commercial). One of the big challenges to be addressed was how order communications and results would be standardised and shared across South East London and Kent, Surrey & Sussex.

The Director of KHP Comprehensive Cancer Centre noted that it was critical that the implications of the genomics developments for Viapath were understood. The Chief of Cancer Services Cancer agreed to discuss this further with Viapath.

6) Surgical Oncology Strategy

The Chief of Surgery presented a brief progress report on the Trust's surgical oncology strategy.

The Chief of Surgery reported the successful launch of the Guy's Cancer Pelvic Surgery Centre the previous day on 2nd May which was well organised and well received. The Chief of Surgery noted that whilst the launch was in part symbolic, it illustrated Guy's Cancer's ambition to innovate. He believed that further consolidation of surgical services would deliver significant quality and safety benefits.

The Chief of Surgery commented that the development of robotic surgery was a key element of the vision to establish of a world class surgical oncology service at GSTT. The cost of the latest Da Vinci robot was in excess of £2 million and therefore the programme was inevitably financially challenging both from a capital and revenue perspective.

The Chief of Surgery noted that a key challenge was which site was best suited to develop robotic surgery. He also explained that it was imperative that the plans aligned with the GSTT's overall theatre strategy.

The Chief of Surgery concluded by confirming that all specialist thyroid procedures had recently been centralised at Guy's. While the consolidation was long overdue, it raised a number of issues notably the pressures of managing a service delivered by a single handed surgeon. He explained that the project team supporting Mr Hubbard was in the process of securing additional surgical support.

The Director of KHP Comprehensive Cancer Centre congratulated the Chief of Surgery on the progress made to date and agreed that the consolidation of thyroid surgery was a significant step forward. The Chair thanked the Chief of Surgery for leading the successful launch of the Guy's Pelvic Surgery Centre.

7) Clinical Nurse Specialist Development Programme

The Director of Nursing, Cancer introduced the lead Clinical Nurse Specialist for urology who was leading on the development of the role of Guy's Cancer nurse.

The Director of Nursing updated the Board on the current priorities for Guy's Cancer Nurses and the Guy's Cancer nurse development programme which was funded by Macmillan.

Cancer Services BC minutes 03-05-17 chair approved

The Director of Nursing highlighted the need to both develop the role of the expert Clinical Nurse Specialist given the number of vacancies facing GSTT and other centres. Noting that a disproportionate amount of specialist nurses' time was spent on non-clinical duties, the Director of Nursing explained that a greater focus on succession planning was required.

The Chair confirmed that he had attended the first workshop and with the opening of the new Cancer Centre at Guy's there was a real opportunity to develop the Guy's Cancer Nursing brand and ensure that GSTT was the first choice for new applicants.

The Director of Workforce thought that this was an excellent piece of work and asked if the issues for specialist nurses' in cancer were similar in other specialist areas. The Director of Nursing explained that she would be sharing the outcomes of with the Chief Nurse and senior nurse colleagues in July.

The Lead Urology Clinical Nurse Specialist explained that a job planning exercise was taking place to better understand why so much time was spent on non-clinical activities.

Following a question from the Director of Operations, Kings College Hospital NHS FT, the Director of Nursing confirmed she was discussing the work undertaken at Guy's Cancer KCH and LGT and there was a general view that that the learning could be replicated across the ACN.

Following a question from the Director of KHP Comprehensive Cancer Centre, the Director of Nursing, informed the Committee that a bid has been submitted to Macmillan to recruit a CNS with a focus on research.

The Non-Executive Director (SS) reported that she had enjoyed the report and suggested that it be fully written up and published.

The Chair also noted the possible adverse impact of funding cuts on continuous professional development and requested a plan be developed to mitigate problems that could arise.

The Board Committee endorsed the work to date and the plan going forward.

8) Integrated Quality and Performance Report

The Chief of Cancer Services reported that the new Guy's Cancer at QMH was scheduled to open the following week (on 8th May).

The Chief of Cancer Services confirmed that the biggest issue facing Guy's Cancer remained the inability to consistently deliver the 62 and 31 day targets. Work was taking place with tumour groups (at both a Trust and ACN level) to improve the different patient pathways. The new programme of clinically led quality review meetings with tumour leads was due to commence by mid-May.

The Chief of Cancer Services agreed to report back on the new QRM process and the Trust's efforts to address cancer access times at the September meeting.

There was a discussion about how best to deal with cross-cutting issues across the Network and it was agreed that this was a good topic to discuss at the away day on 21st June.

9) Any other business

- a) The Director of KHP Comprehensive Cancer Centre confirmed that the recent visits of Sir John Major and Lord Saatchi to the Cancer Centre had been very successful.
- b) The Programme Director, Guy's Cancer reminded the Committee about the forthcoming Cancer Survivors' Day on June 25th in which 750 patients and their families were expected to attend.

Date and time of next meeting: 27th September 2017, 2pm – 4pm, Burfoot Court Room, Guy's Hospital

DRAFT

**Board of Directors
Corporate Management Committee**

Part 1

**Minutes of the meeting held on Wednesday 7th June 2017
at 1:00pm in the Burfoot Court Room, Guy's Hospital**

Present : Sir Hugh Taylor (Chair) attendance to be checked

Dr I Abbs
Ms E Duncan
Mr J Findlay
Dr F Harvey
Ms A Macintyre
Ms G Niles
Mr J Pelly
Ms A Pritchard
Mr M Shaw
Dr S Shribman
Dr P Singh
Mr S Weiner

Attendance: Mr P Allanson, Secretary
Ms V Cheston
Ms H Coffey
Mr R Drummond
Mr N Goulbourne
Ms A Knowles
Dr S Steddon
Mr K Thanki
Mr J Duncan, Council of Governors representative

Apologies Mr S McGuire
Prof R Razavi
Ms J Hamilton

CMC noted and paid tribute to the remarkable resilience of the Trust's staff caught up in the recent incident on London Bridge and in particular commemorated Kirsty Boden, a nurse employed at the Trust who had lost her life whilst helping others.

CMC/17/12 Minutes of the meeting held on 8th March 2017

The minutes of the meeting held on 8th March 2017 were approved as a true record.

CMC/17/13 Matters Arising from the minutes of the meeting held on 8th March

There were no matters arising.

CMC/17/14 Fit for the Future – establishing and priorities the Carter Report opportunities for Guy's and St Thomas' – progress to date and next steps

The Director of Improvement reminded CMC that the Trust was ranked highly in the Carter report but would be expected to lead in local delivery across the STP. However, it was important to remember that the figures were theoretical and there were issues with the methodology. The Trust's research and specialist work through value based pathways was not necessarily reflected in the figures and the allocation of costs may have affected the data. Nor did they factor in outcome figures and overall performance. There were particular concerns about the validity of the data around estates and facilities which needed more work for them to be helpful.

Nevertheless, the information would prompt questions and provided a useful indicator of where to drive change without adding to costs. The distinction between cost and value would remain central to the Trust's ethos in arriving at long term and sustainable solutions for the Trust and across the SE London health economy.

The Trust would continue to work with the Carter team including taken a robust approach where it believed the proposals were unrealistic so that the expectations of NHSI, NHSE, DH and possibly the Treasury were managed. CMC welcomed the paper and the positive approach it took. Moving to the next stage was agreed for both clinical and non clinical areas as was endorsement for the policy of driving out cost whilst maintaining safety and quality criteria in line with the Trust's values.

CMC/17/15 Essentia Quarterly Capital Programme update

It was noted that the report now included information about the costs of transformation.

In noting the progress on the main projects, CMC noted that Internal Audit was reviewing the PET project where some unreported cost issues had arisen.

Lambeth Palace had now received planning permission to build a library in its grounds across the road from the Evelina.

A post evaluation exercise of the Cancer Centre had been planned into the project at the insistence of the Charity and would take place about a year after completion. It was suggested that the Emergency Care Pathway (and other major projects) should undertake similar reviews.

Finally, CMC noted the opening of the Sidcup Cancer Centre where the trust was the tenant rather than the principal.

CMC/17/16 Trust costing processes and systems:

a) Costing processes and systems for the reference cost collection for 2016/17. For approval

The Trust had an annual obligation to confirm that the Board was satisfied with its costing processes. A good correlation between costing and pricing was important especially in terms of setting tariffs at appropriate levels so accuracy at a national level was important. On behalf of the Board CMC confirmed that it accepted that the Trust was complying with the national requirements.

b) Future changed requirements under the NHSI Costing Transformation programme and the current gap analysis

CMC noted the paper which had been provided to brief members on the issues.

CMC/1717 Workforce Planning

a) Workforce Strategy update

The outgoing Director of Workforce reviewed progress over the last 8 years of her tenure as background to the new Director of Workforce who would undoubtedly wish to review the strategy.

The workforce strategy had been launched in 2010 against a background of some low metrics, poor industrial relations and staff engagement. Since then the Trust had become a much more valued workplace with staff engagement and improved industrial relations highly rated. Changes to the consultant contract had unlocked and enabled additional elective work including over weekends. Continuing to develop staff engagement, partnership working and staff side relationships should be priorities as would maintaining control of pay without ad hoc agreements. The policy of developing leaders and their visibility should also continue. There was more work to do on diversity and supporting those with the whole range of protected characteristics.

Feedback from newly appointed consultants was generally positive and it was likely to be the case that extra discretionary effort came from well motivated staff.

b) Senior Leadership Development Programme update on progress

The Director of workforce reported on the successful programme that had engaged its first cohort positively, built relationships between teams and directorates and was developing a good calibre of alumina from a high quality faculty. Funding was available for a second cohort with a roster of excellent speakers.

Although the programme included a focus on unconscious bias, it was acknowledged that linkages to diversity and inclusion ran deeper than the programme itself and the ED team needed to devote some time to considering how to improve recruitment and retention and ensure the cultures were embedded throughout the trust.

CMC welcomed the report, hoping that the programme continued and did not become a victim of budgetary pressures.

CMC/17/18 Incident Update

The Chief Operating Officer updated CMC on the London Bridge terrorist incident. There had been considerable service disruption over the days following the incident as the cordon covered a number of Trust premises so over 200 staff had had to be temporarily relocated. Access to the Guy's site had been restored the morning after but a number of patients had decided not to attend which meant that although the Trust was working as usual, there were fewer patients and the call centre, which lay within the cordon, was busy with calls to arrange missed appointments. It was fortunate that a number of those displaced were able to use the new mobile technology to work in other locations.

There would be a formal debrief after the incident had been stood down and the team was encouraged to record its thoughts whilst they were still recent memories.

A number of casualties were being treated by the Trust.

The Trust had put in place support for the staff especially those who worked closest with Kirsty Boden; two services on each of the main sites had been held and occupational health and psychological support was available.

The communications team had worked to make sure that announcements were factual and straightforward and also complied with the wishes of Kirsty's boyfriend and family.

CMC expressed its gratitude to all those involved in dealing with this difficult situation.

CMC/17/19 Date and time of next meeting

13th September 2017 at 1pm in the Burfoot Court Room, Guy's Hospital

**Board of Directors
Digital Committee**

**Minutes of the meeting held on Wednesday, 3rd May 2017
at 11:30am Burfoot Court Room, Guy's Hospital**

Present: Mr D Perry (Chair)

Dr I Abbs
Ms F Harvey
Ms A Pritchard
Dame Eileen Sills
Dr Priya Singh
Dr S Steddon
Mr S Sommerville
Sir Hugh Taylor
Mr S Townsend

Attendance: Mr G Bateman (Secretary)
Ms C Afolabi (for Item 7)
Mr C Breen
Ms H Byron (Patient Governor)
Ms K Cooney
Mr A Earnshaw (PA Consulting)
Prof T Hulse (Staff Governor)
Mr M Keuneman
Ms A Knowles
Ms J Parrott
Mr A White
Mr K Woollard
Ms P-S Wu (PA Consulting)

DC/17/01 **Apologies:** Ms H Coffey
Mr J Findlay
Mr G McAllister
Mr S Weiner
Mr A Young (PA Consulting)

Declaration of Interests / Conflict of Interests

None declared.

DC/17/02 **Minutes of Previous Meetings**

The minutes of the 1st Mar 2017 meeting of the Digital Committee were accepted as an accurate and true record by the Committee and were approved by the Chairman.

DC/17/03 Matters Arising

The Chairman announced that the Committee was no longer in shadow form, which meant summary Minutes would now be made public in line with Trust standard practice. The Committee welcomed Steve Townsend the new Chief Digital Information Officer (CDIO) to the Trust and the Chair and Committee recognised and thanked Scott Sommerville for all his achievements over 8 years with the Trust and wished him well for the future. The Committee noted the Actions Log and associated updates. Of the three actions that remained open, these would be discussed as part of the Agenda.

For Approval / Decision or Discussion**DC/17/04 Digital Strategy**

PA Consulting reported on their progress to date delivering the new Digital Strategy. They presented a brief outline of the Digital Strategy and the Executive Summary, and sought the Committee's views on three specific discussions points. The report detailed how work had addressed the wide range of inputs and how conclusions had been reached. PA Consulting proposed that the digital strategy needed to focus on 5 key outcomes over the next 5 years:

1. Improved patient & clinician user experience
2. Improved data accuracy, timeliness and availability
3. Enhanced capability of clinicians to deliver quality of care
4. Increased clinical and corporate efficiencies and value for money
5. Greater use of innovation and research

In addressing how the strategy would be achieved, what considerations would be required and how those strategic decisions matched to funding, the Committee looked at four options that covered: just making IT work; enabling planned transformation; becoming a digital healthcare leader through to re-inventing healthcare. All with an underpinning new Electronic Health Record (EHR) system.

PA then covered the roadmap required to deliver the Strategy and focussed on 4 key areas of development:

1. Electronic Health Record (EHR) system
2. Transformation within the Fit for the Future (FFF) driving big programmes
3. Managed innovation through the Digital Hub
4. Underlying Core Infrastructure

PA reported on the underlying activities to support this work. It was proposed that the clinical engagement model needed to change, with a revised governance model. Gaps in IT skills and capabilities needed to be addressed with business design and business change requiring additional resourcing. Finally, user experience vignettes were presented to help bring the strategy to life.

A detailed and substantive discussion on the draft strategy followed. Whilst the Committee felt that more work was required on the organisation of the document itself, on the language used in the document (it was currently too technical and would not make sense to the thousands of front-line staff), the foundations of addressing the direction for people, processes and ambition were there and it was agreed that the principles and strategic

direction were correct.

The Committee, therefore, broadly welcomed the Digital Strategy, and acknowledged the rich debate and good progress made to date. It was agreed that external references to KHP and STP planning and connectivity with the wider health system should be more overt in the Exec Summary. This strategy work would need a sound communications plan, and it was reiterated that this represented good news for the Trust. However, the story this strategy told was not yet clear. The Director of communications welcomed the opportunity to continue helping shape thinking on communications, their associated products and channels.

In Summary, the Committee agreed the direction of the Digital Strategy but more work was required to ensure connectivity, the patient experience and integration with population health management was clearer. The Vision and Mission needed to bring this to life in a more effective way.

Action: PA Consulting to complete the draft core Digital Strategy for handover to the CDIO. AE

Action: PA Consulting to develop a communications plan to support the final Digital Strategy. AE

DC/17/05 **Review Progress Summary - PA Consulting**

a. Governance. The Committee received a PA Consulting Report on their review of Trust governance as it pertains to digital matters. The Committee heard how the review was not fully completed. The Report built on the PA finding that governance was not working well for IT/Digital. The Report was, therefore, presented to enable further Trust thinking and discussion. The report recommendations focussed on joining up transformation across the Trust with digital strategy developments. The Digital Reference Group (DRG) would act as an advisory group to that Digital and Transformation Committee. The Committee welcomed an update on the developments with the DRG that would see CCIO/CNIO roles established across clinical directorates. This had been agreed with Clinical Directors. Job Descriptions and recruitment plans were in progress and funding implications being considered. This would establish the DRG and form a bedrock of clinical network responsibility and guidance to the Digital Strategy governance.

The PA Report was broadly welcomed but it was acknowledged that the Trust Executive had not yet had a chance to really consider the findings and recommendations in detail. The Committee recognised the potential overlaps with differing committees and welcomed clarity moving forwards. It was acknowledged that some important principles were raised by the Report. It was felt that it was important to not see IT/Digital in isolation and that there is merit in broadening the governance around transformation. However, it was for the Exec Directors to take the recommendations forward. The Committee clarified that people manage and that Boards assure and decide and it was important that governance changes were clear on these responsibilities. Case studies in understanding the recommendations were seen as extremely useful. The Trust Executive would consider the completed PA Report and take it forward.

Action: PA Consulting to add a simple and complex case-study to complete their Governance Report to GSTT.

AE

b. Digital Committee TORs

The TORs were accepted by the Committee. The Digital Committee Secretary would own the TORs moving forwards. The Trust Chairman would ask the Trust Secretary to review in light of any changes as to how innovation and transformation governance is taken forwards.

DC/17/06 Review of IT Portfolio

PA Consulting and the Director of IT provided a verbal update on the review and prioritisation of the IT Portfolio. The ongoing review focussed on the 160+ potential projects in the portfolio pipeline, and their going through a Quality Impact Assessment (QIA) process to aid prioritisation. Progress was slow with 50/160 complete to date. It was agreed that further guidance was required to assist Directorates in the task. The DRG would take ownership of this process moving forwards. It was suggested that understanding the impact of not doing something might be more effective than seeking reasons for doing something. The time it was taking and resources being committed was of concern to the Committee. It was recognised that the DRG would not pick this up until June at the earliest. The Committee heard that since starting the exercise the pipeline of new requests to IT had grown from 160 to nearer 200 and discussion ensued about 'turning-off' this pipeline. It was suggested that the list be reviewed by Clinical Directors and TME as soon as practicable.

The Committee noted the update; the Committee concluded the need to be honest that if absolutely urgent then we say yes and if not simply no. Clinical Directors help in this was welcomed. It was recognised that the existing system was not working and not helping Directorates or IT. Stopping or slowing the pipeline growing was seen as vital moving forward but appropriate governance of this to manage risk was required. This IT Portfolio prioritisation would be discussed at TME.

Action: The DRG to take ownership of IT Pipeline Prioritisation.

SSt

Action: The IT Pipeline list to be discussed at TME & Clinical Directors.

ES

Assurance

DC/17/07 Risk Review

a. BAF and IT/Digital Risk Report. The Medical Director and Director of IT presented a comprehensive paper in two parts focussing on the Board Assurance Framework (BAF) strategic risk and the totality of risks with an IT/technology/digital element, as captured on the Trust risk register (Datix). The BAF risk for all digital, IT and Informatics matters centred on Digital Strategy and the Committee welcomed and accepted the report and assurance presented. The Trust Assurance representative gave the Committee an overview of the Trust risk management process, controls and risk system (Datix). They then presented a comprehensive list of IT/digital and technology risks broken down by TME threshold (>15) for major risks

and minor (<12) Directorate led risks. The Committee welcomed the comprehensive report and felt it represented the scale of risk carried effectively. The Committee accept the BAF risk and were assured of adequate controls.

The Committee welcomed the new comprehensive second part of the Report detailing a comprehensive risk register. The Committee sought reassurance that the triggers between TME risk management and escalation or briefing to the Audit Committee were robust.

It was noted that there were several risks that could be grouped into categories and as such scored in group form which may affect their risk treatment. An example given was cyber security risks. The CDIO agreed to look at this for IT risks.

Action: A revised Risk Report be produced with risk grouping, categorisation and ownership clarified. **ST**

b. Channel 3 - Clinical / Operational Risk Report. The Director of IT and Deputy Director presented a paper on the IT response to the Channel 3 Report. The Channel 3 report made risk-based recommendations for the clinical applications and their associated clinical and operational support, testing and risk. The report found the Trust to be in a good place but there were still a high number of Priority 1 system risks, across the 53 P1 systems. The nature of backlog maintenance and its prioritisation was discussed and it was agreed that this should be added to the report. The Committee noted reliance on the Strategic Data Centre; Carenotes; CSU remediation programmes, as well as the Strategic Network programme to come and that disaster recovery and resilience was reliant on these.

Action: Deputy Director IT to report progress on Channel 3 risk plan. **KW**

Action: Deputy Director IT to add back-log maintenance to plan. **KW**

DC/17/08 **EHR ITT Update**

The Director of IT updated the Committee on the decision to contract with Deloitte for expert support in undertaking an EHR decision. The first milestone would be the production of a new EHR Strategic Outline Case (SOC) business case by the end of June, with an OBC targeted for Dec 2017 and a FBC in Q1 2018. The EHR kick-off meeting with Deloitte was planned for 16th May. Contracting was in progress, as were conversations between the Medical Director and Deloitte clinical leads. A Job Description for an EHR Programme Director was also in preparation. The Committee welcomed the report and was reassured that a process to reach out and capture wider learning from other larger teaching hospitals (i.e. UCH and Addenbrookes) was being established. The Committee were further reassured that full use of the DH centre of excellence 'fast-followers' schemes would be fully exploited. Further updates would follow to the Digital Committee moving forwards.

For Noting**DC/17/09 IT Listening Exercise - Update**

The Director of IT updated on good progress with the IT workforce listening exercise underway in the IT Department. They heard how a comprehensive engagement exercise was progressing across three work-streams (leadership, workforce and communications), with representation from all areas of the Department. These work-streams were now being held to account by a Steering Group, which itself had external to IT representation from HR, Staff-side, etc. The CNIO who chairs the Steering Group affirmed the progress being made with an ambitious process. The Committee welcomed the report and update. The Committee supported all the work within the IT team, and also asked that thinking be given to the external reputation and confidence in IT and Transformation across the Trust.

DC/17/10 Any other Business

a. **Community Issues.** The Committee sought update on the CSU network issues and Carenotes Recovery programme. Some reassurance was provided by the Director of IT on the progress being made with the NECSU Delivery Director and the two-phase approach to addressing performance issues. The network is seen as a key limiting factor to modernising the performance and user experience of community staff and tier patients. It was a risk to EHR in the community. The Committee heard that the Carenotes Recovery programme was experiencing serious issues with the supplier, Advanced Healthcare. This was being escalated by the Carenotes SRO with Trust Exec Directors to agree a way forward. The Committee welcomed the updates, but remained concerned for Community IT/digital matters. It was agreed that Community (CSU, Carenotes, etc) would be added to the next Digital Committee Agenda.

Action: Sec to add Community to next Digital Committee Agenda.

Sec

DC/17/11 Next Meeting (& dates for 2017)

New date - 19 July, 13:00-15:00, Emily McManus Lounge, Guys Campus
6 Sept, 15:30 - 17:30, Burfoot Court Room
Tbc - Dec

G J Bateman, Sec to Digital Committee

Evelina London Board

Minutes of the meeting held on Wednesday 10th May 2017

Present Dr Sheila Shribman, Non-Executive Director (Chair)
Ms Emma Duncan, Non-Executive Director
Ms Marian Ridley, Director
Dr Sara Hanna, Medical Director
Ms Janet Powell, Director of Nursing
Mr Simon Blazer, Head of Finance
Dr Tony Hulse, Council of Governors, Staff Member
Ms Devon Allison, Council of Governors, Patient Member

In attendance Mr John Pelly, Non-Executive Director
Ms Anita Knowles, Director of Communications
Ms Valerie Seago, Strategy and Planning Manager – (Minutes)
Dr Shane Tibby, Consultant in Paediatric Intensive Care (item 9).

1. Apologies

Ms Miranda Jenkins, Deputy Director & Head of Strategic Development,
Evelina London
Professor David Edwards, Director, Centre for the Developing Brain, Professor
of Paediatrics and Neonatal Medicine

2. Introductions

The Committee Chair welcomed everyone to the first meeting of the new Board and members introduced themselves.

Minutes of the meeting of the Children's Services Committee held on 15th March 2017

These were confirmed as an accurate record.

3. Matters arising

- Age Appropriate Care – Report to be brought to the next meeting
- PALS responses – The Director of Nursing, Evelina London reported that although discussions had taken place on improvements this remained a concern. She agreed to raise it with the Trust Chief Nurse
- Fundraising structure and resources – Plan to be brought back to next meeting including details on the governance around decision making.

4. Evelina London Board Terms of Reference

The Chair thanked the Evelina London team for producing the Strategic Business Unit (SBU) proposal. The Communications Director confirmed that the briefing on the SBU would be

shared with Governors. Some of the benefits of the greater autonomy attached to SBU status were highlighted together with the benefits of remaining part of the Guys and St Thomas' Trust. The impact on other parts of the organisation were discussed. It was reported that the views were generally favourable with some areas hoping to follow suit at a later date.

It was proposed that the meeting in September be longer to allow more time for discussion on strategy.

It was proposed that a recommendation be taken to the Trust Board that this new body should be called 'Evelina London Board'. It was also pointed out that there were no specified financial limits in the draft terms of reference. It was noted that the Director of the Child Health Institute (name to be agreed) should be included in the draft Terms of reference as a full member.

Action:

Seek the approval of the Trust for the new body to be called the Evelina London Board and for agreement of the terms of reference.

Longer meeting to be arranged for September to discuss Strategy.

Quality and Performance

5. IQPR 2016/17 Month 12

The Medical Director reported on the outcomes from the Healthy London Partnership Peer Review. Evelina London had been recognised as serving children and young people extremely well. They had suggested that audit processes could be strengthened and ways of doing this are now being considered. Response to the family and friends test remained good. Staff response was particularly good compared to the Trust and other similar organisations, with a high percentage of staff reporting that they would recommend Evelina London both as a place to work and as a place to have their children treated.

The Director stated that whilst some measures under the 'responsive' heading had deteriorated slightly that was against the background of increased demand. In spite of the large level of additional activity undertaken last year waiting times remained of concern. It was noted that the 6th floor beds would not be opened until 2018. Theatre capacity was also an issue raising concern over how capacity could be created for strategic priorities. Proposals being investigated included more weekend working or operating at network hospitals. Further physical capacity could be achieved by reviewing the balance in theatres shared with adults in East Wing or pulling forward a Daycase unit from Evelina 2.

6. Month 12 Finance Report

The Head of Finance outlined the month 12 finance report. The reported year-end position was £224k favourable to plan with profitability of £8.473m. The key variances were

Income – £4.061m adverse

Pay – £5.084m favourable

Non Pay – £0.183m adverse

Indirect Costs / Overheads – £0.613m favourable

The major causes of the variances were delays to capital schemes and other new developments so that increases in activity had taken place later than anticipated. These had been mitigated by managing recruitment. In addition there had been over-achievement of community nursing disinvestment in year in order to achieve the necessary run rate at April 2017. It was noted that profitability had been over £8 million for the past 3 years.

7. 2017/18 Business Plan

The Director complimented the team on their hard work on producing the Business Plan. She reported that the Trust had provided financial support for the Universal Community services. A £1million financial gap remained which would have to be addressed during the year, potentially with support from Fit for the Future and other Trust wide initiatives. Initial efforts would concentrate on delivering the £6-7 million of savings already identified.

The chair recommended that concern should be expressed at Trust level to Southwark local authority regarding notice given of their intention to cease to fund community speech and language therapy for under 5s.

Action: Evelina London Director to draft letter of concern to Southwark local authority regarding them ceasing to fund community speech and language therapy.

Strategic Development

8. Academic Update

Dr Shane Tibby outlined the paper describing the academic progress and developments in Evelina London. He described the change in structure at KCL with the introduction of the School of Lifecourse Sciences which included Women's, Diabetes and Nutrition, Twins and a new department of Child Health. Professor Lucilla Poston had been appointed Head of School. Within the school there will be an 'Institute' of Women's and Child Health, with membership from across a number of schools. A programme manager role has been designed to work with the institute Director, Head of School and key KCL and Evelina partners to support the establishment of the institute. This post will shortly be advertised and is funded 50:50 KCL and Evelina London. A programme board will be established to manage and coordinate the process. The 'Institute' will enable a number of research themes to unite currently disparate work on mothers' and children's health.

It was noted that a physical presence would be needed, including space for offices and dry laboratories. Dr Tibby described the forthcoming developments to improve the Clinical Research capacity for children within the Trust which were due to be completed during 2018. The Council of Governors Staff Member enquired as to whether there would be a linkage with the genetics service and Dr Tibby confirmed that they would be working together and also wished to join up with the Institute of Psychiatry who had a strong research element.

The Board discussed what the new body should be called and several suggestions were made for the team to consider and bring back a proposal.

The Medical Director described the role of the Evelina Research Strategy Committee which was bringing Evelina London and Trust corporate R&D team staff together to provide common support and a direction of travel for research.

The Chair of the board thanked Dr Tibby for his work.

9. Workforce Strategy Update

This item was deferred to the next meeting

10. Evelina SBU Implementation Update

A draft implementation plan had been circulated for Board members to consider. Whilst Board members were broadly supportive of the timescales outlined it was suggested that the timescale to get non-executive advisor posts on-board could be shortened. Skill sets suggested for additional advisors were IT, fundraising expertise and experience of a large capital expansion. The Director agreed to provide a note on the proposed process for recruiting such individuals for the next meeting.

The Director informed the Board that successful recruitment to the new post of Director of Performance and Improvement had been made the previous day.

The Chair was assured that an appropriate arrangement was in place for the SBU to discharge their responsibilities for Safeguarding.

Actions: All to read and provide feedback to the Director by the 24th May 2017.

The Director to provide, in consultation with the Trust Head of Corporate Affairs, a note of the proposed process for recruiting non-exec advisors for discussion at the next meeting.

11. Any other business

None raised.

12. Next meeting

The next meeting will be held on Wednesday 5th July 2017 from 4 to 6pm in the London Bridge Room, 4th Floor, Becket House.

Evelina London Board Action Log

Date of meeting	Action	Responsible	Deadline
10/05/2017	Report on Age appropriate Care to next meeting	Deputy Director and Head of Strategic Development	27/06/2017
10/05/2017	Issues with PALS responses to be raised with Chief Nurse	Director of Nursing	A.s.a.p.
10/05/2017	Proposals on fundraising structure and resources	Deputy Director and Head of Strategic Development	27/06/2017
10/05/2017	Seek the approval of the Trust for the new body to be called the Evelina London Board and for agreement of the terms of reference.	Director	25/07/2017
10/05/2017	Longer meeting to be arranged for September to discuss Strategy.	Director	A.s.a.p.
10/05/2017	Evelina London Director to draft letter of concern to Southwark local authority regarding them ceasing to fund community speech and language therapy.	Director	A.s.a.p.
10/05/2017	Read SBU implementation update and provide	All	27/06/2017.

	feedback to the Director		
10/05/2017	The Director to provide, in consultation with the Trust Head of Corporate Affairs, a note of the proposed process for recruiting non-exec advisors for discussion at the next meeting.	Director	27/06/2017

Integrated Quality and Performance Report



April 2017

In this month (page 5)

GP referrals were down by 17.9% to 15,579 when compared to same period last year. This is a significant shift to the growth patterns in referrals witnessed throughout 2016/17. Although it is most likely that the reduced number of working days in April due to the Easter holiday had an impact, it is too soon to tell whether this will be a continuing trend. There was also 9.3% reduction in urgent cancer referrals for the month which suggests the reduced number of working days did have an impact. The theme of reduced activity was also evidenced in outpatient attendances, day case and elective patient activity which were all down when compared to the same month in the previous year.

Are we safe? (pages 6-16)

Four Serious Incidents (SIs) were reported in April; there were no Never Events. The Trust was pleased to note the achievement of 100% against key performance indicators for Assurance of Commissioner SI Management in the required domains for percentage of STEISS records completed within two working days; percentage of initial reviews received within three working days of the incident and percentage reported on STEISS. 100% of reports were submitted to the CCG by due date; of which 90% were evaluated as not requiring any further information at first review.

Are we effective? (pages 17-28)

The Trust has agreed a total of 21 CQUINs for 2017/18. 9 are CCG commissioned schemes and 12 are with NHS England. Reporting against these schemes will commence at the end of Q1.

Are we caring? (pages 29-39)

Our Friends and Family Test results feedback remains positive and we are maintaining satisfactory response rates in many areas. "Recommend" scores are stable in most areas of care although A&E and Patient Transport have seen slight dips this month. The proportion of patients who say they would "not recommend" the Trust has dipped slightly for Maternity and A&E. 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 remained static at 86.6% in April when compared to the previous month. Attendances were slightly down when compared to the same month in the previous year. The Trust's performance against the internal 62 day cancer standard improved from 77.3% in March to 81% in April. Overall performance against the 62 day target was 70.4% for April which although not achieving the standard was above trajectory. Despite this the Trust is now reported as the worst performing Trust in London and as such has come under increased scrutiny by the regulators on its performance against all of the cancer standards. Despite deteriorating slightly to 88.8% the Referral to Treatment (RTT) performance was still above trajectory. Patients waiting >52 weeks decreased slightly to 16. The Diagnostic standard was not achieved in April with a performance of 1.35%.

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 increased to 11.20% and remains above target. This increase is caused in large part by a growing establishment. Agency spend reduced to 3.13% of the pay bill, which is above target and the same month last year. Usage continues to be monitored closely on a weekly basis. Turnover increased slightly to 12.25%. The number of completed personal development reviews (PDR) decreased further to 68.7%. 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 loss of £5.2M for April, which is £3.3M worse than the planned loss of £1.9M. 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.

0.2 Trust overview

April 2017

Page 3

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

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

April	Compared to last year	
	Same month	Year so far

We received...

Referrals from GP's

15,572

-17.9%

-15.4%

Urgent cancer referrals

1,275

-9.3%

-4.3%

Referrals to @Home and ERR

392

51.4%

59.0%

We treated...

