

# Board of Directors, 25th October 2017

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## Board of Directors

**Meeting to be held 25<sup>th</sup> October 2017**  
**at 3:45 pm in the Governors' Hall St Thomas' Hospital**

### A G E N D A

- |      |  |                     |                    |
|------|--|---------------------|--------------------|
| 3:45 | 1. Care Awards presentations                                     |                     |                    |
| 4pm  | 2. Apologies:  |                     |                    |
|      | 3. Declarations of Interest                                      | <i>oral</i>         |                    |
|      | 4. Minutes of the meeting held on the 12 <sup>th</sup> July 2017 | <i>attached</i>     | <i>(BDA/17/20)</i> |
|      | 5. Matters arising from the minutes of the previous meeting      |                     |                    |
|      | 6. Chairman's Report<br><i>Hugh Taylor</i>                       | <i>attached</i>     | <i>(BDA/17/21)</i> |
|      | 7. Chief Executive's Report<br><i>Amanda Prichard</i>            | <i>attached</i>     | <i>(BDA/17/22)</i> |
| 4:45 | 8. SRH consultation- Impact report<br><i>Jon Findlay</i>         | <i>attached</i>     | <i>(BDA/17/23)</i> |
| 5pm  | 9. Lambeth and Southwark Public Health<br><i>Ian Abbs</i>        | <i>PRESENTATION</i> |                    |

- 
10. Reports from Board Committees:
- a) **Adult Local Services: minutes 21<sup>st</sup> June and 20<sup>th</sup> September**
  - b) **Audit: minutes, 6<sup>th</sup> September**
  - c) **Evelina London Board: minutes, 5<sup>th</sup> July and 20<sup>th</sup> September**
  - d) **Corporate Management: minutes, 13<sup>th</sup> September**
  - e) **Digital Board: minutes 19<sup>th</sup> July and 27<sup>th</sup> September**
  - f) **Quality and Performance:**
    - i. Minutes, 12<sup>th</sup> July and 11<sup>th</sup> October
    - ii. IQPR, August
    - iii. Finance Report, Month 6
11. Register of Documents signed under seal *attached*      *(BDA/17/24)*  
*Amanda Pritchard*

### ***Any Other Business***

The next Board of Directors meeting will be held 24<sup>th</sup> January 2018 at 3:45pm in the Robens Suite, Guy's Hospital

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## **Board of Directors**

### **Minutes of the meeting held on Wednesday 12<sup>th</sup> July 2017 in the Governors' Hall, St Thomas' Hospital**

**Present :** Sir Hugh Taylor (Chairman)

Dr I Abbs  
Mr J Findlay  
Dr F Harvey  
Ms G Niles  
Mr J Pelly  
Ms A Pritchard  
Prof R Razavi  
Ms J Screatton  
Mr M Shaw  
Dr S Shribman  
Dr P Singh  
Mr S Weiner

**Attendance:**

Mr P Allanson	Trust Secretary
Ms S Bowler	Joint Director Operations and Strategic Development, Adult Local Services
Ms V Cheston	Commercial Director
Ms H Coffey	Director of Improvement
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
Dr S Steddon	Trust Medical Director
Mr S Townsend	Chief Digital Information Officer
Ms S Wilding	Deputy Chief Nurse

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

#### **BOD/17/25 Apologies**

Mr S McGuire, Dame Eileen Sills

Sue Bowler, job share partner with Angela Dawe was welcomed to her first meeting.

#### **BOD/17/26 Declarations of Interest**

No declarations of interest were made.

**BOD/17/27     Minutes of the meeting held on 26<sup>th</sup> April 2017**

The minutes of the meeting held on 26<sup>th</sup> April 2017 were approved as a true record.

**BOD/17/28     Chairman's Report**

The Chairman drew particular attention to Emma Duncan's decision to stand down from the Board. The Nominations Committee of the Council of Governors would be invited to consider next steps. The Board noted the report.

**BOD/17/29     Chief Executive's Report**

The Quality and Performance Committee had met during the morning so the Chief Executive's report had been rather more broadly cast than usual.

The Trust's response to the London Bridge terrorism attack had been outstanding and humbling.

The Trust had largely escaped any impact on Trust systems from the recent cyber attack. Software patches would be added to all relevant machines. There would also be an external review of the actions and mitigations and the recommendations implemented. It would be impossible to avoid all risk but as much protection as possible would be put in place.

Discussions continued to try to find a resolution to the issues over speech and language therapy services for under 5s with the London Borough of Southwark, who had served notice that they would not be commissioning these services from the autumn. The Chairman had written to the leader of Southwark Council to express the Trust's concerns and had received a robust response. Seeking a resolution was the aim of all parties.

The most recent changes to the delivery of sexual health services had resulted in Burrell Street becoming busier. More work was needed to encourage users to access services in different ways, including on line. Discussions continued with Southwark on their intention to reduce spend by changing tariff. It was hoped to reach agreement without the service being retendered.

Pressure continued on A&E. One Team Week had been successful but sustaining the improvement, in the face of increases in attendance, was a key task. Performance had slipped below the average in London so finding a sustainable solution was important. The Board noted that the DH intensive support team would be visiting to offer advice and support.

The Trust was in the national spotlight on its cancer performance. As a major provider there was considerable pressure to offer high quality services and rapid access to treatment in compliance with national targets. More positively, the work put in place was beginning to produce results and the second cancer network day at the Oval bringing colleagues together to discuss cancer had been helpful.

Month 3 finances were still to be reviewed but the indications were that the Trust was behind plan. £70mn of the £90mn cost improvement had been secured in plans but the remaining gap had not yet been closed. Income was behind and activity slightly behind plan. The intention was to continue to confirm to regulators that the Trust expected to meet its year end target. If performance remained behind plan then

further action would have to be considered and there would be a further review at the CMC meeting in September with an update to the Board meeting in October.

The Trust had been registered as a health and social care provider by the CQC to provide reablement services. This had been a reassuringly rigorous process.

Fit for the Future week had showcased all the main initiatives including a session by Professor Richard Bohmer. The work streams had been demonstrated as well as the major transformation projects. There was a lot of good work in the Trust to note. Once again the Dragon's Den had been impressive.

The Board was asked to note that work had now begun on the introduction of an Electronic Health records system which would be a major transformation initiative for the Trust over a number of years.

The composition and function of the Trust Management Executive had been reviewed – this was the most senior decision making organisation in the Trust. The executive team had accepted the report. The revised terms of reference were noted by the Board.

The Patient and Public Engagement Strategy was coming to the end of the cycle with the majority of aims met. This included the involvement of volunteers in staff recruitment. Incompleted actions would be rolled into the next iteration of the strategy. Embedding consultation and engagement into the Trust was a continuing process and there was to be a further event to promote this work. The Board noted the Trust's Patient and Public Engagement annual report.

The Board was noted the changes to the CQC inspection and information gathering regime due to be introduced over the next year or so.

The Interim Chief Operating Officer for Essentia said that there had been a review of fire safety across the Trust. It had been possible to establish quickly that the cladding on the Guy's Tower was non combustible. Some cladding on the Borough Wing was of concern but when tested by the BRE was safe. All white goods had been checked across the clinical areas of the Trust and new fire guidance safety cards to remind staff to make sure they knew how to exit the Trust and a further review would take place. Other employers with staff on Trust sites had been asked to ensure they knew the fire safety rules. The Board noted that some maintenance scheduled for next year had been brought forward and so was reassured by the actions taken.

**BOD/17/30     Annual Accounts 2016/17 Update: additional STF bonus**

The Director of Finance reminded that the audited final accounts for 2016/17 were approved by the Board on 24 May 2017 and subsequently submitted to NHS Improvement before the deadline. He reported that the Trust had been notified of a further £419,000 STF bonus payment which would be accounted for in 2017/18. The Board noted the update.

**BOD/17/31     KHP update**

The Executive Director of King's Health Partners reminded the Board about the overall aim and mission of KHP. Excellence in care, education and research were the main hallmarks of an AHSC and KHP had continued to thrive on all counts, although there was work to do on aspects of medical student satisfaction.

On the research front, the number of highly cited papers published by KHP and by the Trust itself had increased; and involvement in clinical trials generally was excellent.

The scope for integrating on mind and body was a distinctive feature for this AHSC; and Sir Robert outlined a number of initiatives which demonstrated positive progress in this area. KHP had also driven consolidation of specialist services in areas such as vascular and bone marrow transplantation; and further developments were planned in cardiovascular and haematology services.

The Board noted and welcomed this report.

**BOD/17/32     KHP Cardiovascular & Haematology Institute & Network Strategic Outline Cases**

The Board was invited to note the progress on the Strategic Outline Cases (SOCs) for the Cardiovascular and Haematology Institutes and Networks which was supported by all the partner organisations of KHP. The aim was now to create 'virtual' institutes in 2017/18 and begin the journey of integrating services, to engage with external stakeholders on developing the network proposition in both cases and to develop Outline Business Cases for the institute hubs (at slightly different paces, recognising the additional scale complexity in the case of cardiovascular). Programme funding had been agreed for this next phase.

Clinical engagement in the process had been key to making progress; and there was genuine enthusiasm in the respective clinical teams for closer integration and the benefits it could bring to patients in South East London and beyond.

The Board was informed that a parallel set of informal discussions were being held with the Royal Brompton and Harefield NHS Foundation Trust about the scope for partnership working with King's Health Partners; but this would not hold up progress on the current KHP Institute programme.

The Board noted and welcomed the progress that had been made, including the allocation of the Trust's share of programme funding, and the next phase of work for each programme.

**BOD/17/33     Freedom to Speak Up (Whistleblowing) annual report**

The Freedom to Speak Up Guardian and Deputy Guardian briefed the Board on the Trust's Speaking Up scheme, which aimed to develop a more open and supportive culture that encouraged staff to raise concerns of patient care or safety. The scheme had been relaunched since the appointment of the new Guardian and Deputy Guardian in January and the first annual report was presented to the Board.

It was noted that in the past 12 months the Guardians' office had dealt with 67 separate cases from staff with no major issues affecting patient care being uncovered during that period. The recent staff survey results show that nearly a quarter of staff remain insecure about reporting matters of concerns. It was, therefore, clear that more work needed to be done to reassure staff that they would be supported and not victimised for speaking up. The Guardians would begin roadshows across all Trust sites to raise awareness about speaking up and the impact this could have on service improvement for patients and their families.

The Guardians reported that Guy's and St Thomas' was regarded as one of the best trusts in supporting staff to speak up and they welcomed the support offered by the Board in terms of resources made available for the scheme and access to senior staff.

The Board congratulated the Guardians on the progress made and commended the efforts to encourage staff to raise matters of concerns.

**BOD/17/34     Reports from Board Committees**

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

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

**BOD/17/35     Register of documents signed under seal**

The Board noted the register of documents signed under trust seal during the period 1<sup>st</sup> April -30 June 2017.

**BOD/17/36     Any Other Business**

There was none.

**BOD/17/37     Date and Time of Next Meeting**

The next meeting of the Board of Directors will be held at 3:45 on **Wednesday 25<sup>th</sup> October 2017 in the Governors' Hall, St Thomas's Hospital**

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<b>Board of Directors</b>	 <b>Guy's and St Thomas'</b> NHS Foundation Trust	
<b>Chairman's Board Report</b>	<b>25 October 2017</b>	<b>BDA/17/21</b>

This paper is for:		Sponsor:	
Decision	<input type="checkbox"/>	Author:	
Discussion	<input type="checkbox"/>	Reviewed by:	
Noting	x	CEO*	<input type="checkbox"/>
Information	<input type="checkbox"/>	ED*	<input type="checkbox"/>
		Board Committee*	<input type="checkbox"/>
		TME*	<input type="checkbox"/>
		Other*	<input type="checkbox"/>

The Trust's Annual Public Meeting, which I chair, took place on 14 September. It was well attended. In addition to reports from the Chief Executive and our Lead Governor, we received presentations on developments in Evelina London, the new Nightingale Academy and from the integrated re-ablement team working in Lambeth on their latest initiatives to support people to live independently at home. The meeting closed with a lively Question Time session.

We held this meeting in a marquee at the St Thomas' site, which the Guy's and St Thomas' Charity had generously supported us to install for that week, to enable us to mark and celebrate our workforce in the light of their response to the terrorist incidents earlier this year, their resilience and their commitment to values of humanity and inclusiveness in the face of these direct challenges to them. Over 800 staff attended this largely informal, but hugely inspiring event, the theme of which was 'Stronger Together'. Later that week the marquee was used again for a deeply moving ceremony at which the new Nightingale Awards were presented posthumously to the families of nurses, midwives and health visitors who made outstanding contributions to their profession and the patients they served. One of the recipients of the award was Kirsty Boden, the staff nurse who was tragically killed in the incident at London Bridge. Earlier that day, a plaque honouring Kirsty's life and her contribution to the Trust, was unveiled in the Recovery Unit at Guy's Hospital by Kirsty's father, in the presence of other members of the family and colleagues. The Very Reverend Andrew Nunn, Dean of Southwark Cathedral, supported both occasions and spoke movingly at both.

This Board meeting will highlight the unrelenting operational pressures under which the Trust is performing – and the fact that we are struggling to deliver against some of our performance targets. These events were a reminder of the underlying strengths of the Trust, which continue to be put to the test but which are the best guarantee of continued excellence and high quality care for our patients.

Last month also saw the official opening of our Cancer and Kidney Treatment Centres at Queen Mary's Sidcup by James Brokenshire, Secretary of State for Northern Ireland and the local MP - who had played a significant role in advocating for the development of these facilities on the Queen Mary's site. It was an excellent occasion, supported by patients and local stakeholders as well as a wide range of staff from the Trust, and an opportunity



to thank a number of teams and key individuals for their efforts in planning and delivering these new centres. The opening facilities was followed by guided tours of the new facilities.

Since our last meeting I have visited Bowley Close Specialist Regional Rehabilitation Services. I met staff and patients and saw at first hand examples of outstanding care and innovation in amputee rehabilitation, wheelchair and special seating support, assisted communication and orthotics. It was a genuinely heart-warming and inspiring afternoon. I have also been privileged to support briefly the annual sickle cell awareness conference for patients and families, held this year at St Thomas', the latest meeting of the Obesity Action Group which the Trust hosted in the Guy's Tower, and to visit the new resus suite on the emergency floor before it opened to patients (a real shot in the arm for our A&E staff who continue to work in what has been for many months, in effect, a building site). I attended the two most recent Trust seminars – on pain management and on living with and beyond cancer.

The Joint Board of King's Health Partners met last month. The primary focus for discussion was a progress report on the development of the Neurosciences Institute – focussed largely, but not exclusively, at Denmark Hill. With the Chief Executive, also held a regular quarterly catch-up with the Chair and Chief Executive of the Charity; and I had an introductory meeting with Peter Coles, the new Chair of Dartford and Gravesham NHS Trust with whom we have been working on the Vanguard project.

I would like to take this opportunity of paying particular tribute, both personal and on behalf of the Trust, to Steve McGuire who has stepped down as an executive director of the Trust to pursue other opportunities. Steve served this Board for many years. Few NHS organisations have given the function of capital estates and facilities management the prominence at Board level it has received here. It is a mark of the importance of those services to the Trust – from infrastructure support and development without which the Trust could not function, to direct patient care in areas such as catering, cleaning, portering and transport. It is also a mark of Steve's personal contribution to the Board. Essentia which was born out of his vision, and to the Trust. He has been a huge source of energy, drive and innovation. We will miss him very much – and wish him well for the future.

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<b>Board of Directors</b>	 <b>Guy's and St Thomas'</b> <b>NHS Foundation Trust</b>	
<b>Chief Executive's Report</b>	<b>25<sup>th</sup> October 2017</b>	<b>BDA/17/22</b>

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

\* Specify

## **1. Introduction**

As I have reported to recent meetings, the Trust remains busy with an increase in patients referred for outpatient appointments and an increasing number of patients attending A&E as we head into winter. We are experiencing increasing pressure on the Trust's bed capacity and have had to implement escalation plans to ensure the safe flow of patients through the organisation.

The Board will want to note that we have corrected an omission and the Borough Kidney Treatment Centre has now been registered with the CQC.

There has been a change within the executive team in the last few weeks with Steve McGuire, Director of Essentia, stepping down from his position as an executive director of the Trust to pursue other opportunities. I am delighted that we have been able to appoint Alastair Gourlay as Director of Essentia for the coming year. This follows a rigorous internal process and I am sure you will join me in congratulating Alastair who will now be attending Board and key committee meetings.

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

### **2.1 Infection Control**

The Trust has launched its annual flu vaccination campaign and is aiming to vaccinate at least 75% of staff, as we did last year. The Trust is again asking all staff to opt in or out of the programme. The experience from Australia suggests that we may be heading for a particularly challenging flu season, so it is encouraging that approximately 1,300 members of staff were vaccinated on the first day of the campaign.

## **2.2 Safeguarding**

We should note the continuing increase in the work of our safeguarding teams with the children's team working to capacity and likely to need additional resources. We are also mindful of the financial pressures that local authorities are under, which has prompted the suggestion of further reductions to the health visiting budget next year. Referrals in relation to adult safe guarding have also increased and although positive we have seen an increase in mental capacity act assessments and applications for deprivation of liberty.

## **2.3 Never Events**

We remain vigilant and committed to ensuring the highest standards of patient safety so it is disappointing to have to report a further 'never event', taking the total for the year to eight. The most recent related to the administration of mismatched plasma. Fortunately there were no serious consequences for the patient in this case but this is a reportable matter (to the MHRA). The Trust's Medical Director has put immediate actions in place and is overseeing a root cause analysis to ensure we understand why this happened and put in place additional measures to try to ensure it does not recur.

## **2.4 Operational Performance: Access, Finance and Quality**

### **2.4.1 A&E**

Changes to the pathways through A&E together with improvements in staffing and the opening of the latest phase of the rebuild has seen some recovery in A&E performance towards the target for 95% of patients to be admitted, discharged or transferred within 4 hours. The current national expectation is that we achieve 90% with the aim of fully meeting the target by March 2018 and the Trust achieved this in both August and September. However, this target remains challenging and performance fluctuates from day to day in response to specific pressures and peaks in demand. We are working closely with our partners in primary care, local authorities and CCGs to ensure we have a robust and co-ordinated approach to anticipated winter pressures and are actively participating in sector and London wide planning events.

Along with all other Trusts, we have been asked by NHSI to provide assurance that we have clinically led escalation plans in place and that we are accurately recording all activity that relates to emergency care. A 'full capacity protocol' is required to prevent delays in ambulance handover and overcrowding in A&E due to lack of bed capacity. Our escalation plans are currently undergoing a review and will be completed in draft form, with input from the operational, nursing and medical directorates, in preparation for ratification by the end of October.

With support from NHSE/I we have arrangements in place where, following a clinical triage, we redirect on average 40 patients daily to alternate services on agreed A&E clinical pathways, such as to the Ophthalmology emergency service and to the urgent sexual health service at Burrell Street. The new guidance requires that where clinical redirection pathways follow the same rules as A&E pathways in that patients are to be seen, treated and discharged/admitted within a 4 hour timeframe, and where if the pathways were not in place this would account for more patients being treated in the A&E department the data should be incorporated in our A&E figures. We are aiming to establish a process for capturing this information, ideally by the end of October. We are assured that our alternative pathways do treat all patients within the 4 hour standard and will need to be able to evidence this as part of the data capture process.

### **2.4.2 Cancer**

The Trust continues to struggle to meet the 62 day cancer performance target. A range of actions are being taken internally to ensure that patients who have already waited for more than 62 days are treated as quickly as possible and new patients are treated appropriately quickly to avoid them tipping into the 'backlog'. These actions include dedicated senior support for patient pathway management, sourcing additional operating capacity from the private sector, working with colleagues from South London and the Maudsley NHS Foundation Trust to introduce a new pathway for vulnerable patients and procuring a new information system specifically for cancer pathways. There is more detail about the causes and the actions set out in the minutes of the Quality and Performance Committee meeting.

Along with colleagues, I have attended a recent meeting with NHSE and NHSI to set out our recovery plans. We do not underestimate the challenge as our performance depends on us making the improvements outlined above, but also on improvements at our two local referring hospitals, Kings College Hospital NHS Foundation Trust and

Lewisham and Greenwich NHS Trust, to enable more rapid transfer of patients who require specialist treatment here. The Accountable Cancer Network is supporting a range of actions across south east London to ensure that the required improvements are made including the procurement of additional diagnostic capacity and delivery of consistent timed pathways for patients across the system.

Whilst the target does not reflect clinical outcomes, which remain very good for patients treated here, we absolutely accept that we have a responsibility to our patients to make sure they receive a diagnosis and access treatment as quickly as possible. We are taking this target extremely seriously and are fully committed to working with referrers, experts and colleagues across south east London to ensure the action we are taking has the right impact.

### **2.4.3 Referral to Treatment Times**

Commissioners are encouraging the Trust to meet its improvement plan on referral to treatment times and in particular to eradicate all waits over 52 weeks. This is particularly challenging because of the significant increase in demand the Trust has experienced over the past few years and because some of the long waits are for very specialist sub-specialty areas where there are relatively few alternative providers. We are anticipating this target becoming a greater focus of attention in the next year or so and we continue to work towards meeting it – our expectation is that there will be an improvement particularly as our annual plan includes an increase in activity over the coming 6 months.

### **2.4.4 Financial performance**

The report circulated with the papers covering month 6 shows a continuing, though modest, recovery to plan. Actions continue to close the gap which include efforts to support those areas of the Trust with the biggest challenges and encouragement for others to exceed their targets. If the current progress is maintained we are cautiously optimistic that we will achieve the control total though we recognise that this will require a relentless focus over the remainder of the year.

### **3. Continuous Improvement & Transformation**

Electronic Health Record (EHR) – my report in July indicated that the Board would be asked to consider the Strategic Outline Case for EHR in September. This was approved by the Digital Committee as was the digital strategy. These were discussed at the Service Strategy Working Group with governors last week and the Board will have the opportunity to consider the Outline Business Case in due course. It is becoming ever clearer that the transformation that will be needed to ensure the effective implementation of an EHR system will go beyond anything so far attempted by the Trust and the work of the major Fit for the Future projects will be key to the success of this.

Fit for the Future continues to deliver on a range of improvement work streams as well as 3 transformational programmes. It has a target of delivering cost improvements of £17mn in 2017/18 which we are hoping it may exceed. The team are also developing proposals in response to the Carter report which will be integrated with the FFF programme as mentioned in my July report.

### **4. Strategy**

The Board has commissioned a “strategy refresh” in order to produce a new organisational strategy which the Strategy directorate is leading. The focus is on testing whether the assumptions and priorities we set in 2014 are still valid within clinical areas and ensuring these read across to the wider organisation so that there is a strong alignment and coherence across clinical and corporate departments. We want this to be a light touch review – essential given everything else that is going on at the moment – concentrating on major changes. We are aiming for this to be ready for the beginning of the next financial year but will update the Board as the plan unfolds.

The Board spent two days together off site towards the end of September. We had a wide range of discussions including agreeing to move to the next stage of the ‘Group model’ with Dartford and Gravesham, which has been developed through the NHSE sponsored vanguard programme, discussed population health and adult local services, spent a morning reviewing and discussing the three main transformational Fit for the Future programmes – digital patient journey, care redesign and transforming our ways of working – before agreeing the operational framework for next year’s business plan.



## 5. SE London Provider Alliance MoU

On behalf of the Board, the Corporate Management Committee agreed that the Trust should enter a non legally binding memorandum of understanding to commit to moving forward on specific activities within the SE London STP as part of a new Provider Federation. The first priority will be to tender pathology services across all the providers in south east London. The arrangement was based on how the three south London mental health trusts have developed their partnership arrangements which have been in place for 6 months and delivered improved performance on the initiatives covered and enabled significant savings. It was agreed that the MoU would provide a useful framework and offered helpful transparency. Any further delegation of authority would be subject to Board approval.

## 6. Cardiovascular Institute

The Trust Board of Directors will be aware of work currently being advanced to explore a significant collaboration opportunity between King's Health Partners (KHP) and the Royal Brompton and Harefield NHS Foundation Trust (RBH). The vision for this collaboration is to bring together leading institutions to create a clinical academic health system of global significance, transforming outcomes for a large population at risk of, and living with, cardiovascular and respiratory conditions. It builds on the rich history of collaboration RBH and KHP partners already have, e.g. a national ECMO service, and Interstitial Lung Disease services. Further updates will be provided as discussions progress.

## 7. Consultant Appointments

The Board is invited to note the following Consultant Appointments since last reported at the 12<sup>th</sup> July Board of Directors meeting

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
05/07/2017	Consultant Paediatric Cardiologist and Lead for	Dr Gianfranco Butera	New	100% GSTFT	N/A	TBC

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
	Congenital Cardiac Intervention (CON386)					
<b>COMMENTS:</b> This is a new position that has been established as part of a restructuring of the congenital cardiac intervention team. It has been developed to ensure that we meet NHS England standards to have an uninterrupted 1 in 4 on call congenital intervention rota that covers all congenital intervention from the neonate to the adult patient.						
06/07/2017	Consultant in Head and Neck Surgical Oncology With a special interest in Microvascular Reconstructive Surgery (CON366)	Dr Alastair Michael Fry	Replacement	100% GSTFT	N/A	07/07/2017
07/07/2017	Consultant Gastroenterology with Interest in IBD (CON371)	Dr Joel Evan David Mawdsley	Replacement	100% GSTFT	N/A	13/11/2017
13/07/2017	Consultant in Gastroenterology with Interest in artificial nutrition and small bowel disease (CON374)	Dr Ikram Nasr	Replacement	100% GSTFT	N/A	14/07/2017
14/07/2017	Consultant in Spinal Surgeon with an interest Adult Spinal Surgery (CON372)	Mr Pavlos Panteliadis	Replacement	100% GSTFT	N/A	09/10/2017
27/07/2017	Consultant In Nuclear Medicine (CON373)	Dr Nicolaos Eftychiou	Replacement	100% GSTFT	N/A	TBC
27/07/2017	Consultant in Gynaecological Oncology (CON385)	Miss Jane Borley	Replacement	100% GSTFT	N/A	08/01/2018 (TBC)
28/07/2017	Consultant in Interventional Radiology (CON369)	Dr Usman Ahmad Raja	Replacement	100% GSTFT	N/A	20/11/2017

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
03/08/2017	Consultant in Histopathologist (Head and Neck Pathology) (CON378)	Dr Ann Sandison	Replacement	100% GSTFT	N/A	TBC
10/08/2017	Consultant in Cardiology (Devices and Electrophysiology) (CON380)	Mr Anoop Kumar Shetty	New	100% GSTFT	N/A	30/10/2017
<b>COMMENTS.</b> Electrophysiology and Devices is a growing service at GSTT, with a substantial increase in demand over the last few years. There is an increasing need to facilitate more complex electrophysiology work that cannot be completed at local DGHs or other Trusts due to its specialist nature. The appointment of a substantive Consultant will allow this post to continue to play an integral role in the management of patients with cardiac device related issues. The service is currently provided by one consultant which is a major risk for the service, this post will provide additional consultant cover for lead extract.						
17/08/2017	Consultant in Gastroenterology with Interest in Oesophageal Disease and Physiology (CON375)	Dr Sebastian Simon Zeki	Replacement	100% GSTFT	N/A	17/08/2017
17/08/2017	Consultant in Histopathology with a special interest in Gynaecologic and Breast pathology (CON387)	Dr Olga Wise	Replacement	100% GSTFT	N/A	01/10/2017
24/08/2017	Consultant in Paediatric Dentistry (CON379)	Miss Monika Michailova Ivanova	New	40% GSTFT 60% St George's University Hospitals NHS Foundation Trust		TBC
<b>COMMENTS:</b> The post was created in partnership with St George's Hospital in order to attract consultants who want more experience of working across London and different hospitals. We are aiming to create a London network of paediatric dentists to respond to the London wide upward trend of referrals from GDPs.						
31/08/2017	Consultant Urologist in Prostate Disease (CON382)	Mr Oussama Elhage	Replacement	100% GSTFT	N/A	06/11/2017

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
07/09/2017	Consultant Urologist in Bladder Cancer (CON381)	Mr Rajesh Nair	Replacement	100% GSTFT	N/A	TBC
14/09/2017	Consultant in General Paediatrics x 2 (CON397)	Dr Rohana Ramachandran Dr Sharon Anne Roberts	New	100% GSTFT	N/A	TBC 10/10/2017
<b>COMMENTS:</b> 2 post were created to provide: Secondary care to admissions to ELCH via our paediatric emergency department including acute assessment General Paediatric input into children with complex needs in ELCH by referral from other specialities. General Paediatric outpatient provision for GP referral including secondary level sub speciality (e.g. epilepsy).						
21/09/2017	Consultant in Clinical Oncology with Special Interest in Lung, Lower GI and SBAR Oncology (CON404)	Dr Benjamin Peter Taylor	Replacement	100% GSTFT	N/A	TBC
22/09/2017	Consultant in ENT Rhinology x 2 (CON383)	Dr Florian Bast Mr Pavol Surda	Replacement	100% GSTFT	N/A	TBC 25/09/2017
25/09/2017	Consultant in Anaesthetics x 5	Dr Simon Andrew Hill Dr Shaima Mohamed Sharief El Nour Dr Nazia Ahmad Khan Dr Marwa Mohamed Ahmed Ali Salman Dr Pele Kennechukwu Simeon Banugo	Replacement/ New	100% GSTFT	N/A	TBC TBC  TBC TBC  TBC
<b>COMMENTS:</b> These posts have arisen due to a continued expansion of clinical activity provided by the large anaesthetic department, the posts will support the ongoing growth of the theatre services, due to the increase/extended hours, weekend working, and new in week activity						

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

<b>Name of post</b>	<b>Appointee</b>	<b>Department</b>	<b>Start date</b>	<b>End date</b>
Consultant	Oliver Bernath	Sleep Studies	12.10.17	31.08.17
<b>COMMENTS: Extension of contract</b>				
Consultant	Fabian Norman Taylor	Paediatric Orthopaedics	24.09.17	31.08.17
<b>COMMENTS: Extension of contract</b>				
Consultant	Valentina Puntmann	Cardiology	25.09.17	01.06.18
Consultant	Ioannis Levantakis	Cardiology / Cardiac MRI	07.09.17	24.07.18
Consultant	Konstantinos Kamperis	Paediatric Nephro Urology	01.09.17	31.08.18
<b>COMMENTS: Substantive employee</b>				
Consultant	Luca Faconti	Clinical Pharmacology/General Medicine	19.07.17	18.07.18
Consultant	Srinivas Jyothi	Paediatric Allergy	01.08.17	01.07.18
Consultant	Kliment Bonev	Urology	27.06.17	31.08.17
Consultant	Perraju Bendapudi	Neonatology	21.06.17	31.05.18
Consultant	Abraham Cherian	Paediatric Urology	20.06.17	31.03.18
Consultant	Rhonda Meys Jansen	Dermatology	01.08.17	31.07.18

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<b>Board of Directors</b>	 <b>Guy's and St Thomas'</b> NHS Foundation Trust	
<b>SRH consultation- Impact report</b>	<b>25<sup>th</sup> October 2017</b>	<b>BDA/17/23</b>

This paper is for:		Sponsor:	<b>Jon Findlay</b>	
Decision		Author:	Dr A. Menon-Johansson/ M. Perraut	
Discussion	X	Reviewed by:	SAS Directorate Management Team	
Noting	X	CEO*		
Information		ED*		
		Board Committee*	X	
		TME*		
		Other*		

\* *Specify*

## 1. Summary

As a result of Central government reducing Public health grants, a 20% cut was applied to GSTT Sexual and Reproductive Health budgets by Local Authorities. A public and staff consultation was completed last year to facilitate a change in the Reproductive & Sexual Health service delivery model. The outcome of this was presented to the Trust board on 14<sup>th</sup> December 2016.

The following proposals were ratified by the Board on 14th December 2016:

1. Reduction of estate from 6 sites to 3, with the closure of Lloyd clinic on the Guy's campus, and Vauxhall Riverside & Artesian within the community estate.
2. A new integrated care/staffing model.
3. Online provision of services, and a commitment to the use of an online provider for asymptomatic (without symptoms) patient pathways.
4. Harmonisation of all clinic times and extended opening hours on a Sunday.

The Board requested a formal review of the process, a follow up report six months after implementation and a further EQIA once the job planning exercise had been completed. The following report will detail the impact of changes on both the patient and staff group.

Whilst the initial required saving target of £1.1M was achieved by the new service model, two important developments have impacted on the requested impact evaluation of the pathways required for the safe delivery of efficient and streamlined care.

At the beginning of 2017, Lambeth and Southwark commissioners informed us that, as a result of a reduction in tariff to the proposed Pan London Integrated Tariff (ISHT), the service needed to save a further £1.8M by 2022.

The chosen online Pan London testing E-provider (PreventX) is delaying service provision for asymptomatic patients until May 2018. As a result, we are unable to offer home sampling to patients from outside of Lambeth



and Southwark. This means any patients who are residents of any other borough will be seen in the clinic which reduces efficiency. We have a temporary agreement to accommodate patients from Lewisham, Bromley and Bexley too but this will end in March 2018.

These external, as well as internal factors have affected the impact assessment requested by the Board:

- The medical job planning process is still ongoing at the time of this report
- Pan London ISHT implementation has still not been implemented as the contract is yet to be agreed

The delay of implementing the full E-service and the limitations put in place by Local Authorities with regards to provision to online testing had a negative impact on patient care/access. We are unable to realise our potential for channel shifting as we are restricted to Lambeth and Southwark patients only.

The following report will review the objectives cited above in 4 main parts

- A. Patient/public and staff-facing
- B. Staff-facing only
- C. Financial impact of further budget reduction on the service (ISHT implementation, delay in E-service implementation, Contract negotiation)
- D. Looking to the future

## **2. Request to the Board of Directors**

The Board of Directors is asked to review the changes undertaken by the SRH department in order to meet Local Authorities requirements, recognise that the changes implemented have resulted in the achievement of the initial saving target set by commissioners and, in view of current local and London wide challenges and ongoing negotiations some aspects of the new model of care and activity have not been yet achieved. The service is looking at further changes with staff led-initiatives in the form of QIPS and working groups.

### **3. Highlights**

#### **A. Patient/public and staff-facing**

##### **Reduction of estate from 6 sites to 3, with the closure of Lloyd clinic on the Guys campus, and Vauxhall Riverside & Artesian within the community estate**

There is an increased pressure on SRH services due to clinic closures in boroughs across London. Since the 3<sup>rd</sup> April 2017 until the 17<sup>th</sup> September 2017, 11 447 patients across all 3 sites were unable to access the service on their day of attendance and three quarters of those patients were at Burrell Street. The reasons for this are:

- Less venues in Lambeth and Southwark
- Less venues across London Boroughs
- Low staffing levels in clinics (to be addressed in section relating to *Impact on staff*)

In October 2017 a pan London survey has been developed to support all clinics in evidence gathering for patients who have been turned away to identify how they were managed i.e. attended another clinic

##### **A new integrated care/staffing model**

(This aspect was not addressed in the public consultation but essential to mention here as it has enabled the service to continue operating within the reduced financial envelope and has a direct impact on service users)

Since the merger of the former GUM and RSH services in 2014 our department has transformed to deliver a “one stop shop” model for our patients following the outcome of the public consultation.

- Various in-house training programmes for nursing, health advising and medical staff to enable colleagues to deliver a holistic care plan for patients

- The service provides governance and support to primary care, specialist services, training and research in keeping with the level 3 service
- Fewer number of handovers between professionals, and repeat attendances for patients
- Increased appointment slots that are available through an online booking system

The service is empowering patients by providing them with tools to pre-assess their needs and act as equal partners in their consultation.

Some examples of those tools are as follows:

- Sign posting patients accurately to services ([www.sxt.org.uk](http://www.sxt.org.uk))
- Microsite for our flagship clinic ([www.burrellstreet.org.uk](http://www.burrellstreet.org.uk)) and a Twitter feed (@BurrellStreet)
- Appointments for specific services [<http://bit.ly/GSTT-SRH> delivered by Zesty ([www.zesty.co.uk](http://www.zesty.co.uk))]
- Management of patient waiting times using SMS & a web based tool ([www.qudini.com](http://www.qudini.com))
- Home testing for patients who are asymptomatic ([www.sh24.org.uk](http://www.sh24.org.uk))
- Support for the delivery of partner notification ([www.sxt.org.uk/pn/about](http://www.sxt.org.uk/pn/about))
- Support women to understand their pregnancy risk and options ([www.sxt.org.uk/ec](http://www.sxt.org.uk/ec))

Concerns have been raised about missing vulnerable adults as no face to face consultation in online testing, reduction of sites and new model of care (risk of CSE, gangs, Drug use, Domestic violence for example).

To mitigate this risk we have put an emphasis on stream 5 of our triage form which highlights these groups to our reception and clinical teams to ensure that they are managed appropriately and seen on the day of their attendance. We also have retained a MSM dedicated clinic at Burrell Street and a Young people clinic at Streatham Hill on Tuesdays. The new model, although, still not fully implemented, has already demonstrated that it was in part successful by two metrics; namely, partner notification and the number of sexually transmitted infections diagnosed.

### **Online provision of services, and a commitment to the use of an online provider for asymptomatic patients' pathways**

In the consultation we proposed to divert 4,000 asymptomatic patients (Lambeth and Southwark residents) online to promote easier access to our local population. The outcome of the public consultation suggested that 65% of respondents would be willing to be using this service. Between September 2016 and August 2017, 7654 patients have using SH:24 and the service is currently achieving 70% of our current channel shift target (1166 patients) from divert, kiosk and organic SH:24 activity associated with Burrell Street. We have installed two iPads in our Burrell Street clinic allowing patients to access SH:24 directly with the support of our staff if needed.

Note that SH:24 has been capped by commissioners due to the growing demand and the service exceeding the initial shift target . The reduction in online access has a detrimental impact on patients who may not be able to, or do not wish to visit another service and are unable to access home testing.

In April 2017, the Pan London E-service provider bid was awarded to a consortium of Chelsea & Westminster, PreventX & Lloyds pharmacy. However, despite winning the bid to provide services from June 2017 they will not be in a position to start providing a full service before May 2018. In the meantime, SH:24 will continue providing services for the users residing in Lambeth and Southwark with some expansion to Lewisham, Bromley and Bexley in the interim period. Uncertainty lies with the management of the asymptomatic patients residing in non-eligible London boroughs. Guidance will be needed from the commissioners around cross-charging and managing those patients when they present to a clinic. We also seek clarity on the current cap for SH:24

## **Harmonisation of all clinic times and extended opening on a Sunday**

The service now operates opening hours across all sites as follows: Monday, Tuesday Thursday and Friday (8.00-18.00), Wednesdays (12.30-18.00) and at Burrell Street Saturday (8.00-15.00), Sunday (9.30-16.00)

The GSTT SRH department is the first London provider with appointments for Long Acting Reversible contraception (LARC) seven days a week. There are 90 appointments per week for fitting LARC as well as walk-in slots across the day. The provision of LARC accounts for a minimum of 360 years of contraception provision each week and staff capacity ensures that our service is able to offer optimal emergency contraception (the copper intrauterine device) during all the hours when the clinics are open.

The clinic hours have increased 33% over the weekend (12>16 hours) and this corresponds with a comparable change in the number of patients seen. During the additional four hours open we are able to see 48 patients, many of whom are symptomatic or require time sensitive services.

### **B. Impact of changes on staff:**

In order to provide staff with the opportunity to reflect on the sizeable changes and share their views on how the process has affected them the directorate support team shared a survey monkey with staff between the 4<sup>th</sup> and 14<sup>th</sup> September 2017. Out of 111 staff contacts, 32 responded (29%). The totality of the survey result can be found in appendix C, including staff comments and further suggestions.

The information below will also relate to the EQIA undertaken at the time of the staff consultation. All staff groups are also now rotating across all 3 venues, promoting integration and transferable skills. This flexibility improves cover of clinics and adequate skill mix. Individual job plans and flexible working in place have been taken into account and may restrict the ability to cover all services.

## **A new integrated care/ staffing model**

In November 2016 all of our clinics moved to one electronic patient record (IMS Maxim) and this meant that the three clinics operate with the real-time senior model as well as with improved data capture, results governance & provision and service reporting. The multidisciplinary team structure is the same in all three clinics and this enables all patients to receive the same high quality, one stop shop model regardless of their geographical location.

The model provides a standard number of staff on each site each day, delivers care in an integrated manner to reduce the number of hand offs and repeat visits required by patients, such that any issues are addressed during the same visit by the same provider wherever practicable. Incidentally, this also reduces the new attendance to follow-up ratio and reduces DNAs, improving access and releasing capacity for new episodes of care.

Training has been a focus in the process:

- Advanced contraception and sexual health skills have been implemented for nursing and medical staff
- In house training has been provided for receptionists to navigate the different IT platforms that we use
- The Health Advising team are now trained in phlebotomy, asymptomatic screening and the management of Post Exposure Prophylaxis (PEP) consultations

Due to significant gaps in staffing the service has not met its activity plan in year. With the support of the Trust and the Directorate Management Team (DMT), a financial and activity recovery plan has been implemented and we are now in the process of recruiting to a full establishment.

This work has already had a positive effect on the activity, and the trajectory in Appendix D demonstrates the activity recovery albeit later in the year than originally expected. In the last quarter, the service has started to identify opportunities to work more efficiently and productively. We have a particular focus on,

- Quality improvement projects
- Efficiency
- Productivity
- Diversification of activities

This has had a positive effect on workforce as they are now actively involved in the operational side of the service, gaining understanding about finances and commissioning. This is in response to their feedback to the consultation where they voiced they wanted active involvement in future service changes. It is however very clear that more work needs to be done as staff still feel affected by the past 18 months (Appendix C staff comments). In the comment spaces staff voiced their continuous anxiety and sometimes anger about the past and the future uncertainty. There is also a clear discontent about how the process is perceived to have been handled by management.

### **Harmonisation of all clinic times and extended opening on a Sunday**

The harmonisation of weekdays opening hours did not raise any concerns from staff in the initial consultation. We sought views around the extended Sunday hours and 56% respondents replied by saying that they preferred working hours to be 9.00-17.00 (opening hours 9.30-16.00). The management team chose this option to promote work-life balance and ease of access to public transport on Sundays.

All job plans were reviewed and flexible working application reviewed with regards to weekend working. It is also important to reiterate that 7 day service was instructed by the commissioners as part of the contract agreement. Therefore the weekend work was non-negotiable within the flexible working applications reviews. Weekend working ratios were reviewed according to new model of care and in the original EQIA, it was proposed that all staff would align with the previous nursing weekend ratio of 1 in 4; however, having

listened to feedback and reviewed the staffing model, weekends were adjusted in relation to the whole time equivalent of staffing. Senior doctor groups also applied a pro rata ratio due to the difference in employment contracts and job plans. The new ratio for all staff groups spans from an average of 1:6 to 1:10.

People who felt it had impacted negatively stated it has affected their family life. Those who reported they were satisfied with their new weekend work ratio citing increased pay and time in-lieu during weekdays. Some of the staff who felt the changes had impacted negatively stated it has affected their family life. Some respondents felt that working parents had been affected negatively by the patterns and asked for an impact assessment to be undertaken. An impact assessment had already been undertaken prior to the consultation and, as there may be different reasons why individuals do not have children or because staff may have dependants but not children, this aspect is not outlined as a strand that must be assessed as part of an EQIA as it could result in positive discrimination. The initial EQIA was reviewed by the HR department and approved as adequate and thorough.



**C. Impact of further budget reduction on the service (ISHT implementation, delay online testing, activity plan):**

In early 2017 the service was informed that all London commissioners will move to a new tariff structure, the Integrated Sexual Health Tariff (ISHT). The financial impact of this will be an expected income reduction of £1.8m from 2019/20 onwards (it will be £450k in 2017/18 and £1.5m in 2018/19, due to transitional payments from commissioners). This comes on top of the £1.1m funding reduction from last year.

There are a number of financial risks for the service beyond the initial £1.8m. In particular, earning this income will depend on the service meeting its activity plan. As noted above, this is not currently being achieved. It will also rely on improving our coding: ISHT has 1,200 different currency permutations, compared to a single tariff for first and follow-up appointments under the present system, and initial analysis has shown that the current depth of our coding would be insufficient to attract the appropriate tariff.

In May 2017 the GSTT Board of Directors agreed that the trust should remain in the market under ISHT, on the condition that service would press commissioners further in the contract negotiation for the best possible financial settlement. The Board agreed to underwrite financial risk until the end of 2018/19, allowing the service to take steps to achieve financial stability over a period of two years. Contract negotiations are now almost complete, and work is underway in several domains. This includes multiple work streams to: increase our activity; improve the depth of coding; reduce costs; and diversify income (e.g. through private and non-SRH NHS services). We have a two-year timeframe to make the financial savings required. As a result, the Directorate Management Team has made a commitment to the service that there will be no more headcount reductions or consolidation of sites within the first year (i.e. 2017/18), after which it will be necessary to assess progress in achieving the savings required and decide on next steps.

#### **D. Looking to the future**

The past 20 months have been a very difficult challenge but also a tribute to the resilience and the tenacity of the staff to continue delivering the best care for our patients. This has however tested colleagues professional relationships and trust in managers. The service is working very hard to continue working collaboratively and find solutions to ensure the viability of the service and the patient safety.

It is difficult to commit to a long term plan until,

- A financially viable and patient-centred contract is signed
- ISHT is agreed pan London
- The E-Provider is fully operational
- Staff are fully engaged

In the interim we will,

- Continue the training programs to ensure all staff are competent to deliver one stop shop model
- Lead on quality improvement projects
- Review our performances and act on gaps and share successes
- Ensure the service has a good succession plan, and a retention strategy
- Continually review the ways of working and optimise space, competencies and opportunities
- Share information with staff in an honest and transparent manner
- Ensure patients receive the best care
- Promote access
- Prioritise our vulnerable and hard to reach populations

## Appendix A: Patients' snapshot comments

We encourage patient to provide the service feedback via comment cards, complaints and PALS. Responses are mostly positive and themes include the quality of care they received, professionalism of the staff (clinical and non-clinical).

Care with dignity and all explained.

Nice building, good service and helpful reception

Receptionist was very helpful updating my details as I am new in clinic and NHS system. Gave info in case of future visits. Waiting time acceptable

Nurse was very pleasant and friendly. I felt very comfortable talking to her and she was very informative

Need more staff waiting time is very long

Excellent service from the reception desk and from the doctor, keep it up guys. They both made me feel very well.

The waiting time is far too long doctors arrive late, very late. I arrived at 9.30 and I saw the doctor at 12.30 waiting 3 hours

Doctors was very good and professional

I had to wait to wait too long to be seen

I am extremely appalled with the timing, I have been here an hour and a half and they pushed 6 patients before me when I was going buy the tickets

Very friendly quick service

Should not have to wait up to 2 hours for a repeat prescription.

The Receptionist who answered the phone was great!!! really helpful and understanding

Very kind and understanding. Would highly recommend this service to others.

Took a few go's to get in but good when I did

Very welcomed at the reception

I am registered at this clinic but the wait was too long as I waited an hour to be seen

It's my local clinic and even though you may have to wait, that is to be expected at a walk in clinic. The staff are always helpful to me when I am there and I get the advice I need

Staff was very helpful made me feel comfortable and very welcoming

Each time I have been to this clinic I have always been seen within 20 mins, even at different times of the day. Each member of staff I have seen has always been friendly, professional and informative. I am always thoroughly impressed with this service, thank you.

## Appendix B: Evaluation of digital tools and ongoing patients survey April 2015-august 2017

### Home sampling ([www.sh24.org.uk](http://www.sh24.org.uk))

The table below shows the GSTT online activity since April 2017:

#### GSTT ASYMPTOMATIC SHIFT

#### BURRELL STREET KIOSK, LAMBETH AND SOUTHWARK USERS

Month	Apr	May	Jun	Jul	Aug	Sep	Oct
Orders:	0	75	97	114	82	59	
Screens:	0	31	78	84	70	45	
Return rate:	0.0%	41.3%	80.4%	73.7%	85.4%	76.3%	

#### BURRELL STREET WEBLINK, LAMBETH AND SOUTHWARK USERS

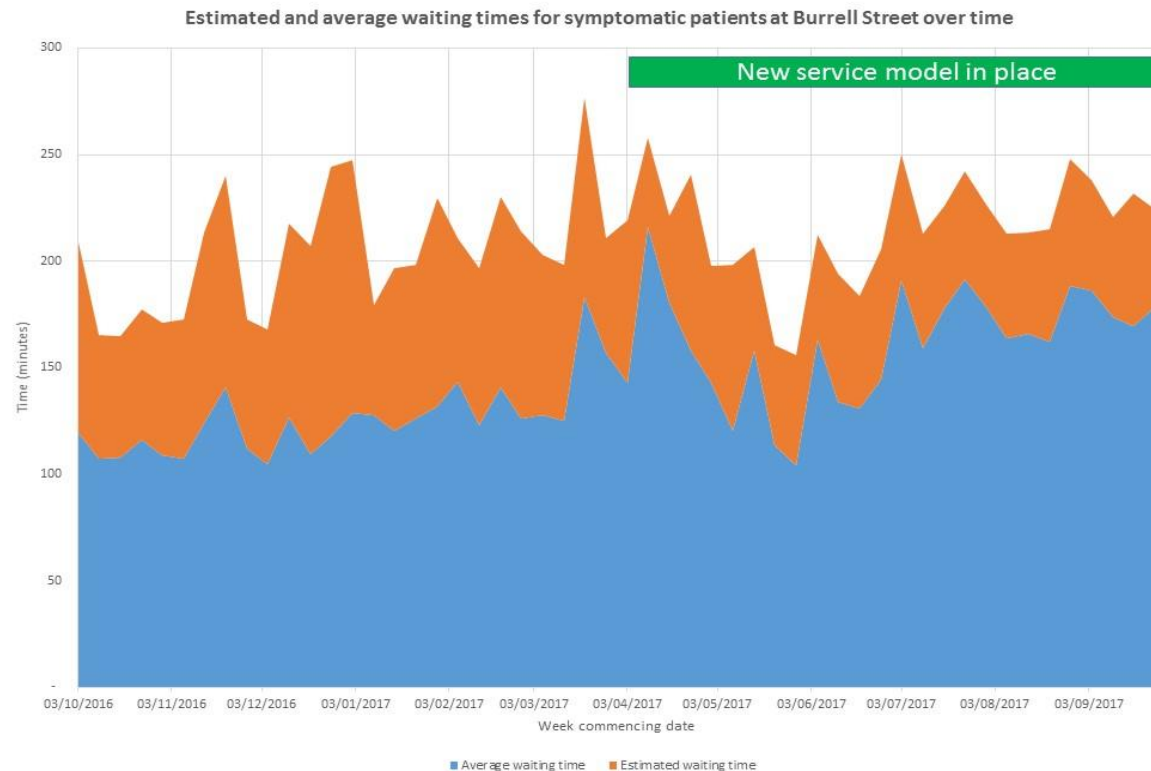
Month	Apr	May	Jun	Jul	Aug	Sep	Oct
Orders:	297	523	362	433	464	399	
Screens:	191	359	319	316	372	330	
Return rate:	64.3%	68.6%	88.1%	73.0%	80.2%	82.7%	

### Accurate sign posting ([www.sxt.org.uk](http://www.sxt.org.uk))

Since April 2017 there have been 5100 users on SXT in a 6 km radius around SE5 (Camberwell) looking for a wide range of across Lambeth & Southwark. The top three venues chosen by SXT users in this location were Burrell Street, SH:24 and Camberwell sexual health clinics. During this time 162 SXT clients used the emergency contraception (EC) calculator and one fifth of users were estimated to be high risk of falling pregnant. Feedback from SXT users was provided by 925 (16.5%) of users and 727 (78%) of these clients gave a score of eight or more out of ten.

### Managing the walk in clinics ([www.qudini.com](http://www.qudini.com))

Ensure that services enable patients to walk-in without an appointment supports access for patients with symptoms or those requiring time-sensitive services; however, it is hard to manage the queue of patients at the time of opening. We are now able to manage expectations, reduce complaints from patients and staff and unleash patients from the waiting room by using the software Qudini which uses SMS and a web page to show patients where they are in the queue. Patients use the estimated wait time to go back to work, home, shopping etc and when they return to be seen, the early part of the consultation is not tainted by the frustration of sitting in the waiting room. The graph below shows the estimated waiting times in orange with the actual waiting times in blue (by minutes) since October 2016. There has been an increasing trend in the time patients wait over time from 110 to 130 minutes; however, this has been managed by the software.



To manage the patients' expectation, a member of staff addresses the waiting room to explain the process to the patients 3 times a day (8.20, 12.00 and 16.00) and on an ad-hoc basis when the clinic is very busy. We also provide information boards in situ, written information and leaflets available to patients and run regular surveys for feedback and suggestions.

## Patient survey

### Clinic attended

Artesian	<b>134</b>	11.5%
Burrell Street	<b>220</b>	18.8%
Lloyd clinic	<b>197</b>	16.9%
Streatham	<b>118</b>	10.1%
Vauxhall Riverside	<b>168</b>	14.4%
Walworth	<b>331</b>	28.3

### Were you involved as much as you wanted to be in decisions about your care and treatment?

Yes, definitely	<b>1036</b>	95.6%
Yes, to some extent	<b>26</b>	2.4%
No	<b>22</b>	2%

### Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Yes	<b>1006</b>	93.2%
No	<b>36</b>	3.3%
Don't know / Can't remember	<b>37</b>	3.4%

Did you have enough time to discuss your health or medical problem with the member of staff treating you?

Yes, definitely	<b>1004</b>	93.9%
Yes, to some extent	<b>35</b>	3.3%
No	<b>17</b>	1.6%
I did not need to discuss it	<b>13</b>	1.2%

Did staff talk in front of you as if you were not there?

Yes, definitely	<b>44</b>	4.1%
Yes, to some extent	<b>18</b>	1.7%
No	<b>1012</b>	94.2%

Overall, did you feel you were treated with dignity and respect while you were at the outpatients department?

Yes, all the time	<b>967</b>	93.8%
Yes, some of the time	<b>29</b>	2.8%
No	<b>35</b>	3.4%

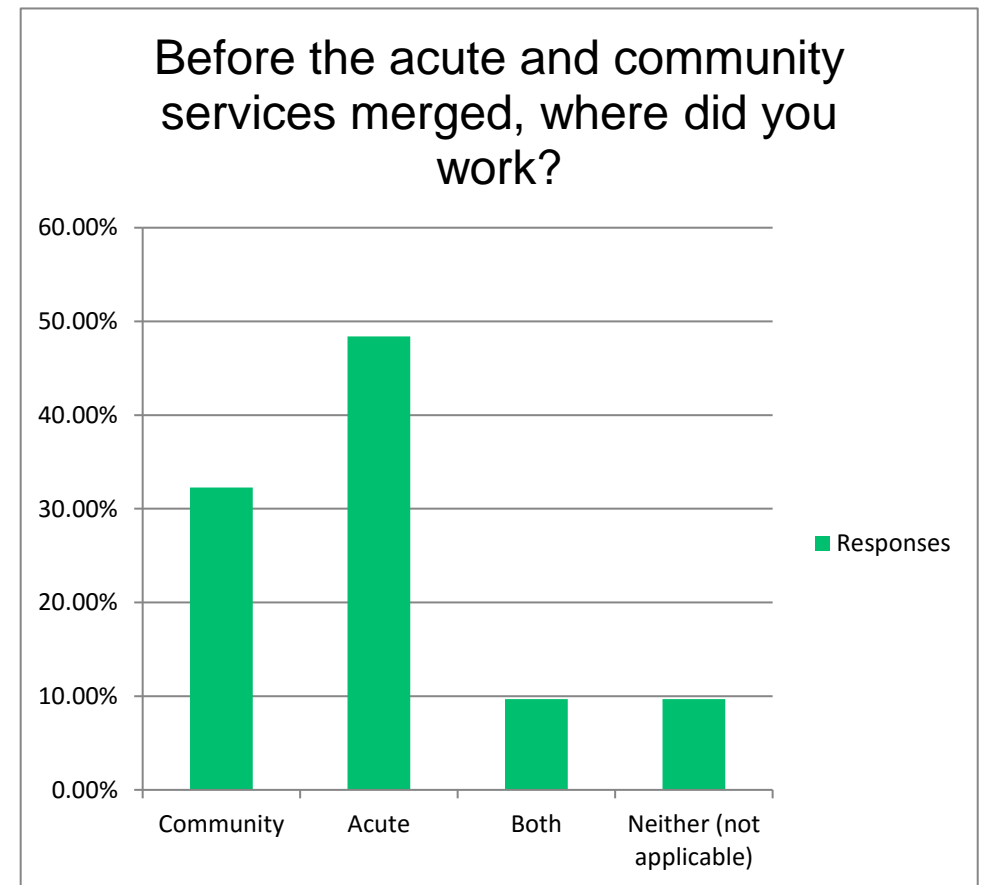
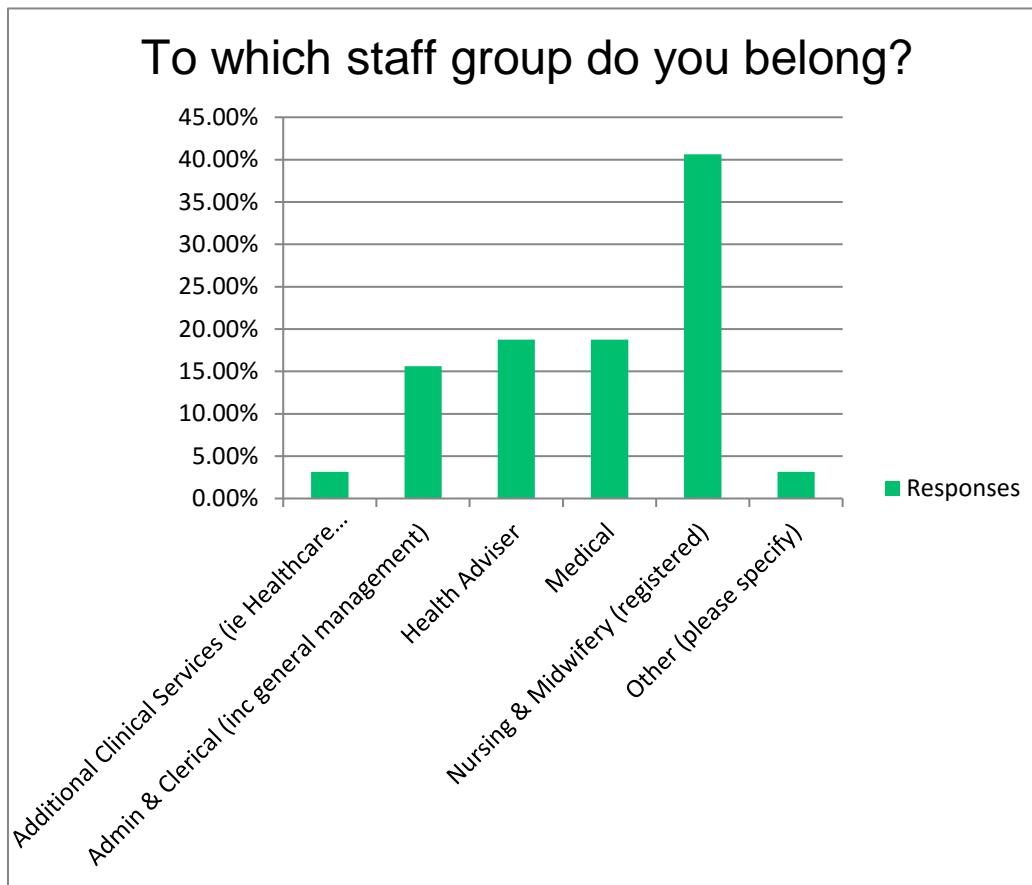
**Overall, how would you rate the care you received?**

Excellent	<b>942</b>	86.9%
Good	<b>95</b>	8.8%
Fair	<b>22</b>	2%
Poor	<b>9</b>	0.8%
Very poor	<b>16</b>	1.5%

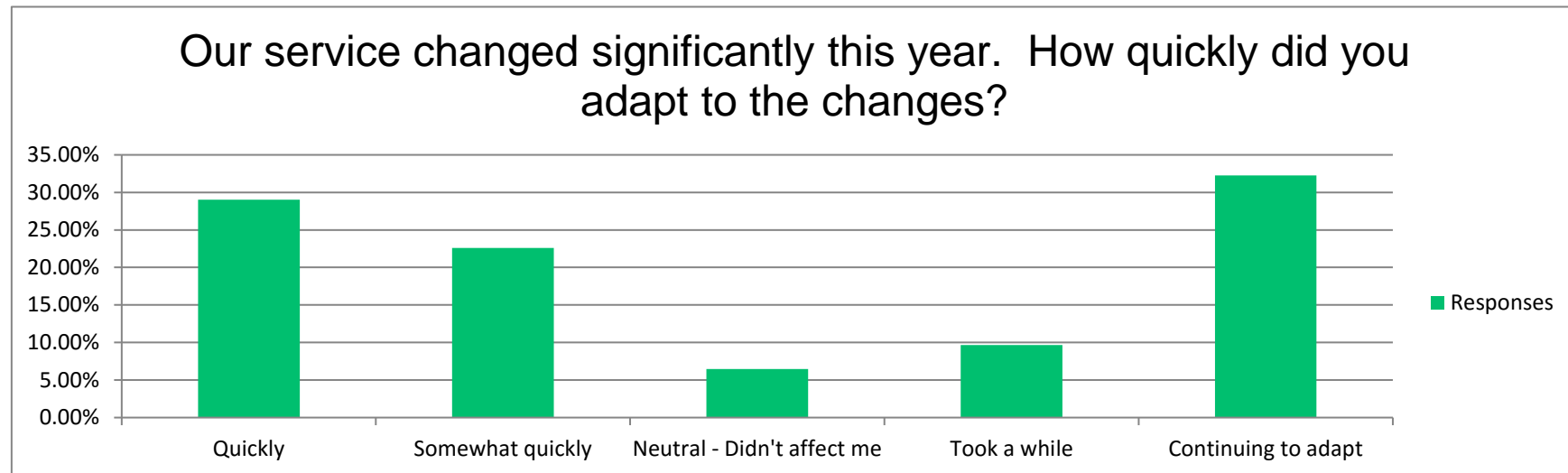
## Appendix C: Staff' survey- with comments-

### SRH: Experience, engagement and support in times of change

(Note that some parts of comments that made staff identifiable has been removed to assure anonymity)



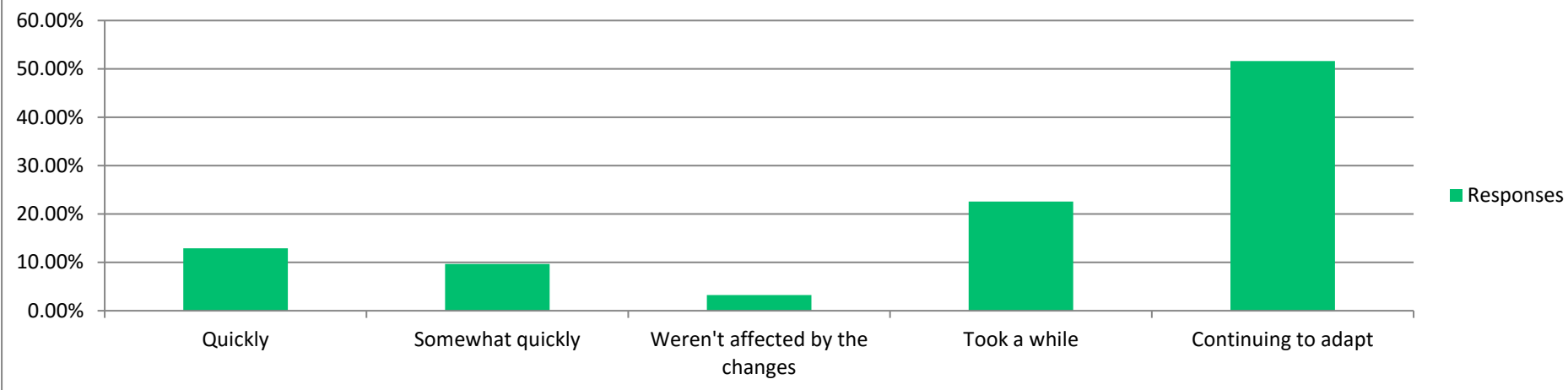




### Comments

- New to Trust
- Going through another consultation
- Difficult to manage ever changing shifts and sites, much less favourable
- Our views were not taken into consideration, changes could applied in a better way
- I was aware the changes were coming prepared myself by working at all sites getting to understand the different systems and different ways of working
- Further to travel
- I try my best to go with the flow.
- It meant travelling to some new sites and leaving old ones, but I didn't find these changes difficult.
- Just found community more structured and senior Management at that time showed an interest in their staff. Now too many management who attend too many meetings. need to present on floor and have time to meet individual teams to hear their views

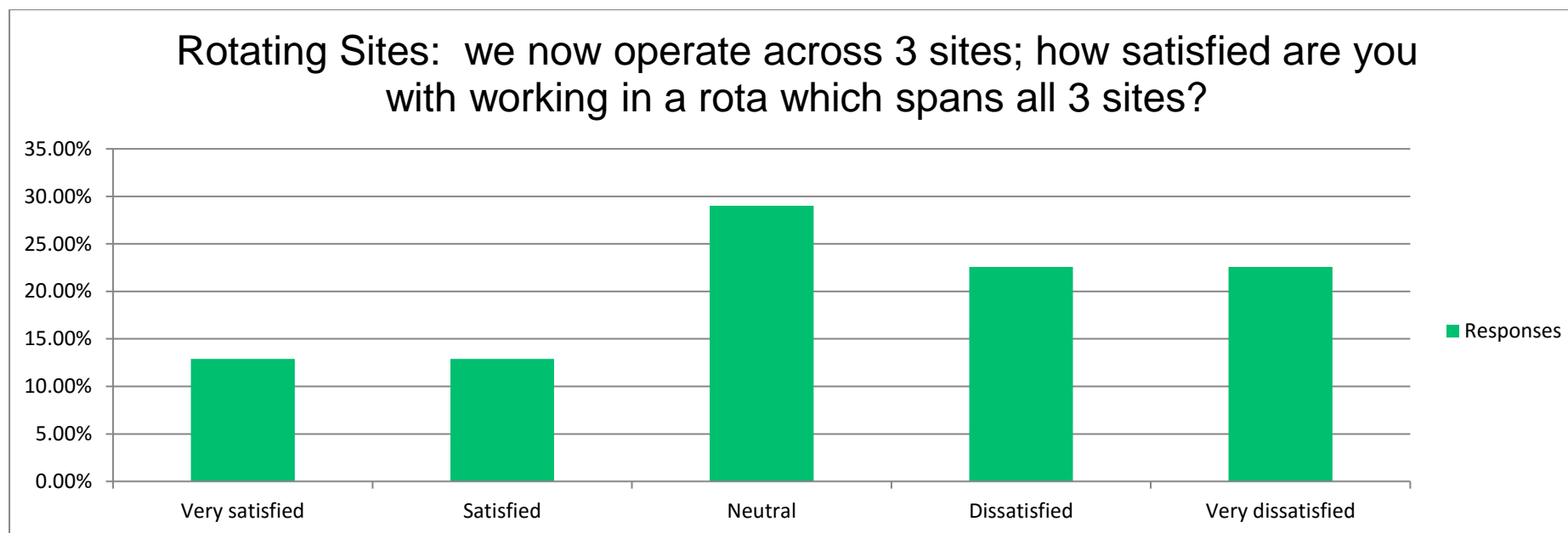
## And how quickly do you think your colleagues in your immediate work team adapted to the changes?



