


Council of Governors	Guy's and St Thomas'  NHS Foundation Trust
Service Strategy Working Group report – 12th January 2016	27th January 2016 CG/16/06

This paper is for:		Sponsor:	
Decision		Author:	Dan Price, Group Secretary
Discussion		Reviewed by:	Giles Taylor, SSWG Chair
Noting		CEO*	
Information	X	ED*	
		Board Committee*	
		TME*	
		Other*	

* *Specify*

1. Attendees:

Giles Taylor (Chair), John Porter, Barry Silverman, Jenny Stiles, John Burns, John Duncan, Paula Young

Martin Shaw (Director of Finance), Jackie Parrott (Director of Strategy) and Dan Price (Strategy Manager) attended from Guy's and St Thomas'. David Cheesman (Director of Cancer Transformation) attended for the Cancer Centre transformation item. Andy Simpson (Membership and Governance coordinator) observed the meeting.

Apologies were received from Sheila Shribman, Ian Abbs, Yvonne Craig-Inskip and Devon Allison.

2. Notes of the previous meeting and matters arising

2.1 The notes of the meeting held on the 13th of October were approved as a true record.

2.2 Giles Taylor paid tribute to the previous chair Robert Parks and thanked him on behalf of the Service Strategy Working Group for his work as a Governor.

3. Business Planning 2016/17

3.1 Jackie Parrott talked through the opening half of the presentation, circulated in advance. The presentation went through the national and local context that has led to the position the Trust is in. The Trust is working towards the planned deficit of £19.1m and that while the financial performance thus far meant there was a bigger deviation from that target, the Trust was improving its financial position and performance was encouraging.

3.2 This had been helped by the implementation of a financial recovery team to assist directorates to identify savings and provide additional cost controls for the Trust. The team were providing Trust wide briefing for staff to support them to bring new ideas forward on how to make our services more efficient. The team were also providing additional support and mentoring to directorates who were considered to be a higher risk financially.

- 3.3 The Trust's capital plan had been reassessed and proposed projects were split into three categories; must do for safety and clinical reasons, projects that needed work done so that they were ready for a better financial climate and finally a complete halt on all other projects. It was confirmed that already approved projects would be completed and that the projects that were being delayed are often ones that will have helped with capacity. While many projects would potentially have identifiable impacts on patient experience by not being undertaken, if there was anything that was of critical importance the Trust would work to make it happen. It was noted that there are still routine allocations for equipment, IT and maintenance which would allow works to continue in the Trust. One of the benefits of this would be that staff in operational roles could refocus to operational and strategic matters rather than business case development
- 3.4 Within the planning guidance the new initiative that has been announced is a Sustainability and Transformation Plan (STP) which would be a five year plan starting from October 2016. This plan would not be produced by just us, instead providers and commissioners would work jointly to produce this over a footprint that had not yet been determined. The assumption was that our STP would be made up of the six boroughs of South East London. One of the big challenges is that for an organisation like us, with services that spread across South West London, Kent, Surrey and Sussex, is how we can be involved and contribute to STPs in those areas too. This will be very important to the Trust as it's clear that access to funding through the Sustainability Transformation Fund will be dependent on a viable STP. With the process for developing these plans not yet clear and with the geography still to be determined by NHS England we will have to be pragmatic in our approach.
- 3.5 Martin Shaw continued the presentation by explaining the current year's financial position. At the beginning of the year the trust was £4m per month off plan, but through the Financial Recovery team and directorates work we were breaking even by month 8 and the month 9 finances look promising. Monitor are happy with the progress the Trust is making.

- 3.6 For 2016/17 the Trust is looking at a £100m deficit. The board took the view in October that £30m of that was achievable through cost reductions, and that another £30m could be found through the bold schemes that are in development now. This meant that the carry forward and other issues left a £40m gap.
- 3.7 Since then central government is thinking about not implementing the HRG4 and specialist tariff top ups and are looking to consult to put all Trusts on the same tariff. The £3.8bn announced in the Comprehensive Spending Review will mean a lower efficiency target and with the predicted tariff at our level of activity we gain £20m additional income. If we get access to the Sustainability Transformation Fund as well then it is possible we could set a break-even plan for 2016/17. This is dependent on whether the tariff is as we are planning and how the Transformation funding is allocated, which the Trust will find out in due course.
- 3.8 Through David Lawson's (Director of Procurement) work the Trust has become an efficiency pathfinder as part of Lord Carter's productivity review. The Trust is constructively engaging with the review to provide feedback to improve the accuracy of the model and we recognise that there are inefficiencies we can drive out to make savings. Through Carter Review and other initiatives the Trust is increasingly looking to use benchmarking to help improve performance. The Trust has also been working together with six other providers in South East London to develop a provider version of the work that had been done by PwC for South East London on the efficiency requirements for the area.
- 3.9 Martin Shaw summed up that the Trust is proactively engaging external bodies to work on those factors, but it would still be a difficult year next year. When we have the definitive information we need the next step would be to determine how the savings targets were allocated out to directorates. This would be decided with directorates at a TME.

