St George's Healthcare NHS
NHS Trust

REPORT TO THE TRUST BOARD – October 2014

Paper Title:	Chief Executive's Report
Sponsoring Director:	Miles Scott, Chief Executive
Author:	Peter Jenkinson, Director of Corporate Affairs
Purpose: *The purpose of bringing the report to the board*	To update the Board on key developments in the last period
Action required by the board:	For information
Document previously considered by: *Name of the committee which has previously considered this paper / proposals*	N/A

Executive summary

1. Key messages

The paper sets out the recent progress in a number of key areas:

- Quality & Safety
- Strategic developments
- Management arrangements

2. Recommendation

The Board is asked to note the update and receive assurance that key elements of the trust's strategic development are being progressed by the executive management team.

Key risks identified:

Are there any risks identified in the paper (impact on achieving corporate objectives) – e.g. quality, financial performance, compliance with legislation or regulatory requirements?

Risks are detailed in the report under each section.

Related Corporate Objective: *Reference to corporate objective that this paper refers to.*	All corporate objectives
Related CQC Standard: *Reference to CQC standard that this paper refers to.*	N/A

Equality Impact Assessment (EIA): Has an EIA been carried out? Yes

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If yes, please provide a summary of the key findings

No specific groups of patients or community will be affected by the initiatives detailed in the report. Where there may be an impact on patients then consultation will be managed as part of that specific programme.

If no, please explain your reasons for not undertaking an EIA.

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1 Quality and Patient Safety

1.1 Call Centre

The Board has previously been informed of issues encountered in the call centre, including:

- Increase in call volumes, including inappropriate calls
- Increased turnover of agency staff
- Protracted training period preventing expedient mitigation of reductions in resources
- High numbers of escalations for lack of capacity
- Inappropriate calls for CBS, which are transferred to other departments

As reported at previous meetings, an action plan to address these issues has been developed and is being implemented (table 2 below). One of the key parts of this plan was to implement a queue management technology. The Queue Menu System was deployed on 17/09/2014 and led to:

- Increased intelligence about the queue, which will enable appropriately trained staff to be on duty at appropriate times to deal with enquiries quickly and effectively. For example:
    - Between 08.00 and 09.00, over 50% of calls relate to appointments on the same day, whereas this only represents 14% of the calls for the remainder of the day.
    - New patient appointment scheduling demand doubles after 11.00.
- Staff on duty to receive inbound calls can be grouped into certain skill sets, meaning that the training periods can be truncated to include only specialist training about certain call types. This means new staff are available to work on the phone sooner.

Implementation of the action plan has led to continuing improvement as presented in table 1 below.

Table 1 - Current Performance:

Week Commencing	Total calls	Answered	% answered	Mean wait	Median response (answered calls only)	% answered within 30 secs
w/c 02 June 2014	8719	3896	44.68%	07:43	06:59	4%
w/c 09 June 2014	8293	3065	36.96%	12:29	11:58	0%
w/c 16 June 2014	8047	2922	36.31%	13:05	10:37	1%
w/c 23 June 2014	8206	2817	34.33%	14:15	13:05	1%
w/c 30 June 2014	9405	2583	27.46%	22:14	20:52	0%
w/c 07 July 2014	9383	2590	27.60%	20:01	19:36	0%
w/c 14 July 2014	8815	2814	31.92%	17:21	16:42	0%
w/c 21 July 2014	9341	2919	31.25%	17:50	16:27	0%
w/c 28 July 2014	12350	3225	26.11%	23:35	23:15	0%
w/c 04 August 2014	9090	3277	36.05%	15:48	15:00	0%
w/c 11 August 2014	7761	3586	46.21%	10:03	08:35	5%

w/c 18 August 2014	5919	4163	70.33%	04:01	03:06	17%
w/c 25 August 2014	5286	3524	66.67%	04:26	02:38	16%
w/c 01 September 2014	7488	4306	57.51%	06:19	05:26	5%
w/c 08 September 2014	5813	4672	80.37%	02:11	01:03	31%
w/c 15 September 2014	5664	4670	82.45%	01:43	00:31	43%
w/c 22 September 2014	4539	4171	91.89%	01:00	00:16	59%
w/c 29 September 2014	4870	4435	91.07%	01:06	00:18	55%
w/c 06 October 2014	5452	4612	84.59%	01:50	01:02	46%