### Comments

- Not sure new to Trust
- It's extremely unsettling at the moment & work morale has dropped
- Increased pressures due to service cuts, staff sick and many left or leaving devalued by the experience, however some staff groups affected more than others
- Colleagues have chosen to leave the department in person, or disengage, or both. We no longer have a senior doctor body. I don't see my colleagues given working patterns.
- Those who can find a job somewhere are moving and those who are staying, trying their level best to cope
- My colleagues adapted quickly as they were keen to follow my lead and also experience working at the different sites and to understand the different ways of working
- Low morale and staff are leaving which is quite concerning. All the good staff are leaving us which is rather alarming.

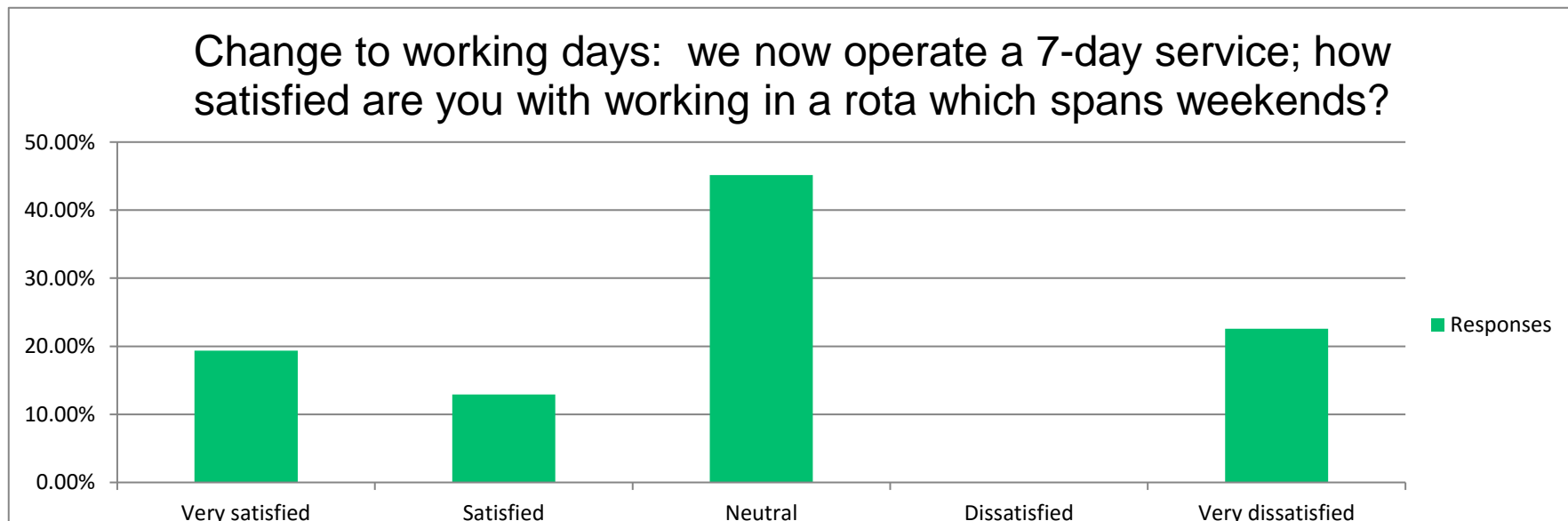
- New client groups, new skills required, new hours, new locations and change in commuting/travelling times. I think it has been very challenging for my colleagues to adapt to a lot of changes over a short period of time.
- There are people on our team who are still not happy about travelling to Streatham in particular. The pace of change has been difficult for some people to cope with as well



## Comments

- SH is a 2 hours commute for me. Never anticipated working there when I joined GSTT.
- I would like to be based in one place.
- More travelling, time and expense, difficult to adjust from set pattern to none. Less favourable for family life

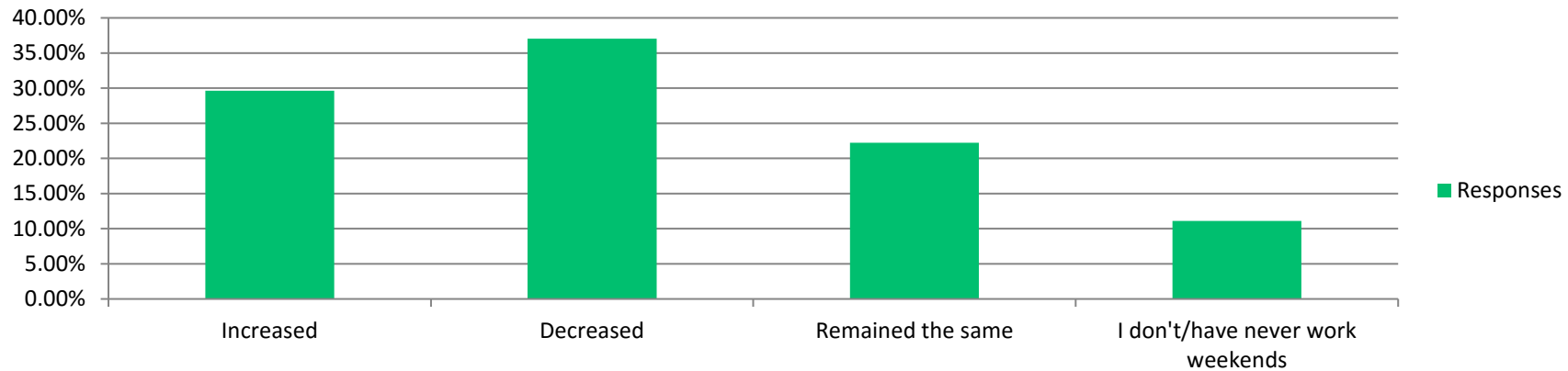
- I am happy to work in rotating sites however i feel that acute staff has been given preference over community staff which has resulted in removal of old community staff to sites which are inconvenient for them but they were not given any choice unlike acute staff
- Am still mostly at acute site so not as affected as others
- Lots of travel, different systems, different culture of work, poor facilities, difficulties getting rooms at SH
- One of the sites is a longer journey, I have to get buses cannot afford trains my closest site still can take me 1 hr and half to 2 hours
- Staff have been able to work at their preferred sites
- I would prefer a set pattern to my working week e.g. Mondays at WR, Tues BS etc. I find it hard to plan ahead if my working location/clinical pattern is changing every week. I would also have liked a 'preferred' clinic option, as some clinics are easier to get to and others very difficult, and I worry about getting into work, being late and getting home late when placed in a clinic further away.
- I have medical reason to only work in one site



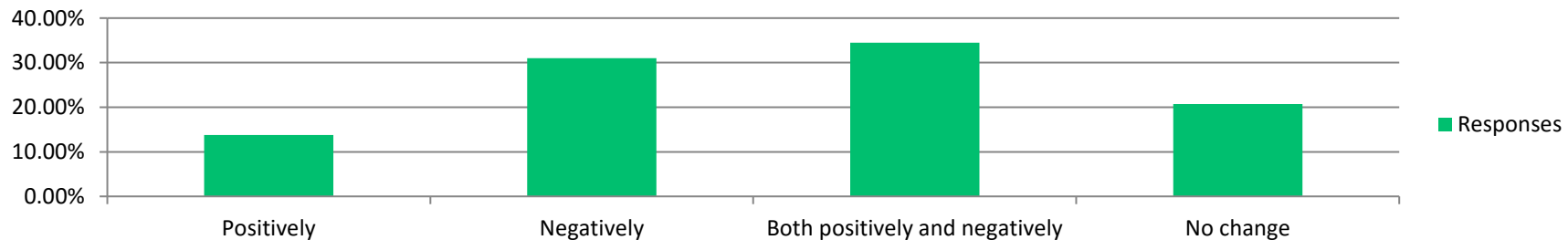
## Comments

- Difficult with family commitments, unnecessary and expensive to open the service for whole weekend: not A&E
- The impact on week day rostering, research, clinical governance, and training was not addressed properly. Nor have we seen any data on cost effectiveness of the weekend working given financial changes. Until this information is looked at and presented, I don't think anybody can have an opinion other than 'personal one on themselves' Staff working at weekends claim their time back during the week, I need to know the improvement in the service provision to reach a conclusion, I feel weekend work creates gap of workforce during the week resulting in nil effect
- Becoming less convenient over time as I have young children
- It costs a lot at a time when we should save money, the HA team previously worked from a different rota which was far more forgiving and flexible
- 2 days off during the week is good
- Work life balance no need for 7 day service not life and death. We will never be able to attract the best people for any vacant positions we have due to the fact we are the only service that operates over 7 days in London

If you were previously working weekends, has the number of weekends you work per year:



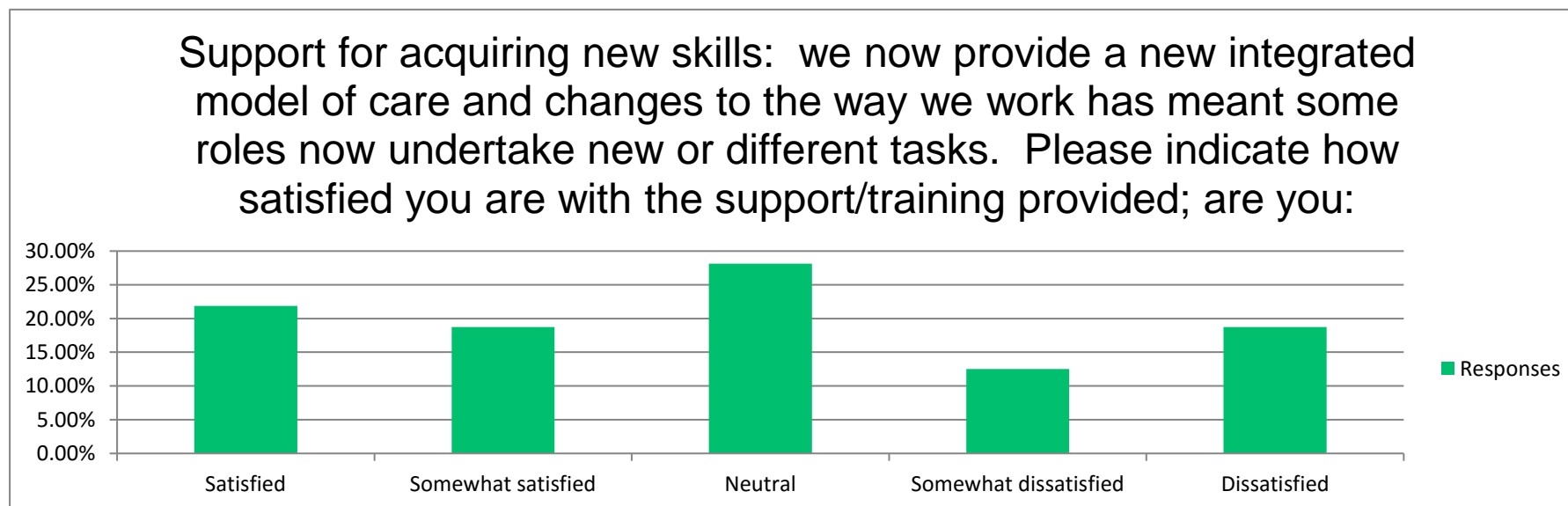
If you work weekends and this has increased or decreased, overall how has this working pattern impacted on you? (e.g. in terms of financially; caring responsibilities; flexibility in working week/at weekends; etc)



## Comments

- New to Trust not worked weekends for years
- Increase in pay & time owing, yet lots to then come back to, as away from work for longer
- At my previous job I was working every Saturday and it is now good to have some weekends off but I would prefer when I work Saturday and Sunday to have two days off together or to work one day at the weekend every 1 in 3 (and have two days off together), rather than work 2 days every 1 in 6 (and have separate days off).
- It doesn't compensate to have days off in the week when you cannot spend these with school aged children and childcare is not in place for weekend working
- I asked for an impact on working parents assessment, which was not acted upon.. I've asked for it at the 6 month review. Hopefully this will be done this time?
- It will ultimately have negative effects on personal and family lives, it may not have a positive effect on number of patients seen during the week due to staffing gap created. I get time back during the week which is positive.
- Less quality time, difficulties with weekend transport
- Previously only worked Saturdays
- The admin team work the most weekends out of every team and this is a struggle and unfair on the lower paid staff.
- My weekends have decreased which is a positive impact. The weekends at Burrell Street are intense and very busy, I feel I would struggle if I had to do any more than I do at the moment. The Sunday travelling to work can be tricky due to frequent railway improvement work.
- Now work odds days during the week. Use to have two days off together, now on alternative days. Which is annoying

- To me, benefits of working weekend if more time off during the week, however, I'd rather work less weekends as it's family time

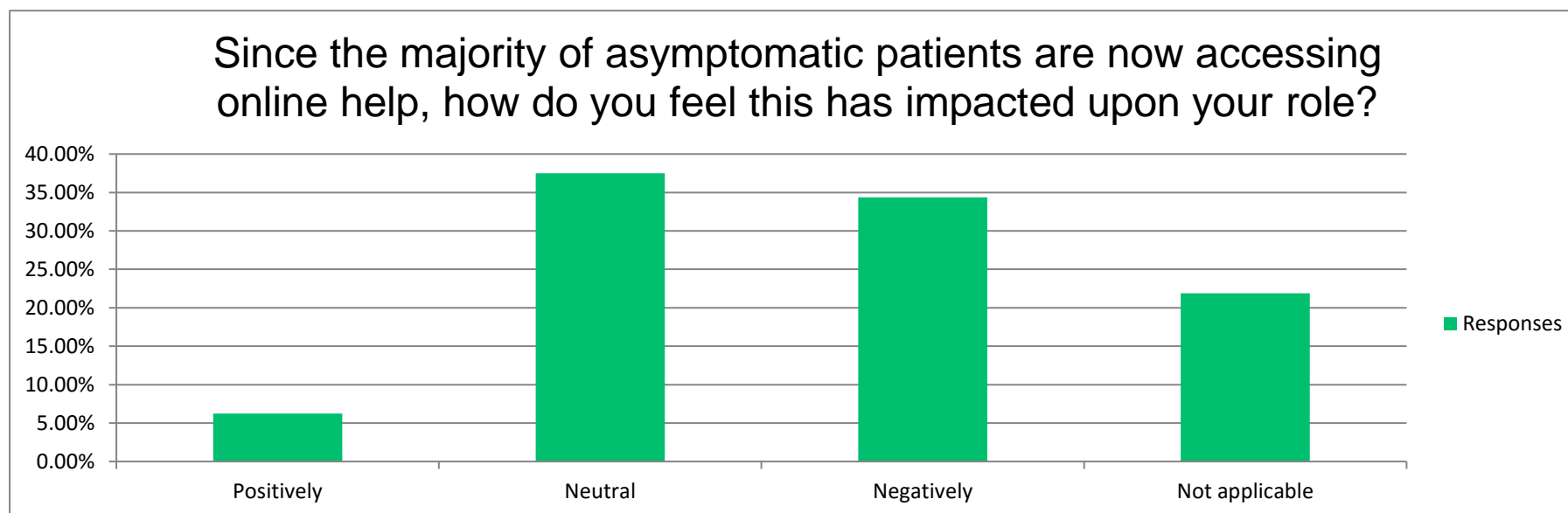


## Comments

- New to Trust and role
- Willing to listen but no practical support or training provided
- Appears to be ad hoc for some training.
- I feel due to shortage of staffing taking time out for training is difficult
- Not valued enough to be sent on proper phlebotomy training
- Clinicians were very supportive whilst getting used to IMS



- Great when you are working with the senior Doctor. Very difficult to achieve training when you are not in the same building as the senior Dr or your clinical supervisor.
- The lack of a consultant in SRH is a real problem for integrated training.
- This question seem to be for clinical team, other teams in the service has very limited access to training (in house or York Road) these teams who man front of house and behind the scenes, seem to be left out

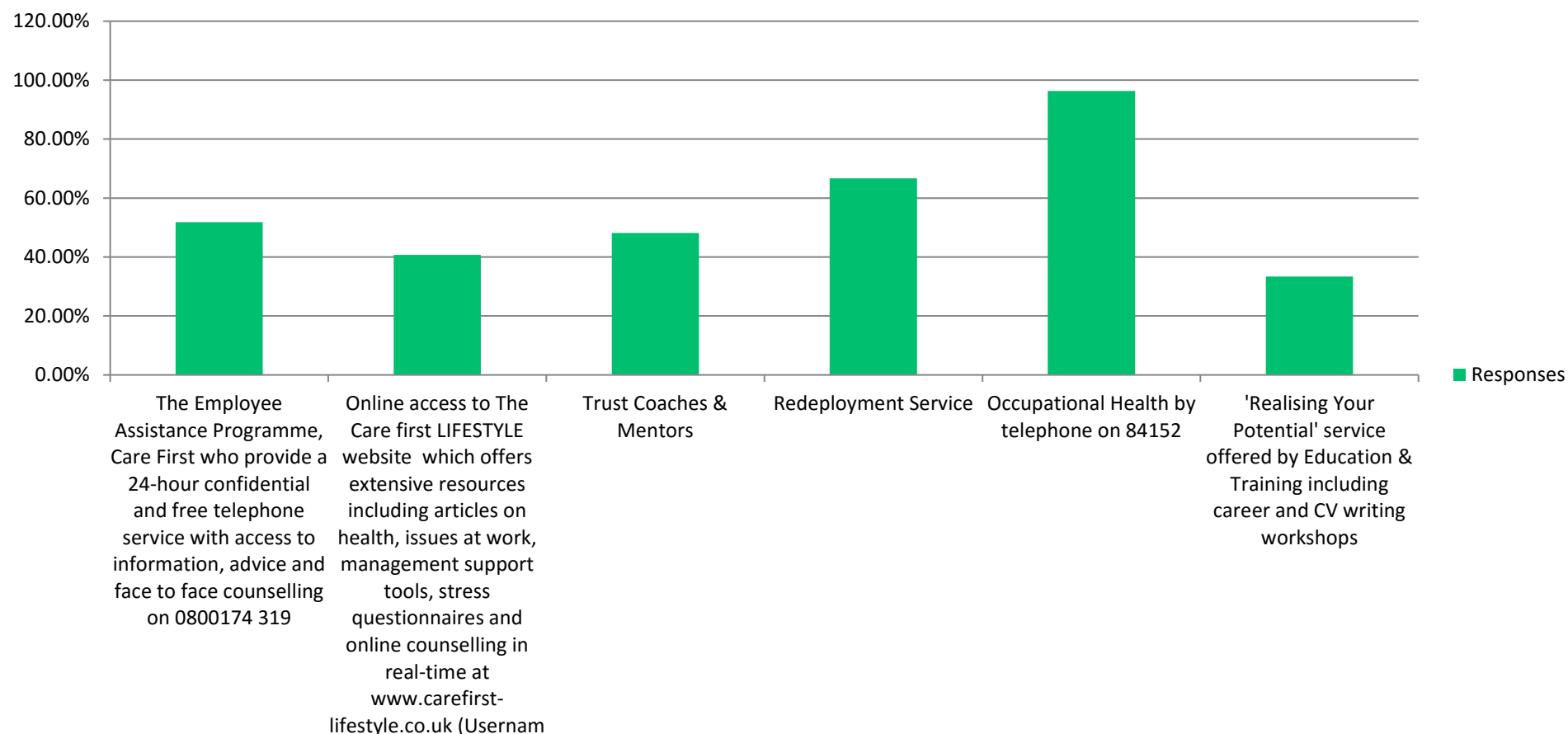


## Comments

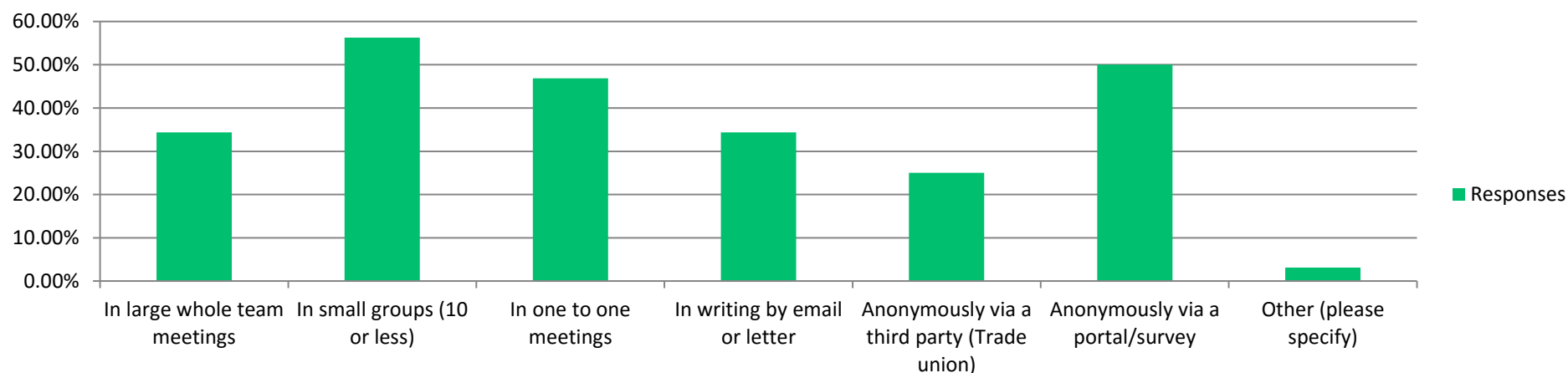
- Too new to know
- Missing opportunities for good sexual health promotion and signposting to other services such as counselling, drug and alcohol services
- Vulnerable patients may not present-asymptomatic screening is often a calling card

- Impacted on patient numbers seen, therefore impact on meeting number of patients seen, trust support, commissioning and risk for tender. So ultimately, this is likely to have a large impact on my role. Also have to manage patient manipulating system who are asymptomatic who don't want to use online services.
- It did not have any effect on our service
- We are now obliged to see asymptomatic patients and there are still a lot coming through
- But needs to be one system all on line as confusing to patients
- We see more asymptomatic patients now as we take walk-ins as well as zesty. This has added pressure as we also have other duties such as chaperoning, Microscopy, stocking, cleaning and ordering as well as many more patients. I have found this stressful when working a long day.
- Been a nightmare for reception threatening and abusive patients not happy with the change at all. Most patients aren't confident with IT and the idea of doing tests at home.
- I focus on seeing Stream 3 and 4 therefore I have not noticed an impact to my role
- I didn't see many of them anyway
- Lots of asymptomatic pts still coming to clinic and sometimes no staffing to see them

Support available. Are you aware of any of the following support that is on offer at the Trust to help staff through times of change? Please select as many services as you know.



# In what way would you prefer to be able to voice your concerns/questions/comments about the current change process? Please tick all that apply



## Comments

- Large whole team meetings need to be controlled as there are some staff who do not follow the Trust Values with being respectful when voicing their comments

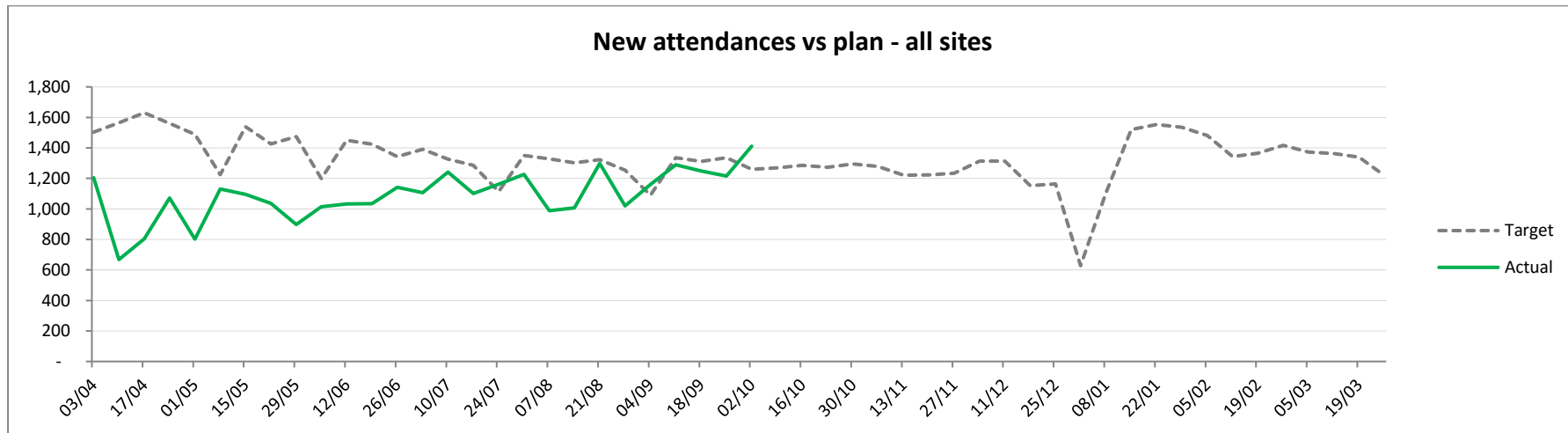
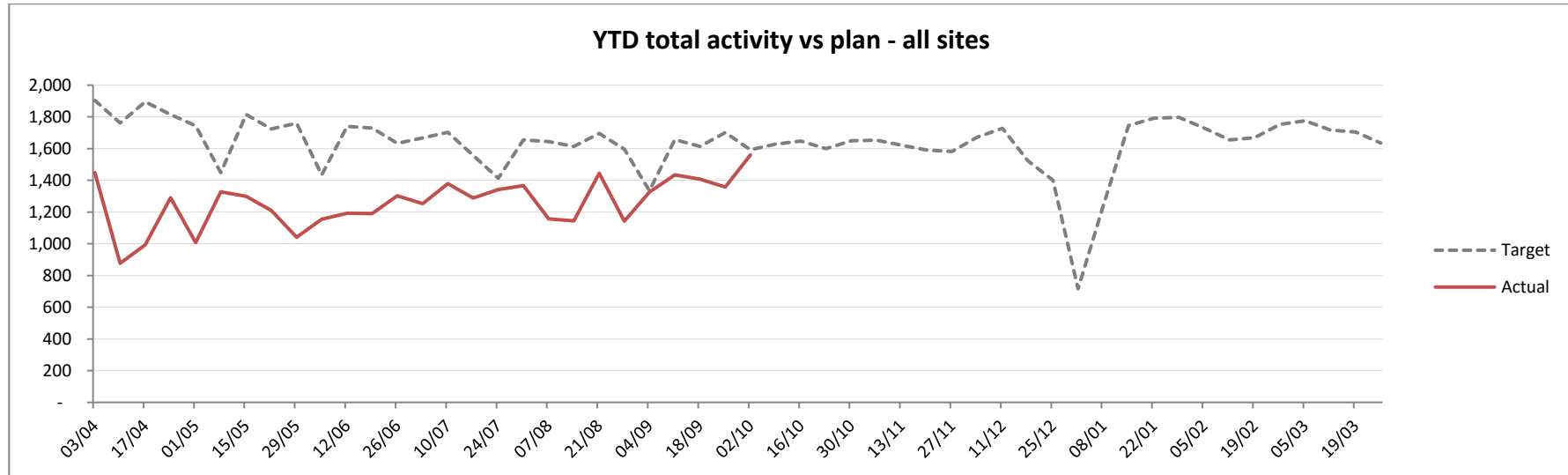
Before you go, do you have any further comments or suggestions regarding support for staff during this time?

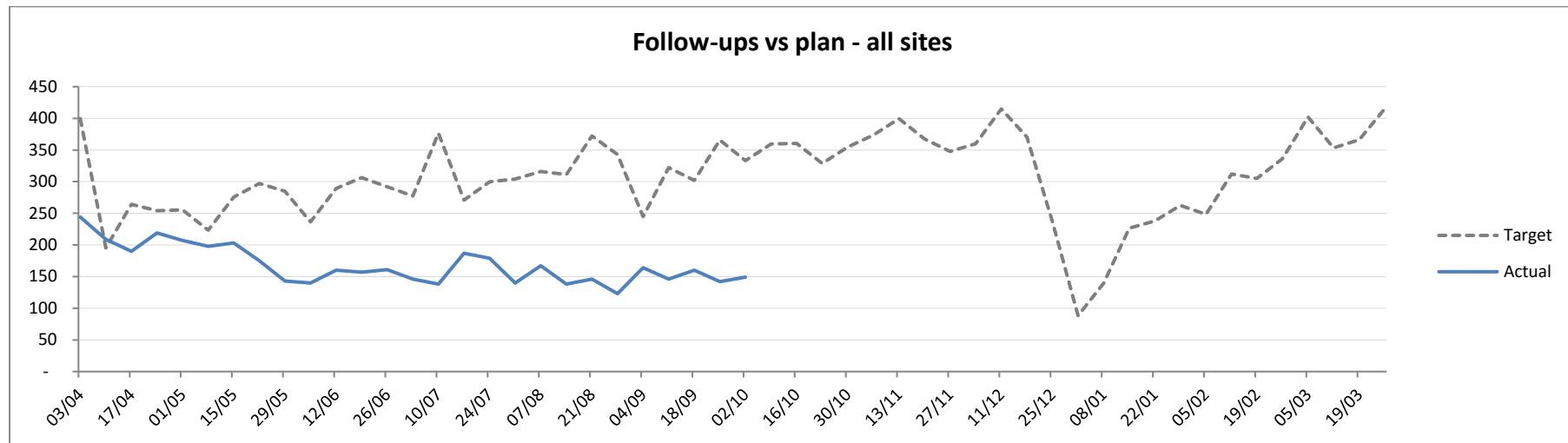
### Comments

- That the management team become more transparent and able to admit when they have made decisions which negatively affect us, and are more willing to give praise and commend people when appropriate
- A clearer understanding of the impact that changes have on each working group.
- Something NEEDS to be done to RETAIN staff as lots are leaving & this 2nd consultation is pushing more good & well trained staff to leave. Morale is crap & there is no future in sight at the moment.
- Do we all have to do the same thing? Can't people have their preferences, for example, I prefer to work late shifts and others prefer early shifts. So why can't I work more late shifts and my colleagues who prefer more early shifts, be able to work more early shifts. Do we really all need to do the same number of early shifts and same number of late shifts. Why are we pandering to people who spend far too much of their work hours checking what colleagues are doing!
- Practical things like providing refreshments, more flexible to accommodate team preference to their easiest site and hours.
- "When I suggested to a colleague about some team building for the senior doctors, the response from my colleague was ' I don't think that there is the will for that, it's too late'. I don't really know what else to do, so maybe you have an answer for this?"

- Overall did not feel well supported and particularly as community staff did not feel supported
- It would be great to be offered (external to the trust) group support, (both large and small) , for management to acknowledge the psychological impact on so many people in a practical and caring way by offering perhaps an away day structured to empower all groups to come together to look at the changes,
- Suddenly everything seems to have gone silent as if nothing is happening when of course we all know that a new round of change has already begun"
- Give them their weekends back and ensure the service offers a good work life balance.
- Changes regarding individual jobs are put in place without consulting the staff member - this is unacceptable
- "It would be good to do this or similar surveys periodically. I had suggested this in the past but was advised against it unpleasant/rude comments where expected.
- It would be good to disclose if these occurred.
- You could also disclose up front who will see the data generated by this survey and who will own it."
- Management has been very focused on saving money/cost only . I don't think staffs feel very appreciated at this hard times.

## Appendix D: Activity plan







## **Appendix E: Details supporting the board paper**

### **Patients/public and staff-facing**

#### **Reduction of estate from 6 sites to 3, with the closure of Lloyd clinic on the Guys campus, and Vauxhall Riverside & Artesian within the community estate**

One of the objectives is to repatriate the patients that attended the closed sites to our existing clinics. From patients questionnaires/focus groups held during the consultation period patients attending Vauxhall riverside, Artesian or Lloyd now attend the remaining sites as well as other venues across the Capital. During the public consultation, a majority of respondents stated that if their preferred clinic would close then they would attend the sister clinics remaining closest geographically.

There has been no appreciable difference in the percentage of patients attending our services who are residents of either Lambeth or Southwark. Walworth Road and Streatham Hill clinics mostly see local residents whereas six out of ten patients attending Burrell Street are from other London boroughs. There is an increased pressure on SRH services due to clinic closures in boroughs across London. The picture below shows the clinics that have already closed this financial year.

# London GUM clinics and Local Authorities, 2014

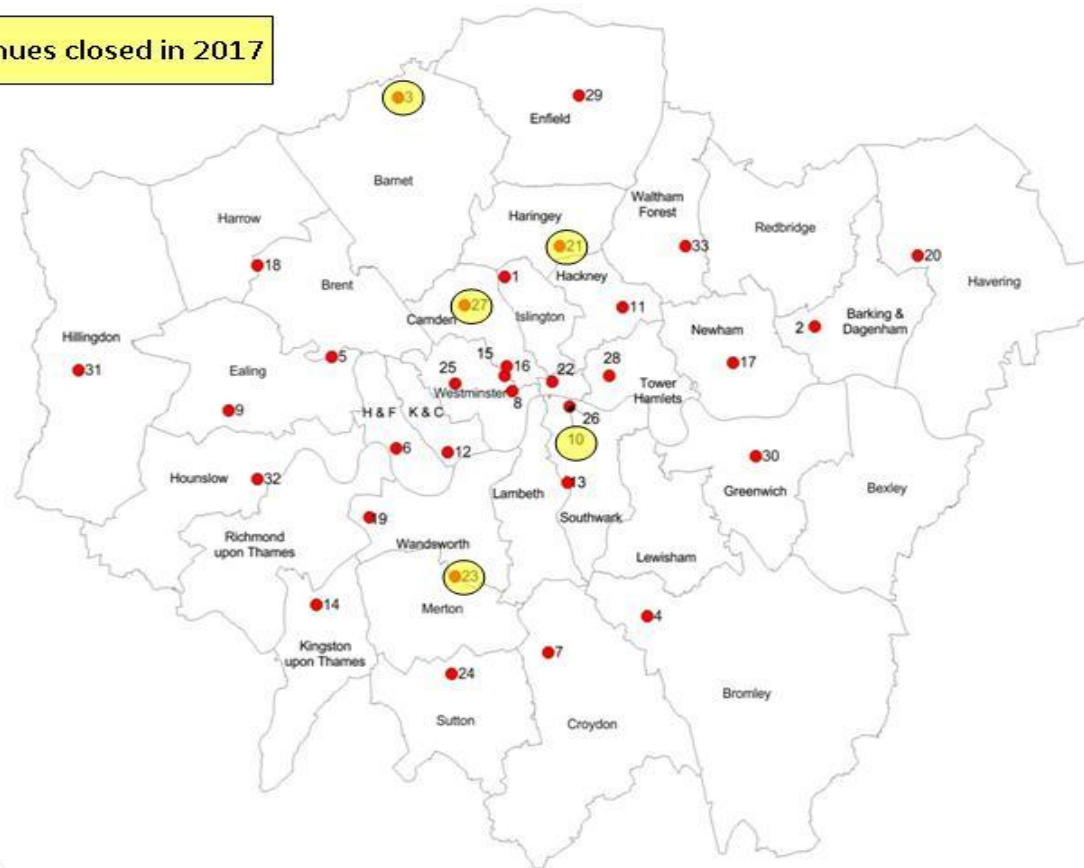
## The highlighted venues closed in 2017

### Legend

● GUM clinic

□ Local Authority

1. Archway Sexual Health Clinic
2. Barking Hospital
3. Barnet Hospital
4. Beckenham Hospital
5. Central Middlesex Hospital
6. Charing Cross Hospital
7. Croydon University Hospital
8. Dean Street Clinic
9. Ealing Hospital, Pasteur Suite
10. Islington Hospital
11. Homerton Hospital
12. John Hunter Clinic
13. King's College Hospital NHS Foundation Trust
14. Kingston Hospital
15. Margaret Pyke Centre
16. Mortimer Market Centre
17. Newham General Hospital
18. Northwick Park Hospital
19. Queen Mary's Hospital
20. Queen's Hospital
21. St Ann's Hospital
22. St Bartholomew's Hospital
23. St George's Hospital
24. St Helier Hospital
25. St Mary's Hospital London
26. St Thomas' Hospital
27. The Royal Free Hospital
28. The Royal London Hospital
29. Town Clinic
30. Trafalgar Clinic
31. Tudor Centre
32. West Middlesex University Hospital
33. Whipps Cross University Hospital



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Since the 3<sup>rd</sup> April 2017 until the 17<sup>th</sup> September 2017, 11 447 patients across all 3 sites were unable to access the service on their day of attendance and 75% of those patients were at Burrell Street. This could be due to several factors taking into account that the demand continues to rise as the capacity reduces:

- Less venues in Lambeth and Southwark
- Less venues across London Boroughs
- Low staffing levels in clinics (to be addressed in section relating to *Impact on staff*).

<b>Turn away numbers</b>	April	May	June	July	August	September
Burrell Street	1212	1404	1280	1413	1843	1308
Streatham Hill	67	60	178	159	246	295
Walworth road	90	118	289	304	706	475

For the patient's turned away the service is actively working to reduce the number. As a result of patient feedback and suggestions (See Appendices A and B), all patients that are unable to access a service on a particular site are provided with an information sheet which includes details of our sister clinics, opening hours, alternative providers (ie: pharmacies for Emergency Hormonal Contraception) or referred to online testing.

There has been an overall reduction in the number of patients seen over time associated with the changes in provision of GSTT Sexual & Reproductive Health services. Even though there has been an increase in the number of patients who can test at home using SH:24 (diverted by the clinic, provision of a testing kit at reception or organic search) this has not been sufficient to maintain the same level of access that was seen between April – June 2016

## Number of patients seen over time & the impact of changes in GSTT sexual & reproductive health care provision



The service also reviewed the patient pathways to focus on the reduction of follow up visits (e.g. repeat contraceptive pills and post IUD insertion checks).

Pre Consultation implementation	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Post consultation implementation												
New to Follow-up ratio (Oct 16-Sept 17)	0.16	0.18	0.17	0.12	0.16	0.2	0.19	0.14	0.1	0.09	0.08	0.09

### **A new integrated care/staffing model**

(This aspect was not addressed in the public consultation but essential to mention here as it has enabled the service to continue operating within the reduced financial envelope and has a direct impact on service users)

Since the merger of the former GUM and RSH services in 2014 our department has transformed to deliver a “one stop shop” model for our patients following the outcome of the public Consultation.

- Various in-house training programmes for nursing, health advising and medical staff to enable colleagues to deliver a holistic care plan for patients.
- The service provides governance and support to primary care, specialist services, training and research in keeping with the level 3 service.
- Fewer number of handovers between professionals, and repeat attendances for patients.
- Increased appointment slots, bookable online

Patients have mentioned in their responses during the consultation that despite some GP delivering LARC, the access can be up to 3-4 weeks delay. Some patients do not feel confident accessing emergency contraception through their GPs or Pharmacies.

As a consequence, the service is empowering patients by providing them with tools to pre-assess their needs and be partners in consultations rather than just being told what to do.

Some examples of those tools are as follows:

- Sign posting patients accurately to services ([www.sxt.org.uk](http://www.sxt.org.uk))
- Microsite for our flagship clinic ([www.burrellstreet.org.uk](http://www.burrellstreet.org.uk)) and a Twitter feed (@BurrellStreet)
- Appointments for specific services [<http://bit.ly/GSTT-SRH> delivered by Zesty ([www.zesty.co.uk](http://www.zesty.co.uk))]
- Management of patient waiting times using SMS & a web based tool ([www.qudini.com](http://www.qudini.com))
- Home testing for patients who are asymptomatic ([www.sh24.org.uk](http://www.sh24.org.uk))
- Support for the delivery of partner notification ([www.sxt.org.uk/pn/about](http://www.sxt.org.uk/pn/about))
- Support women to understand their pregnancy risk and options ([www.sxt.org.uk/ec](http://www.sxt.org.uk/ec))

Concerns have been raised of missing vulnerable adults as no face to face consultation in online testing, reduction of sites and new model of care (risk of CSE, gangs, Drug use, Domestic violence for example).

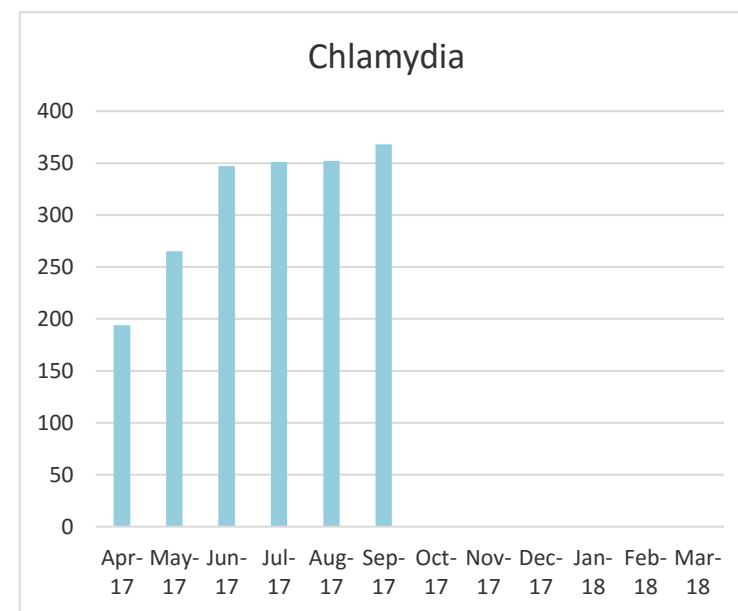
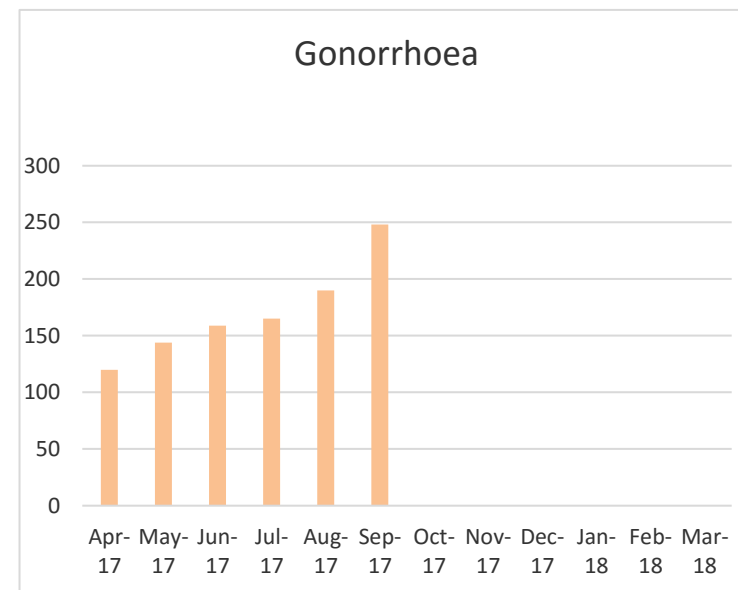
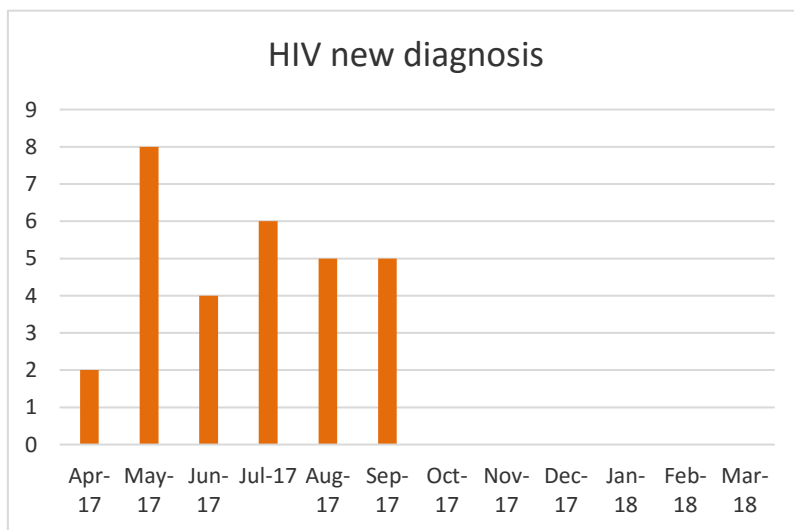
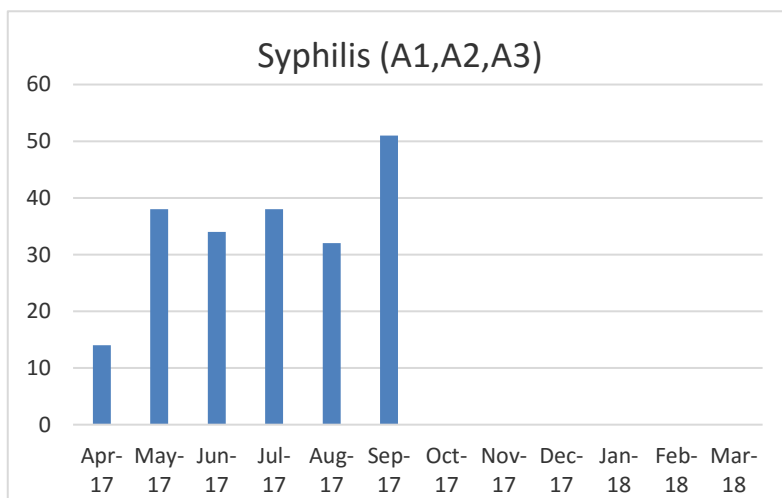
To mitigate this risk we have put an emphasis on stream 5 of our triage form which highlights these groups to our reception and clinical teams to ensure that they are managed appropriately and seen on the day of their attendance. We also have retained a MSM dedicated clinic at Burrell Street and a Young people clinic at Streatham Hill on Tuesdays

The new model, although, still not fully implemented, has already demonstrated that it was in part successful by 2 metrics:

- Partner notification more effective in past 6 months. Patient engaging with care when informed of risk of STI from a partner

Partner Notification	Code	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Partner Notification initiated	PN	101	112	157	166	148	188
Chlamydia contact	PNC	105	95	116	126	122	112
Gonorrhoea contact	PNG	56	44	56	55	57	71
HIV contact	PNH	1	1	5	3	5	6
NSGI contact	PNN	4	7	6	10	6	7
PID / epididymitis contact	PNP	2	3	5	1	1	3
Syphilis contact	PNS	8	16	19	11	20	22
Trichomoniasis contact	PNT	7	9	12	9	7	10

- Increase of diagnosing STIs in our clinics in the last 6 months since implementation (as shown in the graphs below).



## **Online provision of services, and a commitment to the use of an online provider for asymptomatic patients' pathways**

In the consultation we proposed to divert 4,000 asymptomatic patients (Lambeth and Southwark residents) online to promote easier access to our local population. The outcome of the public consultation suggested that 65% of respondents would be willing to be using this service. Between September 2016 and August 2017, 7654 patients have used SH:24 and the service is currently achieving 70% of our current channel shift target (1166 patients) from divert, kiosk and organic SH:24 activity associated with Burrell Street. We have installed two iPads in our Burrell Street clinic allowing patients to access SH:24 directly with the support of our staff if needed.

Some further information relating the outcome of the EQIA and consultation outcome:

- 43% of SH:24 eligible users are from the Black, Minority & Ethnic community
- 34% are under 25 years of age
- 15% are men who have sex with men (MSM).
- Just under seven percent of patients testing with SH:24 have received a positive infection results that was subsequently managed in clinic.

The EQIA suggested that MSM's, Young people and BME's could be negatively impacted due to the changes to services post consultation. This is in relation to the Lloyd clinic closure.

The tables below shows the relevant activity between April 2017-September 2017

- MSM attendances have increased

	April	May	June	July	August	Sept
Male bisexual	29	42	37	44	43	65
MSM	997	1203	1098	1259	1292	1201
% of patients MSM	21.6%	22.9%	20.7%	22.2%	23.3%	20.3%



- The percentage of young people coming through remains stable. It is worth noting that the average from April 2016- March 2017 was 1.2% for under 18 years old and 26.1% for under 25 years old across all sites

<b>Under 18 attendances (first and follow up)</b>	April	May	June	July	August	Sept
Burrell Street	25	23	20	32	24	23
Streatham Hill	60	81	92	72	68	61
Walworth	30	48	48	49	19	40
% of attendances <18	2.5%	2.9%	3.0%	2.7%	2.0%	2.1%

<b>Under 25 attendances (first and follow up)</b>	April	May	June	July	August	Sept
Burrell Street	563	630	666	699	750	697
Streatham Hill	376	407	470	439	504	490
Walworth	329	414	392	414	203	396
% of attendances <25	27.9%	28.0%	29.2%	27.7%	26.7%	27.2%

- BME represent 30.6% of all attendances between April and August 2017

	April	May	June	July	August	Sept
All attendances	4,610	5,259	5,311	5,662	5,552	5,911
White/european attendances	2,307	2,536	2,523	2,829	2,753	2,825
Number of BME attendances	1,370	1,616	1,667	1,738	1,673	1,801
% of overall attendances from BME patients	29.7%	30.7%	31.4%	30.7%	30.1%	30.5%
Not known/not specified/blank	933	1,107	1,121	1,095	1,126	1,285
% not known/not specified/blank	20.2%	21.0%	21.1%	19.3%	20.3%	21.7%

Note that SH:24 has been capped by commissioners due to the growing demand and the service exceeding the initial shift target . The reduction in online access has a detrimental impact on patients who may not be able to, or do not wish to visit a service

The SH:24 chlamydia positivity rate for young people is as follows:

16-17	10.7%
18-19	8.3%
20-24	4.5%

In our clinics, since April 2017, 1487 Chlamydia cases were detected and 519 of these cases were attributed to under 25's (34.9%), of which 50 (3.7%) were under 18 years old.

In April 2017, the Pan London E-service provider bid was awarded to a consortium of Chelsea & Westminster, PreventX & Lloyds pharmacy. However, despite winning the bid to provide services from June 2017 they will not be in a position to start providing a full service before May 2018. In the meantime, SH:24 will continue providing services for the users residing in Lambeth and Southwark with some expansion to Lewisham, Bromley and Bexley in the interim period. Uncertainty lies with the management of the asymptomatic patients residing in non-eligible London boroughs. Guidance will be needed from the commissioners around cross-charging and managing those patients when they present to a clinic.

### **Harmonisation of all clinic times and extended opening on a Sunday**

The service now operates opening hours across all sites as follows: Monday, Tuesday Thursday and Friday (8.00-18.00), Wednesdays (12.30-18.00) and at Burrell Street Saturday (8.00-15.00), Sunday (9.30-16.00)

The GSTT SRH department is the first London provider with appointments for Long Acting Reversible contraception (LARC) seven days a week. There are 90 appointments a week for the fitting LARC across as well as walk-in slots across the day. The provision of LARC accounts for a minimum of 360 years of contraception provision each week and staff capacity ensures that our service is able to offer optimal emergency contraception (the copper intrauterine device) during all the hours when the clinics are open.

The clinic hours have increased 33% over the weekend (12>16 hours) and this corresponds with a comparable change in the number of patients seen. During the additional four hours open we are able to see 48 patients, many of whom are symptomatic or require time sensitive services.

### **Impact of changes on staff:**

In order to provide staff with the opportunity to reflect on the sizeable changes and share their views on how the process has affected them the directorate support team shared a survey monkey with staff between the 4<sup>th</sup> and 14<sup>th</sup> September. Out of 111 staff contacted 32 responded (29%). The totality of the survey result can be found in appendix C, including staff comments and further suggestions.

The information below will also relate to the EQIA undertaken at the time of the staff consultation.

In the staff consultation feedback, it was highlighted that Lloyd Clinic was a Level 3 service provider, with Walworth Road and Streatham Hill only providing Level 2 services. As a consequence, we have:

- Undertaken works to upgrade both Walworth road and Streatham hill allowing for microscopy testing providing level 3 services.
- Increased the footprint to allow more staff and patients to be processed in those venues.

All staff groups are also now rotating across all three venues, promoting integration and transferable skills. This flexibility improves cover of clinics and adequate skill mix. Individual job plans and flexible working in place have been taken into account and may restrict.

### **A new integrated care/ staffing model**

In November 2016 all of our clinics moved to one electronic patient record (IMS Maxim) and this meant that the three clinics operate with the real-time senior model as well as with improved data capture, results governance & provision and service reporting.

The multidisciplinary team structure is the same in all three clinics and this enables all patients to receive the same high quality, one stop shop model regardless of their geographical location.

The model provides a standard number of staff on each site each day, delivers care in an integrated manner to reduce the number of hand offs and repeat visits required by patients, such that any issues are addressed during the same visit by the same provider wherever practicable. Incidentally, this also reduces the new attendance to follow-up ratio and reduces DNAs, improving access and releasing capacity for new episodes of care

Training has been a focus in the process:

- Advanced contraception and sexual health skills has been implemented for nursing and medical staff.
- In house training has been provided for receptionists to navigate the different platforms we use.
- The Health Advising team are now trained in phlebotomy and asymptomatic screening. They also manage Post Exposure Prophylaxis (PEP) consultations.

This has empowered the workforce, giving them further autonomy but also gaining active support from clinical supervisors/mentors. Respondents stated in their comments that they did not feel the training was structured, one respondent from the administrative team feels that they have not enough training provided and feel excluded. Some respondents felt that some consultants did not have the required skillset to provide training.

The rationalisation from six to three sites and the new model of care resulted in a headcount reduction of approximately 21 whole time equivalents across all staff groups clinical and non-clinical. This was achieved by deleting frozen vacancies that had been identified from June 2016, staff resigning and their post released into savings, redundancy & retirement.

In the EQIA undertaken it notes that “Overall reduction of Head count aspect of the proposals will have a **negative impact** on gender as the female gender is markedly more prevalent in the services”. During the selection process, 4 staff were not successful. 50% were male and 50% were female.

The new integrated model of care was summarised below:

#### Sites of operation

Burrell Street (weekday)	Streatham Hill	Walworth Road	Burrell Street (weekend)
Senior covering the service >>			Senior covering the service
Senior Doctor	Senior Doctor	Senior Doctor	Senior Doctor
Junior Doctor*	Junior Doctor*	Junior Doctor*	Clinical Nurse Specialist
Junior Doctor*	Clinical Nurse Specialist	Clinical Nurse Specialist	Clinical Nurse Specialist
Clinical Nurse Specialist	Band 7 or 8 nurse	Band 7 or 8 nurse	Band 6 Nurse
Clinical Nurse Specialist	Band 6 Nurse	Band 6 Nurse	Band 6 Nurse
Band 6 Nurse	Health Advisor	Health Advisor	Band 5 Nurse or Band 7/8
Band 6 Nurse	Health Care Assistant	Health Care Assistant	Health Advisor
Band 5 Nurse or Band 7/8	Receptionist	Receptionist	Health Advisor
Health Advisor	Receptionist	Receptionist	Health Care Assistant
Health Advisor			Health Care Assistant
Health Care Assistant			Receptionist
Health Care Assistant			Receptionist
Receptionist			Receptionist
Receptionist			

\* Subject to availability  
Dependent upon their training rotation

#### Hours of operation

Session	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 – 12:00			Training		
12:00 – 16:00			Note 1pm start		
16:00 – 19:00					

Session	Saturday
8:00 – 12:00	
12:00 – 16:00	
Session	Sunday
9:00 – 13:00	
13:00 – 17:00	

This combination of staff ratio, reduced sites and hours of operation described above, was implemented to ensure we were remaining within the financial envelope, but retaining our volume activity; however, due to the further financial restrictions, the management team initially opted to not recruit into the vacancies that were available.

This had detrimental consequences:

- Reduced activity at the beginning of the financial year (Appendix D)
- The staffing model has had to be adapted to maintain a safe staffing level across all sites.

With the support of the Trust and the Directorate Management Team (DMT), a financial and activity recovery plan has been implemented and we are now in the process of recruiting to full establishment across all staff groups.

This work has already had a positive effect on the activity, and the trajectory in Appendix D demonstrates the activity is beginning to recover albeit later than planned. In the last quarter, the service has started to identify opportunities to work more efficiently and productively. Some workgroups are concentrating on:

- Quality improvement projects
- Efficiency
- Productivity
- Income diversification

This has had a positive effect on the workforce as they are now actively involved in the operational side of the service, gaining an understanding of the finances and commissioning. This is in response to their feedback to the consultation where they voiced they wanted active involvement in future service changes. It is however very clear that more work needs to be done as staff still feel affected by the past 18 months (Appendix C staff comments). In the comment spaces staff voiced their continuous anxiety and sometimes anger about the past and the future uncertainty. There is also a clear discontent about how the process is perceived to have been handled by management.

### **Online provision of services, and a commitment to the use of an online provider for asymptomatic patients' pathways**

This affected mostly 2 staff groups: Health Care Assistants (HCAs) and to a lesser degree the reception staff. HCAs are the staff group predominantly managing the asymptomatic patients, (seeing each an average of 15-20 patients a day). With the new model and online redirection of Lambeth and Southwark patients, the HCA workforce was reduced (no redeployment needed as vacant posts had been frozen)

Although they still see a certain volume of asymptomatic patients, their work concentrates around laboratory tasks, chaperoning, supporting clinicians/nurses and stocking. However, in view of delay to full implementation of the e-services to its full scale, we are still seeing asymptomatic patients with a reduced HCA workforce.

Receptionists have also seen their role change as they are the front line staff dealing with patient queries around online testing and assist with access the services. They also triage asymptomatic patients that are eligible to be seen in clinic (under 18's, out of borough, identified vulnerable adults).

In the comments a receptionist stated that it had increased stress on their team. Increased in abuse and threats from patients who are not happy with the changes and patients who are not confident self-testing or using IT. Also there are concerns from the team that we are missing vulnerable patients that may present as asymptomatic

### **Harmonisation of all clinic times and extended opening on a Sunday**

The harmonisation of weekdays opening hours did not raise any concerns from staff in the initial consultation. We sought views around the extended Sunday hours and 56% respondents replied they preferred working hours to be 9.00-17.00 (opening hours 9.30-16.00). The management team chose this option to promote work-life balance and ease of access to public transport on Sundays.

All job plans were reviewed and flexible working applications were reviewed with regards to weekend working. It is also important to reiterate that 7 day service was instructed by the commissioners as part of the contract agreement. Therefore the weekend work was non-negotiable within the flexible working applications reviews. Weekend working ratios were reviewed according to new model of care and in the original EQIA, it was proposed that all staff would align with the previous nursing weekend ratio of 1 in 4; however, having listened to feedback and reviewed the staffing model, weekends were adjusted in relation to the whole time equivalent of staffing.

Senior doctor groups also applied a pro rata ratio due to the difference in employment contracts and job plans. The new ratio for all staff groups spans from an average of 1:6 to 1:10.

People who felt it had impacted negatively stated it has affected their family life. Those who reported they were satisfied with their new weekend work ratio citing increased pay and time in-lieu during weekdays. Some of the staff who felt the changes had impacted negatively stated it has affected their family life. Some respondents felt that working parents had been affected negatively by the patterns and asked for an impact assessment to be undertaken. An impact assessment had already been undertaken prior to the consultation and, as there may be different reasons why individuals do not have children or because staff may have dependants but not children, this aspect is not outlined as a strand that must be assessed as part of an EQIA as it could result in positive discrimination. The initial EQIA was reviewed by the HR department and approved as adequate and thorough.



**Board of Directors**  
**Adult Local Services Committee**

**Minutes of the meeting held on 21<sup>st</sup> June 2017**  
**River Room, Gassiot House, St Thomas' Hospital**  
**13.00 – 15.00 pm**

<b>Present</b>	Girda Niles	Non-Executive Director (Chair )
	Hugh Taylor	Trust Chairman
	Simon Steddon	Medical Director
	Jon Findlay	Chief Operating Officer
	Felicity Harvey	Non-Executive Director
	Sarah Wilding	Deputy Chief Nurse – representing Chief Nurse
	Julie Screaton	Director of Workforce and OD
<b>Attendance</b>	Angela Dawe	Director Operations and Strategic Development - Adult Local Services
	Sue Bowler	Director Operations and Strategic Development - Adult Local Services
	Jenny Stiles	Public Governor
	Ed Seward	Head of Directorate Finance (Adult Comm, Med Spec, Acute Med)
	Nicola Jones	ALS Programme Manager
	Julie Marchant	Project Lead for Therapy Recruitment and Workforce Development and Local Rehabilitation and integrated Care Services
	Lyn Demeda	Deputy Director of Workforce
	Steve Townsend	Chief Digital Information Officer
	Andy White	Director of Business Systems
	Tim Borrie	Head of Space and Property Strategy, Essentia
	John Kelly	Director Healthcare Planning, Essentia
	Simon Martin	Head of Local Services – IT
	Bidisha Lahoti	Consultant Paediatrician and Clinical Director, Evelina
	Lucy Canning	Interim Associate Director of Strategy and Commercial SLAM
	Kemi Lawal	Business Coordinator - Notes
<b>Apologies/Absent</b>	Amanda Pritchard	Chief Executive Officer
	Rebekah Schiff	Service Lead Ageing and Health
	Sandra Noonan	Clinical Director
	Stephen Thomas	Clinical Director
	Mark Kinirons	Clinical Director
	Dr Ian Abbs	Medical Director
	Anita Knowles	Director of Communications
	CLlr Bill Williams	Public Governor

## **Welcome and Apologies:**

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

### **1. Minutes of Previous meeting held on 10<sup>th</sup> May 2017 and Matters arising.**

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

### **2.0 Short presentation on Clinical Services**

#### **Community nursing and AHP staff retention survey**

Julie Marchant and Lyn Demeda presented work on a Community Nursing and AHP staff retention survey. The aim was to understand why therapists and community nurses choose to stay or leave the Trust and to use the outcomes to shape the development of workforce strategies and share best practice. The key themes were flexible working, clinical development, reward and engagement.