During questions and discussion the following was highlighted:

- It was noted that we are working with Our Healthier South East London to look at the London Quality Standards and the Trust is thoughtful on the implications of achieving them. It would be particularly difficult to meet them where to do so would mean large financial implications for the organisation.
- Given the scale of the challenge in front of the Trust, we are considering different ways to configure services to reduce length of stay so that we increase the efficiency of our services. We are also working through bold ideas like looking at how the trust utilises its space and looking at new working practices to maximise our efficiency. From this piece of work we are also looking at property rationalisation in Lambeth and Southwark.
- The governors also asked about readmission rates and how that was looked at within the Trust given the different operational areas. Martin Shaw assured the governors that the informatics team look at this at a trust level and is regularly checked for multiple readmissions.

4. Cancer Centre Transformation

- 4.1 David Cheesman outlined that GSTT leads the largest Comprehensive Cancer Centre (CCC) in London and is one of the largest in England. Most of this activity is done at GSTT, but some of it is undertaken at Denmark Hill. The Cancer centre was achieved European accreditation in August 2015, the third centre in the country to do that after the Christie and Addenbrookes. It is worth noting that the CCC competes nationally with single city centres and so is doing very well.
- 4.2 The centre is a system leader for South East London, working with King's College London Hospital, Lewisham and King's College London with a strong emphasis on research. All tumours removed by the centre are sent to the bio banking facility to assist in cancer research and development work. As such the Cancer team are working to set up an Accountable Care Network with the centre acting as the specialist hub. We have some of the best clinical outcomes but are let down by our access times, and our patient experience can still improve further.
- 4.3 David gave an overview of the cancer strategy, highlighting the importance of research and development and the REF rating improvement at KCL. One of the next steps was to secure Cancer Research UK Cancer centre accreditation and

the Trust would be submitting a bid later this year. The Cancer service is developing an international role and now has links to Mumbai, China and Africa.

- 4.4 The new centre will have KCL on the 9th floor which will increase collaboration between operations and research and development to help improve the quality of our services. Consolidation of services like this is a large part of the ambition for the cancer centre and will help improve the patient experience and outcomes.
- 4.5 However since the business plan was approved the level of demand for Cancer services is already exceeding the planned capacity that the Cancer Centre would provide. In addition the HCA are taking up three floors of the centre and they are planning to take up their space later than planned which may have financial implications. There is also a £8.9m fundraising gap for the centre.
- 4.6 The changes the centre will bring require a focus on outpatients, IT and transformation to ensure we get the benefits of the new centre. These benefits will include being paperlite, the creation of an 8-8 day and a model where staff go to patients in the treatment room rather than the other way around, which will create a better patient experience and be more efficient. As part of the service change through opening the new centre we would be able to run same day breast cancer diagnosis service, this has already been piloted in December. There is also a range of work underway to make sure that when the centre is launched in October that the new form services will hit the ground running.

During questions and discussion the following was highlighted:

- Governors asked if our access times were better, would our outcomes be better? It was confirmed that this was the case, and that the UK is behind Europe in early diagnosis. Internally our access rates are just below 85%, and the

Trust is trying to take a system leadership role to assist trusts who refer to us late to try and improve the external access performance.

- Following on from that issue, governors asked whether the structure of the Foundation Trust and CCGs system was contributing to an inability to resolve these issues which are between organisations, like for the access rates. The view was that major surgery should be done at major centres, like the CCC, however for radiotherapy and chemotherapy what we wanted to do was localise that care as much as possible, which is why the trust is building a centre in Sidcup to try and do this. The trust is working with organisations across South East London to look at the configuration of services to achieve this vision.
- On the public fund raising gap Governors asked what was being done. David was able to report that there were positive meetings between the charity and finance teams to secure the funding but nothing could be confirmed as yet. It was acknowledged that if the money can't be secured then there will be a big problem.
- The Governors asked what choice patients will have given the hub and spoke model. Patients will be able to choose their service, except for the specialist one off treatment which would be done at the Cancer Centre. Martin pointed out that it was for the repetitive treatments that we would aim to use more local services, like the Queen Mary site, as that would be a better experience of care rather than travelling into central London repetitively.

5. Any other business

5.1 There was no further business and the next meeting was confirmed for 12th of April 2016, 5.30pm to 7pm in the Globe Theory Room at York Road.