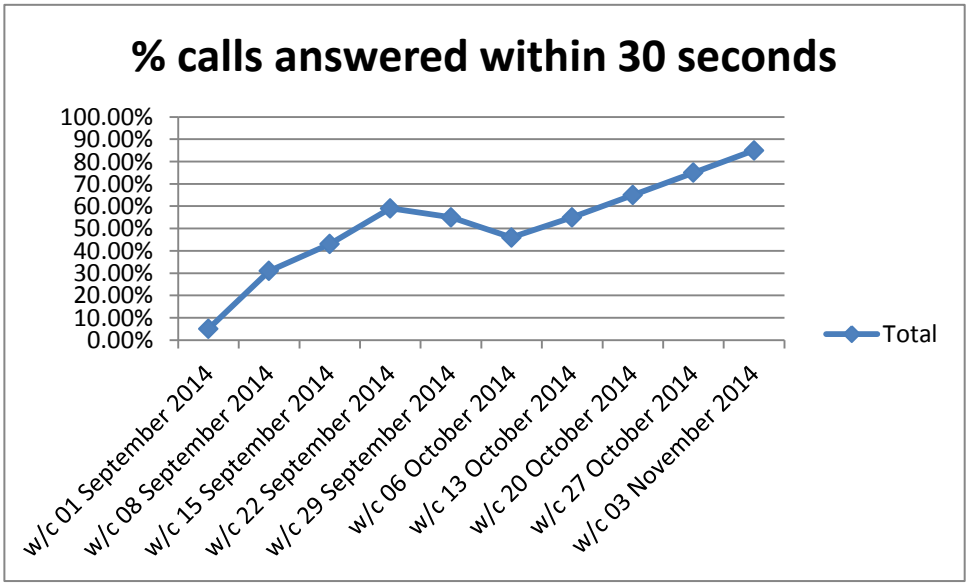
There was a deviation from projected improvement last week, due to a genuine increase in call volumes (based on unique numbers calling the CBS), a high rate of sickness and a transition from more experienced agency staff who left to go back to university to more newly trained staff. The effect of newer staff was a 6 second increase of mean average call and wrap-up duration compared with the previous four weeks. Whilst only a small increase, this equates to over 7 working hours lost over the course of the week, based on 4612 calls being answered.

Table 2 – Actions plan:

No.	Action	Owner	Timescale	Anticipated impact	Progress/Rag
1.	Designed and commissioned queue menu	DC/JF	12/09/2014	• Reduced training time for new staff • Reduced call lengths • Reduced repeat calls • Automatic redirection of inappropriate calls • Improved queue intelligence • *Net efficiency gain – Reduction of mean response time by 30 secs* • *Reduction in abandoned calls by 10%*	Deployed 17/09/2014
2.	Implement activity codes	DC/JF	15/09/2014	Improved queue intelligence *No immediate gain*	Deployed & data being collected for analysis
3.	Trained four additional staff to take inbound calls	DC/JF	19/09/2014	Increased call handling resource *Efficiency gain – Reduction in mean response time by 30 secs* *Reduction in abandoned calls by 20%*	Complete
4.	Additional space for growth in CBS resource	E&F	19/09/2014	Facilitate increase in resource – currently reliant on leave to enable all staff to be accommodated. *Efficiency gain – as per 3.*	2-3 week wait for accommodation to be ready
5.	Amend letters incorrectly directing patients to CBS	DC/JF	Ongoing	Fewer inappropriate calls, which need to be transferred (linked to 1). *Efficiency gain – Reduction in queue time by 10 secs*	Ongoing
6.	Two additional new staff to be trained	DC/JF	03/10/2014	Increased call handling resource *Efficiency gain – Reduction in*	Completed

				queue time by 15 secs Reduction in abandoned calls by 10%	
7.	Conversion of Agency to substantive staff	DC/JF	31/10/2014	Ensure that staff turnover do not adversely affect call handling resource *Efficiency gain – In future, maintain effect of 3 & 6*	HR1 forms submitted online, awaiting approval.
8.	External call centre review	DC/JF	31/10/2014	To identify further efficiency gains following the initial feedback from external review by our own software provider and a competitor	On target. Engaged with company to undertake this work. Advised to collect data for queue intelligence prior to review.
9.	Reduced number of escalated appointments due to insufficient capacity	HH/ DC/JF	31/01/2015	Improved first call resolution of appointment enquiries, for scheduling that cannot be completed in clinic *Efficiency gain – Reduction in queue time by 15 secs*	Capacity and demand modelling is being developed within pilot areas (T&O, Urology)
10.	Address telecoms connection issues between Netcall/SGH	DC/RB	Ongoing	To ensure that callers are not disconnected once they have had their call answered by CBS	Issues identified thus far have been resolved.