The Committee welcomed the presentation and in the discussion that followed the following initiatives were explored: the age profile of the workforce, flexible working, skill mix, staff rotations, annualised hours, apprenticeships for local people, help with accommodation and links with housing associations and staff development discussions. These will be incorporated into a recruitment and retention action plan.

### **3.0 Minutes of Previous meeting held on 10 May 2017 and Matters arising**

The minutes were approved as an accurate record of the meeting

#### **3.1 Matters Arising**

None notified

### **4.0 Adult Local Services - Updates**

#### **4.1 Adult Local Services programme Director's report**

ALS Programme Director gave an overview of recent activities. The Local Care Networks continue to develop with input from GSTT Managers. Jane Stopher, ALS Deputy Director is on a 6 month secondment to Lambeth CCG and has also been appointed Chair for North Lambeth Local Care Network.

A joint Lambeth Local Authority and GSTT paper setting out the new jointly provided re-ablement model was discussed and agreed at June TME.

A meeting is planned for 22<sup>nd</sup> June to discuss the vision and action plan for population health local services which will feed into the Board Away-time discussions in September.

A second Buurtzorg Neighbourhood Nursing team is being established in the Walworth/Aylesbury area in Southwark. The Kingston University evaluation is expected in late summer.

#### **4.2 Progress update on Information Technology in the Community**

The Chief Digital Information Officer and his team were invited to update the Committee on IT activities within the community.

The Committee noted that many challenges remain, and that staff in the community continue to experience a poor level of service. The Committee discussed getting it right for staff and the need to improve patient experience.

#### **4.3 Developing a GSTT Community Estates Strategy**

The Head of Space and Property Strategy and Director Healthcare Planning Essentia, presented their paper which served as briefing for the Board Committee on the Community Estate Strategy, focussing largely on the opportunities to vacate properties or consolidate activity. The report identifies 17 properties to vacate or dispose over the next five years.

The need for appropriate mobile technology to enable community staff to be more productive and release capacity is critical to achieve the ambitions of the estate strategy.

Partnership working with SLAM was advised and further work to include the Community bed space needs to be considered.

After considerable discussion the Board Committee agreed that it was a good start and supported the strategy in principle.

#### **5.0 Lambeth Integrated Care System**

The Deputy Director Adult Local Services presented an update on Lambeth Integrated System Alliance following the discussion had at the February ALS Board Committee.

It was noted that a Lambeth Alliance Leadership/Design Group is progressing governance, communication, ways of working and building strong relationships needed for a further Delivery Alliance. General alliance principles have been developed and all partners will be required to commit to them.

#### **Learning from Lambeth Mental Health Alliance Work**

SLAM Interim Associate Director of Strategy and Commercial, SLAM shared with the Board Committee their experiences and learning from the Lambeth Mental Health Alliance which focussed on governance, leadership, decision making principles, better services for patients, improved partnership working, financial savings and risks, the importance of high level support and engagement.

The Board Committee welcomed the presentation and pledged continued support to the Alliance work and Local Care Networks.

The Joint Director Operations and Strategic Development - Adult Local Services will continue to attend meetings and update the Board Committee on progress.

## **6.0 A.O.B**

### **Bowley Close**

The Trust Chairman mentioned that he had recently met a service user of Bowley Close who had highly commended for their service.

### ***Date of the next meeting:***

20<sup>th</sup> September 2017, River Room, Gassiot House, 1-3pm

**Board of Directors**  
**Adult Local Services Committee**

**Minutes of the meeting held on 20<sup>th</sup> September 2017**  
**River Room, Gassiot House, St Thomas' Hospital**  
**13.00 – 15.00 pm**

<b>Present</b>	Girda Niles Simon Steddon Jon Findlay Felicity Harvey Sarah Wilding Julie Screaton	Non-Executive Director (Chair ) Medical Director Chief Operating Officer Non-Executive Director Deputy Chief Nurse – representing Chief Nurse Director of Workforce and OD
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<b>Attendance</b>	Sue Bowler  Anita Macro Nicola Jones Rebekah Schiff Sandra Noonan Ailsa White Simon Martin Andy White  Debbi Miller Esther Hindley Sarah Webster Kemi Lawal	Director Operations and Strategic Development - Adult Local Services Community Staff Governor ALS Programme Manager Service Lead Ageing and Health Clinical Director, Therapies Senior Strategy Manager Head of Local Services – IT Director of Business Systems, IT & Telecommunication (on the Phone) Deputy Head of Nursing - @home Junior Doctor, @home Improvement Lead, Transfer of Care Business Coordinator - Notes
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**Apologies/Absent**

Hugh Taylor Amanda Pritchard Angela Dawe  Jenny Stiles Stephen Thomas Mark Kinirons Dr Ian Abbs Anita Knowles Cllr Bill Williams	Trust Chairman Chief Executive Officer Director Operations and Strategic Development - Adult Local Services Public Governor Clinical Director Clinical Director Medical Director Director of Communications Public Governor
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**Welcome and Apologies:**

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

**1. Minutes of Previous meeting held on 21 June 2017 and Matters arising.**

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

## 1.2 **Matters arising**

### 1.3 Community IT Update

Head of Local Services – IT and Director Business systems updated the board Committee. They shared the Community IT Programme Objectives which include

- Improving Care Notes - removing existing bugs and work arounds
- A community network which is performing for the community users
- Appropriate mobile computing devices
- Access to Care Notes from mobile devices
- WIFI provision for patients and community sites
- A single data storage facility accessible by all staff wherever they are

Key challenges highlighted include funding, aligning to Estates and TOWOW strategies, cultural change, getting the best out of NEL CSU contract

Current activities include: Care Notes is due to go live on 9<sup>th</sup> October 2017. Upgrading and testing the network at Walworth Road, providing Wi-Fi in community settings, last IPADs being deployed, negotiations on going to improve CSU services, piloting windows 10 tablets and testing for mobile access to Care Notes. Plus development of the associated business case.

The committee agreed that it was a good presentation and that they were happy with the steps taken so far but wanted to know what the timeframes were for getting the required funding approved and everything else progressed. An estimate of five months was advised.

The newly appointed Community Staff governor shared examples of the difficulties being experienced by staff in the community.

### **Action**

**The Committee requested regular updates and for it to be a standing agenda item for future meetings.**

## 2.0 **Short presentation from a clinical service**

### **@home – a survey of declined referrals.**

Dr Rebekah Schiff, Dr Esther Hindley and Debbi Miller presented work done to identify the number of declined referrals, the reason for declining, appropriateness of the declined referrals and to identify areas of improvement and development.

A prospective survey over one month was carried out. Audit forms were completed by in reach matrons and @home staff and clinical notes were reviewed for declined patients

Findings highlighted that one third of the referrals were declined for varied reasons. The majority of patients declined were out of area or outside the clinical remit/too unwell. This group included infection/IV antibiotics and asthma. The survey also showed what happened after they were declined. Capacity was a rare reason for declining.

Next step include continued work on the @home optimisation programme, ensuring referrers know current catchment area covered by @home through further internal promotion, strengthen links with pal@home for overnight care and palliative care, review of home oxygen pathway, review respiratory pathways to possibly include asthma and explore expanding the geographical area covered by the team.

The Committee welcomed the presentation and found it interesting.

### **3.0 Adult Local Services - Updates**

#### **3.1 Integrated Quality and Performance Report**

ALS Programme Manager gave a summary of Q1 IQPR 1 2017/18.

The format has been revised to include the current 17/18 programme work streams and system wide reporting. The team have been working with King's and are expecting to be able to include the King's data from Q2. Internal Audit carried out an audit on the ALS IQPR – testing revealed the reported figures within the 2016/17 ALS IQPR were generally correct and derived from appropriate source systems however the quality and effectiveness of the IQPR is reduced as the data is extracted on a monthly basis but previous months are not refreshed or impact reviewed as months go by – going forward IQPR data from previous months will be refreshed each time it is run and impact reviewed.

#### **3.2 Programme Director's Update**

The Programme Director's updated has been circulated with the papers. The committee noted the report.

#### **3.3 ALS Annual Report – 2016/17 9 Draft**

Draft Annual report was tabled for comments. Final report will be discussed at the next meeting in December

#### **3.4 Lambeth and Southwark LCN MOUs - for Information**

Memorandum of Understanding to support the development of LCNs in Lambeth and Southwark tabled for information.

### **4.0 Transfers of Care**

Sarah Webster, Improvement Lead, presented slides from on the work of the Transfers of Care Work stream.

- National and Local targets to deliver the eight high impact changes
- Reduce % of CHC Assessments being completed in acute hospital by March 2018
- Discharge to access – new pathway has been developed across the system to enable patients from Lambeth and Southwark to leave hospital sooner in advance of Continuing Health Care (CHC) assessments being completed
- Trusted Assessment - Pilot where Social Workers employed by GSTT will act on behalf of the Local Authority to increase existing packages of care.
- Revised the Transfer of Care Policy has been published.
- Introduction of the Red Bag to patients in Care Homes – it will have all their necessary medical history /documentation plus personal effects – Patients will take it to hospital with them. It will also be used to send summary information back to the Care Home on discharge. This has improved communication and reduced length of stay in Sutton.

The Board Committee welcomed the presentation and look forward to more updates.

## **5.0 A.O.B**

There was no other business discussed.

### ***Date of the next meeting:***

6<sup>th</sup> December 2017 River Room, Gassiot House, 10.30 – 12.30



## TRUST AUDIT COMMITTEE

### Minutes of the Audit Committee meeting held on 6<sup>th</sup> September 2017 at Guys 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 S Townsend, Chief Digital Information Officer  
Ms Yinka Williams, Director of Information Governance and Management  
Mr A Gourlay, Director of Asset Management  
Ms A Knowles, Director of Communications  
Mr M Gubby, Head of Information Governance  
Mr S Lane, Associate Director of Finance – Internal Audit Shared Service  
Ms J Screatton, Director of Workforce and Organisational Development  
Ms A Knox, Deputy Director of Quality and Assurance  
Ms C Afolabi, Head of Risk and Assurance  
Mr S Nandrha, Principal Auditor  
Mr P Dossett – Grant Thornton  
Ms E McKeown – Grant Thornton

#### Apologies:

Mr P Allanson, Trust Secretary and Head of Corporate Affairs  
Dame Eileen Sills, Chief Nurse

#### 1. Minutes of Previous Meeting

The minutes of the meeting of the Audit Committee held on 10<sup>th</sup> May 2017 were approved as a true record.

#### 2. Matters Arising

The Director of Workforce updated the Committee on the Trust's visa management arrangements and the Home Office coming to revisit. Even though the Trust believed it was compliant with its licence, it recognised that it would need to provide more evidence to support this contention. The Director of Workforce confirmed that the department was working with Internal Audit to identify areas of weakness.

### **3. Cyber Attack**

The Chief Digital Information Officer (CDIO) acknowledged that the Trust had kept safe during the cyber-attack that had targeted and impacted many NHS Trusts across England and Scotland. The CDIO also stated there was an element of luck with the Trust operating Windows XP machines, but since then proprietary work had already been done from a technical perspective, including providing antiviral software, patches to desktops and the Trust's internal communications meant the Trust was well advised of what to do and when.

JP asked about the risks of existing Window XP desktops. The CDIO confirmed that Windows XP desktops should be 'off the Estate' by the end of October 2017, apart from isolated cases.

As a direct response to this attack, the CDIO had commissioned a full end to end Cyber Security Review of the Trust to be carried out by an independent third party. This will be reported to the Trust's Digital Committee next quarter then to this Committee for reassurance about the continuous risk.

**Action: The report will also be presented to the next Audit Committee.**

### **4. General Data Protection Regulations**

The legislative requirements of the Data Protection Act 1998 were due to change when the European General Data Protection Regulation (GDPR) came into force on 25 May 2018. These changes would still apply to the Trust despite Britain leaving the European Union.

From May 2018, the Trust must be able to demonstrate that consent has direct consent had been obtained. Many care activities currently relied on implied consent, where the behaviour of a patient signalled consent without verbal or written confirmation. Additionally, the GDPR explicitly required that consent be as easy to withdraw as to give. The Committee considered the consequences of the GDPR changes to patient consent and how the consent statement would need to be changed to cover multiple areas. Concerns over the patient's right to have their record deleted were raised and the Committee hoped that there would be national guidance on this. Further concerns that GDPR would make data sharing, already the biggest barrier to integrated care, more difficult.

The Committee asked for a further discussion from GDPR.

### **5. IT Risk Landscape**

The IT Risk Landscape paper provided the Audit Committee with a more strategic overview of the risks around IT and information governance as well as the opportunity to discuss the level of these risks and any corrective action the Trust needed to take. The paper's content has been extracted from Datix but would not replace Datix.

The need to include the risk of not having adequate, or the absence of, desirable digital maturity was raised. The Committee agreed the proposed approach to IT/digital risks, as part of providing the Board assurance of the IT/Digital Technology Risk Management.

## **6. Information Governance Update**

The Committee received an overview of Information Governance and Management activities during Q1 2017/18. The Trust's compliance with its subject access request statutory obligations had improved, but compliance with Freedom of Information Act (FOI) requests remained poor.

With recurring poor compliance with FOI requests, the Committee discussed whether a new approach was required. The CDIO agreed to propose improvement actions and bring these back for Committee discussion. The Committee suggested risk assessing the requests and making more of the Trust's information easily accessible.

JP queried the accuracy of the measure for the availability of centralised and decentralised Health Records as the report showed 100% compliance. YW stated that the figure was likely to be incorrect.

**Action: YW to liaise with the Health Records department and determine the true compliance figure and share this information with members of committee.**

## **7. Board Assurance Framework**

Simon Steddon (Medical Director) has now become the Executive sponsor for the Board Assurance Framework.

The Committee noted the report which provided the current status of risk, actions and assurances about the effectiveness of controls in place and was last updated in July 2017. The Board would be formally reviewing and refreshing the framework in November. The Committee suggested an indication of the direction of risk as well as a summary at top of each page as ways to make the report clearer. It was suggested that the implications of Brexit should be risk assessed.

The Committee also commented that the current BAF does not give an indication of the 'direction of the risk' and the BAF had too much detail.

**Action: Deputy Director of Quality and Assurance confirmed that the current format of the BAF is under review and revised, concise version will be presented to the next Audit Committee.**

## **8. External Audit Introduction Paper and Plan**

The Committee noted the paper which reported on Grant Thornton's progress in delivering their responsibilities as external auditors. The Committee reviewed the draft Audit that Grant Thornton have work up with the Trust's Finance Team.

## **9. Internal Audit Progress Report**

The Committee received an update of the Internal Audit department's work for the period 1<sup>st</sup> May to 31<sup>st</sup> August 2017 and a summary of the work finalised since the previous meeting. There had been three Limited Assurance Reviews: Complaints, Pathology: Viapath LLP and British Forces Germany.

Within Complaints the review had established that the time allowed to acknowledge complaints had been misinterpreted but had not been implemented.

In Pathology: a review of the provision of Pathology services by Viapath LLP had found examples of Viapath overcharging in some tests, particularly, Renal. Further work was being undertaken by the Procurement Team with Viapath to find out the extent. The Committee was assured that the billing and results interface were separately maintained. However, the Committee were informed that the many of the systems used by laboratories were based on Windows XP and the IT infrastructure was provided by the Trust. The Committee also discussed the wider requirement of an Internal Audit service within Viapath. This may be a decision for the Commercial Board.

The Committee expressed their concern that no action had been taken on the recommendations of the previous audit undertaken on British Forces Germany in 2015. These related to IT related services.

**Action: The Commercial Directorate was asked to take remedial action in line with the report's recommendations and report to the Committee in 6 months' time.**

It was suggested that the earlier format of internal audit report, in reference to the follow-up of audit recommendations, may prevent this type of issue recurring and show that agreed actions were being adequately followed up.

## **10. Counter Fraud Report**

The Committee noted the Counter Fraud report.

## **11. Other Business**

The Director of Asset Management confirmed that remedial action was taking place in relation to the cladding on the Cancer Centre.

**The next meeting will be held at 12:30pm on 15<sup>th</sup> November 2017, in the Burfoot Court Room, Guy's Hospital.**

## **Evelina London Board**

### **Minutes of the meeting held on Wednesday 5<sup>th</sup> July 2017**

**Present**

Dr Sheila Shribman, Non-Executive Director (Chair)  
Ms Marian Ridley, Director  
Dr Sara Hanna, Medical Director  
Mr Simon Blazer, Head of Finance  
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  
Dr Tony Hulse, Council of Governors, Staff Member  
Ms Devon Allison, Council of Governors, Patient Member  
**In attendance for item 9:**  
Kathrin Ostermann, Director of Supporter Development, KCL

#### **1. Apologies**

Ms Emma Duncan, Non-Executive Director  
Ms Janet Powell, Director of Nursing  
Mr James O'Brien, Director of Performance and improvement

#### **2. Minutes of the last meeting**

The following amendment is required – the Director of Nursing is responsible for presenting the future report on age appropriate care.

#### **3. Matters Arising**

- **Revised Evelina London Board ToRS**

The Director Evelina London reported that the ToRs have now been approved by the Trust Corporate Secretary and the group is approved as the Evelina London Board.

- **Southwark SALT**

The Director Evelina London reported on the current position in relation to the planned disinvestment in early year's speech and language therapy (SLT) by Southwark Local Authority from October 2017. She said that since notice was received, various letters had been exchanged and meetings held, with limited progress in addressing areas of concern. She explained that the service had historically been jointly commissioned by the CCG and the LA, as is required, and that the current funding withdrawal risked dismantling this best practice going forward. Current discussions were not helped by the historic nature of current contract details and paperwork that has not been reviewed for a number of years.

The Director explained that in the most recent joint meeting, held that afternoon, both commissioning parties (the Local Authority and the CCG) had confirmed their commitment to meeting their statutory responsibilities.

The Director confirmed that the jointly funded service that Evelina London provides currently supports a range of health and educational needs across all age groups, including early years but also older aged children and young people in special schools. There are therefore two issues to resolve as soon as possible: (i). to clarify the educational responsibilities for early year's children currently being met by the SLT team and how the needs of these children will be met going forward within a reduced service envelope. (ii). to review the allocation of remaining CCG funds and the prioritisation of these funds on health needs going forward. The Director also raised serious concerns in terms of communications to and relationships with affected stakeholders; children and families, early year's settings and special schools. Internally there was a detailed review of the revised service budget underway to clarify staffing implications. This current analysis indicated redundancies were unlikely to be required and the service would be doing all it could to avoid any redundancies being necessary.

The Chair of Governors asked what service would be next for similar reductions. The Director confirmed that were similar reductions at this time to sexual health services in Southwark. In terms of children's services Evelina London have received notice that there will be a 10% reduction in Health Visiting in Lambeth in 2018/19. Southwark public health team, who still commission Health Visiting, have confirmed that they won't be cutting the Southwark Health Visiting contract value next year but that they will not be able to fund inflation.

The Staff Governor asked whether the cause of the speech and language therapy reduction was cuts on central funding from government or whether it was the result of the transfer of the public health budget to the local authority. The Director replied that she could not confirm the cause of the local authority decision but that it was clearly linked to insufficient funds.

### **Quality and Performance**

#### **4. May 2017 IQPR (Month 2)**

The Medical Director reported on highlights from the May IQPR. The staff friends and family result is very positive. She said that the leadership team were always mindful of the many pressures inherent in working in increasingly complex and demanding daily environments and that it was essential to monitor the ongoing support and opinions of our staff. The Medical Director highlighted the excellent positive comments quoted in the report from staff in Community.

Waiting times and capacity remain the areas of greatest concern in the hospital, both elective waits and outpatient follow-up backlogs. The Medical Director stated that there are genuine issues in orthopaedics and spinal services that have been outlined to the Board at previous meetings and that remain ongoing. ENT continues to have

significant waiting time issues despite the team achieving such high activity levels and seeing and operating on increasing numbers of children.

The Chair of Governors commented that it was a long wait to receive a wheel chair for children. The Deputy Director confirmed that this is a new metric and that further detail on this had been requested. There are different categories of waiting for a new wheel chair or a replacement wheelchair and that while the wait metric is long the mean and median waits are shorter. It was agreed that further detail should be presented on this in the next IQPR.

**Action: Further detail should be presented on wheelchair waits in the next IQPR.**

The Staff Governor requested details on how clinical teams understand their activity plans and how engaged they are in developing them. The Director confirmed that these plans are agreed as part of business planning at directorate and service level. She said that it was very important that clinical teams were engaged and understood these numbers and that each year we were trying to improve this process. The Director suggested further conversations in the directorate to raise and progress detail on this.

The Chair highlighted the value of the report in drawing the Board's attention to the main issues, areas for concern, areas of success and to prompt questions and discussion. The Chair particularly highlighted the improvements in outpatient metrics and the success of this achievement given previous presentations on this topic and awareness of concerns here. She particularly highlighted the improvements in DNA rates and short notice cancellations.

## **5. May 2017 Finance Report (Month 2)**

The Head of Finance reported that Evelina London was 'on plan' at month 2. The report detailed a £600K positive variance in month but that £500K of this represents a one off debt receipt. In terms of further detail, Evelina London is behind plan on income, notably including delays to the 1+ capital scheme. The planned income and expenditure position is to be refreshed alongside the latest capital programme details.

The Medical Director updated the Board on the capital programme and current service decant plans. Due to drilling and disruption between Sky and Mountain Ward, as part of the Sky Ward construction project, a number of beds will need to be closed on Mountain Ward for a 2 month period over the summer. In response, a detailed contingency plan has been agreed with the Trust and at the end of July a cohort of ambulatory children/services will temporarily relocate to the 10<sup>th</sup> Floor of the North Wing. This will exclude children having a general anaesthetic as part of their diagnosis or treatment and all children requiring an overnight stay. The Director reported that this plan was discussed at the recent Evelina Executive Review meeting and that if the move is successful then the clinical team may make an application to the Chief Operating Officer to request that the north wing capacity is retained over winter 2017. The new Sky Ward beds will not open until March 2018.

The Chair requested further details on theatres and theatre capacity. The Director confirmed that the Trust has re-opened work on theatre capacity and that an update was expected at the next Senior Leaders Group. Evelina London will be involved in this work going forward.

**Action: Theatre capacity update at the next meeting.**

## **6. Draft Annual Review 2016/17**

The Medical Director introduced the draft Annual Report 2016/17. She thanked the Evelina London Business Manager for her excellent efforts to pull this document together from multiple sources. Comments and feedback were requested from all Board members before final copy in mid-July.

**Action: Board members to feedback any specific comments regarding the Annual Review to the Deputy Director.**

The Professor of Paediatrics requested that in future reviews the research/academic section could be more developed. He also suggested that the staff voice could be feature with greater strength in future reviews and he particularly highlighted the opportunity to hear from junior doctors or other staff in training.

It was agreed that a final read through was required to check overall wording and details. The Deputy Director confirmed that the plan is to print some copies of the Annual Review but that the main access will be via the Evelina London website and once finalised the document will be uploaded in August 2017.

## **Strategic Development**

### **7. Specialist Networks Update**

The Director of Specialist Networks and Specialist Networks Manager spoke to their paper on specialist network progress. Network activity has increased significantly with the introduction of new clinics at new locations and better data capture on existing clinics. Further surgery is planned in the network to begin in early 2017/18: Urology at Lewisham Hospital and Paediatric Surgery at Darent Valley Hospital. The networks team continue to meet with and develop further the important relationships with other specialist partners: King's, Brighton, George's and Southampton. Education remains a consistent priority with a new network education programme delivered via multi-speciality study days; three of these have taken place so far and three more are planned. The new charity funded Education Administrator is in place and the NHSE CQUIN for network education was achieved in 2016/17. The second regional Senior Leaders day is planned for September, building on discussions and requests for further support and work at the first of these meetings in January.

Earlier in the year the team presented a second network CQUIN proposal to NHSE to raise the profile of their work and the potential synergies with STP plans. Since then there have been several meetings with NHSE and the NHSE specialist transformation programme team have visited Evelina. In June the Director of Specialist Networks and the Medical Director presented network progress and proposals to the first STP



paediatric transformation programme meeting (key medical directors, clinical directors and senior paediatricians in attendance) and then to the London Trust CEOs via the London NHSE Planning Board. The latter presentation included focus on the current distribution of activity and the potential for better access and coordination of care for children, families and service providers. The Director of Specialist Networks reported that there had been generally positive feedback received from these meetings but specific feedback is being actively sought, particularly in relation to the mandate to set up a partnership network that extends beyond Evelina London and builds relationships and progress across the region and specialist partners.

The Specialist Networks Manager reported that there is outstanding further work to define and recommend the financial and governance models for network development – including ‘Evelina@’ and linked to the Trust level group model conversation. This will be taken to the Evelina Executive in autumn 2017.

The Staff Governor raised concerns in relation to the development of financial and governance model in particular that ‘Evelina @’ is potentially controversial to local providers. The Specialist Networks Manager confirmed that the networks leadership team understand this and are taking a considered approach to reviewing models that will need to work for all parties; it is about finance but also importantly about governance and clinical accountability and relationships. She confirmed that our views are maturing and that the general awareness of the complexity of this in the round is why it will be taken via the Executive for discussion and progress. Going forward, as part of the ‘Evelina @’ conversation different models may work better for different clinical services and that will be part of the consideration and discussion.

The Lead Governor raised a question on the financial story in the networks paper and whether money quoted was ‘profit’ or not. The Deputy Director and Head of Finance confirmed that Evelina does not make a profit on network activity and that all activity is charged at full cost i.e. including overheads but without any additional uplift. This is a policy decision because transparency and sustainability to partners across the system is important.

## **8. Capital Programme Update**

The Deputy Director spoke to the capital expansion update paper. She highlighted two key areas to the Board.

- Material progress on the 1+ scheme, that a number of next phase projects had begun, or were about to begin, including building works on the 6<sup>th</sup> floor. The latter disruption to Mountain Ward had already been discussed.
- A preferred estates option had been selected for Evelina 2 that included blocks G and H as illustrated in the paper, but that further design and construction work was temporarily paused. The latter decision was proposed to enable alignment with the St. Thomas’ site-wide work on estates and infrastructure master planning, and an overall Trust estates funding strategy. The Deputy Director said that bringing the programme alongside these two important pieces of trust-wide work was discussed at the recent Executive review meeting between Evelina and Trust executive

directors. There was a risk that this would add open-ended delay to the Evelina programme but that robust work could not proceed independently. It will be important that the Evelina is part of this wider work and able to influence on process and timescales.

The Board supported both of the above and were keen to discuss further progress at the next meeting.

## **9. Fundraising Update**

The Director of Supporter Development presented to the paper on fundraising development. She described the move from proposed trust-level changes and summer uncertainty to emerging clarity on how fundraising would be resourced and structured within the Trust going forwards. In terms of the latter Evelina will have their own team and targets within an overall GSTT/Charity fundraising structure, with a significant increase in investment from the Charity and provided by a revised, trust-aligned KCL team. The new investment contract between the Charity and KCL fundraising team will be signed and agreed by August 2017 and is in place for 3 years.

The Charity and the Trust are together revising their relationship and internal 'engagement' structures supported by a new Charity Director of Trust Engagement. Evelina are in discussion with all partners about a new fundraising strategy structure which will support and evolve from existing Evelina communications and spending structures, both of which are well established. There is an awareness of the need to launch the new Evelina capital campaign, linked to the 150<sup>th</sup> birthday in 2019, and plans are developing. The nature of the relationship with the fundraising for the Institute, funded by KCL, is not yet clear but work had begun over the summer to describe the institute campaign and present this in draft to the KCL Campaign Board. Further work is required here.

The Board raised questions of pace and ownership with clarity around a future Evelina team that sat within and was established alongside the Evelina team. The Director of Supporter Development confirmed that that this would be the case and with funding confirmed, roles, names and details would follow over the summer. The Deputy Director highlighted the importance of the partnership with the Charity, their legal role in governance and that the new Director of Trust Engagement had wanted to be at the Board to talk to the jointly written paper but was on leave. The Chair of Governors and the Director of Evelina London asked about a project approach to the 150<sup>th</sup> birthday plans and the Director of Supporter Development confirmed that this would be proposed, linked to a campaign launch in October 2018 with further details to follow.

The Professor of Paediatrics highlighted recent discussions with KHP, KCL, Evelina and South London and Maudsley to agree alignment with both child health academic/KCL campaign fundraising proposals: the women's and children's proposition and the psychiatry early intervention child mental health proposal. He described the need to define clarity in relation to our women's and children's proposal/funding strategy, within a wider research strategy which would have both distinctiveness and beneficial opportunities for research overlap (as now) and that the former would be the basis of

the fundraising campaign. The Deputy Director agreed that there was a need to detail the women's and children's academic proposal business model – determining the fundraising target and what this would support (capital and revenue) within an overall, joint children's service and academic campaign.

#### **10. SBU non-Exec Advisor roles**

The Director of Evelina London spoke to the proposal on new non-Exec advisor roles to support the new Evelina London Board. The Chair confirmed that Emma Duncan had recently resigned from the Board and so a new non-Executive to join the Evelina London Board was being discussed with the Trust Chair. Subject to further consideration on specific expertise requirements, the Director requested support to progress a role description and recruitment process for the new non-Exec Advisor role. This was agreed.

#### **11. September Away Day Proposal**

The Director of Evelina London spoke to the paper proposing an extended 'away day' Board session in September. This would focus on the SBU, our progress, plans and how we evolve the effectiveness of our Executive including our relationships with the wider Trust in terms of earned autonomy, our strategic progress and our priorities for action. The meeting will cover a wider invite list including the Evelina London Board, the Evelina Executive and the Trust Director of Strategy. The Director requested comments on the away day proposal to be sent as soon as possible to herself or the Chair.

**Action: Board members to send comments on the away day proposal to the Evelina London Director and the Chair.**

#### **12. AOB**

None raised.

#### **13. Next meeting**

The next meeting will be held on Wednesday 20<sup>th</sup> September 2017 from 2 to 6pm in the Emily MacManus Lounge, Guy's Hospital.

## Evelina London Board Action Log

Date of meeting	Action	Responsible	Deadline
10/05/2017	Report on Age appropriate Care to November meeting	Director of Nursing	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	Read SBU implementation update and provide feedback to the Director	All	27/06/2017.
05/07/2017	Further detail should be presented on wheelchair waits in the next IQPR.	Business Manager	20/09/2017
05/07/2017	Theatre capacity update at the next meeting.	Deputy Director	20/09/2017
05/07/2017	Board members to feedback any specific comments regarding the Annual Review to the Deputy Director.	All	20/09/2017
05/07/2017	Board members to send comments on the away day proposal to the Evelina London Director and the Chair	All	20/09/2017

## **Evelina London Board**

### **Minutes of the meeting held on Wednesday 20<sup>th</sup> September 2017**

- Present**
- Dr Sheila Shribman, Non-Executive Director (Chair)
  - Ms Marian Ridley, Director
  - Dr Sara Hanna, Medical Director
  - Mr Simon Blazer, Head of Finance
  - Ms Miranda Jenkins, Deputy Director & Director of Strategy, Evelina London
  - Professor David Edwards, Director, Centre for the Developing Brain, Professor of Paediatrics and Neonatal Medicine
  - Dr Tony Hulse, Council of Governors, Staff Member
  - Ms Devon Allison, Council of Governors, Patient Member
  - Ms Janet Powell, Director of Nursing
  - Mr James O'Brien, Director of Performance and Improvement
- In attendance**
- Mr Steve Weiner, Non-Executive Director
  - Dr Hilary Cass, Director of Education and Workforce

**1. Apologies** Dr Owen Miller, Director of Specialist Network

**2. Minutes of the last meeting**

The minutes of the meeting held on 5<sup>th</sup> July 2017 were accepted as a correct record of the meeting.

**3. Matters Arising**

- **Matters arising from the Action Log**

The Director of Nursing reported that the issue with PALS responses had been raised with the Chief Nurse and an improvement was expected. All other actions due had been completed. Details on wheelchair waits were covered in the IQPR and a theatre capacity update was included with the meeting papers.

- **Southwark SALT**

The Director Evelina London updated the Board on the current position in relation to the planned disinvestment in early years speech and language therapy (SLT) by Southwark Local Authority from October 2017. Since the last meeting a strategy had been agreed with the CCG and Commissioning Support Unit. It was not yet clear whether the Local Authority supported the plan. The CCG would provide the Trust

with a letter confirming arrangements by 30<sup>th</sup> September 2017 to allow discussions with the schools to take place in time for commencing on 1<sup>st</sup> April 2018. The Speech and Language service had been informed that they could continue recruiting as normal at present.

- **Capital Programme**

The Deputy Director and Director of Strategy reported on the excellent work from the clinical team which had made a success of the decant of ambulatory services to the North wing during the drainage works on Mountain ward. This had enabled work to commence on converting the 6<sup>th</sup> floor into a clinical space.

The new penguin outpatients department was due to open the following week and Fetal Outpatients in November. Full Business Cases for a permanent new location for ambulatory services and for Snow Leopard 2 were progressing well.

The work on the Clinical Research Centre was facing problems with the space and decant arrangements. This had been raised with the Interim Chief Operating Officer and Director of Asset Management in Essentia.

The Director Evelina London reported that concerns regarding progress of the planning of IT for the 6<sup>th</sup> floor had been raised with the Chief Digital Information Officer.

The Chair expressed support for the business cases for Ambulatory Care and Snow Leopard 2 which were due to be discussed by the Board in October.

- **Fundraising**

The Deputy Director directed members to the joint paper produced by Fundraising and the Charity which was included in the Board pack. This outlined the next steps in the fundraising plan. The Board sought reassurance that the structure provided the appropriate speed to ensure opportunities were not missed, in particular the 150<sup>th</sup> anniversary in 2019. The Council of Governors patient member enquired whether opportunities were going to be taken in the future for involving celebrities or high powered volunteers.

- **Non-Executive and Advisor roles.**

The Board Chair thanked Steve Weiner for attending the meeting and confirmed that the Trust Secretary was working with an agency to identify potential non-executive advisers to join the Board. The Trust would also formally look for a parent member of the board.

- **Theatre Capacity**

The Director of Performance and Improvement introduced the paper on theatre capacity constraints. The paper indicated reasons for the increase in demand for theatre time, benchmarking on efficiency of theatre utilisation and mitigations and actions currently planned. Even with the planned actions there remained a requirement for additional theatre capacity prior to the anticipated completion date of the Evelina expansion programme. Options were described in section 3.4. This included building additional capacity, expanding workforce and extending operating hours, expanding the surgical network, utilising adult theatres, leasing theatre space or adding modular theatres. The paper discussed the immediate, intermediate and

long term action for each of the options. Action was being taken to expand the workforce and extend the operating hours in the short term whilst other longer term options were explored further. The Medical Director pointed out that waiting lists in Children's Services were longer than elsewhere in the Trust and that a solution may be to redistribute theatre use outside of the Evelina to give additional capacity to children's services. It was agreed that this issue needed to be discussed at the Trust's Quality and Performance Committee.

**Action:** Medical Director to raise at Quality and Performance Committee.

#### **4. August 2017 IQPR**

The Medical Director commended the work of the Paediatric spinal team in reducing surgical site infections and the Health Visiting team for an excellent review.

She explained the difficulties of the NHS England PRAIS (Partial Risk Adjustment in Surgery) scores for Congenital Heart Surgery and the more accurate risk adjusted information which the service used which indicated that Evelina London was within the normal range for the case mix.

Emergency department performance had been good with an improved pathway in operation. It would be essential to maintain the Day Unit on the 10<sup>th</sup> floor of North wing throughout the winter in order to increase bed numbers to maintain performance of this and other measures.

Waiting times remained a challenge and the backlog of patients waiting for a follow-up appointment continued to grow. A range of actions had been taken including work on logistics and processes. Clinical pathways should be reviewed and good practice shared across specialties. The Council of Governors, Staff Member queried the impact of children seen in outreach clinics.

The Medical Director confirmed that the Family and Friends test results were good. Tell us sessions were on-going and workforce indicators benchmarked well. The results of the GMC survey were included and showed an improvement in Paediatric surgery.

The chair noted the good things which had been highlighted and that attention needed to be paid to theatres, RTT and Outpatients.

The Director of Performance and Improvement pointed out that the MRI was now 12 years old and had recently broken 3-4 times. There was a reliance on other MRIs within the trust and KCL. The Director, Centre for the Developing Brain suggested that the Neonatal scanner could provide some capacity if the logistics could be resolved.

**Action:** Director of Performance and Improvement to follow up possible use of Neonatal

#### **5. August 2017 Finance report**

The Finance Director introduced the finance report for August 2017. The reported year to date position was £1.031m favourable to plan. There was however, significant growth in the plan during the second half of the year which would provide a risk if not achieved. Income was £0.813m adverse but pay was underspent on all groups

excluding medical staff. Non-pay underspend was in line with activity underperformance.

The current projection for the end of the year was £654,000 favourable, but the Head of Finance reported that in view of the Trust's financial position, the SBU had agreed to a 'stretch' target for year-end of £1.1m favourable.

## **6. Strategic Assurance Framework**

The Director, Evelina London introduced the paper which provided a different lens through which to view the organisation and the challenges and risks it faced. This included influences from the external environment and their impact. The areas of greatest concern were identified as being waiting times for hospital services and backlogs, Trust and KCL investment, commissioner alignment and workforce – capacity and capability. Common themes were physical capacity, strategic alignment –internal and external and capabilities.

The chair noted that it was important for Evelina London to be seen as an integral part of the Trust as a whole as well as highlighting the importance of the child in defining its strategic position.

The Council of Governors, Staff Member pointed out the risks associated with IT.

## **7. AOB**

None raised.

## **8. Next meeting**

The next meeting will be held on Wednesday 1<sup>st</sup> November 2017 from 4 to 6pm in London Bridge Room, 4<sup>th</sup> Floor Becket House.



### Evelina London Board Action Log

Date of meeting	Action	Responsible	Deadline
10/05/2017	Report on Age appropriate Care to November meeting	Director of Nursing	01/11/17
20/09/17	Theatre Capacity to be discussed at Trust's Quality committee	Medical Director	11/10/17
20/09/17	Investigate possible use of Neonatal scanner to support Evelina MRI	Director of Performance and Improvement	01/11/17

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**Board of Directors  
Corporate Management Committee**

**Part 1**

**Minutes of the meeting held on Wednesday 13<sup>th</sup> September 2017  
at 1:00-2:30pm in the Burfoot Court Room, Guy's Hospital**

**Present** : Sir Hugh Taylor (Chair)

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

**Attendance:** Mr P Allanson, Secretary  
Ms V Cheston  
Mr R Drummond  
Mr A Gourlay  
Ms A Knowles  
Dr S Steddon  
Ms D Allison, CoG Representative  
Mr K Burnand, CoG Representative

**Apologies** Ms H Coffey  
Ms J Hamilton  
Mr S McGuire  
Prof R Razavi  
Ms J Hamilton  
Dame Eileen Sills  
Mr S Townsend  
Mr S Weiner

**CMC/17/20 Minutes of the meeting held on 7<sup>th</sup> June 2017**

The minutes of the meeting held on 7th June 2017 were approved as a true record subject to adding Alastair Gourlay to the list of attendees.

**CMC/17/21 Matters arising from the minutes of the meeting held on 7<sup>th</sup> June**

It was noted that Workforce strategy would be discussed at the Committee's December meeting.

**CMC/17/22    Board Assurance Framework**

The Committee noted the risks ascribed to its responsibility and the mitigations in place. It was also noted that the Audit Committee had asked that the Board reviewed the Trust's strategic risks as a whole during the autumn. Some funds were being released from the £100mn loan offered from the FT financing facility so this was not currently regarded as a serious strategic risk.

The Committee noted the report and agreed the statement and mitigations.

**CMC/17/23    SE London Provider Alliance MoU**

The Chief Executive informed the Committee that work was now progressing well on a number of initiatives associated with the SE London STP. In order to inject more pace, it was proposed to put in place a non legally binding memorandum of understanding to commit to moving forward on specific activities – the first would be to tender across all the providers for pathology service as a provider alliance. The arrangement was based on how the local mental health trusts worked together in arrangements that had been in place for 6 months and which had improved performance on the initiatives covered and saved around £1mn. The MoU would provide a useful framework and offered helpful transparency. Any delegation of authority would be subject to Board approval. The document was deliberately open ended to provide some freedom to act within prescribed limits.

The Committee suggested that it would be helpful to draw up a separate document setting out the various governance arrangements in place and particularly the strength of the levers in the hands of the Trust. Management consultants 2020 were supporting the STP and KHP and would be able to provide the basic framework to which the Trust responsibilities could be added. It would be helpful for this initiative to be linked to others in progress for primary care although more thought would be needed to make this effective. Whilst noting that taking difficult decisions would test the structure any initiative that facilitated better collaboration to achieve change and improvement was to be welcomed.

The Committee agreed that the Trust should enter the agreement and that it should be noted at the next public Board meeting.

**CMC/17/24    Essentia**

**Quarterly Capital Programme update**

The acting Director of Essentia reported that the new resuscitation area in A&E was being tested under simulation and once it went live would make a major difference to performance and enable the next stage to be completed by March 2018.

Good progress was being made in the next phase of the Evelina 1 plus programme.

Phase 2 of the construction of the PET centre was more difficult and was likely to cost £13mn more than the original budget, largely attributable to the lead lined equipment and the complexity of its installation. When the increase in costs had become evident, the Trust and KCL had reviewed the project including changes to the internal and external teams. Some misreporting had become apparent and Internal Audit had been asked to review performance. The report should make clear where any management or control failures and ensure that arrangements between the Trust and the university were clear, including which organisation was bearing the risk and where the benefits then lay. Since then there appeared to have been no further slippage or cost deterioration. There would be further discussions with KCL about the apportionment of costs given the commercial potential the university would be able to exploit. It would also be important to revisit the benefits case as the tariff nationally had changed and commissioners were now willing to pay only half the price for scans. The service was at risk of operating at a loss and underlined the commercial importance of exploiting the manufacturing possibilities in the cyclotron.

Progress was being maintained on developing the estates masterplan and a welcome joint appointment with KCL of an estate development director had been made. The focus of the current activity was finding decant space to allow Gassiot House and part of Borough wing to be demolished.

It was noted that the new by pass bus stop at St Thomas' was due to open but the cycle highway would not be completed for now because of the barrier on the bridge following the terrorist action in March. The Trust intended to respond to the Mayor's consultation on transport.

The Committee noted the student accommodation being built near to Guy's Hospital and suggested that the questions of whether any could be allocated to clinical staff should be explored.

The Committee noted the updates set out in the paper. It also approved the revised budget for the PET project and encouraged the continued renegotiation of the cost allocations for this project.

### **Fire Safety and Cladding update**

Following the identification of cladding on the Cancer Centre that required testing, the Trust had received authoritative advice from the fire service that the building remained safe for occupation because of the full range of protection measures deployed in the building; and on the basis of this advice, the Board had agreed in correspondence that the building should be kept in full operational use. That remained the position. However, tests carried out by BRE had confirmed that cladding of the type used on parts of the centre could no longer be regarded as compliant with building regulations and DCLG had issued guidance making it clear that owners of affected buildings must take further expert advice on the remedial action to be taken. In our case expert advice might well conclude that the addition of external sprinklers would be a sufficient safeguard, without removing the cladding. However, it that were the advice it would leave the Trust – and other building owners – in an ambiguous position, since the current DCLG guidance stated that the panels were not compliant with building regulations.

The Committee agreed that any decision to proceed with remedial action to proceed with remedial action which did not involve replacing the panels would need to be cleared with NHSI and DCLG; and if NHSI and DCLG were to insist that the panels should be replaced, notwithstanding expert advice to the contrary, there was a strong case for inviting NHSI to underwrite the capital cost. It noted that further discussions were being held with the interested parties.

Staff in the Cancer Centre had been fully briefed on the position as the problem had emerged – with reassurances given about the safety system in place. Patients had not been briefed separately – beyond the initial public statement and such re-assurance they received from staff on a personal basis. The centre had functioned normally; and there had been no evidence of public or staff concerns about the safety of the building.

The need for further staff training and fire drills had, however, become clear. This had been stepped up in the Cancer Centre itself; and a new fire officer had been appointed who was reviewing current arrangements. There was an immediate requirement, for example, to re-inforce the no smoking policy on the Guy's site, as there had been evidence of people smoking in the vicinity of the building.

More generally on fire safety, the Health and Safety Committee would be discussing changes and improvements to some of the Trust's training and processes including on evacuation of the sites, training fire wardens effectively and setting up a Trust Fire Safety committee. Wheelchair users in ambulatory areas needed particular focus in any review given for example the challenges of evacuating people from the Guy's Tower.

The Committee noted the report.

#### **CMC/17/25    Financial Recovery Plan**

The Director of Finance was anticipating an improvement in month 5 particularly as delivery in month matched the plan and income was therefore beginning to recover. Discussions with entire directorate management teams setting out the scale of the challenge facing the Trust had been helpful. Directorates would be banded to establish the amount of support needed to return to plan. The actions proposed were intended to be realistic and deliverable with some central action to offset the challenges faced by directorates. Returning to plan would release STF funding; otherwise different solutions would need to be applied in the Trust.

TME had accepted the proposals. Offering incentives and rewards for performance were welcomed. Support and changes to some directorate leadership teams had begun and financial recovery would form a major part of the ED review that had just started. Engagement across directorates was good and the seriousness of the need to address this was accepted even though the scale of the challenge was large. Action with corporate directorates would take place and there had been helpful discussions with Essentia. It was also too soon to alert the regulators to the risk of the Trust not meeting its plan.

It was confirmed that vacancy control was being managed locally and there was no overall ban on recruitment. However, maintaining staff morale and incentives remained important. The Workforce Directorate was reviewing a perceived increase in stress levels amongst senior staff identified by Occupational Health. It was important not to underestimate the effect of the challenges being faced by the NHS more widely on staff locally.

The Committee noted the Trust's strong cash position; STF funds paid at the end of the last financial year for exceeding plan and slower than anticipated capital spending had led to the increase in cash being held.

The Committee noted the worrying position for month 4, welcomed the comprehensive recovery plan designed to address this, the reassurance that the deterioration in the financial position appeared to have been arrested and that it was hoped to achieve the target for the year. Being in a strong financial position remained importance in order to retain system influence.

**CMC/17/26     Date and time of next meeting**

13<sup>th</sup> December 2017 at 1pm in the Burfoot Court Room, Guy's Hospital

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**Board of Directors  
Digital Committee**

**Minutes of the meeting held on Wednesday, 19<sup>th</sup> July 2017  
at 13:00 Emily MacManus Lounge, Guy's Hospital**

**Present:** Mr D Perry (Chair)  
Ms A Pritchard  
Ms H Coffey  
Mr J Findlay  
Dr Priya Singh  
Mr M Shaw  
Dr S Steddon  
Mr S Townsend  
Sir Hugh Taylor  
Mr S Weiner

**Attendance:** Mr G Bateman (Secretary)  
Ms C Afolabi (for Item 7)  
Mr C Breen  
Ms H Byron (Patient Governor)  
Ms A Dawe  
Ms S Bowler  
Mr J Hunt (Deloitte)  
Prof T Hulse (Staff Governor)  
Ms A Knowles  
Ms S Lomax (Deloitte)  
Ms J Parrott  
Mr A White  
Mr K Woollard

DC/17/01 **Apologies:** Dr I Abbs  
Ms F Harvey  
Dame Eileen Sills  
Ms K Cooney  
Mr G McAllister  
Ms Y Williams

**Declaration of Interests / Conflict of Interests**

None declared.

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

The minutes of the 3<sup>rd</sup> May 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 Committee welcomed Steve Townsend now formally Chief Digital Information Officer (CDIO) to his first official Digital Committee in his new role. The Committee noted the Actions Log and associated updates. Of the four actions that remained open, these would be met by the Agenda.

**For Approval / Decision or Discussion**

DC/17/04 **Digital Strategy**

The Committee received an update on progress completing the Digital Strategy, having also reviewed the revised Executive Summary. The Committee heard that the language had been changed and presentation of outcomes refocussed to meet the Trust's strategic needs. The current plan was to formally approve the Digital Strategy with the Electronic Health Record (EHR) system Strategic Outline Case (SOC) in September. The Committee heard how the technical IT strategy elements had been removed and would be addressed in a revised IT strategy that would complement the Digital Strategy in due course.

The Strategy addressed a 5-year period, but aligning with the clinical strategy refresh periods was discussed. The Committee agreed that the strategy focus period was right, but that to remain relevant it and associated strategies needed to refresh regularly and remain modular in approval cycles.

The Committee welcomed the positive changes made to the Digital Strategy and its communication. It was agreed that the Strategy was a far easier read and far more positive about the differences to be made. It was felt that the revisions had markedly increased the credibility of the documentation. Comments on how to develop the strategy further were discussed. It was agreed that the community aspects needed to address the wider elements of community locations, such as schools and youth clubs. It was felt too that that it was now a little too medical. The back office needed to be able to seamlessly access one-touch data that works. A revision needed to address clinical administrative and corporate functions in more detail. The Committee discussed the gap across the Trust in terms of cultural and system aspects. As such it wanted to be clear on how big was the change management and re-training requirement. The Committee sought reassurance on how would this be surfaced. The integration with both internal transformation programmes, such as Fit for the Future (FFF) and external ones across the Sustainability & Transformation Plans (STP) and partners in King's Health partners (KHP) needed to be addressed. The Strategy also needed to be clear about the order of magnitude of financial resource that the full strategy, EHR and other investments and support might cost. An investment profile for consideration would be welcomed. These comments would be addressed in the revisions and socialising of the revised full Digital Strategy, ahead of the next Digital Committee.

**Action: ST to ensure that the Digital Strategy addresses clinical admin and corporate functions more clearly in revision. ST**

**Action: ST to bring the full Digital Strategy to next Digital Committee. ST**

DC/17/05 **Electronic Health Record (EHR) system Strategic Outline Case (SOC)**

The Digital Committee received an update on progress with the EHR programme and reviewed the draft EHR SOC. The Committee heard how there had been wide involvement across the Trust in constructing this draft business case. The Committee welcomed the opportunity to discuss options on system decisions, and to better understand the process. The Committee sought reassurance that the business case development will be fully inclusive of the change programme required across the Trust. It was requested that more clarity be added to the benefits an EHR will bring to analytics and research. The EHR programme team sought Digital Committee comment on 2 things:

1. What is outstanding to support the SOC and direction proposed?
2. How comfortable are the Committee in progressing to the next stage for OBC preparation?
- 3.

The Committee welcomed the SOC and updates on the EHR programme, and it was agreed that this was a good document. The Committee sought clarification on how this programme would be lead and how it would be delivered, with emphasis placed on the future branding and leadership of the programme. The Committee sought reassurance too that lessons were being applied from the implementation of systems such as eNoting and Carenotes. It was felt that the Do-Nothing option should be stronger on why this was in itself not an option. The Committee also supported further clarifications about what is 'core' and what was added to that 'core'. It was agreed that the user's voice should be clear throughout the narrative of the EHR programme. EHR programme communications would be an important element, as communications and patient portal interactions were defined and delivered.

The concept of using the clinicians in user groups was welcomed, and again reassurance was sought that backfill and resource management provisions were in place for this support. This work was being led by the CCIO and Medical Director. It was accepted that over the programme lifecycle that the people and roles would change and this would need to be managed. The importance of understanding the opportunities of addressing GP lists, primary care and enabling population health management was discussed. This would form a part of wider considerations moving forwards. The underlying principle of leveraging data would be fundamental to the programme moving forwards.

The management of the EHR Programme scope was also seen as an area of risk and one that required close management moving forwards. The Committee also sought confirmation that where areas were excluded from scope that the reasoning was clear and transparent. Interoperability, and

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the interface between primary and secondary needed defining and managing. The Committee agreed that the removal of multiple health records across mental and children's health should be pursued. Clarity on the group model, institution aspirations and network interactions such as KHP would be welcomed. The roadmap associated with cloud-based systems, future analytics, cognitive, wearable technologies and patient data sets will need to be considered in the EHR plans.

The Committee agreed that this point in the programme was an active decision point, and that the Trust had to make a decision. It was simply a case of what kind of decision the Trust was prepared to make. The EHR programme sought decisions on the key replacement of systems and detail on the added value and transformation benefits. The Committee felt it was important that the programme and SOC manage expectations, that the narrative be honest in that the Trust would lose some systems to get the new one and that operationally things may get worse before it got better. Therefore, the clinical administrative importance was to be reflected in governance and requirement considerations moving forwards. The quality of data was discussed, and the Committee sought reassurance that data migrations from systems to the future EHR programme would be considered and managed thoroughly as the plan developed.

Discussions on the next steps were a key part of ongoing considerations ensuring that learning from experience of other hospitals and our own programme were addressed. Sequencing with the Digital Strategy was seen as critical in the management of the next stage of deliverables in preparing for the options analysis of an Outline Business Case (OBC).

In terms of governance and approvals – SOC would come back to the Digital Committee in September, and would as part of the formal approvals progress through TME (21 Sept) and the IPB (5 Oct). The final SOC would then be signed off by the Board of Directors (18<sup>th</sup> Oct). EHR discussions would form part of the discussions at the Board Away Day in September. Between the TME and main Oct BoD meeting an extraordinary Digital Committee will be required. Director of Strategy would provide guidance and support.

**Action: Sec to arrange an extraordinary Digital Committee between TME and BoD in late Sept/early Oct.**

**Sec**

### **Assurance**

#### DC/17/06 **Transformation Update**

**a. Fit for the Future Update.** The Director of Improvement provided a verbal update on the progress and plans for the FFF transformation programme. The EHR programme provided a blueprint as a transformation programme. The documents and processes could be applied elsewhere. The three FFF Transformation Programmes were considered critical to the delivery of an EHR system. How this would work needed to be clearer in the

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EHR SOC moving forwards. The September Board Away Day would receive an update on the wider FFF programmes, this would focus on the Digital Patient Journey and patient portal, the remote working of staff any time and anywhere, as well as the work on patient care re-design. The Committee welcomed sight of that update. The Committee asked that what be made clear was how digital could aid transformation and how both programmes could be aligned moving forwards. It was agreed that a plan on a page of how digital and the transformation programmes aligned and overlapped would be useful in avoiding clashes. The prospect of opening up access of records and interactions direct with patients across the Trust was a revolutionary step forward in practice and one that required digital and transformational alignment. The increase in demand for digital services was likely to be unprecedented. The case for investment would need to be addressed to capture all these issues, challenges and opportunities.

**b. Pipeline Update.** The Digital Committee received a paper on progress with prioritising the 160 New Requests (NR) for new IT/technology work. The report detailed how even during the process of quantifying and prioritising the NRs the list had grown to 180. The Committee heard how the panel prioritisation exercise had worked, how principles had been established to inform the process and align with EHR preparations. The Committee heard how a short-list of 17 NRs had been achieved, and that communications were now in progress to share this outcome. The focus on constraints and resourcing issues were now being addressed as part of this exercise. The Committee were reassured that all NRs progression would be subject to normal governance and approvals via the ITPB and IPB. That NRs remained on the list and would be subject to further review was seen as helpful and encouraging.

An update on progress with these prioritised NRs and the outcome of the next prioritisation round in September would come back to future Digital Committees. Preparation for the next round of Business Planning needed close attention, as this was likely to bring a fresh round of requests.

## DC/17/07 **Risk Review**

**a. Digital Risk Paper.** The CDIO brought a risk paper to the Digital Committee summarising a proposed new approach to technical/digital risk. This built on the comprehensive risk report detailing over 23 pages of risks, as shared at the previous risk committee. The Committee were reassured that the proposal to categorise risks was aligned with Trust risk processes and use of the Datix system and protocols. Early analysis demonstrated that this was a useful way of communicating and managing a complex risk landscape. The categories would be informed and addressed through a series of related audits. The Committee welcomed the paper and agreed that the categories were helpful. The Committee thought the notion that cyber was a risk posed by others and that data and digital were risks posed by ourselves was useful. If required a sixth category might help the reporting moving forwards. The Committee welcomed a tighter definition of the categories in the future revisions to the risk reporting. In summary, there was broad support for the paper's proposals and welcomed future updates



For approval  
on scores and analysis.

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**Action: ST to bring back a revised Risk Report to be brought back to a future Digital Committee. ST**

**b. Channel 3 - Clinical / Operational Risk Report.** The Deputy Director of IT presented an update paper on the response to the Channel 3 Risk Report. The report detailed the actions and status on the risk-based recommendations for the clinical applications and their associated clinical and operational support, testing and risk. The report detailed progress on the 27 actions, it reported 15 were closed, 11 were ongoing of which 6 were on track, one on hold and 5 were currently behind schedule. The Committee were reassured that these risks were being addressed. The governance of this process was discussed, and it was noted that this was an internal to IT/Digital process, and one whose outputs and updates would be fed into the update on IT/Digital risk paper updates in due course. A full risk update would be brought to the Audit Committee in October.

#### **For Noting**

#### **DC/17/08 Community Programme - Update**

The Committee received the update on the IT Community Programme, previously presented to the Adult and Local Services Committee. The Committee welcomed the report and agreed that Carenotes was a priority for the Trust. Other priorities were the network issues and mobility working through the ongoing iPad deployment. The Carenotes next release and plans for the future were discussed and the Committee welcomed a future update post the Carenotes August Programme Board and planned next Release of software. The removal of problematic work-arounds and improvements in community productivity was seen as an important issue. The CSU relationships were key to delivering the outcomes of the community programme. The CDIO was addressing this area to establish and benchmark value, cost and value for money across the community services. This review would address the total cost of ownership and if necessary then changes would be made. The link between Community and EHR were discussed and this too will be a key discussion point on where the two strategy paths will align moving forwards. A further update at future Digital Committee would be welcomed.

#### **DC/17/09 Cyber - Update**

The Committee received an update on the recent cyber-attacks and Trust response. The Committee heard that a commercial audit was being undertaken to inform a risk based approach to cyber across the Trust. A further update would be brought back to the Digital Committee in due course.

#### **DC/17/10 Any other Business**

Essentia representation at the Digital Committee was discussed and it was



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agreed that the CDIO would include this within the Essentia extraction work being undertaken by the IT/Digital directorate.

**Action: ST to speak to Essentia about representation at the Digital Committee.**

**ST**

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

***New date -***

6 Sept, 15:30 - 17:30, Burfoot Court Room

Late Sept / early Oct – tbc - extraordinary meeting to approve EHR SOC

6 Dec – 15:00-17:00, Governors Hall

G J Bateman, Sec to Digital Committee

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## **Board of Directors Digital Committee**

**Minutes of the meeting held on Wednesday, 27<sup>th</sup> September 2017  
at 11:00 Burfoot Court, Guy's Hospital**

<b>Present:</b>	Mr D Perry	(Chair)
	Dr I Abbs	
	Ms F Harvey	
	Mr J Pelly	
	Ms G Niles	
	Ms A Pritchard	
	Ms H Coffey	
	Mr J Findlay	
	Mr Reza Razavi	
	Ms S Shribman	
	Dr Priya Singh	
	Dame E Sills	
	Dr S Steddon	
	Mr S Townsend	
	Sir Hugh Taylor	
<b>Attendance:</b>	Mr G Bateman	(Secretary)
	Mr C Breen	
	Ms H Byron	(Patient Governor)
	Ms A Dawe	
	Mr J Hunt	(Deloitte)
	Mr B Hall	(Deloitte)
	Prof T Hulse	(Staff Governor)
	Ms A Knowles	
	Ms S Lomax	(Deloitte)
	Mr G McAllister	
	Mr S Savic	
	Mr A White	
	Mr A White	
	Ms Y Williams	
DC/17/01	<b>Apologies:</b>	Mr S Weiner
		Ms K Cooney
		Mr M Shaw
		Ms J Parrott
		Mr A Gourlay
		Mr K Woollard

DC/17/02    **Declaration of Interests / Conflict of Interests**

None declared.

DC/17/03 **Minutes of Previous Meetings**

The minutes of the 19th July 2017 meeting of the Digital Committee were accepted as an accurate and true record by the Committee and were approved by the Chairman.

DC/17/04 **Matters Arising**

The Committee noted the Actions Log and associated updates. Of the actions that remained open, these would be met by the Agenda. The Chairman recognised that given the strategic importance and financial values of the decisions being made that the Digital Committee was meeting as a full Board of Directors meeting.

**For Approval**

DC/17/05 **Digital Strategy**

The Committee received an updated final version of the Digital Strategy. The Committee heard that previous comments had been addressed with the presentation of outcomes refocussed to meet the Trust's strategic needs.

The Strategy was presented with a focus on several key aspects: Why Digital; Vision; Our Focus; Digital Outcomes; Strategic Roadmaps; What Next and Digital Stories. The Chief Digital Information Officer (CDIO) presented the Digital Strategy overview and focussed the Committee's attention on the Strategy outcomes, challenges and next steps. The Committee heard how the map of digital initiatives was not yet complete, and the roadmap needed to look at user experience, skills and competencies as well as how best to leverage data. The Committee heard that the next 3 steps needed to be:

- Establish a digital function in GSTT.
- Introduce Digital Champions.
- Establish digital governance to coordinate and drive speedy decision-making.

The Committee welcomed the positive changes made to the Digital Strategy and its communication. The Committee felt that rather than establish a digital function, that 'coordination' would be a better phrase. It was agreed that this phrasing was about thought leadership rather than re-organisation. The Committee heard that the EHR reference group would offer a first cadre of digital champions, before rolling out a vision for all across the Trust to become digital champions.

The Committee sought reassurance that transformation and wider programmes (EHR, DPJ, TOWOW, etc) all fit together. This would be discussed further at the end of September Board Away Days. The links between the GSTT Digital Strategy and wider networks outside GSTT was discussed. These external organisations remained referenced, but the initial focus had to be that which could be controlled and delivered in the first instance for the Trust. The modular approach to strategy deployment would

enable review and adjustments of the digital strategy.

The Committee agreed that the Digital Strategy was now fit-for-purpose and that the drafting should now stop and the implementation should now start. The Committee welcomed the emphasis on fluidity and the change in emphasis from an IT Strategy to thinking digitally. This Committee agreed that the document sets the direction and the Trust now needs to focus on implications and implementation. In moving forwards, the Committee agreed that getting the basics right in terms of system and infrastructure stability was also vitally important.

The Committee agreed that it was important to decide how to communicate this Strategy with staff. Language around customer, consumer and user was something to address in taking this forward. The need to link it with DPJ and EHR was stressed as vital to good communication.

### **Decision: Digital Committee approved the GSTT Digital Strategy**

#### **DC/17/06 Electronic Health Record (EHR) system Strategic Outline Case (SOC)**

The Digital Committee received the final EHR SOC. The Committee heard how there had been revisions based on comments and wide involvement across the Trust in constructing this final strategic outline business case. The Committee welcomed the opportunity to discuss the case, and to better understand the process being approved to the next steps.

The Medical Director and Chief Digital Information Officer introduced the EHR SOC. They focussed on areas of Clinical Engagement; the Options; the Programme mechanics through to Outline Business Case (OBC) as well as what could be expected from the outputs of the OBC. Those options of Do Nothing; Best of Breed and variations on an enterprise solution were discussed in detail. Costs were discussed as was the clarification of data being freely available and not restrained by future solutions.

The Medical Director reported how he saw the programme led by clinical ownership rather than engagement. It was felt that all should act as digital champions when advancing the change and benefits that EHR would bring. The Committee heard how the Clinical Reference Group and work-streams had been established to support the next phase of business case development. The skills and competencies and need to rotate people through the supporting clinical group to the EHR programme was also agreed. The Committee sought clarification on the change management function and the Trust plans on how to manage this skill and competency. The EHR programme would need to establish its own change management function in the first instance, whilst clarification over a central function was established. The Committee also sought clarification on visibility and oversight of the whole portfolio of change across the Trust to avoid dissonance. The CEO clarified that that the Director of Improvement held Board-level ownership of all change and transformation function and activities. This would provide the coherence and control that the Board required and would lead on the mechanics of how things were done. This would also provide the reassurance and portfolio overview that the Board

sought. The Director of Improvement would also bring clarity on local versus centralised change management functions.

The EHR Decision Making Board was also now in early stages of formation as governance came into place for the next stage. The Committee felt that creative ways to capture risks and people's worries would be advantageous. The idea of 'pre-mortem thinking' about what might go wrong was welcomed. The wider aspects of primary care and GP engagement would be addressed in due course, but the GSTT requirements needed to be a decision-making priority. A challenge for the Trust would be how to manage enthusiasm and expectation as well as acknowledge the reality of technology services today.

