

Board of Directors	Guy's and St Thomas'  NHS Foundation Trust
Chief Executive's Report	27th January 2015 BDA/16/03

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

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1. Integrated Quality and Performance Report - November

November saw very high levels of both patient referrals and patient treatments across all services. This is important as context for other aspects of performance.

The Trust continues to perform well across mortality indicators when compared to the England average and peers and remains focused on achieving safe staffing standards to ensure that nursing hours are closely matched to each patient's dependency and care needs.

The Trust also continues to perform well against most of the indicators being monitored in relation to safety and effectiveness, such as reduction in pressure ulcers and harm-free care. The Trust is working with Commissioners on 'Local Incentive schemes' for this year to replace CQUINs. These are linked to medicines optimisation, care planning and disease prevention (smoking, alcohol and health promotion). However, there was another Never Event in November and this has prompted an even more robust response from the Trust, which is discussed in more detail in section 4 below.

Although the Trust's Friends and Family Test feedback remains positive, and we are maintaining satisfactory response rates in many areas, there has been a slight dip in response rates for a number of areas. These remain challenging for A&E and some newer areas of care being covered by the test. Action to improve response levels in areas where there has been a reduction in performance is in hand by ensuring that more real time information is available to Directorates. Teams are encouraged to review key themes emerging from free text comments and identify actions for improvement and we are in contact with other Trusts to see what can be learned from them.

A&E performance remains under pressure and performance against the four hour target remained below 95% in November. There are a range of actions being implemented in December and further actions planned for January to:

- increase the capacity and effectiveness of urgent ambulatory care services, including the Frailty Unit;

- improve patient flow within the Emergency department and across the emergency pathway, such as through the introduction of a 3-take medical model in Medicine and a new process for managing complex and medically fit patient discharges; and
- increase bed capacity, by opening an additional 28 beds.

However, despite these actions, we would anticipate continued pressure over the next few months as the weather gets colder.

The Trust continues to work hard to improve the timeliness of treatment for patients on a cancer pathway, achieving the two-week standard in November. The Robotic surgical waiting list in Urology has begun to come down, with all patients now being offered dates within the required time period, and internal performance against the 62 day cancer wait target has improved to within a percentage point of compliance. However, the Trust is not achieving the target overall and continues to work with referring hospitals, particularly those within the South East London network, to improve the pathways for all patients.

Over 92% of patients are currently waiting less than 18 weeks for treatment, but the Trust is working to reduce longer waits in several key specialties through increased activity and improved accuracy of pathway validation. Diagnostic performance is significantly better than this point last year just outside the target of 1%. However, December is likely to have been a more difficult month given the reduction in capacity, and in the number of patients wishing to be treated, over the Christmas period. Therefore, there is a real risk that performance will not be able to be sustained at November levels over the next couple of months.

Quarter 2 Staff Friends and Family Test results highlight that staff continue to be prepared to recommend the Trust as a provider of care and an employer.

2. Finance

As of 31st December 2015 the Trust has recorded an underlying deficit of £16.0 million - £1.7 million adverse to plan. In December itself the Trust recorded a surplus of £3.7 million, which was £5.2 million better than plan. This means that the Trust is now forecasting an underlying loss of £22.8 million, which would be £3.7 million adverse to the planned deficit of £19.1m before donated capital receipts and impairments. This is an improvement of £7.6 million from November.

It is encouraging to note that having stabilised in month 8, the Trust's financial position has continued to improve during month 9. The main driver of improvement was the retrospective agreement with local commissioners that contracts previously under a block payment arrangement would move to a cost and volume basis. However, the position also reflects increased activity and the initial impact of a number of central controls that have been put in place by the Financial Recovery Team including strict approval processes for vacancies and tighter controls on non-pay expenditure. Work has continued to reduce agency spend and reliance on non-permanent staff, including in more specialist technical roles such as IT. The Financial Recovery Team is implementing additional measures to ensure targets for 2015/16 are achieved.

3. Care Quality Commission Inspection

The Trust has now received the draft CQC report following the inspection of the Trust in September 2015. The report is currently being reviewed in detail to identify any factual inaccuracies.

Until the report is published by the CQC, it is important that everyone respects the fact that both the draft report and the provisional ratings remain confidential. The Trust will keep everyone informed of the timetable going forward, including dates for publication of the final report and the forthcoming Quality Summit.

4. Never Events

The Board will undoubtedly share the Senior Leadership Group's concern about the number of Never Events reported in the last year. Whilst it is worth noting that the definitions for Never Events are absolute and are not graded in relation to harm or potential harm and are wide ranging, the number has highlighted potential issues in three areas:

- Specific safety systems / process that are not as robust as they need to be, for example in the placement of nasogastric feeding tubes, particularly given the increasing complexity of patients treated
- The need to ensure a culture of 'check, check and affirm' is embedded within the Trust in relation to all patient related interventions, including those where electronic systems are used
- The effectiveness of mechanisms for rapid cross organisational learning and adoption of new systems / processes

A range of actions are being taken to address each of these areas, as well as to ensure robust root cause analysis and learning from each Never Event. The actions include a Never Events / Serious Incidents summit in February with senior clinicians from across the Trust, securing support from an independent specialist (Prof Clifford Hughes, President of the International Society for Quality in Healthcare) and implementing a range of specific actions, such as changes to potassium chloride labelling.

