

<b>Council of Governors</b>	<b>Guy's and St Thomas'</b>  NHS Foundation Trust
<b>Service Strategy Working Group report – 7<sup>th</sup> July 2015</b>	<b>22<sup>nd</sup> July 2015</b> <span style="float: right;"><b>CG/15/19</b></span>

This paper is for:		Sponsor:	<b>Service Strategy Working Group (SSWG)</b>
Decision	<input type="checkbox"/>	Author:	<b>Emma Saunders, Trust Strategy Manager</b>
Discussion	<input type="checkbox"/>	Reviewed by:	Robert Parks, SSWG Chair
<b>Noting</b>	<b>X</b>	CEO*	<input type="checkbox"/>
Information	<input type="checkbox"/>	ED*	<input type="checkbox"/>
		Board Committee*	<input type="checkbox"/>
		TME*	<input type="checkbox"/>
		Other*	SSWG

\* *Specify*

## **1. Summary**

This report provides a summary of the Service Strategy Working Group (SSWG) meeting which took place at York Road, on the 7<sup>th</sup> July 2015.

## **2. Request to the Council of Governors**

The Council is invited to note this report

## **1. Attendees:**

Robert Park (Chair), Yvonne Craig-Inskip, Barry Silverman, John Burns, John Porter, Devon Allison, Paula Young, Jenny Stiles, Bryn Williams, Sam Newman, John Duncan and Jonathan Farley. Robert Drummond attended as a non-executive director.

Amanda Pritchard (Chief Operating Officer) and Emma Saunders (Senior Strategy Manager) attended from Guys and St Thomas'. Scott Sommerville (Director of IT) and Chris Bowler (Associate Director – Financial Planning) attended for items 4 and 5.

Apologies were received from Martin Shaw (Director of Finance), Jackie Parrott (Director of Strategy), Ian Abbs (Medical Director) and Sheila Shribman (non-executive director).

## **2. Notes of the previous meeting and matters arising**

2.1 The notes of the previous meeting held on 23<sup>rd</sup> March 2015 were reported to the last Council of Governors.

2.2 Following the presentation on our capital programme, Barry Silverman had raised the issue of the need to refurbish bathroom facilities at St Thomas' and involve patients and the public in decisions on priorities for investment in ward environments. Emma Saunders highlighted that refurbishing facilities in the North Wing wards of St Thomas' is being taken forward through a business case due to be presented to the Investment Portfolio Board. The need to ensure patients and the public are involved from the very beginning of projects, as per involvement in the no-smoking policy project, was noted. This message will be communicated within the Trust, including to Project Manager's overseeing parts of the capital programme.

## **3. Introduction to 'shaping our future together' strategy visual dialogue**

3.1 Emma drew the group's attention to the strategy visual on the wall and accompanying brief circulated in advance. This is being used to help staff understand the Trust strategy and their role. This will be a full agenda item at the Council of Governors away-day.

## 4. IT Strategy

4.1 Scott Sommerville delivered a presentation on the Trust's IT Strategy. He gave an overview of the Essentia Technology department which has over 200 staff overseeing 13,500 desktop computers and 4000+ applications. The department has in-house product development and architecture capability and a £45million capital programme.

4.2 In 2011 the team developed the strategy 'Creating the Digital Healthcare System'. This was a roadmap for a number of pieces of work that have been underway over the last four years:

- Critical remediation - e.g. upgrading the telephony system
- Better basics - e.g. upgrading the Trust Outlook e-mail system and patient internet wifi
- Resilience - e.g. commissioning a new data centre
- Paper light - e.g. self check-in/call forward at Gassiot House outpatients, eRoster and KHP Online which enables clinicians at King's College Hospital, South London and the Maudsley and Guy's and St Thomas' to see the same patient information summary. This will soon be rolled out to Southwark and Lambeth GPs and is a key part of achieving the Trust's vision for integrated care.
- Mobile working - e.g. mobile devices for midwives (digipen) and health visitors working in the community.

4.3 The department's current work programme is extensive and will address a number of operational and strategic issues. The programme of work includes:

- Implementing End User Technology (EUT). This will replace all existing desktop hardware, implement Windows 10 and enable staff to 'bring their own devices' to use within the Trust.
- Implementing Skype for business
- Continuing the implementation of e-noting and electronic prescribing
- Developing and rolling out new agile apps such as the new live bed state app. Cleaning staff now inform Site Nurse Practitioners when a bed is cleaned and ready instantly via this app.