A&E attendances

14,275

-1.1%

-5.5%

Non-elective admissions

3,626

0.0%

-4.5%

Outpatient attendances

80,426

-8.9%

-12.8%

Day cases

5,299

-3.0%

-7.2%

Elective inpatients

2,111

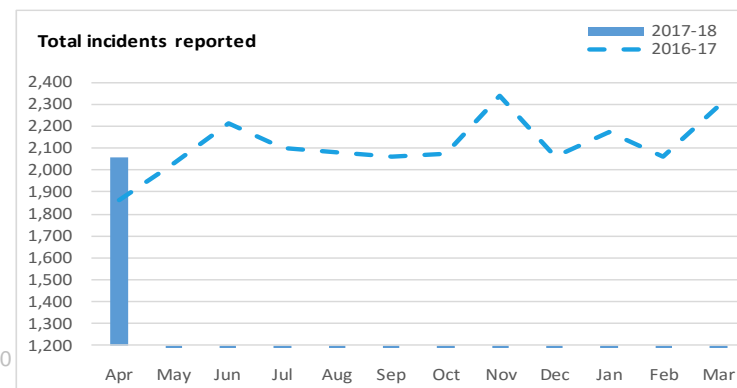
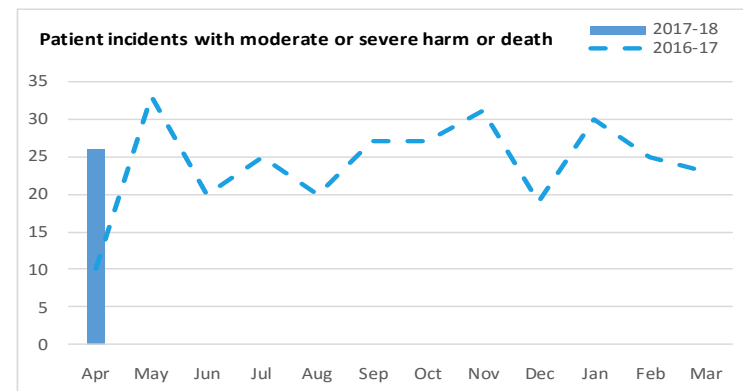
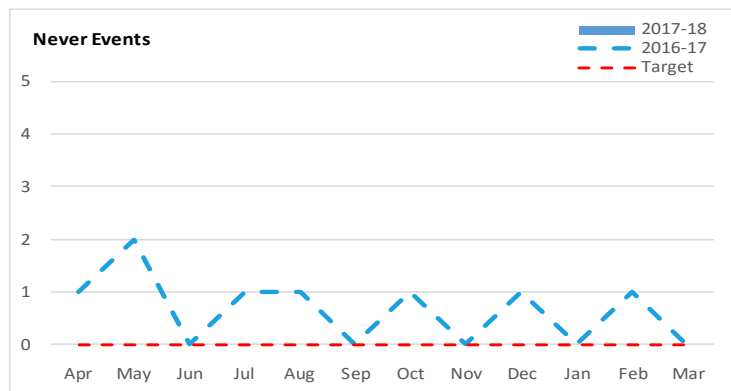
-2.0%

-6.6%

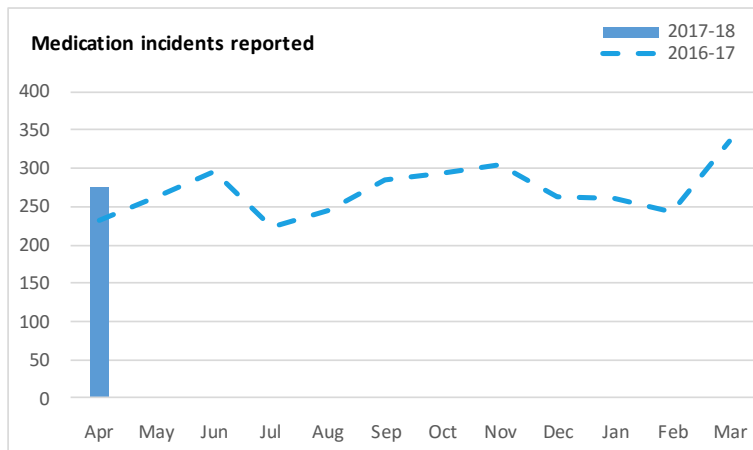
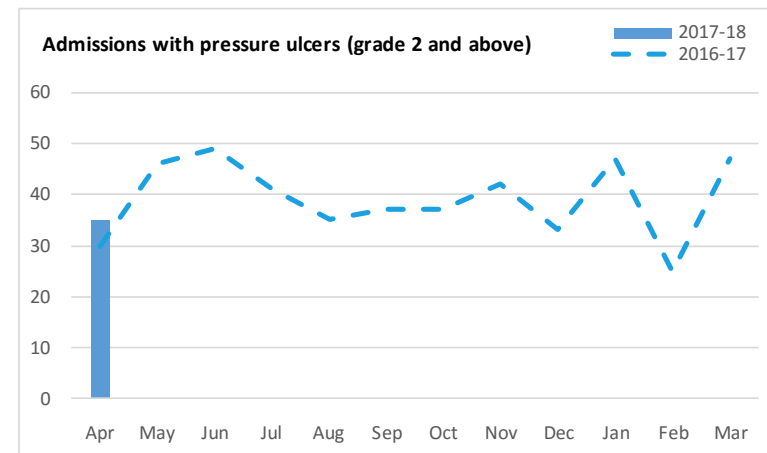
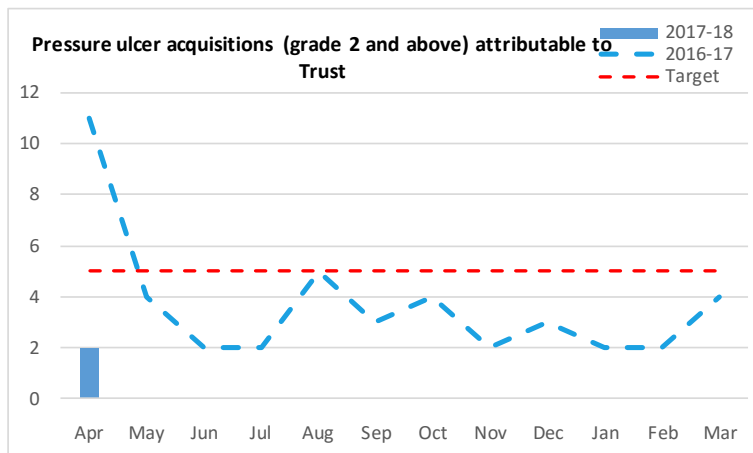
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Apr	May	Jun	YTD avg	Monitor	Quality priorities	Trend chart
1.1 Patient safety - incident reporting	INC 06	Total incidents reported	Number	-			2,112	2,058			2,058			Y
	INC 06S	Incidents - Reported on STEIS (total number)	Number	-			9.8	4			4.0			
	INC 06ST	Incidents reported on Datix that are STEIS reportable (total number)	Number	-			8.1	1			1.0			
	INC 07	Never Events	Number	Zero			0.7	0			0.0			Y
	INC 01	Incidents resulting in unexpected death	Number	-			2.8	1			1.0			Y
	INC 02	Incidents resulting in severe harm	Number	-			3.9	5			5.0			Y
	INC 03	Incidents resulting in moderate harm	Number	-			17.5	20			20.0			Y
	INC 04	Incidents resulting in low harm	Number	-			305	257			257			
	INC 05	Incidents resulting in no harm	Number	-			1,357	1,344			1,344			
	INC 01S	Incidents resulting in unexpected death - reported on STEIS	Number	-			2.4	1			1.0			
	INC 02S	Incidents resulting in severe harm - reported on STEIS	Number	-			3.5	1			1.0			
	INC 03S	Incidents resulting in moderate harm - reported on STEIS	Number	-			1.8	2			2.0			
	INC 04S	Incidents resulting in low harm - reported on STEIS	Number	-			0.7	0			0.0			
	INC 05S	Incidents resulting in no harm - reported on STEIS	Number	-			1.8	0			0.0			
	INC 08P	% incidents relating to patients	Mthly %	-			79.9%	79.1%			79.1%			
1.2 Patient safety - harm-free care	305T	Pressure ulcer acquisitions (grade 2 and above) attributable to Trust	Number	<5			3.7	2			2.0			Y
	305TA	Admissions with pressure ulcers (grade 2 and above)	Cases	-			39	35			35			Y
	INC 22	Medication incidents reported	Number	-			266	275			275			Y
	INC 21	Patient falls with moderate or severe harm	Number	-			3.1	2			2.0			Y
	INC 20	Patient slips trips and falls	Number	-			156	140			140			Y
	313BD	Incidence of falls per 1000 bed days	Number	-			5.2	4.9			4.9			Y
	WHO	WHO surgical safety checklist	Ann %	-			85%				85.0%			

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Apr	May	Jun	YTD avg	Monitor Quality priorities	Trend chart
1.3 Infection control and cleanliness	324	MRSA screening of admissions	Mthly %	>95%			90%	89.7%			89.7%		Y
	301	MRSA bacteraemia (Trust-attributable)	Number	Zero			0.3	0			0.0		Y
	302L	C-Diff acquisitions resulting from lapse in care	Number	Zero			0.1	0			0.0		Y
	302T	C-Diff acquisitions (Trust-attributable)	Number	<4 pm			2.7	2			2.0		Y
	AMS	Anti-microbial stewardship	Score	>85			88.8	83			83.0		Y
1.4 Screening on admission	9936	VTE screening (externally reported)	Mthly %	>95%			96.6%	95.6%			95.6%		Y
	Dem75	Dementia screening (patients aged over 75)	Mthly %	>90%			88.9%	93.8%			93.8%		Y
1.5 Mortality indicators	350	Deaths in hospital - number in month	Number	-			87.8	85			85.0		Y
	HSMR	Hospital standardised mortality ratio (HSMR) - most recent score	Ratio	<90			71.7	65.5			65.5		Y
	SHMI	Standardised healthcare mortality index (SHMI) - most recent score	Ratio	<90			75.3	72.0			72.0		Y
1.6 Safe staffing	SafeS	Safe Staffing - ratio of actual to planned hours	Mthly %	-			100.0%	100.1%			100.1%		

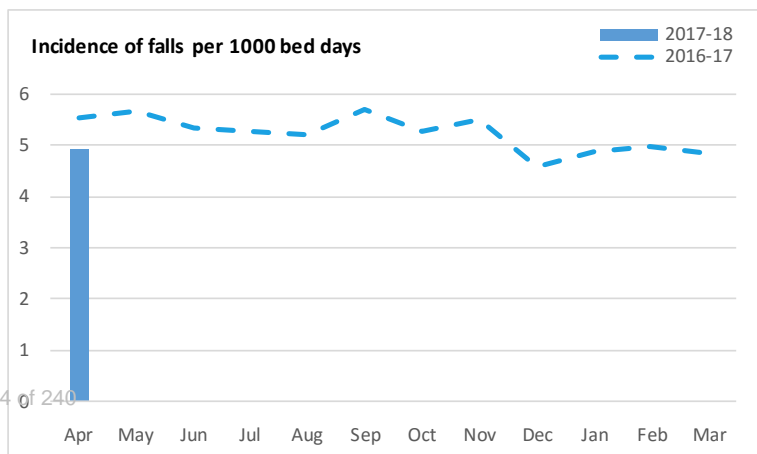
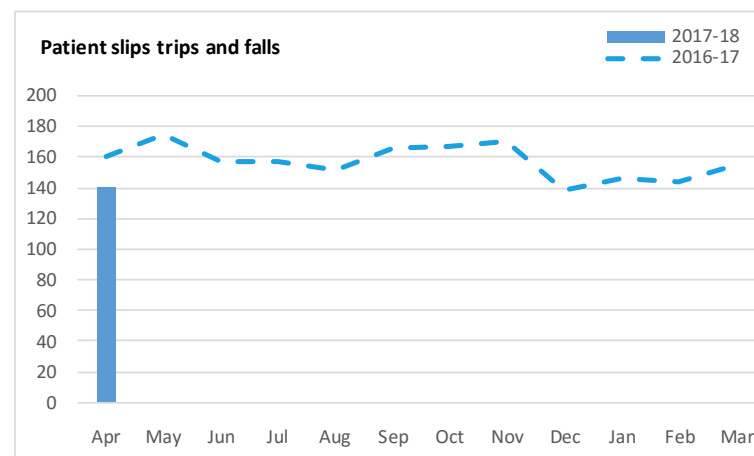
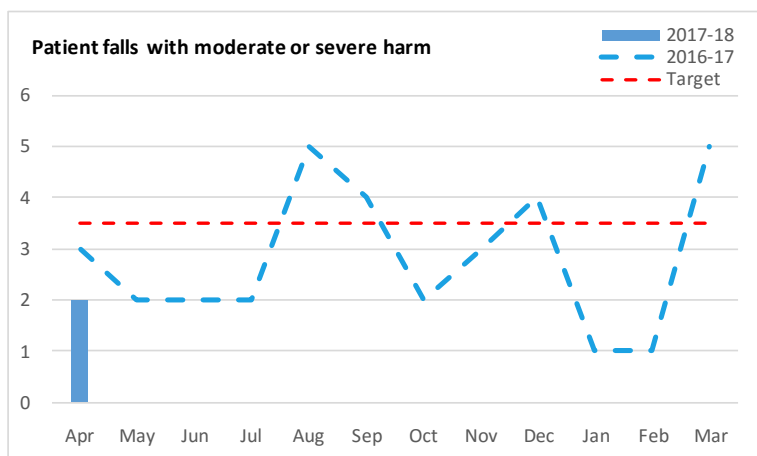
- Four Serious Incidents (SIs) were reported in April; there were no Never Events. The Trust was pleased to note the achievement of 100% against key performance indicators for Assurance of Commissioner SI Management in the required domains for percentage of STEISS records completed within two working days; percentage of initial reviews received within three working days of the incident and percentage reported on STEISS. 100% of reports were submitted to the CCG by due date; of which 90% were evaluated as not requiring any further information at first review.
- In accordance with guidance from NHS Quality Board the Trust commenced reporting on all inpatient deaths from 1st April. A Trust Mortality Surveillance Group has been established to ensure compliance with national recommendations.



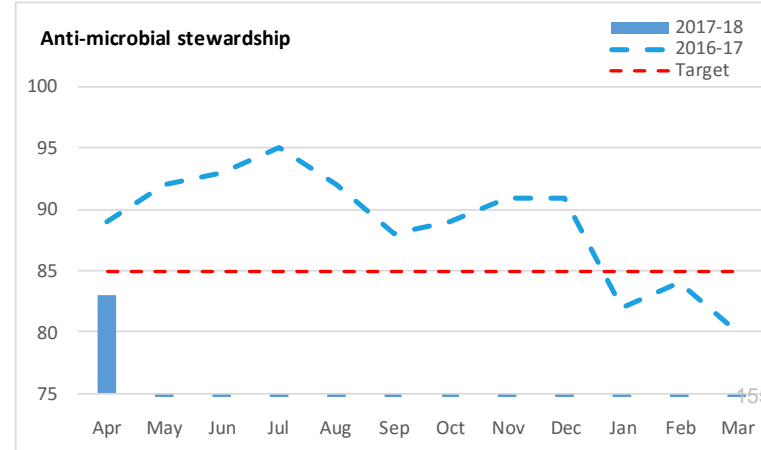
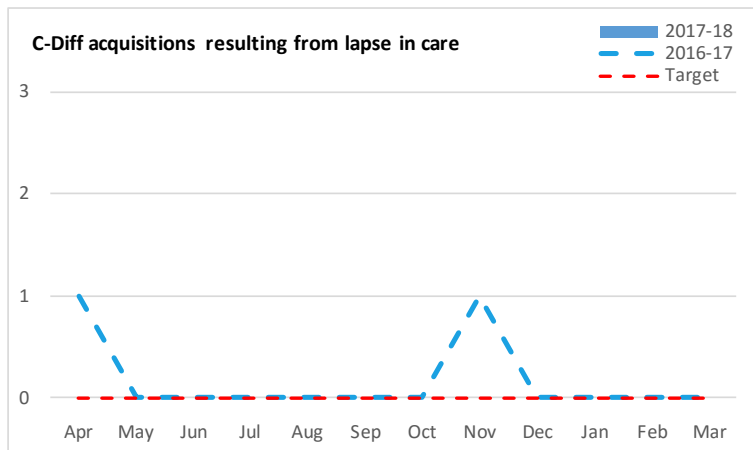
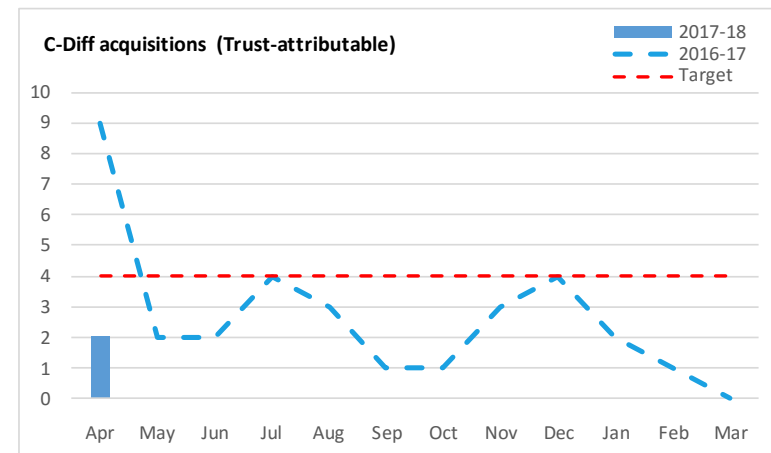
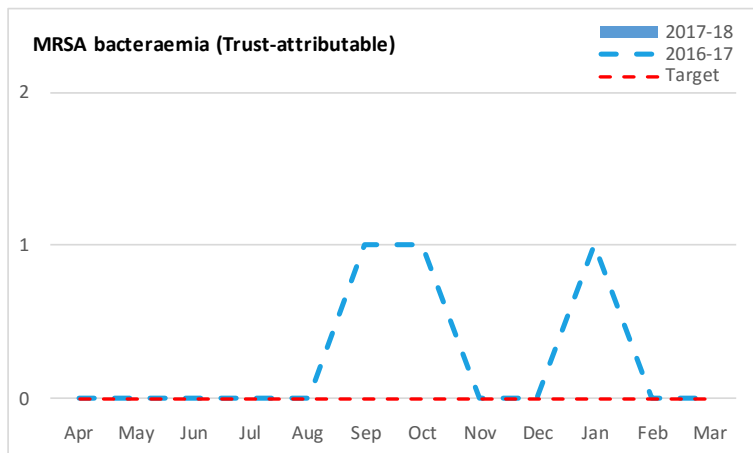
- There were 2 acquired pressure ulcers this month one stage 2 and one deep tissue injury in PCCP feedback for local learning has been identified and will be implemented with the support of the tissue viability service .
- Admissions with ulcers were slightly lower than previous months.
- Drugs involved in the 322 medication incidents include opioids (morphine, oxycodone, fentanyl), insulins, anticoagulants (dalteparin, heparin, warfarin). Harm from medication incident reports remains low (93% no harm, 7% low harm). Some low harm reports are TBC. Dissemination includes monthly Medication Safety newsletter, weekly 'Safe in our Hands' data, Signals (e.g. avoiding hypnotics).
- A NHS-I alert 'Supporting the safety of girls and women being treated with valproate' released on 6 April is due closure on 6 October. MSF has sent it to relevant directorates for action. Staff are working to address NHS-I alert 'Restricted use of open systems for injectable medication' due for closure 7 June 2017.



- This month there was a reduction in the incidence of falls with 141 reported compared to 153 in March. A reduction in falls was seen in Inpatient and Community areas with 96 Inpatient falls reported compared to 113 in March and 5 falls reported in Community areas compared to 10 last month. However, an increase was seen in Non-ward falls this month with 40 reported compared to 30 in March.
- Looking more in depth at the data there were 118 patients that fell and 141 falls reported, which meant that there were 23 falls that involved a patient falling more than once, this is a slight increase from last month where 20 falls involved patients falling more than once. Assisted falls remain similar to previous months with 18 reported in April compared to 20 in March and 19 February. The directorates with the highest incidence of falls remain Acute Medicine, Haematology & Oncology and Cardiovascular.
- There were 2 Falls resulting in Moderate harm or above this month which occurred in the Community Adults and Cardiovascular directorates.



- C-diff performance remains good.
- There were zero attributable cases of MRSA bacteraemia in April; however one case is yet to be determined
- Recent performance in antimicrobial stewardship is connected to changes in data collection methodology (see March for detail)



Where we want to be. Targets and benchmarks:

- Clostridium difficile*** - The external objective for reportable cases of *C. difficile* (Cdiff) for 2017/18 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 E-coli, Klebsiella species and Pseudomonas aeruginosa bacteraemia via the Public Health England (PHE) reporting system. The Trust is not subject to a national objective for these bacteraemia at present.

Where we are: trends and patterns:

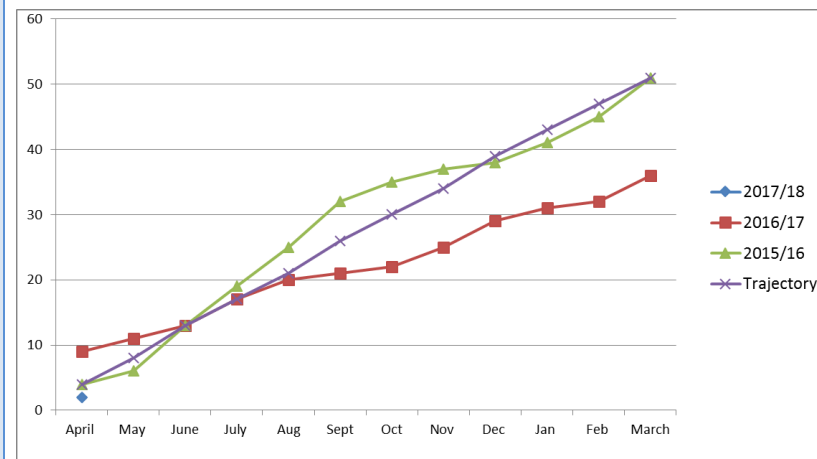
C. difficile - For April the Trust reported total 5 cases of which 2 were attributable. There were no 'lapses in care' during April Figure 1.

MRSA bacteraemia – zero attributable MRSA bacteraemia in April, one case is still awaiting a final decision on attribution

Other bacteraemia

- MSSA** – For April 2017 the Trust reported 8 cases of which 2 were deemed to be Trust attributable (identified > 48 hours after admission).
- E coli** – For April 2017 the Trust reported 17 cases, of which 3 were attributable (the calculation of this has changed compared with 2016/17).
- Klebsiella species** – for April the Trust reported 6 cases of which 2 were attributable to the Trust (new requirement to report from April 2017).
- Pseudomonas aeruginosa*** - for April the Trust reported 2 cases of which 1 was attributable to the Trust (new requirement to report from April 2017).

Figure 1. Cdiff cases 2017/18 compared with 2016/17 and 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 nationally coordinated patient notification exercise completed by end of March and had a number of referrals for patients who have a range of non-specific symptoms.

Actions underway

The Trust has established screening and preparedness for the threat of resistant *Candida auris* – no further cases in April

Actions underway

No significant Norovirus or Influenza activity

Actions complete

There was an incident in endoscopy in which a stent was retained in the scope between patients. Investigations in progress, low/no harm

Actions underway

Intelligence triangulated

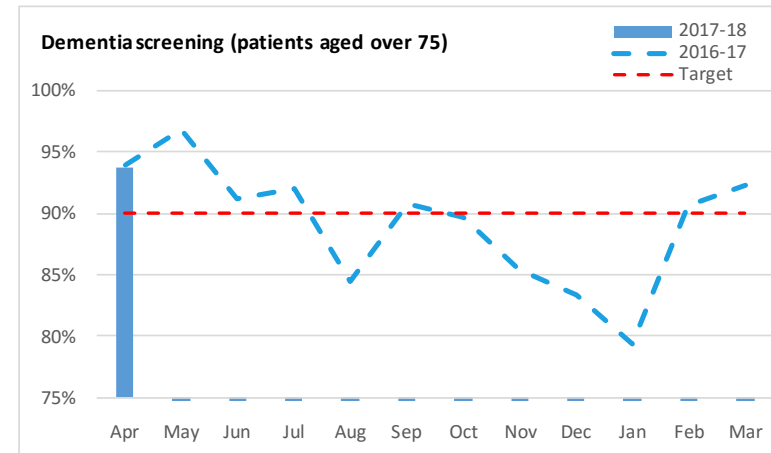
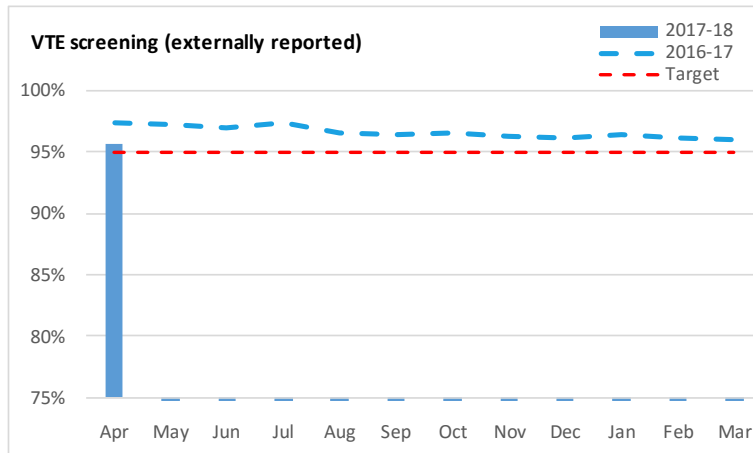
Root cause understood

Action plan set

Actions underway

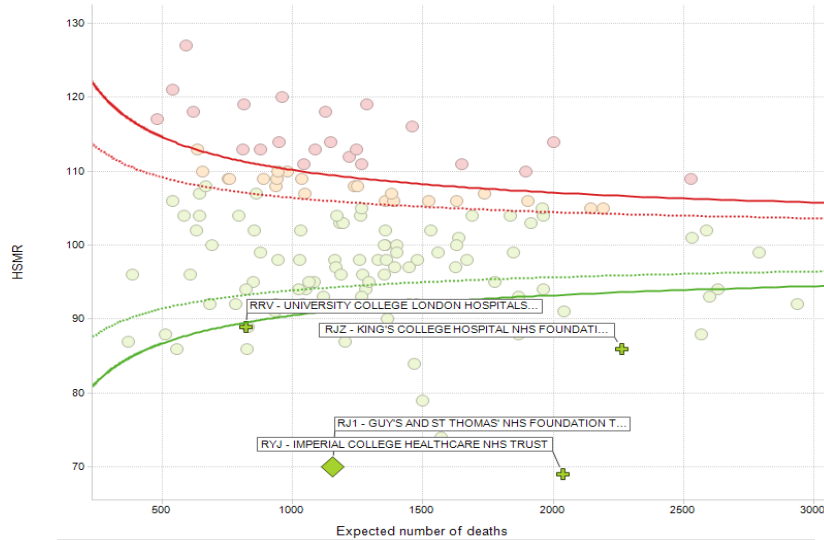
Actions complete

- The screening of patients over the age of 75 years for memory problems has a monthly compliance target of 90% or greater. The screening compliance rate for April 2017 is 93.8% showing a steady improvement since February 2017. Screening is a priority for the Dementia and Delirium (DaD) clinical nurse specialists and they are continuing to make daily ward contacts where there are patients to be screened. 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 and have been able to achieve a higher rate of compliance.
- The DaD clinical nurse specialists continue to chase up the wards where the screening is not completed and remind the staff to complete the screening before they breach the 72hr deadline. They continue to offer 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.

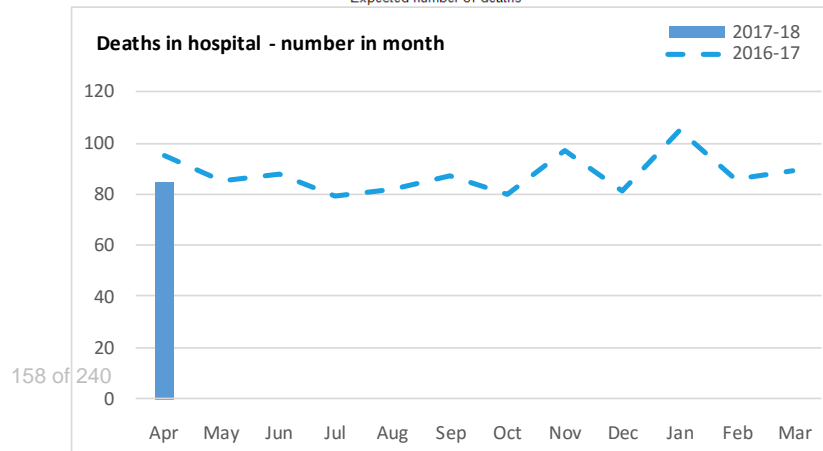
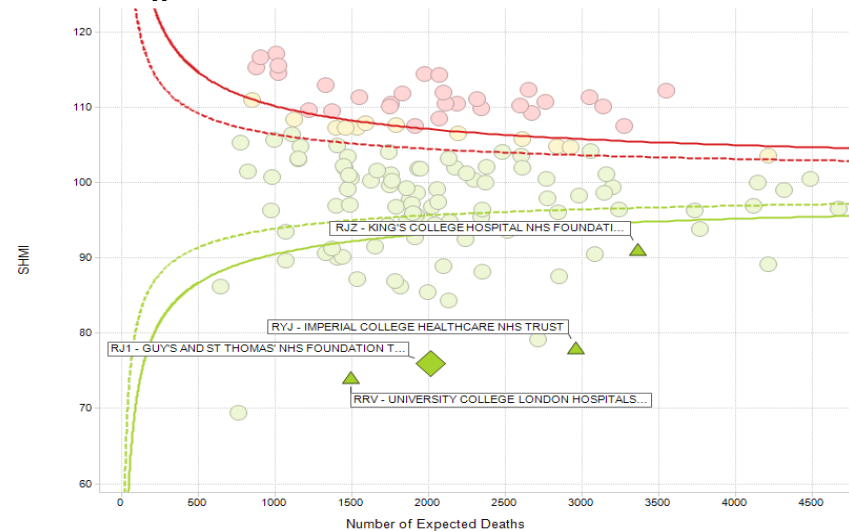


- Benchmarked mortality allows case-mix corrected risk of death to be compared across organisations. The Trust continues to perform exceptionally well, both against the England average and other London acute hospitals. Two measures are used: Hospital Standardised Mortality Rate (HSMR) shown in graph 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.



Key highlights for April 2017

Average fill rates of planned hours for Registered Nurses (RNs) for days were 97.4%, with nights at 99.2%. Average fill rates for planned hours for NAs was 105.3% in the daytime and 113.0% for the night. Overall 100.1% of planned hours were used.

Vacancies have increased by 0.7% since March 2017. On 28th April 2017 there were 340 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. Besides looking at possible strategies to increase the retention rate, three weekly recruitment open days continue alongside work to make the on-boarding process 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

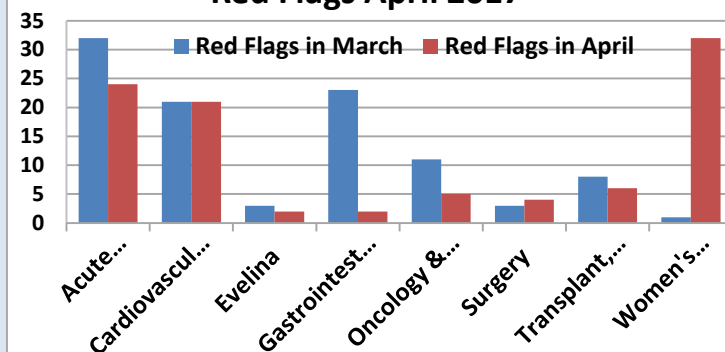
A total of 96 Red Flags, highlighting potential concerns regarding safe staffing were raised in April 2017, 6 fewer than in the previous month. These were resolved within the Directorates without there being an impact upon patient care or patient safety. There were no reported quality incidents related to staffing reported in April 2017.

Safe Staffing

As outlined in the table below, the number of bed days in April 2017 stood at 36,465, 3,350 fewer than the longer previous month and 6,648 more than in April 2016.

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 4,541 below the planned hours for the month, which equates to 27.87 WTE, whilst Nursing Assistants were 4,703 above planned hours which equates to 28.86 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 of Nursing Assistants to cover a vacant shift for a Registered Nurse.

Red Flags April 2017



Staffing measures	Apr-16	Apr-17	Change	
Nursing Establishment WTE	5857.91	6065.63	207.72	▲
Nursing Staff in Post WTE	5256.56	5315.91	59.35	▲
Vacancies WTE	601.35	749.70	148.35	▲
Vacancy rate	10.3%	12.4%	2.1%	▲
Red Flags raised	46	96	50	▲
Agency % of Paybill	4.8%	4.5%	-0.3%	▼
Planned v Actual Hrs used	99.1%	100.1%	1.0%	▲
Care Hours per Patient Day	N/A	10.8	N/A	N/A

Count of bed days						
Month	Level 0	Level 1a	Level 1b	Level 2	Level 3	Total
April	10,724	7,812	16,756	1,769	34	36,465
March	12,459	7,665	17,692	1,995	44	39,815

Proportion of bed days				
level 0	Level 1a	Level 1b	Level 2	Level 3
29.4%	19.7%	46.0%	4.9%	0.1%
31.3%	19.3%	44.4%	4.9%	0.1%

Recruitment

The overall Nursing vacancy rate came down to 12.4%, which is 0.7% higher than the previous month. There were 78 leavers recorded for April which contributed to a 33.5 WTE decrease in the number of staff in post compared to March 2017. Of note there are 59.35 wte more staff in post than at the same period last year.

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 was presented to the Nursing and Midwifery Workforce Council in April 2017. The attendance data from the assessment centres between November 2016 to January 2017 shows that the attendance rate was at 76% and the success rate was 87% meaning the employability of candidates attending the assessment centre was almost 90%, a marked improvement from previous interview processes. In addition the data demonstrates that the new process is more efficient in terms of recruitment episodes and the number of successful candidates being offered posts. Also there has been an increase in the number of candidates retained in the interim period between offer and start dates (now at 84% from 77%). While the assessment centres have demonstrated improvement on previous processes, the workforce team within the CNO are continuing to work with the directorates to ensure the process is working for all and always seeking to improve the experience for both candidates and interviewers. This will include refreshing the assessments in the upcoming months.

The Newly Qualified Nurse Assessment Centres will be running in late May for both adult and child nurses. The response to the advert for both has shown an increase in applications from last year.

Rolling Roster

Since the launch in March there has been great response to the project, some of which are quite challenging. However, this gives the project board and roster team an opportunity to work with individuals and areas to give focused support. Stakeholder engagement from HR and Staffside is of particular value. The pre – implementation survey was opened on 26th April. There have been 571 responses to date. Themes emerging from the responses are mainly concerned with personal patterns, annual leave and day off requests.

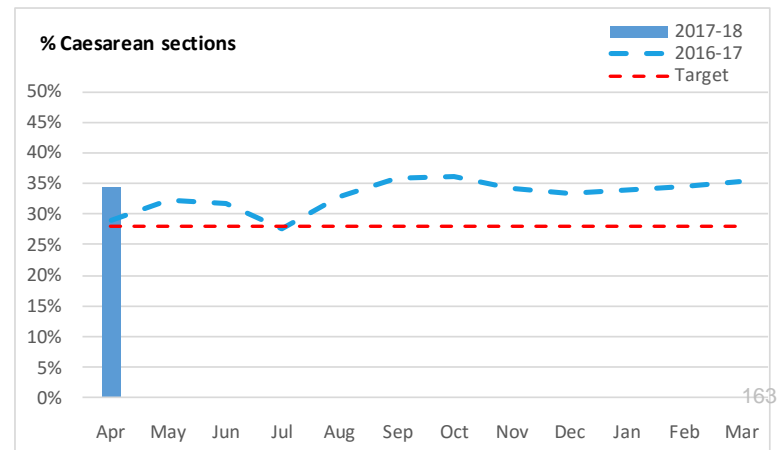
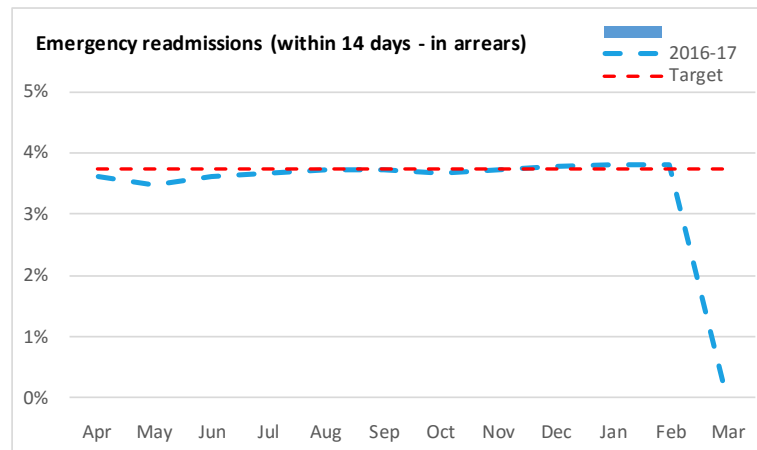
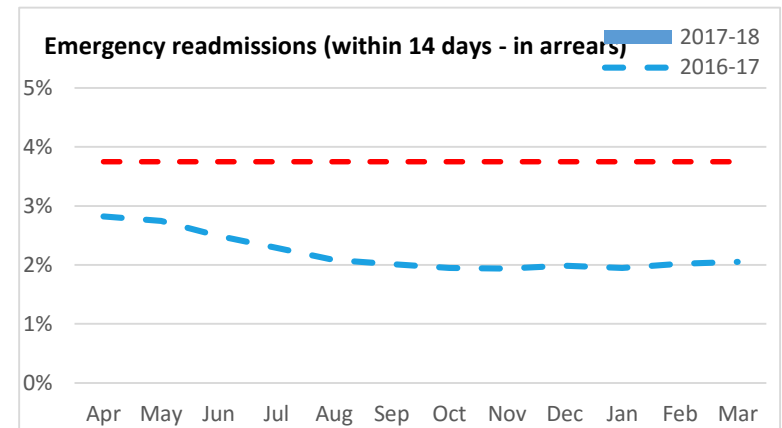
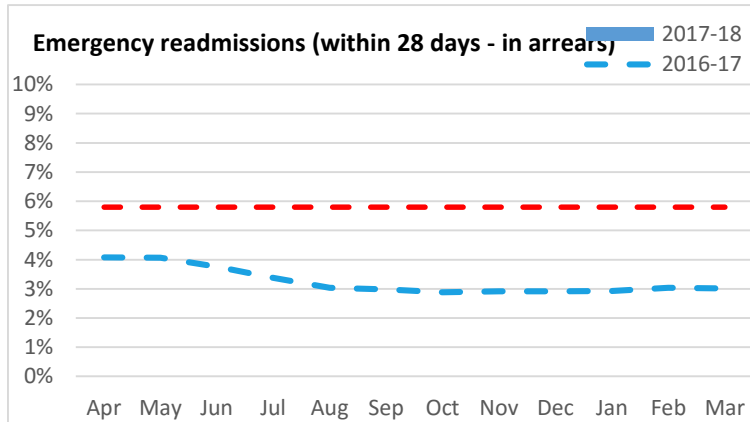
The survey closes on Friday 26th May. A full analysis will be presented to the project board on 2nd June.

To support the implementation plan, the roster team have updated their facilitation plan. They will be working collectively with frontline teams during the preparation phase of implementation to ensure broad, consistent communication with all levels of staff.

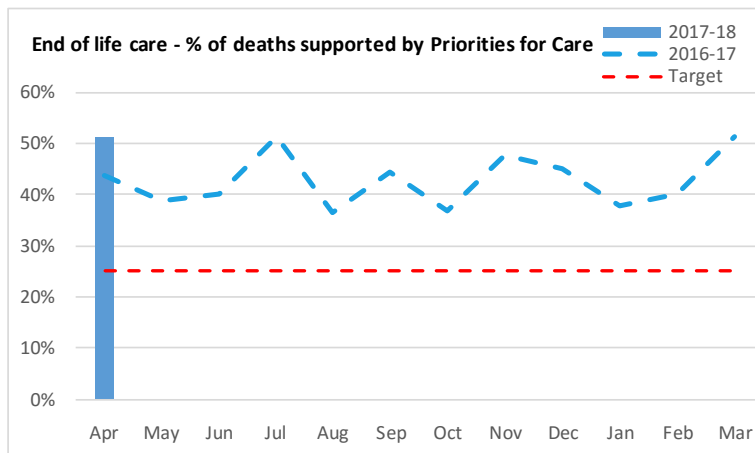
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Apr	May	Jun	YTD avg	Monitor	Quality priorities	Trend chart
2.1 Quality improvement initiatives	CQ1Aq	CABG within 7 days of GSTT angiogram	Qtly %	>66%			81%				0.0%			Y
	CQ1Bq	CABG within 7 days of referral received (angiogram elsewhere)	Qtly %	>38%			65%				0.0%			Y
	CQ1Cq	CABG within 7 days - combined GSTT and external angiograms	Qtly %	>59%			71%				0.0%			Y
2.2 Clinical best practice	352	Emergency readmissions (within 28 days - in arrears)	Cum %	<5.8%			5.8%				0.0%			Y
	353	Emergency readmissions (within 14 days - in arrears)	Cum %	<3.8%			3.8%				0.0%			Y
	IC48	Critical Care Unplanned Readmissions within 48 Hours	Mnthly (%)	<=1.3			1.2%	0.3%			0.3%			
	913	% Caesarean sections	Mthly %	<28%			33%	34.3%			34.3%			
	ICNARC-STH	Critical care mortality indicator-STH+VH DU	Quarterly	<=1.0			0.83	0.95			0.95			
	ICNARC-Guys	Critical care mortality indicator-Guys CCU	Quarterly	<=1.0			0.80	0.83			0.83			
	EOL	End of life care - % of deaths supported by Priorities for Care	Mthly %	>25%			42.8%	51.3%			51.3%			

- Q4 CQUINs data has been submitted to the commissioners for both national, local and specialist CQUINs.
- The Trust has also received final assessment on the submissions which was overall positive and we achieved 97% for CCG commissioned CQUINs and 95% for NHS England specialist CQUINs. Performance against each CQUINs milestone for Q4 was reported in March's IQPR.
- N.B. We have confirmed the final list of specialist services CQUINs with NHS England. We are now finalising the milestones for the 2017/19. In total we have signed up to 21 schemes (9 CCG commissioned and 12 NHS England commissioned schemes). All CQUIN milestones are reported on a quarterly basis therefore data will not be available to report progress against these CQUINs until end of Q1.

- 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.
- 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.