The Committee had a detailed discussion on the issues of scope and what was and was not in the EHR programme scope. The Committee agreed caution should be taken around not over-complicating the GSTT position and a risk of increasing cost with complexity. The principle that the EHR system should not limit the Trust's overall strategy and ambitions was accepted.

The requirement to re-design care pathways ahead of EHR or have an EHR system change the care pathways was discussed. This was part of the process now being mobilised and would be addressed as a matter of course. The Committee were reassured that lessons were being learned, costs were being addressed and the need to find an affordable option was agreed. The challenges in terms of complexity, cost and change required to implement an EHR system was noted.

The Committee received an overview of the programme plan through to OBC stage. They noted the plans for how vendor engagement was being established and executed. Building these vendor relationships was agreed as a key success enabler.

The advisors from Deloitte commended the discussions and thinking from the Board on the matter of an EHR procurement. This boded well for the future planning. Mapping future decision-making points would be a positive next step. The CDIO summarised that this was a journey of governance, of key decisions, and that all the SOC discussions would be reflected in the inputs to the OBC. This OBC was expected by April 2018.

**Decision: Digital Committee approved the EHR SOC**

**Decision: The Board approved the funding request for £1.012m (capital) to OBC stage.**

DC/17/07 **Any other Business**

None.

DC/17/08 **Next Meeting**

6 Dec – 15:00-17:00, Governors Hall

G J Bateman, Sec to Digital Committee

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**Board of Directors  
Quality and Performance Committee**

**Minutes of the meeting held on Wednesday 12<sup>th</sup> July 2017  
at 10am in the Governors' Hall, St Thomas' Hospital**

**Present:** Dr Priya Singh (Chair)

Dr I Abbs  
Mr J Findlay  
Dr F Harvey  
Ms G Niles  
Mr J Pelly  
Ms A Pritchard  
Prof R Razavi,  
Ms J Screaton  
Mr M Shaw  
Dr S Shribman  
Sir Hugh Taylor

**Attendance:** Mr P Allanson, Secretary  
Mr A Gourlay  
Mr N Goulbourne  
Dr S Hanna  
Ms A Knowles  
Ms K Proctor  
Mr S Steddon  
Mr S Townsend  
Ms S Wilding  
Ms D Allison (Council of Governors representative)  
Dr B Williams (Council of Governors representative)

**QPC/17/23    Apologies**

Mr S McGuire, Dame Eileen Sills, Ms H Coffey

**QPC/17/24    Minutes of the meeting held on 12<sup>th</sup> April 2017**

The minutes of the meeting held on 12<sup>th</sup> April 2017 were approved as a true record

**QPC/17/25    Matters Arising**

There were none.

## **QPC/17/26     Learning from Patient Death Quarter 1**

The Director of Quality and Assurance presented the report showing that relatively few deaths were unexpected or unexplained. Our focus remained on learning from all deaths, to improve quality, patient safety and experience

Over time, the Trust would be considering dementia as a cause of death and also the impact on patients of palliative care in deaths from cancer.

It was noted that child deaths were recorded under a different but parallel system including an assessment about whether a death was unexpected. A national database was being created to co-ordinate learning; the Evelina hoped to be a part of the pilot study

## **QPC/17/27     Hot Topics**

### **Quality**

The Medical Director drew attention to the changes to the CQC's revised inspection regime. The information required was being gathered and assessed including the evidence needed to improve the current assessments. A preliminary view would become available by the end of July.

There had been two never events in the quarter – two wrong tooth extractions. Student supervision remained under continuous review. There had also been an orthopaedic incident where the wrong cement was used for the particular prosthesis.

The Committee noted the improvements in reporting serious incidents to Commissioners.

A recent audit suggested that there was room for improvement in the handling of the Duty of Candour and changes were being made.

TME had become more involved in the management of risks on the Risk Register and reviewed a number of particular in more depth.

A further serious incident had arisen in Viapath with the failure of a sophisticated piece of equipment that did not report the failure as it was expected to do. This had affected tests for over 80 Trust patients across multiple specialties and clinicians. The samples no longer had diagnostic validity as the samples had degraded beyond the point that they could be used. The Trust was in the process of informing patients and reassessing how they could be diagnosed. Patients were being contacted by phone and by a clinician who knew them to explain what had happened and to set out a plan for the next steps. It was hoped that all patients would have been contacted by the end of 12<sup>th</sup> July 2017. Repeat procedures would be prioritised. The aim was to see patients as quickly as possible. The repeat tests may cause others to have to wait longer and it could also affect performance on the cancer targets. This was being handled as a serious incident with daily meetings and reported to Commissioners. There were four patients who were post mortem so the HTA had been informed and the MHRA on the question of the equipment failure.



The interactions with Viapath would be increased and handled at Board level to give reassurance that it was handling this serious incident satisfactorily. Already in place were a number of discussions about process control particularly on histopathology. The Committee was reassured by the level of oversight. It would be important to make sure that there was a review of whether there were general lessons to be learned from all the recent serious incidents. Transparency, learning and action plans would be written and the Trust would offer its support to make sure that changes could be implemented. There should be a further review of the quality and age of the equipment used – it was surprising that the machine failed and the Trust had asked to see the manufacturer's report given that the safeguards did not work.

The Committee suggested that there should be a discussion about women's services that was broader than the maternity strategy due in October.

The incident on conscious sedation raised at the previous meeting would be the subject of an inquest later in the year. Changes to practice were being embedded in the work of interventional radiology to prevent a recurrence.

### **Assurance**

The Deputy Chief Nurse reported on a presentation to TME on patient and carer experience. Infection control remained positive although there had been a small number of MRSA infections including one which had led to a revision of procedures.

The Committee noted the safeguarding report and the campaign for violence and aggression.

### **Performance**

The Chief Operating Officer reported that A&E performance remained volatile. Many of the benefits from the recent One Team programme were being retained but attendance had been consistently high from time to time – 522, the highest ever, had attended earlier in the month. The rebuild was on track but still affecting performance. Recruitment had gone well and new consultants would be taking up post in the next few months. The aim overall was to stabilise performance which remained below that of the rest of London and the Trust continued to consider whether there was learning from other Trusts which could help us to improve.

Cancer 62 day performance had had significant external focus. The Trust was expected to contribute to the overall national improvement by September from the position of being the poorest performer. NHSI and NHSE, with the CCGs, would be scrutinising the Trust's plans; the current actions had been accepted as most likely to reduce the backlog. These had included the appointment of a Deputy Medical Director of Cancer, restructuring the cancer data team as well as making some environmental changes. The underlying position had improved and the backlog reduced. Internal performance was expected to recover by the end of July but overall the trust would not meet the target as late referrals from Kings and Lewisham in particular were still causing difficulties. Offers to help with diagnostic support had been made to referring trusts but not accepted. Delivering the internal performance and meeting the 24 day treatment undertaking was essential and the Trust's comparative position, particularly in London, had underlined their importance and seriousness. The team continued to explore how other trusts had solved these issues.

The Committee welcomed the underlying improvement in performance. The possible future focus on more rapid diagnostics would require further investment and could have a beneficial impact on the Trust's ability to meet the target. The pathway was already broken down into its constituent parts with timings for each stage. The investment in the support would enable a more detailed analysis of these and impose a greater degree of discipline into making sure the front end processes were more rigorous and patients were booked so that the deadlines were met.

### **Finance**

The Committee noted that the Trust had received a further £400,000 STF funding but was not required to reopen the year end accounts.

The Board had already reviewed month 2 and early indications for month 3 were not showing any further deterioration. The cost improvement gap appeared not to have been bridged and income remained behind activity. At its September meeting, the Corporate Management Committee would need to consider whether further action was needed either generally or in specific directorates to meet the control total. The Trust remained committed for quarter 1 to its business plan and there was no recommendation to change.

The scale of the challenge was large – some previous savings had been non recurrent – and plans to close the gap had not yet been laid by directorates. Some income would be made good especially activity disrupted by the terrorism incidents and activity – costs remained under control and the Trust was working towards the limits of available facilities. There was considerable focus on returning to plan although some areas, for example anaesthetics, were difficult to staff fully. The Committee was reminded that the Board had acknowledged that the plan contained risk, the trajectory was not backloaded and overall the consequences of not accepting a control total were worse than accepting one. The Committee noted that John Pelly had been invited to join the Director of Finance's monthly reviews.

The STP capped expenditure plan was still under discussion with proposals about how to deliver the shortfall in savings across the local health economy. However, there was no indication that NHSI would expect the Trust to change its control total although Commissioners plans had not yet been revealed.

NHSI had been asked to note the proposal for the Johnson and Johnson transaction agreed within the Trust and for the agreed loan of £100mn to be released.

### **Essentia**

The Interim Chief Operating Officer for Essentia drew attention to the decontamination work undertaken by Essentia which were an important contribution to patient safety.

There were a number of issues arising from the Essentia staff survey which there were plans to address especially a concern about violence between staff which counterbalanced the generally positive aspects of the report. The Committee noted how vulnerable Essentia staff were as they, alongside ward staff, were closest to patients and therefore at risk of threat. In addition to the action the Essentia was taking, there was a Trust-wide action plan on the lessons from the staff survey.

The dispute on patient transport with Savoy over the removal of the Kent element of the contract had been resolved. However, most complaints still concerned the G4S contract in Kent. The CSU had written to the Trust to ask it to take back the service and subsequently withdrawn the request. In response, the Trust offered to accept the reversion and suggested that, subject to patient consent, the CSU should handle all G4S complaints.

Work on improving processes for engineering services following an internal audit review had begun and a new Director of Engineering had been appointed.

**QPC/17/28     IQPR**

The IQPR for May 2017 was noted.

**QPC/17/29     Fit for the Future – in year delivery of quality and financial performance**

The Committee was reminded that the Fit for the Future programme covered current improvement work and longer term transformational activity. These included supporting change within a number of work streams that cut across directorates plus three major programmes on care redesign, transforming ways of working and the digital patient journey. Work had been done on showing how the major schemes would deliver over both the short and longer term. Work stream delivery, support and metrics had been clarified and the metrics were being turned into a dashboard showing month on month performance. Accountability was also clearer.

Capability and capacity building on continuous improvement continued through a major training and development programme. The programme had been evaluated; whilst the inputs had delivered good project outputs there was less evidence that the newly acquired skills were being used thereafter. A number of actions had been taken – names were being issued to directorates for them to access the expertise and an alumni group set up. Developing an ethos to embrace continuous improvement on a business as usual basis would be needed to make sure this was embedded. Noteworthy was Board level commitment which was a prerequisite to make change work. Benchmarking data was also being used, through a central team, to support directorates to improve consistency in its use. Aligning the different transformation programmes was essential and the opportunities were presenting themselves; describing the way the various initiatives interlocked coherently was intended over the next few months.

The Committee asked whether the programme would address current, practical, operational problems that would benefit from a transformational point of view. The make up of the team was practically based and the programme looked at process improvement alongside longer term projects that considered how services might develop so there was alignment and some projects would have early delivery. The Committee was reminded that the FFF team supported a number of shorter term priorities including the current year CIP delivery. It was intended to spend time on transformation at the Board away day in September. The Committee found the coherence reassurance helpful and noted the report. In future, the Committee hoped to review the programme in the round using both hard and soft metrics and review the coherence between the different aspects of the programmes.

#### **QPC/17/30     Fire Safety and Compliance**

The Committee was pleased to note that the Trust's cladding was not problematic; the Guy's Tower cladding was not combustible and it had been possible to give reassurance quickly. The Trust's systems and procedures for fire safety had been reviewed and were up to date. New guidance cards had been issued to staff who were being encouraged to take more personal responsibility for fire safety especially how to escape from the Trust's premises. The Critical Care team had reviewed its practices and was proposing to simulate evacuations and some new inflatable mattresses had been bought. Directorates had run safety drills which would be repeated monthly. Fire safety would be a part of the opening actions for new areas.

CMC had approved a backlog maintenance plan which it was suggested should be brought forward from 2018-19 in terms of the fire alarm panels – the Committee agreed.

Fire and smoke dampers should be checked annually – these prevented the spread of smoke – but as the failure rate was low as the failure rate was low it was proposed to spread the work over three years. The engineers had supported this strategy but it was agreed to keep this under review as the work was carried out. It was recommended that any inaccessible dampers should be replaced at a cost of around £1mn. This was agreed.

#### **QPC/17/31     Board Assurance Framework**

The Committee noted the risks ascribed to it and was satisfied with the mitigations in place

#### **QPC/17/32     Workforce Annual Report**

The report was an annual review of compliance with statutory workforce requirements. Compliance rates were good although there was progress to make including making sure that access was satisfactory for shift workers. Recent fire safety anxieties were to be used to support an initiative to improve compliance with mandatory training. Work continued to reduce the length of time taken between interview and start including a review of whether there were risks in taking people from other local trusts without undertaking the full set of checks.

The Home Office would be repeating its right to work inspection in October and the Workforce Team had worked with internal audit to make sure that the procedures were robust. It was hoped that the HO would be satisfied.

The Director of Workforce commented that the workforce strategy was to be reviewed with particular focus on the needs of the clinical and medical workforces. Nationally, the policy direction was to move students to areas where there are insufficient doctors so the Trust will need to consider how to protect its position. Now that nurse training was self funded students would focus on the quality overall of what they were being offered; this could be an issue as people moved to their second year. Any review would include the interlocking of the training and education strategies the Trust had in place.

The Trust should also consider the impact on the STP. Workforce risk across the local health economy was a concern widely expressed; looking at alternatives to the HEE model in the light of population based systems was important. Community staffing, especially district nurses, would need special attention.

The Trust's utilisation and spend on bank staff was good and offered a foundation for future development and movement to new service models.

### **Royal Brompton FT**

The Chief Medical Officer updated the Committee on talks with the Royal Brompton Hospital based on its future as a single specialty organisation – heart and lung – not being sustainable in the long term. This was in the context of the long running discussions at national level about paediatric congenital cardiac services. The two trusts had agreed to submit a joint response to NHS England to the latest consultation on congenital heart disease standards. This was due for submission by 17<sup>th</sup> July 2017.

The prospect was for the RBH to move to the St Thomas' site as part of the cardiovascular and respiratory service developments as part of the institute developments with KHP. Collectively this would be a good outcome for all involved. RBH has become a part of the Genomics work at the Trust and also ECMO services.

One of the attractions to the RBH is that it would keep its services together. The commitment to a model that embraced adults and children this did not mark any resiling from the aim of developing comprehensive children's cardiac services. It was further noted that the discussions were still at a relatively early stage but once the talks become public there would be discussion in the NHS in London particularly with Imperial Trust which had anticipated the RBH supporting its new development in White City.

It was likely that a further statement of intent would be made once the evidence was submitted. It was suggested that parents groups would express their views and the Trust should have a communications plan in place. National service provision had to be sustainable so other trusts, including Southampton and GOSH, needed to be a part of the solution.

### **QPC/17/33    Papers to review and note**

**The Committee noted the following:**

- a. Finance Report Month 2**
- b. End of Life Care Quarterly Report**
- c. Infection Prevention and Control Quarterly Report**
- d. Junior Doctors Guardian of Safe Working Annual and Quarterly Reports**
- e. Nutrition Assurance Committee Quarterly Report**
- f. Patient Experience and Engagement Quarterly Report**
- g. Safeguarding Adults Quarterly Report**
- h. Safeguarding the Welfare of Children Quarterly Report**
- i. Trust Risk and Quality Committee Quarterly Report**
- j. Serious Incident Panel meeting minutes March, April and May**

**QPC/17/34     Date and Time of Next Meeting**

The next meeting of the Quality and Performance Committee would take place on **11th October 2017 at 1pm in the Burfoot Court Room, Guy's Hospital**

**Board of Directors  
Quality and Performance Committee**

**Minutes of the meeting held on Wednesday 10<sup>th</sup> October 2017  
at 1pm in the Burfoot Court Room, Guy's Hospital**

**Present:** Dr P Singh (Chair)

Dr I Abbs  
Mr J Findlay  
Dr F Harvey  
Mr J Pelly  
Ms A Pritchard  
Prof R Razavi,  
Ms J Screaton  
Mr M Shaw  
Dr S Shribman  
Dame Eileen Sills

**Attendance:** Mr P Allanson, Secretary  
Mr P Bennet for Mr A Gourlay  
Ms H Coffey  
Dr S Hanna  
Ms A Knowles  
Dr K Langford  
Ms K Proctor  
Dr S Steddon  
Mr S Townsend  
Prof C Wolfe  
Dr B Williams (Council of Governors representative)  
Ms K Griffiths- Lambeth (Council of Governors representative)  
Mr D Heath – Shadowing Mr M Shaw  
Ms K St John – Shadowing Ms A Pritchard

**QPC/17/35    Apologies**

Ms G Niles, Sir Hugh Taylor, Mr A Gourlay

**QPC/17/36    Minutes of the meeting held on 12<sup>th</sup> July 2017**

The minutes of the meeting held on 12<sup>th</sup> July 2017 were approved as a true record

**QPC/17/37    Matters Arising**

There were none.

**QPC/17/38    Board Assurance Framework**

The BAF risks were those ascribed to the Committee and now included, at the Audit Committee's request, an indication of the changes to the status of current risks. The Committee noted the framework.

Work was under way on the presentation of the BAF to make sure it gave more effective assurance and so its format would change over time.

**QPC/17/39    Hot Topics**

The IQPR presented to the Committee would always be 2 months out of date so the aim of the Hot Topics paper was to address current topics. The structure of the paper would allow the Committee to take a view across the whole Trust and IT and Digital would be included in future.

**Quality**

It was noted that the Borough Treatment Centre had now been registered with CQC.

There had been 8 never events to date this year. Retained objects during surgery was a theme and the re-establishment of a pause to check at the end of a procedure had been introduced. The most recent event related to a mismatched plasma transfusion which had the potential to be very serious but in this case had not had such consequences. Part of the issue arose from work arounds in a clinical IT system not being followed and the RCA report would be overseen by the Medical Director. The incident was externally reportable including to the MHRA who may then be prompted to inspect. There were outstanding issues from the most recent MHRA inspection around replacing one of the pathology systems (LIMS) which it was essential were resolved before any MHRA inspection. There were some concerns expressed that part of the responsibility lay with Viapath and a review by the Royal College of Pathology had been commissioned. This was due to report early in the New Year and would be presented to the Committee at its next meeting.

Concerns about the performance of Women's services on a number of fronts had now been addressed. The gynae/onc service lead vacancy had been filled by the current clinical director and one of the joint directors of quality and assurance would become clinical director in the interim.

The Committee noted the reboot of the re-energised Clinical Audit Group which would in future report to the Committee and welcomed the appointment of the healthcare legal counsel.

**Assurance**

The most recent MRSA outbreak suggested that there had been lapses in following iv line management.

Flu was of concern nationally with predictions of a bad season given the experience in Australia during its winter. The campaign would be launched 12<sup>th</sup> October 2017. Staff would be expected to opt out if they were not prepared to be vaccinated.



The Committee noted the issues raised with the now retired FGM specialist who had been referred to the NMC. As a result of some early findings, the investigation had been expanded to adults. An early lesson was that lone practitioners in any profession needed additional protection, assurance and governance.

There had been a large increase in the safeguarding team's workload. The children's team was working at capacity and was likely to bid for additional resources in the business planning round.

Lambeth had indicated a reduction of 10% in health visitors; there needed to be a remodelling exercise of this work although it was difficult to see how Lambeth could make this scale of reduction. There could be safety issues arising if this was followed through that the Trust would have to deal with. Southwark was not proposing any reduction in health visitor investment.

Deprivation of Liberty referrals were exceeding the local authority's ability to deal with them. Increasing knowledge and awareness was needed.

There had been one attributable grade 4 pressure ulcer in an acute area of the Trust – the first for a number of years.

Safe staffing – summer had been difficult but over 600 new nursing recruits were currently taking up post.

### **Performance**

The Trust's 62 day cancer performance remained worse than other trusts. Performance was likely to deteriorate as the backlog was tackled. September's results would be in the mid 60% against a target of 85%. As a result NHSE and NHSI had escalated the Trust's performance and the Chief Executive and colleagues had attended a meeting to set out the remediation plans.

Whilst a significant number of patients were referred from outside SE London, the focus was on those referred locally and from King's and Lewisham. Internal governance has been improved with a senior appointment in the Medical Director's office and the members of the MDM had been reappointed. Addressing the backlog was being overseen by one of the deputy directors of operations monitoring actions on a daily basis, removing all delays possible. Across the network, a process had been set up to monitor, escalate and intervene where patients fell outside the pathway timetable. This was an adaptation of the red to green process used successfully within A&E. The cancer data team was also being strengthened – with an investment of over £600k – and in the meantime, there was senior oversight in place.

Additional capacity was being procured from the independent sector across SE London. A recovery fund had been established amongst the network to increase diagnostic availability on different sites, additional treatment through HCA in the Cancer Centre and discussions about operating capacity at London Bridge were taking place. The supplementary arrangements should be live by 1<sup>st</sup> November and the intensive support team would review the implementation of the action plans having been supportive about the work done. It was accepted that it would take time for these to have an impact.

A new cancer IT system, the Somerset system, to underpin the tracking work would be in place by the end of the calendar year.

Work on communicating with patients continued including supporting “non compliant” patients to help them along the pathway. Patient choice allowed patients to defer the start of treatment especially at Christmas; there was no additional allowance for this in the target but it would be worth identifying those patients who might fall into those categories.

Regulators could be expected to take a close interest in progress and a further escalation meeting was anticipated. Concerns would continue about pace. The Trust was aiming for the internal position to be righted by the end of the calendar year and externally by the end of the financial year. However, this depended on the whole network adjusting priorities and practices in a sustainable way. Ensuring others co-operated was vital and whilst this was the Trust’s top priority, for the other trusts this was one amongst several, serious competing priorities. Scale and complexity were part of the risk profile especially as delivery depended on the performance of other organisations and their willingness and ability to ascribe the same priority as the Trust.

It would be important to ensure that the backlog, once corrected, did not build up again. The case mix at the Trust was complex with high volume of difficult tumour sites made it even more difficult to meet a generic target so the margin for error was small. Having a clinical leader to work on performance for 80% of their time was powerful and the new tracking system was expected to make a difference although this did not stretch across the local system. Creating capacity in the diagnostic phase was important.

It was suggested that more work on transformation should be a priority in establishing sustainable change. It would also be sensible to work with GPs to help them direct patients appropriately. Indeed, all 2 week wait referrals came through the electronic referral system and as a result, a major improvement has been seen on this target. However, GPs were being encouraged to refer more patients so demand was bound to increase so the Trust’s plans should reflect and anticipate increased demand for these services.

The Trust had reviewed actions taken at Sheffield which had had similar problems and the Royal Marsden. It had looked at a number of tracking systems and also asked the IST for further suggestions.

The Committee acknowledged the work undertaken and the plans laid and the difficulty associated with it; the length of time for recovery and the plans thereafter were noted. It was important to present the actions positively including the learning the Trust was taking from them. This was in the context that success would lead to a short term deterioration in performance. Whilst more patients would be treated these would include many who had already breached even as the backlog reduced. Looking at improving the working of partnerships and agreeing on the investment should be a part of the transformation work. Ensuring that best practice of others and benchmarking should also be incorporated into the plans.

The Committee invited the executive to suggest what could be done to improve the Trust's ability to respond flexibly to issues and also to anticipate them. However, the lead in time longer for bringing in new staff was longer than was ideal and the new talent pool approach would allow the trust to make job offers at short notice and so improve recruitment times.

Referral to treatment – the Trust was behind trajectory but the consequences of prioritising cancer meant that delivery of improvement was difficult. Commissioners wanted to see improvement and work would begin in December. Meeting the 52 week wait target was expected and whilst the Trust was ahead of target the plan did not currently eradicate all of these waiters. Some related to a small number of very specialist paediatric procedures and there were relatively few alternative options available for some of these specialties. Theatre capacity was also an issue within the Evelina Children's hospital.

The Committee suggested that the Trust could anticipate that failure to meet this target would become a regulatory problem in the next year or so. It was possible to take similar actions to deal with RTT but there would be considerable financial consequences so the advice first to sort out the problems with cancer matched national guidance. However, a review of what would be needed and a range of options for the Committee to consider could be made. Lengthening waits would not be politically acceptable over the longer term. Protecting the Trust's reputation for delivery in the context of meeting NHSI/NHSE priorities would remain key.

A&E – the standard for September had been met (90%) based on changes to process, staffing improvement and the changes to the environment. There remained some very challenging days but the position had improved as work over a number of years came to fruition.

## **Finance**

Although not formally reviewed M6 outturn had exceeded plan.

## **Essentia**

Patient transport, apart from the renal service in Kent, had settled. A market appraisal had been commissioned which would report to the Committee on best practice.

The G4S contract was held by Kent and Medway CCGs and was still posing problems. It seems likely they would exit at least part of the contract which could be offered to the Trust and be added back to the Savoy arrangement. However, this would be disruptive.

The Committee emphasised how important it was to improve the patient experience for this group some of who travelled into the Trust over considerable distances up to three time per week. It was also noted that this was a particularly difficult market and extending Savoy's contract was not straightforward given they had received compensation for loss of part of the original contract. The Committee hoped that the dialysis work could also be repatriated though it was noted that this would be more difficult to achieve.

The Committee welcomed the high PLACE scores and noted the appointment of Dale Vaughan as Director of Engineering and following a rigorous internal process Alastair Gourlay as Managing Director of Essentia.

## **IT**

The CDIO noted the need to ensure that the supporting transformation activity for IT projects should be better expressed, budgeted for and presented. Over all transformation actions the Committee asked for greater clarity to be given.

## **R&D**

The Director of Research and Development welcomed the opportunity to be involved in the oversight of research and development both routinely and exceptionally.

Much of the funding for research came from the NIHR – many new initiatives were being followed through the BRC including the “industrial” strategy based around genomics and cellular regeneration. Links to KCL to develop an advance treatment centre with clinical trial activity leading to first in man were of more interest to the Trust than was currently the case. These would be reported through the IQPR and the metrics bolstered by a narrative.

The Committee welcomed the proposal given the importance to the Trust and its patients of its involvement in research. This filled an important gap.

It was suggested that there should be a similar approach to reporting on education given its importance to the Trust as a teaching establishment. A number of multi professional metrics had now been devised on a wider perspective and would be made available to the Trust. Given the tightening of the financial regime for education this would be even more important.

On both topics, the Committee welcomed the additions to the IQPR which it asked to remain strategic.

### **QPC/17/40    IQPR**

The IQPR for August 2017 was noted together with the Evelina London IQPR for July

### **QPC/17/41    Quality Strategy**

The Quality strategy was based on a review of a range of documents across the Trust, rationalising the 300+ quality goals by introducing a new approach through “quality chains” looking at seven goals through the lenses of patient experience, clinical excellence, patient safety, governance, workforce and efficiency/data as improvement activities. This was an initial proposal that, if supported, needed further development.

The consultation feedback so far had been helpful. Directorates had suggested more benchmarking; they had supported the goals and chains with patient access and mental health the most important. There had inevitably been a number of additional goals suggested which would be considered perhaps using the Northumbria model of a hierarchy of top level, executive and front line projects.

It was suggested that these goals should be set into the Trust's strategic context about what the overall aims about the type of organisation it should be were articulated. Reducing avoidable harm as a strategic goal would allow others to be put within it and patient involvement in decision making requirement from 2022 could also be helpful. Considering group led/collaboration goals then tailored to the business unit could also work well. The goals should also align with nationally mandated quality metrics so there was a thread between the different initiatives. Recognising the significance to the Trust of having engaged and supportive staff merited this forming one of the goals. The Committee was invited to make further representations.

**QPC/17/42     Learning from deaths Quarter 2**

The Trust continued to be a good performer in the low numbers of unanticipated deaths and it was improving its performance in following due process in learning from deaths.

There was a new policy for approval which NHSI had expected to be published by the end of September. The template followed what had been recommended and the draft had been approved by the Trust Risk and Assurance Committee. Numbers would be published nationally on 31<sup>st</sup> December 2017

The Committee approved the report and the policy.

**QPC/17/43     Paterson: assurance against the Kennedy Report and Verita Report**

The issues arising from the actions of an individual in another trust had been reviewed to give assurance against a series of themes. The reports predated the introduction of initiatives including the responsible officer regulations and the Speak up Guardian arrangements. The Trust had made a number of changes as a result of the report. The Responsible Officer activity was likely to prevent many of the problems that had arisen and the strength of the Trust's clinical leadership gave further reassurance.

Some Trust areas already had surgeon outcome reporting forming part of appraisal and further thought to team and individual outcomes was needed in some areas. Getting at soft data from a general openness of the organisation was important and improving how the Trust triangulated detail from diverse sources would help and could contribute to the consultant appraisal process.

Kennedy had not proposed solutions to the use of disciplinary procedures; the Trust's ambition was to support managers to hold difficult and effective conversations without necessarily having to resort to formal process.

**QPC/17/44     Medical Appraisal and Revalidation: Annual Report**

The Committee noted the high performance on appraisal and revalidation recommendations by the Trust. Its performance was one of the best in the UK.

On revalidation those for whom a deferral was requested had either been on long term sick leave, had come from other trusts where insufficient information had been collected and a number where the doctors had further actions to complete. There were also a small number of doctors under capability or conduct reviews. It was noted that the appraisal process covered all work undertaken by individual doctors including the private sector. The process was audited by the RO team to look for quality and consistency and appraises were asked for feedback.

**QPC/17/45     Fit for the Future – in year delivery of quality and financial performance**

The paper set out the work done to align the performance of the work streams to other governance arrangements. The aim was to deliver £17mn this year and this could be exceeded. The work streams had also been asked to describe the quality and safety benefits as well as the financial performance. They had been invited to develop crisper plans including support for implementing other initiatives such as Carter.

The FFF team was almost fully staffed and by December the methodologies would have been published.

The Committee noted the report.

**QPC/17/46     Papers to review and note**

The Committee noted the following:

- a. Finance Report Month 5
- b. Complaints Annual Report
- c. End of Life Care Report Quarterly Report
- d. Infection Prevention and Control Quarterly Report
- e. Nursing and Midwifery Governance Structure (NMEC)
- f. Nutrition Assurance Committee Quarterly Report
- g. Patient Experience and Engagement Quarterly Report
- h. Safeguarding Adults Quarterly Report
- i. Safeguarding the Welfare of Children Quarterly Report
- j. Trust Risk and Assurance Committee Quarterly Report
- k. Serious Incident Panel meeting minutes June, July & August

**QPC/17/47     Date and Time of Next Meeting**

The next meeting of the Quality and Performance Committee would take place on **10th January 2017 at 1pm in the Burfoot Court Room, Guy's Hospital**

## Integrated Quality and Performance Report



August 2017



## **In this month (page 5)**

GP referrals were up 2.4% for the year to date with 19,367 referrals received. This trend was also reflected in urgent cancer referrals which were up 20% when compared to the same month in the previous year, and up 10.4% overall for the year to date. Activity in outpatients attendances and day cases continues to improve in August.

## **Are we safe? (pages 6-15)**

12 serious incidents (SIs) were reported during August, with no Never Events. All events will be investigated thoroughly within the national timeframes. The Trust continues to submit all Root Cause Analysis reports within the 60 day deadline set by the CCG.

## **Are we effective? (pages 16-19)**

The Trust achieved against most of the CQUINs with the commissioners for Q1. The Trust are working towards submitting the milestones for Q2 in October.

## **Are we caring? (pages 20-30)**

Our Friends and Family Test results feedback remains positive and we are maintaining satisfactory response rates in many areas. Emergency Care has significantly improved the level of responses captured by patients this month. "Recommend" scores are improving in most areas of care although both inpatients and outpatients have experienced very small dips this month. With the exception of Patient Transport and Emergency Care not recommend scores have also declined very slightly this month. We are ensuring that more real time information is available to Directorates and continue to encourage teams to review key themes emerging from free text comments and identify actions for improvement.

## **Are we responsive? (pages 31-45)**

Performance against the A&E 95% standard improved to 90.7% in Aug. The Trust's performance against the internal 62 day cancer standard reduced to 82.4% in August and there was achievement against the 2 week performance standard with 96.9% in August also. RTT performance has dipped further in August to 86.4% and has fallen below the trajectory for third month. Patients waiting >52 weeks dipped as predicted to 14 in August which remains ahead of trajectory. The Diagnostic standard was not achieved in August with a performance of 2.5%.

## **Are we well-led? (pages 46-50)**

Our vacancy rate decreased to 11.87% and remains above target. Agency spend increased to 4.67% of the pay bill, and is slightly above the Trust's target of 4.3%. Usage continues to be monitored closely on a weekly basis. Turnover increased slightly to 12.69%. The number of completed personal development reviews (PDR) increased to 71.91%. Managers and staff have been reminded of the importance of undertaking and reporting PDRs.

## **How effective are our enabling services? (pages 51-66)**

The annual plan is a surplus of £10.2M A loss of £17.9M has been recorded at August, which is £13.9M worse than the planned loss of £4.0M. 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

August 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'

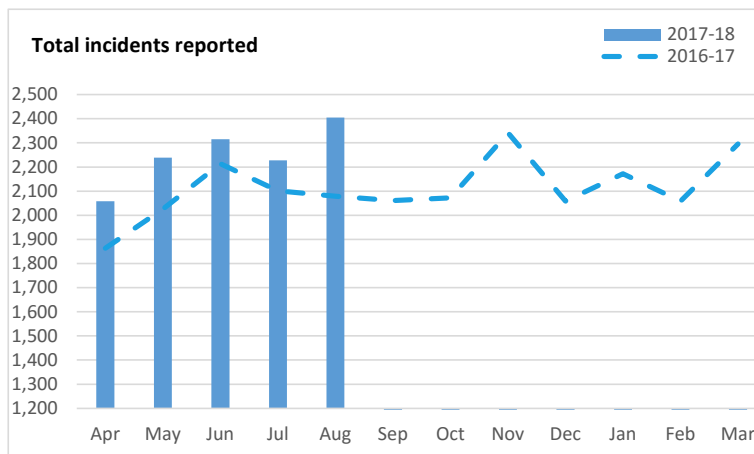
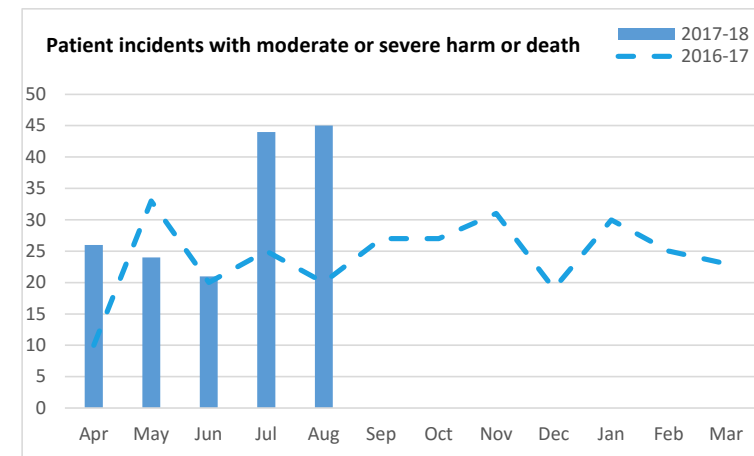
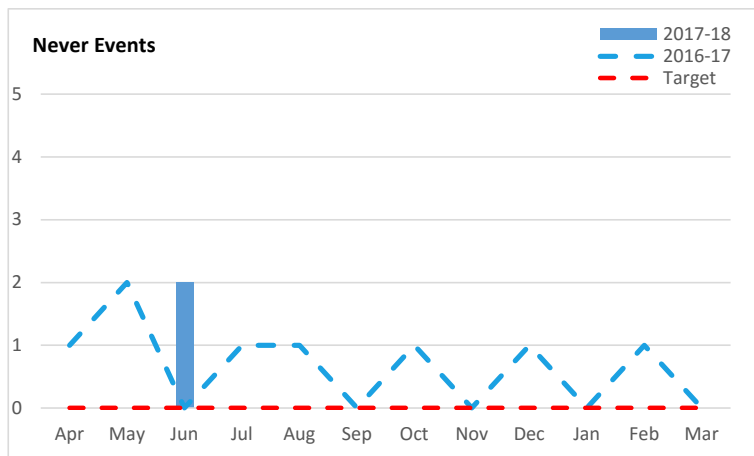
	Achieving national standard or internal target (this reporting period)
	Not achieving internal target (this reporting period)
	Not achieving national standard (this reporting period)
	Indicator only - not measured against a set target

		Compared to last year	
	August	Same month	Year so far
<b>We received...</b>			
Referrals from GP's	19,367	8.8%	2.4%
Urgent cancer referrals	1,588	20.0%	10.4%
Referrals to @Home and ERR	351	43.9%	45.3%
<b>We treated...</b>			
A&E attendances	13,913	-6.8%	-1.2%
Non-elective admissions	3,685	1.3%	-0.5%
Outpatient attendances	95,361	6.1%	1.0%
Day cases	6,050	8.3%	5.0%
Elective inpatients	2,249	-0.8%	-0.6%

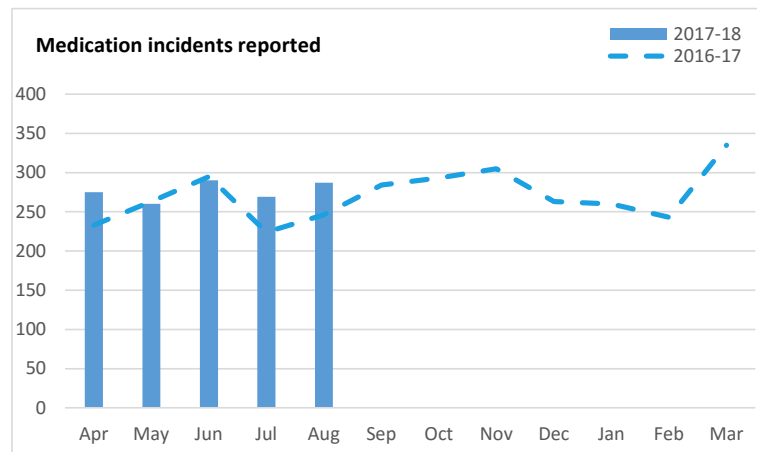
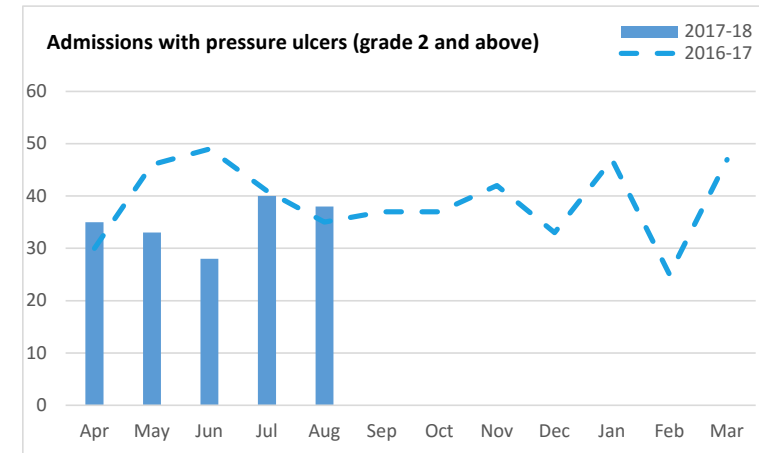
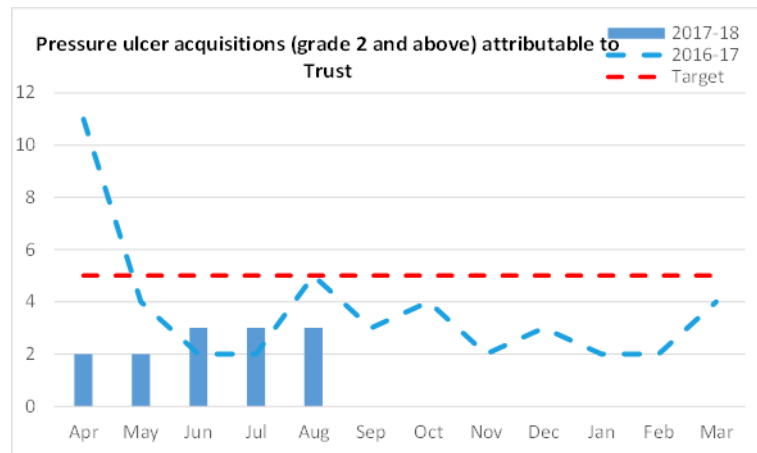
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Apr	May	Jun	Jul	Aug	YTD avg	Monitor	Quality priorities	Trend chart
1.1 Patient safety - incident reporting	INC 06	Total incidents reported	Number	-			2,112	2,058	2,239	2,315	2,227	2,405	2,249			Y
	INC 06S	Incidents - Reported on STEIS (total number)	Number	-			9.8	4	8	14	7	12	9.0			
	INC 06ST	Incidents reported on Datix that are STEIS reportable (total number)	Number	-			8.1	1	4	9	7	7	5.6			
	INC 07	Never Events	Number	Zero			0.7	0	0	2	0	0	0.4			Y
	INC 01	Incidents resulting in unexpected death	Number	-			2.8	1	6	0	3	4	2.8			Y
	INC 02	Incidents resulting in severe harm	Number	-			3.9	5	5	6	5	2	4.6			Y
	INC 03	Incidents resulting in moderate harm	Number	-			17.5	20	13	15	36	39	24.6			Y
	INC 04	Incidents resulting in low harm	Number	-			305	257	276	317	298	405	311			
	INC 05	Incidents resulting in no harm	Number	-			1,357	1,344	1,461	1,502	1,426	1,951	1,537			
	INC 01S	Incidents resulting in unexpected death - reported on STEIS	Number	-			2.4	1	2	1	0	3	1.4			
	INC 02S	Incidents resulting in severe harm - reported on STEIS	Number	-			3.5	1	4	7	2	5	3.8			
	INC 03S	Incidents resulting in moderate harm - reported on STEIS	Number	-			1.8	2	1	4	2	3	2.4			
	INC 04S	Incidents resulting in low harm - reported on STEIS	Number	-			0.7	0	0	0	1	0	0.2			
	INC 05S	Incidents resulting in no harm - reported on STEIS	Number	-			1.8	0	1	2	2	1	1.2			
	INC 08P	% incidents relating to patients	Mthly %	-			79.9%	79.1%	78.7%	79.5%	79.4%	99.8%	83.6%			
1.2 Patient safety - harm-free care	305T	Pressure ulcer acquisitions (grade 2 and above) attributable to Trust	Number	<5			3.7	2	2	3	3	3	2.8			Y
	305TA	Admissions with pressure ulcers (grade 2 and above)	Cases	-			39	35	33	28	40	38	35			Y
	INC 22	Medication incidents reported	Number	-			266	275	260	290	269	287	276			Y
	INC 21	Patient falls with moderate or severe harm	Number	-			3.1	2	2	1	5	0	2.0			Y
	INC 20	Patient slips trips and falls	Number	-			156	140	170	160	157	168	159			Y
	313BD	Incidence of falls per 1000 bed days	Number	-			5.2	4.9	5.7	5.3	5.2	5.5	5.4			Y
	WHO	WHO surgical safety checklist	Ann %	-			85%									

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jun	Jul	Aug	YTD avg	Monitor	Quality priorities	Trend chart
1.3 Infection control and cleanliness	324	MRSA screening of admissions	Mthly %	>95%			90%	82.9%	90.4%	90.8%	88.8%			Y
	301	MRSA bacteraemia (Trust-attributable)	Number	Zero			0.3	2	0	1	1.0			Y
	302L	C-Diff acquisitions resulting from lapse in care	Number	Zero			0.1	0	0	0	0.0			Y
	302T	C-Diff acquisitions (Trust-attributable)	Number	<4 pm			2.7	2	5	3	2.6			Y
	AMS	Anti-microbial stewardship	Score	>85			88.8	83	85	83	83.2			Y
1.4 Screening on admission	9936	VTE screening (externally reported)	Mthly %	>95%			96.6%	96.0%	96.3%	95.6%	96.1%			Y
	Dem75	Dementia screening (patients aged over 75)	Mthly %	>90%			88.9%	81.8%	88.7%	81.8%	86.2%			Y
1.5 Mortality indicators	350	Deaths in hospital - number in month	Number	-			87.8	67	75	70	76.2			Y
	HSMR	Hospital standardised mortality ratio (HSMR) - most recent score	Ratio	<90			71.7	65.5	65.5	72.0	66.8			Y
	SHMI	Standardised healthcare mortality index (SHMI) - most recent score	Ratio	<90			75.3	73.0	73.0	76.0	73.2			Y
1.6 Safe staffing	SafeS	Safe Staffing - ratio of actual to planned hours	Mthly %	-			100.0%	98.0%	100.2%	100.4%	99.7%			

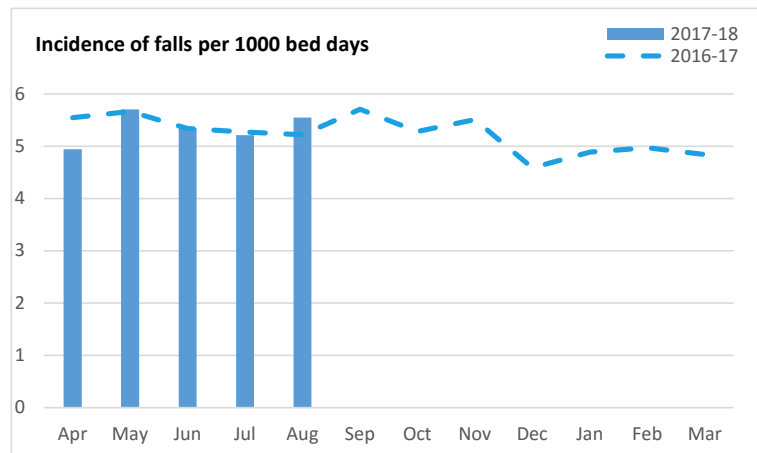
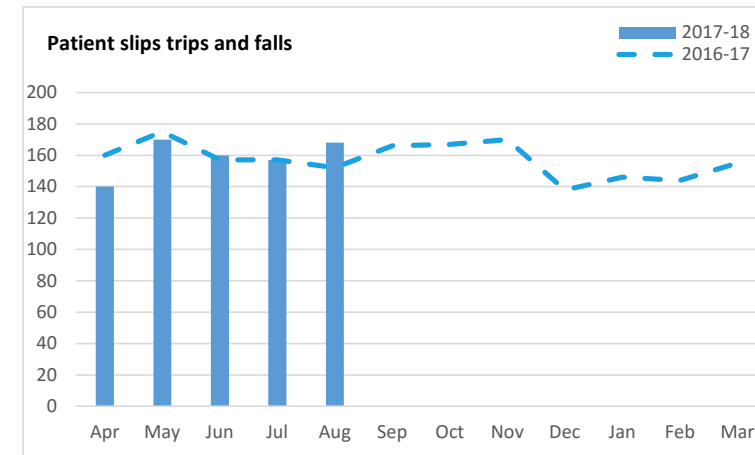
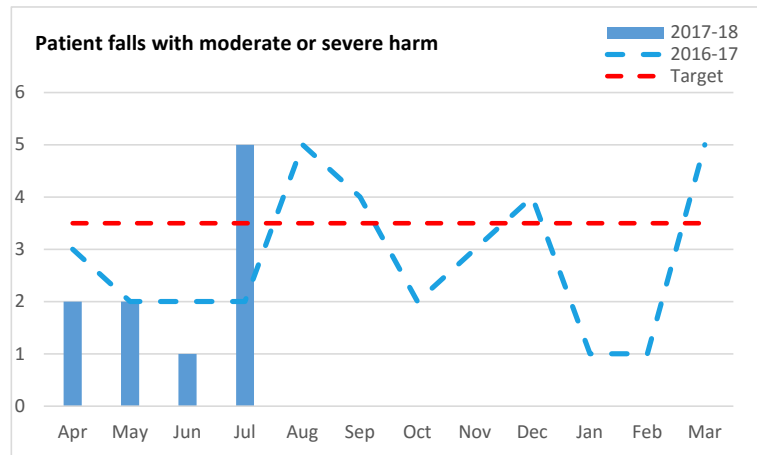
- 12 SIs were reported in August. There was no Never Events in August. All events will be investigated thoroughly within the national timeframes.
- Between 1<sup>st</sup> April and 31<sup>st</sup> August 2017 11,459 incidents were reported, representing a 9% increase in reporting over the same period for 2016. 8,846 of the reported incidents this year were patient related, where 6,574 of these have been reported to the NRLS, compared with 3,590 reported to NRLS for the same period last year.
- The top five highest reporting Directorates remain the same as last year: Acute Medicine, PCCP, Haem-Onc, Women's Services and Adult Community. The top three highest reporting Incident Category Types are 'Medication Incidents', 'Access, Appointment, Admission, Transfer and Discharge' and 'Implementation of care or ongoing monitoring/review'.



- There were 3 acquired pressure ulcers this month acute medicine stage 3, PCCP stage 2 and postnatal stage 2; work with local clinical areas has been undertaken and feedback on learning identified with actions in place to improve practice. However we remain below average nationally at 1% incidence for acquired pressure ulcers.
- Admissions with pressure ulcers have remained static at below 40 patients per month being admitted, we continue to review all of these patients and potential trends and work closely with community health and social care services.
- There was a total of 305 (91% no harm, 9% low harm, <1% (1) moderate harm) medication incidents reported, this was a slight decrease on previous periods. The harm score is steady with previous months. The stage of drug use where incident occurred is also steady. The most common incident type has changed in that fewer dose omissions or prescription omissions are reported. Nurses (73%), followed by pharmacy staff (17%), continue to report the vast majority of medication incidents, medical staff reporting has fallen to 4% of medication incident reported. The moderate harm incident is under investigation and relates to an adverse reaction after a patient (for whom allergies had been checked several times) received an antibiotic via their portacath, during portacath removal.

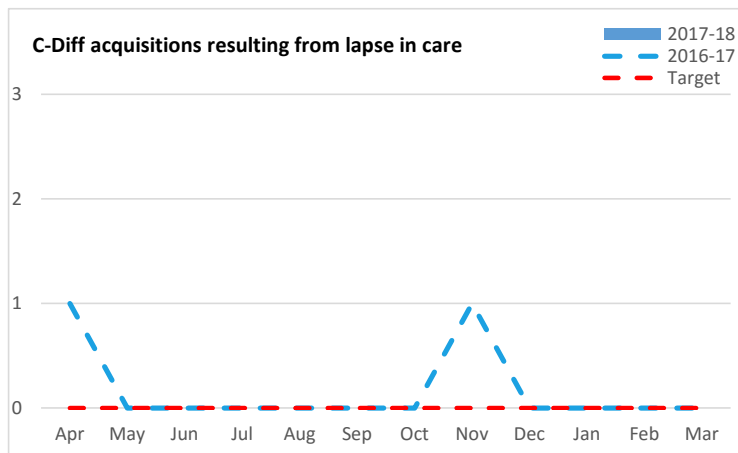
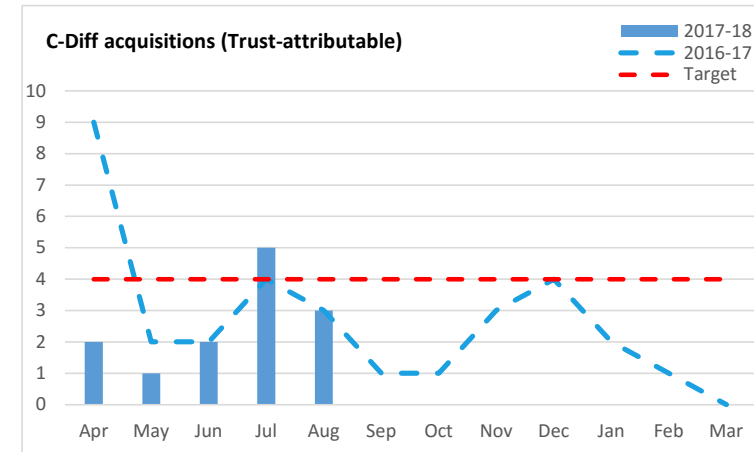
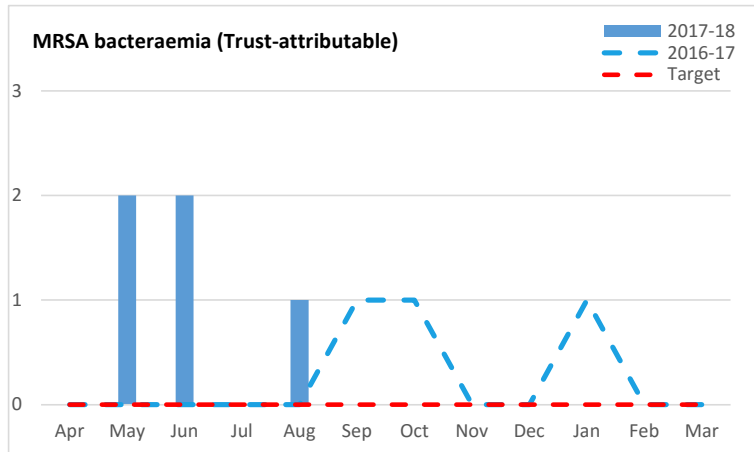


- This month there was a small increase in the incidence of falls with 164 reported compared to 160 in July; this is primarily due to an increase in Inpatient falls with 125 reported in August compared to 120 in July. Non-ward falls remain comparable this month with 34 reported compared to 33 in July, in addition, there was a small reduction in Community falls reported with 5 reported in August compared to 7 in July.
- Looking more in depth at the data there were 124 patients that fell and 164 falls reported, which meant that there were 40 falls that involved a patient falling more than once; this is an increase from last month where 31 falls involved patients falling more than once.
- Again, Assisted falls remain comparable this month with 19 reported which is the same as in July. The directorates with the highest incidence of falls are Acute Medicine, Cardiovascular, Community Adults and Transplant, Renal & Urology.
- There were 0 Fall's resulting in Moderate harm or above this month.





- C-diff performance remains good overall.
- There was one case of MRSA bacteraemia -The increased incidence of MRSA bacteraemia in the 1st 5 months of this year is a concern (total of 6 cases) an exceptional briefing paper was presented to Trust Board in September 2017.
- Recent performance in antimicrobial stewardship is connected to changes in data collection methodology.



## 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:

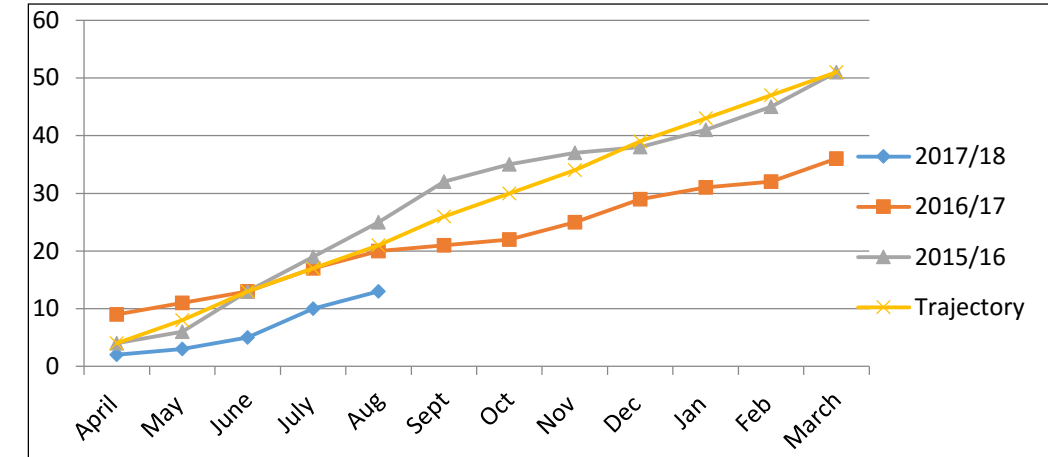
***C. difficile*** - For August 2017 the Trust reported total 5 cases of which 3 were attributable.

**MRSA bacteraemia** – 2 cases were reported Trust attributable in August 2017. However one of these was later (October 2017) noted to be a duplicate as patient has had positive blood samples reported by another organisation prior GSTT admission. Approval given the trust 9GSTT) to unlock the HCAI DCS system and deleted the case. This makes August total attributable cases to 1.

## Other bacteraemia

- **MSSA** – For August 2017 the Trust reported 15 cases of which 3 were deemed to be Trust attributable (identified > 48 hours after admission).
- ***E coli*** – For August 2017 the Trust reported 35 cases, of which 5 were attributable Klebsiella species – for August 2017 the Trust reported 5 cases of which 3 were attributable to the Trust (new requirement to report from April 2017).
- ***Pseudomonas aeruginosa*** - for August 2017 the Trust reported 5 cases all of which were attributable to the Trust (new requirement to report from April 2017).

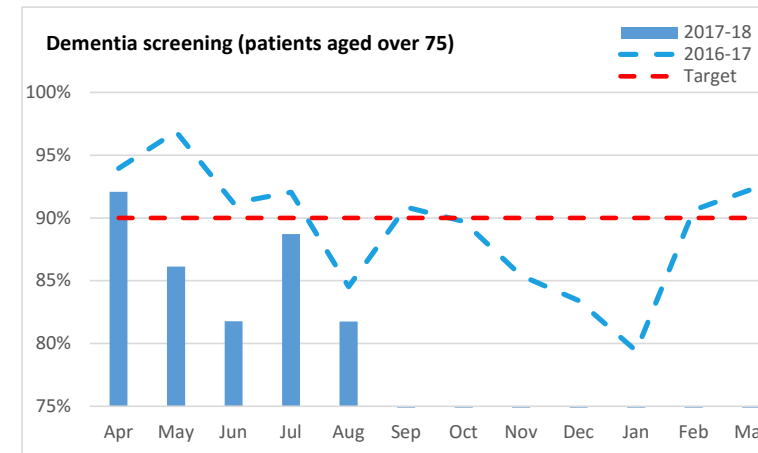
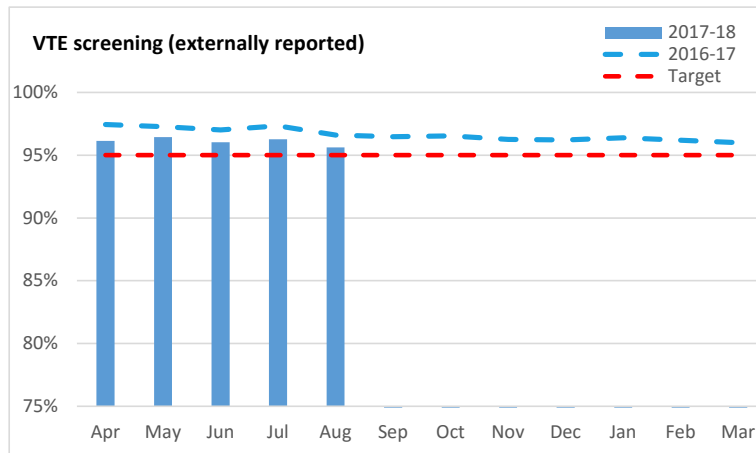
Figure 1. Cdiff cases 2017/18 compared with 2016/17 and 2015/16 with a linear trajectory to 51 cases.



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.	<b>Actions underway</b>
The Trust has established screening and preparedness for the threat of resistant <i>Candida auris</i> – no further cases in August 2017	<b>Actions underway</b>
The increased incidence of MRSA bacteraemia in the 1 <sup>st</sup> 5 months of this year is a concern (total of 5 cases) an exceptional briefing paper was presented to Trust Board in September 2017.	<b>Actions underway</b>

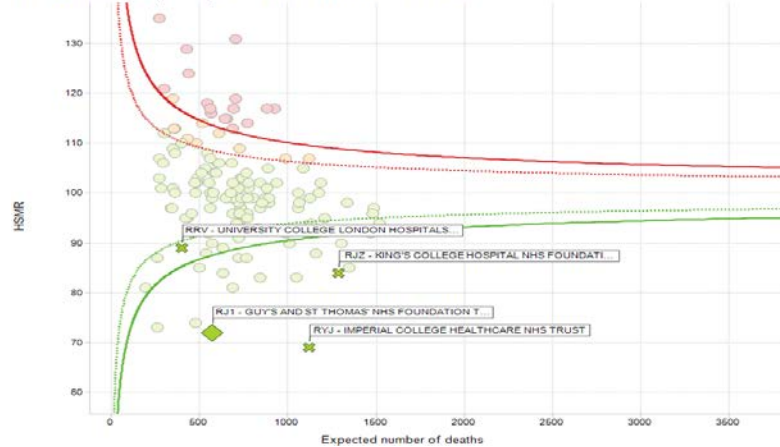
Intelligence triangulated	Root cause understood	Action plan set	<b>Actions underway</b>	Actions complete
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- The screening of patients over the age of 75 years for memory problems has a monthly compliance target of 90% or greater. This quarter has shown two months where the 90% compliance was not met. This can be attributed to bank holidays and the admission of some patients to wards who do not complete dementia screens often.
- The DAD clinical nurse specialists continue to monitor screening as a priority. They send daily emails to wards who have outstanding screens and often follow up with phone calls or ward visits. The Clinical lead will continue to support junior doctors.
- The DAD CNSs continue to offer teaching to wards who often have low compliance. Dementia screening is also covered in each Dementia Level 2 study day.
- This quarter the DaD CNS have been working with IT to update the dementia screening process to help boost compliance.
- The DaD CNSs with the specialist team (STAT). STAT assist DaD by reviewing patients who need screening at the weekend and over holiday periods.

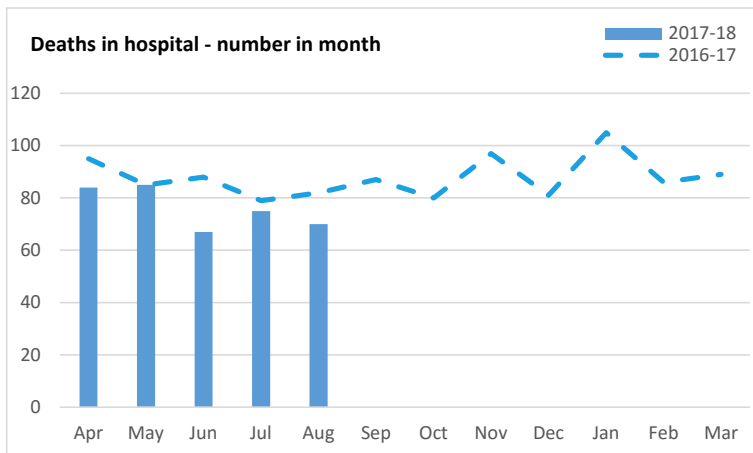
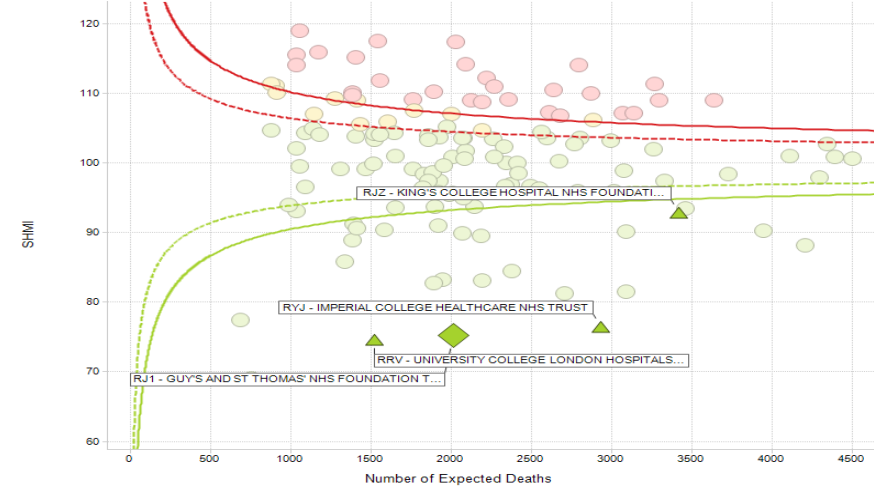


- Benchmarked mortality allows case-mix corrected risk of death to be compared across organisations. The Trust continues to perform exceptionally well, both against the England average and other London acute hospitals. Two measures are used: Hospital Standardised Mortality Rate (HSMR) shown in graph 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. Learning from deaths review process is being established trust wide which will give more granular analysis of these data. 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 August 2017**

Average fill rates of planned hours for Registered Nurses (RNs) for days were 96.4%, with nights at 98.6%. Average fill rates for planned hours for NAs was 110.8% in the daytime and 117.4% for the night. Overall 100.4% of planned hours were used.