The cumulative effect of this action plan will deliver 85% of calls being answered within 30 seconds. Currently this is behind projection, due to limitations on physical space to facilitate further growth of CBS resource.



1.2 Fire Safety Annual Statement

I have signed the Trust's Annual Statement for the period 1 January 2013 to 31 March 2014. This is a compliance requirement under NHS Firecode. Whilst the statement is not able to confirm that all premises which the organisation owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, it does record that a detailed programme is underway to ensure full compliance by the end of 2014/15. This is consistent with the audit report into fire safety for the same period. The 2013/14 Annual Statement also records that two enforcement notices were received in relation to Lanesborough Wing and Grosvenor Wing on 11th February 2013. In response to these notices, a comprehensive Fire Safety Action and Investment Plan has been developed by the Trust and significant long-term works instigated in many areas of fire safety, fire risk assessments, compartmentation, fire door installation and replacement, fire safety training and fire safety procedures. Major fire safety works have been completed to Knightsbridge Wing and Lanesborough Wing in particular and an additional Fire Safety Adviser has been recruited. A major programme for the replacement of fire doors is currently out to tender and is expected to commence in December 2014.

Whilst it was intended to bring a detailed fire safety update to the Board in September, incorporating the latest survey and inspection information from LFEPA, some of the London Fire Brigade inspections have been delayed until early November and so a detailed report, describing progress against the Fire Safety Action and Investment Plan, will be provided to Trust Board in November. In the meantime, however, I am pleased to report that LFEPA has confirmed clearance of the deficiency notice received by the Trust on 19 June 2014 as a result of the Trust completing fire safety improvements in Knightsbridge Wing.

2 Update on strategic issues

2.1 NHS Five Year Forward View (5YFV) published

The NHS Five-Year Forward View (5YFV) was published by NHS England, alongside the other national leadership organisations within the NHS: the Care Quality Commission; Health Education England, Monitor, Public Health England and the Trust Development Authority on 23rd October 2014.

The document sets out the challenges ahead for the NHS and actions the organisations believe must be taken to tackle them. The 5YFV sets out a number of changes that the health service must make, arguing for a "radical upgrade" in prevention and public health and a more engaged relationship with carers, patients and citizens. Patients must be given more control of their own care and barriers between healthcare providers broken down, the5YFV says.

A number of options for new care provider models are set out including combining general practice and hospital care into Primary and Acute Care Systems; or bringing general practice together with specialists into Multispecialty Community Providers.

And the 5YFV stresses the key pressures on the NHS – demand, efficiency and funding; saying action must be taken on all three to sustain a comprehensive high quality NHS. It sets out a number of financial scenarios for the NHS, but states that its ambition for the NHS is for it to achieve 2% net efficiency gains each year for the rest of the decade.

A copy of the executive summary is attached at appendix B. The full document can be accessed at: http://www.england.nhs.uk/ourwork/futurenhs/.

2.2 Developing services for South London and beyond

2.2.1 St George's University of London (SGUL)

The Trust and SGUL have set up a Joint Implementation Board, with representation from both the Trust Board and the Council, to maximise the benefits that can be derived from the two organisations working more closely together. Two meetings have been held so far overseeing the development of a work programme that will focus on joint strategic developments through to addressing operational issues across the two organisations.

A joint meeting of St George's Healthcare Trust Board and SGUL's Council was held in September. The meeting provided an opportunity to inform Trust non-executive and Lay Council members of the progress achieved by the two organisations working more closely together during the past 12 months.

The Trust is proposing to change its name to St George's University Hospitals NHS Foundation Trust once authorisation is granted. This has engendered an opportunity to review the individual branding of the Trust and SGUL, and how we might better promote the two organisations together when this is appropriate. The distinctiveness of the university logo is recognised and a requirement for the Trust to always include the NHS emblem is acknowledged. However, there are times when we should actively promote the value of the close relationship and interdependence of a world ranking university co-located with a major teaching hospital in south west London. This work is being overseen by the Joint Implementation Board.

2.2.2 Health Innovation Network (HIN) - formerly known as the South London Academic Health Science Network (AHSN)

In July 2014 the HIN published its first annual report, setting out the achievements of their first year of operation and plans for the future. The document can be downloaded from the website (www.hin-southlondon.org).