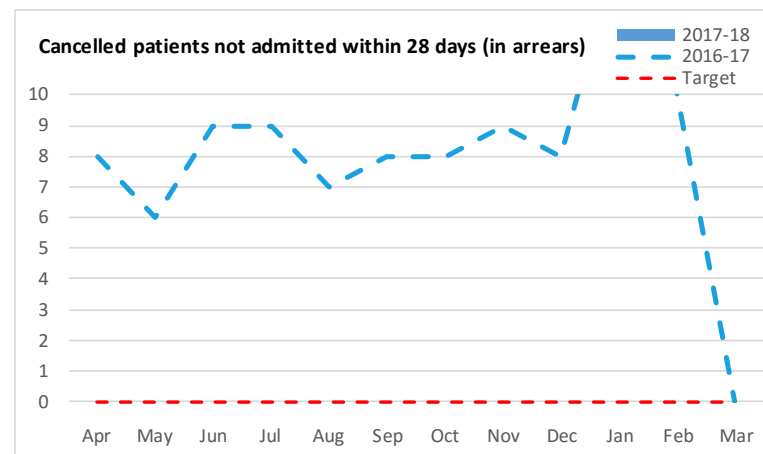
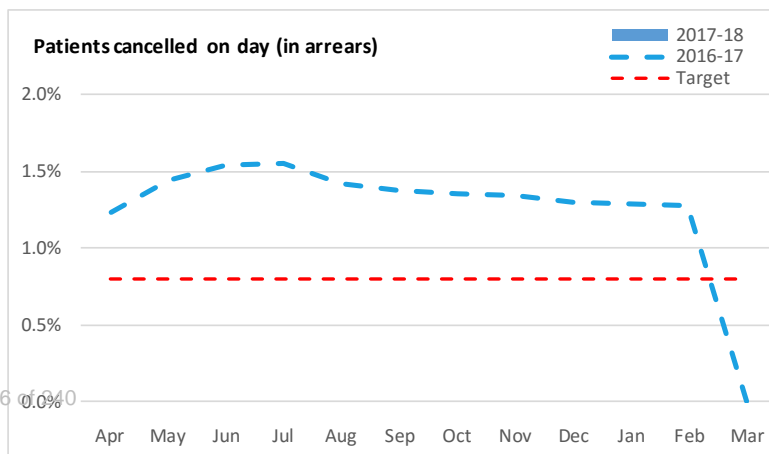
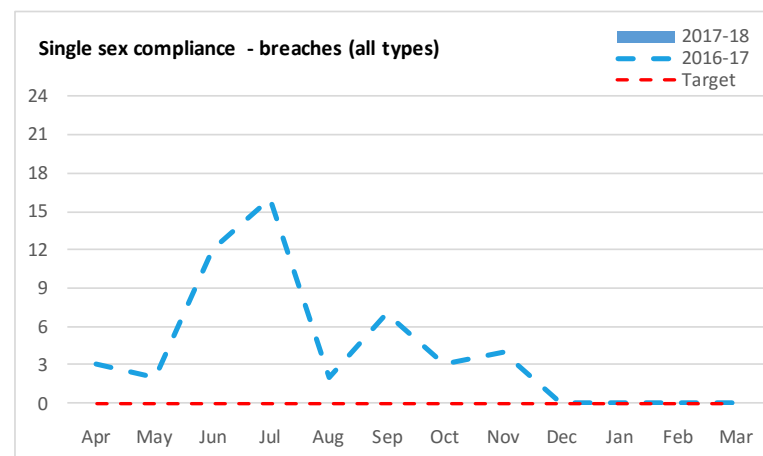
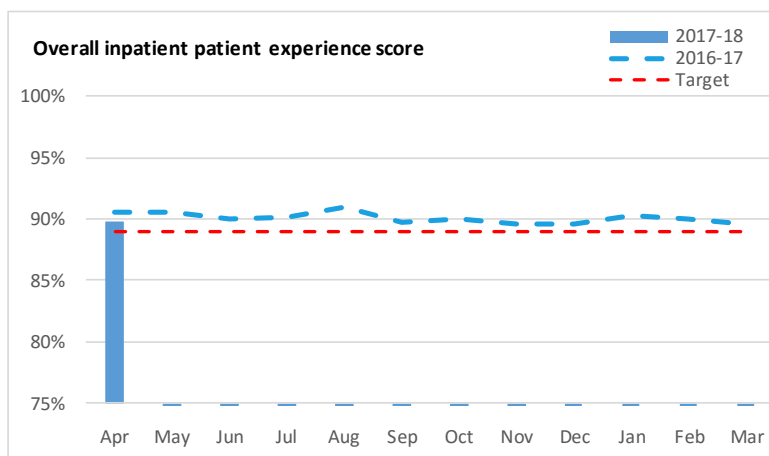


- Performance is maintained in the level of use of the Priorities for Care of the Dying Person.
- The acute admissions ward, medicine, elderly care and oncology are all recognising people in whom death can be expected in a high proportion of those who go on to die. This supports active communication, planning and provision of holistic care to patients and those important to them.

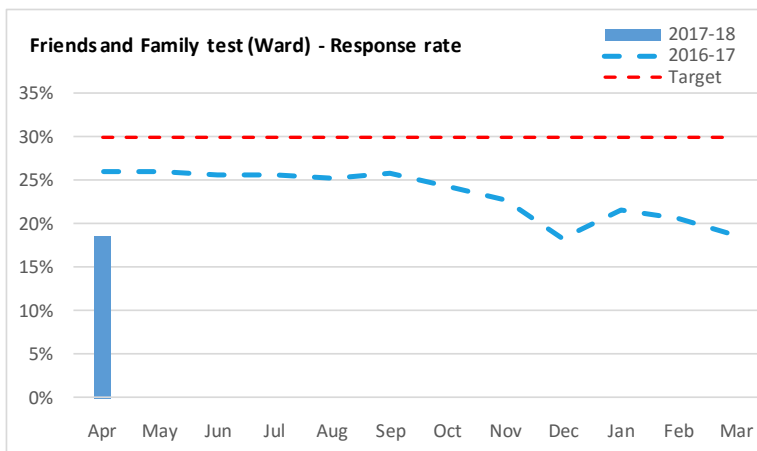
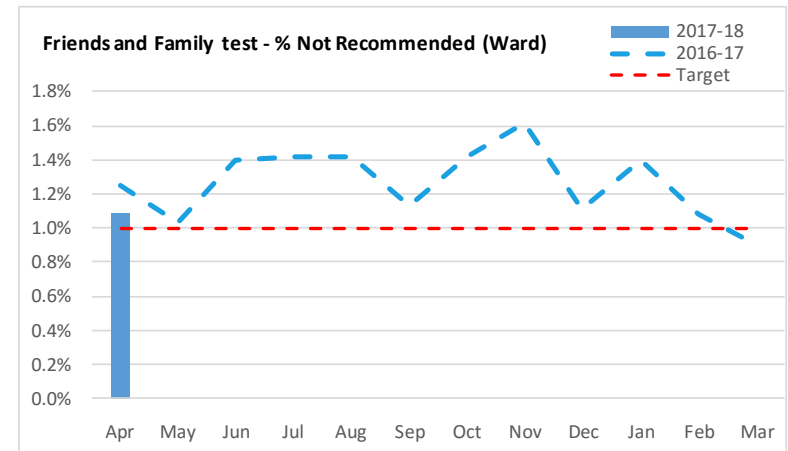
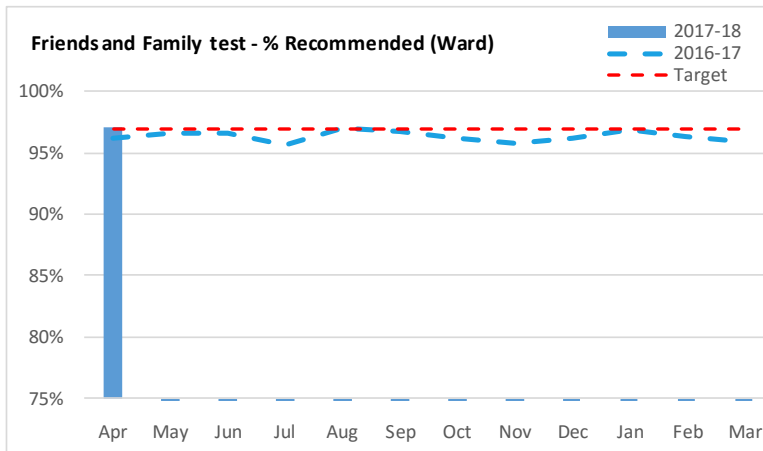


Theme	Ref	Indicator	Units	Target	R	G	Prior year	Apr	May	Jun	YTD avg	Monitor Quality priorities	Trend chart
3.1 Admitted care	258	Overall inpatient patient experience score	Mthly %	>89%			90%	89.8%			89.8%		Y
	310	Single sex compliance - breaches (all types)	Cases	Zero			4.1	0			0.0		Y
	501	Patients cancelled on day (in arrears)	Cum %	<0.8%			1.4%				0.0%		Y
	502	Cancelled patients not admitted within 28 days (in arrears)	Number	Zero			8.1	-			0.0		Y
	FFT1W	Friends and Family test (Ward) - Response rate	Mthly %	>=30%			23.4%	18.7%			18.7%		Y
	FFT2W	Friends and Family test - % Recommended (Ward)	Mthly %	>=97%			96.4%	97.1%			97.1%		Y
	FFT3W	Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%			1.3%	1.1%			1.1%		Y
3.2 A&E care	FFT1AE	Friends and family test (A&E) - Response rate	Mthly %	>=18%			15.3%	17.6%			17.6%		Y
	FFT2AE	Friends and Family test - % Recommended (A&E)	Mthly %	>=88%			85.2%	84.0%			84.0%		Y
	FFT3AE	Friends and Family test - % Not Recommended (A&E)	Mthly %	<=6%			6.9%	6.4%			6.4%		Y
3.3 Maternity care	FFT1M	Friends and Family test (Maternity) - Response rate overall	Mthly %	-			23.9%	6.0%			6.0%		Y
	FFT2M	Friends and Family test - % Recommended (Maternity)	Mthly %	-			91.3%	95.5%			95.5%		Y
	FFT3M	Friends and Family test - % Not Recommended (Maternity)	Mthly %	-			3.2%	2.2%			2.2%		Y
3.4 Outpatient care	FFT2OP	Friends and Family test - % Recommended (Outpatients)	Mthly %	-			92.8%	93.1%			93.1%		Y
	FFT3OP	Friends and Family test - % Not Recommended (Outpatients)	Mthly %	-			3.2%	3.1%			3.1%		Y
3.5 Community care	FFT1CS	Friends and Family test (Community) - Response rate	Mthly %	-			4.6%	2.7%			2.7%		Y
	FFT2CS	Friends and Family test - % Recommended (Community)	Mthly %	-			95.3%	89.7%			89.7%		Y
	FFT3CS	Friends and Family test - % Not Recommended (Community)	Mthly %	-			0.7%	2.1%			2.1%		Y
	260C	Adult community health centre patient experience score	Mthly %	>89%			54.9%	93.6%			93.6%		Y
3.6 Patient Transport	FFT1PT	Friends and Family test (Transport) - Response rate	Mthly %	-			2.4%	2.3%			2.3%		Y
	FFT2PT	Friends and Family test - % Recommended (Transport)	Mthly %	-			92.5%	87.1%			87.1%		Y
	FFT3PT	Friends and Family test - % Not Recommended (Transport)	Mthly %	-			2.1%	3.6%			3.6%		Y
3.7 General patient and	Food	Satisfaction with food (PLACE)	Mthly %	>85%			92%	91.8%			91.8%		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 89.0%.
- 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 April we achieved a response rate of 18.7% which is similar to the response rate of 18.8% in March. A detailed review of responses collected has shown that there has been a decline in the number of day case/day surgery responses collected by paper survey and also text messaging. The Patient Experience Team are undertaking detailed analysis to try and identify teams where the number of paper surveys have dropped. We are also liaising with the supplier of the text messaging system to see if there are technical issues which may be causing this drop as there has been a decline in the number of responses captured via this method.
- The proportion of patients who would recommend the Trust in April has risen from 96.0 in March to 97.1% in April. The percentage of patients who would not make a recommendation has however declines rising slightly from 0.9% in March to 1.1% in April.
- 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

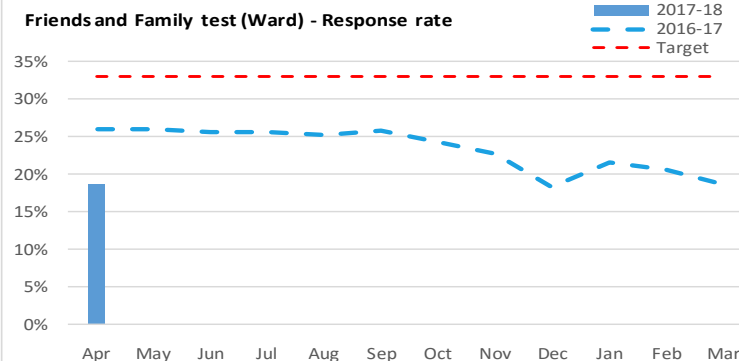
Where we are: trends, patterns and causes

- The response rate of 18.7% in April has remained similar to that of 18.8% in March
- The Patient Experience Team continue to provide small group training sessions with Directorate management teams and ward sisters.
- A review of underlying data showed that whilst the response rate for ward based surveys is close to 30% the response rate for feedback collected from day case/surgery patients has dropped significantly via SMS and paper surveys. This is pulling down the overall response rate for this area of care.
- The recommend score for April is above target at 97.1% and the not recommend scores has also improved since March falling from 1.3% to 1.1%.
- In February our response rate, placed us in the upper half of the Shelford Group, whilst our "recommend" scores and "not recommend" scores placed us in the mid-range of the group. Our scores are in line with national and London average.

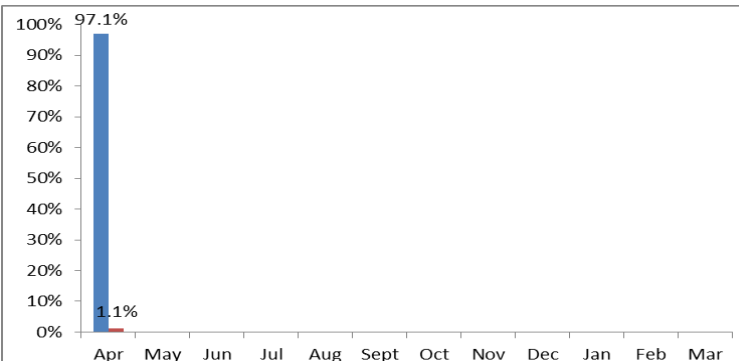
Risks or opportunities for the Trust

- 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 among the upper half of the Shelford Group

Trend – Inpatient Friends and Family Test response rate



Trend –2016 Inpatient Friends and Family Test percentage Recommend v. Not recommend

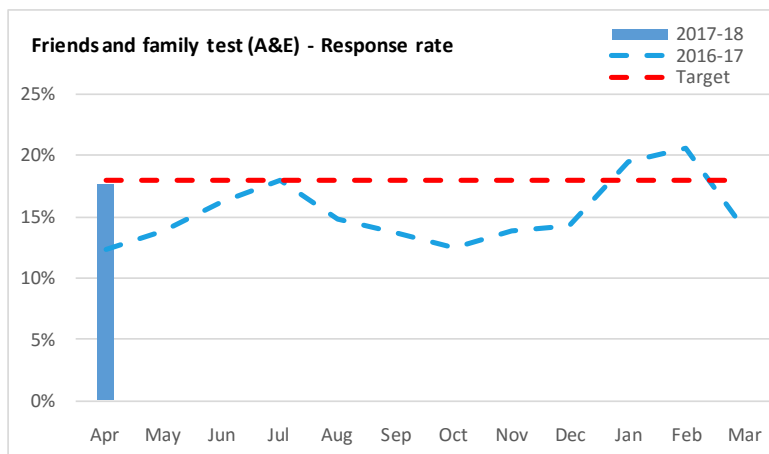
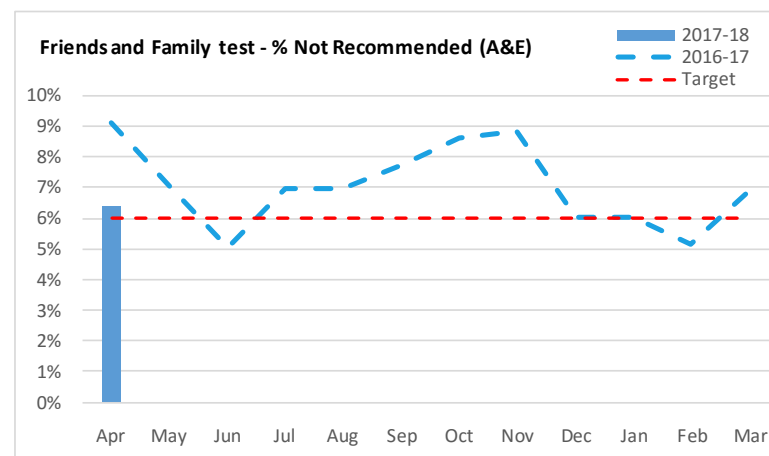
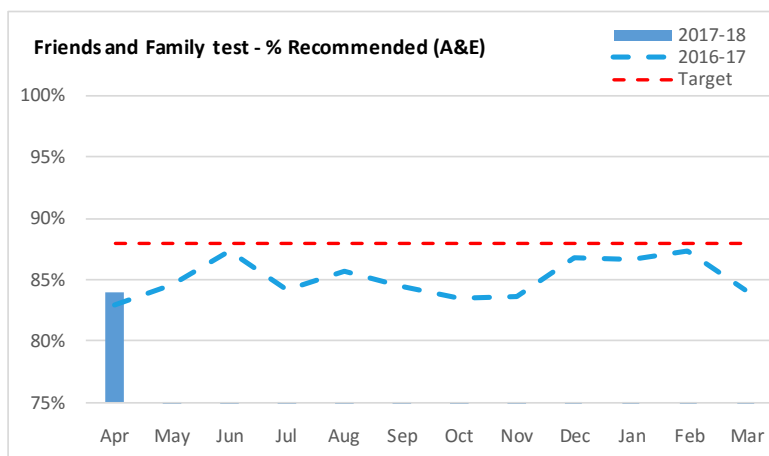


Comparator – Shelford Group

Shelford Group	March		Response Rate
	Recommend %	Not recommend %	
Trust/Month			March
National Score for England	96%	2%	25.4%
London region score	95%	2%	28.3%
Guy's and St Thomas' NHS Foundation Trust	96%	1%	18.8%
University College London Hospitals NHS Foundation Trust	96%	1%	17.1%
Newcastle-Upon-Tyne Hospitals NHS Foundation Trust	98%	1%	16.0%
Sheffield Teaching Hospitals NHS Foundation Trust	95%	2%	31.2%
University Hospitals Birmingham NHS Foundation Trust	97%	2%	19.0%
Oxford University Hospitals NHS Trust	95%	2%	16.3%
King's College Hospital NHS Foundation Trust	94%	3%	22.8%
Cambridge University Hospitals NHS Foundation Trust	96%	1%	10.6%
Imperial College Healthcare NHS Trust	97%	1%	32.7%
Central Manchester University Hospitals NHS Foundation Trust	96%	2%	21.8%

Action and progress			Owner	Next review date
Detailed analysis of volumes of day case surveys over 12 month period to identify teams where responses may have fallen and are in need of advice or support			Patient Experience Team	June 2017
The Patient Experience Team are liaising with the supplier of the SMS to try and identify the causes of the fallen in the number of responses collected via this method and how this can be mitigated.			S. Allen & Directors of Nursing	June 2017
Additional small group training sessions on the new patient feedback system continuing in May			Patient Experience Team	Ongoing
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 has improved from the March score of 14.1% to 17.6% in April. There has been a drop in the number of response cards collected from patient using out minor injuries unit at Guys. 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 efforts are being made to ensure adequate cover is available for card distribution during staff shortages.
- The proportion of patients who would recommend the service has worsened slightly, falling from 84.2% in March to 84% in April. The proportion of patients who said they would not recommend the service has improved slightly falling from 6.9% in March to 6.4% in April. The team are reviewing themes from feedback to identify actions which can be put in place to improve patients experience.
- The briefing on page 34 provides further analysis and detail of actions underway.



Where we wanted to be: targets and benchmarks

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

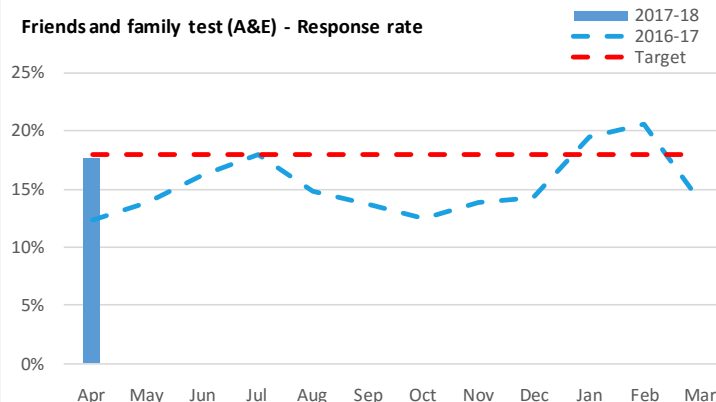
Where we are: trends, patterns and causes

- The response rate improved from 14.1% in March to 17.6% in April, although the number of cards collected the Minor Injuries Unit at Guys was low. The team will be speaking with the team to ensure that staff encourage patients to complete cards. Action has been agreed to ensure there is adequate cover for any future absences.
- The proportion of patients who would recommend us has dropped slightly from 84.2% in March to 84% in April. The proportion of patients who would not recommend us has improved slightly falling from 6.9% in March to 6.4% in April.
- The team has also been very busy in the month which means there is the increasing likelihood for patients to experience longer waiting times.
- A review of comments made by patients has highlighted issues regarding long waiting times and delays, a need for staff to update patients on waiting times more regularly and some instances of poor staff attitude.

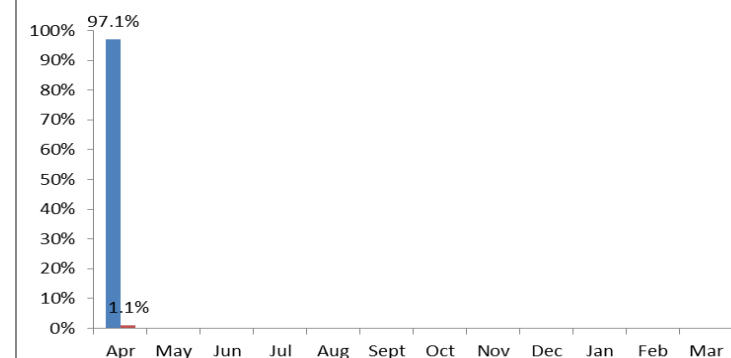
Risks or opportunities for the Trust

- Feedback captured from patients can be used to improve the service and inform the on-going development of the Emergency Floor and associated pathways.
- In February our response rate was in the upper half of the Shelford group, whilst our recommend and not recommend scores placed us in the lower half of the Shelford Group.

Trend – A&E Friends and Family Test response rate



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

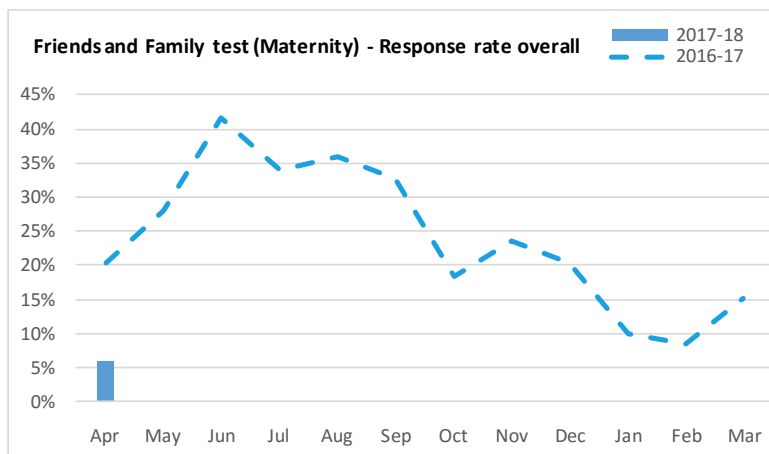
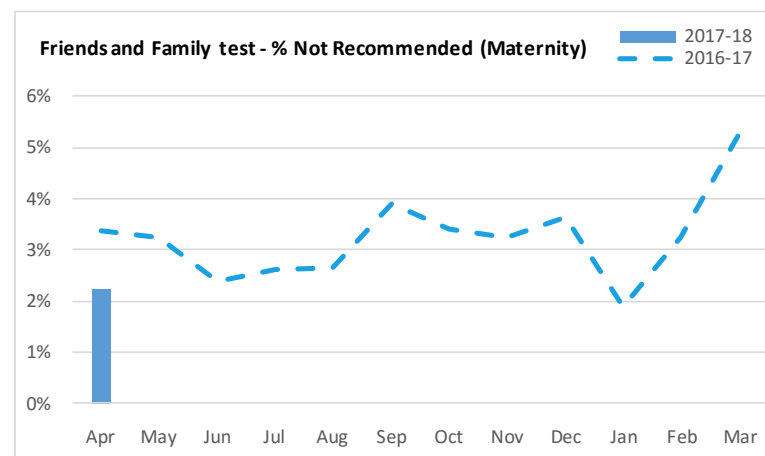
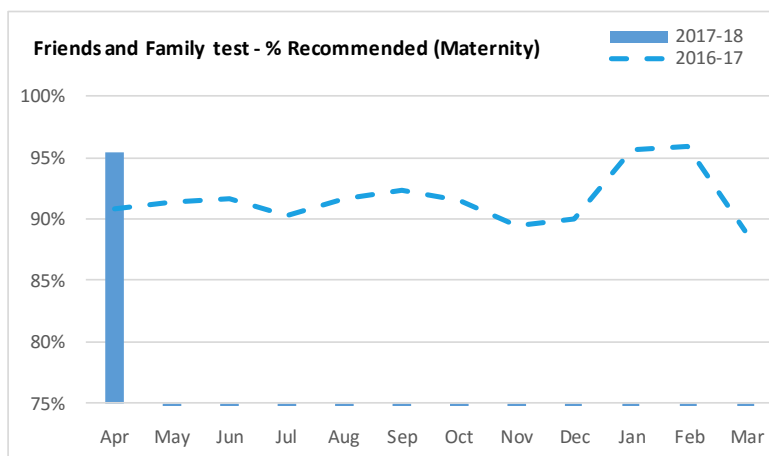


Comparator – Shelford Group

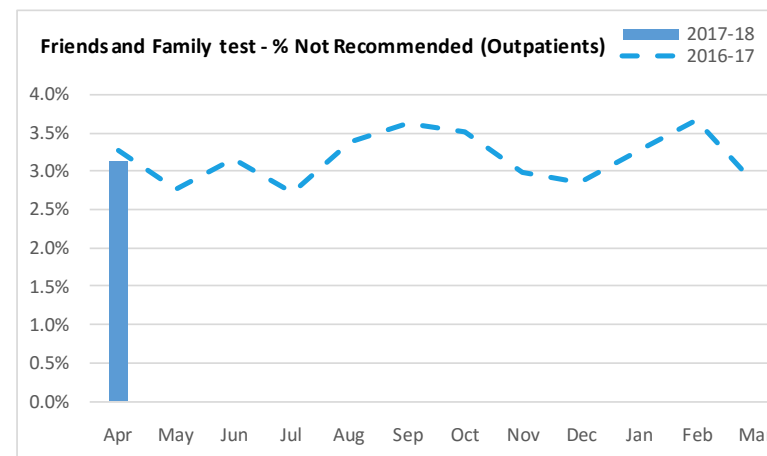
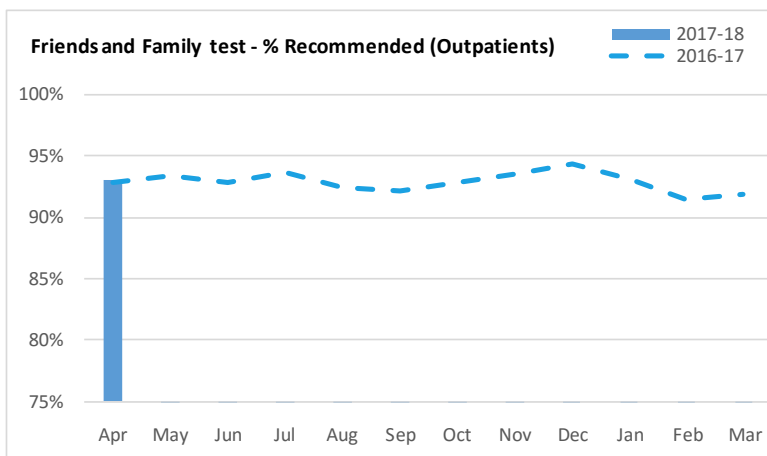
Shelford Group				Response Rate
Trust/Month	March			March
	Recommend %	Not recommend %		A&E
National Score for England	87.0%	7.0%		12.9%
London region score	84.0%	9.0%		14.0%
Guy's and St Thomas' NHS Foundation Trust	84.0%	7.0%		14.1%
University College London Hospitals NHS Foundation Trust	95.0%	3.0%		10.1%
Cambridge University Hospitals NHS Foundation Trust	94.0%	2.0%		23.2%
Newcastle-Upon-Tyne Hospitals NHS Foundation Trust	93.0%	3.0%		1.6%
Central Manchester University Hospitals NHS Foundation Trust	89.0%	5.0%		12.4%
Oxford University Hospitals NHS Trust	88.0%	7.0%		22.4%
Imperial College Healthcare NHS Trust	94.0%	3.0%		17.5%
University Hospitals Birmingham NHS Foundation Trust	86.0%	9.0%		14.9%
King's College Hospital NHS Foundation Trust	81.0%	12.0%		6.3%
Sheffield Teaching Hospitals NHS Foundation Trust	88.0%	7.0%		24.5%

Action and progress			Owner	Next review date	
Signs giving current waiting times are now displayed in the department. Work is underway to ensure that these are regularly updated and the same waiting times are displayed through out the department.			ED Team	Ongoing	
Development of patient facing dashboard so that patients can receive updates on waiting times in real time. There have been challenges with IT which have delayed completion and this has been escalated.			IT	June 2017	
The team review FFT data at their clinical governance meetings to identify actions for the team to take forward.			ED Team	Ongoing	
170 of 240	Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

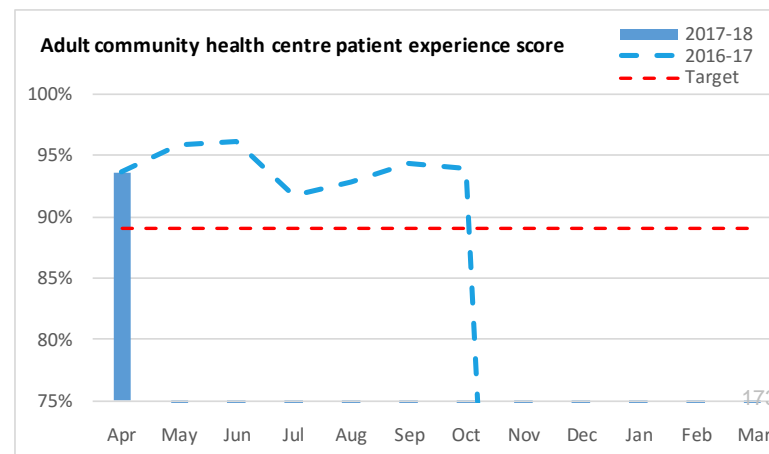
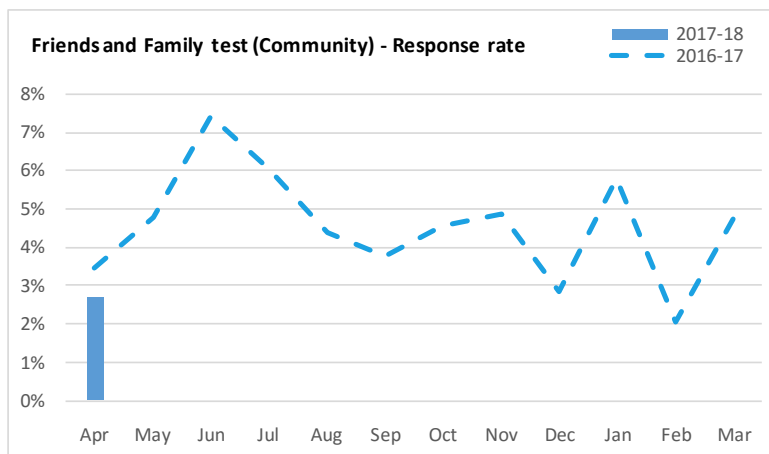
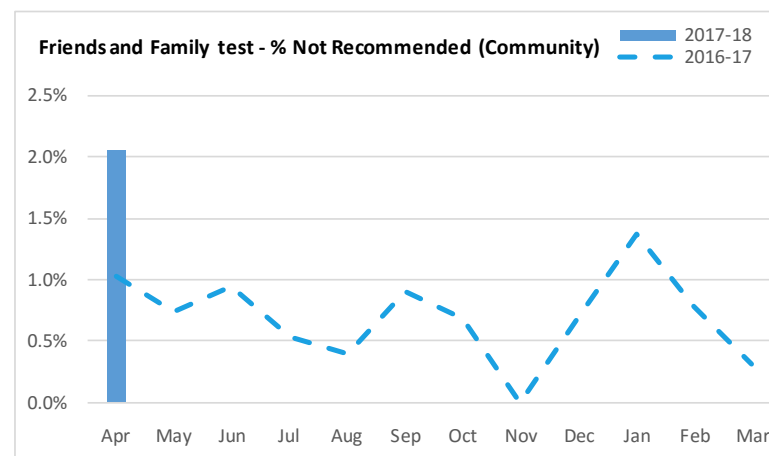
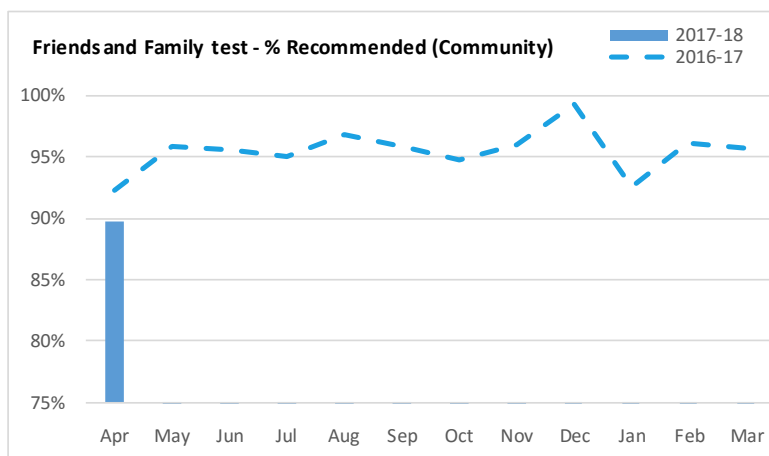
- Having reviewed local and national data for 2015-16 the Trust has set itself a target response rate of 20% for 2016-17. The overall response rate for the Friends and Family Test for maternity services has fallen from 15.2% in March to 6.0% in March. This has been due to the staff member who previously carried out data entry leaving the department. The team have now trained other staff and volunteers to ensure data is entered in a timely manner. 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 has improved from 89.1% in March to 95.5% in April. The proportion of women who said they would not recommend the service has improved falling from 5.3% in March to 2.2% in April. The team regularly review comments and use the emerging themes to identify actions for improvement.



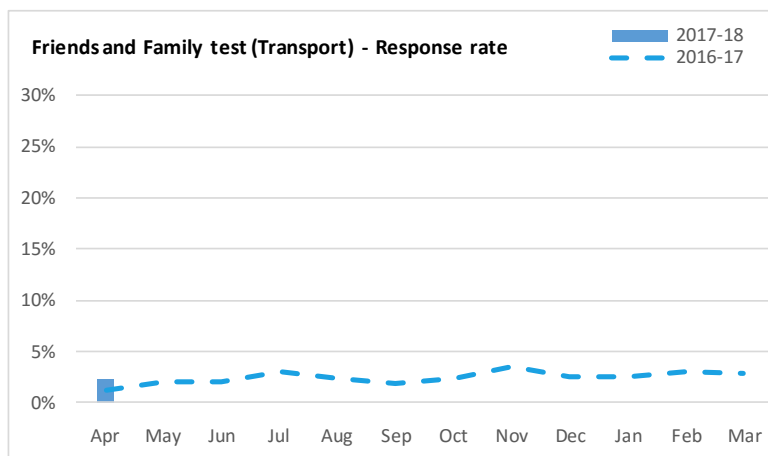
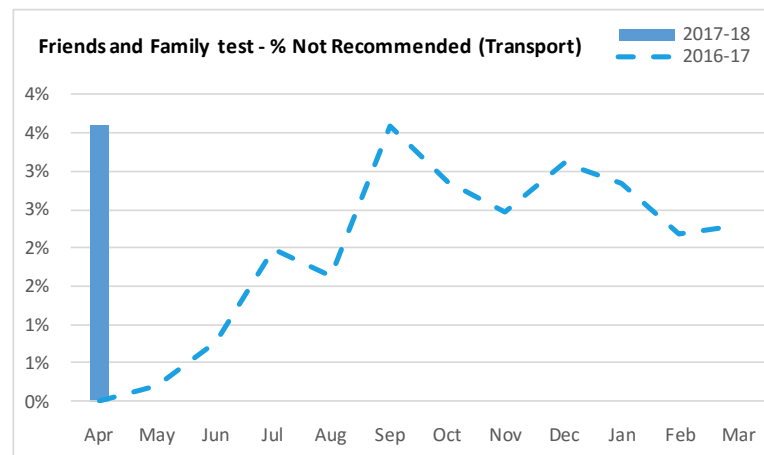
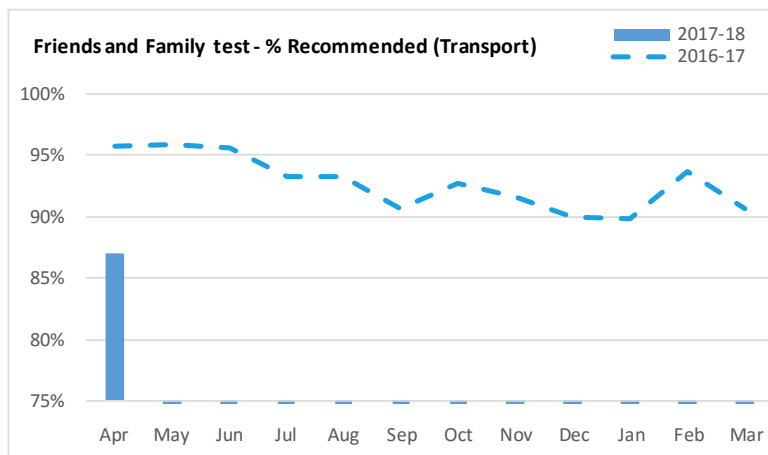
- We have reviewed local and national 2015-16 data and have set a response rate target of 7%.
- The proportion of outpatients who would recommend the Trust in April was 93.1% which was an improvement on the March figure of 91.9%. The proportion of patients who would not recommend the Trust has increased slightly from the March figure of 2.9% to 3.1% in April.
- 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.



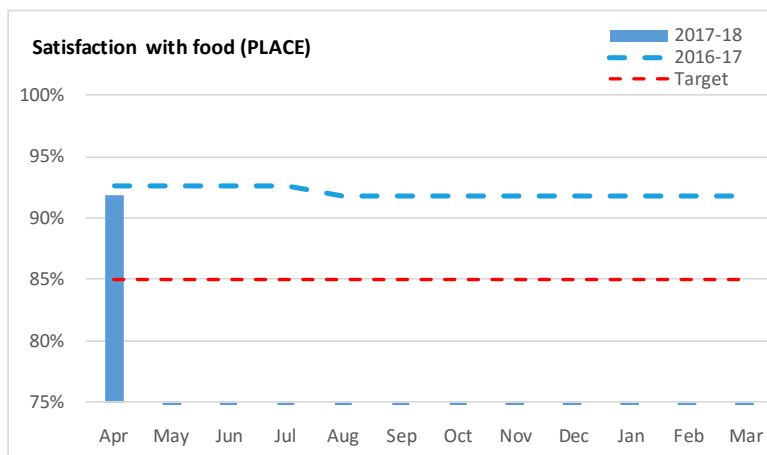
- We have reviewed 2015-16 local and national data and set a response rate target of 7%.
- In April the response rate declined falling from 4.8% in March to 2.7%. The proportion of patients who would recommend community-based services has dropped from 95.7% in March to 89.7% in April. The proportion of patients who would not recommend services has declined rising from 0.3% in March to 3.1% April. A review of underlying data shows a dip in recommend scores for inpatient service and a rise in the not recommend score for inpatient services and community nursing. Although this is based on a small number of responses we will be sharing qualitative feedback with teams to identify areas for improvement.
- The overall patient satisfaction score of 93.6% is an increase on the March figure of 92%.



- The proportion of patients recommending the transport declined this month falling from 90.7% in March to 87.1% in April. The not recommend score has also declined rising from 2.3% in March to 3.6% in March. A review of comments has highlighted the main concern for patients regarded waiting times for transport – in particular return journeys.
- The response rate has also remained at 2.3%.