The vacancy rate has increased by 0.6% since July 2017. On 1<sup>st</sup> September 2017, there were 635 external candidates in the Recruitment Pipeline, who are expected to join the Trust over the next few months. Besides looking at possible strategies to increase the retention rate, three weekly recruitment assessment centres continue alongside work to make the on-boarding process more efficient, decreasing the drop-out rate of candidates and improving the time to hire.

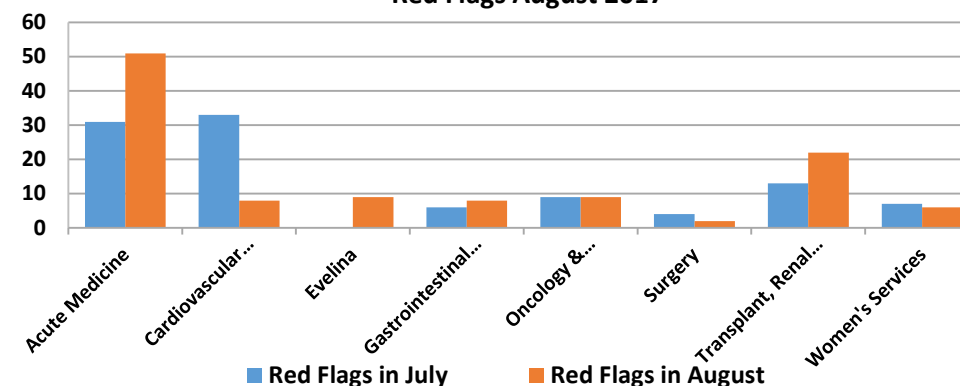
**Safe Staffing**

As outlined in the table, the number of bed days in August 2017 stood at 37,615. This is 1,248 fewer than the previous month.

The IPAMS and SafeCare systems consistently collate 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 6,768 below the planned hours for the month, which equates to 41.53 WTE, whilst Nursing Assistants were 7,768 above planned hours which equates to 48.90 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 is also appropriate deployment of Nursing Assistants to cover a vacant shift for a Registered Nurse where patient acuity is lower

**Red Flags**

A total of 115 Red Flags, highlighting potential concerns regarding safe staffing were raised in August 2017, an increase of 12 on the previous month. The numbers of red flags do fluctuate on a month by month basis and these were resolved within the Directorates without there being an impact upon patient care or patient safety. The number of red flags was higher in Acute Medicine and Transplant, Renal and Urology, than in the previous month. Both Directorates had a challenging month with regards to staffing which was related to the number of vacancies, awaiting newly qualified staff to begin and an inability to secure temporary staff over the summer period. However, staff were flexed across the organisation to provide support.

**Red Flags August 2017**

Staffing measures	August 2016	August 2017	Change	
Nursing Establishment WTE	5966.02	6147.85	181.83	▲
Nursing Staff in Post WTE	5145.64	5314.00	168.36	▲
Vacancies WTE	820.38	833.85	13.47	▲
Vacancy rate	13.8%	13.6%	-0.2%	▼
Annual turnover	14.4%	15.4%	1.0%	▲
Red Flags raised	138	115	-23	▼
Agency % of Paybill	4.6%	6.6%	2.0%	▲
Planned v Actual Hrs used	100.7%	100.4%	-0.3%	▼
Care Hours per Patient Day	10.9	10.8	-0.1	▼

**Count of bed days**

Month	Level 0	Level 1a	Level 1b	Level 2	Level 3	Total
August	10,582	8,452	16,979	1,565	37	37,615
July	11,582	7,557	17,821	1,868	35	38,863

**Proportion of bed days**

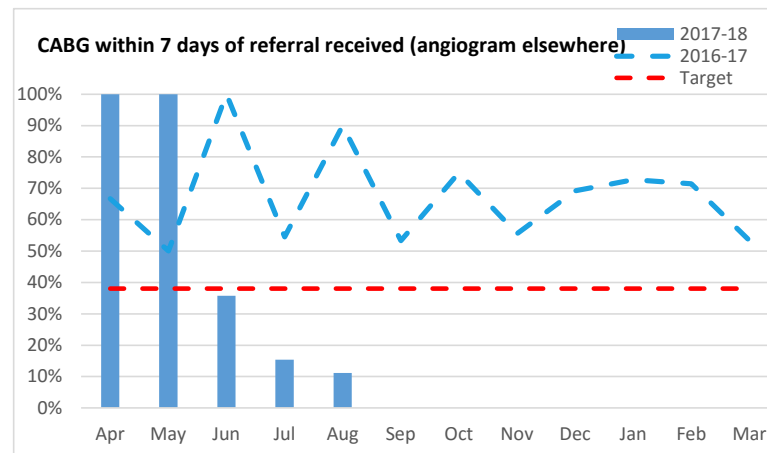
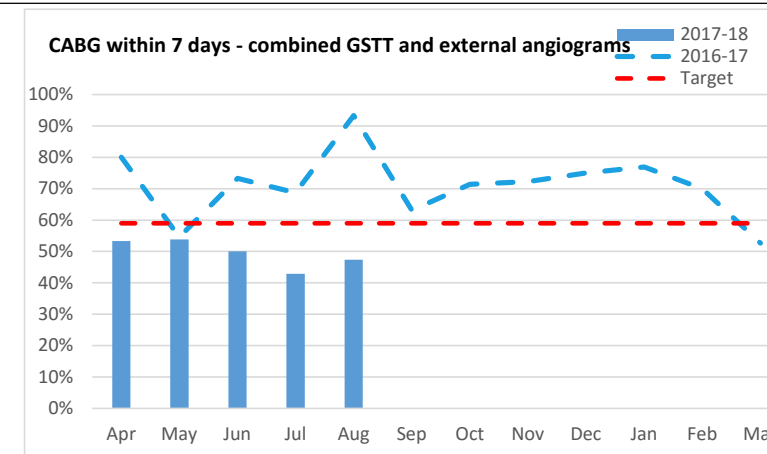
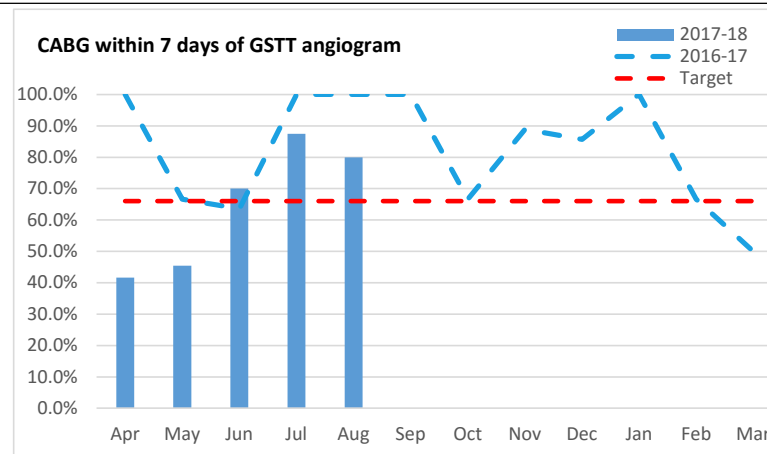
level 0	Level 1a	Level 1b	Level 2	Level 3
28.1%	22.5%	45.1%	4.2%	0.1%
29.8%	19.4%	45.9%	4.8%	0.1%

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jun	Jul	Aug	YTD avg	Monitor	Quality priorities	Trend chart
2.1 Quality improvement initiatives	CQ1Aq	CABG within 7 days of GSTT angiogram	Qtly %	>66%			81%	70.0%	87.5%	80.0%	62.7%			Y
	CQ1Bq	CABG within 7 days of referral received (angiogram elsewhere)	Qtly %	>38%			65%	35.7%	15.4%	11.1%	31.7%			Y
	CQ1Cq	CABG within 7 days - combined GSTT and external angiograms	Qtly %	>59%			71%	50.0%	42.9%	47.4%	48.9%			Y
2.2 Clinical best practice	352	Emergency readmissions (within 28 days - in arrears)	Cum %	<5.8%			3.0%	6.1%	6.0%		6.0%			Y
	353	Emergency readmissions (within 14 days - in arrears)	Cum %	<3.8%			2.0%	3.8%	3.8%		3.8%			Y
	IC48	Critical Care Unplanned Readmissions within 48 Hours	Mnthly (%)	<=1.3			1.2%	0.0%	1.2%	1.0%	0.7%			
	913	% Caesarean sections	Mthly %	<28%			33%	35.6%	34.2%	32.3%	34.2%			
	ICNARC-STH	Critical care mortality indicator-STH+VH DU	Quarterly	<=1.0			0.83	0.95	0.95	0.95	0.95			
	ICNARC-Guys	Critical care mortality indicator-Guys CCU	Quarterly	<=1.0			0.80	0.99	0.99	0.99	0.99			
	EOL	End of life care - % of deaths supported by Priorities for Care	Mthly %	>25%			42.8%	50.8%	43.1%	45.5%	47.1%			

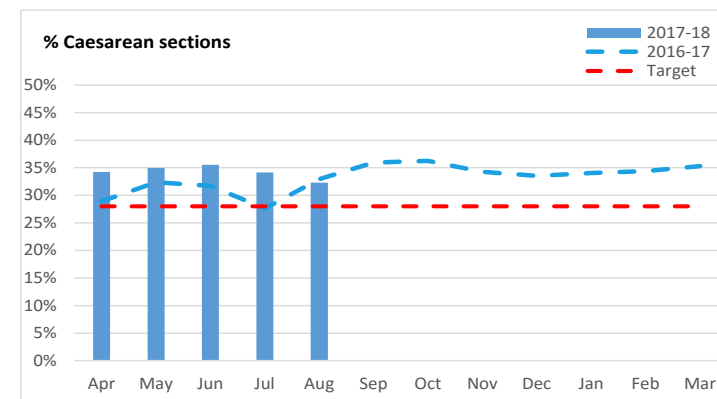
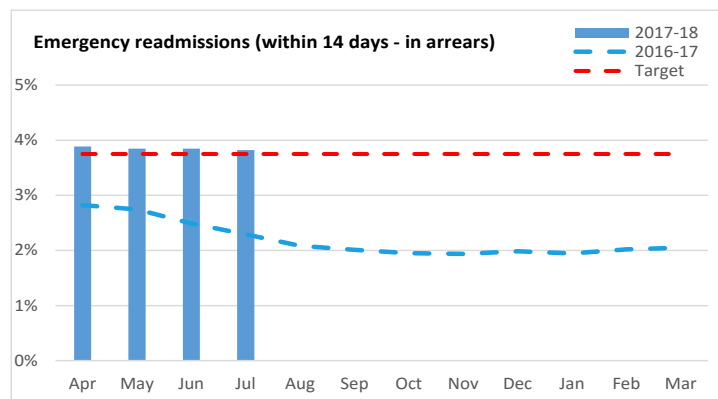
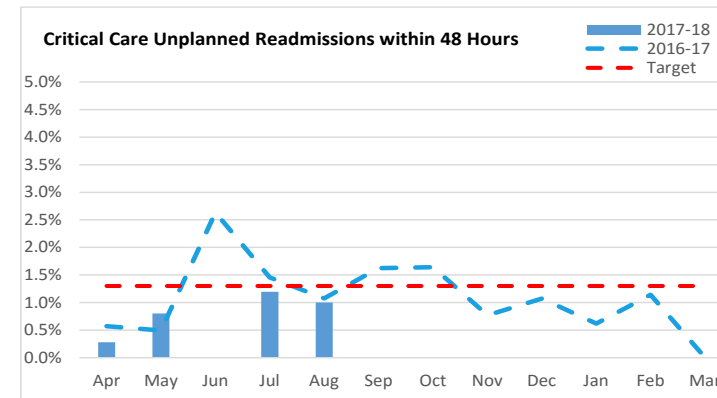
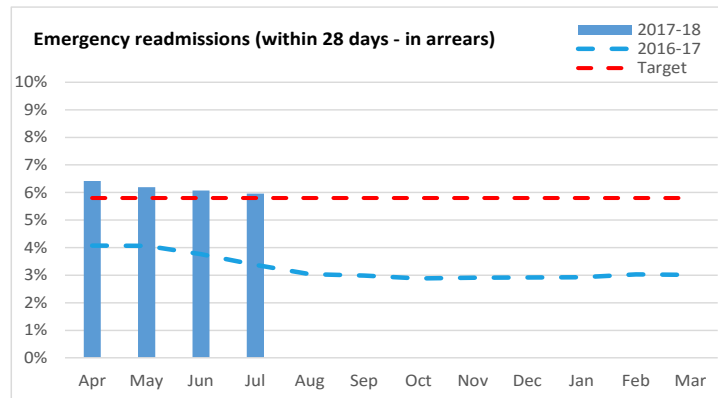
CABG within 7 days of GSTT angiogram has met the target in August.

There are ongoing delays due to District General Hospital (DGH) referrals not all including appropriate images and bloods. There are discussions underway with local hospitals to try to improve transfer of vital patient information and images in a timely fashion. The service will be piloting an upgraded IT system to assist with the sharing of information for transfer patients.

There has been an increase in the volume of referrals, not only CABG cases, and the service prioritise on clinical need but this has impacted on the performance against the 7 day target as well as elective scheduled cases.

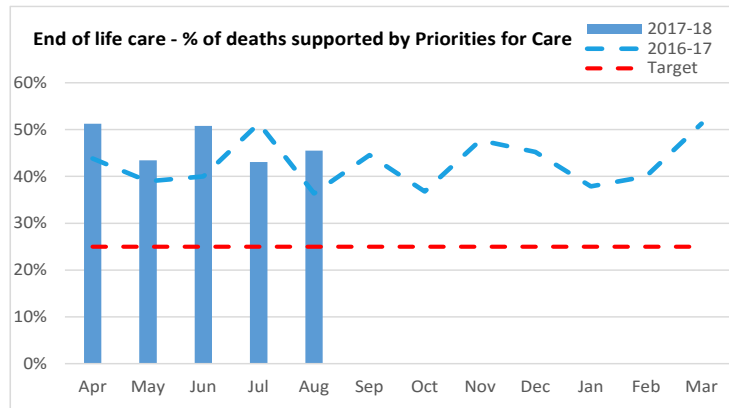


- Readmission rates vary depending on the clinical service and by patient group. There is an Outcomes group to review the data and look for any trends as well as a handover group to focus on improving the quality of discharge of patients from hospital and will take action if required.
- The caesarean 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.



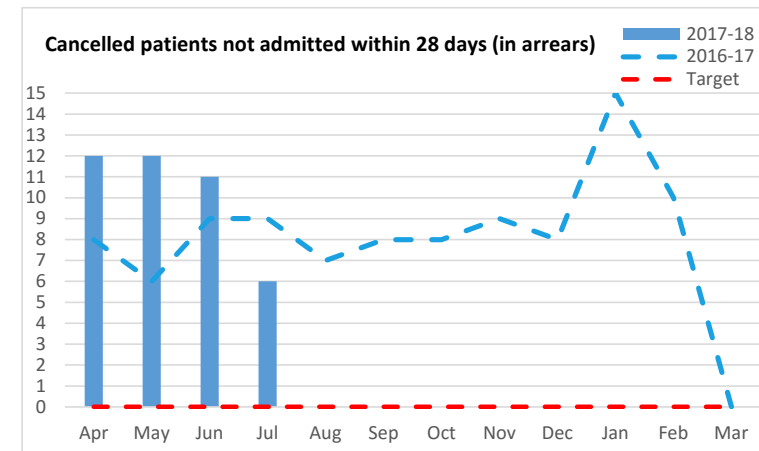
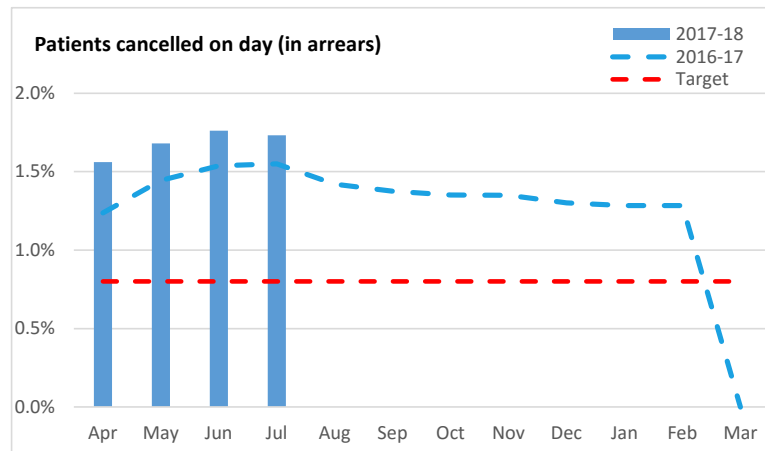
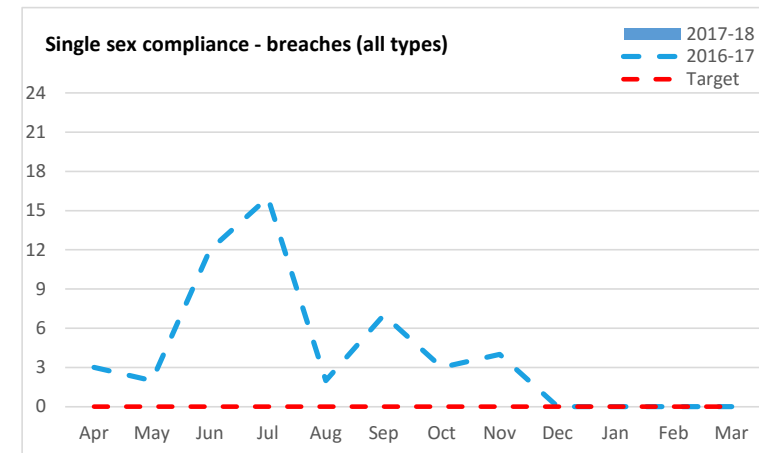
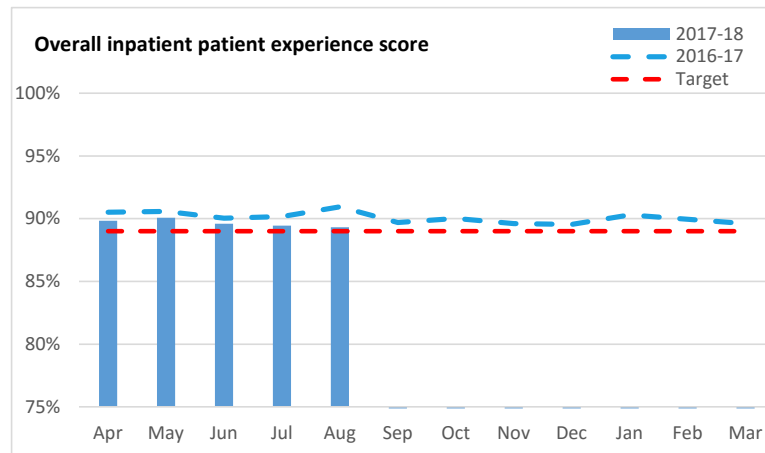


- The Trust continues to recognise in advance a high proportion of those who go on to die in hospital, supporting proactive communication, planning and provision of holistic care to patients and those important to them.
- The new Trust mortality surveillance group ensures oversight and discussion of any cases where recognition was missed.
- Trial of a symptom control observation chart and nursing care planning guide has been positively evaluated in the acute admissions ward, we hope to roll out further in a phased approach.

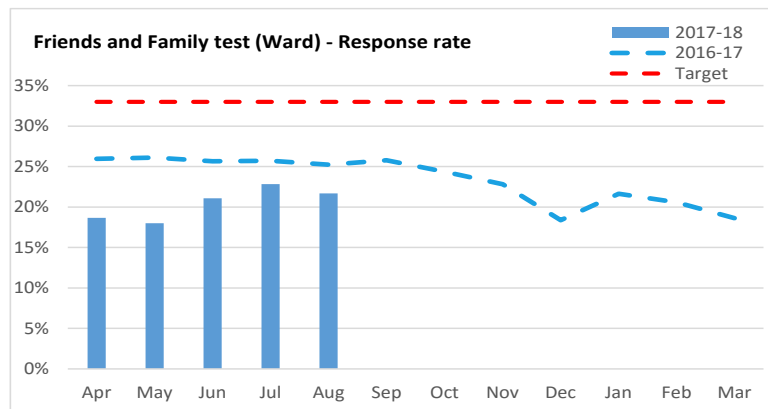
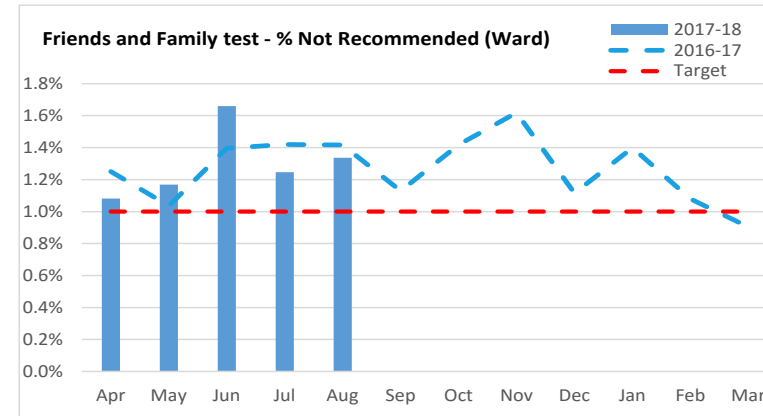
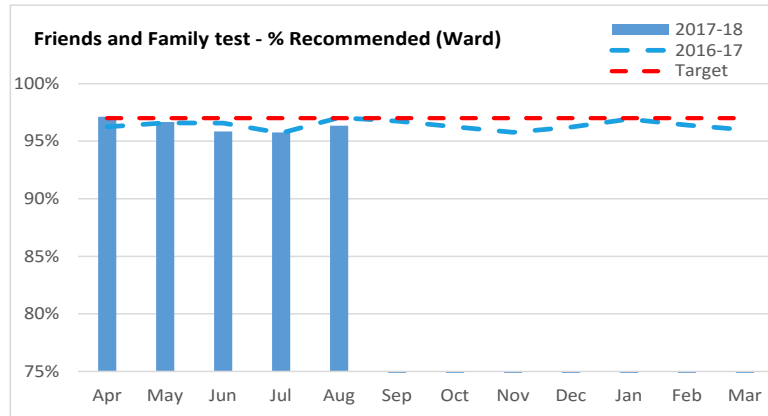


Theme	Ref	Indicator	Units	Target	R	G	Prior year	Apr	May	Jun	Jul	Aug	YTD avg	Monitor	Quality priorities	Trend chart
3.1 Admitted care	258	Overall inpatient patient experience score	Mthly %	>89%			90%	89.8%	90.1%	89.6%	89.4%	89.3%	89.7%			Y
	310	Single sex compliance - breaches (all types)	Cases	Zero			4.1	0	0	0	0	0	0.0			Y
	501	Patients cancelled on day (in arrears)	Cum %	<0.8%			1.4%	1.6%	1.7%	1.8%	1.7%		1.7%			Y
	502	Cancelled patients not admitted within 28 days (in arrears)	Number	Zero			8.1	12	12	11	6		8.2			Y
	FFT1W	Friends and Family test (Ward) - Response rate	Mthly %	>=33%			23.4%	18.7%	18.0%	21.1%	22.8%	21.7%	20.4%			Y
	FFT2W	Friends and Family test - % Recommended (Ward)	Mthly %	>=97%			96.4%	97.1%	96.7%	95.9%	95.8%	96.3%	96.3%			Y
	FFT3W	Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%			1.3%	1.1%	1.2%	1.7%	1.2%	1.3%	1.3%			Y
3.2 A&E care	FFT1AE	Friends and family test (A&E) - Response rate	Mthly %	>=18%			15.3%	17.6%	19.1%	26.2%	24.6%	25.1%	22.5%			Y
	FFT2AE	Friends and Family test - % Recommended (A&E)	Mthly %	>=88%			85.2%	84.0%	81.3%	84.5%	81.3%	83.0%	82.8%			Y
	FFT3AE	Friends and Family test - % Not Recommended (A&E)	Mthly %	<=6%			6.9%	6.4%	7.6%	6.4%	8.2%	7.0%	7.2%			Y
3.3 Maternity care	FFT1M	Friends and Family test (Maternity) - Response rate overall	Mthly %	-			23.9%	6.0%	4.2%	6.8%	4.8%	12.8%	7.1%			Y
	FFT2M	Friends and Family test - % Recommended (Maternity)	Mthly %	-			91.3%	95.5%	91.0%	92.0%	91.4%	90.2%	91.6%			Y
	FFT3M	Friends and Family test - % Not Recommended (Maternity)	Mthly %	-			3.2%	2.2%	1.5%	1.8%	0.0%	2.0%	1.7%			Y
3.4 Outpatient care	FFT2OP	Friends and Family test - % Recommended (Outpatients)	Mthly %	-			92.8%	93.1%	92.3%	91.2%	91.7%	91.0%	91.8%			Y
	FFT3OP	Friends and Family test - % Not Recommended (Outpatients)	Mthly %	-			3.2%	3.1%	3.4%	3.7%	3.3%	4.1%	3.6%			Y
3.5 Community care	FFT1CS	Friends and Family test (Community) - Response rate	Mthly %	-			4.6%	2.7%	5.2%	7.2%	4.4%	7.0%	5.3%			Y
	FFT2CS	Friends and Family test - % Recommended (Community)	Mthly %	-			95.3%	89.7%	95.3%	97.5%	98.0%	98.3%	96.8%			Y
	FFT3CS	Friends and Family test - % Not Recommended (Community)	Mthly %	-			0.7%	2.1%	1.6%	0.5%	0.6%	0.2%	0.8%			Y
3.6 Patient Transport	FFT1PT	Friends and Family test (Transport) - Response rate	Mthly %	-			2.4%	2.3%	3.1%	6.3%	5.4%	5.3%	4.5%			Y
	FFT2PT	Friends and Family test - % Recommended (Transport)	Mthly %	-			92.5%	87.1%	92.3%	96.8%	87.5%	85.5%	90.2%			Y
	FFT3PT	Friends and Family test - % Not Recommended (Transport)	Mthly %	-			2.1%	3.6%	1.7%	0.7%	3.0%	5.5%	2.8%			Y
3.7 General patient and	Food	Satisfaction with food (PLACE)	Mthly %	>85%			92%	91.8%	91.8%	91.8%	91.8%	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 89.7% YTD.
- 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 August we achieved a response rate of 21.7%, a decline on the July response rate of 23.4%. A detailed breakdown of responses by speciality which suggests that some areas are experiencing delays in recording patients discharge following their day case/surgery. This information has been shared with teams. Over the coming month the Patient Experience Team will be contacting Directorate teams to see if further help is needed to help boost the number of responses from day case patients.
- The proportion of patients who would recommend the Trust in August was 96.3% which is a slight improvement on the July score of 95.8%. The percentage of patients who would not make a recommendation remained consistent, 1.2% in July and 1.3% in August.
- 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 over leaf provides further analysis and detail of actions underway.



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

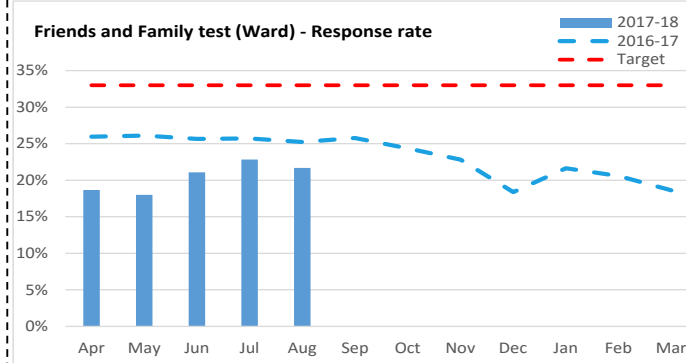
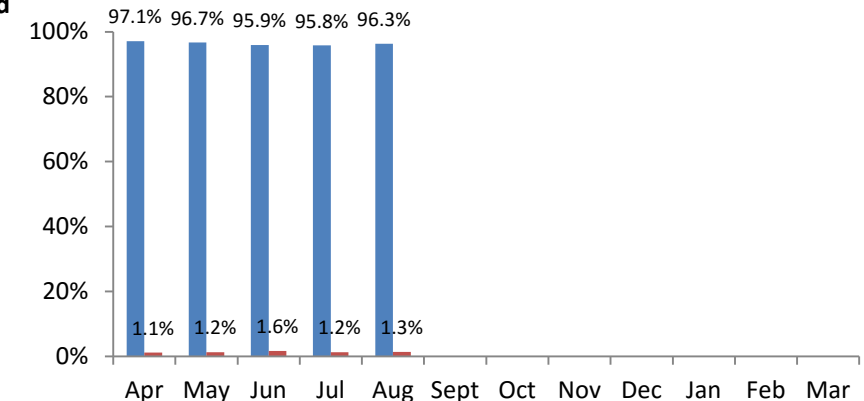
- Work towards achieving a 30% response rate
- Increase our FFT score/proportion of patients who would recommend us to 97%
- Improve our response rate and the proportion of patients who would recommend the Trust when compared with Shelford Peers

**Where we are: trends, patterns and causes**

- The response rate dropped from 23.4% in July to 21.7% in August.
- 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 again dropped via SMS and paper surveys. This is pulling down the overall response rate for this area of care.
- The supplier provided the Patient Experience Team with a detailed breakdown by speciality of discharges seemingly recorded more than 48 hours after discharge. This information has been passed on to teams to review.
- The recommend score for August of 96.3% has slightly improved on the July figure of 95.8%. The not recommend score however remains stable, 1.2% in July and 1.3% in August
- In July our response rate, placed us in the mid-range of the Shelford Group, whilst our “recommend” scores and “not recommend” scores placed us towards the top of the group. Our scores are however above the 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

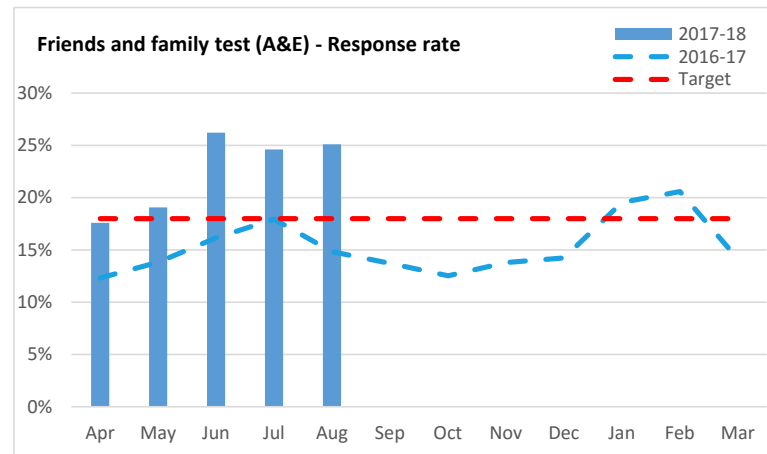
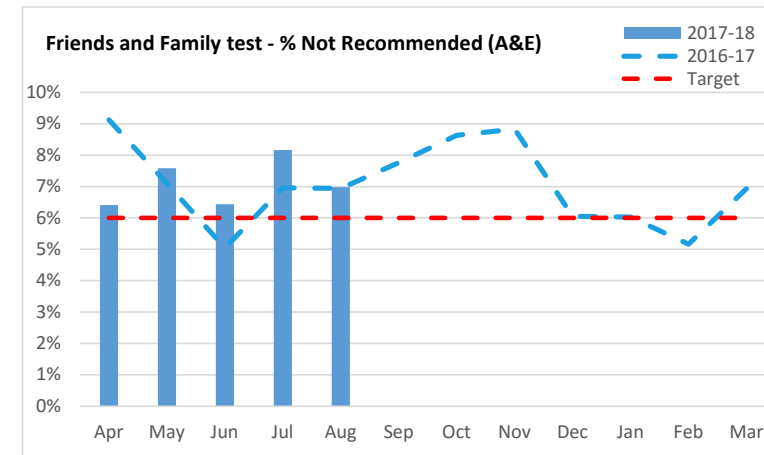
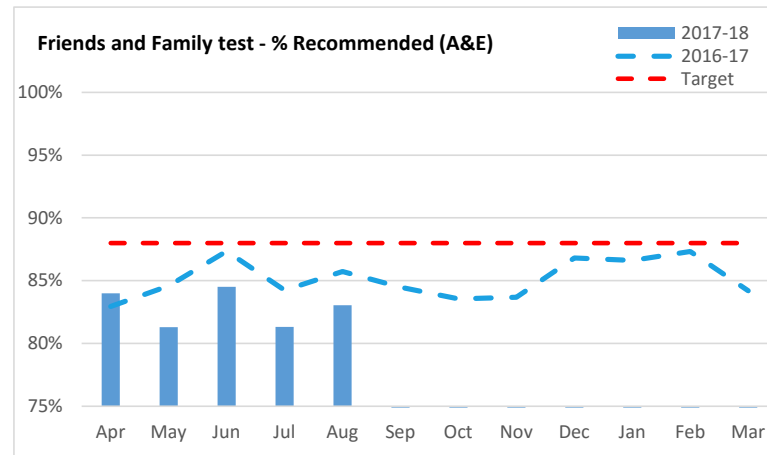
**Trend – Inpatient Friends and Family Test response rate****Trend –2017 Inpatient Friends and Family Test percentage Recommend v. Not recommend**

Action and progress			Owner	Next review date
Patient Experience Team will be reviewing specialities with higher levels of day case/day surgery discharges recorded more than 48 hours after patient's departure to see teams that need additional support.			Patient Experience Team	September 2017
The Patient Experience Team has contacted clinical teams with information about discharges that were recorded over 48 hours after. Teams are reviewing this information.			Patient Experience Team	October 2017
The Patient Experience Team will identify response rate targets for inpatient and day case areas			Patient Experience Team	September 2017
Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

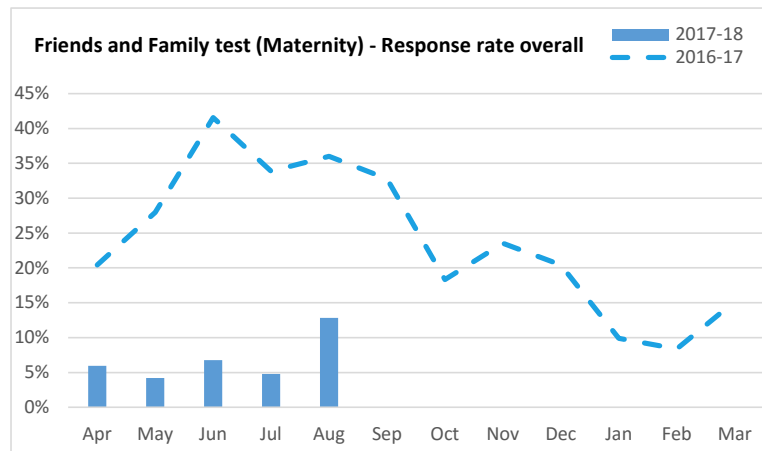
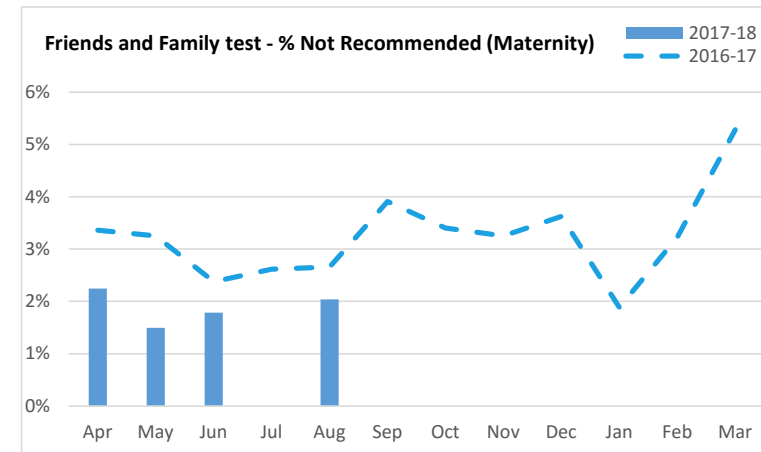
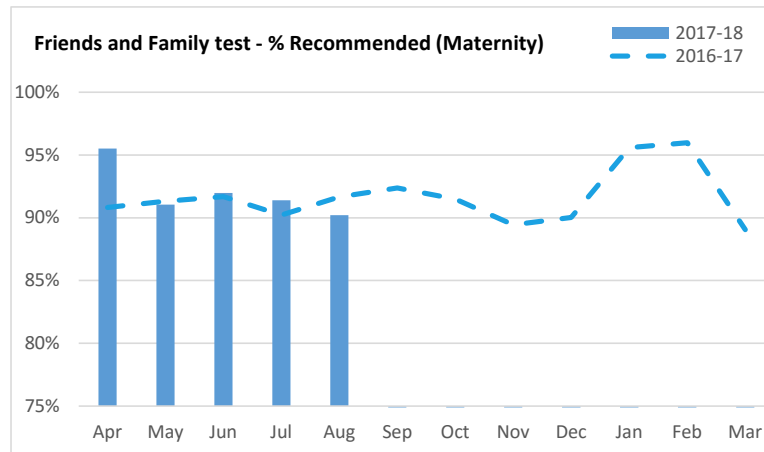
**Comparator – Shelford Group**

Shefford Group			Response Rate
Trust/Month	July		July
	Recommend %	Not recommend %	Inpatient
National Score for England	96%	2%	25.6%
London region score	95%	2%	28.7%
Guy's and St Thomas' NHS Foundation Trust	96%	1%	23.4%
University College London Hospitals NHS Foundation Trust	93%	4%	23.7%
Newcastle-Upon-Tyne Hospitals NHS Foundation Trust	98%	1%	13.4%
Sheffield Teaching Hospitals NHS Foundation Trust	96%	2%	31.8%
University Hospitals Birmingham NHS Foundation Trust	96%	2%	16.8%
Oxford University Hospitals NHS Trust	96%	2%	21.4%
King's College Hospital NHS Foundation Trust	93%	3%	23.0%
Cambridge University Hospitals NHS Foundation Trust	95%	2%	9.1%
Imperial College Healthcare NHS Trust	97%	1%	35.1%
Central Manchester University Hospitals NHS Foundation Trust	96%	1%	28.4%

- The A&E Friends and Family Test (FFT) includes patients attending our A&E department at St Thomas' Hospital and Minor Injuries Unit at Guy's Hospital.
- Having reviewed local and national data for 2015-16 the Trust set itself a target response rate of 16% for 2016-17. The response rate for A&E continues to remain above the Trust target, improving from 24.6% in July to 25.1% in August. 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 improved, up from 81.3% in July to 83.0% in August. The proportion of patients who said they would not recommend the service has also improved, falling from 8.2% to 7.0% in August. Dashboard screens are now deployed in the waiting area displaying potential waiting times. The team are reviewing themes from feedback to identify actions which can be put in place to improve patients experience.



- Having reviewed local and national data for 2015-16 the Trust has set itself a target response rate of 20% for 2016-17. The overall response rate for the Friends and Family Test for maternity services has improved substantially, increasing from 4.8% in July to 12.7% in August. Additional resources have been allocated to ensure that patients are continued to be surveyed on their experience.
- The proportion of women who would recommend the service has dipped slightly from 91.4% in July to 90.1% in August. The proportion of women who said they would not recommend the service worsened, rising from 0.0% 2.1% in August. The team regularly review comments and use the emerging themes to identify actions for improvement.
- The briefing on the following provides further analysis and detail of actions underway.



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

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

**Where we are: trends, patterns and causes**

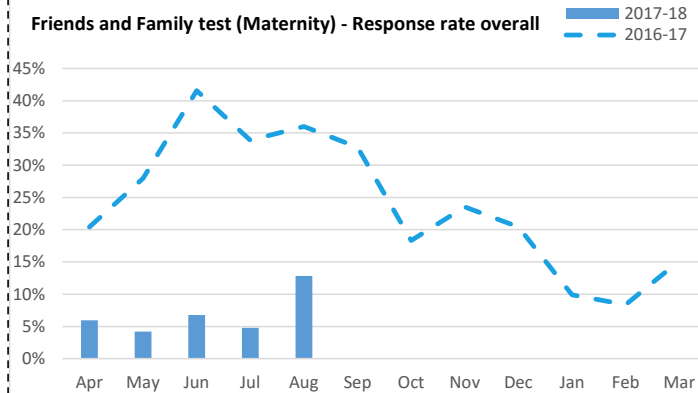
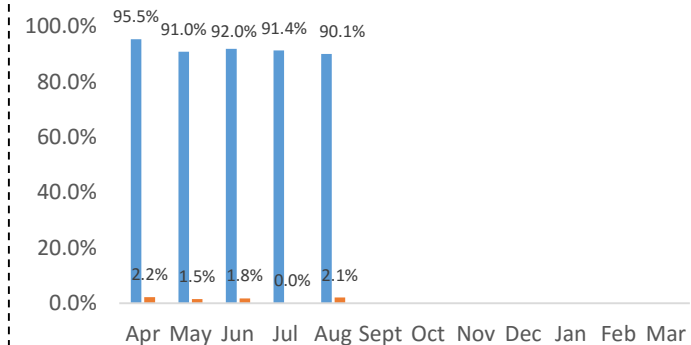
The response rate improved substantially, rising from 4.8% in July to 12.6% in August.

- The increase in responses have largely been driven by increase in responses from the Labour and Birth touchpoint. There was a significant drive by the team (including matrons, administration staff) to hand out and upload survey responses on a daily basis. The team is continuing to allocate resources to ensure that feedback is captured consistently and in a timely manner.
- The overall recommend score has dipped from 91.0% in July to 90.1% in August, also the not recommend score has worsened, rising from 0.0% in July to 2.1% in August. Reasons for these scores are varied, but the team recognises a few concerns on environmental issues relating to room temperature –this is expected to be resolved by planned work across the Trust on the heating/cooling systems.
- In July, our response rate for the labour and birth touchpoint placed us in the lower half of the Shelford Group. Our “recommend” scores also placed us in the lower half of the group although “not recommend” scores was in the upper –half of the group. Our recommend score is below both the London regional score and the national average. Our not recommend score is better than both the regional and national averages. Please note that we are only able to use the labour and birth touchpoints as this is the only touchpoint NHS England can accurately estimate a response rate for.

**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

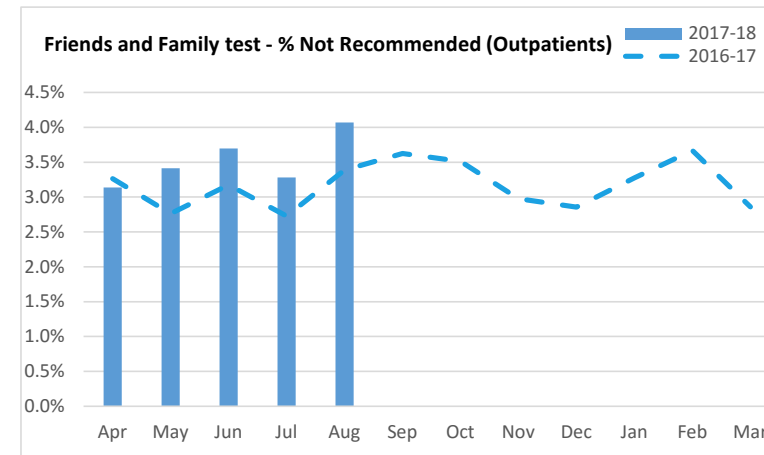
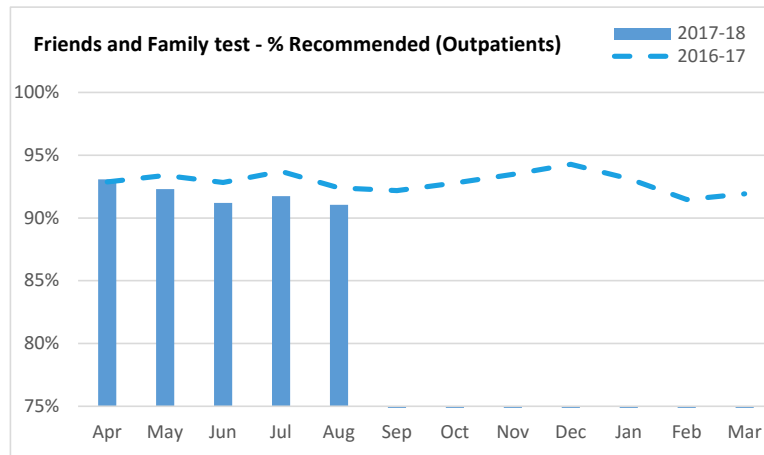
Action and progress			Owner	Next review date
The Maternity Team are identifying patient experience champions who will take on the responsibility for inviting women to give feedback and collecting in completed questionnaires.			Maternity Services	October 2017
The questionnaires for the antenatal, home birth and postnatal community touchpoints have been added to a weblink for community surveys and now deployed on community staffs’ mobile working ipads in September.			Patient Experience Team, Maternity Services and IT	Completed
Hospital based teams have been given a guide to the number of responses to capture from women each week to try and help boost the number of responses			Patient Experience Team and Maternity Services	Ongoing
Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

**Trend – Maternity Friends and Family Test response rate****Trend – 2017 Maternity Friends and Family Test percentage Recommend v. Not recommend****Comparator – Shelford Group**

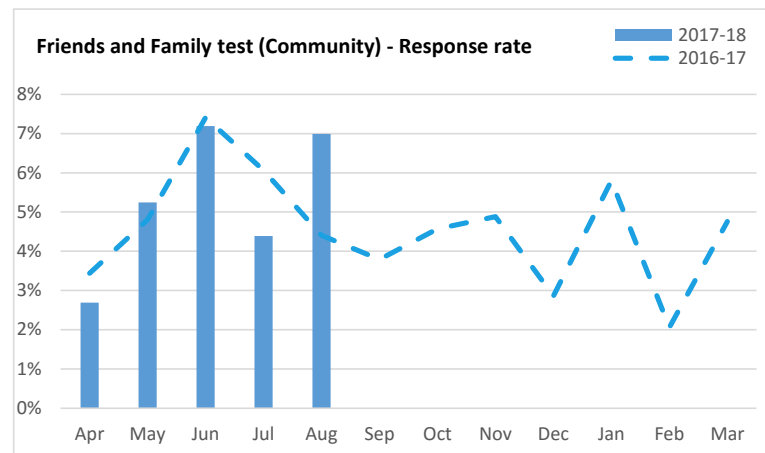
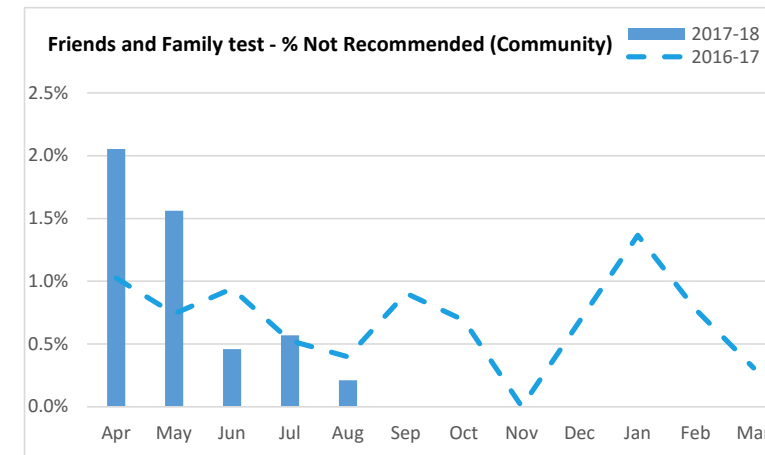
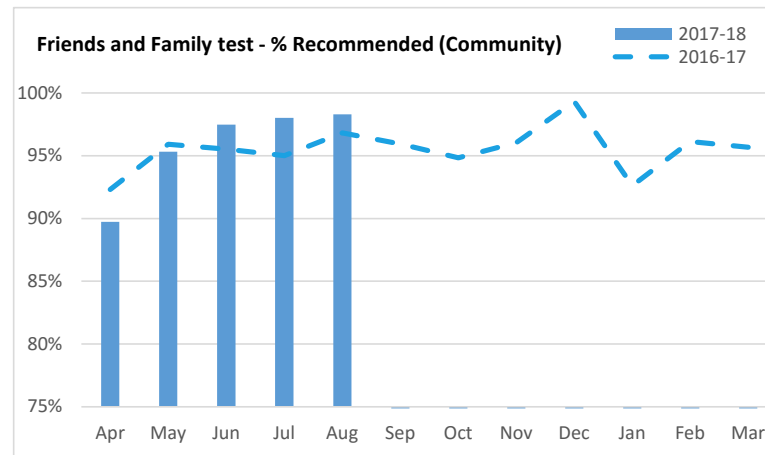
Shelford Trust/Month	Labour & birth		Response rate
	Recommend %	Not recommend %	
National Score for England	97%	1%	23.6%
London region score	96%	2%	23.6%
Guy's and St Thomas' NHS Foundation Trust	91%	0%	8.0%
King's College Hospital NHS Foundation Trust	97%	1%	21.0%
University College London Hospitals NHS Foundation Trust	98%	1%	29.0%
Imperial College Healthcare NHS Trust	96%	2%	28.0%
University Hospitals Birmingham NHS Foundation Trust	No data	No data	No data
Sheffield Teaching Hospitals NHS Foundation Trust	96%	1%	31.0%
Oxford University Hospitals NHS Trust	98%	2%	21.0%
Newcastle-Upon-Tyne Hospitals NHS Foundation Trust	100%	0%	20.0%
Central Manchester University Hospitals NHS Foundation Trust	95%	5%	7.0%
Cambridge University Hospitals NHS Foundation Trust	99%	0%	43.0%



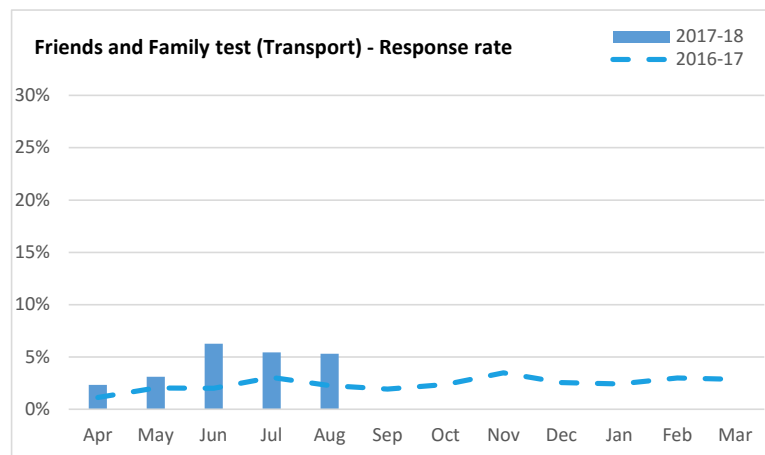
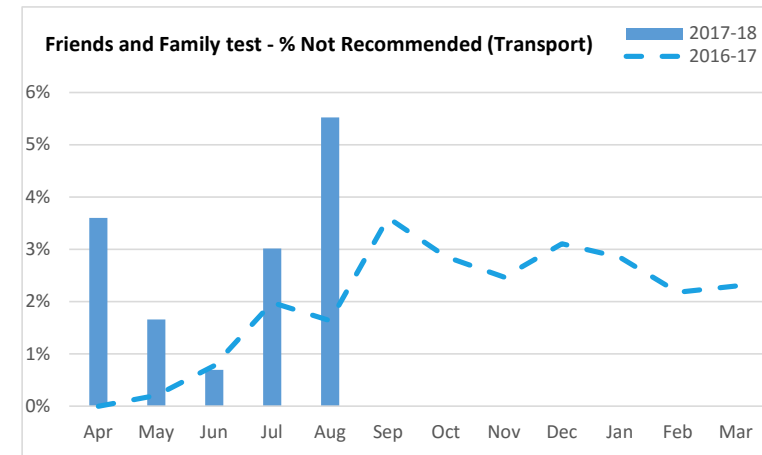
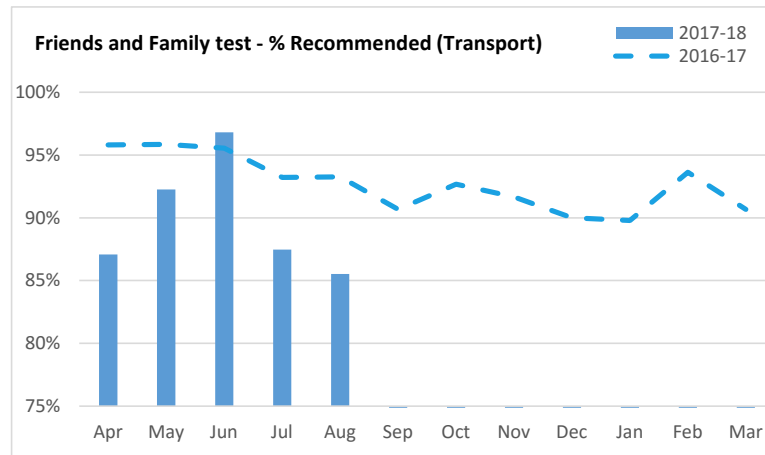
- We have reviewed local and national 2015-16 data and have set a response rate target of 7%.
- The proportion of outpatients who would recommend the Trust in August was 91.1% which is a slight decline on the July score of 91.7%. The proportion of patients who would not recommend the Trust has also worsened slightly rising from 3.3% in July to 4.1% in August.
- As part of the Fit for the Future outpatient work stream, directorates are improving communication with patients regarding their appointments through text messaging, where it is not currently in use and introducing a system for booking follow ups. "Partial booking" of follow up appointments allows patients to be involved in the choice of appointment date and time. As well as improving patient experience, these initiatives are also aimed at reducing non-attendance rates.
- This work stream is also looking at alternative pathways for outpatients to reduce unnecessary visits to the hospital. By reviewing discharge criteria, introducing more telephone appointments, and introducing more one-stop visits (where the consultation appointment and any associated diagnostic tests occur on the same day). Through improving patient experience some of these initiatives will improve new to follow-up ratios.



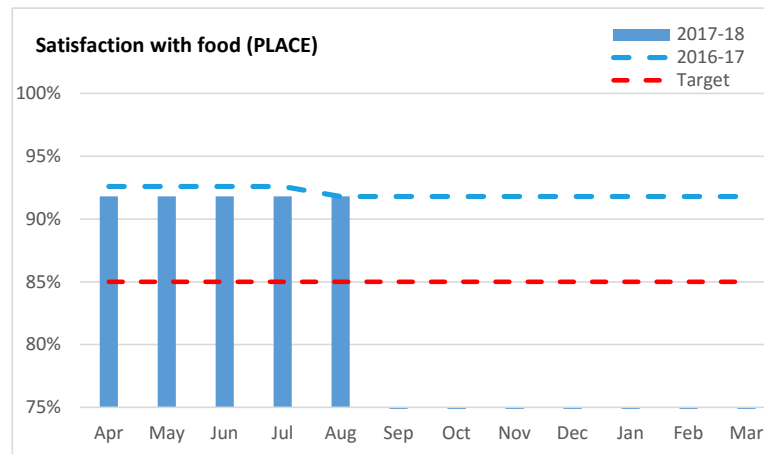
- We have reviewed 2015-16 local and national data and set a response rate target of 7%.
- In August the response rate improved, rising from 4.4% in July to 6.6% in August. The proportion of patients who would recommend community-based services remained stable, 97.7% in July and 97.9% in August. The proportion of patients who would not recommend services however improved slightly, falling from 0.6% to 0.3%



- The proportion of patients recommending the transport has declined falling from 87.5% in July to 85.5% in August. The not recommend score has also increased rising from 3.0% in July to 5.5% in August.
- The response rate has remained stable this month 5.3% in July and 5.4% in August, although this reached a high of 6.3% in June.



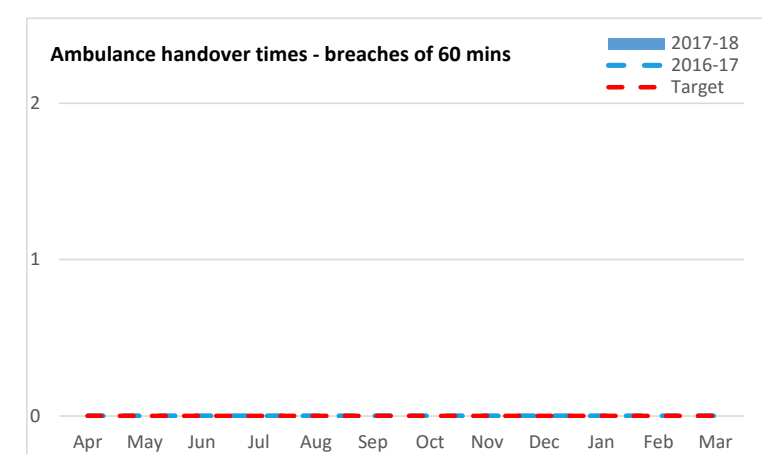
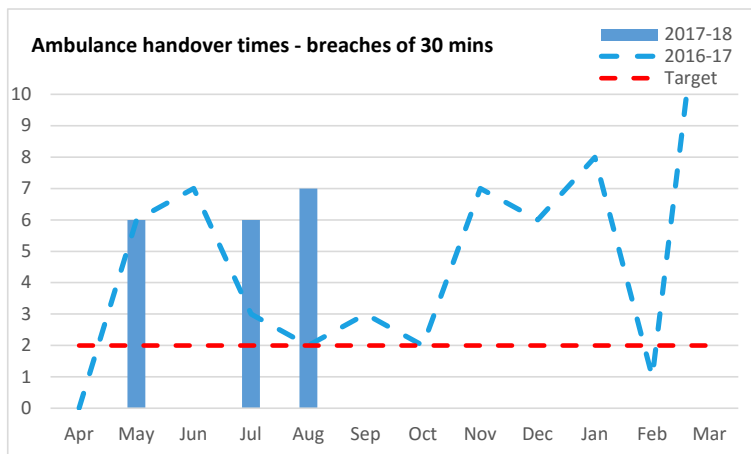
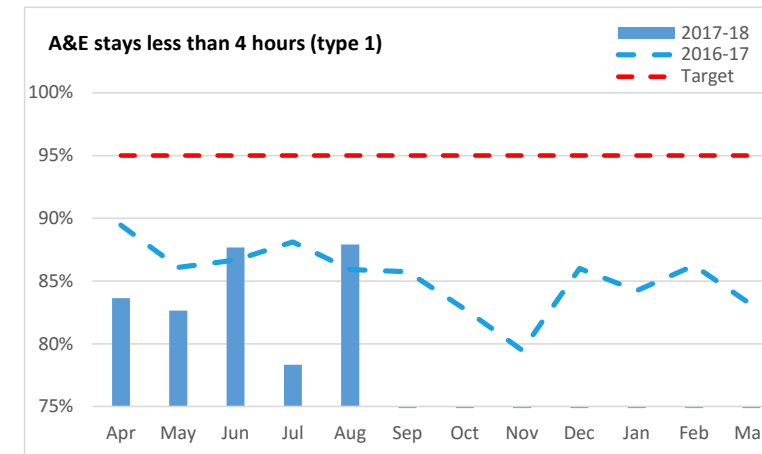
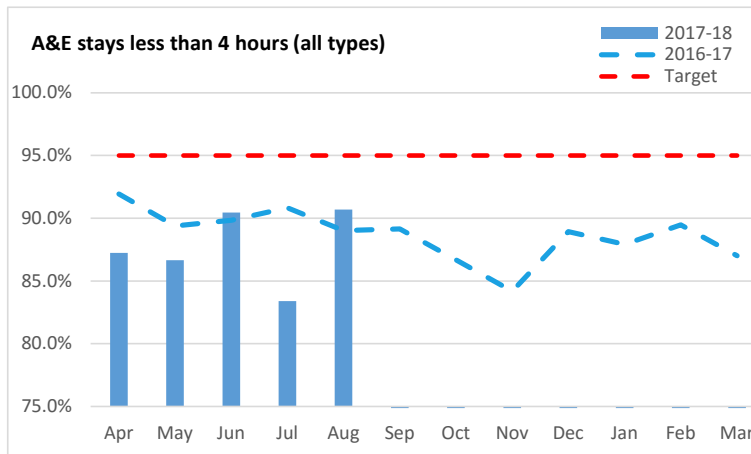
- The Trust has scored strongly for the quality of its catering as reflected in the National Inpatient Survey 2015, published by the Care Quality Commission (CQC). The Trust's catering scores exceed those of other London Trusts.
- The catering team continue to work closely with both Nursing and Dietetic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



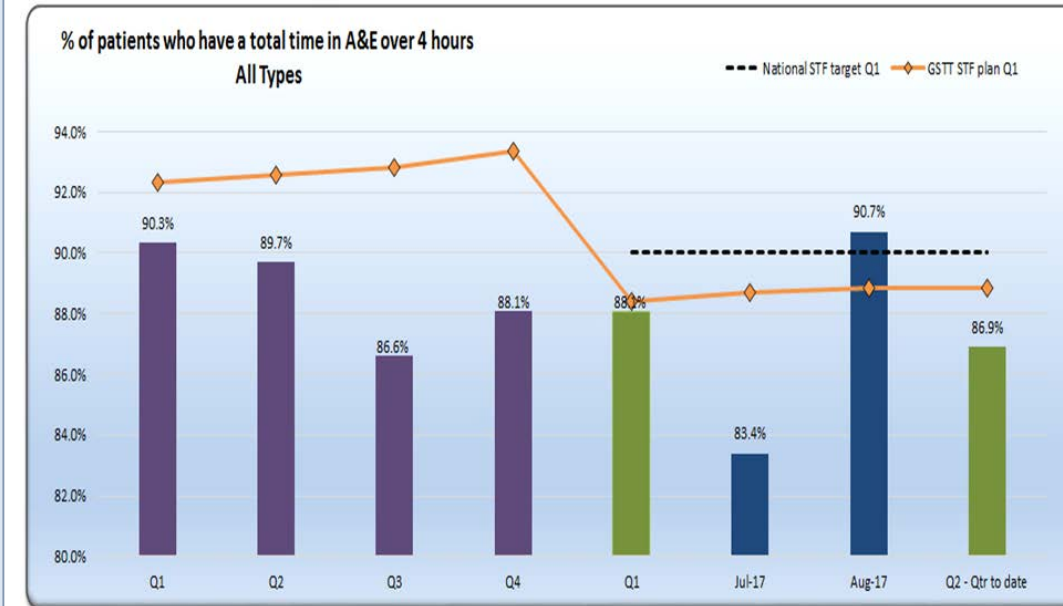
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jun	Jul	Aug	YTD avg	Monitor	Quality priorities	Trend chart
4.1 A&E access	AE123	A&E stays less than 4 hours (type 1 2 3)	Mthly %	>95%			88.7%	90.5%	83.4%	90.7%	87.6%			Y
	AE1STH	A&E stays less than 4 hours (type 1)	Mthly %	>95%			85.3%	87.7%	78.3%	87.9%	83.9%			Y
	AE30	Ambulance handover times - breaches of 30 mins	Number	<3			3.8	0	6	7	2.4			Y
	AE60	Ambulance handover times - breaches of 60 mins	Number	Zero			0.0	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%	88.5%	88.0%	86.8%	88.2%			Y
	RTT 52I	RTT - Incomplete pathways over 52 weeks	Mthly	Zero			17.4	21	17	14	18.0			Y
	RTT TQ	RTT - Total incomplete pathways	Mthly	-			57,279	65,020	65,066	65,737	64,442			Y
	RTT 18Q	RTT - Incomplete pathways over 18 weeks	Mthly	-			5,534	7,485	7,836	8,696	7,595			Y
	401M	RTT - Non-admitted patients <18 weeks (unadjusted)	Mthly %	>95%			90.5%	91.0%	90.5%	90.1%	90.6%			Y
	402M	RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%			81.0%	80.7%	78.9%	79.3%	79.5%			Y
	RTT 52	RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero			13.4	16	16	11	15.0			Y
4.3 Cancer access	451M	Cancer - 2 week wait	Qtly%	>93%			91.4%	94.0%	90.5%	96.9%	93.1%			Y
	941	Cancer - breast symptomatic referrals <2 wks	Qtly %	>93%			89.3%	90.9%	94.9%	96.6%	90.8%			Y
	453M	Cancer - 31 day first treatments	Qtly%	>96%			95.0%	97.4%	96.5%	93.4%	94.4%			Y
	459M	Cancer - 31 day subs treatments - surgical	Qtly%	>94%			90.7%	92.9%	96.1%	88.6%	91.0%			Y
	943	Cancer - secondary chemotherapy <31 days	Qtly %	>98%			97.8%	97.8%	99.4%	97.4%	97.9%			Y
	942	Cancer - secondary radiotherapy <31 days	Qtly %	>94%			93.7%	92.2%	94.0%	94.4%	91.2%			Y
	454M	Cancer - 62 day urgent GP referrals	Qtly %	>85%			67.1%	64.5%	67.4%	70.4%	66.9%			Y
		Cancer - 62 day urgent GP referrals (LCA cases only)		In devt										
	454I	Cancer - internal 62-day referrals	Qtly%	>85%			78.4%	76.4%	83.2%	82.4%	79.1%			Y
	456M	Cancer - 62 day screening	Qtly %	>90%			83.3%	76.9%	50.0%	83.3%	80.0%			Y
	457	Cancer Backlogs - pathways over 62 days	Number	-			138	123	122	158	145			
	458	Cancer Backlogs - pathways over 62 days	Number	-			48.3%	43.6%	50.5%	45.3%	50.4%			

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jun	Jul	Aug	YTD avg	Monitor	Quality	priorities	Trend chart
4.4 Diagnostic access	Diag 6	Diagnostic waits - % over 6 weeks	Mthly	<1%			1.25%	1.4%	1.5%	2.5%	1.60%				Y
	FFF19	Turnaround time - inpatient MRI within 24 hours	Mthly %	>80%			63.8%	64.6%	65.3%	67.0%	64.9%				Y
	FFF20	Turnaround time - inpatient CT within 24 hours	Mthly %	>80%			84.6%	87.0%	87.9%	86.4%	86.9%				Y
	FFF21	Turnaround time - inpatient Ultrasound within 24 hours	Mthly %	>80%			76.5%	72.7%	73.3%	73.7%	73.6%				Y
4.5 Bed capacity and management	531	Average length of stay (elective)	Cum ALOS	<last yr			3.54	3.60	3.62	3.74	3.74				Y
	LOS>1	Non-elective average LOS >1 night	Cum ALOS	<last yr			8.7	8.9	8.8	8.7	8.7				Y
	535	Discharges before noon	Mthly %	>25%			20.9%	21.1%	21.6%	22.1%	21.3%				Y
	Home	GSTT referrals to @Home service	Cases	>100			69	61	61	71	63				Y
	DTtoCDT	DTtoC total delayed days	Number	-			543	438	506	733	500				Y
4.6 Outpatient management	604	Appointments re-scheduled by hospital <6wks	Cum %	<4%			4.8%	5.1%	5.0%	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	2.06			2.14	2.19	2.17		2.18				Y
	602	Non-attendance rate (new appts)	Mthly %	<11%			10.9%	10.8%	10.6%	12.8%	10.9%				Y
	603	Non-attendance rate (f/up appts)	Mthly %	<9.8%			12.2%	11.4%	11.6%	12.4%	11.4%				Y
4.7 Theatre management	533M	Daycase rate - basket (in arrears)	Mthly %	>85%			84.3%	86.5%	89.1%		85.1%				Y
	505	Theatres Gross Cancellation Rate (in arrears)	Mthly %	<7%			7.4%	7.80%	7.09%		7.3%				Y
4.8 Complaints mgt	COM1T	Complaints opened in month (Trust total)	Cases	-			100.8	113	117	118	111				Y
	COM2T	Complaints re-opened in month (Trust total)	Cases	-			3.1	3	1	4	3				Y
	COM6T	Complaints CLOSED in month (total Trust)	Cases	-			98.0	133	82	130	109				Y

- August saw a significant improvement in performance in the patient waiting time within our A&E services. The department had seven breaches of the >30 minutes ambulance off-load target and there were no >60 minute delays (lower graphs). The number of ambulance arrivals remains high however the department and Trust are committed to ensuring safe and effective ambulance handovers. Ambulance handover performance compared to London is also good and St Thomas' are 2<sup>nd</sup> in London for 30 minute handovers, whilst being the 6th highest receiver of ambulances.
- This month has continued to be a busy month for the department, with a high number of complex patients, including those with mental health conditions.
- The detailed staffing plan came into effect in August with an increase in all grades of staff. The Urgent Care Centre and temporary Majors continue to work on improving flow through the department. The success of One Team Week has enabled the One Team Program to develop and continue the learning from the week. An Urgent Care Perfect Week in August was a great success and work continues to sustain the level of performance.