2.2.3 Strategic Alliance with King's Health Partners Academic Health Science Centre

Good progress continues to be made on establishing the Collaboration for Leadership in Applied Health Research and Care (CLAHRC), with a successful launch event held on 7 July 2014 that set out how the CLAHRC will work and its potential.

3 Foundation Trust (FT) application

The Trust had its Board to Board meeting with members of the Monitor Board on 25th September. This is a key part of the assessment process, through which Monitor makes an assessment of the Board and whether they demonstrate the requisite skills to act as the Board of a Foundation Trust; and to receive assurance that the Board is aware of the key risks to the organisation and has robust plans in place to address/mitigate these risks.

Following the meeting, the Trust has been asked to provide additional information to Monitor in relation to financial and A&E performance, and quality governance, which will be part of the final decision regarding authorization that the Monitor Board will take in its meeting in November. The Trust's anticipated date of authorisation is therefore 1st December 2014.

4 Workforce

4.1 Appointment of Director of Strategic Development

Following Trudi Kemp's departure last month, the Trust has run a successful recruitment campaign to replace her and is pleased to announce the appointment of Rob Elek as the new Director of Strategic Development. Rob joins the trust from Moorfields where he is currently Director of Strategy and Business Development. We expect that Rob will be in post in January 2015.

4.2 The Staff Survey 2014

This year the 2014 staff survey questionnaire has been sent out electronically as an e-mail to all Trust staff. In previous years the survey was administered on paper, so we were only allowed to send it to a random sample. As a result of moving from the paper version to it being sent via e-mail, all staff who work at our Trust have now been given the opportunity to complete the staff survey questionnaire online.

In order to support staff who may find it difficult to access a computer, we have been holding drop in sessions here at St George's and out in the community for staff to attend to complete their staff survey questionnaire. To date, 12.1% of our staff have completed the survey. All staff who have not completed the staff survey yet will be e-mailed again on the 21st October.

The face of the staff survey is our new and exciting character 'George', as you will have seen from the posters and banners around the Trust. On completion of the survey, members of staff are able to see George in action in a short cartoon illustrating the benefits that can derive from engaging with staff and creating a healthy environment to work in. The closing date for the survey is 1st December 2014.

5 Communications

'24 Hours in A&E' at the trust

Screening of Channel 4's award-winning fly-on-the-wall documentary "24 Hours in A&E" is about to start. The first episode of 30 in the series, which was filmed at the trust over the summer, will be broadcast on Channel 4 on Thursday 30th October at 9pm. There will be national publicity around this series which has moved to St George's after six years at King's College Hospital in south London.

Trust publications

The Oct/Nov 2014 edition of the staff newsletter – *By George!* - has been distributed along with a Listening into Action booklet. The distribution lists are now being reviewed to ensure greater reach across the trust. Feedback remains positive with many requests from staff to have more copies. Advertising revenue is being explored to offset printing costs.

AGM

The trust's AGM took place on 30th September and more than 100 people attended, including Sadiq Khan MP and many of our trust members and governors.

Flu vaccination campaign

The flu vaccination programme and drop-in clinics for staff have started and have been promoted widely across the trust via eG, the intranet and *By George!*, as well as having a prominent vaccination point in St George's Hospital. A communications plan for the campaign, which will run into spring 2015, is now being produced.

Opening of a new suite to improve patient experience
On 19th September, Miles Scott and Chris Cotton, chief executive of the Royal Albert Hall, opened the Chris Cotton suite in the presence of 100 guests. This is a new facility in the haematology and oncology outpatients at St George's Hospital which will help improve the patient experience. The Royal Albert Hall teamed up with St George's Hospital Charity to raise £143,000 for the facility, which included a significant award from The Kay Kendall Leukaemia Fund.

Tree of Life
The trust unveiled a special memorial 'Tree of Life' in Atkinson Morley wing on 4th October, paying tribute to those who have donated life-saving organs to patients. 70 donor families plus trust staff attended the event. An article was published on our website and shared/tweeted, achieving 30 shares on Facebook.

Sadiq Khan's Coffee Morning
The trust will be represented at Sadiq Khan's Coffee morning on 24th October at a community venue to promote the services offered by the trust for older people and those with disabilities. The communications team has coordinated stands and will also use the event to promote our Community Open Day.

Community Open Day – Saturday 15th November
The Mayor of Wandsworth, will open the event, Radio Jackie will be present and many stands, tours and entertainments have now been confirmed. Flyers have been distributed to local schools, shops and supermarkets and the event has been publicised on the university and trust websites, tweeted, promoted via Village Magazine (60,000 distribution) and two articles will be published in the Wandsworth Guardian. Social media activity has begun using the hashtag #iCOD and will now increase to promote the event (interactive Community Open Day).