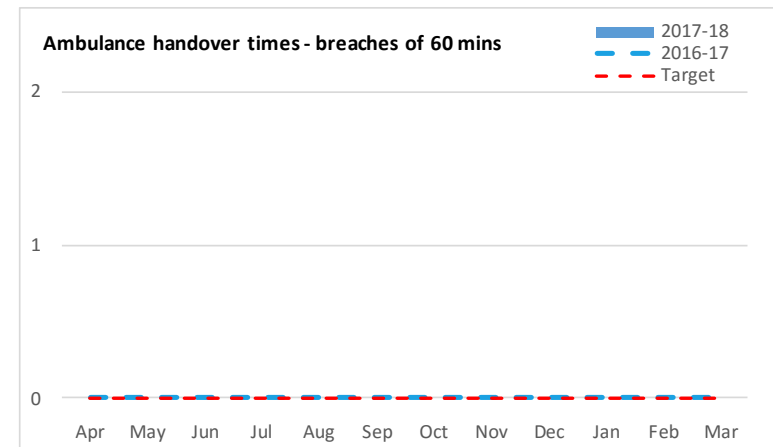
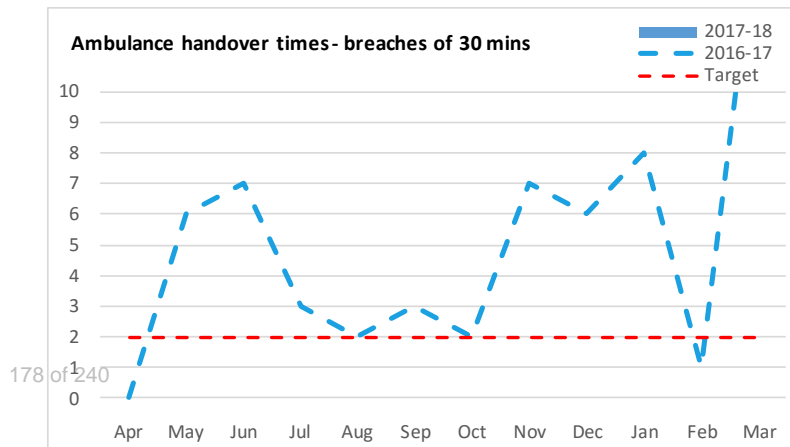
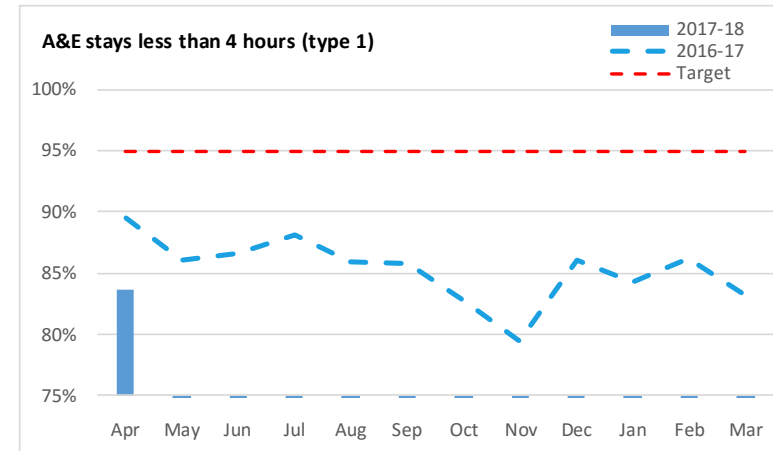
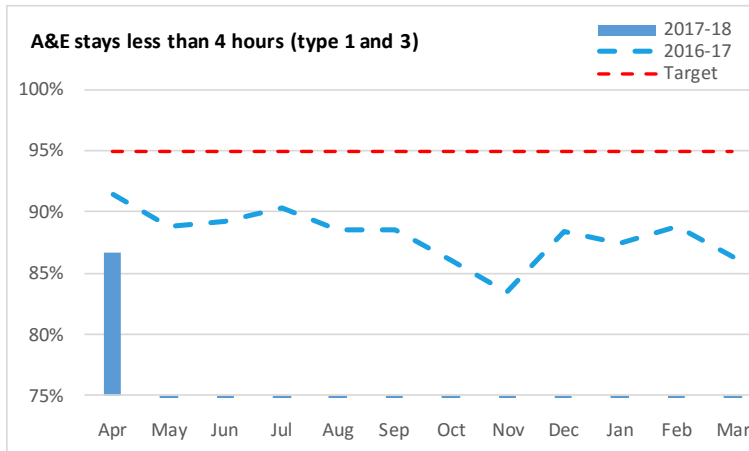
- The Trust has scored strongly for the quality of its catering as reflected in the National Inpatient Survey 2015, published by the Care Quality Commission (CQC). The Trust's catering scores exceed those of other London Trusts.
- The catering team continue to work closely with both Nursing and Dietetic staff to consolidate and introduce further quality improvements, and the Trust is working towards full compliance with the Hospitals Food Standards Report.



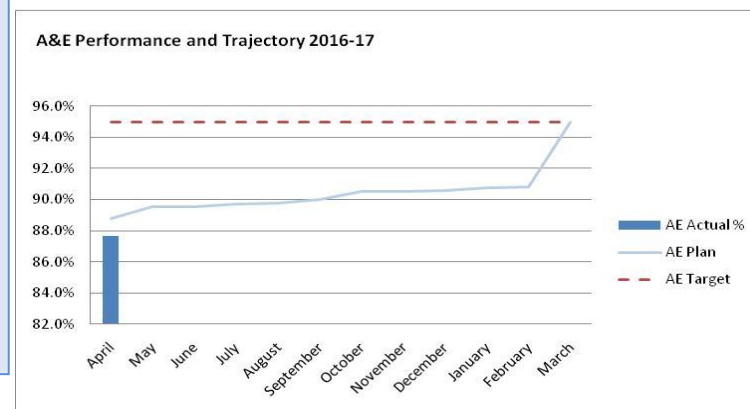
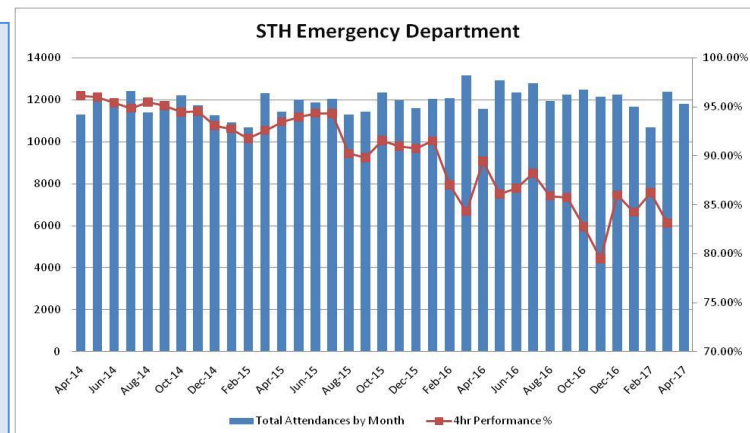
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Apr	May	Jun	YTD avg	Monitor	Quality priorities	Trend chart
4.1 A&E access	AE1	A&E stays less than 4 hours (type 1 and 3)	Mthly %	>95%			88.1%	86.6%			86.6%			Y
	AE1STH	A&E stays less than 4 hours (type 1)	Mthly %	>95%			85.3%	83.6%			83.6%			Y
	AE30	Ambulance handover times - breaches of 30 mins	Number	<3			3.8	0			0.0			Y
	AE60	Ambulance handover times - breaches of 60 mins	Number	Zero			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%			90.4%	88.8%			88.8%			Y
	RTT 52I	RTT - Incomplete pathways over 52 weeks	Mthly	Zero			17.4	20			20.0			Y
	RTT TQ	RTT - Total incomplete pathways	Mthly	-			57,279	62,660			62,660			Y
	RTT 18Q	RTT - Incomplete pathways over 18 weeks	Mthly	-			5,534	7,074			7,074			Y
	401M	RTT - Non-admitted patients <18 weeks (unadjusted)	Mthly %	>95%			90.5%	89.9%			89.9%			Y
	402M	RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%			81.0%	78.2%			78.2%			Y
	RTT 52	RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero			13.4	16			16.0			Y
4.3 Cancer access	451M	Cancer - 2 week wait	Qtly%	>93%			91.4%	89.3%			89.3%			Y
	941	Cancer - breast symptomatic referrals <2 wks	Qtly %	>93%			89.3%	89.9%			89.9%			Y
	453M	Cancer - 31 day first treatments	Qtly%	>96%			95.0%	93.8%			93.8%			Y
	459M	Cancer - 31 day subs treatments - surgical	Qtly%	>94%			90.7%	85.1%			85.1%			Y
	943	Cancer - secondary chemotherapy <31 days	Qtly %	>98%			97.8%	87.0%			87.0%			Y
	942	Cancer - secondary radiotherapy <31 days	Qtly %	>94%			93.7%	90.6%			90.6%			Y
	454M	Cancer - 62 day urgent GP referrals	Qtly %	>85%			67.1%	70.4%			70.4%			Y
		Cancer - 62 day urgent GP referrals (LCA cases only)		In devt										
	454I	Cancer - internal 62-day referrals	Qtly%	>85%			78.4%	81.0%			81.0%			Y
	456M	Cancer - 62 day screening	Qtly %	>90%			83.3%	88.2%			88.2%			Y
	457	Cancer Backlogs - pathways over 62 days	Number	-			138	143			143			
	458	Cancer Backlogs - pathways over 62 days	Number	-			48.3%	52.9%			47.1%			

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Apr	May	Jun	YTD avg	Monitor	Quality priorities	Trend chart
4.4 Diagnostic access	Diag 6	Diagnostic waits - % over 6 weeks	Mthly	<1%			1.25%	1.4%			1.35%			Y
	FFF19	Turnaround time - inpatient MRI within 24 hours	Mthly %	>80%			63.8%	65.4%			65.4%			Y
	FFF20	Turnaround time - inpatient CT within 24 hours	Mthly %	>80%			84.6%	88.0%			88.0%			Y
	FFF21	Turnaround time - inpatient Ultrasound within 24 hours	Mthly %	>80%			76.5%	76.3%			76.3%			Y
4.5 Bed capacity and management	531	Average length of stay (elective)	Cum ALOS	<last yr			3.54	3.81			3.81			Y
	LOS>1	Non-elective average LOS >1 night	Cum ALOS	<last yr			8.7	8.6			8.6			Y
	535	Discharges before noon	Mthly %	>25%			20.9%	22.4%			22.4%			Y
	Home	GSTT referrals to @Home service	Cases	>100			69	61			61			Y
	DTtoCDT	DTtoC total delayed days	Number	-			543	452			452			Y
4.6 Outpatient management	604	Appointments re-scheduled by hospital <6wks	Cum %	<4%			4.8%	5.2%			5.2%			Y
	FFF57	Gassiot House Room Utilisation	Mthly %	>75%			88.6%	-			-			
	618	Choose and Book - % slot unavailability	Mthly %	<5%							-			Y
	601R	Follow-up ratio - adj cons appts (in arrears)	Ratio	-			2.14							Y
	602	Non-attendance rate (new appts)	Mthly %	<11%			10.9%	10.5%			10.5%			Y
	603	Non-attendance rate (f/up appts)	Mthly %	<9.8%			12.2%	11.7%			11.7%			Y
4.7 Theatre management	533M	Daycase rate - basket (in arrears)	Mthly %	>85%			84.3%				0.0%			Y
	505	Theatres Gross Cancellation Rate (in arrears)	Mthly %	<7%			7.4%	7.2%			7.2%			Y
4.8 Complaints mgt	COM1T	Complaints opened in month (Trust total)	Cases	-			100.8	92			92			Y
	COM2T	Complaints re-opened in month (Trust total)	Cases	-			3.1	3			3			Y
	COM6T	Complaints CLOSED in month (total Trust)	Cases	-			98.0	78	-	-	78			Y

- April saw a deterioration in performance in the patient waiting time within our A&E services compared to the same month last year. The department had 18 breaches of the >30 minutes ambulance off-load target and 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. There were particularly challenging days which contributed to this spike in ambulance breaches. 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 May to review the Emergency Pathway.

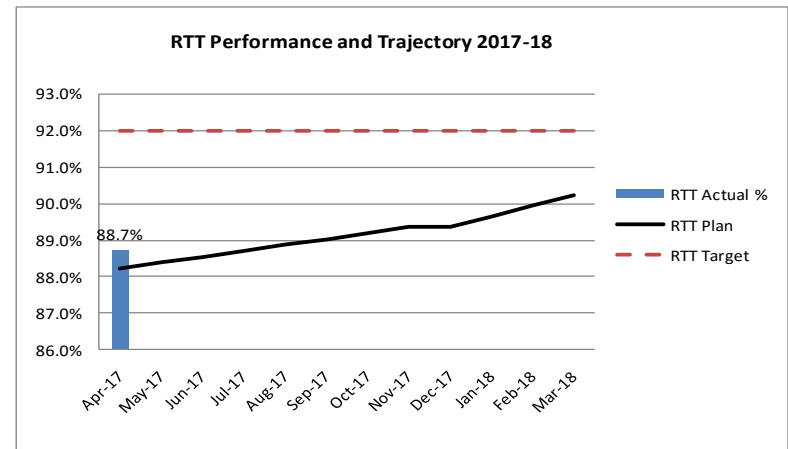
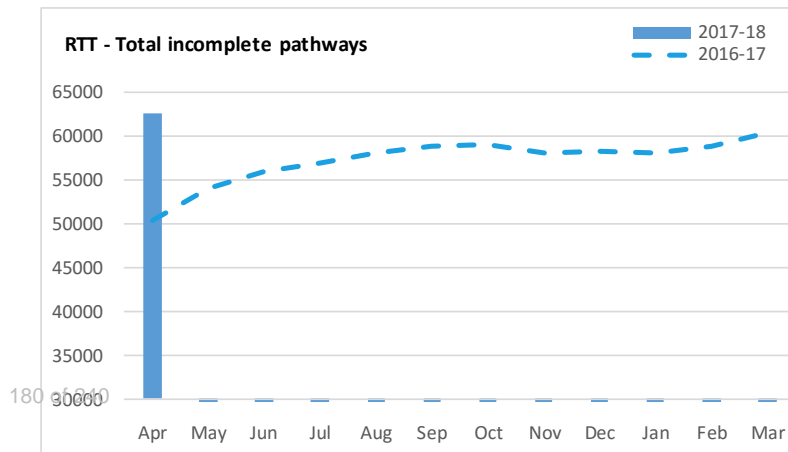
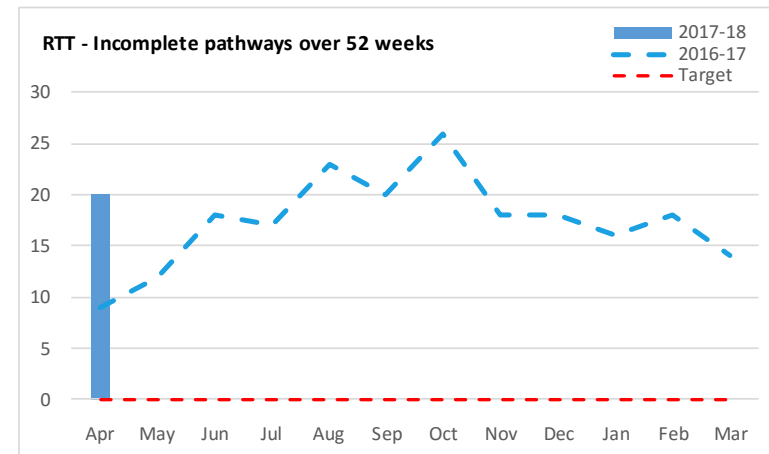
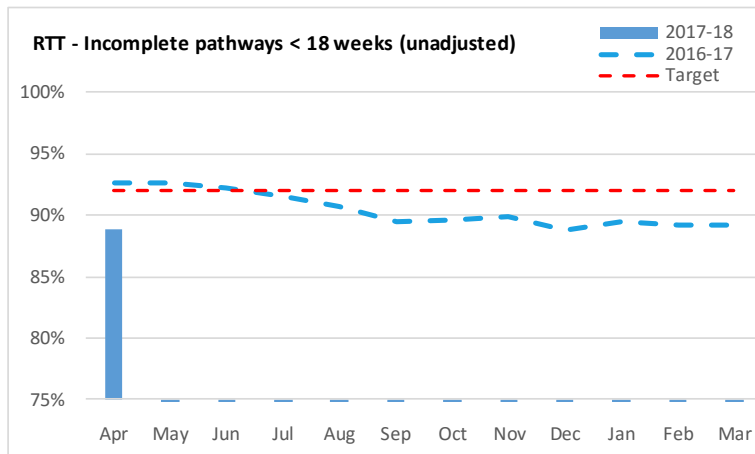


- **Where we want to be: targets and benchmarks**
- We are seeking to reduce the number of patients waiting over 4 hours to a level at which we can sustain performance against the national standards for incomplete pathways.
- We want to achieve our submitted performance trajectory for 4 hour performance for 2017/18.
- **Where we are: trends and patterns**
- March 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 with a varied arrival pattern which is hard to predict.

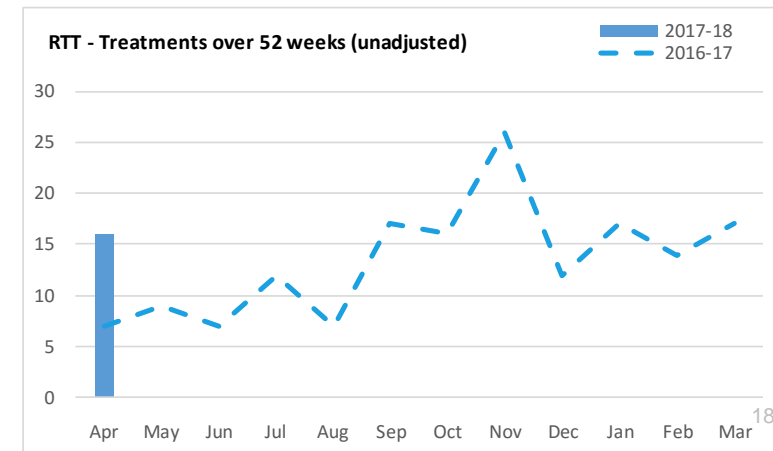
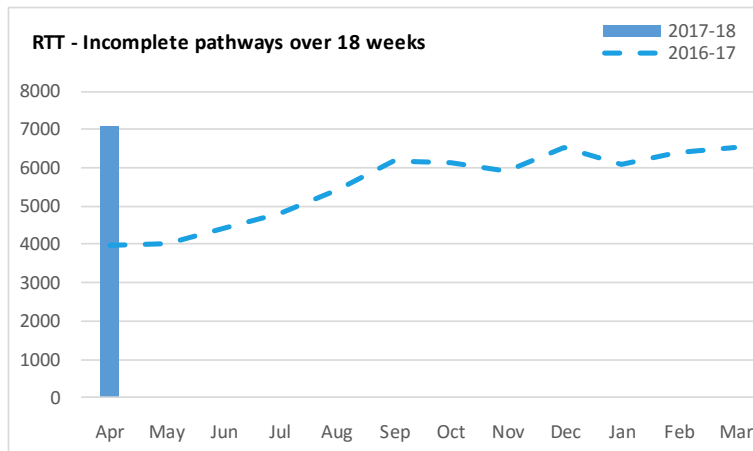
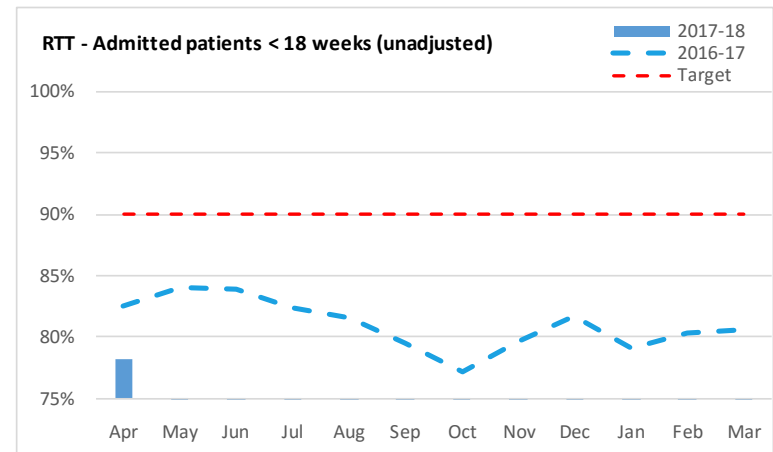
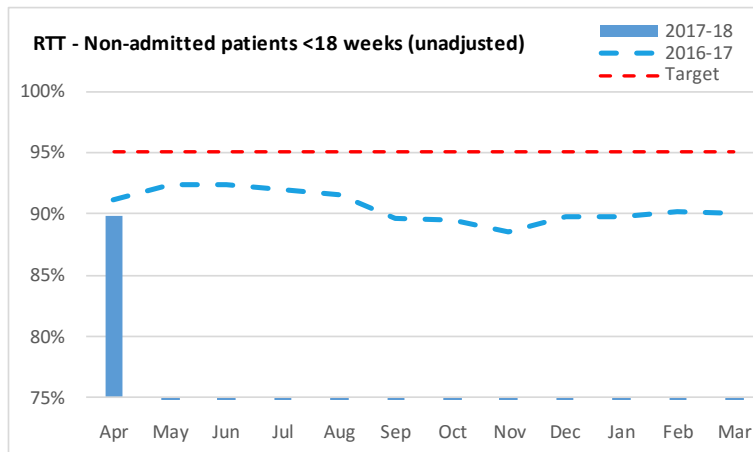


Action and progress	Owner	Next review date
The service continues to safely redirect patients to alternative providers, including GP Hubs and the Waterloo Health Centre. An audit in January showed that on average, 66 patients are redirected every week day to more appropriate care environments.	Acute Medicine DMT	Daily
The next Trust 'Star Chamber' will be held in May 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, including Transfers of Care, Internal ED Improvement, Ambulatory Care and the North Wing Model .	Deputy Dir of Operations & Acute Medicine DMT	May 2017
A weekly rapid change group will be held in May to ensure decisions are made quickly and actions taken to improve the emergency pathway. This meeting will be chaired by the Chief Operating Officer and will include representatives from Acute Medicine, HR, IT and any other group who is required to enable rapid change.	Acute Medicine DMT	May 2017

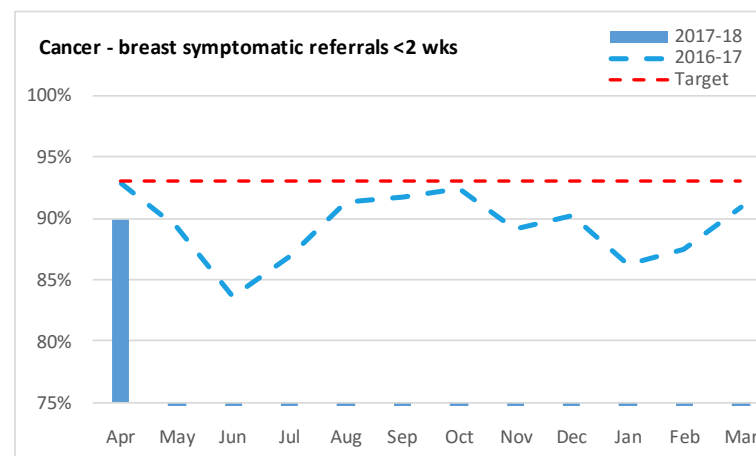
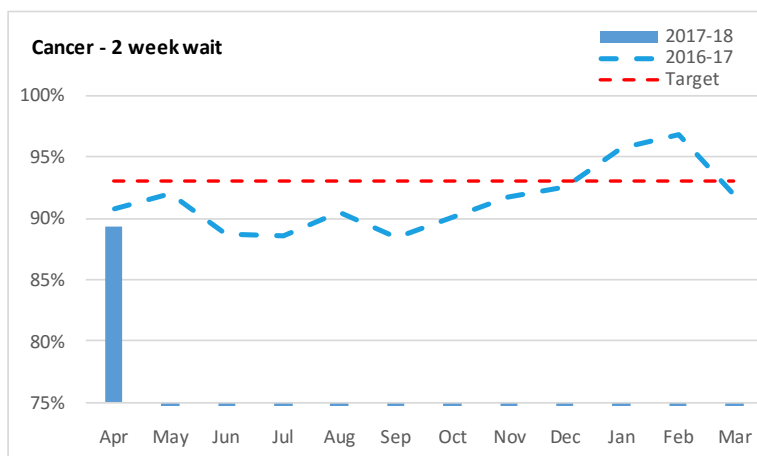
- The Trust's incomplete performance for April is 88.7% which is just below March's performance, but is still ahead of the STF Trajectory.
- The total PTL has increased in April to 62,660, which is 2,000 greater than in March. This growth in PTL is likely linked to a 10% rise in Q4 in GP referrals coupled with a reduction in activity over April, due to the Easter Bank Holiday and unavailability of staff and patients; a lack of validation by specific services; and the impact of staffing issues with anaesthetics, which has now been resolved.
- The Trust reported 20 patients waiting longer than 52 weeks in April. The specialty breakdown is Upper GI (5), Orthopaedics (1), ENT (4), Plastic Surgery (2), Paediatric ENT (2), Paediatric Orthopaedics (2) and Physiotherapy (3). 6 of these 20 patients have now been treated in May.
- All directorates with 52 week waits have been asked to produce specialty level trajectories to achieve compliance against the updated STF trajectory. The updated Trust level 52 week reduction trajectory has a target of 6 over 52 week waiters from the November 2017.



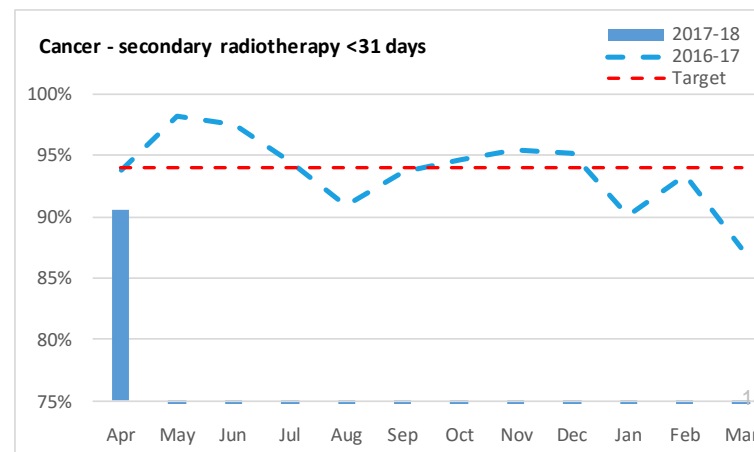
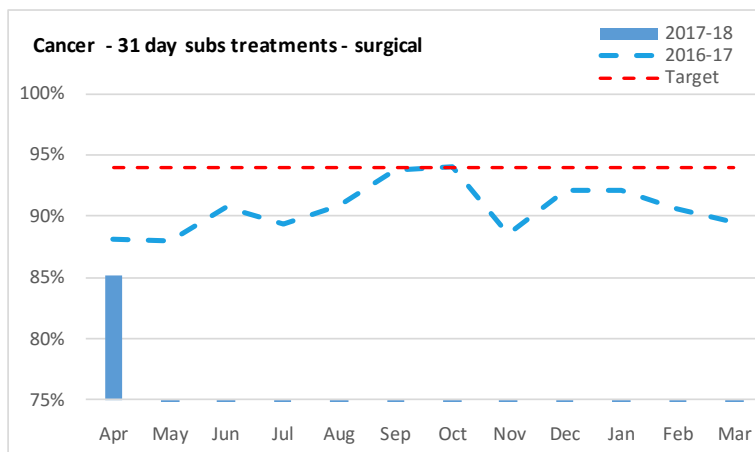
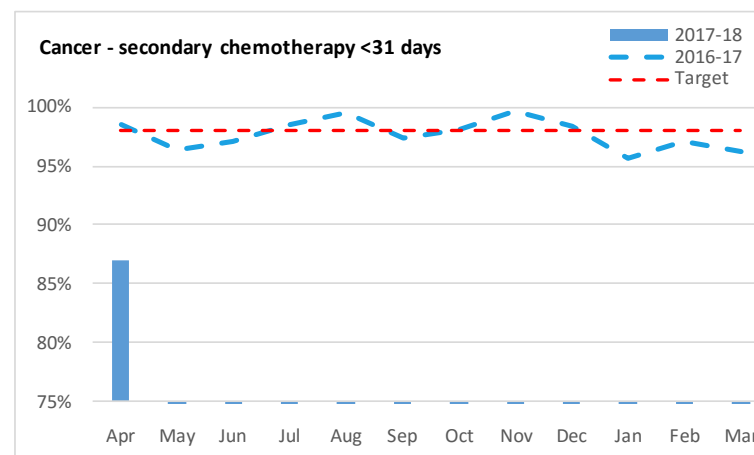
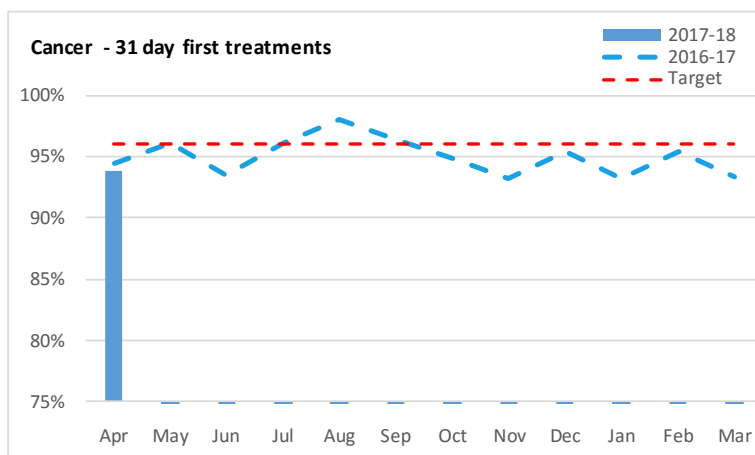
- The trust backlog has also increase to 7,074 in April. As anticipated this reduced capacity was due due to Easter and the introduction of the IR35 rule for agency staff will have an impact on the Trust's RTT performance and backlog.
- To help manage the backlog both ENT and Orthopaedics will be outsourcing to the private sector. ENT's outsourcing programme started at the beginning of this year and has had a positive effect on their backlog which has reduced by over 120 patients, since January. Outsourcing in Orthopaedics is due to start at the end of Q1/start of Q2, once the contract is signed.



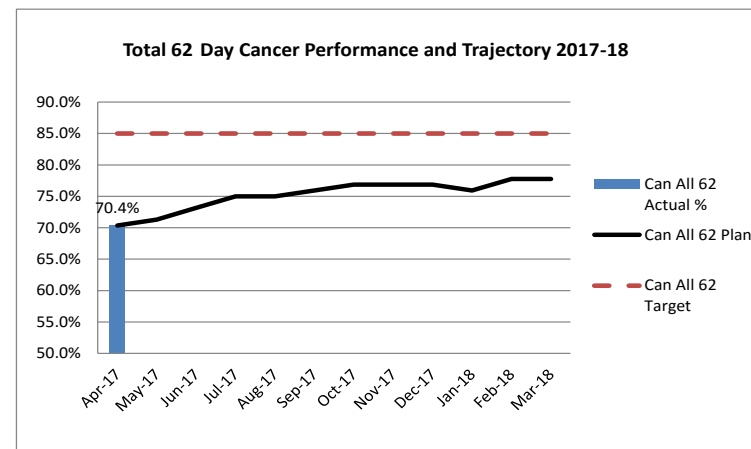
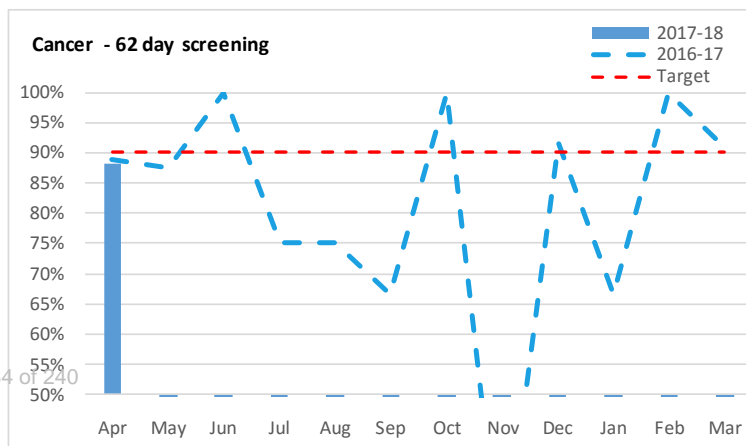
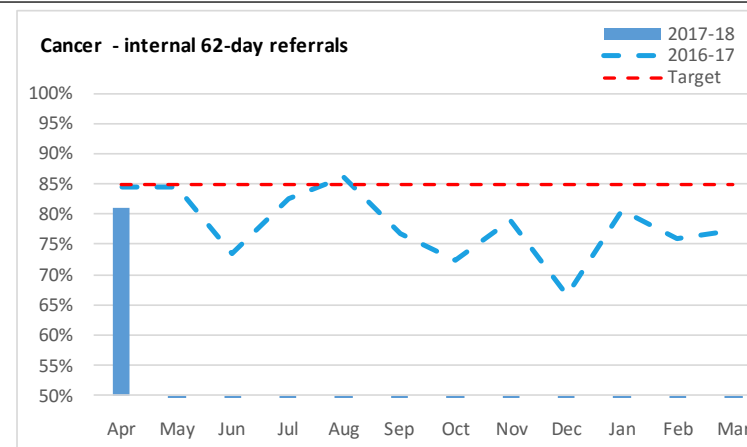
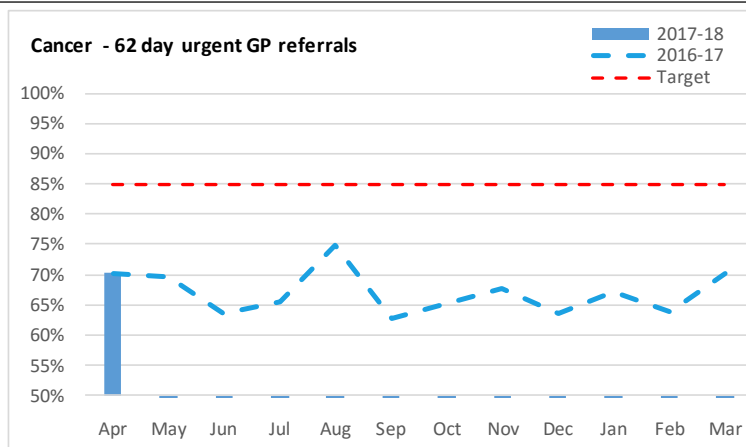
- The Trust did not achieve the 2-week wait target set for patients with suspected cancer with a reported performance of 89.3%. We did not meet the breast symptomatic target with 89.9%.
- Lower GI and Skin were unable to meet the increased demand on the services quickly. Increased capacity has been introduced in the 2WW booking process which has seen some efficiency gains. We have improved the tracking and monitoring of 2ww referrals to ensure capacity requested are escalated quickly to services.
- A paperless process has also been introduced in the Cancer Data team which is anticipated to introduce process efficiencies that will contribute towards achieving the target.



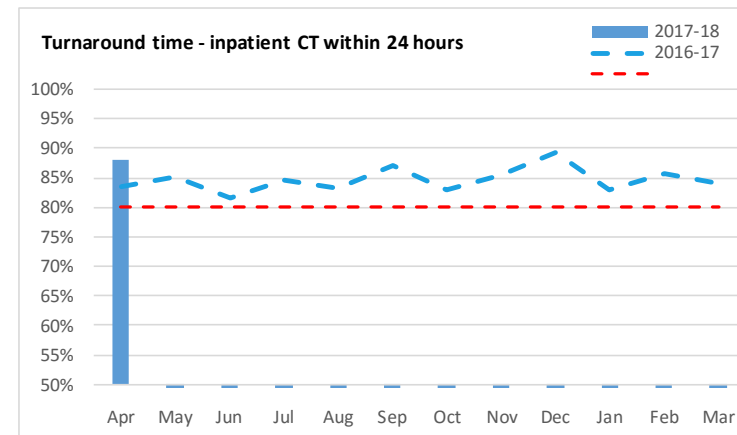
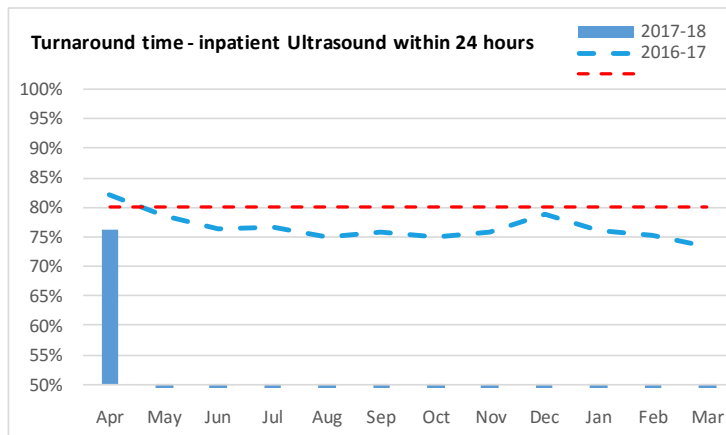
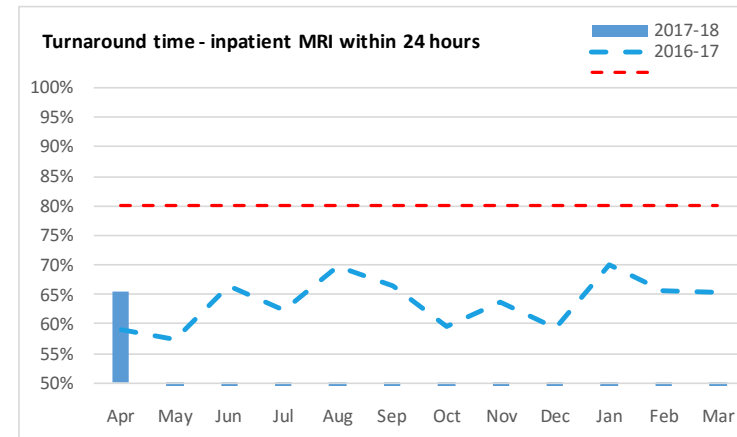
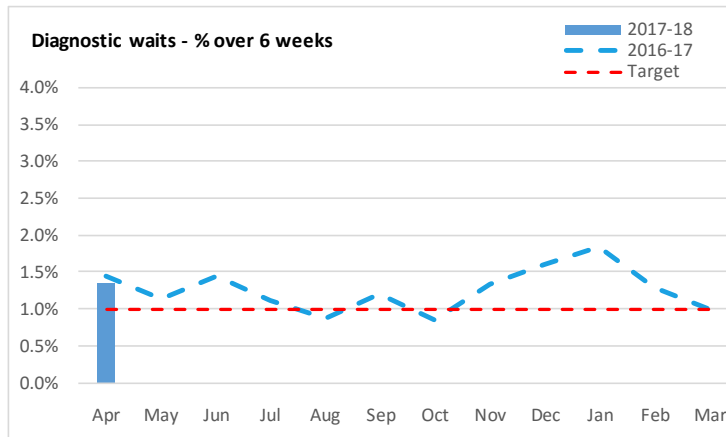
- The Trust did not achieve the 31 day targets in April with 93.8%. There were a total of 15, 31 day first treatment breaches out of a total of 266 treatments.
- Key areas of concern are thoracic and urology with 89.7% and 88% respectively. The COO team are proactively working to support these tumour group on a daily basis. A plan to provide additional theatre capacity for Thoracic and is in the process of being developed and implemented
- Chemo and Radiotherapy – new machines and QMS have now come on line which will provide additional capacity and will improve this risk by reducing short notice lists and moving activity off site.