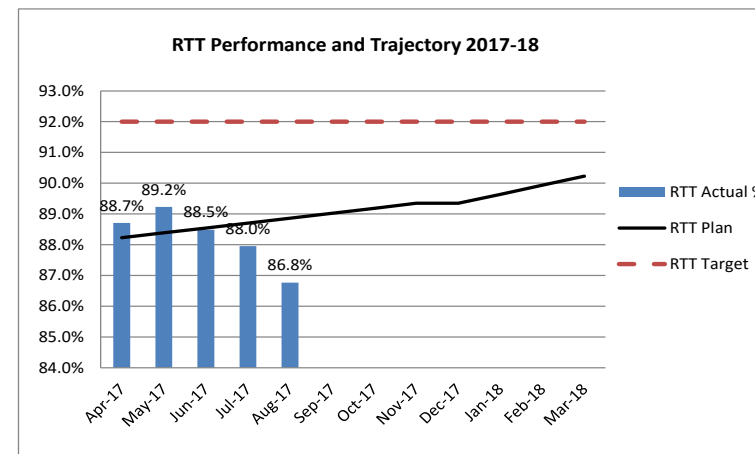
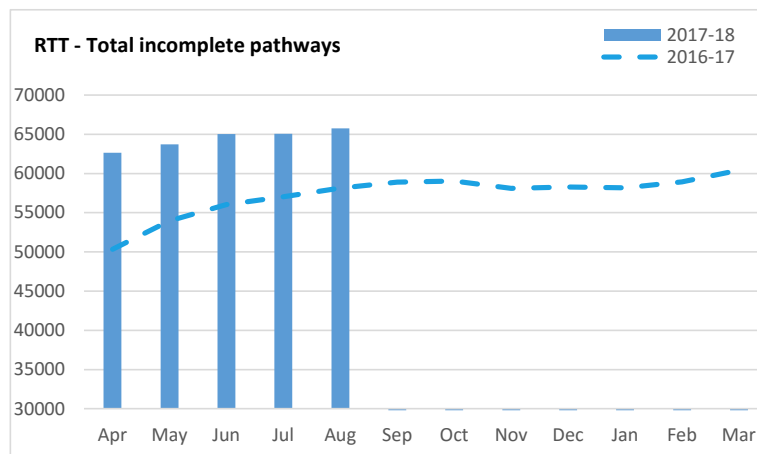
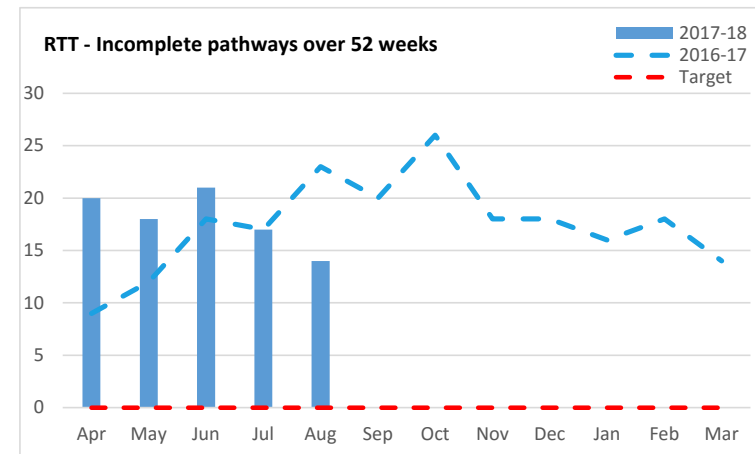
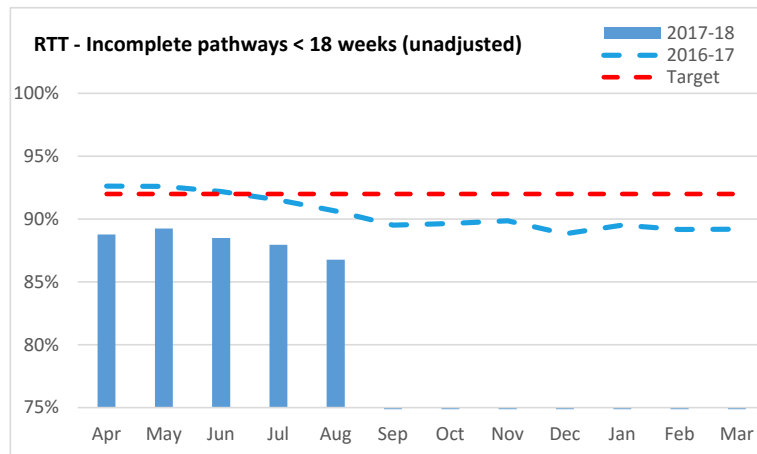
- **Where we want to be: targets and benchmarks**
- We are seeking to reduce the number of patients waiting over 4 hours to a level at which we can sustain performance against the national standards for incomplete pathways.
- We want to achieve our submitted performance trajectory for 4 hour performance for 2017/18.
- **Where we are: trends and patterns**
- August was a busy month with a high number of complex 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.
  2. High number of patients with complex clinical requirements including mental health conditions.
  3. Outflow in to Trust beds and external services can be challenging at times.



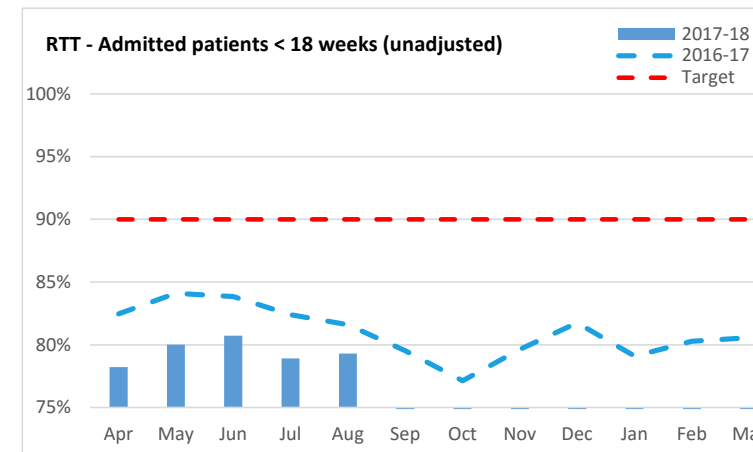
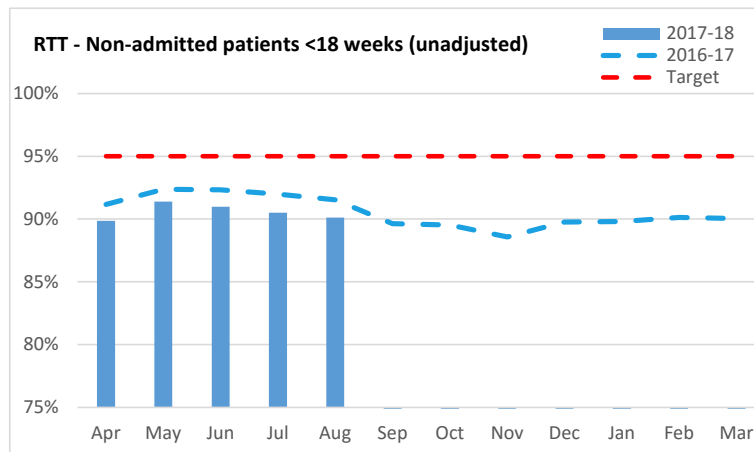
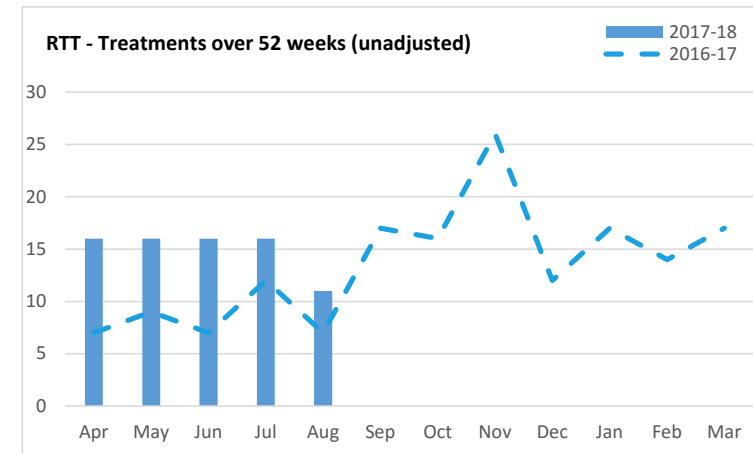
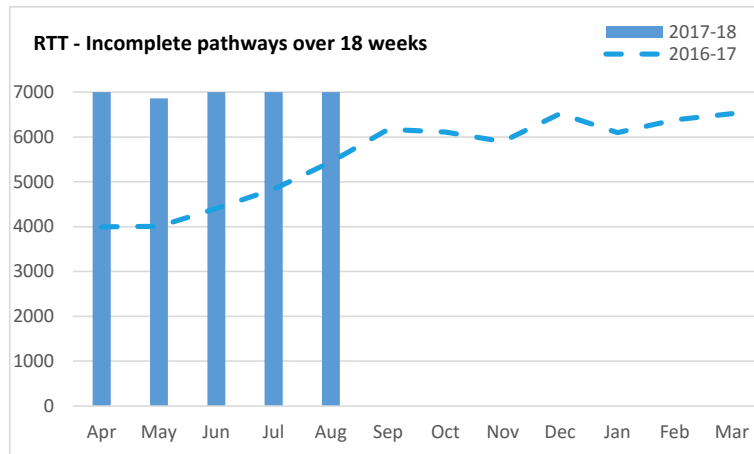
Action and progress	Owner	Next review date
'One Team Week' was a great success, with improved flow and performance. The learning from this will be taken forward as part of a continuous improvement program. The work-streams will report back to Star Chamber in September including the current status of the Emergency Floor rebuild. External work will be also reported on Mental Health pathways and community provision.	MD Office / Acute Medicine	September 2017
The ED staffing plan came in to effect in August however there are further staff starting in September onwards.	Acute Medicine	September 2017
A weekly rapid change group is now being held 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. This group will also monitor flow across the Trust with a particular forward look to Winter.	Acute Medicine DMT	September 2017



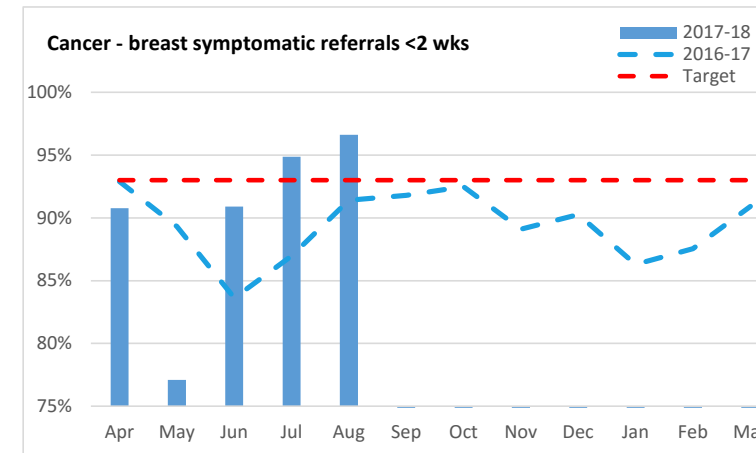
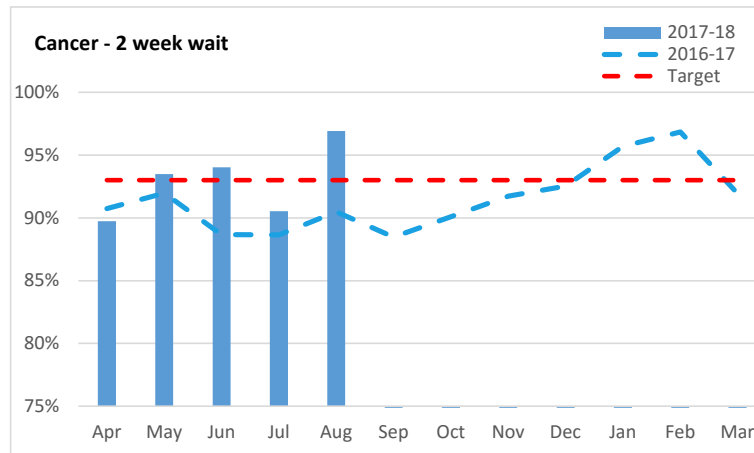
- The Trust's incomplete performance for August has dipped to 86.8%. As mentioned in last month's report both the PTL and backlog have increased. The trust is reviewing RTT performance as well as meeting with challenged directorates independently.
- All services will be working towards meeting their planned levels of activity, which they were behind in Q1. In turn this will help the RTT position going forward.
- The total PTL has increased further in August to 65,737.
- At the end of August there were 14 patients waiting over 52 weeks and 17 patients treated over 52 weeks, in month. The Trust has followed the predicted trajectory and below the expected 20, which is a continuing downward trend.



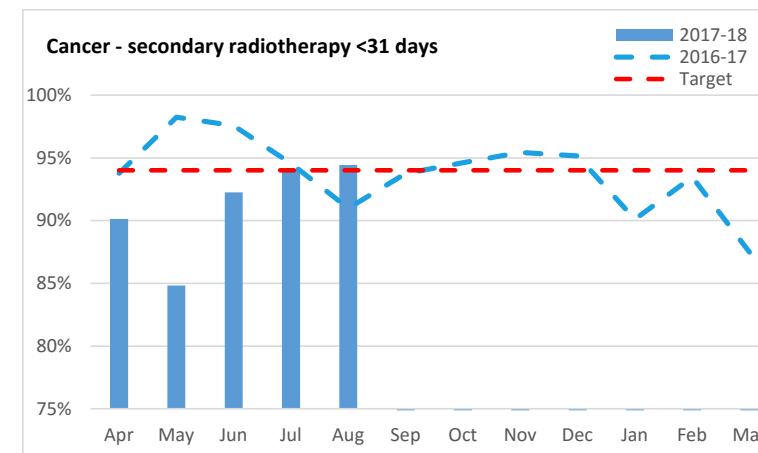
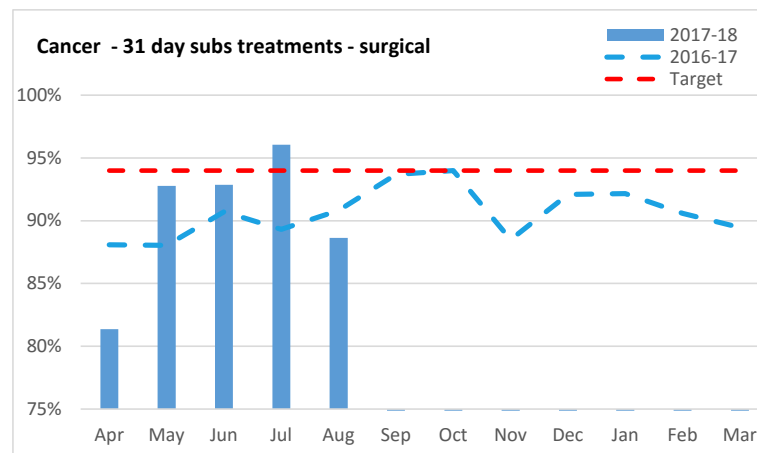
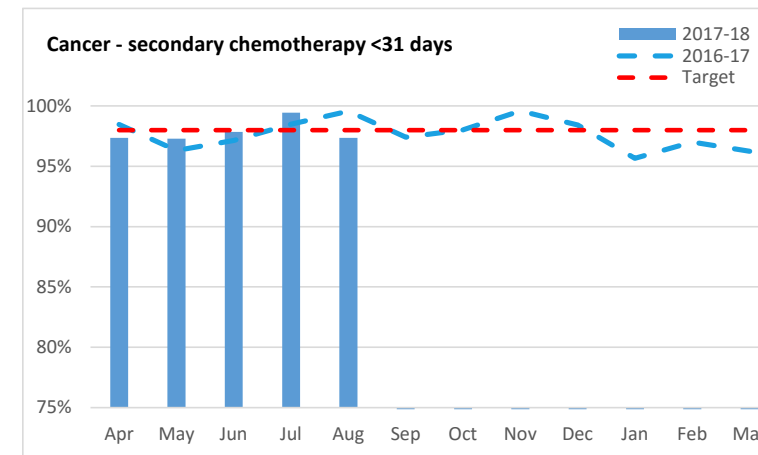
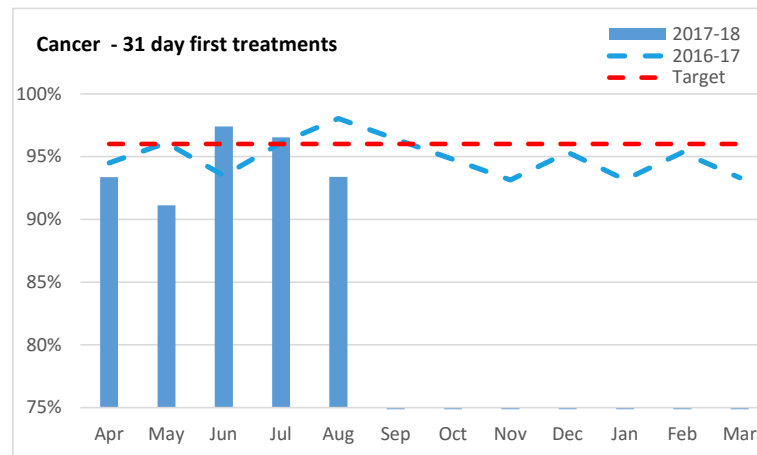
- The total backlog in August has increase to 8,696 from 7,836 in July.
- The RTT recovery model is being rolled out in ENT, Surgery, Cardiovascular, Gynaecology, GMS, Paediatrics Surgery (Orthopaedics, Spinal and ENT) and Paediatrics Medicine (Neurology and Urology).
- The cycle of the monthly RTT meetings continues where all RTT recovery action plans, trajectories, activity against plan and referral growth is reviewed in detail with the individual services.
- All services with 52 and above have developed a specific recovery plan (e.g. Plastic & Upper GI). These services have given a trajectory to reduce to zero by March 2018, except for plastic which has forecasted June 2018. This is in line with the submitted STP trajectory.



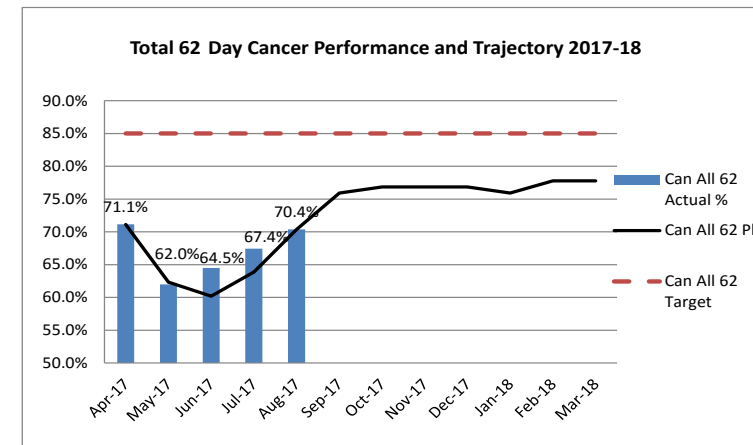
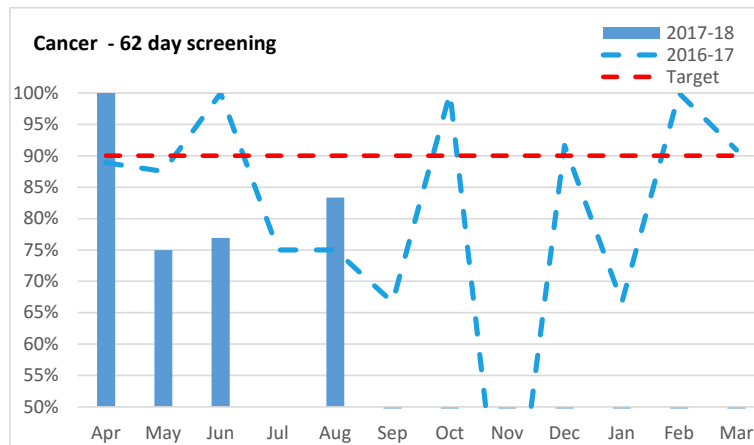
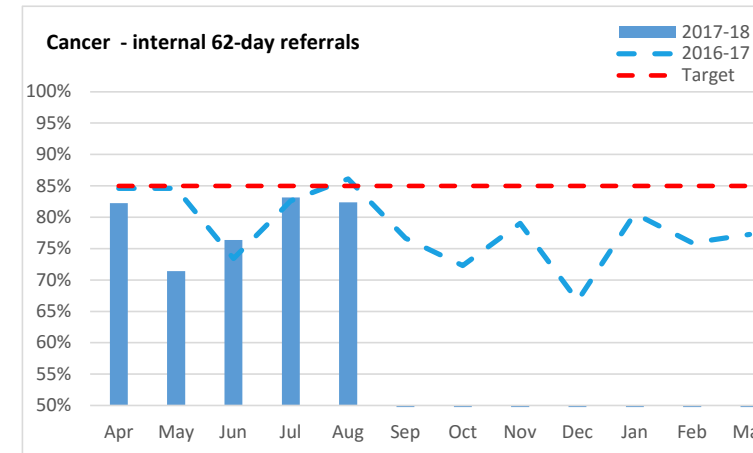
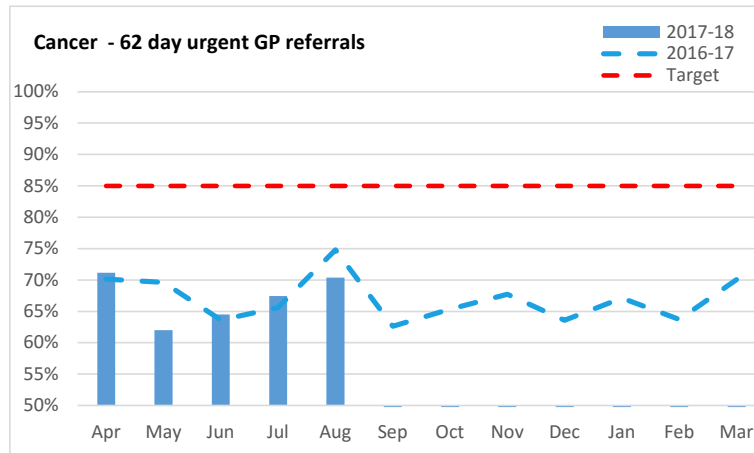
- The Trust achieved the 2WW target in August as expected through a review of the booking process and use of technology. Whilst we still continued to experience patient choice within the month we were able to offer more choice of dates with our revised process. Additional capacity was also provided in Head and Neck as planned at the end of July.
- We continue to plan for the implementation of the Electronic referral system (ERS) bookings for all 2WW starting in September through the check of capacity versus expected demand and to ensure we have the right number of slots available for GPs or patients to book directly into.



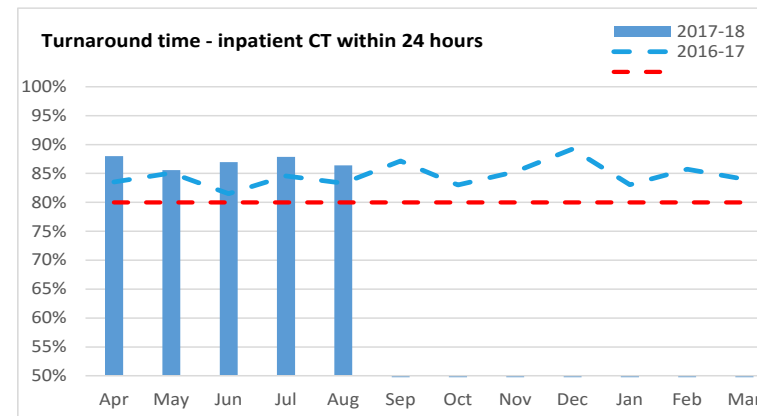
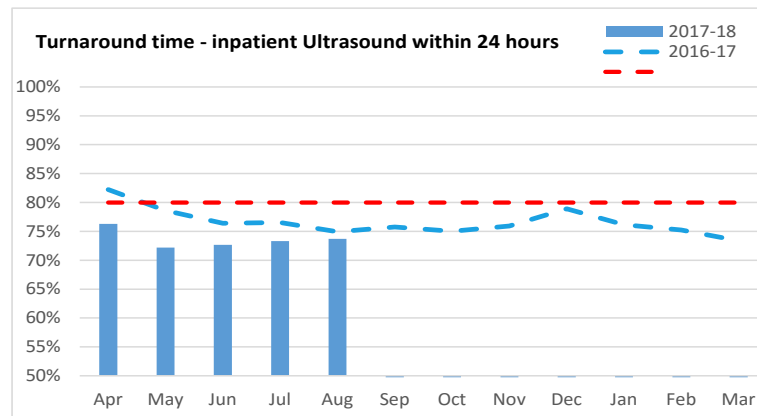
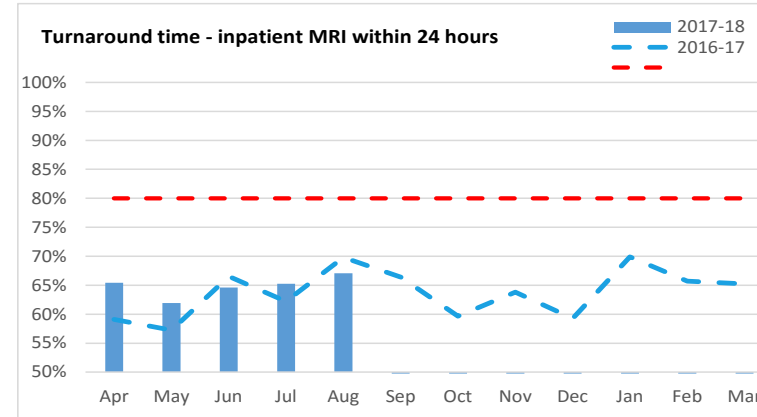
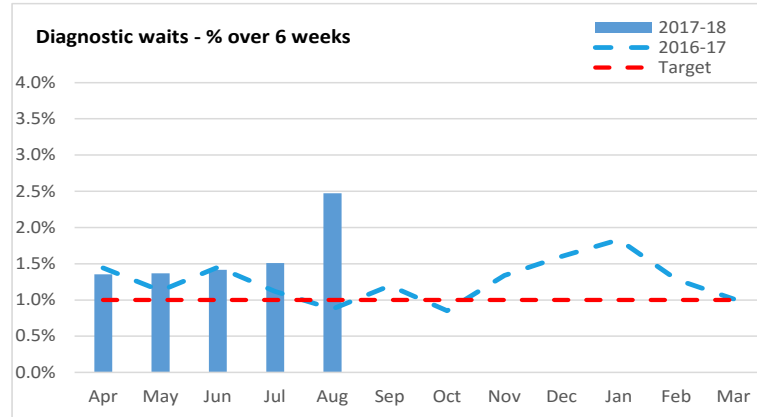
- Whilst we have improved recently against the 31 day target, which has been supported by an improvement in the daily and weekly monitoring process used by the Directorates, we did not achieve this during August.
- Key areas of higher breaches is our thoracic pathway. We are currently developing a plan to use local independent sector capacity to provide additional sessions to treat more patients in September and October which should improve our performance and treat patients sooner in their pathway.
- We have improved our performance across all of secondary treatment pathways, chemotherapy and radiotherapy. Improvement is linked to a change in our daily reporting of data to support teams as well as increased capacity from the opening of Queen Mary Sidcup – treatment centre. August data is currently un-validated so we are expecting an improvement in surgical treatments performance as the number of breaches is similar to July.



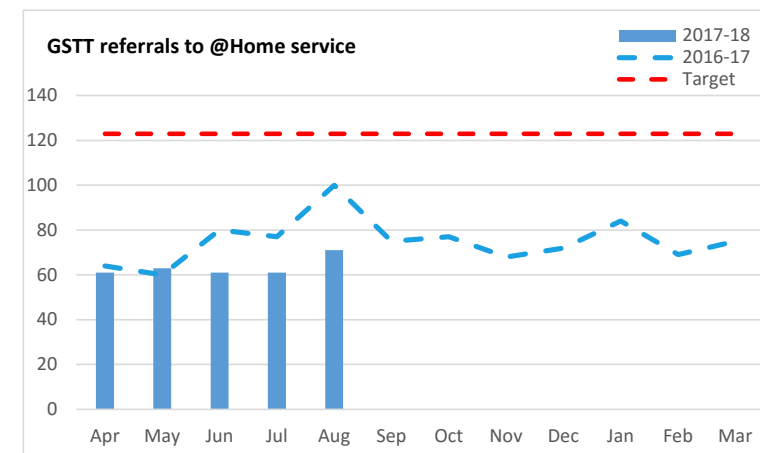
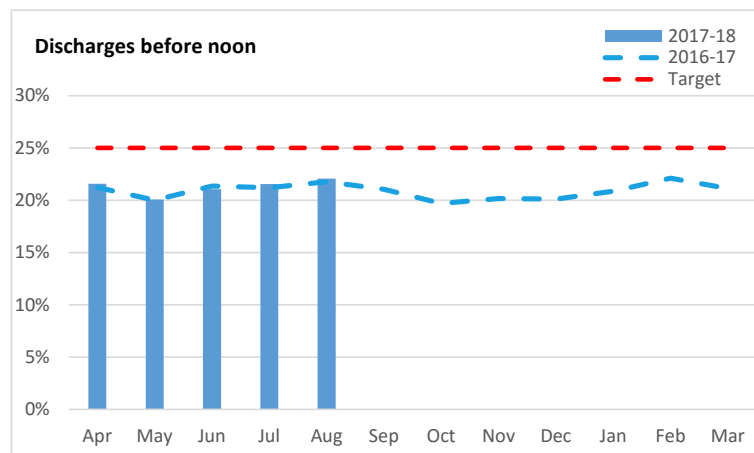
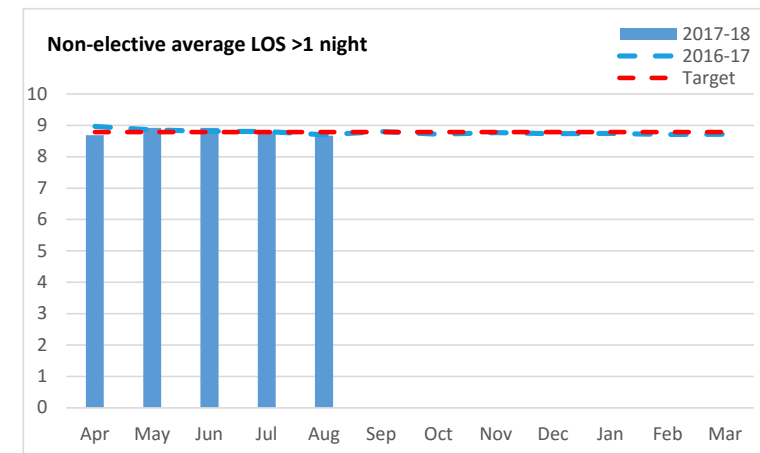
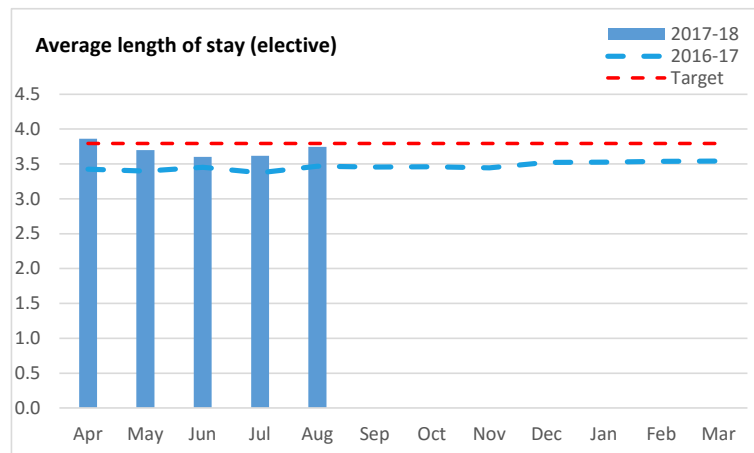
- Overall performance for 62-day maximum wait for first treatment remains below the 85% target. We are currently achieving 70.4% (unvalidated) overall which is above the trajectory set, however this may change through validation. We are currently achieving 81.8% (unvalidated) for the internal patients.
- We continue to focus on the delivery of our cancer recovery action plan with weekly meetings chaired by the Chief Operating Officer. A combination of high level actions, tumour based actions and the quality review meetings are being monitored through this action board to sustain the recovery of the cancer targets.
- We continue to work with colleagues both in South East London (SEL) sector and South East England (SEE) to improve the quality and timeliness of referrals. We have produced a matrix detailing the Lung/thoracic pathway bottlenecks for SEE as planned and we are working on shared pathway analysis and SEL Trust actions to deliver earlier referrals that we can treat within 62days. The 38day performance for all external referrals treated by us in August is currently 46.4% compliant against the 38day target. We are planning a series of bilateral meetings with SEL Trusts to see why we haven't improved our shared performance and to understand where we can take further action.



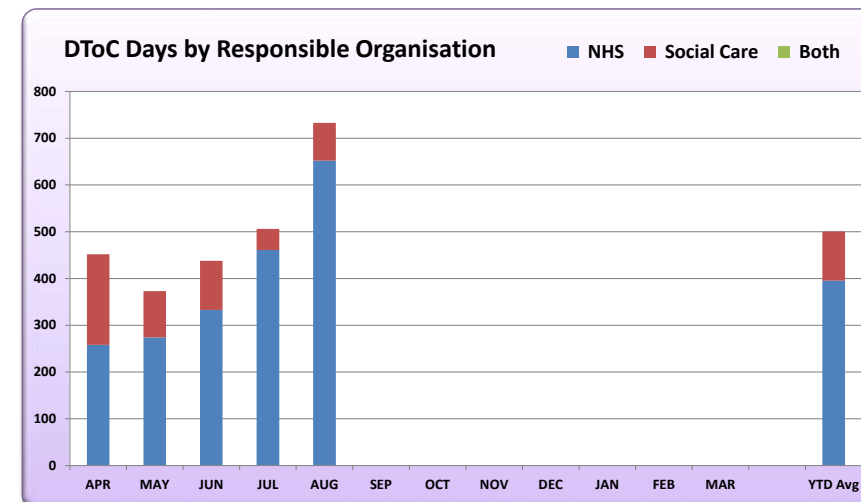
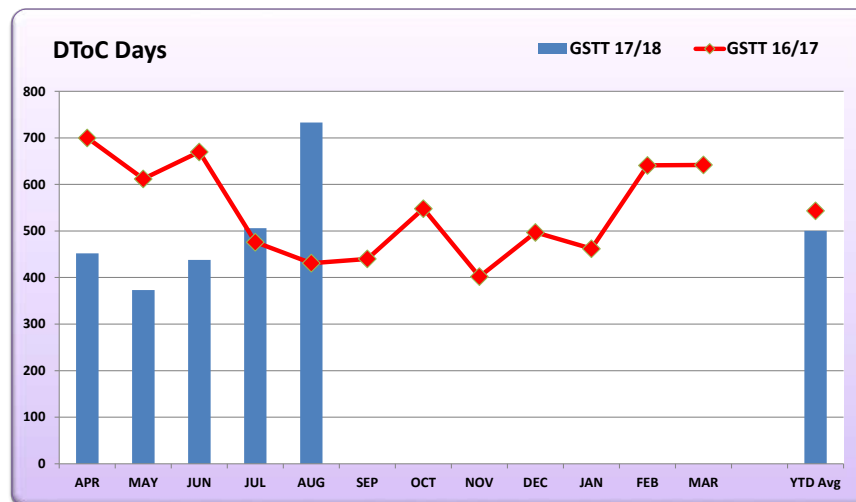
- Performance for diagnostics in August has dipped to 2.47%. The majority of breaches were in Paediatrics MRI, Non-obstetric ultrasound, Endoscopy and Cystoscopy.
- Non-obstetric ultrasound - The breaches here were related to an incorrect administration process and a capacity problem, which led to vetting delays. The admin process has been corrected and the service plan to recruit six WTE admin staff.
- Paediatric MRI – There is an ongoing backlog issue with GA MRI capacity. In August there were 15 breaches. The service has a plan to recover. This includes a dedicated admin resource to focus on all recovery actions.
- Endoscopy – The breaches here were related to an incorrect administration process, which has been . There is a large back log and the service is developing a recovery action plan.
- Cystoscopy – has an ongoing problem with anaesthetic capacity. There is a recruitment campaign for additional anaesthetists, some of which will start in Sept 17.



- @home: Overall accepted referrals has decreased from 253 (July) to 225 (Aug) and GSTT referrals have increased from 61 (July) to 71 (Aug). Data quality management work has significantly increased the accuracy of the data recorded in the service. The services is launching a new care home pathway to raise awareness of the service and increase referrals from care homes.
- 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.

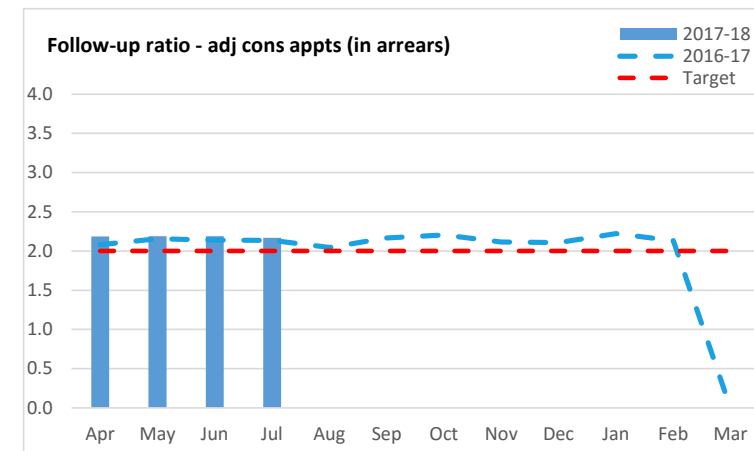
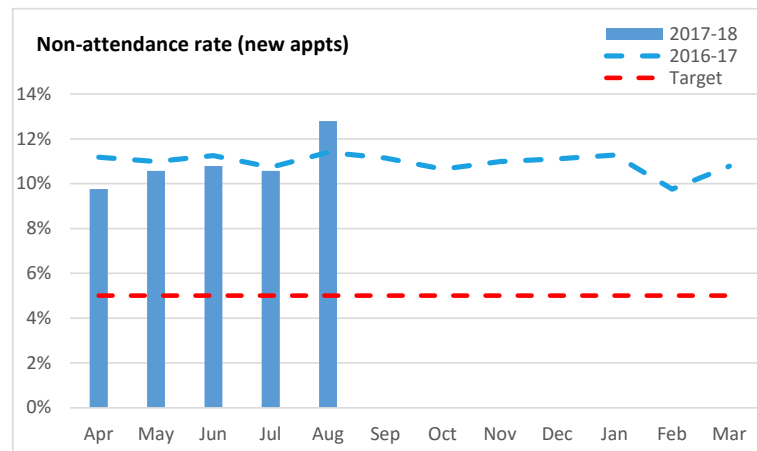
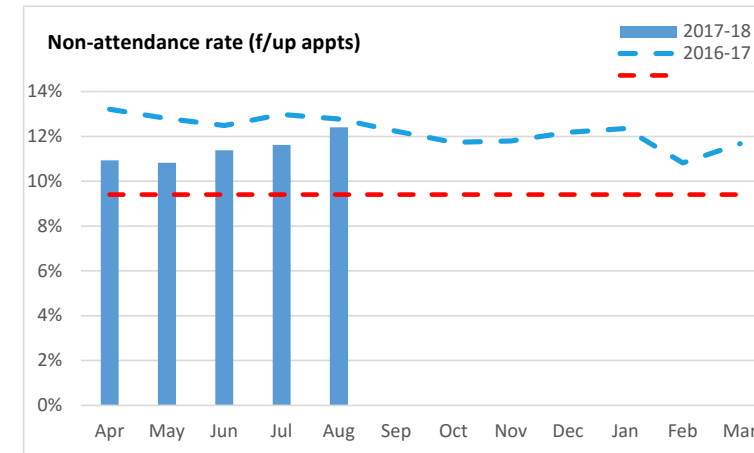
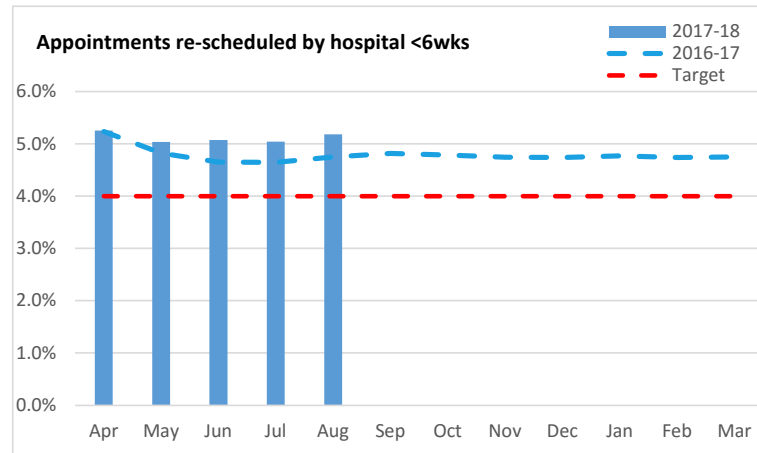


- The definition of a DTOC is when a clinical decision has been made that a patient is ready and safe to transfer from an acute hospital bed to an alternative care setting, but is prevented from doing so. The Number of DTOC days has increased in July and August due to a spike in delays awaiting non-acute NHS care (non-local boroughs); awaiting nursing home beds due to local shortages; and due to anomalous housing delays (this will be monitored to determine whether it is a trend).
- Strategic transformation plans are underway to address our long-standing causes of DTOC:
  - Assessment delays** – Some patients are unable to safely return home after a spell in hospital, and delays can be encountered awaiting health and social care assessment to determine ongoing support needs prior to discharge.
    - Action: Discharge to Assess** – A new model is being developed in Lambeth and Southwark to ensure that the majority of patients are assessed for ongoing health/social care needs in an alternative care setting outside of the acute hospital. This model soft-launched in September 2017 with the ‘home first’ assessment pathway. The ‘temporary placement’ pathway will be launched later in October 2017. This will also support achievement of a new national target which requires **85%** of all Continuing Healthcare Assessments to be undertaken in a non-acute setting by March 2018 (vs current performance of **c.20%** in Lambeth/Southwark in Q4 16/17).
    - Action: Trusted Assessment** – A new model of working is being developed whereby social care staff could ‘trust’ the recommendations of hospital employed staff for certain defined packages of social care. This is under development with Lambeth and Southwark with a pilot to commence in Q3 17/18.
  - Patient/family choice** – The process of choosing an alternative long term care setting (for example, a care home) can take a long time and currently patients are remaining in hospital whilst they, or their family/carer, make this decision.
    - Action: Independent support for Choice** – GSTT will pilot a scheme for winter 2017 whereby an independent company will be commissioned to provide a bespoke ‘hand holding’ service to support patients/families who are making a decision about long term care. This will improve patient/family experience and reduce related transfer of care delays. Impact analysis will be undertaken in March 2018.

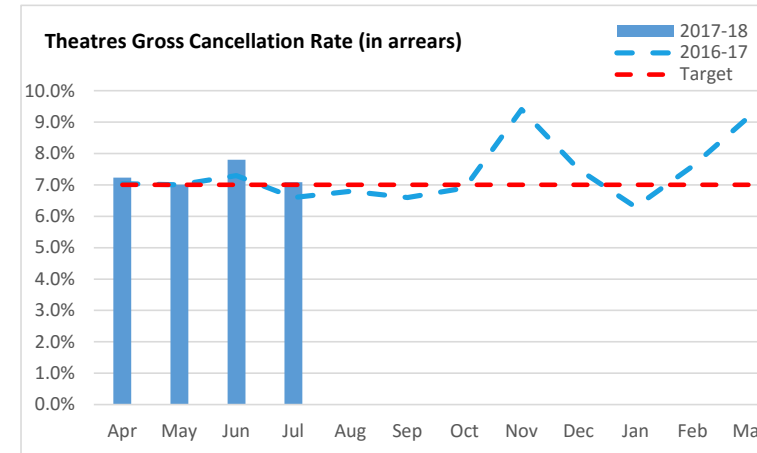
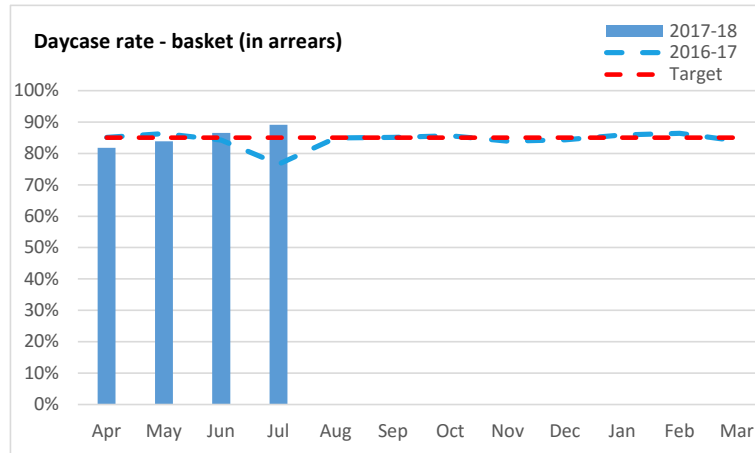




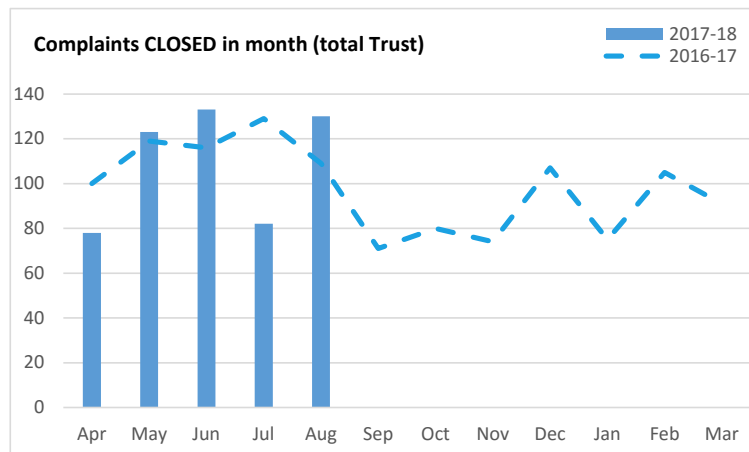
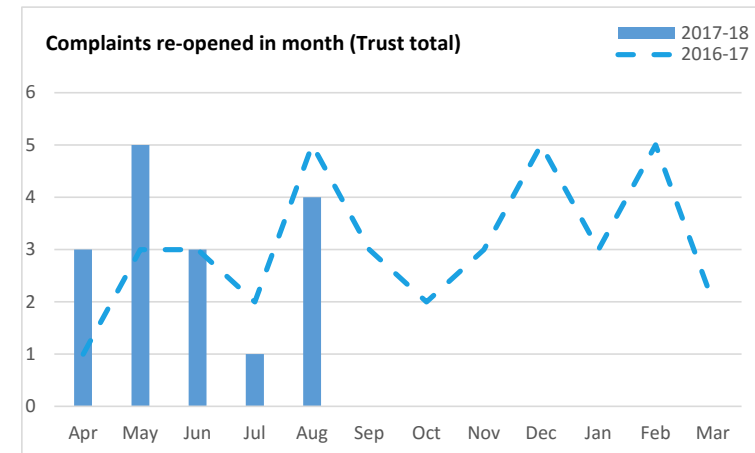
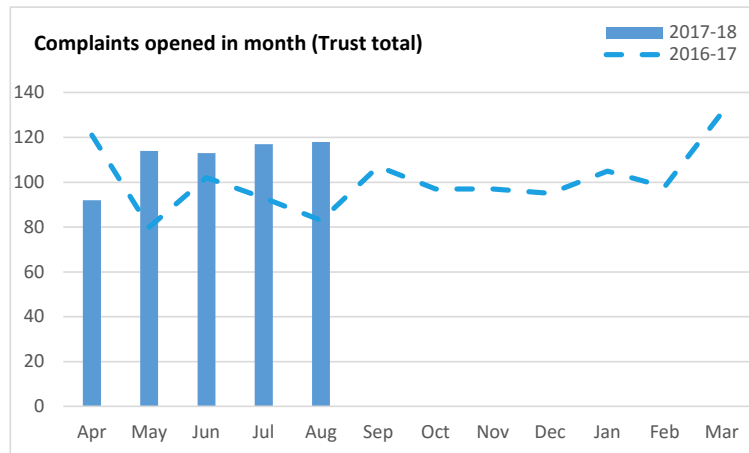
- **Appointments re-scheduled by the hospital within 6 weeks** – Work is ongoing to explore an improved system of managing clinician leave and outpatient clinic utilisation using a “6-4-2” principle. Under this system the clinician running a clinic must be confirmed 6 weeks in advance or cross cover / clinic reallocation arranged, to make better use of outpatient space and avoid late notice cancellations.
- **e-RS (National Referral System)** – Roll out is in progress and the first tranche of specialties (including Gynaecology, Neurology, Dermatology, Ophthalmology, Diabetes and 2 week wait clinics) will be moving to e-RS only for GP referrals from 1<sup>st</sup> September, as agreed with our CCGs. Work is in progress to ensure that booking practice is standardised and improved to minimise appointment slot issues and ensure robust systems are in place to respond to Advice & Guidance requests.
- **Non-attendance for new and follow up appointments** – DrDoctor reminders (level 1) continue to be embedded into new areas of the Trust, and a pilot of level 2 (appointment re-schedule, auto offer) functionality has been completed in Dental specialties, with encouraging anecdotal feedback on phone call volumes and patient and staff satisfaction. Following review a roll out plan for both level 2 and 3 (online booking) functionality by specialty is being put together under the Digital Patient Journey transformation programme, to run through 2017/18.
- **Follow-up ratio** – Remains stable, but renewed efforts to implement non face to face clinics 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.
- Cancellation rates are in line with the Trust target of 7%. The inpatient text reminder service has been rolled out to 40% of elective theatre cases with plans for the remaining areas on track.



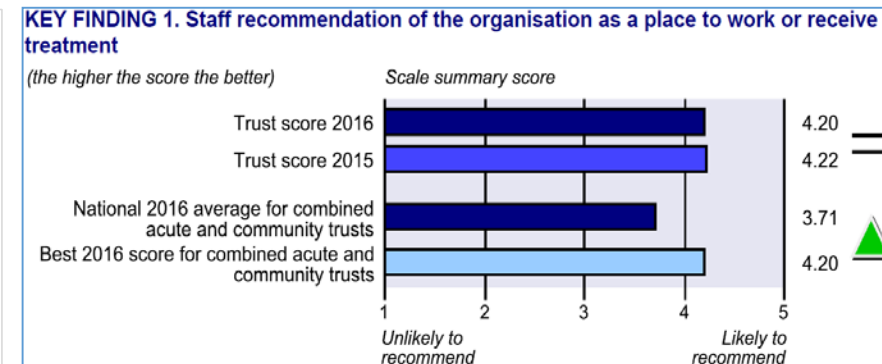
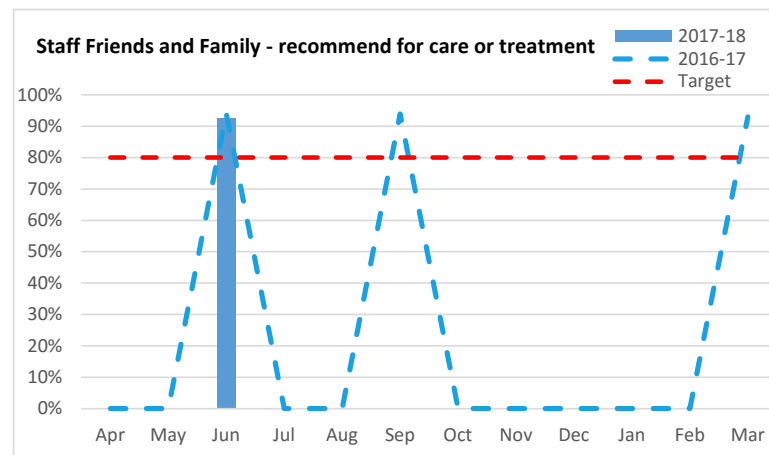
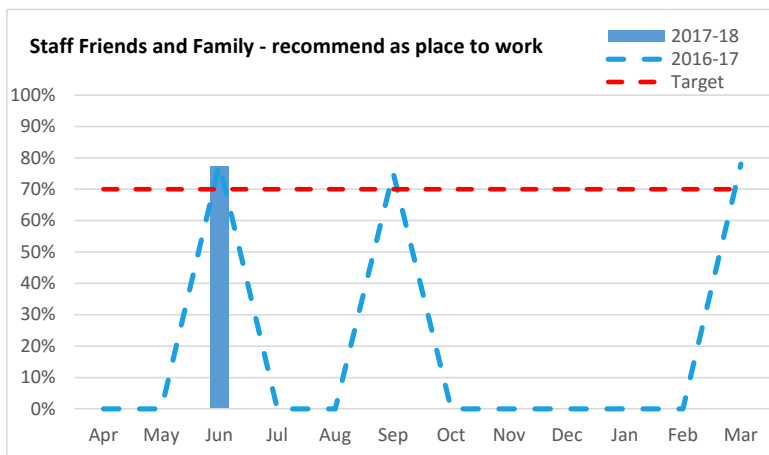
- The complaints team continue to work hard with the directorates to help produce good quality responses. The number received in August is higher than the same month for the previous two years. Additionally, the team also dealt with 49 informal queries. This figure represents a further 49 contacts that were dealt with by the team quickly and efficiently preventing them from becoming formal complaints.
- One investigation report was received this month from the Parliamentary and Health Service Ombudsman (PHSO) and this was not upheld. This continues to confirm the quality of responses at GSTT and the trend of not upheld reports continues.
- A high number of complaints closed during August, which is a huge achievement considering the numbers of staff on leave .



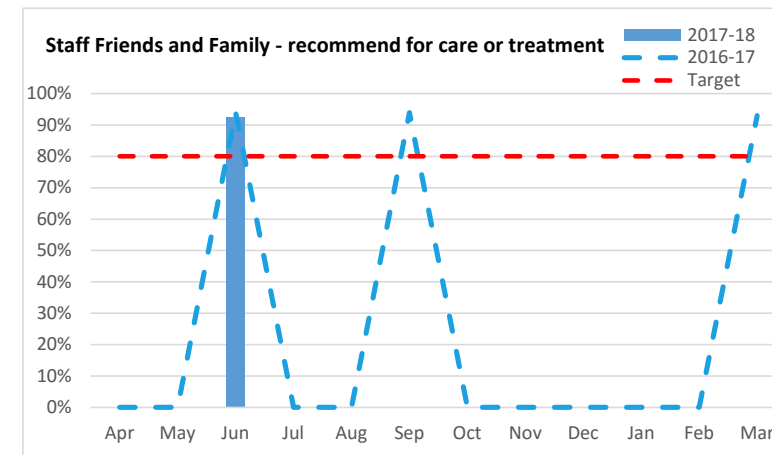
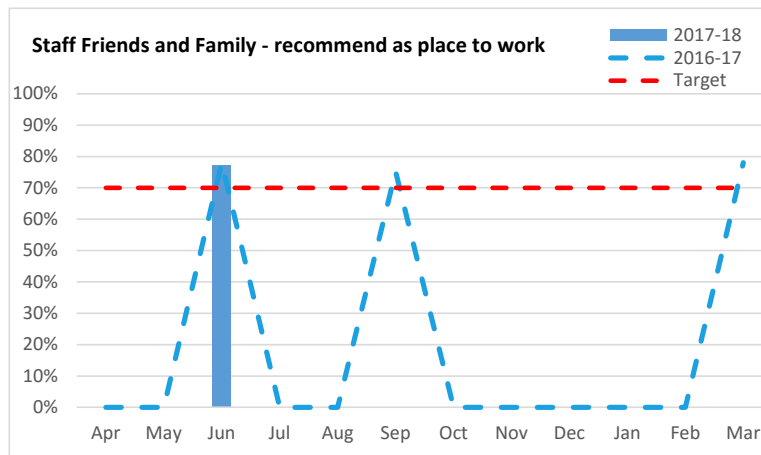
*The Trust's ambition is to provide a complaints system which is open to complaints, supports patients, families, and staff through the process, and which delivers a timely apology, explanation and determination to learn from mistakes. The aim is to produce a service about which complainants are able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

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jun	Jul	Aug	YTD avg	Monitor	Quality priorities	Trend chart
5.1 External assessments	GOV	Overall governance rating (Monitor, in arrears)	Rating	Green			Green		Green	Green	Green			
	CQC	Care Quality Commission (CQC) risk assessment	Score	>5			6	6	6	6	6			Y
5.2 Staff experience	FFTS1	Staff Friends and Family - recommend as place to work	Qtly %	>70%			77.1%	77%	-	-	77%			Y
	FFTS2	Staff Friends and Family - recommend for care or treatment	Qtly %	>80%			93.6%	93%	-	-	93%			Y
5.3 Workforce indicators	VACTB	Overall vacancy rate	Mthly %	<9%			11.4%	11.8%	11.9%	11.8%	11.6%			Y
	TEMPTB	Agency staff (% of payroll)	Mthly %	<4.3%			4.2%	3.0%	3.2%	4.7%	3.6%			Y
	TURNTB	Rolling annual turnover rate	Mthly %	<11%			12.2%	12.4%	12.7%	12.7%	12.4%			Y
	206TB	Sickness and absence rate	Mthly %	<3.0%			3.2%	3.14%	3.24%	3.26%	3.13%			Y
	211TB	Appraisal compliance (non-medical staff)	Mthly %	>95%			72.1%	71.6%	70.9%	71.9%	71.3%			Y
	MTTB	Mandatory training compliance	Mthly %	>95%			84.7%	84.0%	84.3%	84.0%	84.1%			Y

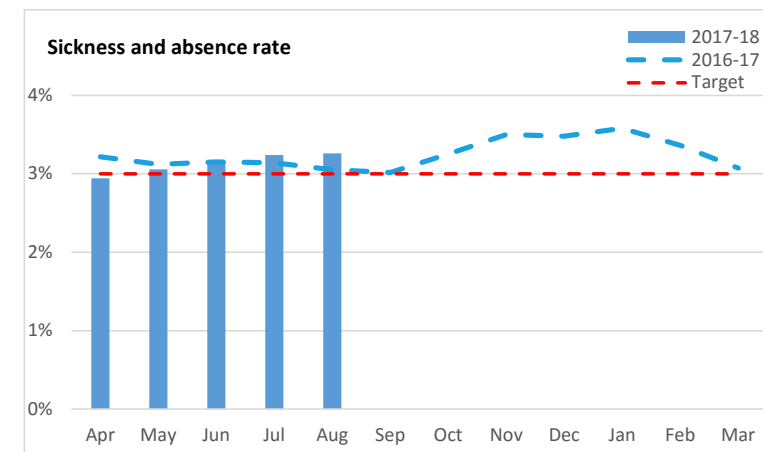
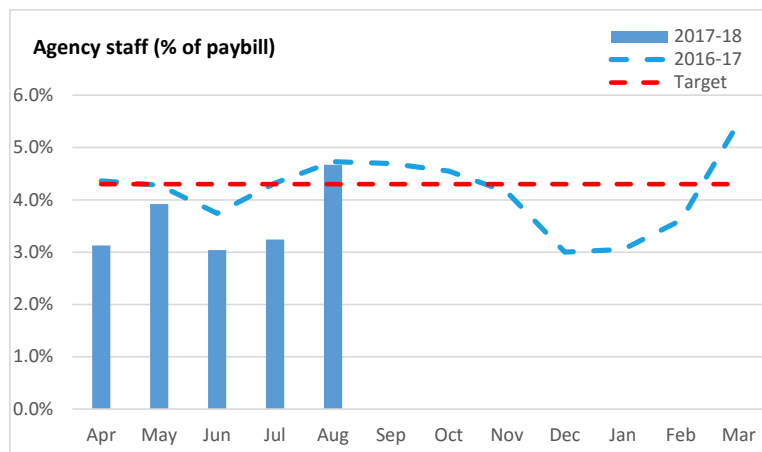
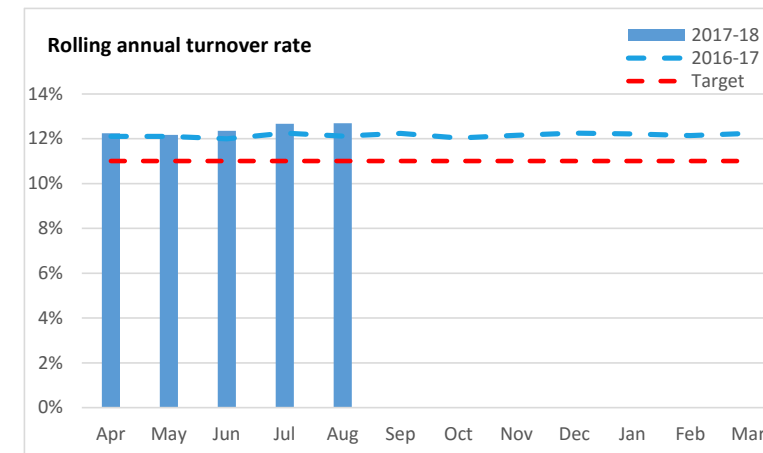
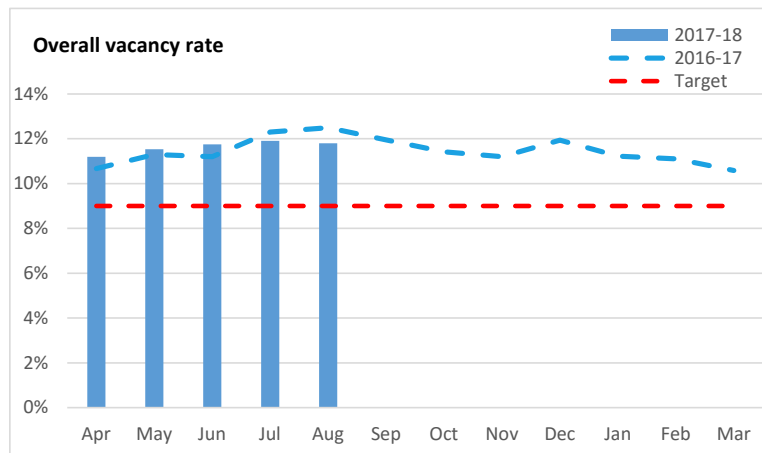
- Staff opinion on whether they would recommend a health care organisation for care or for work is statistically associated with the quality of care. Any fall in the positive opinion should be seen as a potential early indicator of a reduction in quality of care.
- All staff were invited to participate in the 2016 NHS National Staff Survey, which takes place in the third quarter of each year. 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 Trust achieved the highest score 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 out of the 32 key findings in the survey. 94 % of staff, one of the highest scores agreed that their role makes a difference to patients and service users compared to a national average of 91%.
- 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. A total of 1,276 staff participated in the Quarter 1 2017/2018 Staff Friends and Family Test (SFFT), which was conducted in June 2017. The Quarter 1 results highlight the fact that our staff continue to give the Trust a huge vote of confidence as a provider of care. The results show that 93% of our staff would recommend the Trust as a place to be treated, well above the national average of 81%. 77% 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%. The Trust ranks 24 out of 233 for best place to receive treatment and 19 out of 233 for the best place to work compared with other Trusts in England. The Quarter 2 2017/2018 SFFT was administered in the first two weeks of August and over 1448 staff have taken part within the survey. The final Trust results are due in October and the national results will be released in November.
- The 2017 NHS Staff Survey will be administered from 3 October-1 December 2017. The Trust is running a full census and is aiming to increase the overall response rate.