It is likely that the Trust will be an outlier in relation to the number of reported Never Events for 2015/16. However, it is important to maintain the Trust's position as a high reporting organisation, so the approach to Never Events will remain serious, robust and dynamic, but supportive. Commissioners are fully aware of the current position and are working closely with the Trust.

5. Business Planning

The NHS Planning Guidelines for 2016/17 to 2020/21 have been published. The first draft of the Trust's business plan is due for submission to Monitor by 8 February 2016 with a final plan to be submitted by 11th April 2016. A longer term, five year Sustainability and Transformation Plan is due in June.

Current planning assumptions result in a requirement to deliver savings of £90.9 million to achieve a breakeven plan in 16/17, reflecting the underlying deficit position from 15/16. To date additional income and efficiency savings totalling £56.6 million have been identified, including £19.2 million income from the Sustainability and Transformation (S&T) Fund. The Trust now needs to enter into a constructive dialogue with NHS Improvement regarding the £19.2 million '*general element*' allocation within the S&T Fund, the potential requirement to deliver a surplus associated with this and the process for allocating funds from the '*targeted element*'. In addition, it is important to note the ongoing work to quantify the benefits of the 'Bold Ideas' and to identify further directorate savings plans and Fit for the Future schemes to close the remaining gap.

Looking towards 2020, the Trust is heavily involved in collaborative work in the Our Healthier South East London programme, which is seeking to identify and agree opportunities for efficiency across the sector. We are also working with NHS England to identify similar opportunities in relation to specialised services. In addition, we are about to submit a 'Value Proposition' outlining the anticipated benefits from our work with Dartford and Gravesham as part of the Vanguard programme. Finally, the Trust is working closely with Lord Carter to support further development of efficiency metrics and to share procurement opportunities.

6. Appointments

6.1 The Board is invited to note the following Consultant Appointments since last reported three months ago at the 28th October Board of Directors meeting.

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
07/10/2015	CON244 Consultant in Neuroradiology	Dr Asif Mazumder	Replacement	100% GSTFT	N/A	01/01/2016
08/10/2015	CON248 Consultant Urologist with a special interest in Renal cancer and Complex Retroperitoneal surgery	Ms Archana Fernando	New	100% GSTFT	N/A	16/11/2015
<p>COMMENTS: The Renal cancer and retroperitoneal fibrosis services have undergone phenomenal growth over the last 5 years and an additional Consultant Urological Surgeon is now required to meet that demand. It is also envisaged that the appointee would contribute to the specialist retroperitoneal surgery for testis cancer which is delivered as part of our role with the Anglian supra-regional specialist germ cell tumour network. A new £600 million Cancer centre is due to open in April 2016 on the Guy's site. The directorate lead the BAUS national simulation programme and have a multi-million pound grant funded Simulation and Interactive Learning (SAIL) centre. The Biomedical Research Centre has recently received £58m in renewed grant funding from the (National Institute of Health Research (NIHR)). The appointed Consultant Urologist would also contribute to the provision of diagnostic urology through the new Urology Centre at Guy's.</p>						
14/10/2015	CON240 Consultant in Plastic Surgery with a specialist interest In Breast reconstruction (8 PA)	Ms Marlene Sue-Fen See	New	100% GSTFT	N/A	04/01/2016
<p>COMMENTS: This post will enable the speciality to meet the growing demand for the breast cancer service. This post supports the Trust's strategy to move towards 6 & 7 day working. This post would support the AHSC and trust values of putting the patient first and delivering excellence, by ensuring patients receive constant, reliable and high quality care within the 18 week referral to treatment pathway.</p>						