IT delivers faster newborn blood spot reports
The trust has implemented a new process for newborn blood spot reporting to ensure that the results received from Epsom and St Helier University Hospital Trust laboratory go straight through to RiO Community (electronic patient record system). This means that health visitors can act more quickly on the results for newborn babies at risk of specific conditions and improve their health. This was publicised in eG.

Appendix A

TBR 30.10.14/10

ANNUAL STATEMENT OF FIRE SAFETY
2013/14

NHS Organisation Code: RJ7	**NHS Organisation Name: St George's Healthcare NHS Trust**	
I confirm that for the period 1 January 2013 to 31 March 2014, all premises which the organisation owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and:		No, although a detailed programme is underway to ensure full compliance by the end of 2014/15
1	**Are there significant risks arising from the fire risk assessments.**	Yes
2	**The organisation has developed a programme of work to eliminate or reduce to a reasonably practicable level the significant fire risks identified by the fire risk assessments.**	Yes
3	**The organisation has identified significant fire risks, but does NOT have a programme of work to mitigate those significant fire risks.***	N/A
4	***Where a programme to mitigate significant risks HAS NOT been developed, please insert the date by which such a programme will be available, taking account of the degree of risk** **Date:**	N/A
5	**During the period covered by this statement, has the organisation been subject to enforcement action by the Fire & Rescue Authority?** **(Delete as appropriate)** **Please outline details of any enforcement action in Annex A – Part 1.**	Yes see below
6	**Is there any on-going enforcement action pre-dating this Statement?** **Please outline details of on-going enforcement action in Annex A – Part 2.**	No N/A
7	**The organisation's compliance with the Department of Health's Fire Safety Policy is by application of Firecode or some other suitable method.**	Yes

Fire Safety Manager	**Dave Barclay**
Contacts	**Telephone: (020 8725) 0656** **E-mail: fireofficer@stgeorges.nhs.uk**
Chief Executive	**Miles Scott**
Signature of Chief Executive:	
Date: October 2014	
Completed Statement to be retained for future audit.	

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ANNEX A

Part 1 – Outline details of any enforcement action during the past 12 months and the action taken or intended by the organisation. Include, where possible, an indication of the cost to comply.
11th February 2013: LFEPA Enforcement Notice: Lanesborough Wing Failure to Comply: Articles 8, 9(1), 11(1), 15(1)(b), 17(1),18(1), 19(1)(b),21 11th February 2013: LFEPA Enforcement Notice: Grosvenor Wing Failure to Comply: Articles 8, 9(3), 11(1), 14(1), 15(1)(b), 18(1),19(1)(b), 21 Fire Safety Action Plan, based on matters arising from above, developed and presented to LFEPA between March and July 2013. Notice of compliance with above Enforcement Notices issued by LFEPA on 12th September 2013. Subsequently, within the Trust, a comprehensive Fire Safety Action and Investment Plan has been developed and significant long-term works instigated in many areas of fire safety, eg: fire risk assessments, compartmentation, fire door installation and replacement, fire safety training and fire safety procedures. The cost of fire safety works is c.£1.0m in 2013/14 and is expected to be c.£1.5m in 2014/15.
Part 2 – Outline details of any enforcement action unresolved from previous years, including the original date, and the action the organisation has taken so far. Include any outstanding proposed action needed. Include an indication of the cost incurred so far and, where possible, an indication of costs to fully comply.
N/A

NHS Organisation Code RJ7

NHS Organisation Name: St George's Healthcare NHS Trust

Date:

APPENDIX B

NHS FIVE YEAR FORWARD PLAN
EXECUTIVE SUMMARY

1. The NHS has dramatically improved over the past fifteen years. Cancer and cardiac outcomes are better; waits are shorter; patient satisfaction much higher. Progress has continued even during global recession and austerity thanks to protected funding and the commitment of NHS staff. But quality of care can be variable, preventable illness is widespread, health inequalities deep-rooted. Our patients' needs are changing, new treatment options are emerging, and we face particular challenges in areas such as mental health, cancer and support for frail older patients. Service pressures are building.

2. Fortunately there is now quite broad consensus on what a better future should be. This 'Forward View' sets out a clear direction for the NHS – showing why change is needed and what it will look like. Some of what is needed can be brought about by the NHS itself. Other actions require new partnerships with local communities, local authorities and employers. Some critical decisions – for example on investment, on various public health measures, and on local service changes – will need explicit support from the next government.