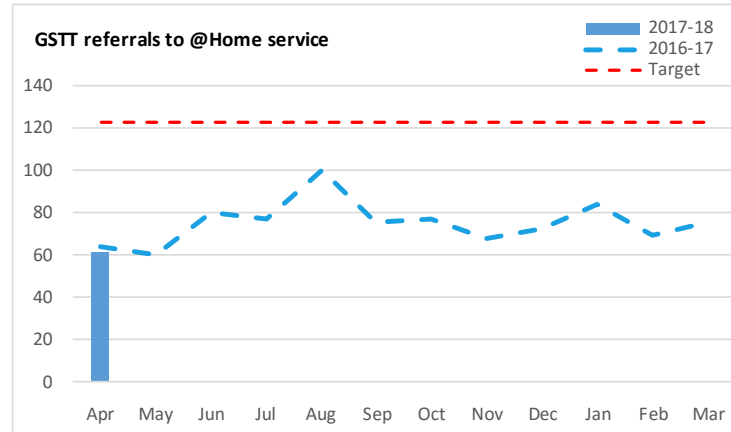
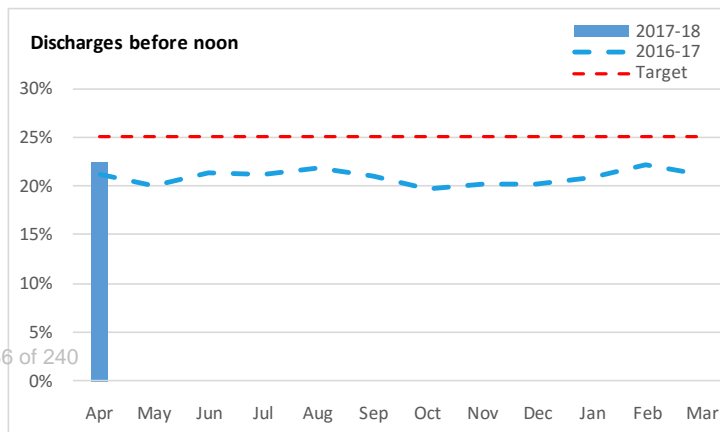
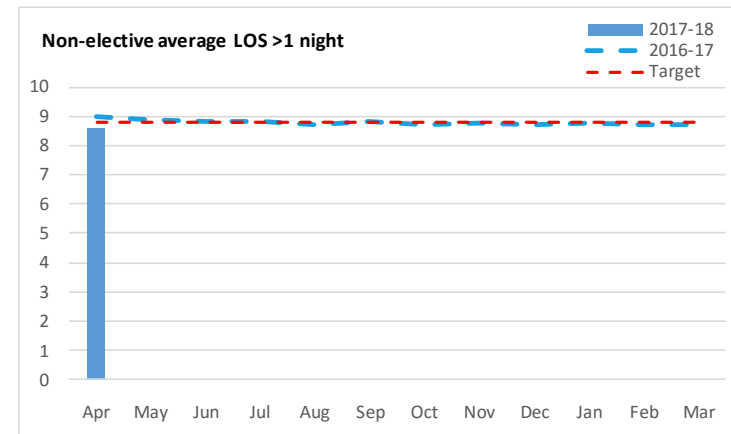
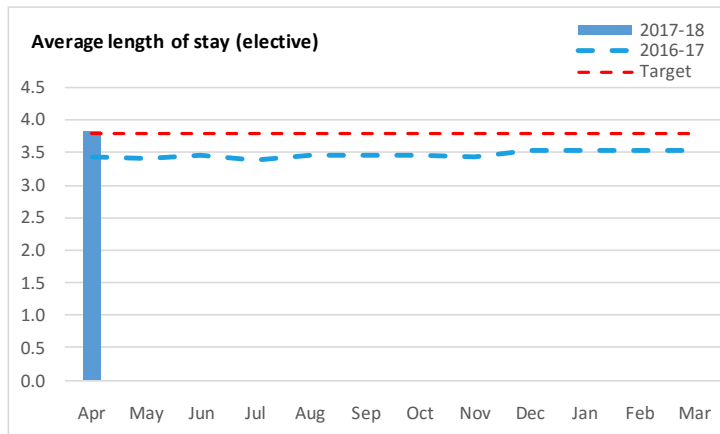
- Overall performance for 62-day maximum wait for first treatment remains below the 85% target. We achieved 70.4% overall which is just above trajectory and an improvement on March. We achieved 78.7% for the internal patients which is again an improvement from last month. There were 13 internal breaches in April with 61 treatments.
- GSTT is now the worst performing Trust in London against this standard and consequently is now coming under increased scrutiny on its performance from the regulators NHSI and NHSE. In response to this a new cancer governance structure has been developed and implemented which has been devised to provide increased scrutiny on a daily basis at tumour group and patient level in order to optimise every opportunity to improve the Trust's performance against this standard.
- The majority of 62 day breaches in April continued to be in Thoracic, Urology, upper and Lower GI. 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.



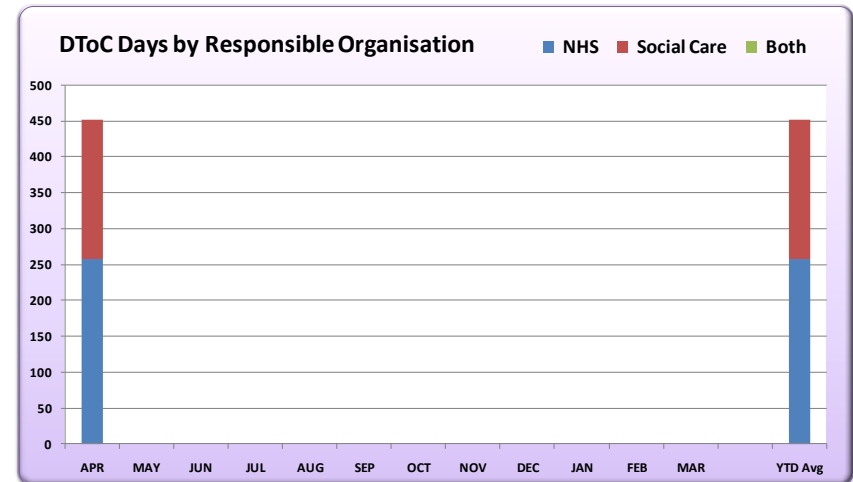
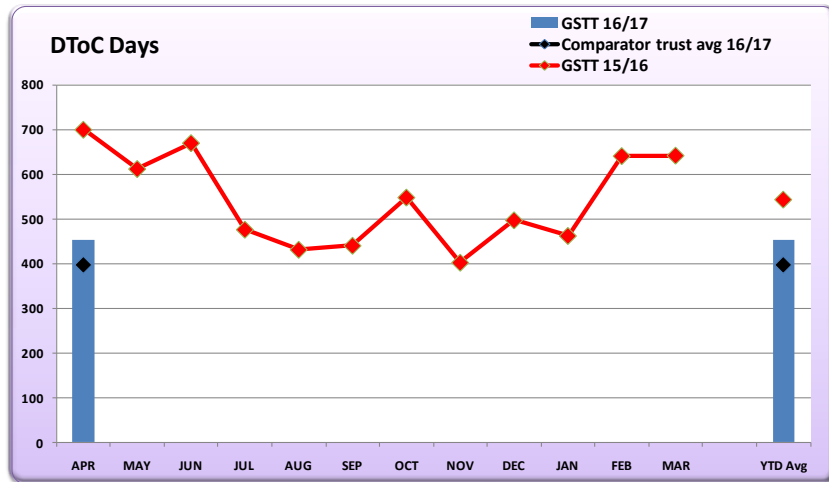
- Performance for diagnostics has dipped in April to 1.35%. The increase in breaches has been in Urodynamics, Paeds MRI and Cystoscopy.
- To help manage the backlog in diagnostics extra lists have been put in place (weekend sessions for Paediatric MRI and Cystoscopy). Urodynamics has now signed off the clinical scientist as a sole operator, which means that the service will be less reliant on radiologists going forward (lack of availability of radiologists was a reason for the increased number of breaches in April).
- The new process which will track services weekly predictions to prospectively identify any potential end of month breaches and offer services support in avoiding these breaches, is place. This provides the performance team with an knowledge of all prospective breaches in a timely manner to help ensure they can be avoided.



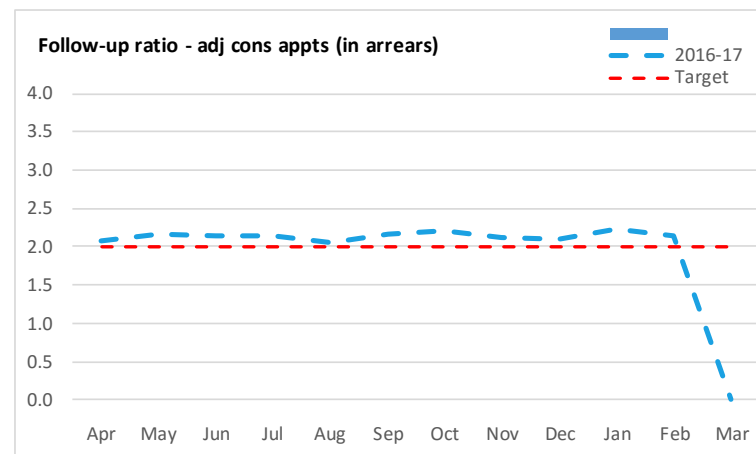
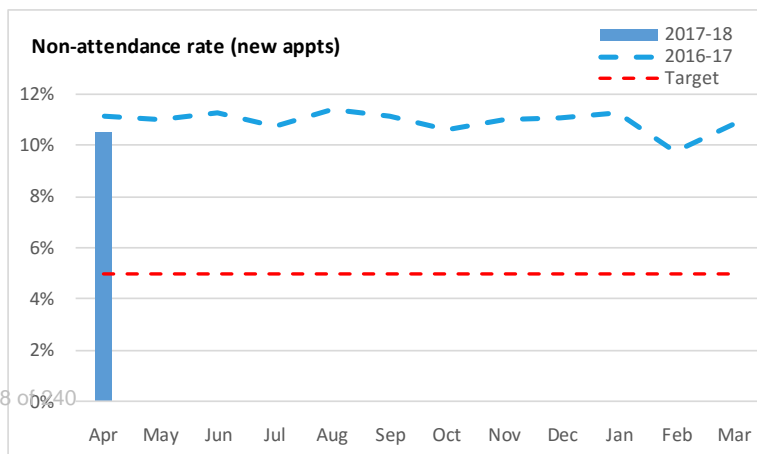
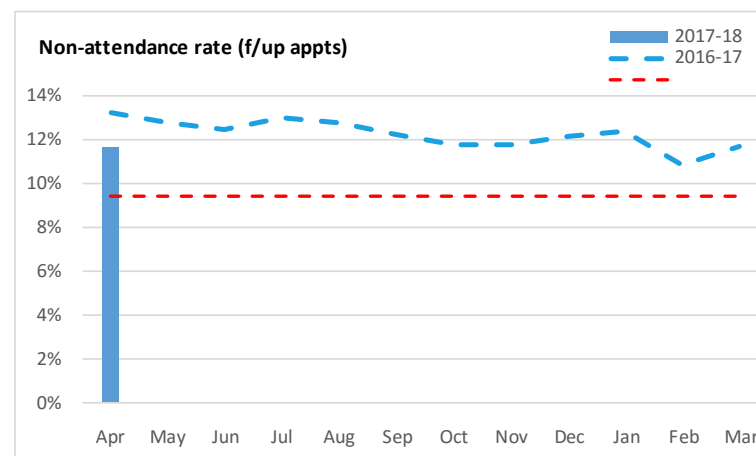
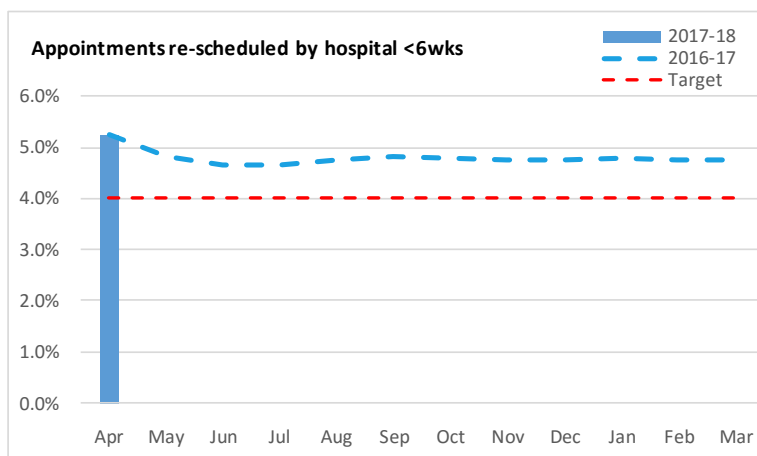
- @home: Overall accepted referrals show a decrease from 349 (Mar) to 260 (April) and GSTT referrals show a decrease from 75 (Mar) to 61 (Apr). The service is currently working through a data management action plan to address any data quality issues. The service is activity working on improved recruitment and retention.
- 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.



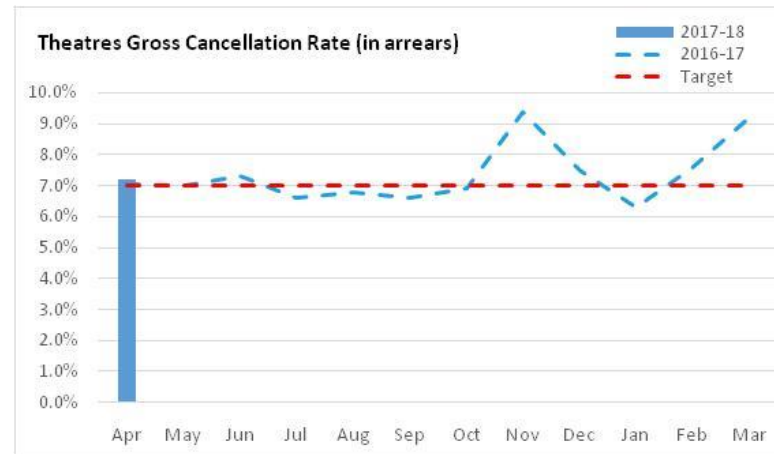
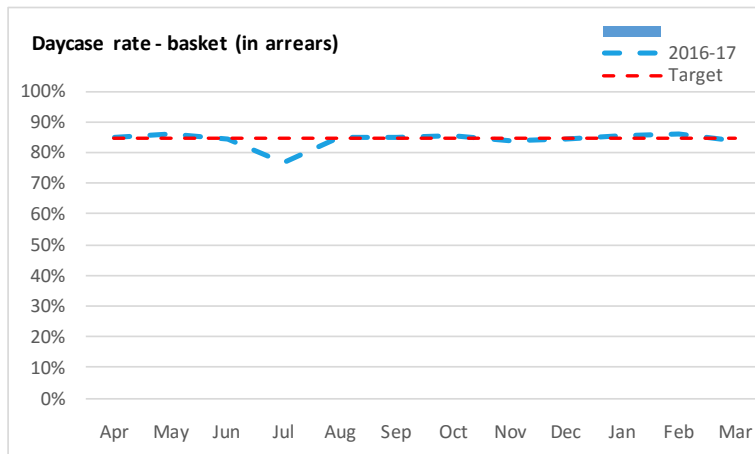
- The definition of a DTOC is when a patient is ready to transfer from acute to non-acute setting, but remains in an acute hospital bed.
- The Trust continues to progress its 'Transfers of Care' improvement work stream within the Fit for the Future programme, with three overarching improvement aims:
 - 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.



- **Appointments re-scheduled by the hospital within 6 weeks of an appointment** – The number of rescheduled patients, although higher than the target of 4%, has continued at a rate below 2015/16 levels.
- e-RS (National Referral System - % slot availability – Appointment Slot Issues (ASIs) went down from 1278 in March to 1085 largely thanks to some specialities extending to actual wait times and polling ranges (booking horizon). Advice & Guidance reduced from a high of 248 to 195, although this change may be linked to the late Easter break and school holidays. Work is ongoing with the phase 1 specialities - ophthalmology DoS has been reviewed by GPs and we have provided comments before formal sign off is obtained. 2 Wk Wait & Breast have been signed off by GPs in Southwark. Dates awaited for Dermatology & Neurology sign off.
- **Non-attendance for new and follow up appointments** – drdoctor level 2 (appointment re-schedule, auto offer) functionality has been piloted in limited specialities since mid March. Early indications of a reduction call volumes look positive, but slower progress to enable increased functionality than anticipated suggests Trust wide roll out unlikely to complete before mid 2018.
- **Follow-up ratio** – Increased number of requests via ARP to adopt non Face to face practices should see further reduction in Follow Ups in coming months.

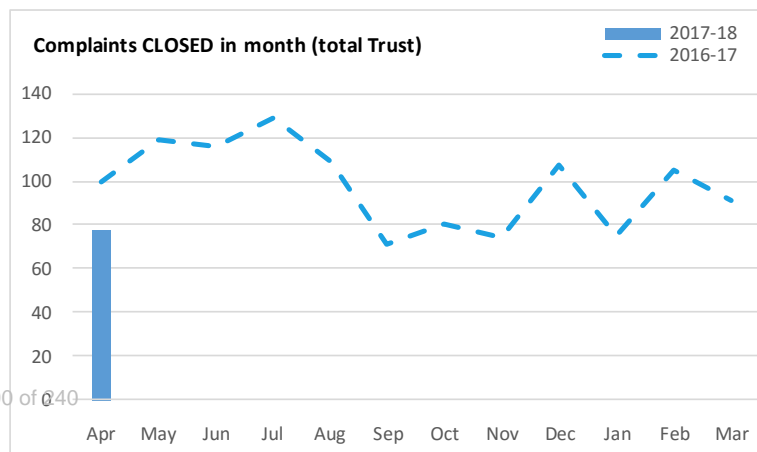
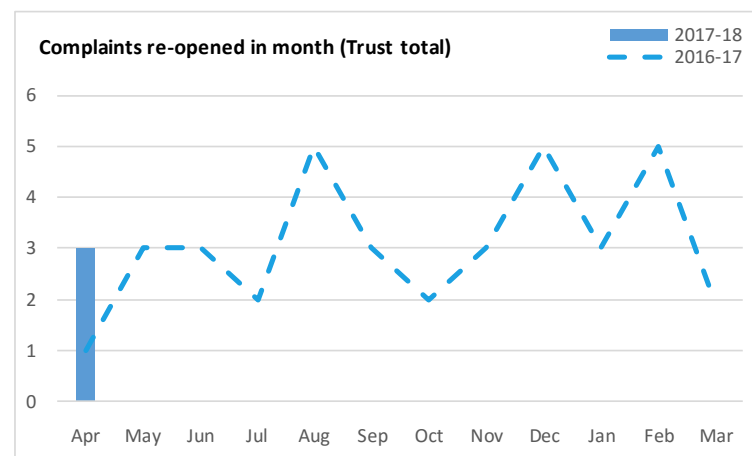
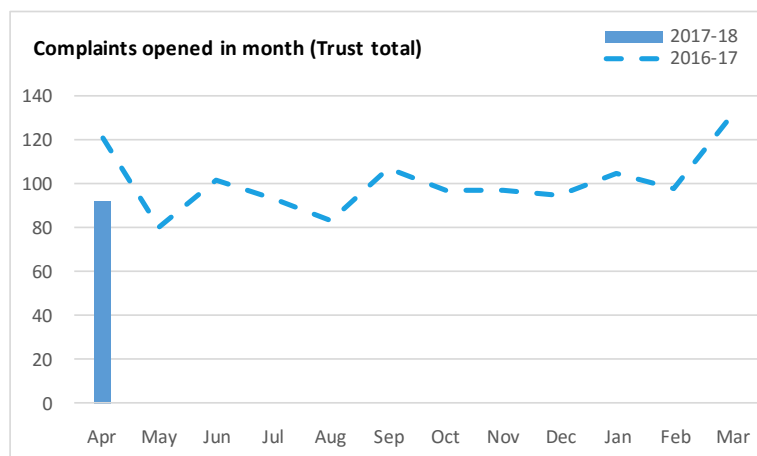


- Day case rates continue to meet the target of 85% with continued focus on ensuring patients are operated on in the most appropriate care setting.
- Due to significant staff challenges with anaesthetics, a number of lists had to be cancelled in March. All patients have been rebooked and the staffing issue has been resolved now. Inpatient text reminder pilot started in April and initial results are positive



The complaints team continue to work hard with the directorates to help produce good quality responses. In addition to the number of formal complaints managed, the team also dealt with an additional 63 informal queries.

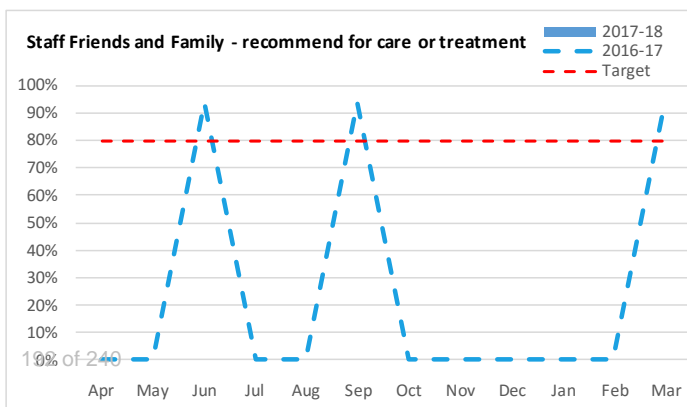
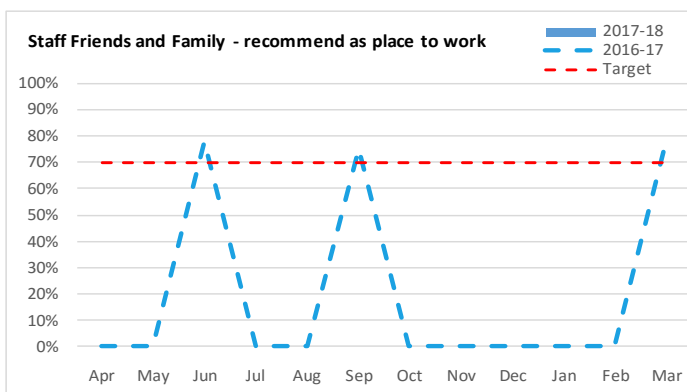
In April, we received two investigation reports from the Parliamentary and Health Service Ombudsman (PHSO) advising their final decision as Not Upheld. The outcomes from the PHSO give us some confidence that the quality of investigation and the responses to complaints are of a high standard.



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.

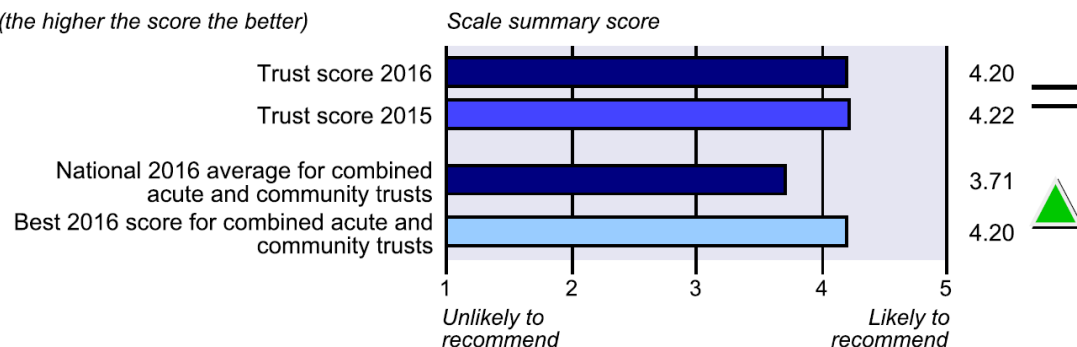
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Apr	May	Jun	YTD avg	Monitor	Quality priorities	Trend chart
5.1 External assessments	GOV	Overall governance rating (Monitor, in arrears)	Rating	Green			Green							
	CQC	Care Quality Commission (CQC) risk assessment	Score	>5			6	6			6			Y
5.2 Staff experience	FFTS1	Staff Friends and Family - recommend as place to work	Qtly %	>70%			77.1%	-			0%			Y
	FFTS2	Staff Friends and Family - recommend for care or treatment	Qtly %	>80%			93.6%	-			0%			Y
5.3 Workforce indicators	VACTB	Overall vacancy rate	Mthly %	<9%			11.4%	11.2%			11.2%			Y
	TEMPTB	Agency staff (% of paybill)	Mthly %	<4.3%			4.2%	3.1%			3.1%			Y
	TURNTB	Rolling annual turnover rate	Mthly %	<11%			12.2%	12.2%			12.2%			Y
	206TB	Sickness and absence rate	Mthly %	<3.0%			3.2%	2.94%			2.94%			Y
	211TB	Appraisal compliance (non-medical staff)	Mthly %	>95%			72.1%	68.7%			68.7%			Y
	MITB	Mandatory training compliance	Mthly %	>95%			84.7%	84.0%			84.0%			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.

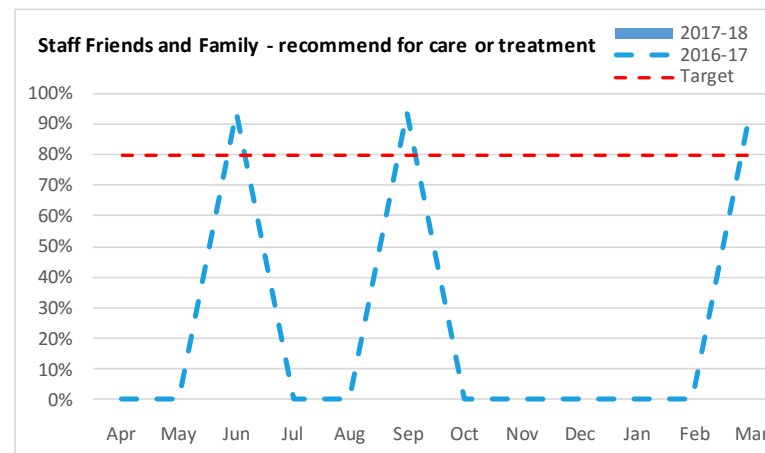
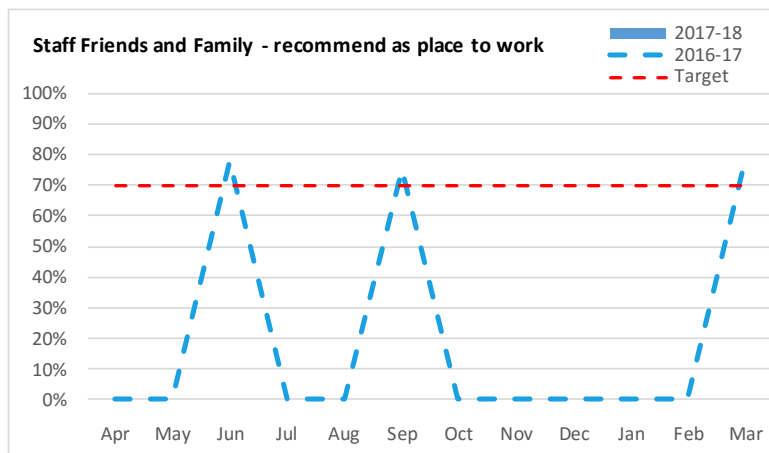


KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

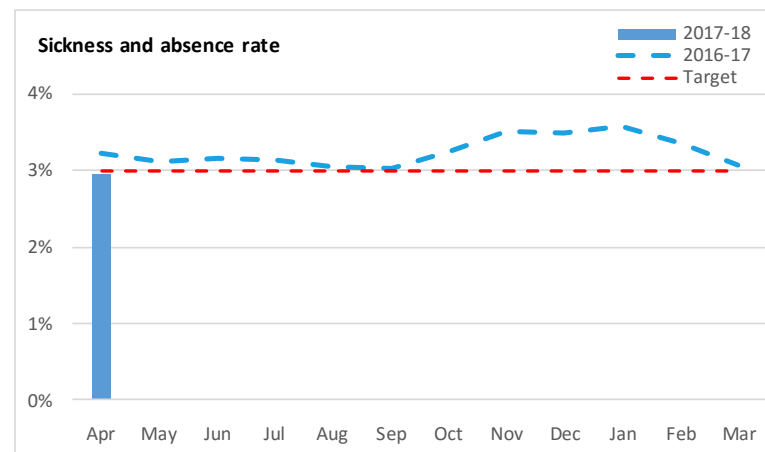
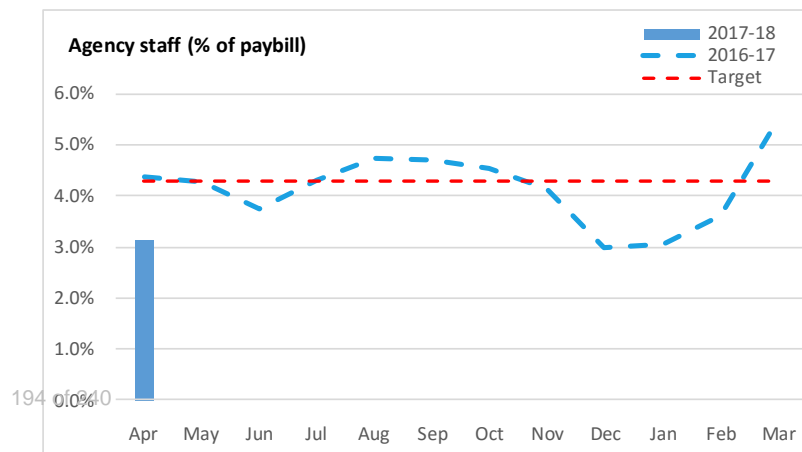
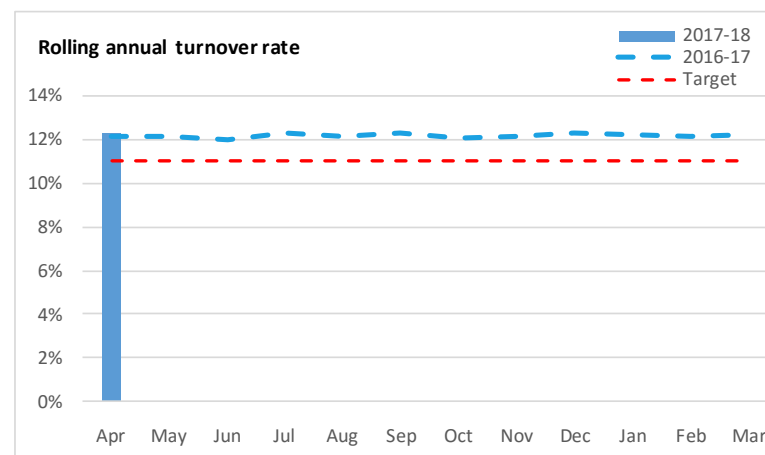
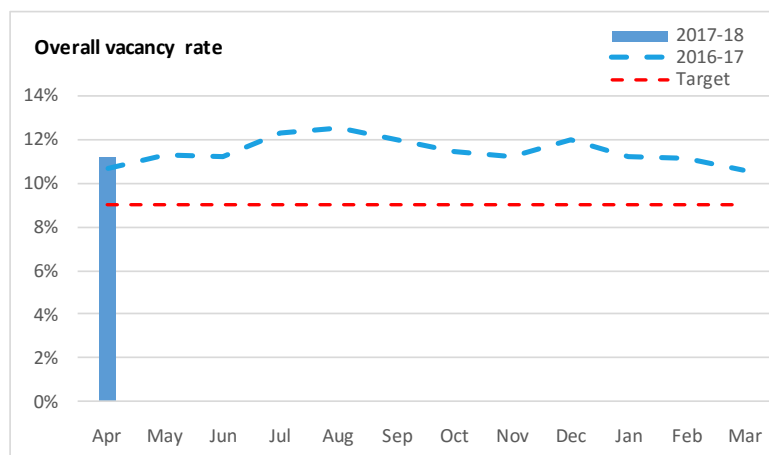
(the higher the score the better)



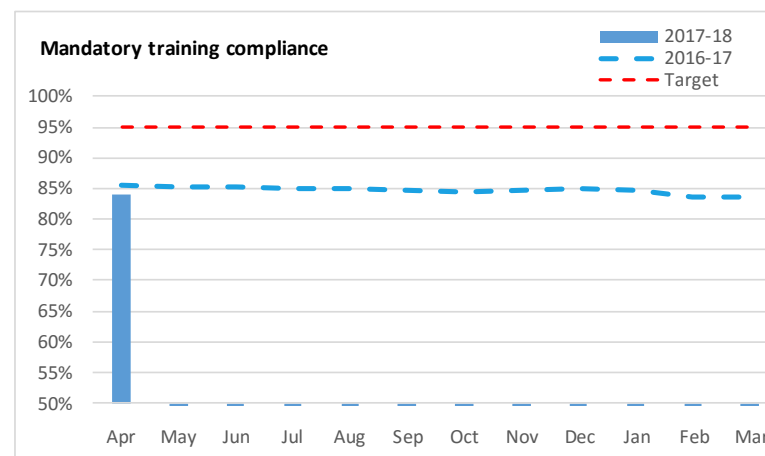
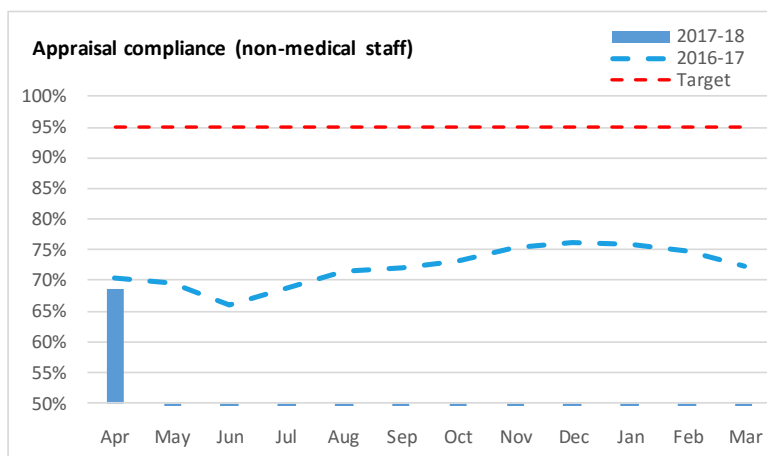
- Staff opinion on whether they would recommend a health care organisation for care or for work is statistically associated with the quality of care. Any fall in the positive opinion should be seen as a potential early indicator of a reduction in quality of care.
- 700 staff participated in the Quarter 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 (11.20%) increased in March and remains above target. The Substantive workforce is 580 WTE greater (4.4%) than the same month last year and at it's highest ever level, however these gains have not kept pace with the growing establishment which has increased by nearly 750 WTE, leading to a higher vacancy rate. There are currently over 730 external applicants in the recruitment pipeline scheduled to join the Trust over the next few months.
- Agency spend as a proportion of paybill reduced again to 3.13% which is an improvement against target and the same month last year. Agency usage continues to be monitored on a weekly basis, with price cap breaches reported to NHS Improvement and the Trust Board.
- Staff Turnover increased slightly to 12.25%, and continues to trend above the target of 11%, however the Trust continues to benchmark favourably other London Trusts.
- The sickness rate decreased to 2.94%, beating target for the first time in several years, and lower than the equivalent 2016 month and NHS average.



- Personal Development Review (appraisal) compliance rates decreased further to 68.7% and remains well below target. There are now over 3,000 staff without an appraisal recorded as completed in the past year. The Trust has yet to achieve its target of 95%. As the trust is now in it's 3 month Appraisal window, the rate is expected to decline further before increasing after June.
- Mandatory training increased to 84.0% but it is lower than the April 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.

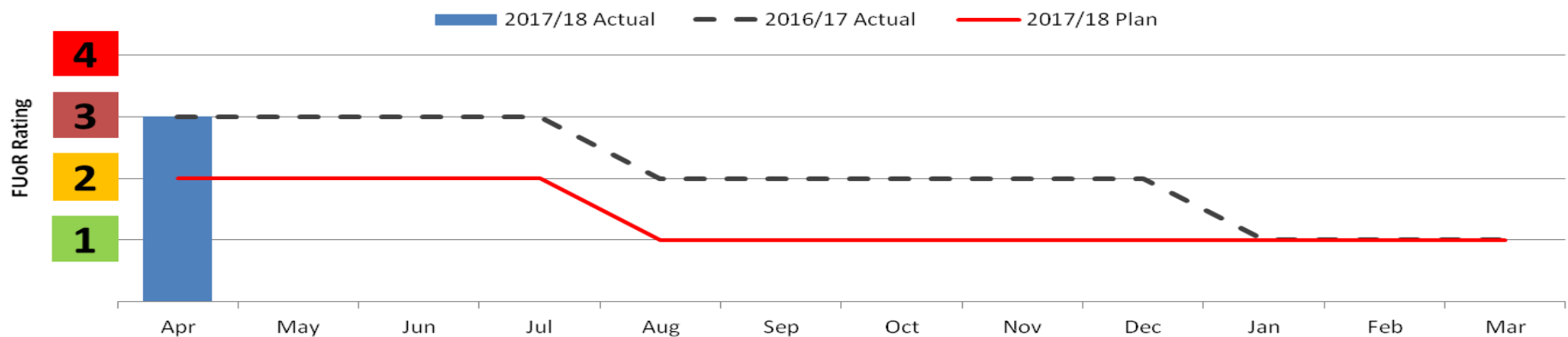


Theme	Ref	Indicator	Units	Target	R	G	Prior year	Apr	May	Jun	YTD avg	Monitor Quality priorities	Trend chart
6.1 Overall financial position	MRRT	Finance Use of Resources	Score	<=2			2.1	3.0			3.0		Y
	LQRT	Liquidity ratio (in days)	Days	>0			15.5	25.4			25.4		Y
	DSCT	Capital service cover	Ratio	>2.59			1.9	0.68			0.68		Y
	FIN01T	Overall underlying financial surplus/(deficit)	£M	>£3.60m			-£0.5	-£5.2			-£5.2		Y
	CSHT	Cash flow	£M	>£143m			£142.6	£153.0			£153.0		Y
	CAPT	Capital spend vs plan (year-to-date variance)	Mthly %	+/- 15%			-36.0%	43.2%			43.2%		Y
	VRPT	Variance from Plan (year to date)	Mthly %	> 0			0.1%	-2.92%			-2.9%		Y
	UNPT	Underlying Performance	Mthly %	> 0.6%			0.2%	-3.9%			-3.9%		Y
6.2 Activity levels (magic numbers)	560	Elective activity vs profiled plan - cumulative variance (in arrears)	Cum var %	>0%			0.7%				74.1%		Y
	606T	New patients seen vs plan (all categories, in arrears)	Mthly var	>0			159						Y
	714	External cons referrals	Number	>last yr			2,314	1,583			1,583		Y
	713	GP referrals	Number	>last yr			18,413	15,572			15,572		Y
6.3 Fit for the Future	CIPSTC	Cost improvement plans (CIPs) - var to plan YTD	£M	>£0m			-£5.6	£0.0			£0.0		Y
6.4 Data quality and clinical coding	CM024	Community data completeness - % contacts outcomed	Mthly %	≥ 95%			95.2%	96.1%			96.1%		Y
	712	NHS number coverage	Cum %	>98%			98.0%	98.0%			98.0%		Y
	710x	Clinical coding - diagnostic depth (in arrears)	Ratio	>4.5			5.06				0.00		Y

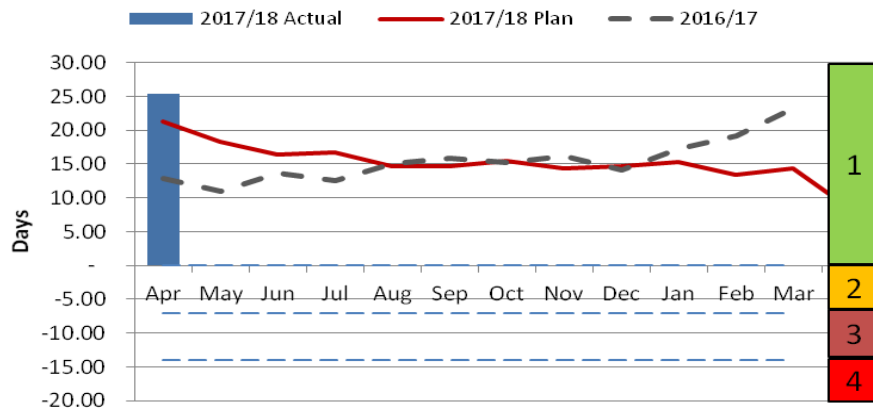
Financial performance is assessed against the single oversight framework where the highest rating that can be achieved is a one and the lowest a four.