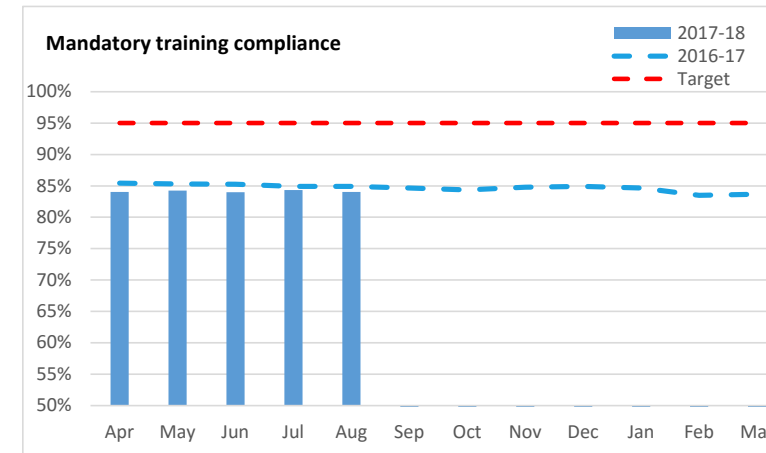
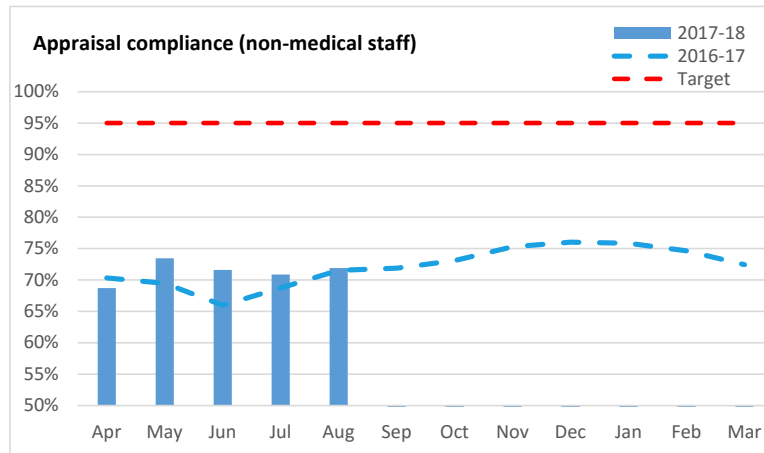
- Staff opinion on whether they would recommend a health care organisation for care or for work is statistically associated with the quality of care. Any fall in the positive opinion should be seen as a potential early indicator of a reduction in quality of care.
- 700 staff participated in the Quarter 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 (11.87%) decreased in August and remains above target. The substantive workforce is 770.57 WTE greater (5.81%) than the same month last year and at it's highest ever level. There over 1100 external applicants in the recruitment pipeline scheduled to join the Trust over the next few months. With these new starters in the pipeline the 3 month forecasted vacancy rate shows a reduction to 10%.
- Agency spend as a proportion of paybill increased in August to 4.67% and is slightly above the Trust's target of 4.3%. 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 12.69%, and continues to trend above the target of 11%, however the Trust continues to benchmark favourably other London Trusts.



- Personal Development Review (appraisal) compliance rates increased to 71.91% and remains well below target. The Trust has yet to achieve its target of 95%.
- Mandatory training decreased slightly to 84.02% and is slightly lower than the August 2016 rate, with compliance remaining below Trust target level of 95%. Most directorates are now over 75% compliant, with four achieving over 90% compliance. Training data is updated weekly on WIRED which is available to all staff and managers.

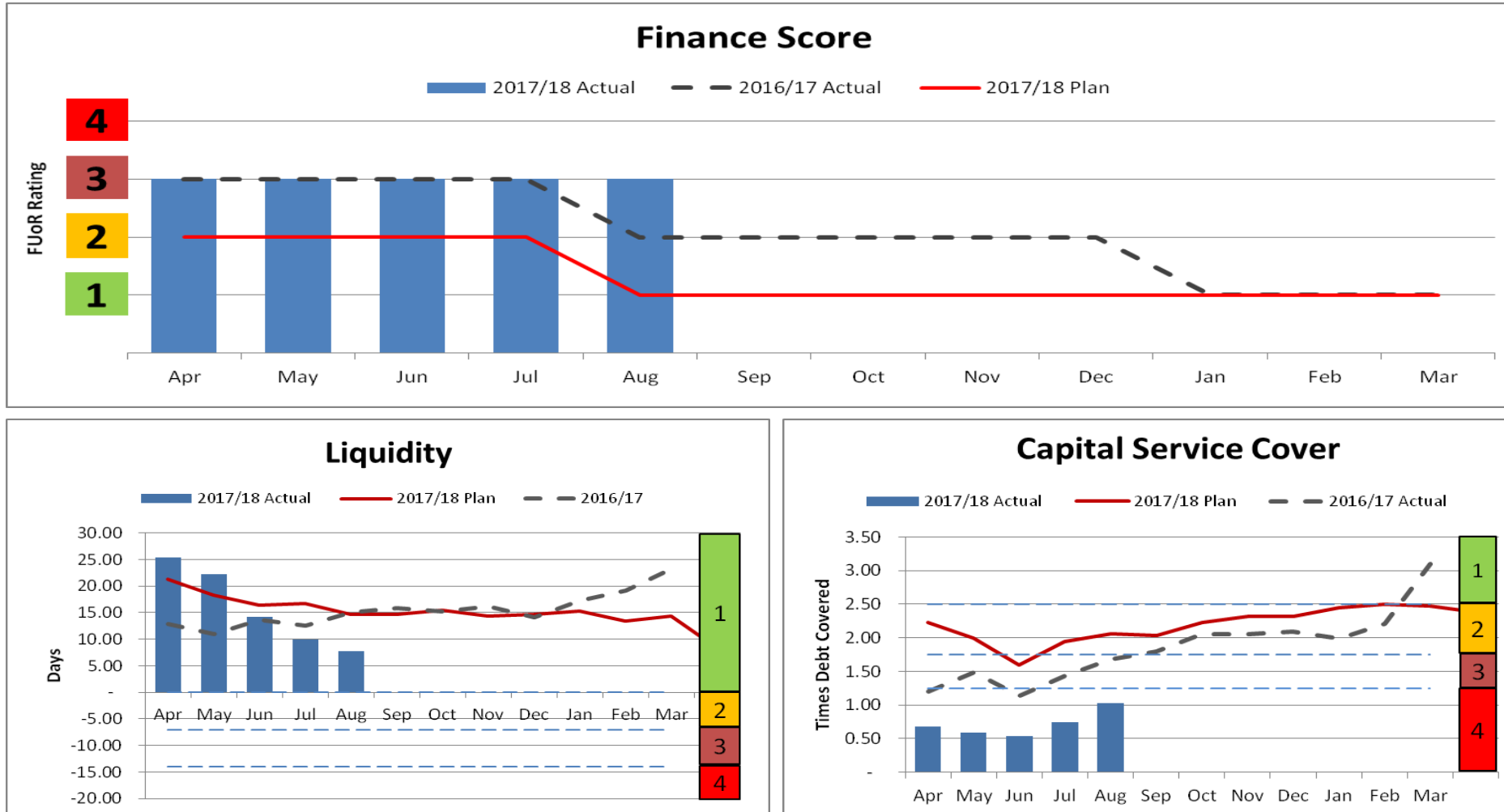




Theme	Ref	Indicator	Units	Target	R	G	Prior year	Apr	May	Jun	Jul	Aug	YTD avg	Monitor	Quality priorities	Trend chart
6.1 Overall financial position	MRRT	Finance Use of Resources	Score	<=2			2.1	3.0	3.0	3.0	3.0	3.0	3.0			Y
	LQRT	Liquidity ratio (in days)	Days	>0			15.5	25.4	22.3	14.2	10.0	7.7	15.9			Y
	DSCT	Capital service cover	Ratio	>2.59			1.9	0.68	0.59	0.54	0.75	1.02	0.72			Y
	FIN01T	Overall underlying financial surplus/(deficit)	£M	>£6.37m			-£0.5	-£5.2	-£9.7	-£14.1	-£17.1	-£17.7	-£12.8			Y
	CSHT	Cash flow	£M	>£143m			£142.6	£153.0	£165.3	£141.0	£184.0	£177.5	£164.2			Y
	CAPT	Capital spend vs plan (year-to-date variance)	Mthly %	+/- 15%			-36.0%	43.2%	51.4%	51.5%	55.9%	58.6%	52.1%			Y
	VRPT	Variance from Plan (year to date)	Mthly %	> 0			0.1%	-2.92%	-2.58%	-2.40%	-2.59%	-2.31%	-2.6%			Y
	UNPT	Underlying Performance	Mthly %	> 0.6%			0.2%	-3.9%	-3.6%	-3.4%	-3.0%	-2.3%	-3.2%			Y
6.2 Activity levels (magic numbers)	560	Elective activity vs profiled plan - cumulative variance (in arrears)	Cum var %	>0%			0.7%	0.3%	-0.5%	-2.4%	-3.3%		-0.3%			Y
	606T	New patients seen vs plan (all categories, in arrears)	Mthly var	>0			159	-2,957	-2,025	-3,582	-2,913		-2,869			Y
	714	External cons referrals	Number	>last yr			2,314	2,148	2,672	2,467	2,293	2,023	2,321			Y
	713	GP referrals	Number	>last yr			18,413	16,292	20,002	20,048	18,523	19,367	18,846			Y
6.3 Fit for the Future	CIPSTC	Cost improvement plans (CIPs) - var to plan YTD	£M	>£0m			-£5.6	-£2.3	-£5.3	-£5.2	-£5.7	-£7.3	-£5.2			Y
6.4 Data quality and clinical coding	CM024	Community data completeness - % contacts outcomed	Mthly %	≥ 95%			95.2%	96.2%	97.2%	97.7%	97.5%	96.3%	77.7%			Y
	712	NHS number coverage	Cum %	>98%			98.0%	98.3%	98.4%	98.4%	98.2%	98.2%	98.3%			Y
	710x	Clinical coding - diagnostic depth (in arrears)	Ratio	>4.5			5.06	5.06	4.93	5.01	5.17		5.04			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. The term "Finance and Use of Resources Rating" is to be amended to "Finance Score" to distinguish it from the new "Use of Resource Ratings"

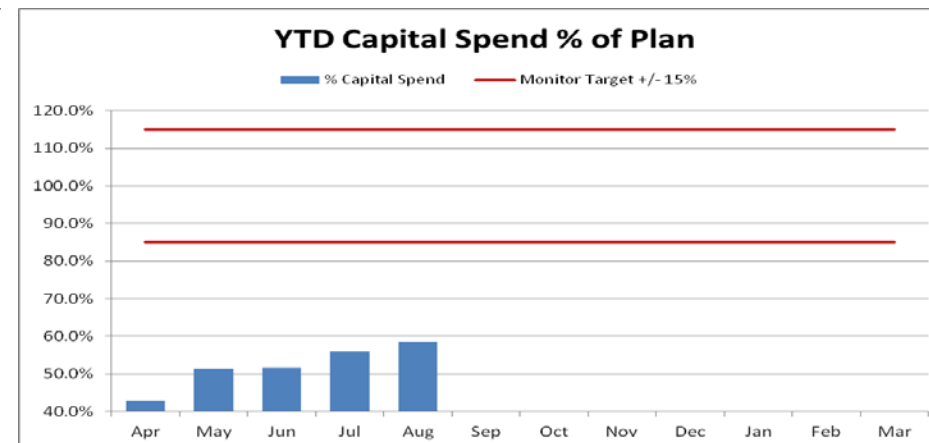
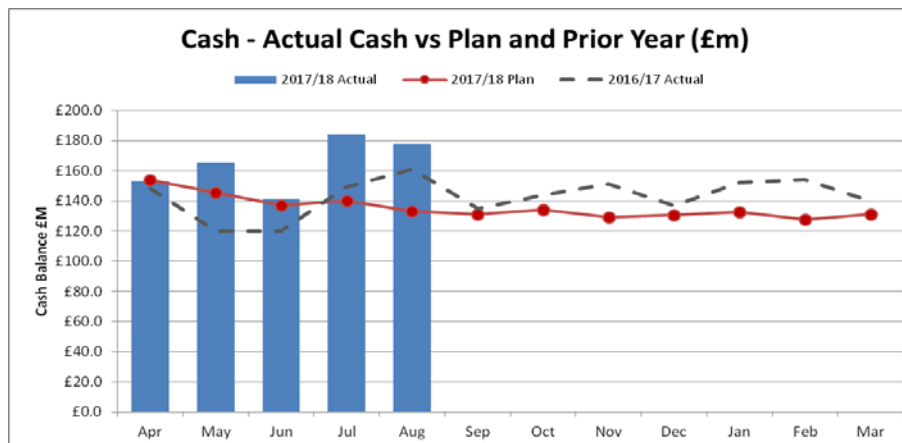
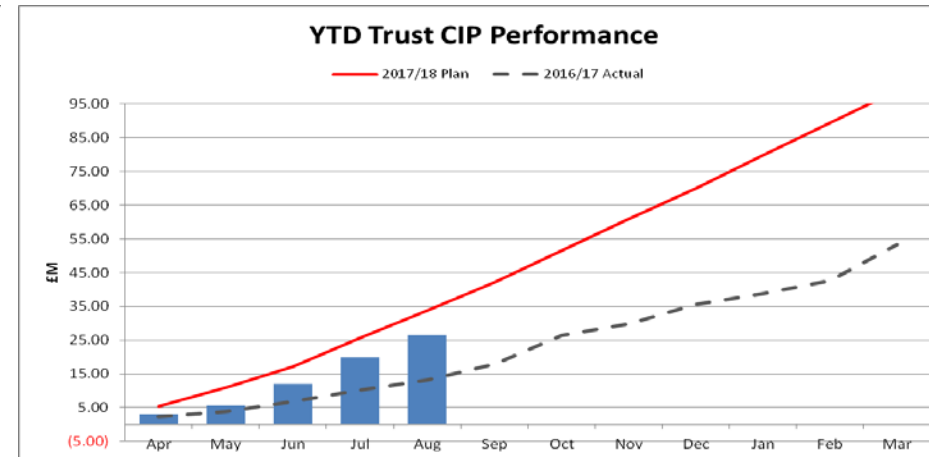
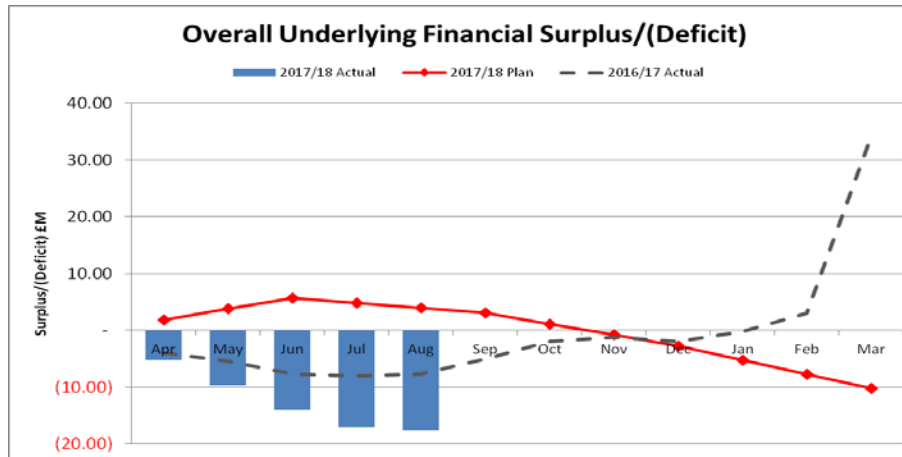
At August a rating of three has been achieved which is behind the plan of one.



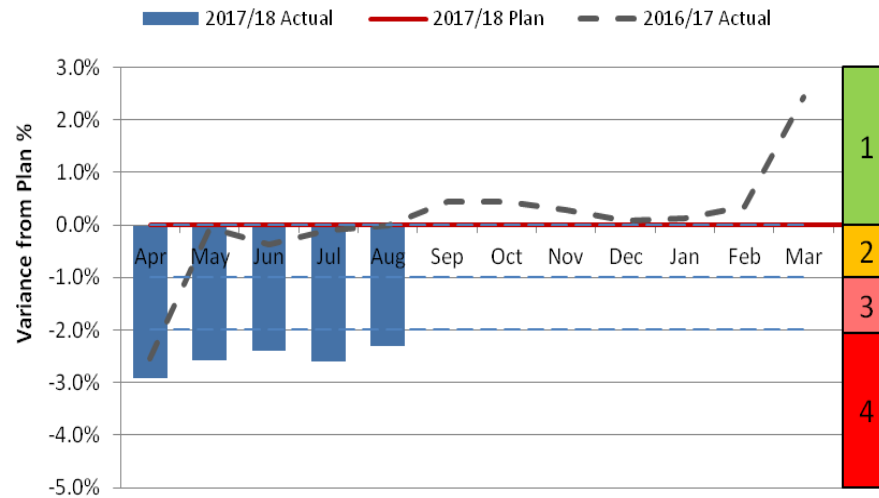
The annual plan is a surplus of £10.2m. A loss of £17.9M has been recorded at August, which is £13.9M worse than the planned loss of £4.0M.

The CIP requirement for 17/18 is £99M. Current schemes have identified £80m of new savings or income growth. At month 5 £26.5m of savings or income growth has been achieved against a plan of £33.3m. The Trust plan assumes an increase in CIPs later in the year, this is reflected by a phasing adjustment of £4.0M in August.

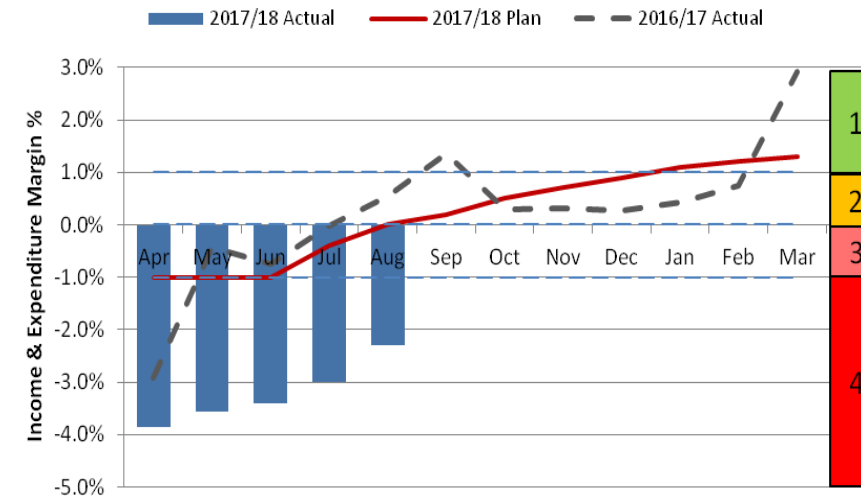
The cash position at £178M is £44M ahead of plan of £134M. Capital expenditure as a percentage of plan has fallen below the threshold of 85% (to 58.6%) and a reforecast may be required.



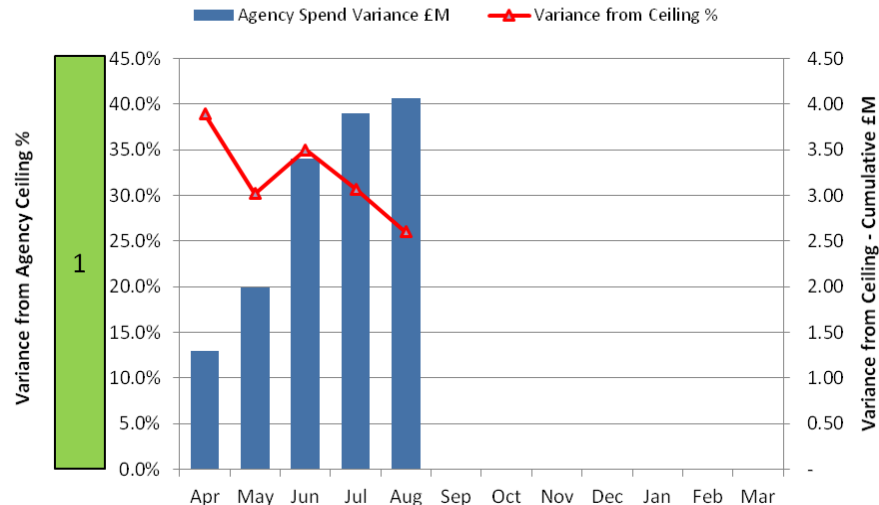
Variance From Plan



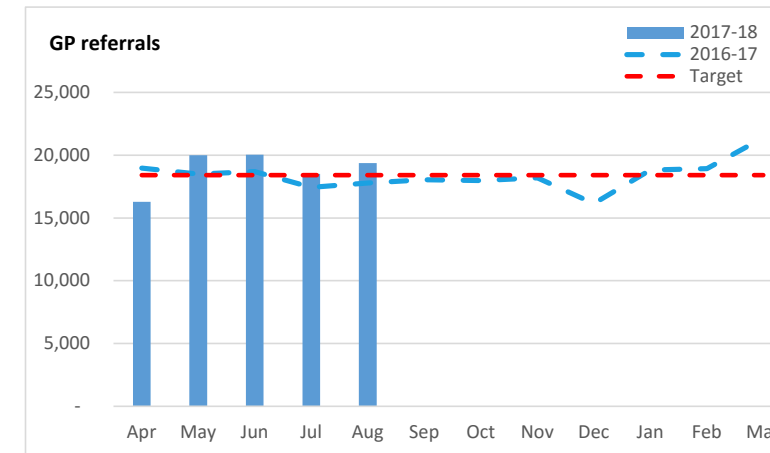
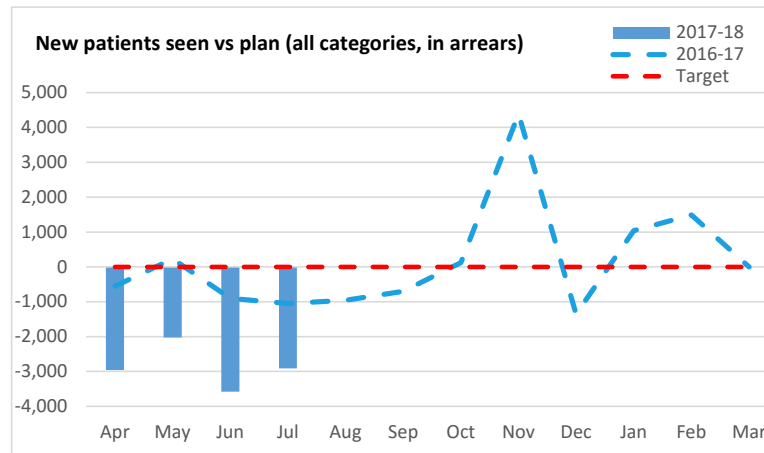
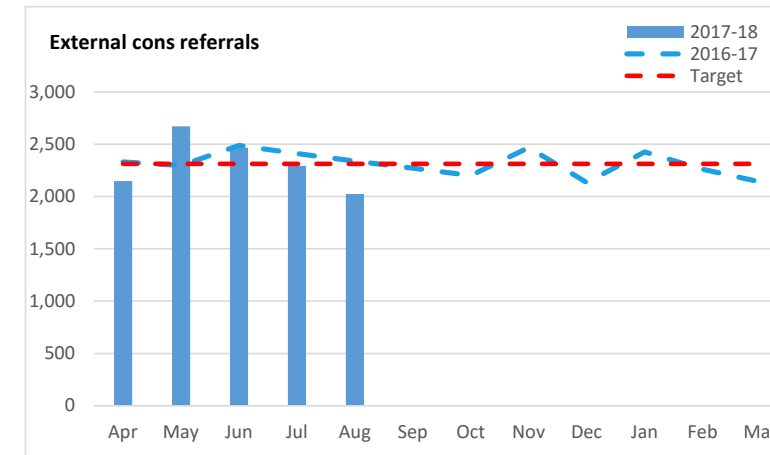
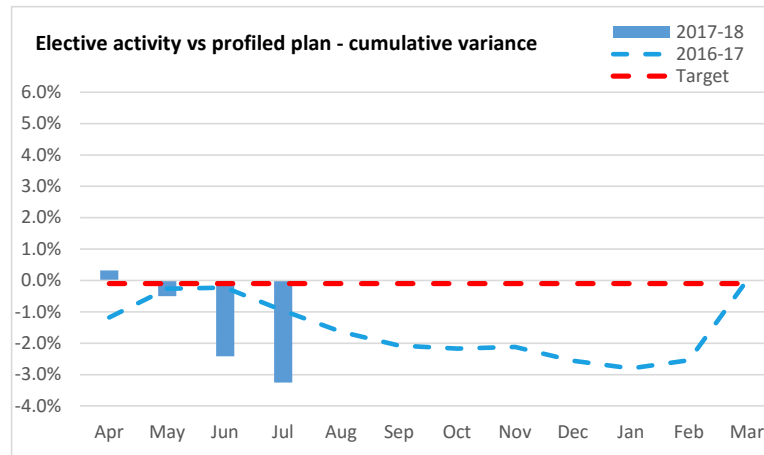
Income and Expenditure Margin



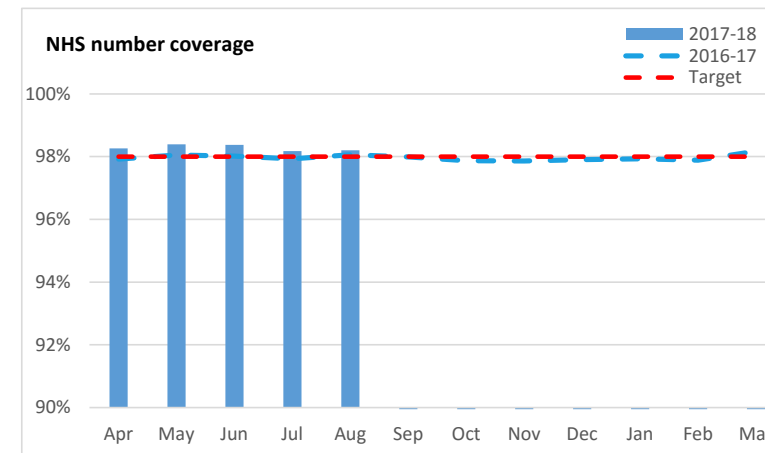
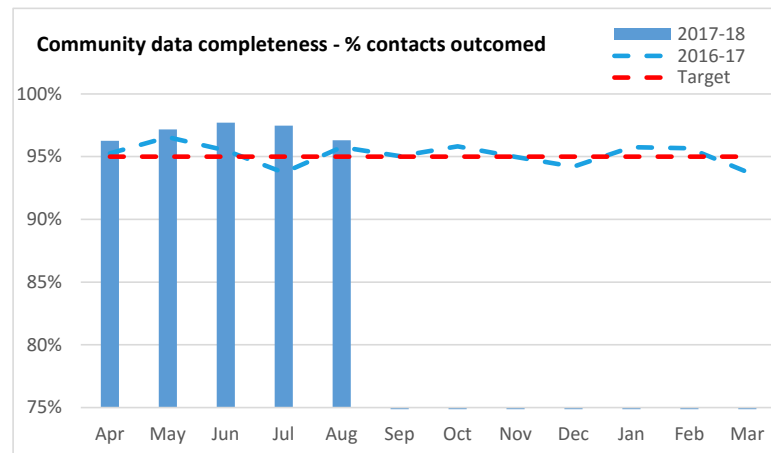
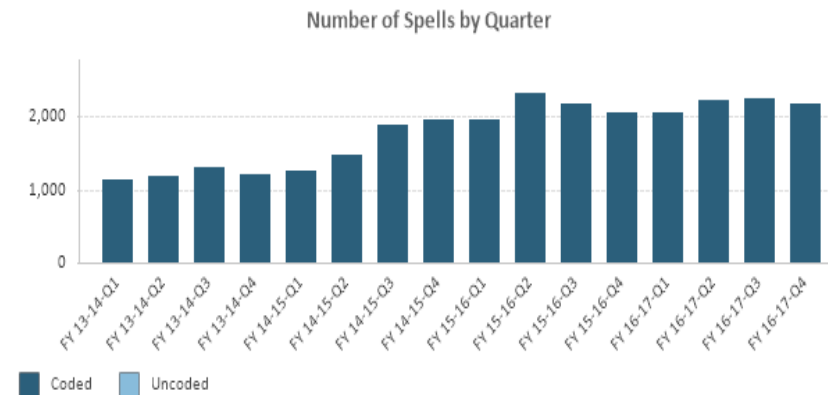
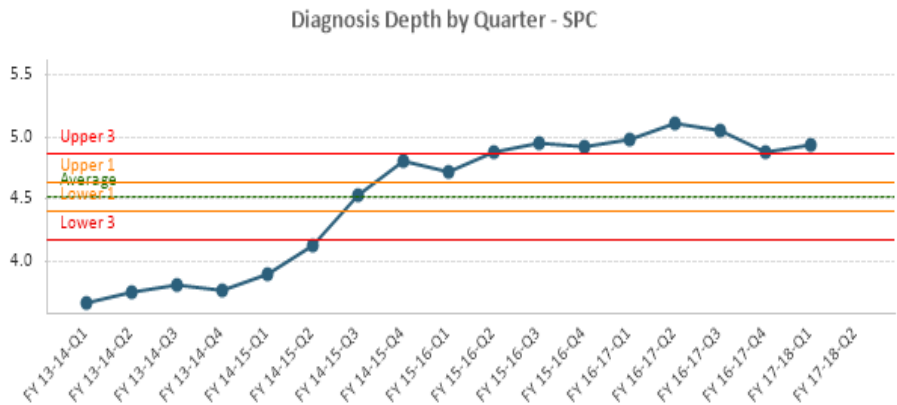
Reduction in Agency Spend - Variance



- Demand – Referrals have exceeded the targets of 2016/17 levels for three months since April. This growth has continued to have an impact on the Trusts ability to deliver against some of the key operating standards such as RTT.
- Work continues with the CCGs under the banner of the Planned Care Board to identify sustainable ways to reduce referral rates 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 – increased to 5 diagnoses during 2016-17 (top left) and we have re-set targets for further improvements going forward. We are expecting to see further increases during 2017-18 as a result of more structured capture of patients' underlying medical conditions within E-noting. 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 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 are now exceeding 95% following a dip in performance linked to the introduction of Advanced Care Notes – the community clinical IT system.
- NHS number coverage (bottom right) is now ahead of the target level of 98% overall . Particular measures are in place to try to improve the capture of accurate demographic information amongst patients attending our A&E departments.



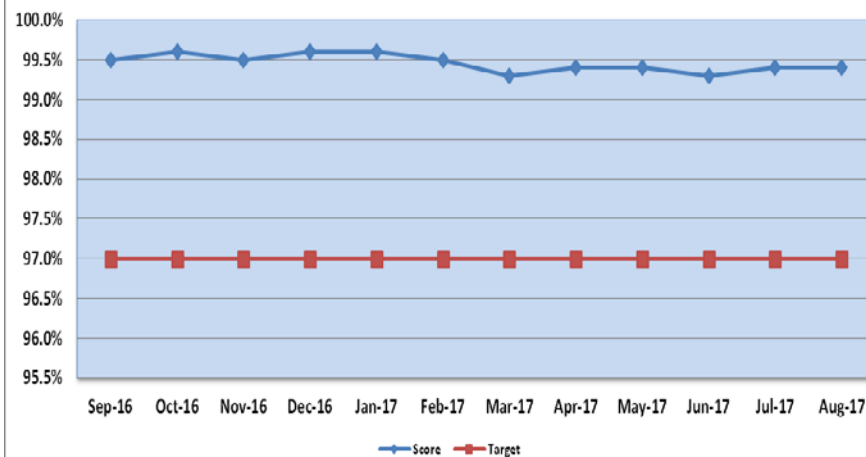
## Summary:

- Cleanliness scores continue to meet Trust performance targets.
- In the 2017 PLACE assessment Guy's and St Thomas' was assessed at 99.8% against a national average of 99.4%.
- A very strong performance in the 2016 Inpatient survey, scoring 91% and 84% for wards and toilets/bathrooms respectively. This is in the upper quartile when compared to the Picker and Shelford Group of Hospitals.
- Essentia's team of specialist internal auditors assess cleanliness against a range of National Patient Safety authority (NPSA) standards. The audit result is shown in the graph below. The NPSA score continues to track above target of 90%, with a score in August of 98.9%.

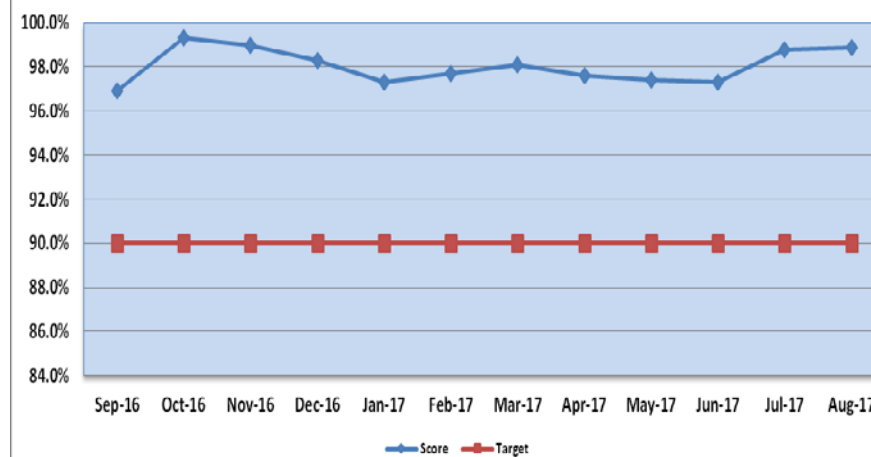
## Action and Progress to Date:

- The monthly Inpatient Survey for cleanliness is conducted via 'Meridian'. In August there were 1,293 responses (for ward cleanliness and toilet/bathroom cleanliness), of which over 99.40% said that the cleanliness of their ward or room was 'fairly clean' or 'very clean'.
- Demand for decontamination activity continues to be high in August. A total of 180 Ultra Violet (UV) and 84 Vaporised Hydrogen Peroxide (VHP) were carried out at St Thomas' and 79 UV and 8 VHP at Guy's. In total 351 decontaminations were carried out across both sites compared to 168 in August 2016.

Inpatient Survey - Feedback on Ward Cleanliness



Internal Audit NPSA Trust Risk Profile



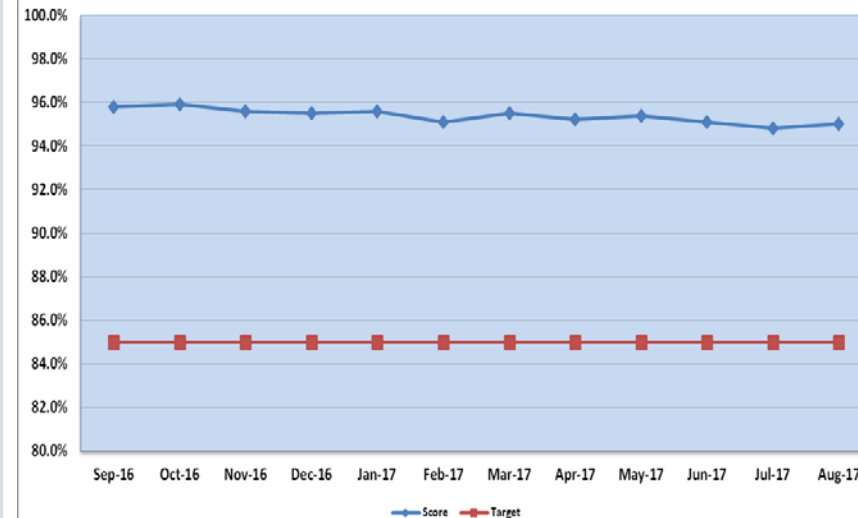
## Summary:

- Very strong performance in the 2016 Inpatient Survey (reported below) placing the Trust in the upper quartile in the Picker and Shelford Groups.
- In the 2017 PLACE Assessment Guy's and St Thomas' performed above the national average for food and hydration (reported below).
- No formal complaints received for patient catering in the last 12 months.

## Action and Progress to Date:

- In the 2016 inpatient survey the Trust achieved a 6% improvement for choice of food. Quality of food rated good at 59%, one of the strongest performers in the Picker and Shelford Groups.
- The patient catering service continues to provide food that is highly rated by the patients. In August only 4.99% rated the food as poor and there were no formal complaints received. This is against a background of in the region of 108,000 meals served per month.
- In line with NHS England's aims to reduce the sale of sugar-sweetened beverages (SSBs), the Trust has secured the commitment of all its retail operators, with the exception of Sainsbury's, to commit to a voluntary sales reduction scheme for SSBs. Sainsbury's position reflects that the Guy's store is the only one they operate in the NHS, and whilst supportive of the scheme they are unable to adjust their operating model for such a small part of the overall business.
- Work continues on developing the retail strategy. A project brief has been developed for the appointment of consultancy support to develop the strategy. Whilst the strategy is long term and must fit with the overall site plan, it will also be focus on achieving shorter term opportunities such as the development of the vacant Riverside area. 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

PLACE 2017

PLACE 2017 Food and Hydration		Trust Score	National Average
	Food	93.12%	89.70%
	Organisation	92.74%	88.80%
	Ward	93.16%	90.20%
2016 Inpatient Survey	Quality of Food (Good)	59.00%	n/a
	Choice of Food	90.10%	n/a
	Help with Eating	80.10%	n/a

## 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. All areas inspected scored above target levels. 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 that have undergone the inspection, including the main kitchen, are rated 5.

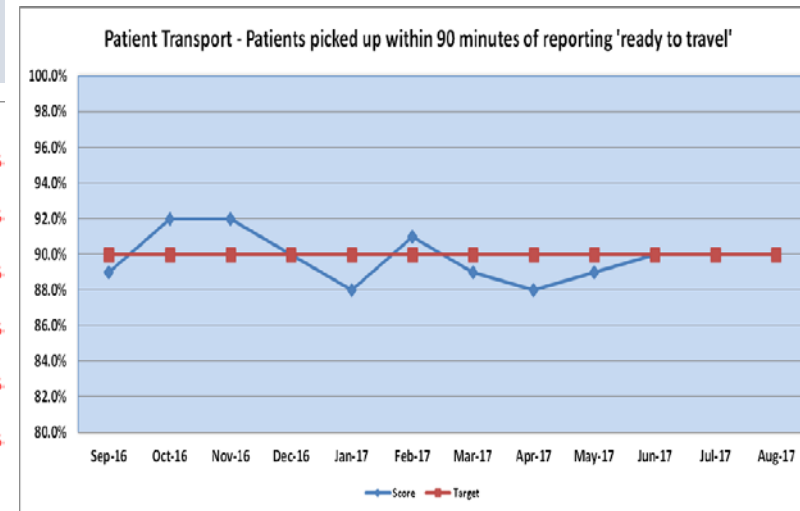
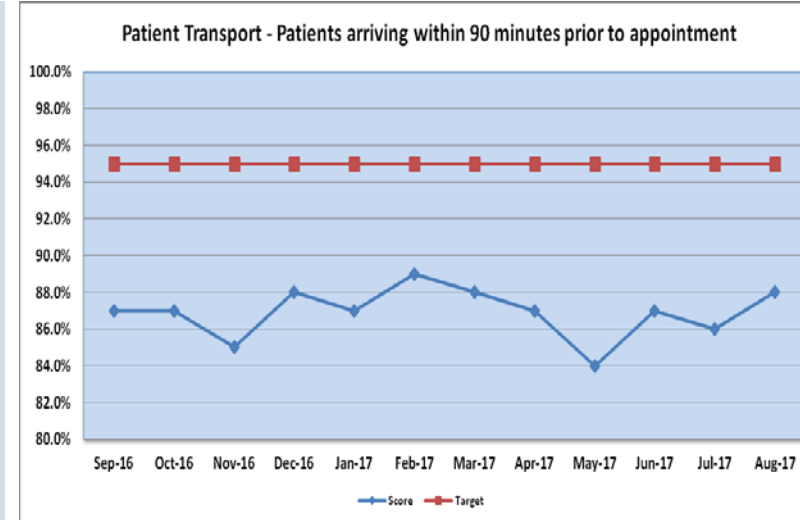
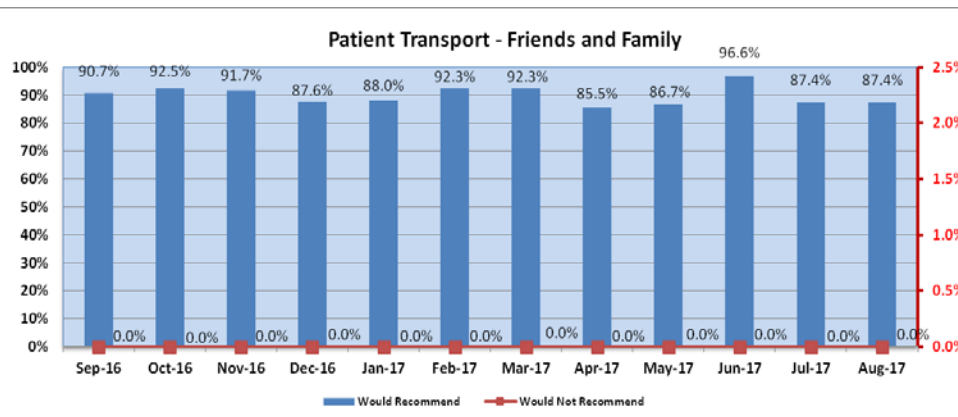


## Summary:

- The Patient Transport Service (PTS) undertakes around 22-25,000 journeys each month and 13,000 patient eligibility assessments.
- In August seven formal complaints were received, against a background of circa 24,000 journeys completed.
- The main KPI's around arrival and departure times remain challenging. Arrival times are tracking below pre-contract levels.
- The Friends and Family test in August, based on 1,254 responses, scored 87.4% for 'would recommend' and 0% for those that 'wouldn't'.

## Action and Progress to Date

- Arrival times continue to track below pre-contract levels but are in line with the established trend, and in this period have reversed the deterioration in service reported in July. However, this continues against a background of abnormal levels of congestion around both sites arising from public highway works, and most recently involving the cycle super highway work on Westminster Bridge.
- As previously reported the contract relationship with SVL is now on a more stable footing and it is evident that this has improved the quality of the service. This reflects the additional resource that SVL has deployed.
- 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, Nellar Davies has been commissioned to carry out an external review of patient transport. The aim of this review is to shape the service specification so that it reflects best practice and scopes out a service that is realistic and deliverable.
- The Kent and Medway patient transport service, which is provided by G4S and commissioned by the CCG, continues to experience serious operational issues that are having an adverse and unacceptable impact on the patient experience. Issues include long delays, some of which have led to delayed discharges, and short-notice hand back of journeys that they are unable to complete. The issues which we are encountering are leading to unacceptable levels of DATIX incident reports, of which there were eleven in August.



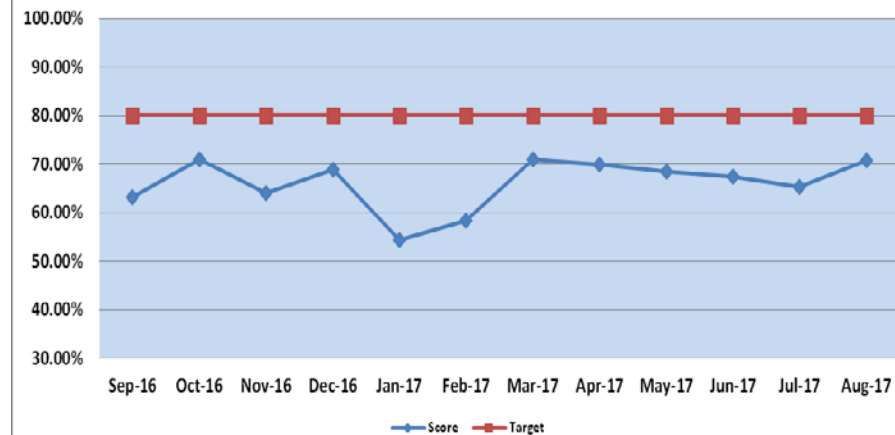
## Summary:

- Telephony performance has improved in August compared to their respective reported figures for July.
- The KPIs for pick up of internal calls (21,721) remain at Green status whilst external calls (58,530) returned to Green status from Amber in July.
- Calls answered within 30 seconds remains in Red status but has seen improvement to its highest level for 12 months.

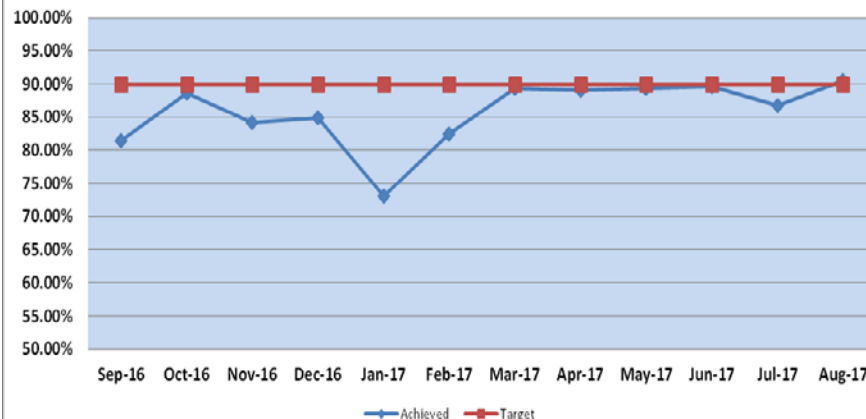
## Action and Progress to Date:

- The performance improvement across all core KPIs was due to efficient pre-planning and resource placement. In addition the department saw an increase in bank hours offered from medical / nursing students, offsetting the loss of core staff due to annual leave.
- The department are now challenging themselves to look at new ways of recruiting and reaching audiences that were previously untapped. With the support of the Recruitment Team we are looking to engage staff and have a staff led consultation regarding working patterns and cultural issues that may be affecting both recruitment and retention.
- A review of switchboard current tasks is to be undertaken to ensure this area fits with the environment and does not hinder efforts in relation to performance delivery.
- Multi-skilling of staff was placed on hold in August in order to concentrate on developing and up-skilling staff within their own services. With more than 50% of our workforce trained in a secondary service we remain resilient given the challenges.

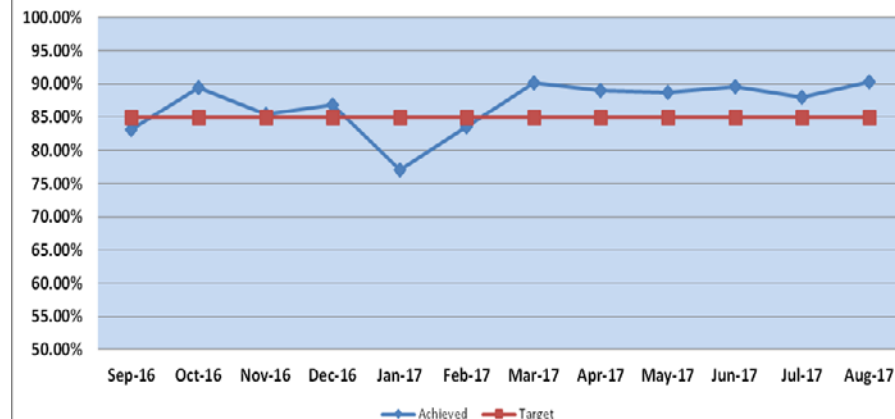
% of Calls Answered Within 30 Seconds



GSTT External Calls - % Achieved



GSTT Internal Calls - % Achieved



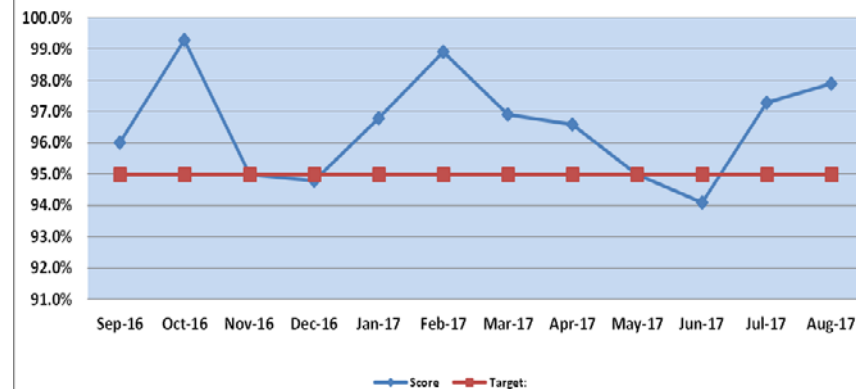
### Summary:

- 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 August reported above target at 97.9%.
- Priority 2 calls (responded to within 4 hours) have for much of the last 12 months, achieved and exceeded the target set out in the Service Level Agreement, The KPI measures the time it takes to respond to calls, as full resolution and repair may require out of hours work or the procurement of additional parts. Priority 2 calls were reported at 72% in August above its target of 70%.

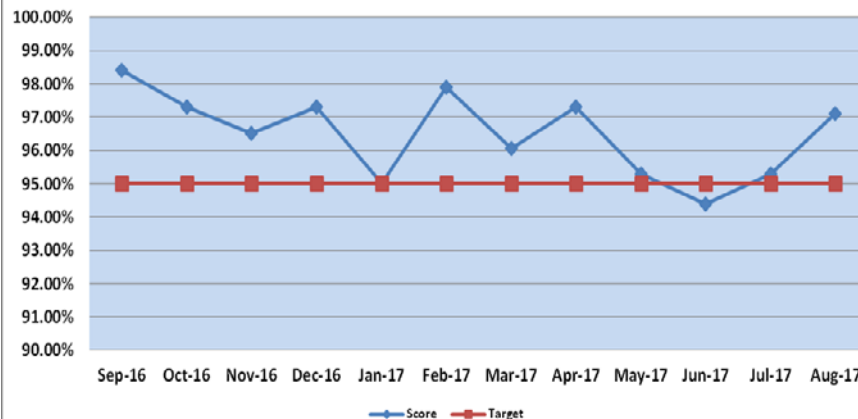
### Action and Progress to Date:

- There have been no major infrastructure issues in July 2017.
- Recruitment continues to ensure resources required to maintain the new Cancer Treatment Centre are in place.
- Planned Preventative Maintenance tasks are being completed, however the month-on-month completion rate is being affected by the high number of reactive calls.
- Engineering and Building Compliance is progressing, with only 3.2% of the 600 questions remaining at red risk status.

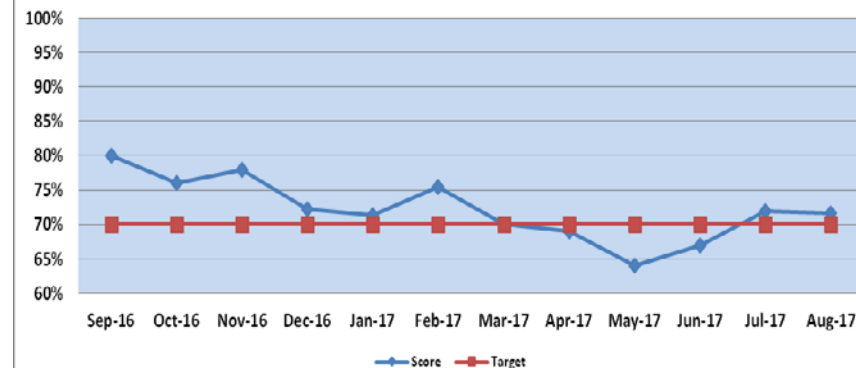
**Guy's & St Thomas' - Lift Performance**



**Essentia Facilities Service Desk - % Calls Answered**



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



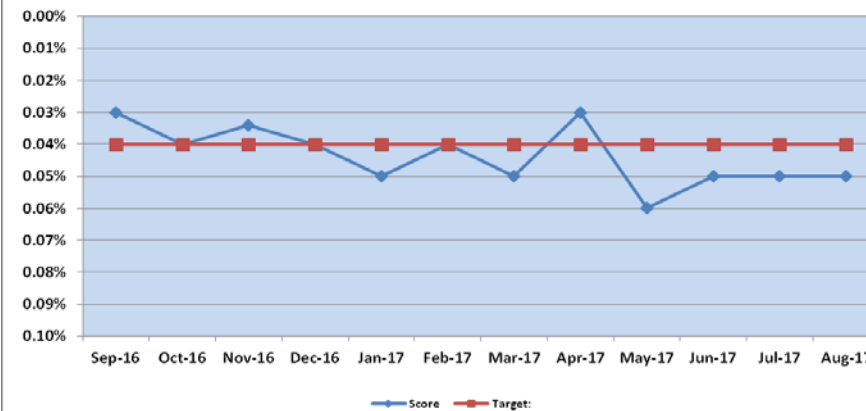
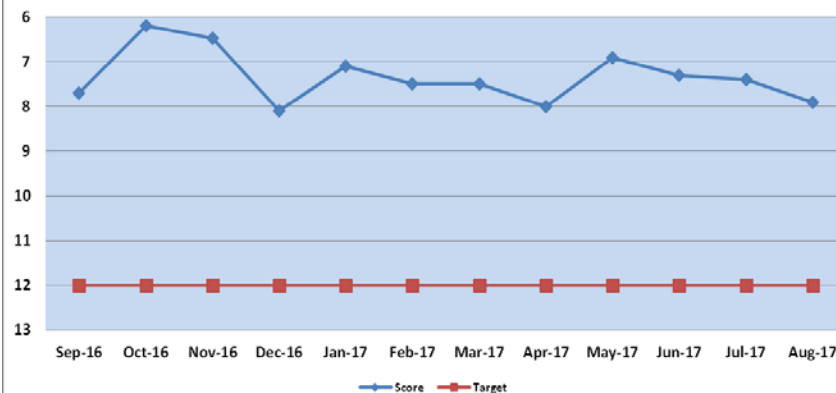
## Summary:

- Non conformance levels were reported at an average of 0.05% for the quarter, equating to one non conformance in 2,000 packs. Although this remains slightly above the KPI target it is well within industry targets of 1 in 1,000 packs.
- The average instrument processing time has maintained at 7.54 hours, against a target of less than 12.

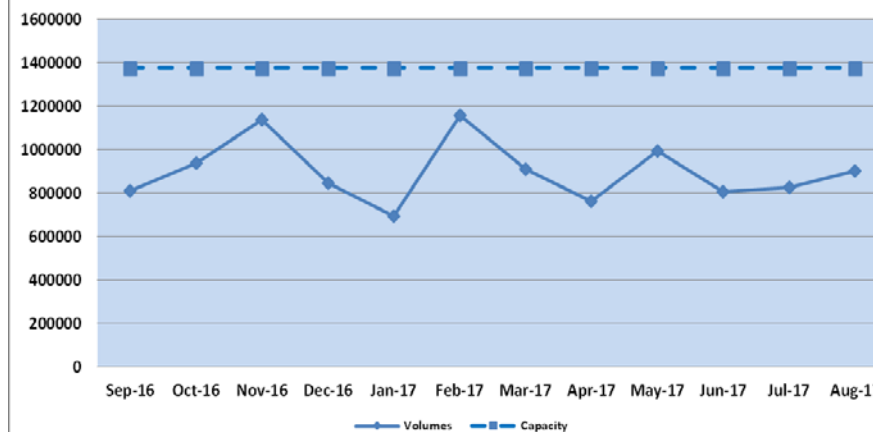
## Action and Progress to Date:

- Non conformance levels have remained just above target for the quarter. This is due to the impact of tray wrap damage across Theatres. Trials of alternative wrap have been implemented and it is expected the damage issue will reduce over the next quarter with the introduction of additional or new wrap options.
- Turnaround around times continue to be maintained significantly below target levels.
- North Middlesex have reported high satisfaction levels with service delivery and quality. Because of high quality service delivery and protracted contract negotiations, they have offered a deferred contract start date of July 2017 which provides an additional 1 year income on the contract terms of 5+1+1.

Sterile Services - Non Conformities

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

Sterile Services - Instrument Volumes



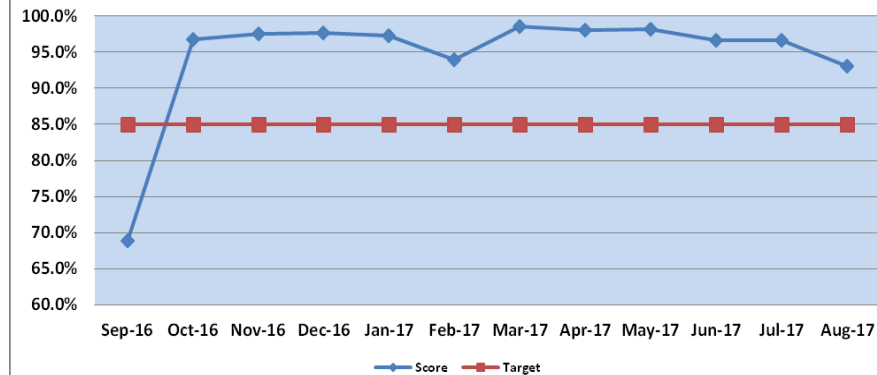
## Summary:

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

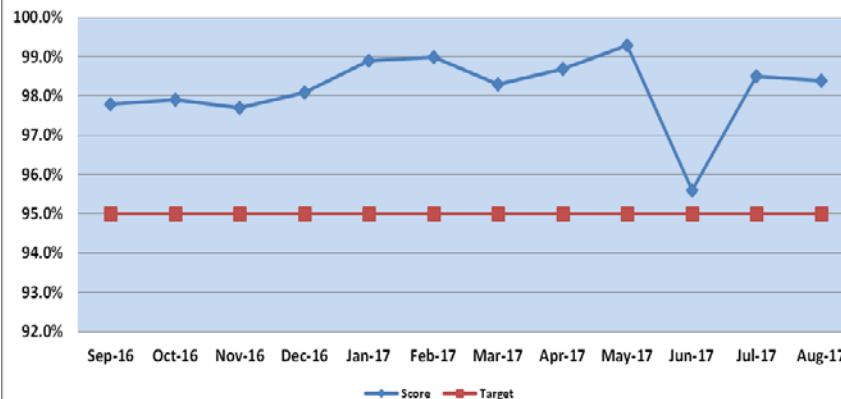
## Action and Progress to Date:

- Reactive Maintenance is tracking consistently above its target of 80% with August reported at 88%.
- Community PPM tasks was reported at 93.1% in August.
- Community cleaning scores relating to in-patient sites, continue to exceed the target of 95%, being reported at 98.4% in August.
- VHP cleaning continues within GSTT Community sites.

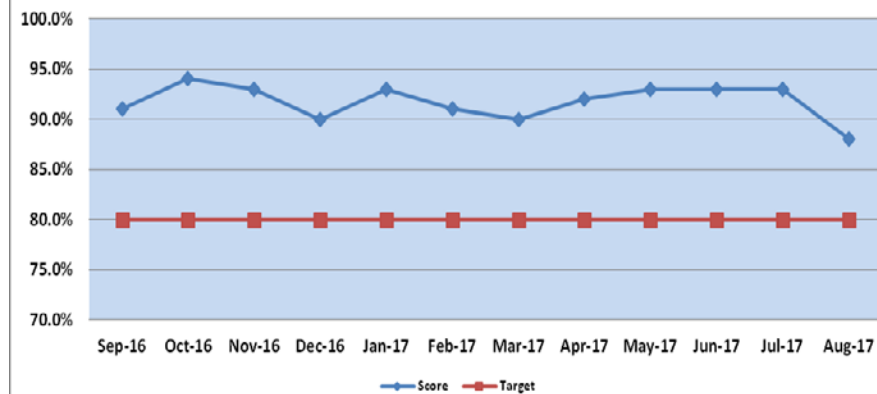
Community - PPM Tasks Completed



Community - Cleaning Scores (In-Patient Sites)



Community - Reactive Maintenance



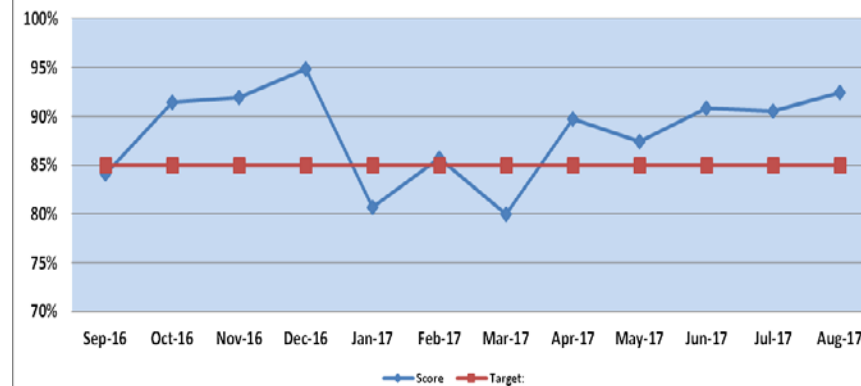
## Summary:

- The agreed service level for customer satisfaction (85%) was reported at 92.4% in August and remains above target levels.
- Performance for Incidents resolved within target improved against its locally set target of 85%, being reported at 80.1% in August, continuing an upward trend over the last three months following ongoing work to reduce the number of backlog tickets.
- The EUT Wards First service continues to make a positive impact and supported the 'Perfect Week' initiative in the Urgent Care Centre.