3. The first argument we make in this Forward View is that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. Twelve years ago Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded - and the NHS is on the hook for the consequences.

4. The NHS will therefore now back hard-hitting national action on obesity, smoking, alcohol and other major health risks. We will help develop and support new workplace incentives to promote employee health and cut sickness-related unemployment. And we will advocate for stronger public health-related powers for local government and elected mayors.

5. Second, when people do need health services, patients will gain far greater control of their own care – including the option of shared budgets combining health and social care. The 1.4 million full time unpaid carers in England will get new support, and the NHS will become a better partner with voluntary organisations and local communities.

6. Third, the NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care. The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases.

7. England is too diverse for a 'one size fits all' care model to apply everywhere. But nor is the answer simply to let 'a thousand flowers bloom'. Different local health communities will instead be supported by the NHS' national leadership to choose from amongst a small number of radical new care delivery options, and then given the resources and support to implement them where that makes sense.

8. One new option will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care - the Multispecialty Community Provider. Early versions of these models are emerging in different parts of the country, but they generally do not yet employ hospital

consultants, have admitting rights to hospital beds, run community hospitals or take delegated control of the NHS budget.

9. A further new option will be the integrated hospital and primary care provider - Primary and Acute Care Systems - combining for the first time general practice and hospital services, similar to the Accountable Care Organisations now developing in other countries too.

10. Across the NHS, urgent and emergency care services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services. Smaller hospitals will have new options to help them remain viable, including forming partnerships with other hospitals further afield, and partnering with specialist hospitals to provide more local services. Midwives will have new options to take charge of the maternity services they offer. The NHS will provide more support for frail older people living in care homes.

11. The foundation of NHS care will remain list-based primary care. Given the pressures they are under, we need a 'new deal' for GPs. Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years. GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services. The number of GPs in training needs to be increased as fast as possible, with new options to encourage retention.

12. In order to support these changes, the national leadership of the NHS will need to act coherently together, and provide meaningful local flexibility in the way payment rules, regulatory requirements and other mechanisms are applied. We will back diverse solutions and local leadership, in place of the distraction of further national structural reorganisation. We will invest in new options for our workforce, and raise our game on health technology – radically improving patients' experience of interacting with the NHS. We will improve the NHS' ability to undertake research and apply innovation – including by developing new 'test bed' sites for worldwide innovators, and new 'green field' sites where completely new NHS services will be designed from scratch.

13. In order to provide the comprehensive and high quality care the people of England clearly want, Monitor, NHS England and independent analysts have previously calculated that a combination of growing demand if met by no further annual efficiencies and flat real terms funding would produce a mismatch between resources and patient needs of nearly £30 billion a year by 2020/21. So to sustain a comprehensive high-quality NHS, action will be needed on all three fronts – demand, efficiency and funding. Less impact on any one of them will require compensating action on the other two.

14. The NHS' long run performance has been efficiency of 0.8% annually, but nearer to 1.5%-2% in recent years. For the NHS repeatedly to achieve an extra 2% net efficiency/demand saving across its whole funding base each year for the rest of the decade would represent a strong performance - compared with the NHS' own past, compared with the wider UK economy, and with other countries' health systems. We believe it is possible – perhaps rising to as high as 3% by the end of the period - provided we take action on prevention, invest in new care models, sustain social care services, and over time see a bigger share of the efficiency coming from wider system improvements.

15. On funding scenarios, flat real terms NHS spending overall would represent a continuation of current budget protection. Flat real terms NHS spending *per person* would take account of population growth. Flat NHS spending *as a share of GDP* would differ from

the long term trend in which health spending in industrialised countries tends to rise as a share of national income.

16. Depending on the combined efficiency and funding option pursued, the effect is to close the £30 billion gap by one third, one half, or all the way. Delivering on the transformational changes set out in this Forward View and the resulting annual efficiencies could - if matched by staged funding increases as the economy allows - close the £30 billion gap by 2020/21. Decisions on these options will be for the next Parliament and government, and will need to be updated and adjusted over the course of the five year period. However nothing in the analysis above suggests that continuing with a comprehensive taxfunded NHS is intrinsically un-doable. Instead it suggests that there *are* viable options for sustaining and improving the NHS over the next five years, provided that the NHS does its part, allied with the support of government, and of our other partners, both national and local.