At April a rating of three has been achieved which is behind the plan of two.

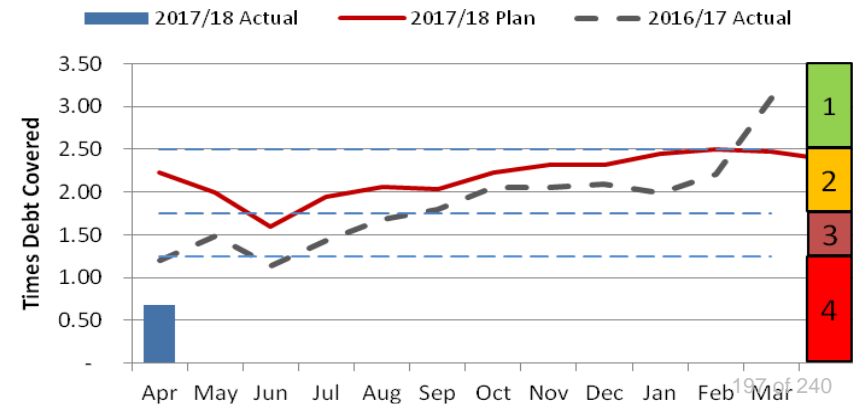
Finance Use of Resources Rating



Liquidity



Capital Service Cover

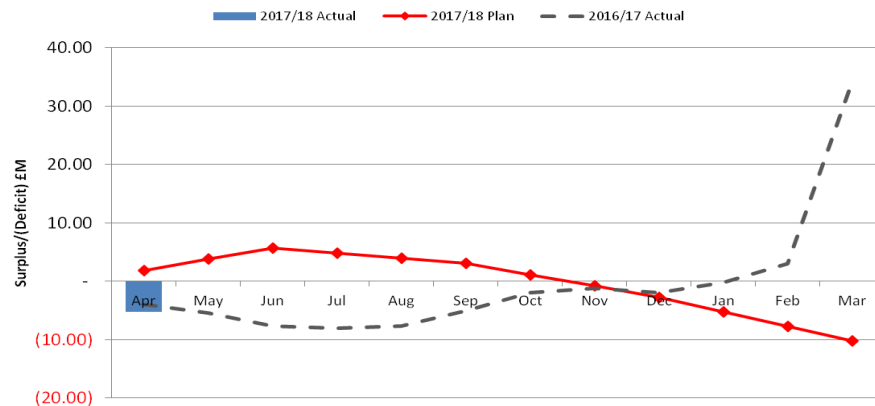


The annual plan is a surplus of £10.2m. A loss of £5.2M has been recorded at April, which is £3.3M worse than the planned loss of £1.9M.

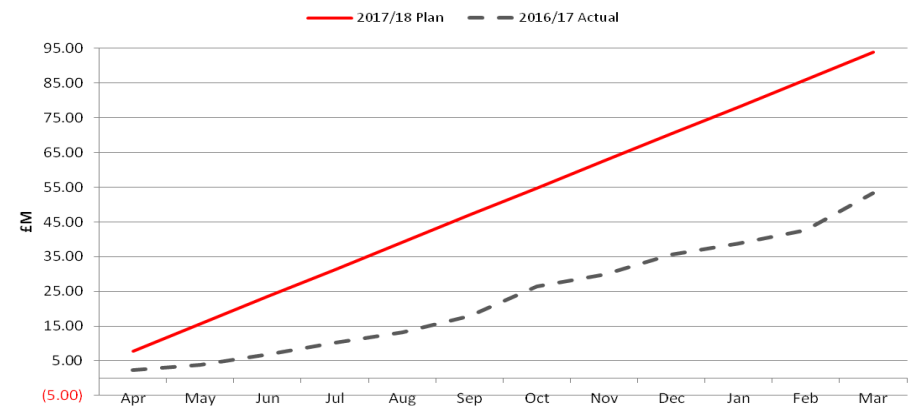
The CIP Tracker is currently being updated.

The cash position at £153M is £0.7M behind the plan of £153.7M. Capital expenditure as a percentage of plan has fallen below the threshold of 85% (to 43%) and a reforecast may be required.

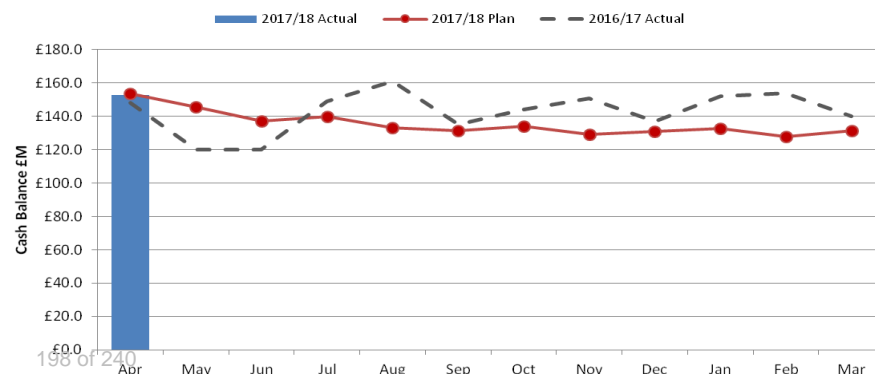
Overall Underlying Financial Surplus/(Deficit)



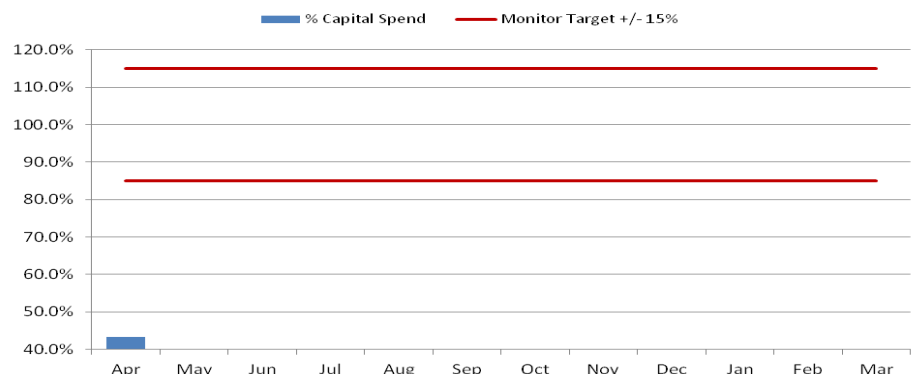
YTD Trust CIP Performance



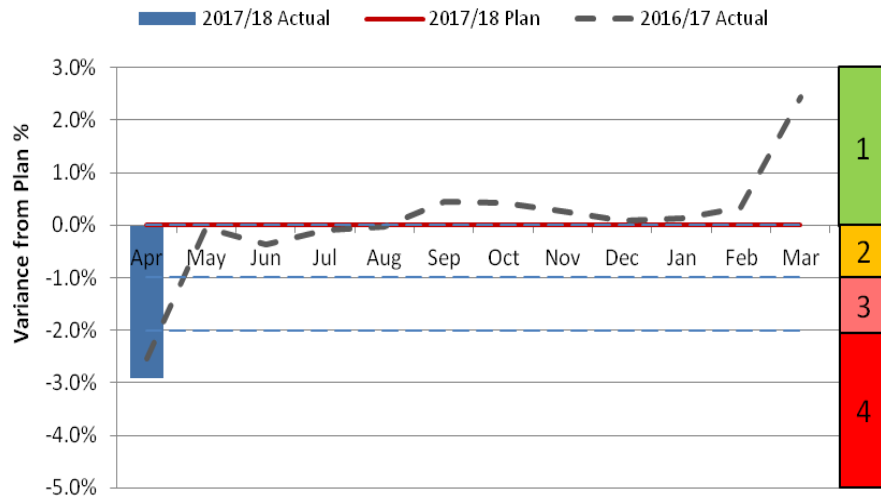
Cash - Actual Cash vs Plan and Prior Year (£m)



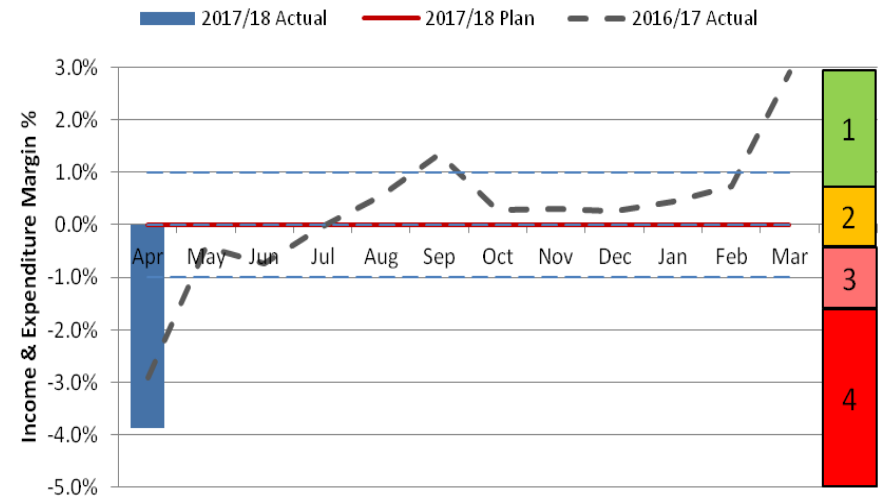
YTD Capital Spend % of Plan



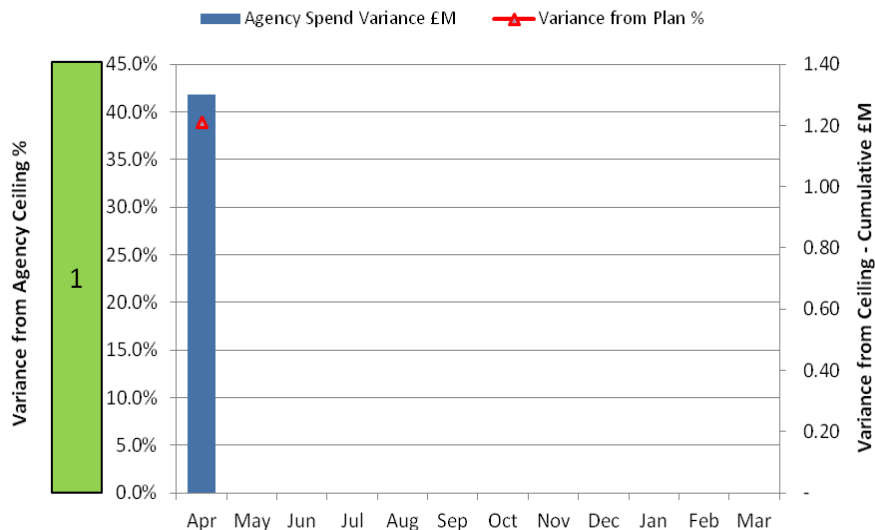
Variance From Plan



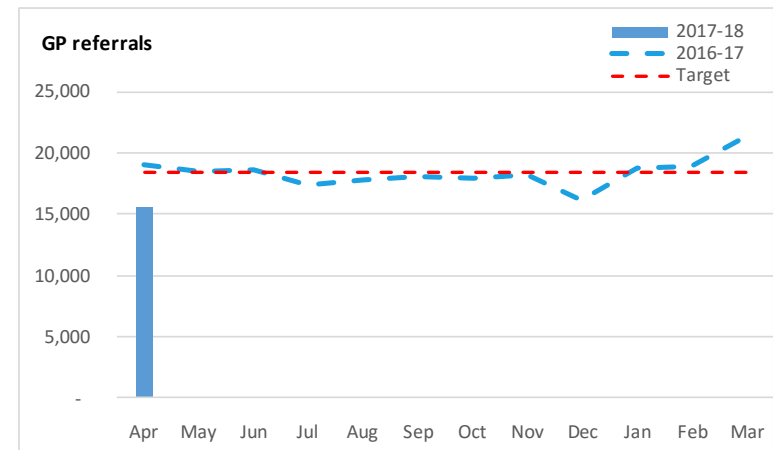
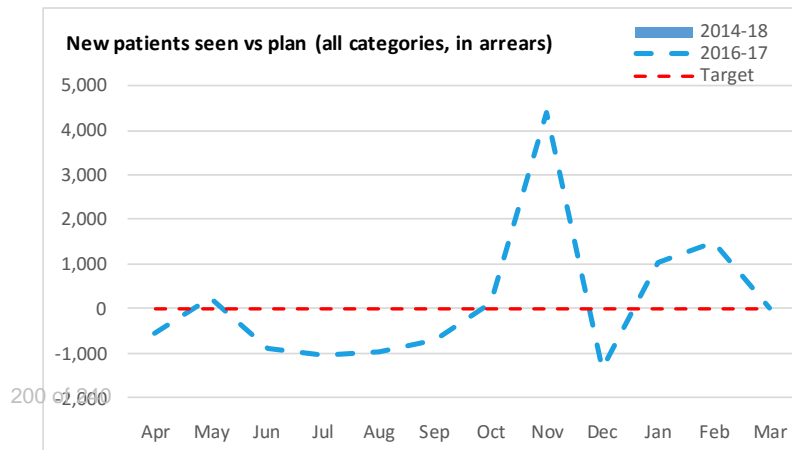
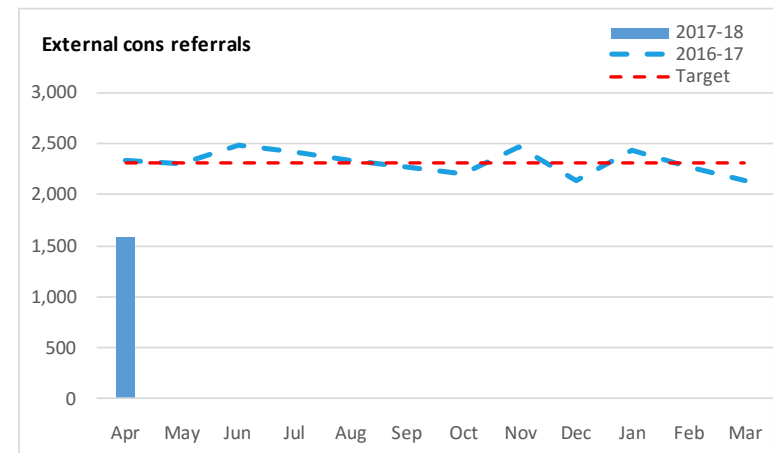
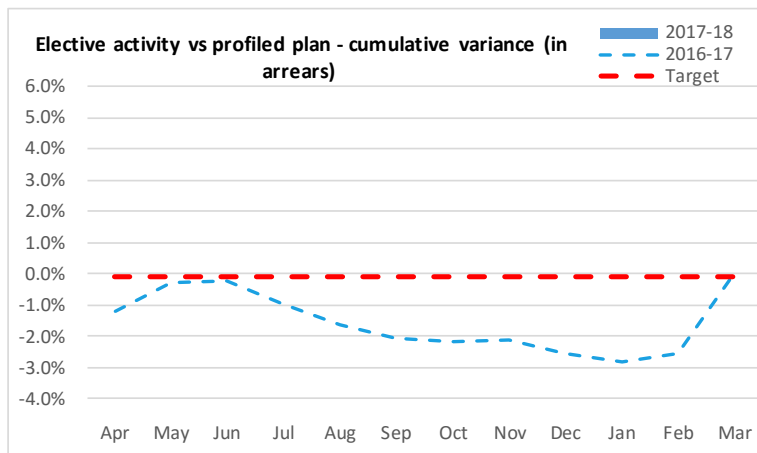
Income and Expenditure Margin



Reduction in Agency Spend - Variance

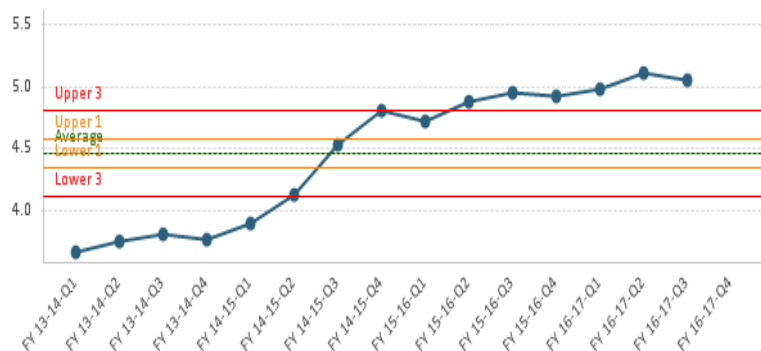


- Activity was below plan in April reflecting the reduced number of working days available in the month coupled with the impact of the IR 35 changes in some consultant contracts.
- Demand – as measured in referral volumes – also reduced significantly in April and was down c. 2% against plan. Despite this high growth in referrals reported up until the end of Q4 continues to have an impact on the Trusts PTL which grew to c.63k. This growth will continue to have an impact on the Trusts ability to deliver against some of the key operating standards such as RTT.
- Work continues to with the CCGs under the banner of the Planned Care Board to identify sustainable ways to reduce referral rates in Q1 and through 2017/18 and 7 work streams have been identified to support this aim.



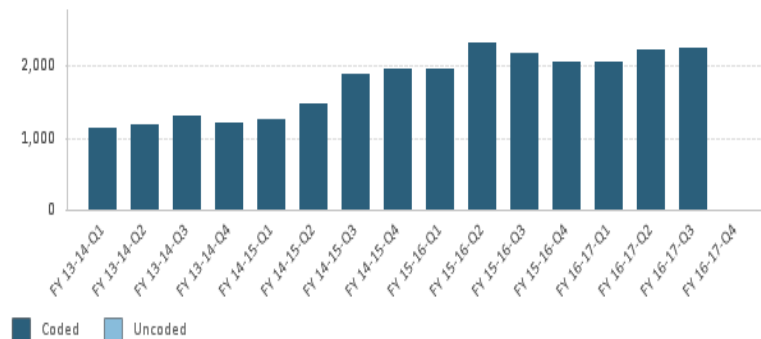
- Accurate and complete clinical coding of our activity is important to ensure patient safety, accurate benchmarking and appropriate payment for the services we provide. Improving the quality of all of our data ensures that the information on which we base decisions is reliable.
- Diagnostic depth - 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

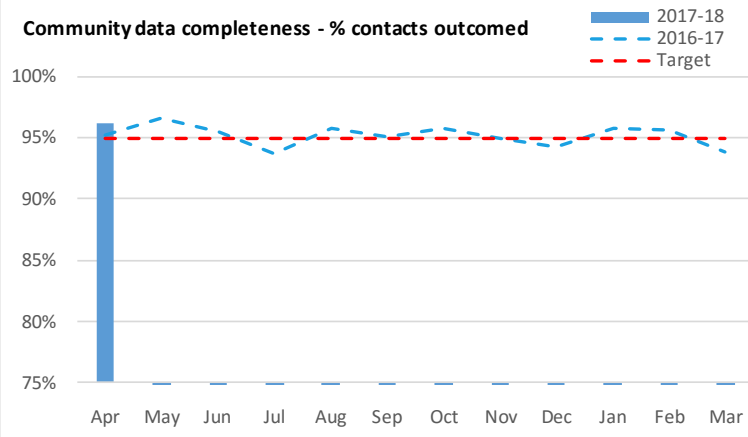


Coded smokers

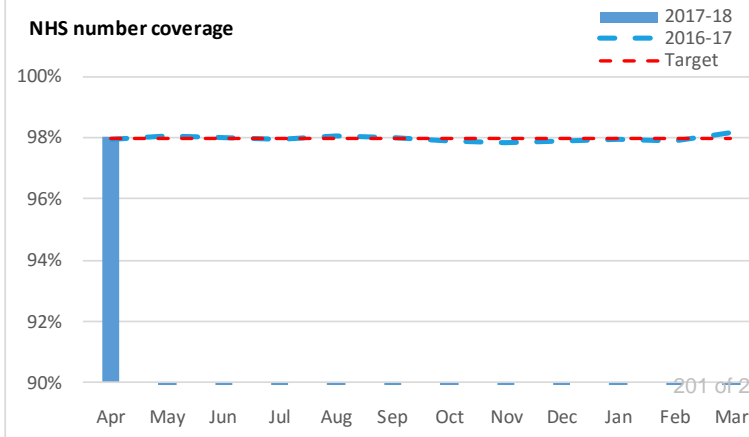
Number of Spells by Quarter



Community data completeness - % contacts outcomed



NHS number coverage



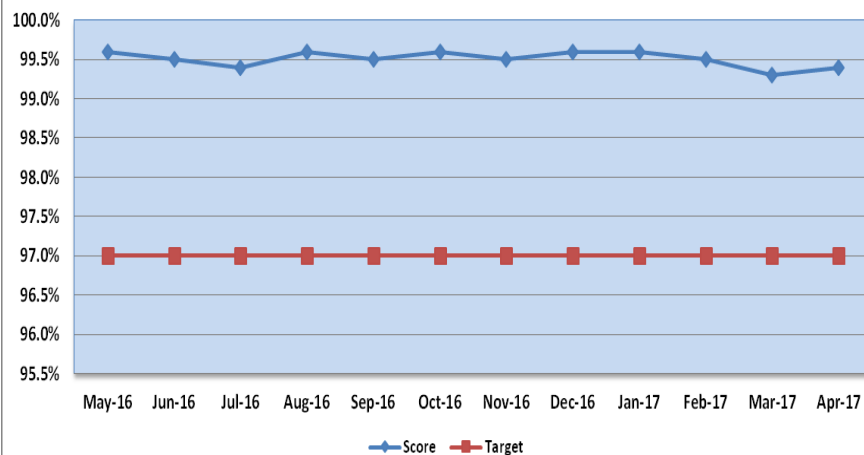
Summary:

- Cleanliness scores continue to meet performance targets.
- In April 2017 there were 3,620 responses (for ward cleanliness and toilet/bathroom cleanliness), 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, The NPSA score of 97.6% was achieved against a target of 90% in April 2017.

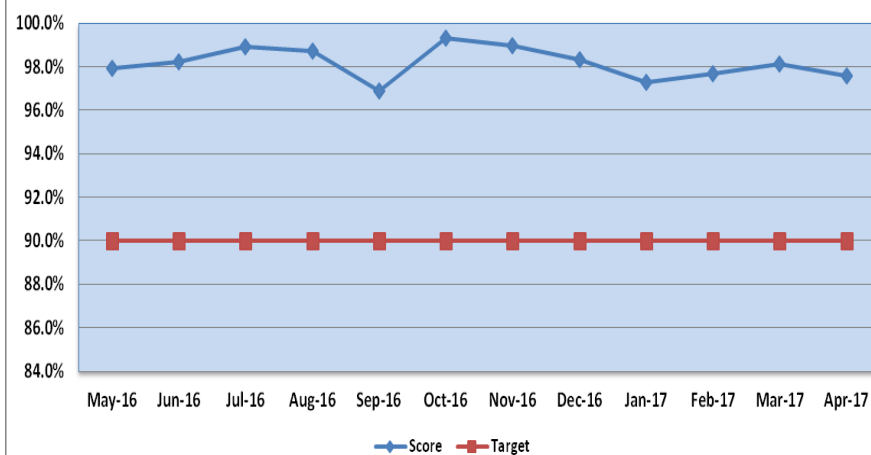
Action and Progress to Date:

- The decontamination activity in April continues to track at a high level. A total of 317 decontamination processes were completed, made up of 250 UV and 67 VHP, compared to a total in April 2016 of 118.

Inpatient Survey - Feedback on Ward Cleanliness



Internal Audit NPSA Trust Risk Profile



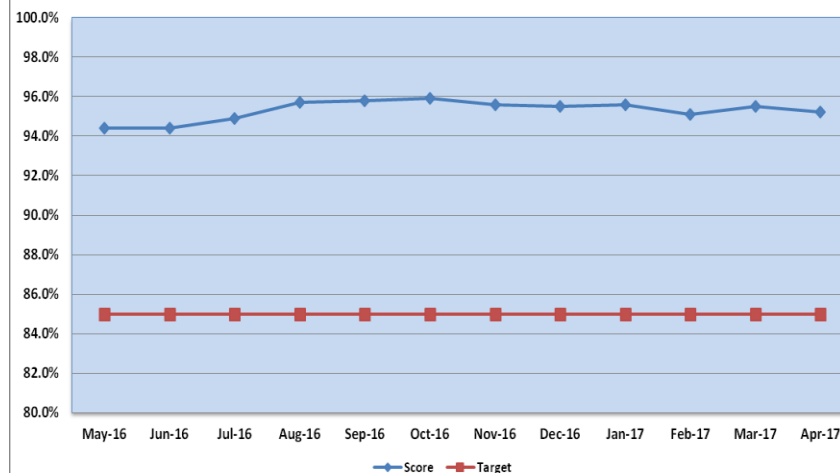
Summary:

- Inpatients' feedback on catering services (undertaken via the Meridian online survey) demonstrates a performance consistently above the locally set target of 85%. In April, just over 95% of the surveys received (3,620) stated that the food they received was 'fair', 'good' or 'very good'. This is against a background of approximately 108,000 meals served per month.
- A table and narrative of the Trust's Food Safety performance for April 2017 is reported below.

Action and Progress to Date:

- Following the successful award of the Serco contract to provide a catering service to Barts Health NHS Trust, it is expected that the contract will be agreed by mid May prior to final sign-off by the Commercial Board. The contract will be phased in commencing July 2017, with full mobilisation expected by the end of September 2017.
- To support the CQUIN target and the Trust's HALT initiative, a trial of a retail trolley service has been carried out to the North Wing. However, the uptake has been very low and, therefore, from a financial perspective it is not viable. A healthy meal vended offered will be trialed for eight weeks commencing in May, the aim of which is to meet the CQUIN target of providing healthy and nutritious meals 24/7.
- Work has commenced on developing the retail strategy, the aim of which is to provide extensive customer choice and maximise income from retail opportunities across all sites. Central to this strategy will be compliance with the CQUIN targets for healthy and nutritious food.

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



Food Safety

Audit Area	Target	Internal Audit Scores	Food Safety Rating (5 = Full Compliance)	Accreditation
CPU Kitchen	90%	94%	5	SALSA
Wards	90%	96%	5	-
Community Wards	90%	95%	5	-
Trust Retail	90%	90%	5	-
Trust Hospitality	90%	91%	5	-
Trust Creche's	90%	97%	5	-
Thomas Guys Club	90%	94%	4	-
Goods-In Stores	90%	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.

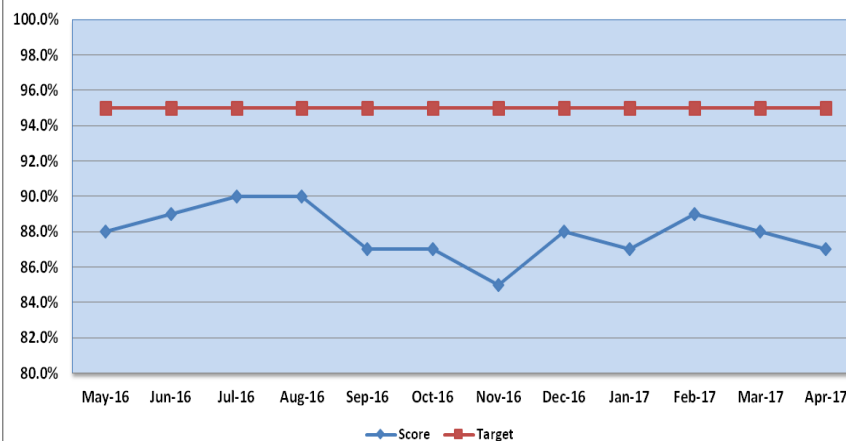
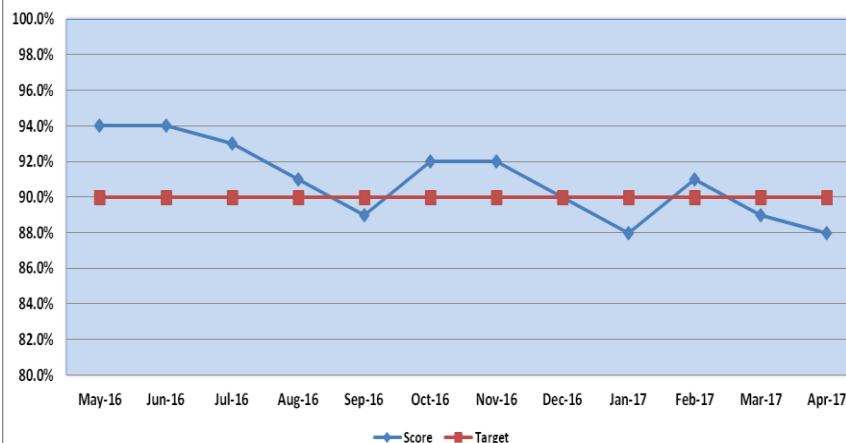
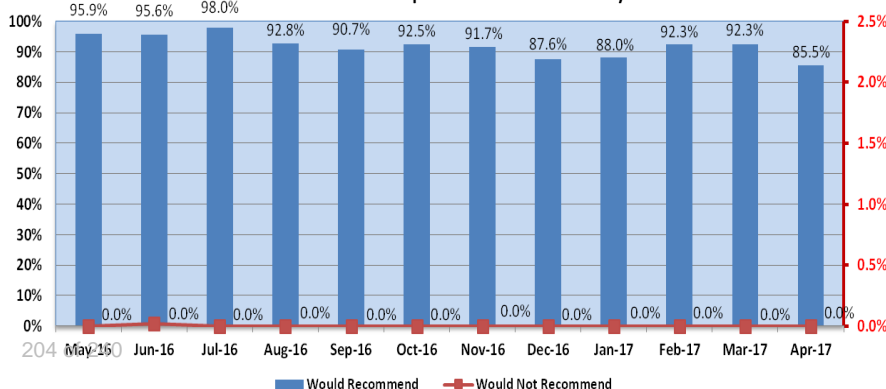
All areas maintain green status with audit scores above target levels. A 5 star rating has been awarded for all areas, with the exception of the Thomas Guy's Club which was awarded a good rating of 4. It is expected that a 5 rating will be achieved following the next audit by Southwark Local Authority.

Summary:

- The Patient Transport Service (PTS) undertakes around 22-25,000 journeys each month and 13,000 patient eligibility assessments.
- The service receives an average of ten formal complaints per month, 75% of which relate to service standards that mainly involve delays in being picked up or arriving at the hospitals.
- The main KPI's around arrival and departure times remain challenging. Arrival times are tracking below pre-contract levels.

Action and Progress to Date

- The second phase of the transfer of Kent and Medway patient transport services to G4S, continues to be problematic. The arrangement to delay the remaining kidney units transferring remains in place. 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. This has now been escalated by the Chief Nurse to the Kent and Medway Commissioners. A review meeting with the G4S Commercial Director has been scheduled for mid May.
- The legal challenge from Savoy Ventures, which mainly relates to the loss of the Kent and Medway activity, is close to being settled. This will have an impact on the revenue position for 2017/18, expected to be in the region of £150k for each of the two remaining years of the current contract.
- In response to concerns raised by the Quality and Performance Committee, and ahead of re-tendering the services for a new contract to commence in December 2018, we are currently looking to commission an external review of patient transport. The aim of this review is to help shape the service specification so that it reflects best practice and scopes out a service that is realistic and deliverable. This review will also look at the contractual relationship with the CCGs to ensure that transport arrangements are in line with their expectations.

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

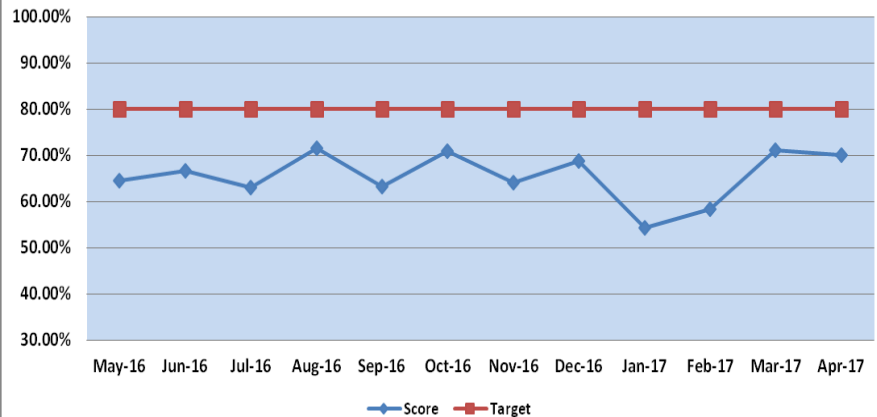
Summary:

- The Telephony service maintained performance in April for all KPIs compared to their respective reported figures for March.
- The KPIs for pick up of internal (18,900) and external calls (56,657) have improved to Green status calls per month and calls answered within 30 seconds remains in Red status.

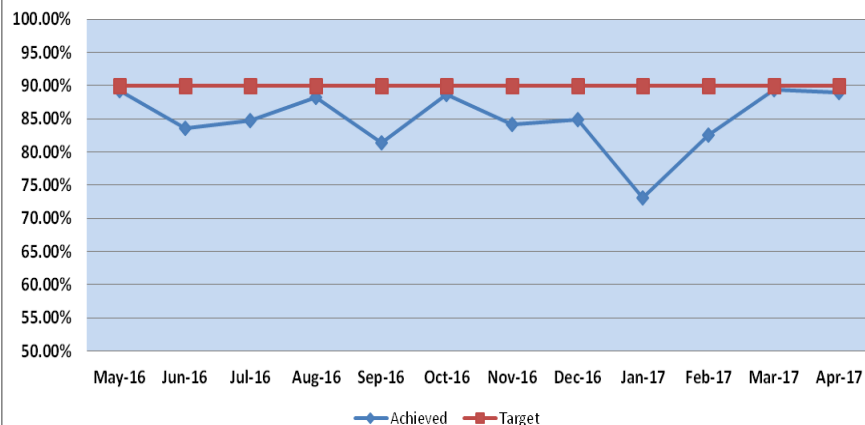
Action and Progress to Date:

- KPI monitoring indicates overall performance is well balanced and consistent. The focus going in to May will be to bring the percentage of calls answered within 30 seconds in line with expected targets. This will be achieved by developing forecasting reports and being able to predict peaks and troughs in demand and staff accordingly.
- Although the department are at 95% capacity, we are looking to bolster this further and account for any potential leavers. Call centre and switchboard environments are notorious for their high turnover of staff and we are working to limit and manage this.
- The Multi-skilling of staff has continued to be a focus for this month but we have concentrated on existing staff consolidating their newly acquired skillsets. More than 50% of our workforce is trained in a secondary service. The night team have been supporting training of day staff and have now started working from 18:00 which supports performance achievement between 17:00-20:00, previously identified as being a vulnerable time.
- Currently approximately 30% of all calls received relate to telephone extension and on-call information which is available online. We are also engaging with the team that delivers the corporate induction with a view of being included in their schedule. This will see all new staff being exposed early on to the directory and a quick tutorial in where to find relevant information.

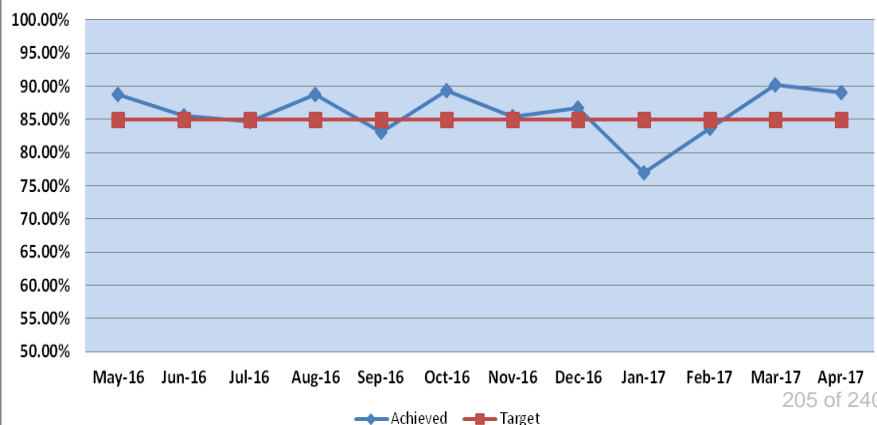
% of Calls Answered Within 30 Seconds



GSTT External Calls - % Achieved



GSTT Internal Calls - % Achieved



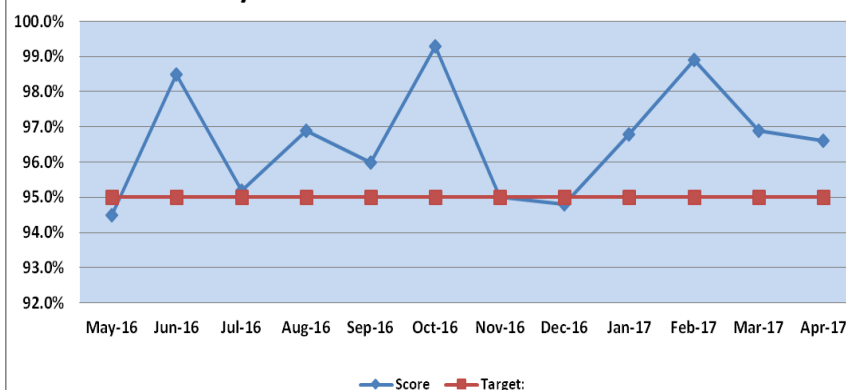
Summary:

- 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 April reported above target at 96.6%.
- 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.
- 205 Priority 1 and 939 Priority 2 calls were logged in April, achieving a 91% and 68% performance respectively against a locally set target of 70%.