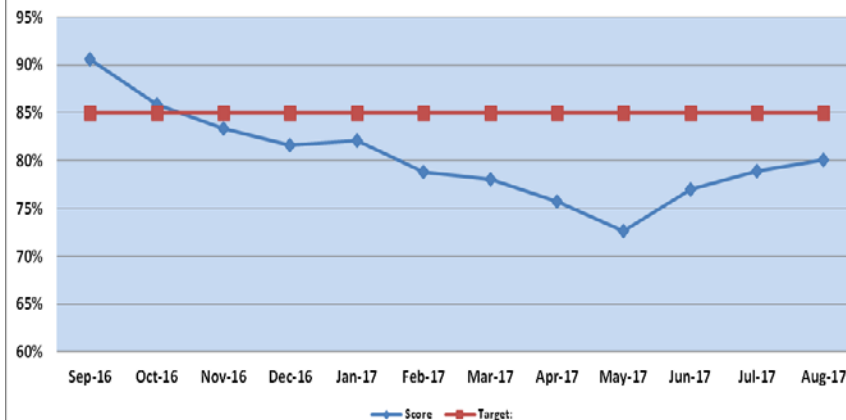
## Action and progress to Date:

- The average time to answer calls by the IT Service Desk was reported at 173 seconds against a target of 60, maintaining red status for this KPI. Call volume was recorded in August at 13,786 calls, a further 1,590 compared to July.
- August saw a slight deterioration in call answer time with over 81% of all calls being answered compared to 85.45% in July.
- There were seven Priority 1 incidents that produced an increase in calls, that had a negative impact on the call answer time. Five incidents related to network connectivity issues and the remaining two related to connection issues affecting Community services.
- IT Service availability was very good with key IT/Digital services achieving the target of 99.9% uptime. There were two full service outages relating to Auditbase and Symphony and a further two applications experiencing partial unavailability, which had no impact to clinical activity.

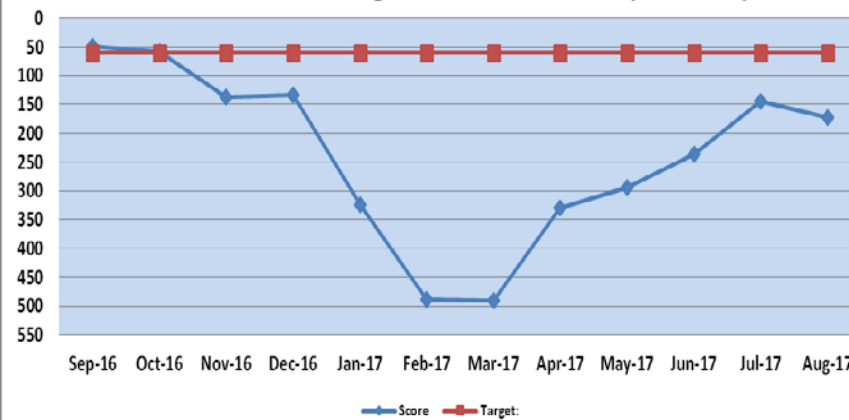
IT - Helpdesk User Satisfaction



IT - Incidents Resolved Within Target



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



# Appendix: directorate-level heatmap (1 of 2)

July 2017

Page 65

			Trust-wide	Acute Medicine	Perioperative, Critical Care & Pain	Surgery	Cardiovascular Services	Abdominal Medicine and Surgery	Oncology And Haematology	Women's Services	Clinical Imaging & Medical Physics	Medical Specialities	Dental Services	GRIDA	Therapies	Adult Community Services	Children's Community Services	Children's Medical Services	Children's Surgical Services	Monitor	CQUIN	Fit for Future workstream	Quality priorities	Local
		Type	Target																					
		Number	-	2,227	447	248	53	107	118	242	218	42	0	35	32	13	206	0	234	0				
Patient safety - Incident Reporting	Total incidents reported	Number	-	7	0	1	0	2	1	0	0	0	0	0	0	0	0	0	0	0				
	Incidents - Reported on STEIS (total number)	Number	-	7	0	1	0	2	1	0	0	0	0	0	0	0	0	0	0	0				
	Incidents reported on Datix that are STEIS reportable (total number)	Number	-	7	0	1	0	2	1	0	0	0	0	0	0	0	0	0	0	0				
	Never Events	Number	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Incidents resulting in unexpected death	Number	-	3	0	0	0	0	1	0	0	1	0	0	0	0	1	0	0	0				
	Incidents resulting in severe harm	Number	-	5	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0				
	Incidents resulting in moderate harm	Number	-	36	3	5	0	2	1	3	3	3	0	1	0	0	9	0	2	0				
	Incidents resulting in low harm	Number	-	298	50	26	7	12	16	35	21	10	0	4	8	4	49	0	34	0				
	Incidents resulting in no harm	Number	-	1,426	320	151	37	70	77	172	176	24	0	19	15	8	96	0	143	0				
	Incidents resulting in unexpected death - reported on STEIS	Number	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Incidents resulting in severe harm - reported on STEIS	Number	-	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0				
	Incidents resulting in moderate harm - reported on STEIS	Number	-	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Incidents resulting in low harm - reported on STEIS	Number	-	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0				
	Incidents resulting in no harm - reported on STEIS	Number	-	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Patient safety - Harm Free Care	Never events (confirmed)	Cases	Zero	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
	Patient slips trips falls (DATIX)	Cases	-	160.0	56.0	2.0	13.0	16.0	15.0	14.0	4.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0				
	Incidence of falls per 1000 bed days	Number	-	5.2	8.6	1.6	7.1	3.4	6.6	3.9	1.5	0.0	0.0	0.0	0.0	-	0.0	-	0.3	0.0				
	Falls with moderate or severe harm	Cases	0	8.0	1.0	0.0	0.0	0.0	1.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
	Pressure ulcer acquisitions (grade 2 and above)	Number	0	3.0	1.0	1.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Infection Control and Cleanliness	MRSA screening of admissions	Mthly %	>95%	90%	55%	97%	97%	96%	99%	95%	97%	87%	98%	100%	100%	-	-	-	100%	94%				
	MRSA bacteraemia (Trust-attributable)	Number	Zero	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
	C-Diff acquisitions	Number	0	5.0	4.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Screening	VTE screening (externally reported)	Mthly %	>95%	96%	93%	98%	89%	83%	99%	97%	93%	96%	96%	100%	100%	-	100%	-	100%	81%				
	Dementia screening (patients aged over 75)	Mthly %	>90%	89%	91%	-	73%	95%	89%	75%	-	-	-	67%	-	-	-	-	-	-				
Mortality	Deaths in hospital - number in month	Number	-	75.0	24.0	5.0	0.0	15.0	2.0	17.0	1.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	2.0	1.0				
Admitted care	Friends and Family test (Ward) - Response rate	Mthly %	>=33%	23%	26%	44%	38%	25%	27%	31%	41%	-	-	-	-	-	80%	-	21%	-				
	Friends and Family test - % Recommended (Ward)	Mthly %	>=97%	96%	99%	96%	95%	96%	99%	97%	99%	-	-	-	-	-	100%	-	99%	-				
	Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%	1%	0%	0%	2%	1%	0%	0%	0%	-	-	-	-	-	0%	-	0%	-				
	Overall inpatient patient experience score	Mthly %	>89%	89%	90%	91%	91%	83%	91%	88%	91%	-	95%	-	-	-	-	-	-	-				
	Single sex compliance - breaches (all types)	Cases	Zero	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
	Patients cancelled on day (in arrears)	Cum %	<0.8%	1.8%	-	0.3%	1.3%	7.4%	4.3%	1.7%	1.5%	-	2.8%	0.4%	-	-	-	-	0.8%	1.8%				
Outpatient care	Overall outpatient patient experience score	Mthly %	>89%	91%	87%	38%	88%	89%	85%	84%	92%	91%	84%	94%	90%	90%	-	-	97%	-				
	Friends and Family test - % Recommended (Outpatients)	Mthly %	-	92%	89%	75%	92%	94%	90%	91%	92%	100%	88%	93%	92%	94%	-	-	100%	93%				
	Friends and Family test - % Not Recommended (Outpatients)	Mthly %	-	3%	5%	14%	4%	2%	3%	3%	4%	0%	7%	3%	3%	1%	-	-	0%	0%				




# Appendix: directorate-level heatmap (2 of 2)

July 2017

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		Type	Target	Trust-wide	Acute Medicine	Perioperative, Critical Care & Pain	Surgery	Cardiovascular Services	Abdominal Medicine and Surgery	Oncology And Haematology	Women's Services	Clinical Imaging & Medical Physics	Medical Specialities	Dental Services	GRIDA	Therapies	Adult Community Services	Children's Community Services	Children's Medical Services	Children's Surgical Services	Monitor CQUIN	Fit for Future workstream	Quality priorities	Local
RTT	RTT - Non-admitted patients <18 weeks (unadjusted)	Mthly %	>95%	91%	91%	57%	83%	76%	91%	91%	93%	82%	97%	94%	94%	93%	100%	100%	83%	85%				
	RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%	79%	100%	77%	76%	72%	88%	75%	71%	82%	77%	85%	96%	-	100%	-	82%	62%				
	RTT - Incomplete pathways < 18 weeks (unadjusted)	Mthly %	>92%	88%	96%	84%	81%	83%	90%	83%	89%	72%	96%	94%	95%	86%	85%	100%	82%	75%				
	RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero	16.0	0.0	0.0	4.0	0.0	1.0	2.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	6.0				
	RTT - Total incomplete pathways	Mthly	-	65,066	2,720	2,146	4,748	4,339	2,985	6,596	3,565	123	5,740	10,370	8,204	1,505	151	7	3,150	3,409				
	RTT - Incomplete pathways over 18 weeks	Mthly	-	7,836	119	346	897	716	297	1,121	395	34	248	632	385	207	22	0	563	857				
Cancer access	Cancer - 2 week wait	Qtly %	>93%	91%	89%	-	-	-	99%	89%	92%	-	100%	-	91%	-	-	-	100%	-				
	Cancer - breast symptomatic referrals <2 wks	Qtly %	>93%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%				
	Cancer - 31 day first treatments	Qtly %	>96%	97%	100%	-	-	-	100%	93%	100%	-	-	-	95%	-	-	-	-	-				
	Cancer - 31 day subs treatments - surgical	Qtly %	>94%	96%	-	-	-	-	100%	91%	100%	-	-	-	92%	-	-	-	-	-				
	Cancer - 62 day urgent GP referrals	Qtly %	>85%	67%	42%	-	-	-	68%	66%	73%	-	-	-	100%	-	-	-	-	-				
	Cancer - internal 62-day referrals	Qtly %	>85%	83%	100%	-	-	-	83%	82%	89%	-	-	-	100%	-	-	-	-	-				
	Cancer - 62 day screening	Qtly %	>90%	50%	-	-	-	-	-	57%	-	-	-	-	-	-	-	-	-	-				
Diagnostics	Diagnostic waits - % over 6 weeks	Mthly	<1%	2%	0%	-	-	0%	7%	1%	-	1%	0%	-	-	-	-	-	6%	13%				
Bed management	Average length of stay (elective)	Cum ALOS	<last yr	3.6	2.0	6.6	3.0	5.3	3.3	4.3	3.2	1.2	3.8	1.3	7.4	0.0	44.3	0.0	2.3	2.0				
	Non-elective average LOS >1 night	Cum ALOS	<last yr	8.8	6.3	6.8	0.4	2.9	6.8	15.4	8.9	0.0	74.1	0.0	41.4	0.0	34.5	0.0	6.1	51.6				
	Discharges before noon	Mthly %	>25%	22%	34%	12%	27%	9%	16%	22%	9%	50%	24%	33%	0%	-	78%	-	22%	26%				
Outpatient mgt	Appointments re-scheduled by hospital <6wks	Cum %	<4%	5%	3%	6%	6%	6%	5%	7%	2%	1%	12%	5%	4%	2%	2%	0%	3%	3%				
	Follow-up ratio - adj cons appts (in arrears)	Ratio	2.06	2.19	2.62	1.43	1.54	3.00	3.56	2.32	0.82	3.03	2.68	2.80	1.91	-	-	-	2.36	2.08				
	Non-attendance rate (new appts)	Mthly %	<11%	11%	16%	8%	9%	29%	13%	11%	9%	43%	12%	7%	9%	-	-	0%	9%	5%				
Theatre management	Daycase rate - basket (in arrears)	Mthly %	>85%	87%	-	-	84%	96%	43%	71%	88%	-	99%	-	-	-	-	-	89%	83%				
	Theatres Gross Cancellation Rate (in arrears)	Mthly %	<7%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%				
Readmission mgt	Emergency readmissions (within 28 days - in arrears)	Cum %	<5.8%	6.1%	11.3%	1.5%	2.7%	4.1%	6.1%	10.6%	2.2%	2.0%	2.4%	0.2%	1.4%	0.0%	0.0%	0.0%	4.6%	2.5%				
	Emergency readmissions (within 14 days - in arrears)	Cum %	<3.8%	3.8%	8.0%	0.9%	2.2%	2.5%	3.3%	7.2%	1.6%	1.5%	1.7%	0.1%	0.9%	0.0%	0.0%	0.0%	2.9%	1.6%				
CQUIN - general	Patients >75 asked dementia screening question	Qtly %	>90%	89%	91%	-	73%	95%	89%	75%	-	-	-	-	67%	-	-	-	-	-				
Data quality	NHS number coverage	Cum %	>98%	98%	94%	100%	98%	100%	100%	100%	99%	100%	100%	96%	99%	99%	100%	100%	98%	99%				
	Clinical coding - diagnostic depth (in arrears)	Ratio	>4.5	5.0	7.5	4.7	4.1	8.5	6.4	4.4	6.6	4.8	3.3	2.3	3.3	-	9.9	-	3.0	3.6				
Activity (magic numbers)	Elective activity vs profiled plan - cumulative variance	Cum var %	>0%	-2%	7%	1%	-7%	3%	8%	-3%	-15%	-6%	-22%	-11%	8%	0%	0%	0%	1%	-8%				
	New patients seen vs plan (all categories, in arrears)	Mthly var	>0	-3,582	-96	-32	-299	-247	-17	129	-258	-73	-710	-298	-1,311	73	0	0	-65	-219				
	External cons referrals	Number	>last yr	2,293	97	53	201	248	157	259	42	16	59	50	547	2	0	0	198	162				
	GP referrals	Number	>last yr	18,523	510	197	658	760	576	1,722	2,696	7	1,310	2,255	2,370	3,608	0	0	382	240				



<b>BOARD OF DIRECTORS</b>	 <b>Guy's and St Thomas'</b> NHS Foundation Trust
<b>Financial Report for the six months to 30<sup>th</sup> September 2017</b>	<b>25<sup>th</sup> October 2017</b>

This paper is for:		Sponsor:	<b>Martin Shaw</b>	
Decision		Author:	<b>Peter Parr</b>	
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 £18.1M on income and expenditure against the YTD planned loss of £10.8M for the six months to 30<sup>th</sup> September 2017. This is an adverse variance to plan of £7.3M. In addition to this the Trust has received £0.4M prior year S&T funding and incurred a loss of disposal of two assets of £0.2M.
- 1.3 This performance, judged against the control total means the Trust is not entitled to accrue any of the planned £7.7M of S&T funding. Performance to date a loss of £17.9M, is therefore £14.8M adverse to plan.
- 1.4 Donated Capital receipts of £3.1M have been recorded, which is £0.6M more than the equally phased plan.
- 1.5 The Trust has informed NHSI that it still expects to achieve its agreed financial control total by the end of this financial year and if this is achieved then £20.3M of the £22.1M S&T baseline funding could be received.

	Annual Plan £m	YTD Plan £m	YTD Actual £m	Variance £m
Underlying Performance against Plan	(11.9)	(10.8)	(18.1)	(7.3)
S&T prior year income	0.0	0.0	0.4	0.4
S&T baseline funding	22.1	7.7	0.0	(7.7)
Profit \ (Loss) on Disposal	0.0	0.0	(0.2)	(0.2)
<b>Total Performance against Plan</b>	<b>10.2</b>	<b>(3.1)</b>	<b>(17.9)</b>	<b>(14.8)</b>
Capital Donations	5.0	2.5	3.1	0.6
<b>Total Surplus \ (Loss)</b>	<b>15.2</b>	<b>(0.6)</b>	<b>(14.8)</b>	<b>(14.2)</b>

## 2. Request to the Board of Directors

The Board of Directors is asked to:

- Note the reported current financial position a loss of £17.9M, which is £14.8M adverse to plan.
- Note the receipt of capital donations of £3.1M which is £0.6M more than plan.
- Note the assumptions made and the potential risks high-lighted in 3.1 that under-pin the year to date loss of £17.9M.
- Note that the Trust has confirmed to NHS Improvement that it expects to achieve its financial 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 one.
- Note the delivery of CIPs and income growth in 5.1 of £35.4M, which is £6.2M less than plan at the end of September.

### **3. Assumptions made in the reported position.**

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

- An assessment of Commissioning income to the end of August indicates the Trust is likely to be some £7.6M below the over performance target when extrapolated forward to September. This assessment has been made against a plan phased in equal twelfths.
- The assessment of clinical income above, has not factored in any risk around the introduction of the new contracting identification rules, where significant activity volumes have moved from CCGs to NHSE, but without the full change in funding.
- An assessment of final invoices raised in respect of Commissioning income for 2016/17 indicates this is £3.8M higher than the value accrued. This benefit is reflected in the reported position, but where invoices are yet to be paid, these have been fully provided for.
- Accrued income in respect of partially completed spells (patients not yet discharged) has reduced by £0.1M to £11.9M when compared to the value accrued at year end.
- Based on current financial performance no income in respect of S&T funding has been accrued. Against the YTD plan of £7.7M, income of £5.9M could have been accrued if the financial control target had been achieved. This can still be recovered in later months.
- The reported position assumes that any increased costs of implementing the new junior doctor's contract and any transfers from capital budgets will be contained within the designated reserves available.
- 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 £16K was recorded in September which is £0.9M worse than plan, the significant drivers include:

- No current year Sustainability and Transformation income has been accrued this is £1.5M below plan.
- CCG \ NHSE income not allocated to Directorates was £0.8M below plan.
- Prior year CCG \ NHSE income of £3.8M has been fully recognised.
- The performance of Clinical directorates was £2.9M worse than plan.
- The performance of Corporate and Commercial directorates was £1.6M better than plan.
- Benefits from the balance sheet, Reserves and PDC charges were £0.9M ahead of plan
- Central provisions for non-payment of invoices were £2.1M more than plan. In the main this provides for those prior year CCG \ NHSE invoices that have yet to be paid.
- The CIP phasing adjustment is now starting to reduce, £0.6M in September as the plan assumed CIPs would start to be identified with directorates.

3.3 The Trust has recorded a loss of 17.9M for the six month period to September 2017. This is £14.8M worse than plan, the significant drivers of this performance include:

- No current year Sustainability and Transformation income has been accrued this is £7.7M below plan.
- CCG \ NHSE income not allocated to Directorates is £5.9M below plan.
- Prior year CCG \ NHSE income of £3.8M has been fully recognised.
- Education Contracts are £1.0M more than plan.
- The performance of Clinical directorates is £10.8M worse than plan.
- The performance of Corporate and Commercial directorates is £0.8M worse than plan.
- Benefits from the balance sheet, Reserves and PDC charges are £3.1M ahead of plan
- Central provisions for non-payment of invoices are £1.9M more than plan.
- Depreciation charges are £1.4M less than plan
- The CIP phasing adjustment of £3.4M.

#### **4.0 Single Oversight Framework: Finance Score Metrics (Page 2)**

4.1 The Trust plan at month six is a 1. The rating achieved YTD is a 3.

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

5.1 The Trust has delivered CIPs of £35.4M to the end of September, which after accounting for the CIP phasing adjustment of £3.4M is reported as £6.2M 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 £16.2M against planned operational capital after adjusting for non-cash items.

## *Appendices*

### *Integrated Performance Report for the six months to 30<sup>th</sup> September 2017*

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# Integrated Performance Report

## M6 2017-2018 Executive Summary

### Risk ratings

#### Finance Score

17/18 Plan:	YTD	FY	Performance:	YTD
	1	1	Current	3
			Previous Mth	3

#### Summary Performance:

- The Trust has recorded a YTD loss of £17.9M, which is £14.8M worse than the planned loss of £3.1M
- Finance Score : a rating of 3 against a plan of 1
- The Trust plan assumes an increase in CIPs later in the YTD, this is reflected by a phasing adjustment of £3.4M in September
- The cash balance of £142M is a reduction of £36.5M from last month due to Capital expenditure, PDC Dividend and the payment of Trade Suppliers

### Summary Income & Cash Flow vs Plan

£m	2017/18			Previous Month	
	Plan	Actual	Variance	Actual	Variance
Operating Income for EBITDA	716.0	698.6	(17.4)	578.6	(17.8)
Employee Expenses	(406.6)	(400.5)	6.1	(333.1)	4.5
All other operating expenses	(279.5)	(278.3)	1.1	(232.4)	2.8
Further Improvement Target	7.2	0.0	(7.2)	0.0	(5.7)
<b>EBITDA</b>	<b>37.2</b>	<b>19.8</b>	<b>(17.4)</b>	<b>13.2</b>	<b>(16.2)</b>
<b>Surplus/(Deficit) pre exceptionals</b>	<b>(3.1)</b>	<b>(17.9)</b>	<b>(14.8)</b>	<b>(17.9)</b>	<b>(13.9)</b>
Net Surplus/(Deficit)	(0.6)	(14.7)	(14.2)	(15.3)	(13.3)
EBITDA %	100.0%	53.3%	(46.7%)	44.8%	(55.2%)
Capital Expenditure <sup>1</sup>	63.0	35.3	27.7	30.2	21.3
Net Cash Flow <sup>1</sup>	(1.7)	(36.5)	(34.8)	(5.5)	1.2
Cash & Cash Equivalents <sup>1</sup>	131.4	142.0	10.6	178.5	45.4
CoSRR Liquidity Days	14.7	6.3	(8.5)	7.7	(7.0)
CIP Performance %	100.0%	74.3%	(25.7%)	69.4%	(30.6%)
Net Current Assets <sup>1</sup>	80.5	95.3	14.8	95.5	14.8
Borrowings <sup>1</sup>	(236.9)	(215.6)	21.3	(217.5)	15.5

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

### Key risks

#### Financial Performance

- Commissioning income - Draft August reports were reviewed, against a plan profiled for working & calendar days and growth the Trust was £0.8M above plan, The cumulative position to Sept' has been assessed as £7.4M behind the overall Trust plan which has been equally phased, the projection remains to achieve plan. Final invoices for 2016-17 activity were £3.8M more than estimated; not all have yet been paid but are included in the reported YTD and projected position.
- Clinical Directorates are £11.1M behind their CIP Plan of which £6M is attributable to slippage against Planned CIPs and £5.1M against their FIT
- Corporate Directorates are £3.4M behind their CIP Plan of which £1.3M is attributable to slippage against Planned CIPs and £2.1M against their FIT
- The back-phased plan assumes that the unidentified CIPs will be identified during the remaining months
- S&T Funding: Sustainability and Transformation current year income is £7.7M less than plan, with no income accrued based on current performance. The £0.4M recognised, relates to prior year S&T funding.
- The cash balance of £142M is a reduction of £36.5M from last month due to Capital expenditure, PDC Dividend and the payment of Trade Suppliers

### 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

## M6 2017-2018 Finance Score

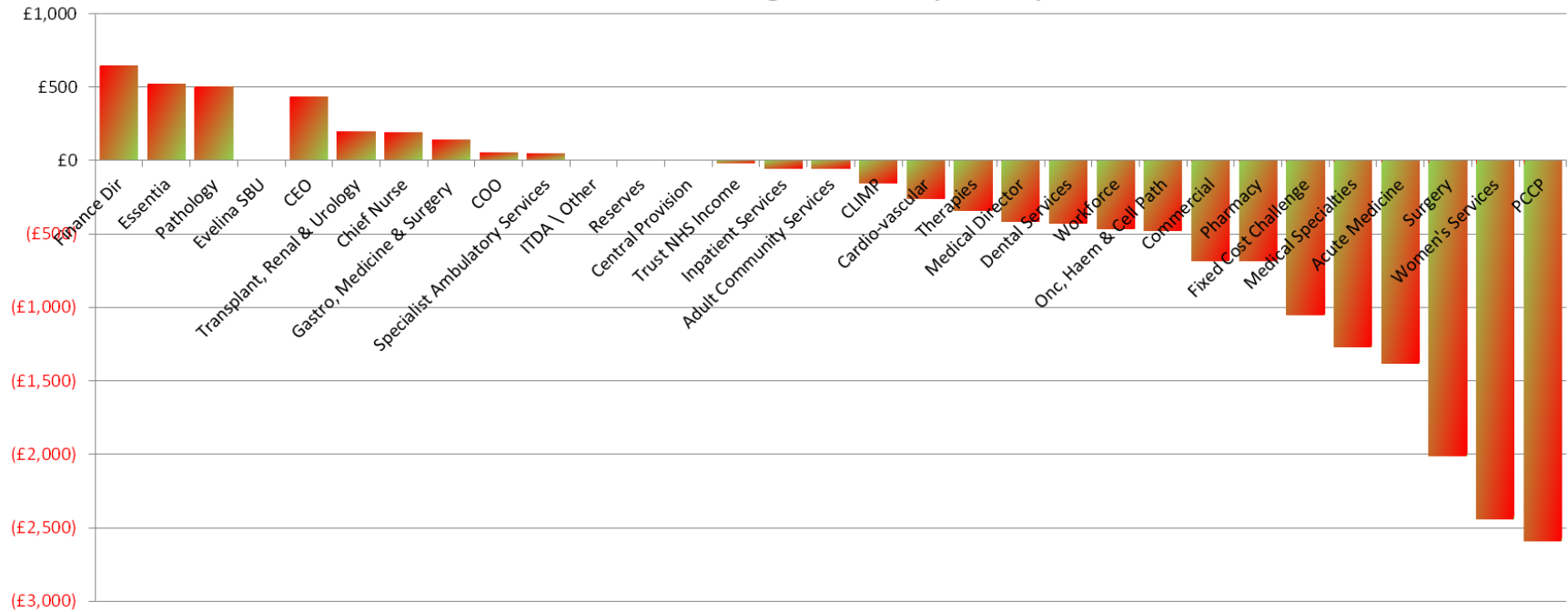
### Page 2 - Single Oversight Framework - Finance Score

Area of review		Key Highlights	Use of Resources Metric		
			Month 06 Plan	Month 06 YTD	Annual Plan
OVERALL Weighted Risk Rating		<ul style="list-style-type: none"> <li>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</li> <li>YTD: the Weighted Risk rating is calculated as 2.4 which rounds to a two. However as one of the metrics is rated a four, then the overall rating is a three.</li> </ul>	1	3	1
Financial sustainability	Capital service Capacity 20%	<ul style="list-style-type: none"> <li>The degree to which generated income covers financial obligation</li> <li>YTD: cover of 1.3 is achieved against a plan of 2.0 and is rated a three</li> </ul>	2	3	2
	Liquidity (days) 20%	<ul style="list-style-type: none"> <li>Days of operating costs held in cash or cash equivalent forms, including available credit</li> <li>YTD: 6.28 days cover is achieved against a plan of 14.73 days and is rated a one</li> </ul>	1	1	1
Financial efficiency	I& E Margin 20%	<ul style="list-style-type: none"> <li>I&amp;E surplus or deficit \ total revenue</li> <li>YTD: a margin of -1.79% has been achieved against a plan of 0.20% and is rated four</li> </ul>	2	4	1
Financial controls	Distance from financial plan 20%	<ul style="list-style-type: none"> <li>I&amp;E surplus or deficit in comparison to the planed surplus \ deficit</li> <li>YTD: a variance of -1.99% is achieved against a plan of 0.0% and is rated three</li> </ul>	1	3	1
	Agency spend 20%	<ul style="list-style-type: none"> <li>Distance from providers cap</li> <li>YTD: the Trust is 25% below the agency ceiling (£4.6M)</li> </ul>	1	1	1

# Integrated Performance Report

## M6 2017-2018 Directorate Performance

**YTD Performance against Plan (£'000s)**



### Year to Date Financial Performance: £14.8M Adverse to plan

- YTD the Trust has recorded an Underlying loss of £17.9M, which is £14.8M worse than the planned loss of £3.1M, this position includes a loss on disposal of £196K. Donated capital receipts of £3.1M are £0.6M more than 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

## M6 2017-2018 Directorate Commentary

	Month 6 Directorate YTD	Prior Month YTD Variance	
Acute Medicine	(£1,386)	(£665)	<p><b>YTD:</b> The "Further Improvement Target" contributes £502k to the adverse position. NHS income is £358k ahead of plan mainly in Respiratory, Sleep and Stroke. Operating income is £321k behind plan due to slippage in Clinical Trials. Non-pay is £638k overspent, due to high drugs spend (offset by NHS Income) and recognised bad debt provision of £232k</p> <p><b>Action:</b> The Directorate Management Team continues to develop strategies for addressing the Further Improvement Target by holding a weekly huddle and vacancy panel.</p>
Adult Community Services	(£57)	(£68)	<p><b>YTD:</b> The value of the "Further Improvement Target" included within the reported position is £329k. NHS Income is £60k ahead of plan in its Specialist Rehabilitation unit and Rapid Response team. Pay (net of vacancy factor) is £152k underspent due to high levels of administrative vacancies, and non pay is £72k under spent due to slippage in project related costs to improve local care and develop Buurtzorg nursing model and under spends for GP services.</p> <p><b>Action:</b> The directorate continues to develop strategies for addressing the Further Improvement Target of £657k. Weekly Nursing huddles</p>
Cardio-vascular	(£262)	(£438)	<p><b>YTD:</b> The further improvement target contributes £395k to the reported underperformance. NHS income (excluding pass through income) is £630k ahead of plan due to high elective activity in Cardiac of 8% above plan in addition to £320k of coding gains above plan. Non-pay is only £25k overspent as £258k of overspends for KCL MRI and XMR costs within Cardiology are offset by £300k of activity related underspends, driven primarily by Vascular due to delays in Cath Lab 5 being opened. Internal recharges are £157k overspent, primarily due to SLR bed income being £150k behind plan.</p> <p><b>Actions:</b> Progress on realising current CIPs is being monitored fortnightly to ensure delivery. The directorate is also working closely with the clinical coding teams to identify further income opportunities within sub-specialties.</p>
CLIMP	(£160)	£190	<p><b>YTD:</b> The value of the 'Further Improvement Target' included within the reported position is £137k. NHS Income is £197k ahead of plan driven largely by PET over-performance. Internal SLR Income for Radiology is £169k ahead of plan (multiple specialties). Pay (net of vacancy factor) is £739k underspent primarily due to vacancies in Radiology. Non pay is £1,035k overspent due to PET activity, maintenance charges and Radium Dichloride expenditure.</p> <p><b>Actions:</b> The DMT continues to develop strategies for addressing the Further Improvement Target of £274k.</p>
Dental Services	(£432)	(£638)	<p><b>YTD:</b> NHS Income is £865k behind plan due to lower activity levels at start of the year as a result of Easter and slippage in recruitment to growth posts. Pay (net of vacancy factor) is £320k under spent, noted across medical and nursing grades, the further improvement target in the YTD is £167k.</p> <p><b>Actions:</b> (i) Continue collaborative working with KCL to ensure that the postgraduate students continue to help deliver NHS income plan. (ii) Actively recruiting to new 'growth posts' to ensure delivery of activity. (iii) Reviewing ways of implementing extra clinics and mitigate</p>

# Integrated Performance Report

## M6 2017-2018 Directorate Commentary

	Month 6 Directorate YTD	Prior Month YTD Variance	
Evelina London SBU	£457	£1,031	<p><b>YTD:</b> The value of the "Further Improvement Target" included within the position is £82k. NHS income is £518k behind plan, mainly in Cardiac Services due to low high value non-elective activity and Neonatology due to a delay in the opening of the final 2 cots in the unit expansion. Private patient income is £242k behind plan, driven by low HDU activity. Pay (net of vacancy factor) is £1.88m underspent explained by nursing vacancies across community and hospital. Internal recharges are £193k overspent with high costs in theatres and pathology.</p> <p><b>Actions:</b> The Hospital directorates are working to ensure that the ward decant disruption is kept to a minimum and activity is being monitored weekly to deliver the 2017/18 plans. The Community directorate are in discussions with commissioners regarding the SALT</p>
Gastrointestinal Medicine & Surgery	£145	£479	<p><b>YTD:</b> NHS income (excluding pass through income) is £70k behind of plan, explained by Gastro £300k ahead of plan driven by admitted activity. GI Surgery £370k behind plan driven by outpatient activity £247k reflecting junior doctor &amp; nursing vacancies. Non elective and day cases also behind plan due to lower than planned prices &amp; vacancies partially offset by elective activity. Pay (net of vacancy factor) is £485k underspent (primarily due to nursing vacancies). Drugs (net of income) are £232k overspent caused by a lower recovery rate than planned. Internal recharges (theatres &amp; anaesthetics, net bed day costs and pathology) £170k underspent due to lower activity than planned.</p> <p><b>Actions:</b> Recruitment to key vacancies is ongoing.</p>
Inpatient Services	(£56)	(£40)	<p><b>YTD:</b> The value of the "Further Improvement Target" contributes £60k to the adverse position. Pay is £20k under spent and non-pay £15k overspent.</p> <p><b>Action:</b> The Directorate Management Team continue to develop strategies for addressing both the non-pay savings target £40k and Further Improvement Target £124k.</p>
Medical Specialties	(£1,271)	(£817)	<p><b>YTD:</b> NHS Income is £2.0m behind plan (Ophthalmology &amp; Neurosciences). Pay is £565k underspent (Diabetes &amp; Endocrine, Neurosciences and Diabetic Eye Screening) and non-pay (including internal recharges) is £400k underspent explained by activity being behind plan. The un-addressed Further Improvement Target contributes a further £200k to the total adverse position.</p> <p><b>Action:</b> The Directorate Management Team continue to develop strategies for addressing the further improvement target of £407k with weekly meetings focussing on improvements to operational throughput.</p>
Onc, Haem & Cell Path	(£479)	(£876)	<p><b>YTD:</b> The value of "Further Improvement Target" included within the reported position is £627k. NHS income (excluding pass through income) is £1.4m ahead of plan, driven by Surgical Oncology. Operating Income is £122k behind plan due to clinical trial and overseas income. Pay (net of vacancy factor) is £77k underspent. Clinical supplies are £113k overspent, notably in Audiology. The net cost of drugs £87k overspent from lower than plan pass-through rates. Internal Recharges are £622k overspent driven by high pathology costs in Haemophilia and imaging use in Breast.</p> <p><b>Actions:</b> Weekly financial huddles are in place scrutinising activity by service. Currently under review is the lower than planned tariff price being earned.</p>

# Integrated Performance Report

## M6 2017-2018 Directorate Commentary

	Month 6 Directorate YTD	Prior Month YTD Variance	
Pathology	£506	£469	<p><b>YTD:</b> The YTD position includes prior year benefits of £369k. Blood is under spent by £155k and cap and collar payments to Viapath are under spent by £160k. Internal pathology income recovered from clinical directorates, for testing provided, is £36k ahead of plan, partly offset by an over spend of £153k for activity related payments made to Viapath.</p> <p><b>Actions:</b> Whilst historic commercial issues with Viapath are now closed, discussions regarding permanent resolution are ongoing.</p>
PCCP	(£2,593)	(£2,248)	<p><b>YTD:</b> The value of further improvement target included within the reported position is £948k. NHS income is £676k behind plan (Critical Care, ECMO &amp; Lane Fox), theatres income £725k behind plan (cancelled lists &amp; delayed opening of new lists and enforcement of 6-4-1 rule to better utilise theatre lists) and private patient income £91k ahead of plan. Pay (net of vacancy factor) is £91k under spent (£244k under spent on R&amp;D, which is offset by income) and non-pay £17k over spent; this includes bad debt provision of £196k.</p> <p><b>Actions:</b> 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	(£689)	(£679)	<p><b>YTD:</b> Operating income is £279k behind plan due to volatility in demand and revenue generation. Pay is overspent by £209k due to non-delivery of vacancy factor. Non-pay is overspent by £182k primarily due to an increase in bad debt provision, spoilt stock and servicing as an impact of equipment failure.</p> <p><b>Actions:</b> DMT continues to develop strategies for meeting the HPTP, monitoring pharmacy manufacturing price increases that have been implemented and analysing the bad debt.</p>
Specialist Ambulatory Services	£49	£323	<p><b>YTD:</b> NHS income (excluding pass through income) is £860k behind plan driven by Sexual Health. Pay (net of vacancy factor) is £300k underspent, after taking account of additional redundancy costs not provided for previously. Internal recharges are £460k underspent driven by pathology costs (Sexual Health &amp; Dermatology) and drug cost (net of income) is £80k underspent. Clinical supplies are £180k overspent in Dermatology driven by over performance on specialist activity, reflected in income.</p> <p><b>Actions:</b> 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	(£2,011)	(£1,370)	<p><b>YTD:</b> NHS Income is £1,680k behind plan primarily due to Orthopaedic activity. In addition to this, theatre consumable cost for orthopaedic surgery is unexpectedly overspent by £335k.</p> <p><b>Actions:</b> The directorate must ensure that the Orthopaedics Joint Venture is not delayed further, as any further delay will have a £160k impact to the projection each month. Also work is needed to bring the current non-pay overspend under control for which a plan has been put in place with Procurement to improve governance.</p>

Variance: Favourable \ (Adverse)

# Integrated Performance Report

## M6 2017–2018 Directorate Commentary

	Month 6 Directorate YTD	Prior Month YTD Variance	
Therapies	(£346)	(£222)	<b>YTD:</b> NHS Income is £36k behind plan and Internal SLR Income is £346k behind plan due to lower than planned growth. In line with this, pay is underspent by £281k. Non-pay is £172k adverse, of which £90k is linked to grant funded expenditure and £75k adverse on Lambeth MSK sub-contractor costs.
Transplant, Renal & Urology	£197	£197	<b>YTD:</b> The value of "further improvement target" included within the reported position is £740k. NHS income (excluding pass through currencies) is £1,414k ahead of plan (urology admitted care, maintenance contract and transplants). Pay (net of vacancy factors) is £157k overspent. Internal recharges are £668k overspent, with over spends observed across pathology, therapies, bed days and imaging, reflecting in part increased activity. Prior year benefits total £156k (ViaPath 3rd party pathology settlement 16/17). Private patient income is £309k behind plan with two patients in the pipeline.  <b>Actions:</b> The directorate is working up schemes to meet the £1.5m further improvement target. Ideas are discussed fortnightly at the DMT huddle, with activity figures reviewed weekly in this forum.
Women's Services	(£2,442)	(£2,532)	<b>YTD:</b> The further improvement target accounts for £1,193k of the adverse position. NHS income is £796k behind plan due to Gynae elective, daycase and OP activity and low cycles in ACU. Private patient income is £540k behind plan relating to PGD and low caesarean section rate in Private Maternity. Pay costs are £52k underspent due to vacancies within midwifery. Non-pay costs are £46k overspent relating to drugs in ACU due to the delayed start of a new drugs delivery contract and high acuity in Maternity.  <b>Actions:</b> The directorate is committed to improving their financial position and has implemented recruitment controls. They are also working on (i) implementing the Community midwifery restructure and reviewing midwifery and ACU nursing spend, (ii) trialling digital improvements in Maternity to improve pathway efficiency, (iii) closely monitoring CIPs to ensure no further slippage as well as identifying new opportunities to address the further improvement target, and (iv) actively pursuing the recovery of ACU bad debt.
Chief Executive	£436	£369	<b>YTD:</b> Primarily drive by favourable pay variances in Transformation and Strategy due to delays in recruitment which have offset the 'Further Improvement Target' which is £107k in the YTD position.  <b>Action:</b> to maintain control on recruitment to ensure delivery of the favourable forecast.
Chief Nurse	£190	£158	<b>YTD:</b> Pay underspend due to vacant posts are currently offsetting the 'Further Improvement Target'
Chief Operating Officer	£56	(£2)	<b>YTD:</b> The 'Further Improvement Target' contributed and adverse position of £176k YTD which is mitigated through a favourable position on pay through vacant posts.
Technology & IG	£520	(£120)	<b>YTD:</b> The YTD position is due to underspends on Pay - £114k, as the department has now been fully funded for previous cost pressures related RRP. Underspends in Non-Pay £343k are mainly related to current underspends against the FIT programme revenue costs, and underspends against the funding received for Iron Mountain offsite storage costs. Income is overperforming by £107k which is mainly due to Local Care Records income and NHS Merton.  <b>Actions:</b> Need to ensure robust processes for capturing required data to support funding claims for business case cost pressures.



# Integrated Performance Report

## M6 2017–2018 Directorate Commentary

	Month 6 Directorate YTD	Prior Month YTD Variance	
Director of Essentia	(£1,055)	(£1,684)	<p><b>YTD:</b> The adverse position is largely being driven by unachieved CIP's from 16/17 which have been carried forward- £800k &amp; underperformance against 17/18 business planning CIP's of £2.5M- mainly within Essentia Director, COO and Infrastructure. Underspends in Business Development on pay and non-pay £378k, and £138k on pay in Commercial services, along with one-off benefits in E&amp;U £532k (Triad reconciliation and prior years accrual release £449k), and Central Services prior year accrual release £601k have helped to partially off-set the YTD adverse position.</p> <p><b>Actions:</b> The Directorate are actively monitoring the slippage in CIPs as part of the Directorate huddle process and have committed to identify compensatory CIP's to meet any shortfalls in the projection.</p>
Director of Finance	£645	£546	<p><b>YTD:</b> The favourable position YTD is primarily due to VAT recovery against the annual target in addition to underspends on Pay.</p> <p><b>Actions:</b> Work is ongoing within Procurement to ensure income targets are met through work with Lewisham and Dartford and Gravesham and to review the forecast for further improvement through further recruitment slippage</p>
Medical Director	(£420)	(£445)	<p><b>YTD:</b> Current performance is driven through unmet vacancy factor and income targets in addition to 'Further Improvement Target' of £128k.</p> <p><b>Actions:</b> Work is being undertaken to address the challenges in the YTD position including 'Further Improvement Target' and potential income opportunities</p>
Commercial Director	(£688)	(£787)	<p><b>YTD:</b> further contribution opportunities are necessary to improve the current position, this represents £1.3m to date. Some shortfalls against planned income targets are the other major variances.</p> <p><b>Actions:</b> to work with clinical and corporate directorates to identify further contribution opportunities.</p>
Director of Workforce	(£470)	(£442)	<p><b>YTD:</b> The Further Improvement Target contributes £176k to the adverse position, the other main drivers are prior year training costs and income target remain unmet as well as an increase in bad debt provisions</p> <p><b>Actions:</b> Reviews of establishments are taking place as is a full review of non pay spend including IT contracts.</p>



# Integrated Performance Report

## M6 2017–2018 Bridge Analysis

Bridge Analysis of Outturn Variance



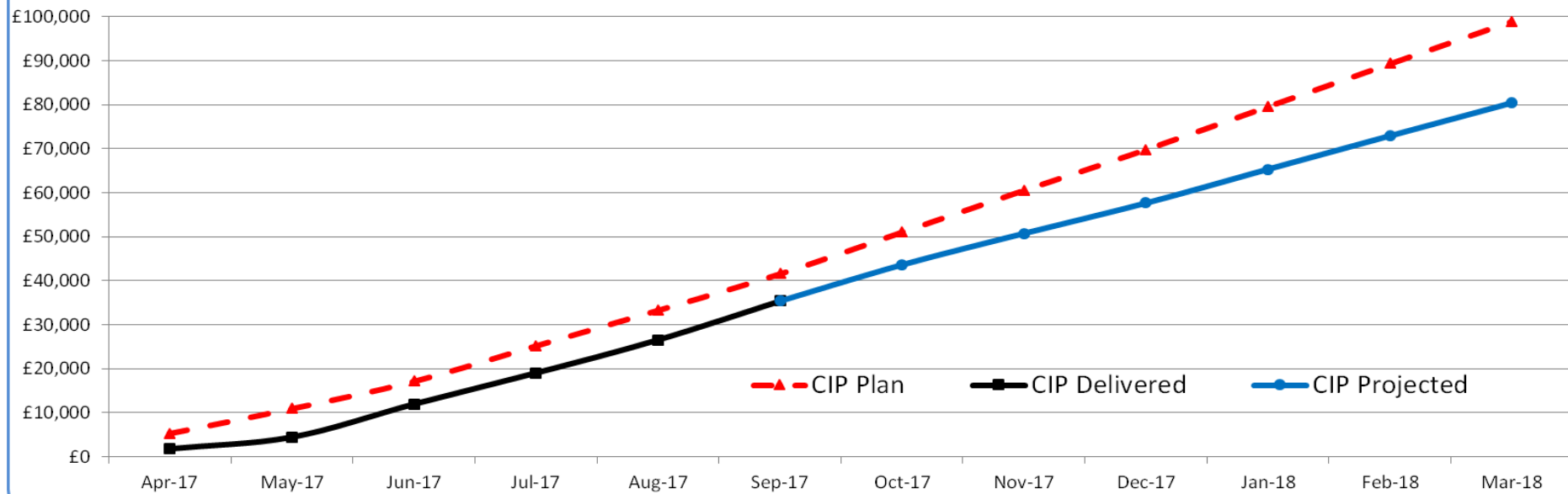
### Bridge Analysis

- Summary:** The Trust has recorded a YTD loss of £17.9M, which is £14.8M worse than the plan; this includes £192K relating to a loss on disposal but excludes donated capital income £3.1M, which is £0.6M more than plan.
- CIP Phasing £3.4M favourable:** the Trust plan assumes an increase in CIPs later in the year, this is reflected by a phasing adjustment of £3.4M at and in part mitigates the FIT of £7.2M.
- Pay £6.1M under spent:** September pay bill £67.4M is above the average over months 1-5 of £66.6M; over spend on Medical pay requires review. To date pay budgets, net of vacancy factors are £6.1M underspent, this excludes budgets where further improvements are required (see below).
- Non Pay budgets £2.5m over spent:** the most significant favourable variances are due technical adjustments such as an budgets not yet allocated to research projects £2.4M (F) and the release of Trust Reserves of £1.0M (F). Drugs budgets are £0.3M over spent, increased pass-through costs have been mitigated by balance sheet benefits and Clinical Supplies £2.1M under spent, a mix of reduced clinical activity and over spends due to CIP slippage. Areas of over spend include bad debt provisions £5.3M, Internal Recharges £1.8M and Establishment costs £0.7M
- ITDA £2.8m under spent :** primarily driven by an under spend on depreciation of £1.4M and £1.4M on PDC
- Further Improvement Target (FIT) £7.2M adverse :** Clinical and Corporate Directorates are required to identify a further £14.4M of savings \ income growth in order to balance their agreed business plans (last month £13.6M). £7.2M (6/12th's) is reflected in the reported position.
- Income £17.4M below plan:**
  - Commissioning income to August extrapolated to September is assessed as £7.6M less than plan driven by the impact of the holiday periods, reduced anaesthetic cover and growth planned to happen later in the year.
  - S&T Funding: £7.7M less than plan reflecting performance in respect of both financial and operational targets.
  - Prior year income of £3.8M, above that accrued has been recognised, in part off-set by an increase in the level of bad debt provisions for invoices not yet paid
  - other areas of income under performance include off-setting areas such as research activities £6.9M and non patient care contracts £1.2M

# Integrated Performance Report

## M6 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 £14.5M behind their planned levels of CIPs; £7.2M of which is attributable to their Further Improvement Target (FIT) and £7.3M against non delivery of Planned CIPs.
- The Trust CIP plan is phased for increased delivery later in the year; a YTD phasing adj' of £3.4M reflects this.
- The £14.5M adverse performance against CIPs reduces to £6.2M once the £3.4M phasing adjustment is accounted for and £4.9M favourable performance on central CIP initiatives.
- The bi-monthly performance review meetings (PRMs) with the clinical directorates reviewed the CIP programme, identified blockages and agreed actions required to recover any slippage.

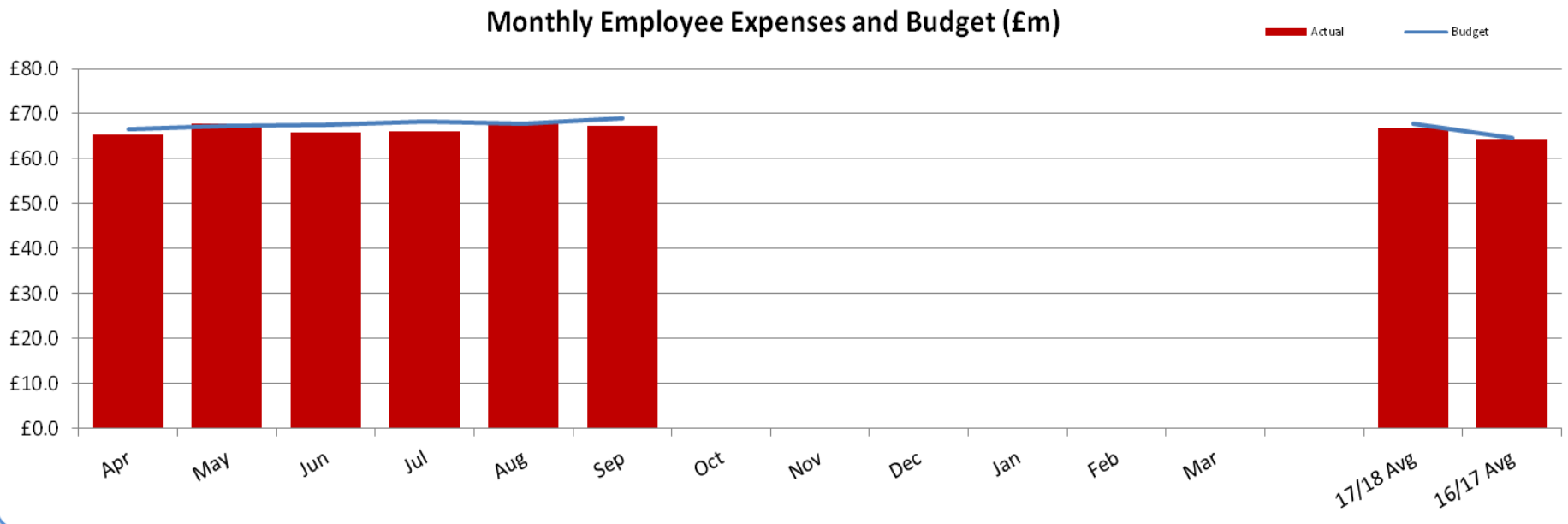
# Integrated Performance Report

## M6 2017–18 FFF CIP Delivery

Year to Date £000			By Workstream	Annual Plan £000		
CIPs Required	CIPs Delivered	CIPs Variance		CIPs Required	Projected Total CIPs	CIPs Projection VAR
			<b>Fit for the Future Workstream</b>			
£2	£2		Care redesign	£4	£4	£0
£1,756	£2,090	£334	Coding	£3,786	£4,854	£1,069
£3		(£3)	Digital Patient Journey	£7	£3	(£3)
£153	£25	(£127)	Imaging	£305	£264	(£41)
£366	£151	(£215)	Length of Stay	£812	£564	(£248)
£273	£162	(£111)	Outpatient Transformation	£546	£437	(£109)
£622	£518	(£104)	Pathology	£1,244	£1,110	(£134)
£1,017	£720	(£296)	Pharmacy transformation	£2,079	£1,746	(£333)
£1,906	£851	(£1,056)	Procurement	£4,038	£4,160	£122
£93		(£93)	Safe & Effective staff deployment	£185	£39	(£146)
£371	£89	(£282)	Surgical productivity	£761	£255	(£505)
£137	£136	(£1)	Transfer of care	£137	£136	(£1)
			Transforming our ways of working		£0	£0
<b>£6,699</b>	<b>£4,745</b>	<b>(£1,953)</b>	<b>Total FFF Themes</b>	<b>£13,904</b>	<b>£13,573</b>	<b>(£330)</b>
£1,638	£592	(£1,046)	Commercial Income	£5,269	£3,447	(£1,822)
£18,423	£16,434	(£1,989)	Directorate Initiatives Outside of Themes	£39,852	£36,581	(£3,271)
£2,938	£854	(£2,084)	Directorate CIPs	£5,876	£2,197	(£3,679)
£7,216	(£198)	(£7,414)	CIPs Unidentified	£14,424	(£365)	(£14,789)
(£3,400)		£3,400	CIP Phasing Adjustment		£0	£0
£8,090	£12,971	£4,881	Central Initiatives	£19,683	£25,013	£5,330
<b>£34,905</b>	<b>£30,654</b>	<b>(£4,251)</b>	<b>Total Other</b>	<b>£85,104</b>	<b>£66,873</b>	<b>(£18,231)</b>
<b>£41,604</b>	<b>£35,399</b>	<b>(£6,204)</b>	<b>Total All Themes</b>	<b>£99,008</b>	<b>£80,446</b>	<b>(£18,562)</b>

# Integrated Performance Report

## M6 2017-2018 Employee Expenses



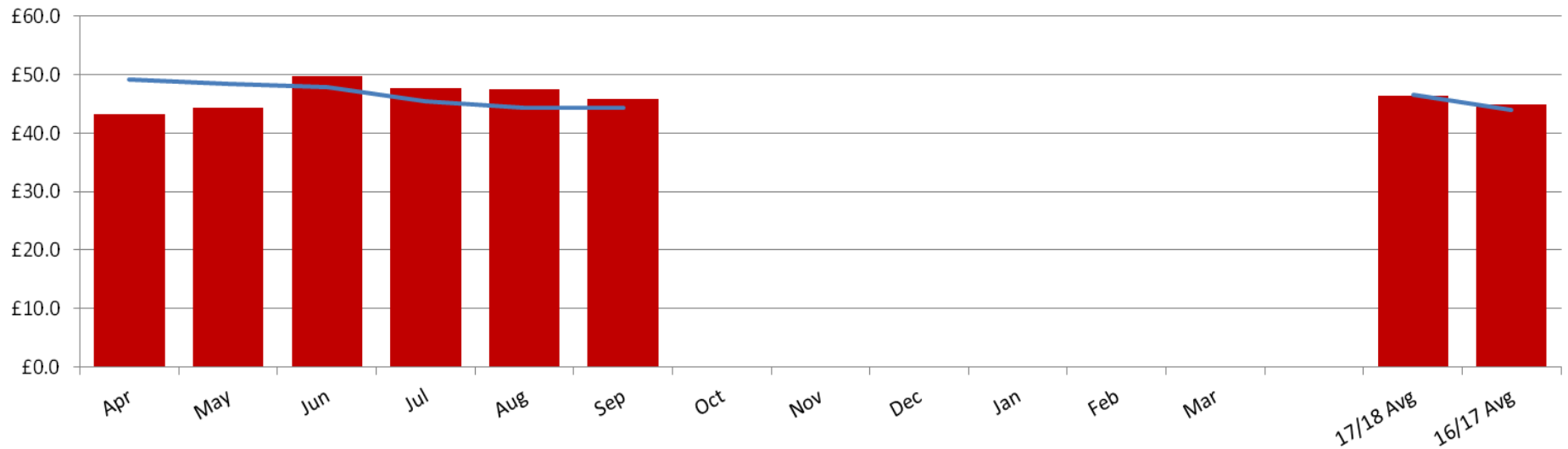
### Monthly Employee Expenses

- September pay bill £67.4M is above the M1-5 average of £66.6M; over spend on Medical pay requires review
- Vacancy Factors have been allocated across staff groups

# Integrated Performance Report

## M6 2017-2018 Other Operating Expenses

Monthly Other Operating Expenses and Budget (£m)



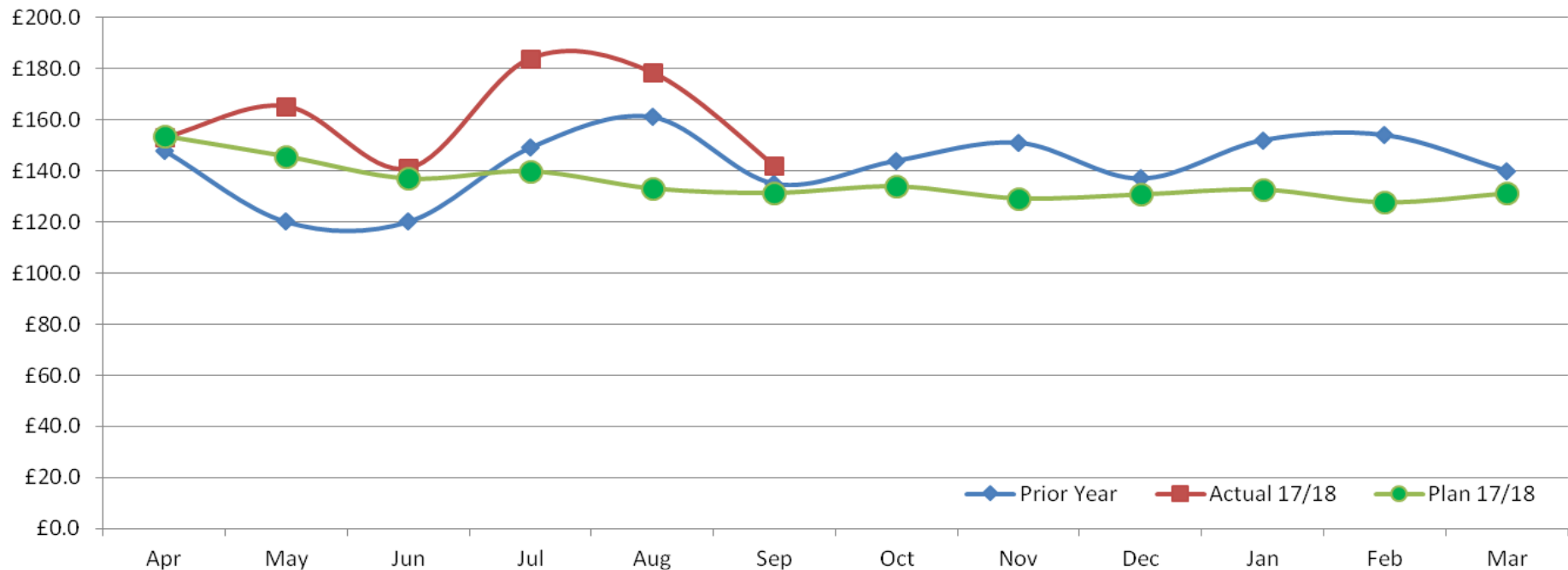
### Monthly Other Operating Expenses

- Operating Expenses at September were £278.3M, which is £1.1M below plan
- Provisions £5.3M (A) an increase in central provisions of £2.1M off-sets prior year CCG income and across Clinical Directorates of £905K includes debt owed by KCH.
- Drug costs £0.3m (A): in month improvement due to benefits taken from the balance sheet, £0.4M more than plan. Across clinical directorates drug budgets are over spent by £0.9M
- Clinical Supplies - £2.1M (F): The benefits taken from the balance sheet are £1.4M more than plan. Across clinical directorates budgets are under spent by £0.7M
- 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

## M6 2017-2018 Cash Flow

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



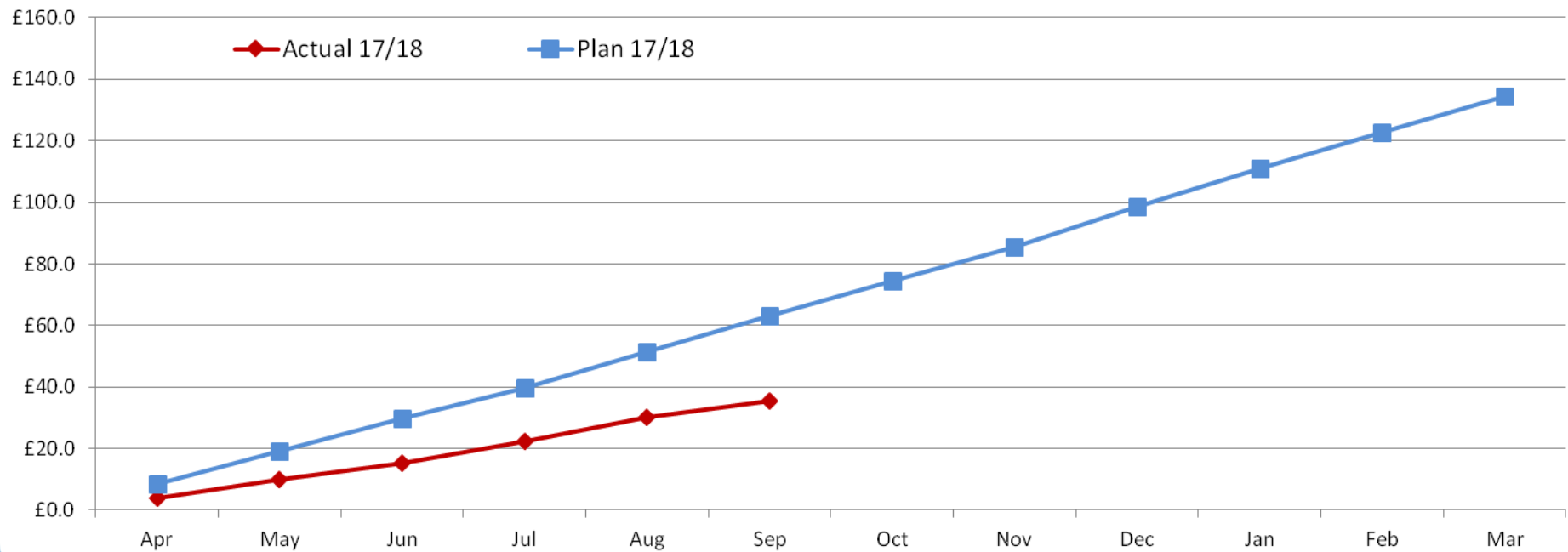
### Cash Flow

- 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 September is £142M, which has reduced by £36.5M from last month due to Capital expenditure, PDC Dividend and the payment of Trade Suppliers but remains £10.6M 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

## M6 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 September is £35.3M which is £27.7M 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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<b>Board of Directors</b>	 <b>Guy's and St Thomas'</b> NHS Foundation Trust	
<b>Documents Signed under Trust Seal 1 July to 30 September 2017</b>	<b>25 October 2017</b>	<b>BDA/17/24</b>

This paper is for:		Sponsor:	<b>Chief Executive</b>	
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 Jon Findlay, Chief Operating Officer signed document number 768 to 769, and the Chairman, Hugh Taylor with Amanda Pritchard, Chief Executive signed document number 770 to 775 on behalf of the Trust, under the Foundation Trust's Seal during 1 July to 30 September 2017.

## 2. Recommendation

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

Number	Description	Date
768	Variation to the Pharmacy Dispensing Agreement 'commercial contract' between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Lloyds Pharmacy Limited.	06.07.17
769	Lease of Lloyds Pharmacy HIV OPD, Harrison Wing, Pharmacy on the second floor, Southwark Wing, Guy's Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Lloyds Pharmacy Limited.	06.07.17
770	Lease of premises at Talbot Yard, Guy's Hospital, London SE1 between (1) Guy's and St Thomas' NHS Charity and (2) Guy's and St Thomas' NHS Foundation Trust.	12.07.17
771	Licence to carry out works, ground floor premises, Cancer Care Centre, Queen Mary Hospital, Sidcup, Kent DA14 6LT between (1) Oxleas NHS Foundation Trust and (2) Guy's and St Thomas' NHS Foundation Trust.	18.07.17

772	Construction contract project: Evelina Phase 1+ to finalise the design for Sky Ward (6 <sup>th</sup> floor) and the new Interventional Lab/MRI (1 <sup>st</sup> floor) and the GMP. Galliford Try – preferred Principal Supply Chain partner for Stage 3 NEC Option C contract between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Galliford Try Limited.	11.07.17
773	Electrical Upgrade Engineering at Guy's and St Thomas' NEC 3 Contract, East Wing substation 1 to develop the electrical power infrastructure at Guy's Hospital. Contract between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Playfords Limited.	05.09.17
774	Contract for the provision of replacement Cardiac Catheter Laboratories. Memorandum of Agreement between (1) Guy's and St Thomas' NHS Foundation Trust and (2) GE Medical Systems Limited.	27.09.17
775	Licence relating to use of clinical rooms and an office in Paxton Green Health Centre, 1 Alleyn Park, London SE21 8AU between (1) Alex Mackay, Latha Pathmanathan, Stephen Miller, Wendy Firman and Malcom Artley being the partners in the Paxton Group Practice and (2) Guy's and St Thomas' NHS Foundation Trust.	27.09.17

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