#### 4.4 During questions and discussion the following was highlighted:

- Governors highlighted that, given the current financial environment, there is a need to evaluate the benefits of individual IT schemes to assess whether the Trust wants to and can afford to be at the forefront of technology. Scott highlighted that a lot of the work programme is mandated by the Department of Health as part of their policy to make the NHS paper-light. Evidence from other sectors also shows that investing in technology drives cost down and improves efficiency.
- The Trust has chosen to align strategic development to the Windows operating system but other operating systems will be supported.
- The Trust will work with commissioners to develop new tariffs for skype clinic consultations. We already have this in place for clinics that are already run as telephone consultations.
- Governors supported the ambitions but highlighted that, in their experience, the technology and infrastructure does not always work. Governors have recently experienced problems with changing an appointment online and not being able to get through on telephone numbers listed on the website. Scott recognised these frustrations. Both technical improvements and cultural change is needed, e.g. ensuring multiple systems within the Trust 'talk' to each other and that more clinic slots are released for direct online booking by patients.
- It was also acknowledged that the current ageing infrastructure is problematic for staff, e.g. browsers do not work, profiles become corrupted when hotdesking and mobile working is difficult. Implementing the programmes outlined will improve this. Digitalising the way staff work is a precursor to supporting changes to the way patients interact with the Trust.
- Governors asked whether technology is leading a change in clinical practice or vice versa and how engaged both clinicians and patients are in utilising new technology. Scott highlighted that moving from a pen and paper to a digital environment will need cultural and behavioural change, including how clinicians interact with patients. There are, however, many clinicians wanting to be part of pilots especially from the Evelina London Children's Hospital and Cancer teams. The change methodology is to implement small things, learn and adapt. There is a standard process

for piloting projects. This is overseen by the IT Reference Group led by Cormac Breen and Katrina Cooney as Chief Clinical Information Officers from the Medical Director's and Chief Nurse's offices.

- The group acknowledged that the area of technology where data moves with patients is developing rapidly. Soon patients will store data about their health on many handheld devices rather than data sticks.

4.5 Robert Park thanked Scott for the interesting presentation which gave Governors an idea of the scale of the work programme. It would be useful to re-visit IT each year, focussing on the reality of implementing the strategy, including demonstrations of specific new technology.

## **5. Delivering the financial plan**

5.1 Chris Bowler and Amanda Pritchard provided the group with an update on the Trust's 2014/15 year-end position and the 2015/16 finance plan. The Trust delivered an underlying surplus of £18.1 million in 2014/15 against a planned surplus of £3 million. This was due to additional income received at the end of the financial year from commissioners and other sources. However, most of this income was one-off and non-recurrent.

5.2 As per the five year plan submitted to Monitor, the Trust has a financial challenge of £331 million over the five year period (2014/15–2018/19). The Trust therefore began the 2015/16 business planning round needing to find significant savings, mostly due to external factors, specifically:

- Changes to the national tariff proposed by Monitor and NHS England, reducing the Trust's planned income compared with our five year plan
- The threat of losing specialist tariff income
- Additional commissioner QIPP targets (Quality, Innovation, Productivity and Prevention)

5.3 These changes mean the Trust submitted a plan to deliver a £19.1 million deficit in 2015/16.

5.4 Amanda outlined that internally the Trust is now working to address the internal financial planning gap. This year is different from other years as there are financial shortfalls across every directorate. The emphasis is on reducing cost and focussing on improving safety, quality and efficiency in parallel across the organisation, supported by the *Fit for*

*the Future* programme. This is a significant leadership and managerial priority as delivering the financial plan is viewed as an important quality metric to support delivery of safe, high quality services. The approach is to move at pace and be ambitious in areas where the Trust has already planned improvements such as outpatient efficiency, procurement processes and clinical coding.

5.5 Action is also being taken nationally such as measures to reduce agency spend and the Carter Report on improving efficiency across the NHS.

5.6 During questions and discussion the following was highlighted:

- The Trust understands that most other large teaching hospitals and members of the Shelford Group have submitted deficit plans for 2015/16.
- Although the Trust has taken out loans to fund parts of the Trust's capital programme, the financial plan does mean there will be significantly less capital available for investment.
- Governors asked whether the financial position will impact some parts of the organisation or services more than others. Amanda highlighted that there is a 'fair-share' approach to business planning so saving requirements are distributed evenly across all directorates and all teams are expected to look for opportunities. However, this is supported by cross-organisational work, including the *Fit for the Future* programme. Importantly, all savings plans are require sign-off by the Chief Nurse and Medical Director.
- It was noted that initial assessments of 2015/16 activity since April show referrals are increasing more than expected, creating pressures to achieving waiting targets.
- Governors questioned what the transaction costs of financial planning and contracting across healthcare systems amount to. Chris flagged that the costs are significant internally and externally across the NHS. Since the 2012 Health and Social Care Act, the number of contracts the Trust holds with different NHS organisations have quadrupled.

5.7 Governors thanked Chris and Amanda for the very informative and clear presentation.