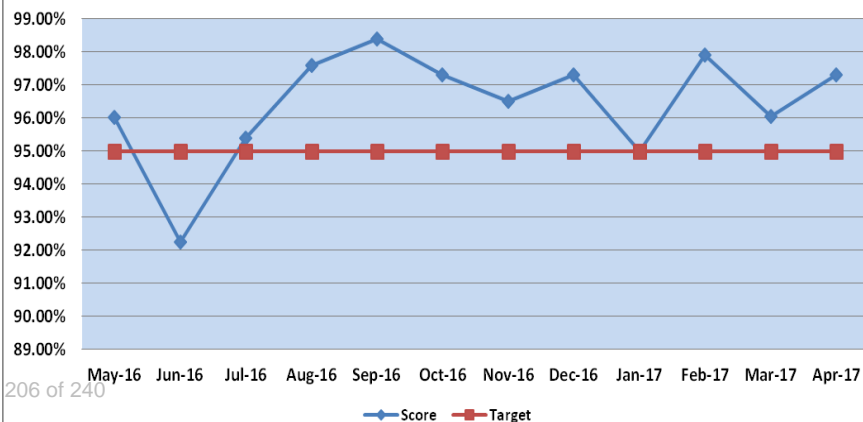
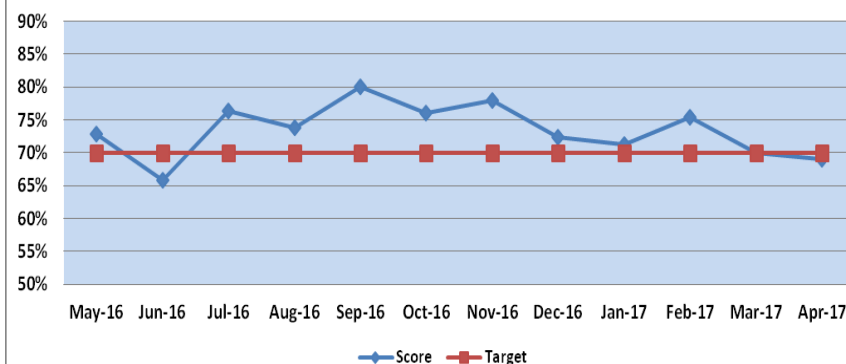
Action and Progress to Date:

- There have been no major infrastructure issues in April 2017.
- Recruitment continues to ensure resources required to maintain the new Cancer Treatment Centre are in place.
- Two further 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.

Guy's & St Thomas' - Lift Performance



Essentia Facilities Service Desk - % Calls Answered

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

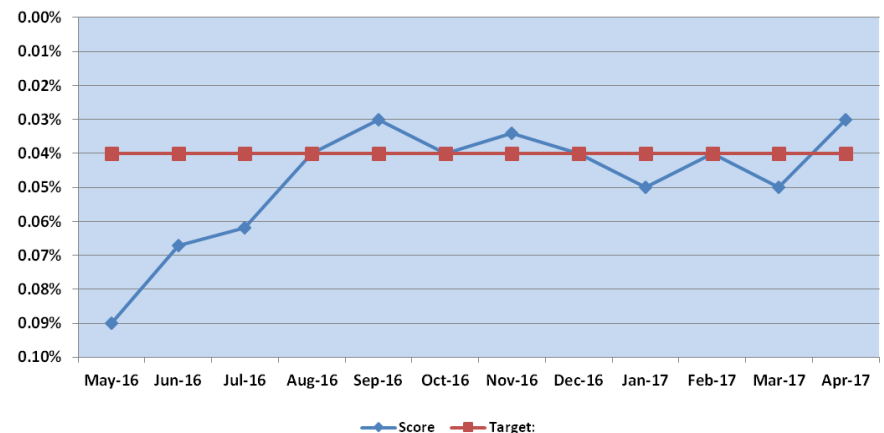
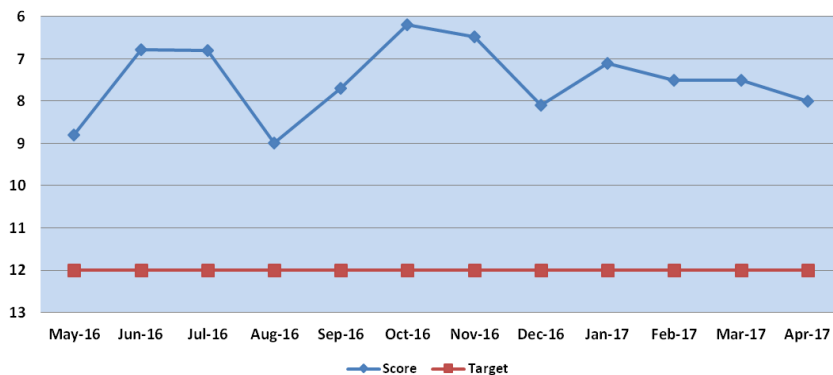
Summary:

- Non conformance levels were reported at 0.03% in April equating to one non conformance in 2,500 packs.
- The average instrument processing time is 8.0 hours, against a target of less than 12.

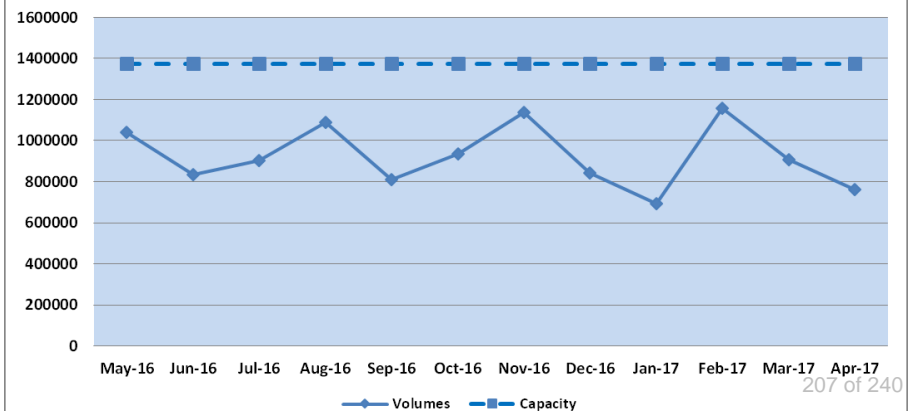
Action and Progress to Date:

- Non conformance levels improved in April to below target levels
- Improved turnaround around times continue to be maintained below target levels
- North Middlesex are satisfied with service delivery and contract sign off is expected June 2017.
- SSD were not successful in retaining the GOSH contract following the recent tender exercise. The contract will transfer out to the new provider on 31st October 2017. We await feedback to understand the outcome and apply to future bids.

Sterile Services - Non Conformities

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

Sterile Services - Instrument Volumes



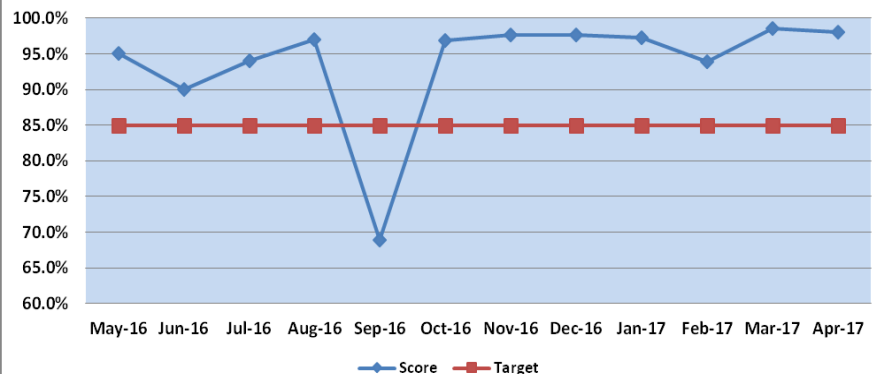
Summary:

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

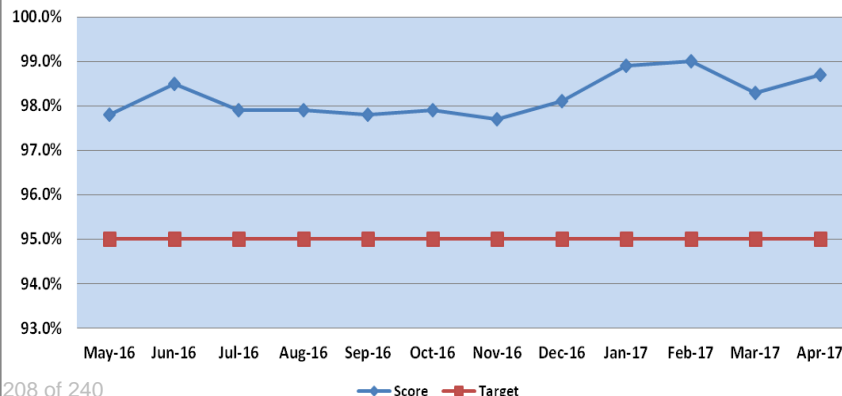
Action and Progress to Date:

- Reactive Maintenance is tracking consistently above its target of 80% with April reported at 92%.
- Community PPM tasks was reported at 98% in April.
- Community cleaning scores continue to exceed the target of 95%, being reported at 98.7% in April. This score relates to in-patient sites.
- VHP cleaning is ongoing within GSTT Community sites.

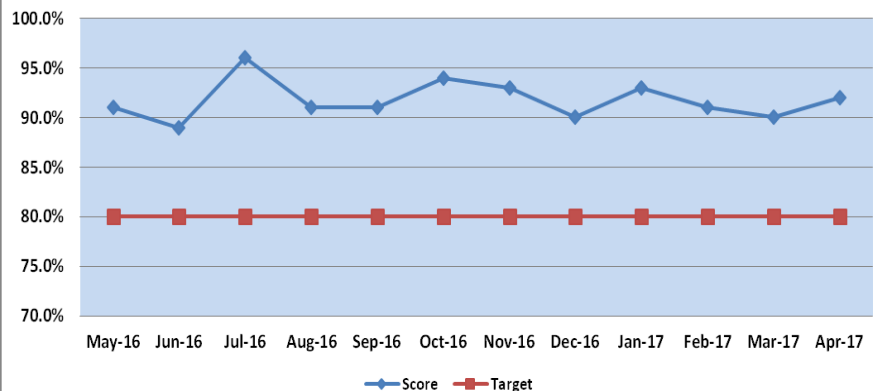
Community - PPM Tasks Completed



Community - Cleaning Scores



Community - Reactive Maintenance



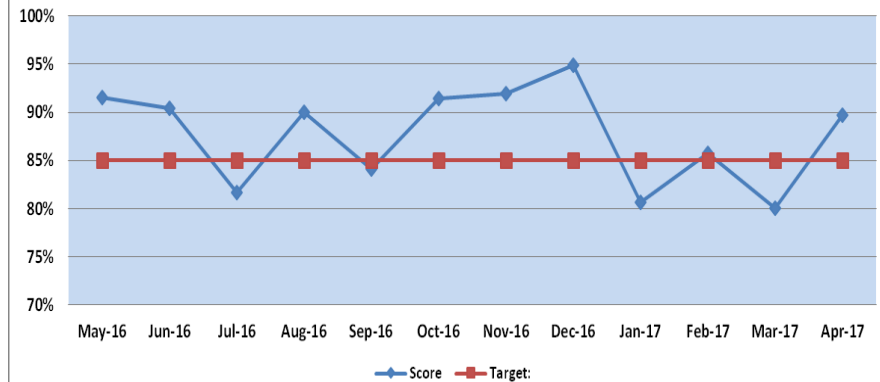
Summary:

- The agreed service level for customer satisfaction (85%) increased in performance in April being reported at 89.7%, a increase of almost 10% from March.
- Performance for Incidents resolved within target deteriorated against its locally set target of 85%, being reported at 76% in April, due to two Priority 1 incidents relating to Windows 10 and Internet availability, both of which were managed as serious incidents.

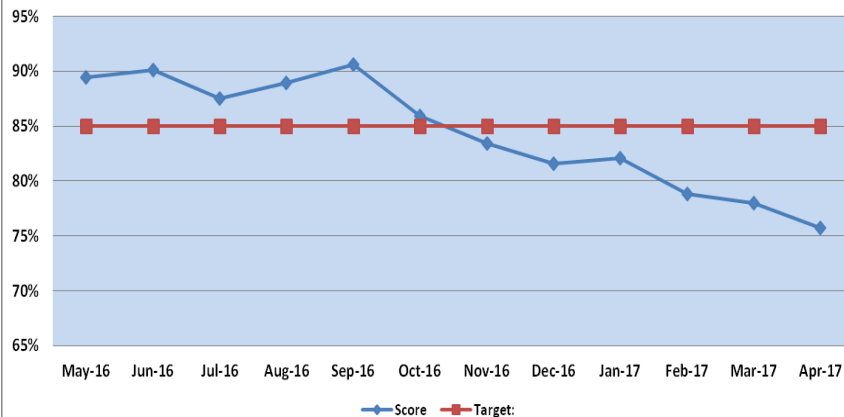
Action and Progress to Date:

- The average time to answer calls by the IT Service Desk was reported at 529 seconds against a target of 60, maintaining red status for this KPI. Call volume was recorded in April at 14,402 calls.
- A significant improvement in call answer time was recorded for April, however there were four incidents that produced an increase in calls over a short period of time, that had a negative impact on the call answer time. Work progresses towards the plan to ensure the improvements seen this month are continued.
- 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 three applications experienced partial unavailability for short periods, which had no impact to clinical activity.

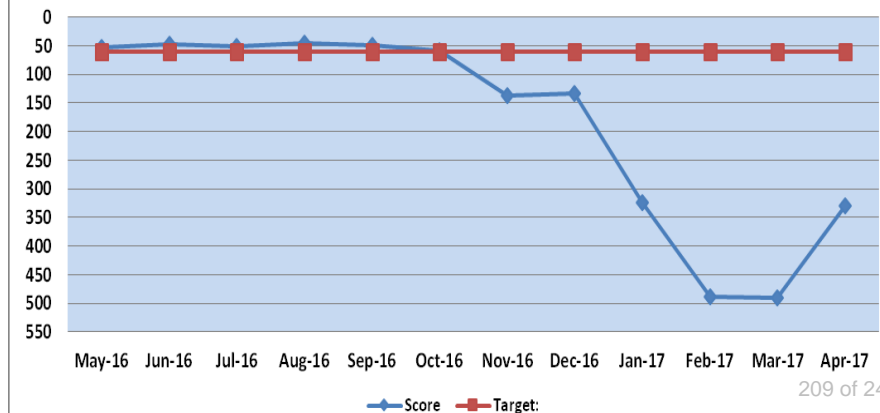
IT - Helpdesk User Satisfaction



IT - Incidents Resolved Within Target




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



Domain					Trust-wide	Acute Medicine	Perioperative, Critical Care & Pain	Surgery	Cardiovascular Services	Abdominal Medicine and Surgery	Oncology And Haematology	Women's Services	Clinical Imaging & Medical Physics	Medical Specialties	Dental Services	GHDA	Therapies	Adult Community Services	Children's Community Services	Children's Medical Services	Children's Surgical Services	Monitor	CQUIN	Fit for Future workstream	Quality priorities	Local	
Safe	Patient safety - Incident Reporting	Total incidents reported	Number	-	2,058	442	172	53	122	86	219	157	33	20	20	35	17	204	0	259	0						
		Incidents - Reported on STEIS (total number)	Number	-	4	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	1	0					
		Incidents reported on Datix that are STEIS reportable (total n	Number	-	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0					
		Never Events	Number	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in unexpected death	Number	-	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in severe harm	Number	-	5	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	1	0					
		Incidents resulting in moderate harm	Number	-	20	3	2	0	0	1	0	1	0	0	0	0	1	1	3	0	4	0					
		Incidents resulting in low harm	Number	-	257	53	23	4	10	15	21	20	7	14	3	0	1	28	0	39	0						
		Incidents resulting in no harm	Number	-	1,344	332	113	34	94	60	174	114	22	0	12	18	13	87	0	156	0						
		Incidents resulting in unexpected death - reported on STEIS	Number	-	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0					
		Incidents resulting in severe harm - reported on STEIS	Number	-	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0					
		Incidents resulting in moderate harm - reported on STEIS	Number	-	2	0	0	0	0	1	0	0	0	0	0	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	0.0					
		Patient slips trips falls (DATIX)	Cases	-	141.0	48.0	2.0	8.0	18.0	4.0	15.0	2.0	2.0	0.0	0.0	0.0	0.0	5.0	0.0	0.0	2.0	0.0					
		Incidence of falls per 1000 bed days	Number	-	4.9	7.6	1.7	4.8	4.2	2.0	4.7	0.9	21.5	0.0	0.0	0.0	0.0	-	0.0	-	0.7	0.0					
		Falls with moderate or severe harm	Cases	0	2.0	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	0.0	0.0					
	Infection Control and Cleanliness	Pressure ulcer acquisitions (grade 2 and above)	Number	0	2.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
		MRSA screening of admissions	Mthly %	>95%	90%	56%	96%	97%	95%	99%	96%	98%	96%	93%	100%	100%	-	-	-	100%	95%						
		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	2.0	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	1.0	0.0					
		VTE screening (externally reported)	Mthly %	>95%	96%	93%	91%	88%	84%	98%	96%	91%	95%	97%	100%	99%	-	100%	-	86%	70%						
	Mortality	Dementia screening (patients aged over 75)	Mthly %	>90%	94%	96%	-	83%	95%	100%	100%	-	-	-	100%	-	-	-	-	-	-	-					
		Deaths in hospital - number in month	Number	-	85.0	35.0	3.0	0.0	14.0	4.0	16.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	2.0					
Caring	Admitted care	Friends and Family test (Ward) - Response rate	Mthly %	>=33%	19%	41%	10%	41%	24%	32%	17%	26%	-	-	-	-	-	-	71%	-	14%	-					
		Friends and Family test - % Recommended (Ward)	Mthly %	>=97%	97%	100%	100%	97%	96%	97%	98%	100%	-	-	-	-	-	-	100%	-	100%	-					
		Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%	1%	0%	0%	1%	1%	1%	2%	0%	-	-	-	-	-	-	0%	-	0%	-					
		Overall inpatient patient experience score	Mthly %	>89%	90%	92%	93%	91%	83%	91%	90%	89%	93%	97%	-	-	-	-	-	-	-	-					
		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	0.0					
		Patients cancelled on day (in arrears)	Cum %	<0.8%	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%					
		Overall outpatient patient experience score	Mthly %	>89%	91%	88%	84%	90%	85%	85%	89%	87%	91%	86%	93%	91%	93%	-	-	-	89%	-					
	Outpatient care	Friends and Family test - % Recommended (Outpatients)	Mthly %	-	93%	92%	100%	89%	93%	90%	92%	89%	100%	90%	95%	93%	93%	-	-	-	97%	100%					
		Friends and Family test - % Not Recommended (Outpatients)	Mthly %	-	3%	6%	0%	5%	1%	3%	3%	6%	0%	5%	2%	3%	3%	-	-	-	1%	0%					

Domain				Type	Target	Trust-wide	Acute Medicine	Perioperative, Critical Care & Pain	Surgery	Cardiovascular Services	Abdominal Medicine and Surgery	Oncology And Haematology	Women's Services	Clinical Imaging & Medical Physics	Medical Specialties	Dental Services	GRIDA	Therapies	Adult Community Services	Children's Community Services	Children's Medical Services	Children's Surgical Services	Monitor	CQUIN	Fit For Future workload	Quality priorities	Local	
Responsive	RTT	RTT - Non-admitted patients <18 weeks (unadjusted)	Mthly %	>95%	90%	93%	54%	85%	81%	91%	87%	93%	90%	95%	95%	94%	89%	98%	-	83%	82%							
		RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%	78%	100%	70%	72%	73%	85%	74%	77%	95%	87%	81%	100%	-	-	-	92%	62%							
		RTT - Incomplete pathways < 18 weeks (unadjusted)	Mthly %	>92%	89%	96%	89%	83%	83%	91%	83%	88%	72%	96%	95%	97%	94%	98%	100%	82%	78%							
		RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero	16.0	0.0	0.0	4.0	0.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0							
		RTT - Total incomplete pathways	Mthly	-	62,660	2,790	2,074	4,509	4,098	2,970	6,411	3,507	165	5,905	10,342	7,309	1,217	125	5	3,174	3,046							
		RTT - Incomplete pathways over 18 weeks	Mthly	-	7,074	122	238	784	682	276	1,107	418	46	242	524	255	77	3	0	573	666							
	Cancer access	Cancer - 2 week wait	Qtly %	>93%	89%	92%	-	-	-	97%	88%	84%	-	100%	-	95%	-	-	-	100%	-							
		Cancer - breast symptomatic referrals <2 wks	Qtly %	>93%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%					
		Cancer - 31 day first treatments	Qtly %	>96%	94%	100%	-	-	-	88%	93%	94%	-	-	-	100%	-	-	-	-	-	-	-					
		Cancer - 31 day subs treatments - surgical	Qtly %	>94%	85%	-	-	-	-	44%	95%	100%	-	-	-	89%	-	-	-	-	-	-	-					
		Cancer - 62 day urgent GP referrals	Qtly %	>85%	70%	50%	-	-	-	73%	71%	100%	-	-	-	88%	-	-	-	-	-	-	-					
		Cancer - internal 62-day referrals	Qtly %	>85%	81%	100%	-	-	-	77%	88%	100%	-	-	-	83%	-	-	-	-	-	-	-					
		Cancer - 62 day screening	Qtly %	>90%	88%	-	-	-	-	-	100%	50%	-	-	-	-	-	-	-	-	-	-	-					
		Diagnostic waits - % over 6 weeks	Mthly	<1%	1%	0%	-	-	0%	23%	2%	-	1%	0%	-	-	-	-	-	-	12%	23%						
	Bed management	Average length of stay (elective)	Cum ALOS	<last yr	3.8	2.7	4.1	3.5	5.5	3.7	4.1	3.4	1.0	3.3	1.3	9.7	0.0	38.4	0.0	2.3	2.1							
		Non-elective average LOS >1 night	Cum ALOS	<last yr	8.6	6.5	9.2	9.7	3.1	5.6	12.1	9.1	0.0	63.3	0.0	39.4	0.0	27.0	0.0	5.9	44.2							
Outpatient mgt	Discharges before noon	Mthly %	>25%	22%	36%	64%	25%	9%	13%	25%	9%	46%	12%	33%	5%	-	86%	-	18%	31%								
	Appointments re-scheduled by hospital <6wks	Cum %	<4%	5%	3%	5%	8%	9%	8%	7%	2%	1%	13%	4%	2%	3%	0%	3%	4%									
	Follow-up ratio - adj cons appts (in arrears)	Ratio	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00						
	Non-attendance rate (new appts)	Mthly %	<11%	10%	17%	9%	7%	10%	15%	12%	10%	71%	12%	7%	8%	-	-	0%	9%	6%								
Theatre management	Daycase rate - basket (in arrears)	Mthly %	>85%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%						
	Theatres Gross Cancellation Rate (in arrears)	Mthly %	<7%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%						
Effective	Readmission mgt	Emergency readmissions (within 28 days - in arrears)	Cum %	<5.8%	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%						
		Emergency readmissions (within 14 days - in arrears)	Cum %	<3.8%	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%	0.0%					
CQUIN - general	Patients >75 asked dementia screening question	Qtly %	>90%	94%	96%	-	83%	95%	100%	100%	-	-	-	100%	-	-	-	-	-	-	-	-						
	NHS number coverage	Cum %	>98%	98%	94%	100%	97%	100%	100%	100%	99%	100%	99%	95%	99%	99%	99%	100%	98%	99%								
Enablers	Data quality	Clinical coding - diagnostic depth (in arrears)	Ratio	>4.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0						
		Elective activity vs profiled plan - cumulative variance	Cum var %	>0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%					
	Activity (magic numbers)	New patients seen vs plan (all categories, in arrears)	Mthly var	>0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
		External cons referrals	Number	>last yr	1,583	85	20	156	176	97	200	54	9	67	33	391	2	0	0	65	105							
		GP referrals	Number	>last yr	15,572	482	145	429	744	480	1,464	2,277	2	1,139	2,171	1,970	2,754	3	0	208	92							

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Quality and Performance Committee	 Guy's and St Thomas' NHS Foundation Trust
Financial Report for the two months to 31st May 2017	12th July 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 The Trust is planning to deliver an overall surplus of £15.2M for the financial year 2017/18. This comprises an underlying loss of £11.9M, to receive Sustainability and Transformation (S&T) baseline funding of £22.1M and donated capital receipts of £5.0M. The plan assumes a back-phasing of CIP delivery into the latter part of the year as currently unidentified CIPs are addressed.
- 1.2 The financial report shows an underlying loss of £11.2M on income and expenditure against the YTD planned loss of £6.0M for the two months to 31st May 2017. This is an adverse variance to plan of £5.2M.
- 1.3 This performance, when judged against the control total agreed with NHSI means that the Trust would not be entitled to S&T baseline funding of £2.2M. The Trust has however informed NHSI that it still expects to achieve its agreed financial control total and so on this basis £1.5M relating to the financial component of the S&T baseline funding has been included in the reported position, reducing the reported loss to £9.7M. This is an adverse variance to plan of £5.9M.
- 1.4 Donated Capital receipts of £0.1M have been recorded, which is £0.7M less than the equally phased plan.

	Annual Plan £m	YTD Plan £m	YTD Actual £m	Variance £m
Underlying Performance against Plan	(11.9)	(6.0)	(11.2)	(5.2)
S&T baseline funding	22.1	2.2	1.5	(0.7)
Total Performance against Plan	10.2	(3.8)	(9.7)	(5.9)
Capital Donations	5.0	0.8	0.1	(0.7)
Total	15.2	(3.0)	(9.6)	(6.6)

2. Request to the Quality and Performance Committee

The Quality and Performance Committee is asked to:

- Note the reported current financial position a loss of £9.7M, which is £5.9M adverse to plan
- Note that the Trust has confirmed to NHS Improvement that it expects to achieve its financial plan and on this basis has accounted for the financial component of the S&T baseline funding of £1.5M, within the £9.7M reported loss.
- Note the receipt of capital donations of £0.1M, which is £0.7M less than plan.
- Note the Finance and use of resources metrics and the achievement of a year to date overall rating of three, which is worse than the planned rating of a two and potentially could see the regulator intervene.

3. Assumptions made in the reported position.

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

- An assessment of Commissioning income to the end of April indicates the Trust is likely to be some £6.0M below the over performance target when extrapolated forward to May. This assessment has been made against a profile adjusted for working and calendar days.
- Accrued income in respect of partially completed spells (patients not yet discharged) remains unchanged from the position reported in 2016-17 at £12.0M, this will be updated next month.
- The reported position includes £1.5M of accrued income in respect of Sustainability and Transformation in relation to financial performance. This is included as the Trust has reported to NHSI that it is expecting to achieve its financial control total. No income has been included in respect of A&E performance.
- The reported position assumes that education and training contracts will be paid in line with the Trust's plan.
- The reported position assumes that any increased costs of implementing the new junior doctor's contract will be contained within the reserves available.
- The final billing in respect of 2016/17 clinical activity and adjustments for fines is being finalised. The reported position assumes that these will be in line with those values included in the final accounts.
- The reported position assumes that the level of provisions made in respect of outstanding debt from Commissioners will be in line with those values included in the final accounts.
- The Trust plan assumes that CIP delivery will not happen equally and that £3.4M of CIPs will happen later in the year.

3.2 A loss of £4.5M was recorded in May which is £2.6M worse than plan, the significant drivers include:

- CCG \ NHSE income not allocated to Directorates was £1.3M above plan. Whilst there was an overall deterioration in income performance across the Trust of £1.2M, more of this was fed out into directorate positions which related to both month one and month two.
- Sustainability and Transformation income was £0.4M above plan in May, but this included two months of the component relating to financial performance which had not previously been accounted for.
- The Trust had planned to receive £9.7M of income from NHSI, this has not been forthcoming and has resulted in adverse performance of £0.5M.
- The performance of Clinical directorates in May was £4.2M worse than plan. The main drivers of which relate to CCG \ NHSE income of £2.4M covering months one and two, £1.2M is attributable to their Further Improvement Target (FIT) and £0.6M in relation to other budgetary performance.
- The performance of corporate and the commercial directorate in May was £1.5M worse than plan. The main drivers relate to their FIT of £0.5M and £1.0M in relation to other budgetary performance.
- The depreciation charge in May was £1.1M less than plan.
- No benefits were identified against the £10.0M central CIP target in May, resulting in an adverse performance of £0.8M.
- The CIP phasing adjustment of £1.7M, which to date mitigates the FIT sitting in directorate budgets.

3.3 The Trust has recorded a loss of £9.7M for the two month period to May 2017. This is £5.9M worse than plan, the significant drivers of this performance include:

- CCG \ NHSE income is £6.0M less than plan. Of this £3.6M is included within the reported position of clinical and corporate directorates, leaving a balance of £2.4M which has not been allocated to them.
- Sustainability and Transformation income is £0.7M less than plan, reflecting performance against the A&E trajectory. Income of £1.5M has been included in the reported position in relation to financial performance. This is on the basis that the Trust has confirmed to NHSI that it is projecting to meet the agreed control total.
- The Trust had planned to receive £9.7M of income from NHSI, this has not been forthcoming and has resulted in adverse performance to date of £1.0M.
- The performance of Clinical directorates for the period to May is £4.0M worse than plan. The main drivers of which relate to CCG \ NHSE income of £3.6M, £2.3M is attributable to their FIT and £1.9M of favourable performance in relation to other budgets.
- The performance of corporate and the commercial directorates for the period to May is £2.5M worse than plan. The main drivers relate to their FIT of £0.9M and £1.6M in relation to other budgetary performance.
- The depreciation charge is £1.2M less than plan.
- To date benefits of £1.2M have been identified against the £10.0M central CIP target, resulting in adverse performance to date of £0.4M.
- The CIP phasing adjustment of £3.4M, which to date mitigates the FIT sitting in directorate budgets.

4.0 Single Oversight Framework: Finance and Use of Resources Metrics (Page 2)

4.1 The Trust plan at month two is a 2. The rating achieved YTD is a 3.

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

5.1 The Trust has delivered CIPs of £5.7M to the end of May, which after accounting for the CIP phasing adjustment of £3.4M is reported as £5.3M less than plan.

6.0 Availability of Operational Capital (Page 1)

6.1 The reported performance to date indicates a year to date reduction of £7.1M against planned operational capital after adjusting for non-cash items.

Appendices

Integrated Performance Report for the two months to 31st May 2017

Integrated Performance Report

M2 2017-2018 Executive Summary

Risk ratings

Financial Use of Resources Rating:

17/18 Plan:	YTD	FY	Performance:	YTD
	2	2	Current	3
			Previous Mth	3

Summary Performance:

- The Trust has recorded a YTD loss of £9.7M, which is £5.9M worse than the planned loss of £3.8M
- Use of resources metric : a rating of 3 against a plan of 2
- The Trust plan assumes an increase in CIPs later in the YTD, this is reflected by a phasing adjustment of £3.4M in May
- The cash balance of £165.3M is an increase of £12.3M from last month due to receipts from NHS England

Summary Income & Cash Flow vs Plan

£m	2017/18			Previous Month	
	Plan	Actual	Variance	Actual	Variance
Operating Income for EBITDA	238.2	225.4	(12.8)	110.3	(8.8)
Employee Expenses	(133.8)	(133.1)	0.7	(65.4)	2.6
All other operating expenses	(97.5)	(89.5)	8.0	(43.2)	5.9
Further Improvement Target	3.2	0.0	(3.2)		(1.6)
EBITDA	10.0	2.7	(7.2)	1.6	(1.9)
Surplus/(Deficit) pre exceptionals	(3.8)	(9.7)	(5.9)	(5.2)	(3.3)
Net Surplus/(Deficit)	(3.0)	(9.6)	(6.6)	(4.8)	(3.3)
EBITDA %	100.0%	27.5%	(72.5%)	45.7%	(54.3%)
Capital Expenditure ¹	19.1	9.8	9.3	3.7	4.9
Net Cash Flow ¹	(8.0)	12.3	20.3	13.0	21.0
Cash & Cash Equivalents ¹	145.7	165.3	19.6	153.0	(0.7)
CoSRR Liquidity Days	19.5	22.3	2.7	25.4	4.4
CIP Performance %	100.0%	51.7%	(48.3%)		
Net Current Assets ¹	95.2	106.1	10.9	113.4	12.1
Borrowings ¹	(227.6)	(220.6)	7.0	(221.2)	7.0

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

Key risks

Financial Performance

- Commissioning income to May has been assessed as £6.0M less than plan driven by the impact of the holiday periods, reduced anaesthetic cover and growth in directorate plans, planned to happen later in the year
- Clinical Directorates are £4M behind plan, but this position does not fully reflect the impact of performance against clinical commissioning contracts within their reported position.
- Corporate Directorates are £2.5M behind plan, a position significantly worse than expected.
- The back-phased plan assumes that £3.4M of the currently unidentified CIPs will be identified during the remaining months
- S&T Funding: £0.7M less than plan reflecting performance in respect of the A&E target.
- The reported position includes £1.5M of income in relation to S&T funding in respect of financial performance. This will only be received if the control target is achieved.
- The cash balance of £165.3.0M is an increase of £12.3M from last month due to receipts from NHS England

Action taken / committed

- Fit for the Future work streams and the Transformation team through the Director of Improvement continue to work with Directorates to support the development and implementation of their efficiency plans.
- Directorate planning assumptions have been reviewed and where deemed appropriate additional opportunities have been identified through vacancy factors and further expenditure reductions.
- Performance review meetings continue to be held with all clinical directorates to ensure progress toward targets are on track and actions are in place to close any shortfalls.

Gaps and residual concerns

- Whilst significant progress has been made to address the £99.0M efficiency requirement, there remains a gap, where further opportunities are required to be identified to fully meet the planned target.
- The plan assumes that further opportunities will be identified through income recovery and the balance sheet. These are to be confirmed
- Ability to meet the financial control total and achieve the S&T baseline funding.