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
15/10/2015	CON252 2 x POSTS - Consultant Radiologist in Oncology Cross-Sectional Imaging	Dr Olwen Amy Westerland Dr Dimitra Christodoulou	New	100% GSTFT	N/A	03/11/2015 29/02/2016
COMMENTS: New posts created and agreed in order to address a shortfall in Consultant staff available to provide supervision and training in Ultrasound. The need was identified in the recommendations from HESL and the GMC in response to negative feedback from our trainees regarding the quality of training and the unsatisfactory ratio of training to service sessions in Ultrasound as a direct result of a lack of consultant presence.						
21/10/2015	CON243 Consultants in Anaesthesia with a special interest in Adult Cardiothoracic Anaesthesia	Dr Martin Makesi Ryding John Dr Despoina Sarridou	Replacement	100% GSTFT	N/A	07/03/2016 01/12/2015
21/10/2015	CON243A Consultants in Anaesthesia	Dr Jacinda Hammerschlag Dr Mark Ibrahim	Replacement	100% GSTFT	N/A	11/06/2016 11/04/2016
05/11/2015	CON253 Consultant in Community Paediatrics (with responsibility for the Designated Doctor for Looked After Children)	Dr Stacy John-Legere	Replacement	100% GSTFT	N/A	04/01/2016
10/11/2015	CON251 Consultant in Paediatric Diagnostic Radiology x 2	Dr Shema Makki Hameed	New	100% GSTFT	N/A	01/02/2016
COMMENTS: These posts are required to establish a dedicated ELCH diagnostic imaging on-call team. These posts were agreed following discussion with the Medical Director of ELCH and form part of the recommendations submitted by HESL to support trainee doctors and improve access to imaging and specialist advice for clinical teams out of hours.						
11/11/2015	CON246 Consultant in Acute Medicine	Dr Vivek Srivastava	Replacement	100% GSTFT	N/A	01/04/2016
18/11/2015	CON249 Consultant in Neuro-Ophthalmology and Neurology (4.5 PA)	Dr Sui H Wong	Replacement	100% GSTFT	N/A	01/12/2015
20/11/2015	CON255 Consultant in Occupational Medicine (Part-Time 8 PA)	Dr Paul Grime	Replacement	100% GSTFT	N/A	01/04/2016

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
24/11/2015	CON254 Consultant in Critical Care Medicine	Dr Thomas Anthony Doyle Dr Peter Brendon Sherren	New	100% GSTFT	N/A	TBC TBC
COMMENTS: These posts increase consultant staffing levels in order to provide safe, quality care to our patients, reduce our temporary medical spend, and reduce the current burden on existing staff. They are also required to enable the Trust to respond to the critical care standards (London Quality Standards for Critical Care and Core Standards for Intensive Care Units), which require a consultant intensivist to be immediately available 24/7. Furthermore, demand on Critical Care will certainly increase in the future, with both growing demand for specialist intensive care services from around the region, and the need to support expansion of other services within the Trust.						
03/12/2015	CON256 Consultant in Adult Cardiac Surgery	Mr Kamran Baig	Replacement	100% GSTFT	N/A	04/04/2016
08/12/2015	CON258 Consultant in Paediatric ENT Surgery	Mr Christopher Pepper Mr Mark Felton	Replacement	100% GSTFT	N/A	14/12/2015 TBC
10/12/2015	CON257 Consultant in Vascular Surgery	Mr Tommaso Donati Mr Sanjay Patel	Replacement	100% GSTFT	N/A	28/12/2015 28/12/2015
18/12/2015	CON247 Consultant Dermatologist with a Special Interest in Paediatric Dermatology & Epidermolysis Bullosa	Dr Susannah Eve Baron (4PAs) Dr Danielle Talia Greenblatt (6 PAs)	New	80% GSTFT	20% KCL	TBC TBC
COMMENTS: The appointment of a new consultant dermatologist to support the Paediatric Dermatology and EB Services in addition to Adult General Dermatology. 2 PAs will be research-funded to support projects in Paediatric Dermatology. Overall, the trend across Dermatology over the last five years has seen demand increase by almost a quarter. Demand for Paediatric Dermatology services have grown consistently over the last four years. Outpatient attendances across the whole of Paediatric Dermatology have risen by over 51% since 2011/12, with a 16% increase in the last year alone. The growth in new activity (56% in four years) has outstripped that of follow-up activity (48% in four years), indicating a significant increase in demand. However, the medical workforce in Paediatric Dermatology has not grown in line with increasing demand, to the point that existing capacity is significantly stretched.						

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

Name of post	Appointee	Department	Start date	End date
Consultant	Silvia Gianstefani	Cardiovascular Imaging	01.10.15	30.08.16
Consultant	Adriana Villa	Cardiovascular Imaging	01.10.15	30.06.16
Consultant	Sarah Jane Lucy Payne	Oncology	09.11.15	01.11.16
Consultant	Colum Gerald Owens	Paediatric and Adult Cardiology	09.10.15	08.11.15
Consultant	Mark Sinclair Spence	Paediatric and Adult Cardiology	09.10.15	08.10.16
Consultant	Christopher James Lockhart	Paediatric and Adult Cardiology	09.10.15	29.10.15
Consultant	Carolynne Jane Vaizey	Plastic Surgery	03.09.15	03.09.15
COMMENT: One off Surgery				
Consultant	Kirsty Le Doare	Paediatric Infectious Diseases	01.09.15	31.01.16
Consultant	Curtis Naubat Rambaran	Clinical Pharmacology	19.10.15	18.10.16
Consultant	Michael Kopelman	Neurology	21.10.15	20.10.16
Consultant	Frances Lawlor	Dermatology	11.11.15	10.11.16
Consultant	Piu Banerjee	Dermatology	16.11.15	15.11.16
Consultant	Brian George Craig	Paediatric Cardiology	26.11.15	25.11.16
Consultant	Marjorie Kim Murray Greasley	Occupational Health	31.12.15	30.06.16