Integrated Performance Report

M2 2017-2018 Use of Resources Metric

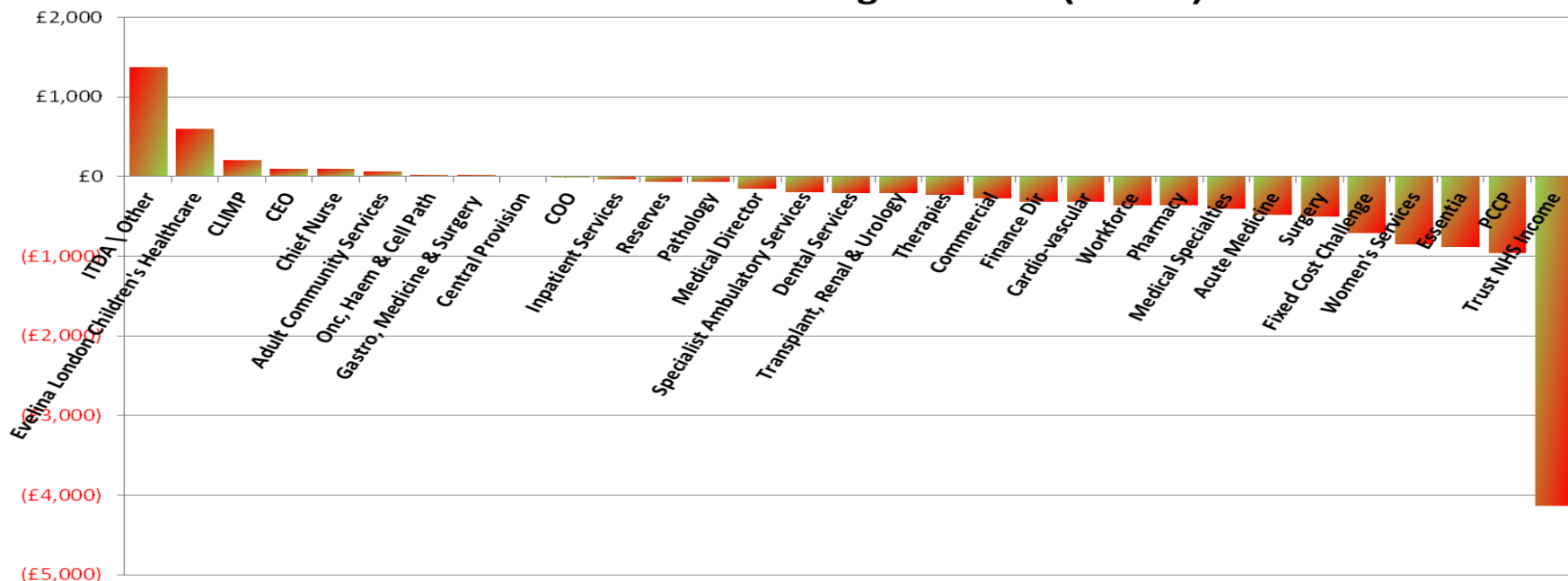
Page 2 - Single Oversight Framework - finance and use of resources metrics

Area of review		Key Highlights	Use of Resources Metric		
			Month 02 Plan	Month 02 YTD	Annual Plan
OVERALL Weighted Risk Rating		<ul style="list-style-type: none"> 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 YTD the Weighted Risk rating is calculated as 2.8 which rounds to a three. This is consistent with the over-riding rule noted above where three of the metrics have been rated as a four. 	2	3	2
Financial sustainability	Capital service Capacity 20%	<ul style="list-style-type: none"> The degree to which generated income covers financial obligation YTD: cover of 0.6 is achieved against a plan of 2.1 and is rated a four 	2	4	1
	Liquidity (days) 20%	<ul style="list-style-type: none"> Days of operating costs held in cash or cash equivalent forms, including available credit YTD: 22.25 days cover is achieved against a plan of 19.54 days and is rated a one 	1	1	2
Financial efficiency	I& E Margin 20%	<ul style="list-style-type: none"> I&E surplus or deficit \ total revenue YTD: a margin of -3.57% has been achieved against a plan of -0.98% and is rated four 	3	4	1
Financial controls	Distance from financial plan 20%	<ul style="list-style-type: none"> I&E surplus or deficit in comparison to the planed surplus \ deficit YTD: a variance of -2.58% is achieved against a plan of 0.76% and is rated four 	1	4	1
	Agency spend 20%	<ul style="list-style-type: none"> Distance from providers cap YTD: the Trust is 30% below the agency ceiling (£2.0M) 	2	1	3

Integrated Performance Report

M2 2017-2018 Directorate Performance

YTD Performance against Plan (£'000s)



Year to Date Financial Performance: £5.9M Adverse to plan

- YTD the Trust has recorded an Underlying loss of £9.7M, which is £5.9M worse than the planned loss of £3.8M. Donated capital receipts of £0.1M are £0.7M behind plan
- 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 bimonthly 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

M2 2017-2018 Directorate Commentary

	Month 2 Directorate YTD	Prior Month YTD Variance	
Acute Medicine	(£480)	£64	<p>Year-to-Date: The value of the "further improvement target" included within the reported position is £172k. Pay is £176k overspent mainly due to high spend on RMN & Specialising in the current year when compared to the same period last year. Non-pay is £95k overspent, mainly due to high drug spend (pass through costs offset against NHS Income). NHS income is £67k ahead of plan, mainly in Respiratory and Sleep.</p> <p>Actions: The DMT continues to develop strategies for addressing the Further Improvement Target of £1.0m.</p>
Adult Community Services	£61	£89	<p>Year-to-Date: The value of the "further improvement target" included within the reported position is £109k. NHS Income is £92k behind plan mainly due to lower activity in Specialist Regional Rehab. This is offset by an underspend of £78k in Pay (net of vacancy factor) with vacancies across all staff types. Non Pay is underspent by £201k across the directorate. Internal Recharges is £17k overspent linked to Tier 2 Slippage</p> <p>Actions: The DMT is committed to delivering its own CIP programme, the 1% cost reduction CIP as well as the further improvement target of £657k.</p>
Cardio-vascular	(£315)	(£503)	<p>Year-to-Date: The value of the "further improvement target" included within the reported position is £389k. NHS Income (excluding pass through income) is £250k ahead of plan due to high Cardiac Elective Activity (27% above plan). Non-Pay is £106k overspent driven by increased KCL MRI costs within Cardiology of £86k. Internal Recharges are £62k overspent, primarily due to SLR Bed Income being £47k behind plan.</p> <p>Actions: Progress on realising current CIPs is being monitored fortnightly to ensure delivery. The DMT is also working closely with the clinical coding teams to identify further income opportunities.</p>
CLIMP	£203	(£39)	<p>Year-to-Date: The value of the "further improvement target" included within the reported position is £74k. NHS Income reports as behind plan due to an incorrect adjustment for unbundled income of £373k - this will be corrected for Month 3. Indirect Costs (Internal income for CLIMP) is £197k behind plan due to fewer working days in April. Pay (net of vacancy factor) is £322k underspent explained by vacancies principally in Radiology which is partially offsetting total vacancy factors of £359k. Non Pay is £717k underspent mainly due to underspends on medical and surgical supplies and the impact of an accrual released too early within purchase of healthcare - this will be corrected for Month 3.</p> <p>Actions: The DMT continues to develop strategies for addressing the Further Improvement Target of £313k, and the £901k additional vacancy factor. They are also reviewing other income and maintenance contract schedules with finance.</p>
Dental Services	(£212)	£145	<p>Year-to-Date: Dental started the year with a balanced plan and therefore do not have a "further improvement target". NHS Income is £343k behind plan due to lower activity levels in April due to Easter. The estimated Income for May is based on April volumes, however patient attendance figures show an improvement on April. Operating income is £8k behind plan. Non-Pay £11k overspent due to clinical supplies. Internal recharges £11k underspent. Pay (net of vacancy factor) is £140k underspent.</p> <p>Actions: Continue collaborative working with KCL to ensure that the postgraduate students continue to help deliver the income plan. Actively recruiting to new 'growth posts'.</p>

Integrated Performance Report

M2 2017-2018 Directorate Commentary

	Month 2 Directorate YTD	Prior Month YTD Variance	
Evelina London SBU	£597	£308	<p>Year-to-Date: The value of the "further improvement target" included within the reported position is £160k. NHS income is £500k behind plan mainly within Neonatology due to nursing recruitment delays and Neurosciences due to consultant absence. Private patient income is £120k behind plan. Pay (net of vacancy factor) is £440k underspent with nursing vacancies across the Community and Medicine & Neonatology directorates. Non-pay is £960k underspent with low clinical supplies and the payment of private patient bad debt and NHS bad debt (network clinics and New-born Hearing Screening).</p> <p>Actions: The Community directorate are currently in discussions with the commissioners regarding the SALT disinvestment. Activity is being monitored weekly within the Hospital directorates to deliver the 2017/18 plans. All directorates are working on ensuring their CIP and growth initiatives progress in</p>
Gastrointestinal Medicine & Surgery	£23	£162	<p>Year-to-Date: NHS income £226k behind plan, driven by GI Surgery daycases, Gastro outpatients, Endoscopy daycase coding and specialist endoscopy .Pay (net of vacancy factor) is £155k underspent, mainly driven by vacancies in Nursing. Non pay is £91k overspent due to drugs spend being high in April for HPN, which is not fully reflected in income & currently under review. Internal recharges £149k underspent (theatres & anaesthetics, net bed day costs and pathology).</p> <p>Actions: The DMT plan to recruit to vacancies in order to meet activity plan. There is an ongoing weekly review of activity numbers by service. Review of high month 1 HPN drugs spend.</p>
Inpatient Services	(£33)	(£21)	<p>Year-to-Date: The value of "further improvement target" included within the reported position is £20k. Pay (net of vacancy factor) is £10k overspent.</p> <p>Actions: The DMT continues to develop strategies for addressing the further improvement target of £124k.</p>
Medical Specialties	(£409)	£167	<p>Year-to-Date: The value of "further improvement target" included within the reported position is £81k. NHS Income is £590k behind plan, attributable to Ophthalmology and Neurology Outpatient activity, Ophthalmology Eye Injections and Neurophysiology day cases. Pay (net of vacancy factor) is £110k underspent and Non-Pay (including internal recharges) £150k underspent (clinical supplies and theatre and anaesthetics charges)</p> <p>Actions: The DMT continues to develop strategies for addressing the further improvement target of £488k.</p>
Onc, Haem & Cell Path	£24	(£55)	<p>Year-to-Date: The value of "further improvement target" included within the reported position is £245k. NHS income (excluding pass through income) £175k ahead of plan driven by Haematology & Oncology activity. Operating Income is £110k behind plan due to below trend PPT income in Cellular Pathology. Pay (net of vacancy factors) is £14k overspent due to staff starting at QMS, offset by ongoing vacancies in nursing and A&C.. Non pay is £400k underspent: Drug costs & bad debts are £480k & £164k underspent respectively, offset by clinical supplies, which is £266k overspent, notably in Audiology . Internal recharges are £77k overspent driven by high pathology and imaging use.</p> <p>Actions: The DMT is meeting fortnightly to review progress against the plan, assess recruitment requests and consider strategies for addressing the further improvement target. Weekly financial huddles are in place scrutinising activity by service.</p>

Integrated Performance Report

M2 2017-2018 Directorate Commentary

	Month 2 Directorate YTD	Prior Month YTD Variance	
Pathology	(£72)	(£132)	<p>Year-to-Date: Cap and collar payments to Viapath are £193k overspent. Blood is £46k overspent. Internal Pathology Income recovered from clinical directorates, for testing provided, is £205k ahead of plan, partly offset by an over spend of £158k for activity related payments made to Viapath. The position also includes prior year benefits of £105k.</p> <p>Actions: Ongoing issues cover resolution of commercial issues with Viapath, in particular with regards to novated activity.</p>
PCCP	(£965)	£313	<p>Year-to-Date: The value of "further improvement target" included within the reported position is £323k. NHS income is £883k behind plan. This is mainly due to Critical Care & ECMO underperformance, partially offset by Internal Recharges are £143k underspent on Private Patient Recharges. Theatres Income is £331k behind plan driven by reduced surgical activity and delayed start to planned new lists. Pay (net of vacancy factor) is underspent by £66k due to vacancies. Non Pay is £513k underspent, of which £361k relates to Clinical Supplies, Drugs are underspent by £46k, Specialist ECMO beds are underspent by £53k and Lane Fox Remeo expenditure is underspent by £35k - all are due to lower activity volumes</p> <p>Actions: The DMT are monitoring CIP's closely to ensure the current slippage will not deteriorate further and are actively seeking further opportunities to reduce the further improvement target.</p>
Pharmacy and Medicines Management	(£363)	(£213)	<p>Year-to-Date: Operating Income is £39k behind plan, mainly in drug stores and pharmacy production. Pay (net of vacancy factor) is £16k overspent. Non pay is £159k overspent due to a drugs overspend in Month 2 of £126k - the key drivers being (i) reduced internal drugs charges of £61k due to delayed production during replacement of a water heating element and (ii) £28k of stock write-off due to a fridge failure in stores.</p> <p>Actions: The DMT continues to develop strategies for addressing the HPTP CIP of £542k and the additional vacancy target of £317k. Medicines optimisation 'balancing number' of savings is £460k for the full year. The directorate will work with finance to propose a methodology to implement gainshare that is acceptable to the Trust. The directorate will review income operating schedules with finance for end of Q1.</p>
Specialist Ambulatory Services	(£202)	£372	<p>Year-to-Date: NHS Income (excluding pass through income) £270k behind plan, driven by Sexual & Reproductive Health and Rheumatology. Drug Income is £170k behind plan, which is offset by the drug spend, which is £200k underspend. Pay (net of vacancy factors) is £80k underspent at month 2. Pathology costs are £140k underspent in Sexual & Reproductive Health. This is offset by overspends in other internal recharges of £120k, mostly in Sexual Health. Clinical supplies £80k overspent in Dermatology.</p> <p>Actions: The DMT plan to recruit to vacancies in order to meet activity plan. There is an ongoing weekly review of activity numbers by service.</p>
Surgery	(£507)	£15	<p>Year-to-Date: The value of "further improvement target" included within the reported position is £167k. The key driver to the reported position is the NHS Income position, which is £563k behind plan, due to low Orthopaedic activity. This NHS Income position is partially offset by a direct pay underspend of £43k and Internal recharges underspent by £187k. Non pay overspent by £33k.</p> <p>Actions: The DMT aims to recover activity by setting internal booking targets and arranging group booking sessions to increase admissions. Progress on realising current CIPs is being monitored weekly and progress against the further improvement target of £1.0m is expected.</p>

Integrated Performance Report

M2 2017–2018 Directorate

	Month 2 Directorate YTD	Prior Month YTD Variance	
Therapies	(£235)	(£179)	<p>Year-to-Date: The value of "further improvement target" included within the reported position is £27k. Hand Therapy activity has been overstated in the business plan which accounts for £24k of the reported variance. NHS Income is £113k behind plan due to Occupational therapy and Foot Health. Indirect Costs (Internal Income to Therapies) are £243k behind plan. Pay (net of vacancy factor) is £217k underspent due to vacancies across all staff groups within Physiotherapy, Occupational Therapy and Foot Health. This more than offsets vacancy factors totalling £56k. Non-Pay is £9k underspent.</p> <p>Actions: The DMT continues to develop strategies for addressing the Further Improvement Target of £165k and to review external income recharge schedules with finance. The full year impact of the over-stated hand therapy activity plan is £144k.</p>
Transplant, Renal & Urology	(£213)	(£41)	<p>Year-to-Date: The value of "further improvement target" included within the reported position is £257k. NHS income, (excluding pass through income) £100k behind plan, driven by Renal daycases £225k behind plan, which is partially offset by Urology electives £175k ahead of plan. Pass through drugs, net of income, are £45k ahead of plan. Pay (net of vacancy factors) is £7k underspent. Clinical Supplies are £88k underspent, mainly in Renal technical services. Internal recharges £176k overspent, driven by pathology £79k, net bed days £57k and imaging £34k. Private patient income £43k behind plan - private dialysis below plan.</p> <p>Risks: Non achievement of the £1.5m unidentified CIP.</p> <p>Actions: The directorate is working up schemes to meet the £1.5m further improvement target. Ideas are discussed fortnightly at the DMT huddle, with</p>
Women's Services	(£858)	(£218)	<p>Year-to-Date: The value of "further improvement target" included within the reported position is £246k. NHS income is £388k behind plan due to low deliveries and critical care patients in Maternity. Private patient income is £46k behind plan due to a low private PGD activity. Pay costs are £200k overspent due to high midwifery spend and consultant pay arrears in April. Non-Pay is £36k overspent, due to bad debt from other NHS trusts for AN pathways. This is partly offset by low clinical supplies spend relating to low activity.</p> <p>Risks: Midwifery spend is £75k overspent in the first two months, despite low activity in Maternity.</p> <p>Actions: The Directorate is working on (i) implementing the Community midwifery restructure, and (ii) trialling digital improvements in Maternity to improve the efficiency of the pathway.</p>
Chief Executive	£99	£68	<p>YTD: The reported position includes those budgets under the remit of the Chief Digital Information Officer, the performance of which is reported below. The current under spend is driven by vacancies and non pay under spends against the CEO, Transformation and Strategy budgets.</p> <p>Actions: The Further Improvement Target totals £215K and will need to be addressed to remain within financial balance, to date current vacancies have helped mitigate these.</p>
Technology & IG	(£26)		<p>Year-to-Date: Income £60k behind plan including a £16k underachievement of LCR (Local Care Records) income CIP, and £20k relating to additional Training income. Non Pay is £38k underspent, including £248k of unfunded business planning costs (PACS / Eicu & e Vision), which are being offset by a £261k underspend against the FIT programme.</p> <p>Actions: Requirement for the Directorate to present evidence (cost increases) for currently unfunded business planning cost pressures in order to be able to draw down funding from Trust reserves.</p>
Chief Nurse	£93	£70	<p>YTD: The current under spend is driven by vacancies and the release of a prior year accrual.</p> <p>Actions: The Further Improvement Target of £252K will need to be addressed to remain within financial balance, to date current vacancies and the release of the prior year accrual have helped mitigate these.</p>
Chief Operating Officer	(£8)	(£10)	<p>YTD: The current over spend is driven by agency usage, which in part has been off-set by vacancies.</p> <p>Actions: The Further Improvement Target of £354K will need to be addressed to remain within financial balance along with the use of agency staff.</p>

Integrated Performance Report

M2 2017–2018 Directorate

	Month 2 Directorate YTD	Prior Month YTD Variance	
Director of Essentia	(£885)	(£97)	<p>Year-to-Date: The reported adverse position is being driven by (i) un-achieved CIP schemes from 2016/17 which have been carried forward (£282k) and (ii) underperformance against 2017/18 business planning CIP schemes (£988k). These are mainly within Essentia Director, Essentia COO and Essentia Infrastructure. Central Services is also reporting an adverse position of £359k, due to increased supplier costs for Patient Transport and a Pay overspend within Catering. The reported adverse positions have been partially off-set by a favourable position Energy & Utilities of £406k due to a £302k benefit received from Triad year-end reconciliation and lower than expected gas, water and sewerage bills totalling £93k. Essentia Community have reported a favourable position of £113k due to underspends against GSTT properties and Facilities contracts. Business Development have also reported an underspend of £108k due to vacancies and underspends on Non-Pay.</p> <p>Actions: The Directorate are actively monitoring the slippage in CIPs as part of the Directorate huddle process.</p>
Reducing Fixed Costs-CIP Initiatives	(£709)	(£393)	<p>Year-to-Date: The value of "further improvement target" included within the reported position is £194k. Slippage against 2017/18 CIP schemes is £369k and £157k against the 2016/17 schemes. This level of required savings represents a risk to delivery of the Fixed Cost Challenge Plan.</p> <p>Actions: The Directorate are actively monitoring the slippage in CIPs as part of the Directorate huddle process.</p>
Director of Finance	(£315)	(£3)	<p>YTD: the department target to recover prior period VAT charges has not been realised to date. An assessment will be undertaken to see when the next claim can be submitted.</p> <p>Actions: to ensure external income targets are achieved and that the planned additional contribution is realised.</p>
Medical Director	(£159)	(£71)	<p>YTD: unmet external income targets and unbudgeted pay associated with hospital at night costs and vacancy factor targets not being fully realised are the main drivers of current performance.</p> <p>Actions: to ensure external income targets are achieved and that the planned additional contribution is realised and to review the correct allocation of the hospital at night costs. The Further Improvement Target of £308K will need to be addressed to remain within financial balance</p>
Commercial Director	(£279)	(£411)	<p>YTD: further contribution opportunities are necessary to improve the current position, this represents £447K to date. Some shortfalls against planned income targets are the other major variances.</p> <p>Actions: to work with the clinical directorates to identify further contribution opportunities to address the current required increase of £2.7M</p>
Director of Workforce	(£358)	(£176)	<p>YTD: Prior year training costs of £237k, shortfalls against external income targets of £148K and the Further Improvement Target of £58K to date are the main drivers of current performance,</p> <p>Actions: to ensure external income targets are achieved and that the planned additional contribution is realised and a funding source to be identified in respect of prior year training costs. The Further Improvement Target of £345K will need to be addressed to remain within financial balance</p>

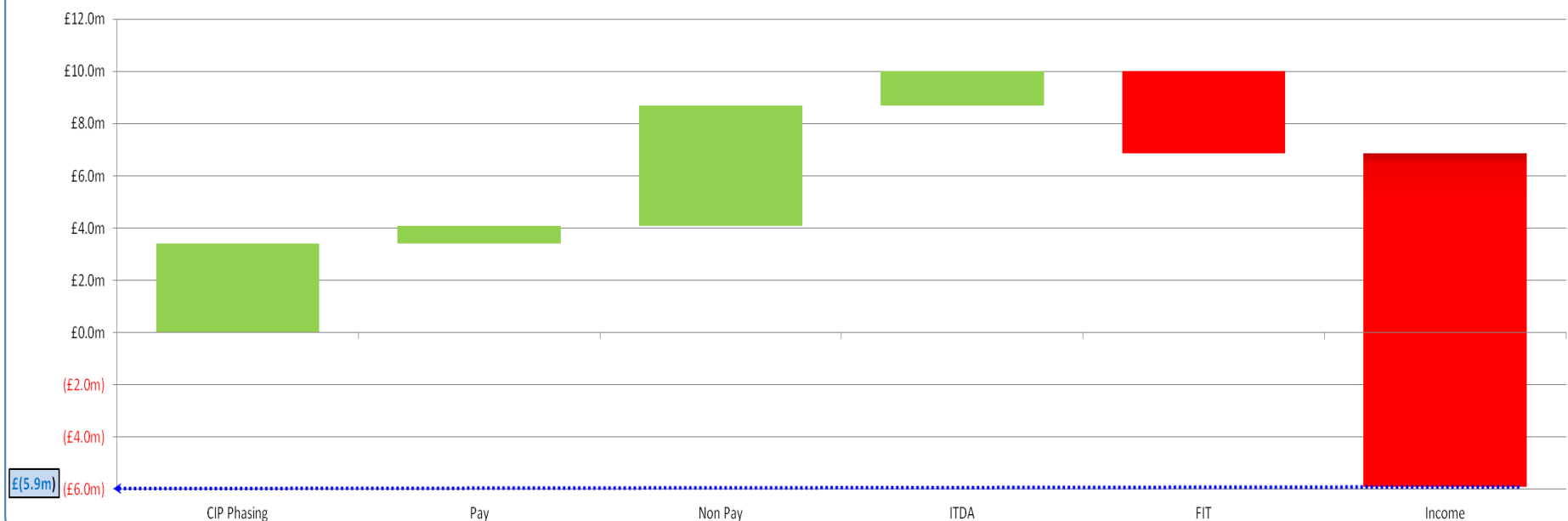
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Variance: Favourable \ (Adverse)

Integrated Performance Report

M2 2017–2018 Bridge Analysis

Bridge Analysis of Outturn Variance



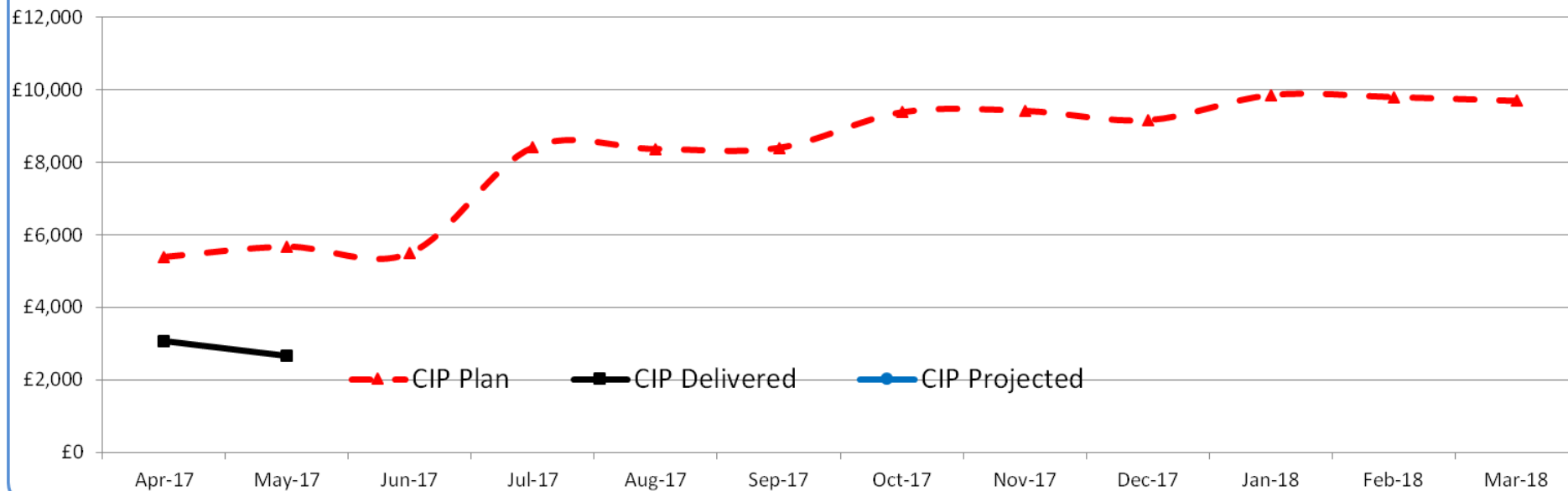
Bridge Analysis

- Summary:** the Trust has recorded an Underlying loss of £9.7M, which is £5.9M worse than the planned loss of £3.8M. Donated capital receipts of £0.1M are in £(0.7M) behind plan
- CIP Phasing £3.4M favourable:** the Trust plan assumes an increase in CIPs later in the YTD, this is reflected by a phasing adjustment of £3.4M at May
- Pay £0.7M under spent:** May pay bill £67.7M is an increase of £2.3M from that recorded in April and the causes behind this are being reviewed. To date pay budgets, net of vacancy factors are £0.7M underspent, this excludes budgets where further improvements are required (see below).
- Non Pay £4.6M under spent:** the most significant favourable variances are due technical adjustments such as a reduction in provisions for outstanding debts £1.0M, budgets not yet allocated to research projects £0.8M and a budget phasing adjustment of £2.2M, Clinical Supplies £1.1M under spent, linked to reduced clinical activity, in part due to the Easter and May bank holidays, Drugs £0.1M under spent, primarily due to pass through drugs and off-set by a reduction in commissioning income and General Supplies: various under spends including a prior year VAT claim
- ITDA £1.3m under spent :** primarily driven by an under spend on depreciation.
- Further Improvement Target (FIT) £3.2M adverse :** Clinical and Corporate Directorates are required to identify a further £18.6M of savings \ income growth in order to balance their agreed business plans. £3.2M (2/12th)
- Income £12.8M below plan:**
 - Commissioning income to May has been assessed as £6.0M less than plan driven by the impact of the holiday periods, reduced anaesthetic cover and growth in directorate plans, planned to happen later in the year.
 - S&T Funding: £0.7M less than plan reflecting performance in respect of the A&E target.
 - NHSI Funding: the Trust is negotiating for additional funding, this has not been confirmed and underperformance of £1.0M is reported.
 - other areas of income under performance include off-setting areas such as budget phasing £2.2M, research activities £2.5M and non patient care contracts £1.0M

Integrated Performance Report

M2 2017-18 CIP & Income Growth (IG) Performance

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



CIP Performance

- The Trust CIP plan for the year is £99.0M, with an average monthly run rate of £8.3M
- Directorates YTD are £8.7M behind their planned levels of CIPs; this includes £3.1M of Unidentified CIPs and £5.6M against non delivery of Planned CIPs
- The Trust CIP plan is phased for increased delivery later in the year; a YTD phasing adjustment of £3.4M reflects this
- The £8.7M adverse performance against CIPs reduces to £5.3M once the £3.4M phasing adjustment is accounted for
- The monthly performance review meetings (PRMs) with the clinical directorates reviewed the CIP programme, identified blockages and agreed actions required to recover any slippage.

Integrated Performance Report

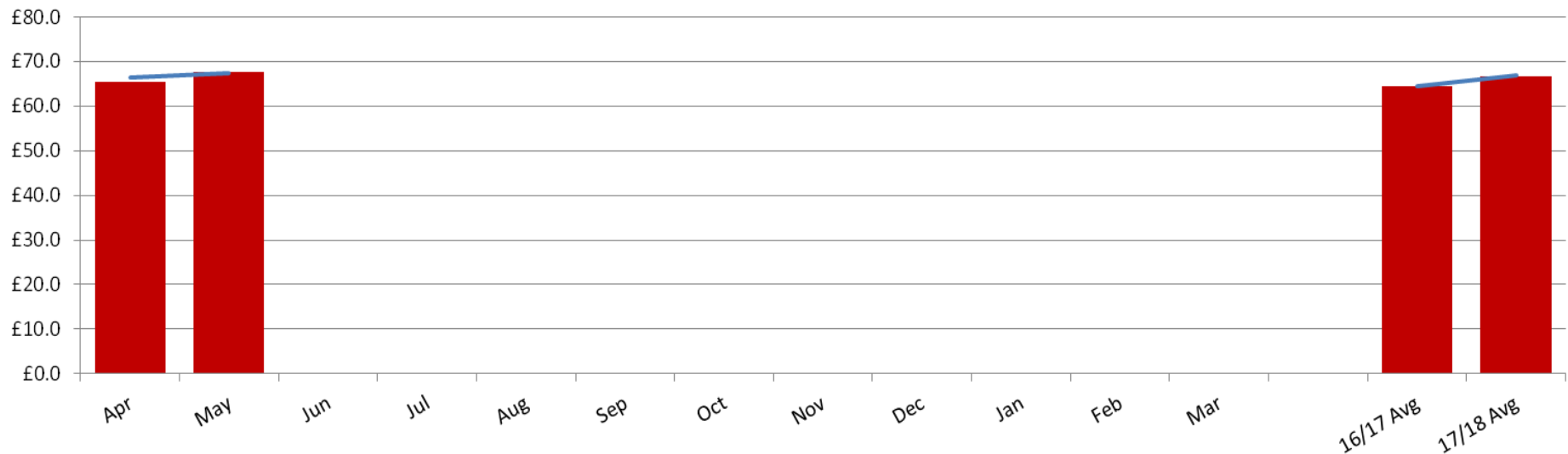
M2 2017–18 FFF CIP Delivery

Year to Date £000			By Theme:	Annual Plan £000	
CIPs Required	CIPs Delivered	CIPs Variance		CIPs Required	Total Directorate Forecast
			Fit for the Future Theme		
£179	£105	(£74)	Bed base reduction	£1,481	
£955	£112	(£843)	Commercial income	£7,325	
£3,483	£1,803	(£1,680)	Margin on activity / growth	£26,978	
£1,963	£946	(£1,017)	Non pay cost reduction	£11,549	
£24	£24		Reduction of OP f/ups	£263	
£103	£68	(£35)	Streamlining Admin processes	£709	
£581	£130	(£451)	Support services optimisation	£3,485	
£580	£363	(£218)	Workforce skill mix efficiency	£3,924	
			0		
£7,868	£3,550	(£4,318)	Total FFF Themes	£55,715	
£833	£939	£107	Directorate Initiatives Outside of Themes	£4,996	
£3,133	£37	(£3,096)	Further Improvement Target	£18,613	
(£3,400)		£3,400	CIP Phasing Adjustment		
			Income Growth		
			0		
£2,635	£1,200	(£1,435)	Other	£19,684	
£11,068	£5,726	(£5,342)	Total All Themes	£99,008	

Integrated Performance Report

M2 2017-2018 Employee Expenses

Monthly Employee Expenses and Budget (£m)



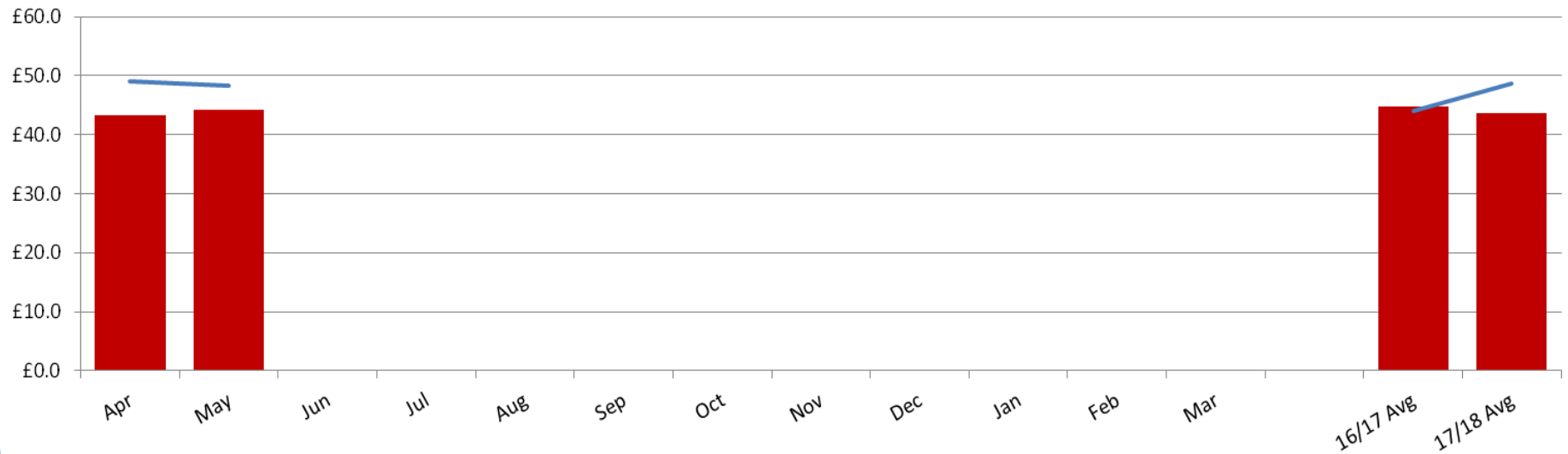
Monthly Employee Expenses

- May pay bill £67.7M, this is an increase of £2.3M from last month, the causes of which are being investigated
- Other Pay includes planned vacancy factors, which are to be allocated across pay groups next month.
- Net of vacancy factors are £0.7M underspent

Integrated Performance Report

M2 2017-2018 Other Operating Expenses

Monthly Other Operating Expenses and Budget (£m)



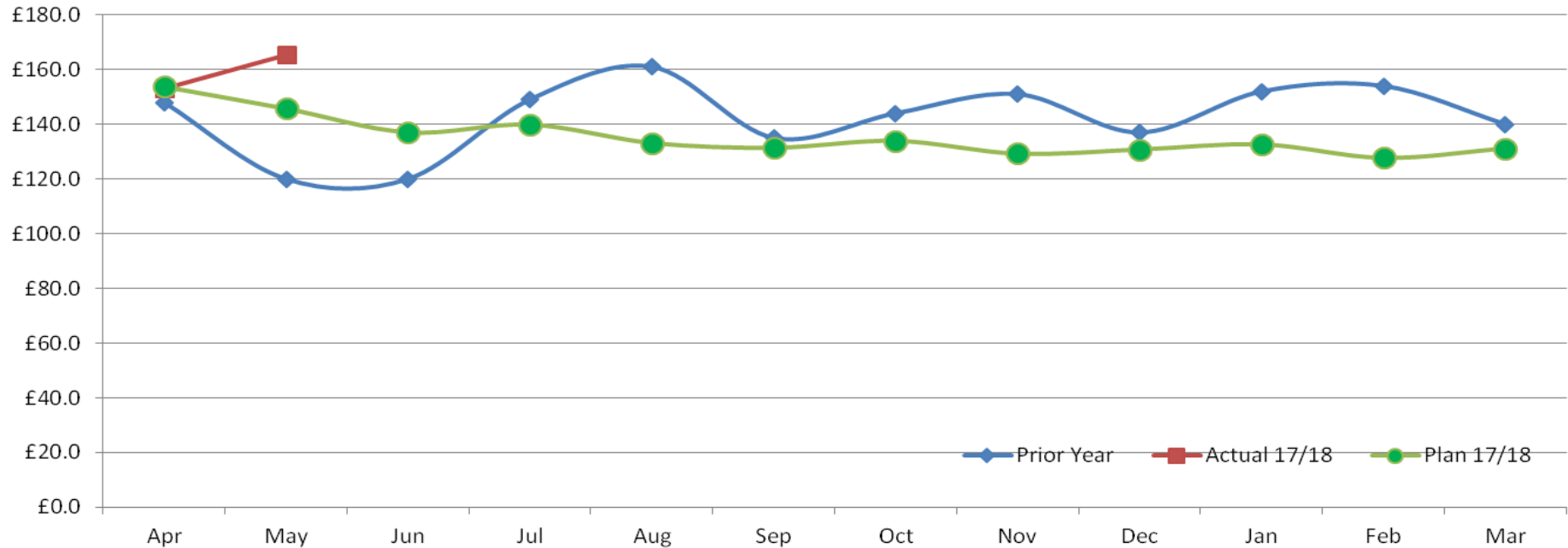
Monthly Other Operating Expenses

- Operating Expenses at May were £89.5M, which is £8M below plan
- Provisions £1.0m (F): recovery of prior year debt across a range of departments, the main one being Evelina SBU.
- Drug costs £0.1m (F): on budget, the in month deterioration due to an increase in pass through drugs which will be off-set by an increase in commissioning income.
- Clinical Supplies - £1.1M(F) in line with lower clinical activity levels across a range of services
- CIP Phasing £3.4M (F): the financial plan assumes an increase in CIP delivery over the final three quarters of the year

Integrated Performance Report

M2 2017-2018 Cash Flow

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



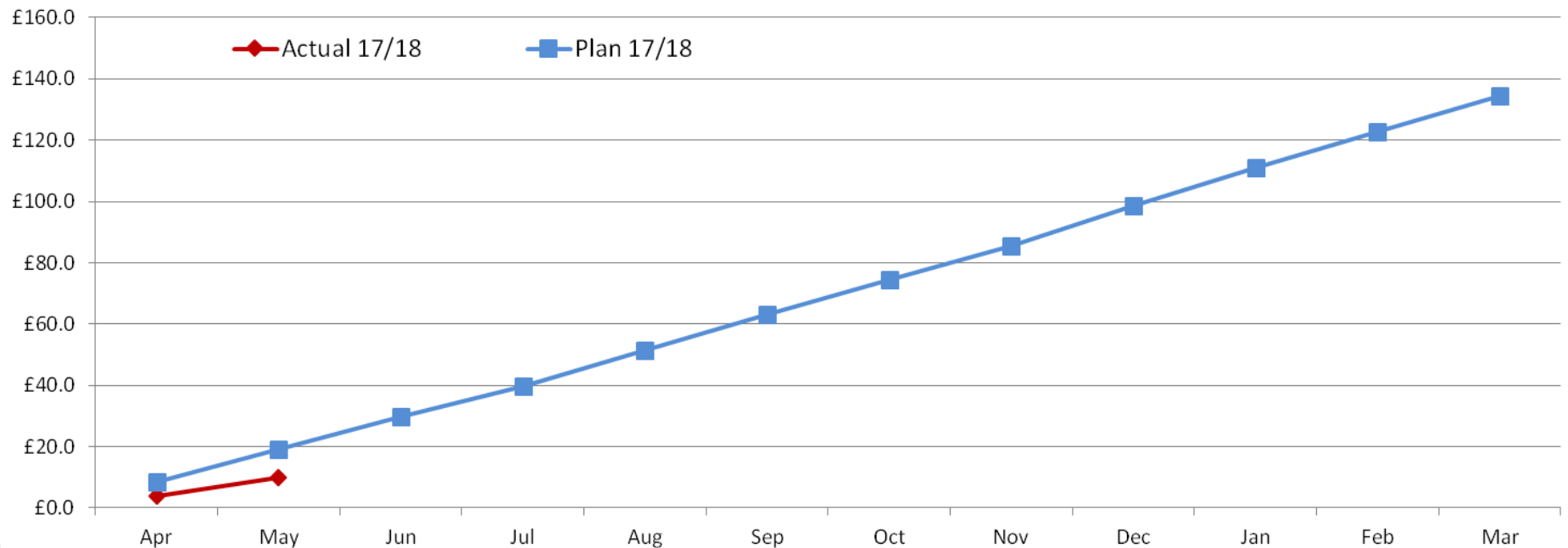
Cash Flow

- The graph above shows the actual cash and cash equivalents held by the trust. The plan is set Quarterly with NHSI.
- The cash balance at the end of May is £165.3M, which has increased by £12.3m from last month, and is £19.6M ahead of plan.
- 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

M2 2017-2018 Capital Expenditure


Capital - Cumulative Spend Monitor Plan (£m)



Capital Expenditure

- The Trust plan is for £134.3m of funding available for capital projects for the year 2017/18
- The capital spend as at the end of May is £9.8m which is £9.3M 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.

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Board of Directors	 Guy's and St Thomas' NHS Foundation Trust	
Documents Signed under Trust Seal 1 April to 30 June 2017	12 July 2017	BDA/17/19

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 758 to 767 on behalf of the Trust, under the Foundation Trust's Seal during 1 April to 30 June 2017.

2. Recommendation

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

Number	Description	Date
758	Lease of parts of floors 10, 11, 12 and 13 of The Cancer Treatment Centre at Guy's Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) HCA International Limited.	21.04.17
759	Licence for alterations in relation to the Tenant's fitting out works at floors 10, 11, 12 and 13 of The Cancer Treatment Centre at Guy's Hospital between 91) Guy's and St Thomas' NHS Foundation Trust and (2) HCA International Limited.	21.04.17
760	Rent deposit Deed relating to floors 10, 11, 12 and 13 forming part of The Cancer Treatment Centre at Guy's Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) HCA International Limited.	21.04.17

761	Licence to Underlet relating to premises on the tenth floor of the Cancer Treatment Centre at Guy's Hospital, St Thomas' Street, London SE1 9RT between (1) Guy's and St Thomas' Foundation Trust and (2) HCA International Limited and LOC @The London Bridge Hospital LLP.	21.04.17
762	Agreement (Amended NEC Engineering and Construction Contract) for the provision of works relating to the strip out and redevelopment of the Pharmacy at St Thomas' Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) T & B (Contractors) Limited.	03.05.17
763	Mechanical and Electrical Engineering Collateral Warranty for the benefit of the Tenant to Guy's and St Thomas' Satellite Radiotherapy Centre between (1) RPS Consulting Services Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	28.06.17
764	Civil and Structural Engineer's Collateral Warranty for the benefit of the Tenant to Guy's and St Thomas' Satellite Radiotherapy Centre between (1) MDA Wirral Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	28.06.17
765	Sub-Contractor's Employer Collateral Warranty – lift supply and install between (1) OTIS Limited and (2) Guy's and St Thomas' NHS Foundation Trust and (3) Arien Contractors Limited.	28.06.17
767	Sub-Contractor's Tenant Collateral Warranty – curtain, walls and windows between (1) Norman and Underwood (Eastern) Limited and (2) Guy's and St Thomas' NHS Foundation Trust and (3) Arien Contractors Limited.	28.06.17
767	Section A100 – Memorandum of Agreement between (1) Guy's and St Thomas' NHS Foundation Trust and (2) ME Construction to provide a new Rare Diseases Centre at St	28.06.17

	Thomas' Hospital in the existing Dowling Day Centre, 1 st Floor, Westminster Bridge Road, London SE1 7EH.	