

St George's University Hospitals



NHS Foundation Trust

Public Board Papers

28 March 2019

Trust Board Meeting Part 1 - Public

Date and Time: Thursday 28 March 2019: 10:00 – 13:30

Venue: Board Room H2.6, Second Floor, Hunter Wing, St George's Hospital

Time	Item	Subject	Lead	Action	Format
FEEDBACK FROM BOARD WALKABOUT					
10:00	A	Visits to various parts of the site	Board Members	-	Oral
OPENING ADMINISTRATION					
10:30	1.1	Welcome and apologies	Gillian Norton Chairman	-	Oral
	1.2	Declarations of interest	Stephen Jones Director of Corporate Affairs	Assure	Report
	1.3	Minutes of meeting on 28 February 2019	Gillian Norton Chairman	Approve	Report
	1.4	Action log and matters arising	All	Review	Report
10:35	1.5	CEO's update	Jacqueline Totterdell Chief Executive	Inform	Report
QUALITY & PERFORMANCE					
10:45	2.1	Quality and Safety Committee report	Sir Norman Williams Committee Chair	Assure	Report
11:00	2.2	Integrated Quality & Performance report	James Friend Director of Delivery, Efficiency and Transformation	Review	Report
11:20	2.3	Cardiac Surgery Update	Richard Jennings Chief Medical Officer	Assure	Report
11:40	2.4	Quality Improvement Academy Update	James Friend Director of Delivery, Efficiency and Transformation	Inform	Report
FINANCE					
11:50	3.1	Finance and Investment Committee report	Ann Beasley Committee Chair	Assure	Report
12:00	3.2	Month 11 Finance Report	Andrew Grimshaw Chief Financial Officer	Update	Report

Time	Item	Subject	Lead	Action	Format
STRATEGY					
12:10	4.1	Clinical Strategy Highlight Report	Suzanne Marsello Director of Strategy	Update	Report
12:25	4.2	Corporate Objectives 2019 / 2020	Suzanne Marsello Director of Strategy	Approve	Report
GOVERNANCE					
12:45	5.1	UK withdrawal from the European Union	Andrew Grimshaw Chief Financial Officer	Review	Report
CLOSING ADMINISTRATION					
12:55	6.1	Questions from the public	-	-	Oral
	6.2	Any new risks or issues identified	All	-	
	6.3	Any Other Business		-	
	6.4	Reflections on the meeting		-	
13:10	STAFF STORY				
13:30	CLOSE				
Resolution to move to closed session In accordance with Section 1 (2) Public Bodies (Admissions to Meeting) Act 1960, the Board is invited to approve the following resolution: “That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”.					

Date of next meeting: Thursday 25 April 2019, 10.00 – 13.00

Trust Board Purpose, Meetings and Membership

Trust Board Purpose:	The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.
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Meetings in 2018-19 (Thursdays)

25.01.18	22.02.18	29.03.18	26.04.18	31.05.18	28.06.18	26.07.18	30.08.18	27.09.18	25.10.18
29.11.18	20.12.18	31.01.19	28.02.19	28.03.19	25.04.19	30.05.19	27.06.19	25.07.19	29.08.19

Membership and In Attendance Attendees

Members	Designation	Abbreviation
Gillian Norton	Chairman	Chairman
Jacqueline Totterdell	Chief Executive Officer	CEO
Ann Beasley	Non-Executive Director/Deputy Chairman	NED
Stephen Collier	Non-Executive Director	NED
Jenny Higham	Non-Executive Director (St George's University Representative)	NED
Sir Norman Williams	Non-Executive Director/Senior Independent Director	NED
Sarah Wilton	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
Avey Bhatia	Chief Nurse & Director of Infection, Prevention & Control	CN
Andrew Grimshaw	Chief Finance Officer	CFO
Richard Jennings	Chief Medical Officer	CMO
In Attendance	Designation	Abbreviation
Harbhajan Brar	Director of Human Resources & Organisational Development	DHROD
James Friend	Director of Delivery, Efficiency & Transformation	DDET
Kevin Howell	Director of Estates & Facilities	DEF
Stephen Jones	Director of Corporate Affairs	DCA
Suzanne Marsello	Director of Strategy	DS
Ellis Pullinger	Chief Operating Officer	COO
Sally Herne	Quality Improvement Director, NHS Improvement	QID
Secretariat	Designation	Abbreviation
Michael Weaver	Interim Head of Corporate Governance	IHCG

Meeting Title:	TRUST BOARD		
Date:	28 March 2019	Agenda No.	1.2
Report Title:	Board Member Declarations of Interest		
Lead Director/ Manager:	Stephen Jones, Director of Corporate Affairs		
Report Author:	Stephen Guile, Interim Corporate Governance Project Manager		
Presented for:	Assurance		
Executive Summary:	<p>NHS England’s policy on Managing Conflicts of Interests in the NHS, which came into force on 1 June 2017, requires every Trust to have its own policy on interests. The Trust’s policy, approved by the Board in June 2017, complies with NHS England’s requirements and requires us to keep up-to-date, Trust-wide declarations of interests.</p> <p>The Trust reports Board Members’ declarations of interests annually in the Trust Annual Report and Accounts and on the Trust website. Each Board Member has been asked during March 2019, to update their interests on the declaration form prescribed by NHS England. Members of the Trust’s Council of Governors have also been asked to do this.</p> <p>The updated Register of Board Members’ interests is attached as Appendix A. The Registers of Interests for Board Members will be published on the Trust’s website. Additionally, it is proposed to report Board Members’ Interests at each Board meeting. This will ensure transparency, public record and will afford members the opportunity to update their interests and to declare any conflicts. This is the first such report. NHS England’s guidance on completion of the declarations of interests form is attached as Appendix B.</p>		
Recommendation:	For the Board to note and review		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future		
CQC Theme:	Well Led		
Single Oversight Framework Theme:	Leadership and improvement capability (well-led) – Effective boards and governance.		
Implications			
Risk:	As set out in the paper		
Legal/Regulatory:	The public rightly expect the highest standards of behaviour in the NHS. Decisions involving the use of NHS funds should not be influenced by outside interests or expectations or private gain.		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	Appendix A. Register of Board Members’ interests Appendix B. NHS England’s guidance on completion of the declarations of interests form		

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
Chairman and Non-Executive Board Members					
Gillian Norton	Chairman	Deputy Lieutenant (DL) Greater London Lieutenancy Representative DL for Richmond	October 2016	Present	
Ann Beasley	NED, Deputy Chairman, Chair of the Finance and Investment Committee	ACAS Independent Financial Adviser ACAS Audit Committee Member	December 2017	Present	Remunerated
Ann Beasley	NED, Deputy Chairman, Chair of the Finance and Investment Committee	Florence Nightingale Foundation, Mentor	April 2018	Present	Non remunerated
Ann Beasley	NED, Deputy Chairman, Chair of the Finance and Investment Committee	South West London and St George’s mental Health NHS Trust, Chair	1 October 2018	Present	Remunerated
Stephen Collier	Non-Executive Director & Workforce and Education Committee Chair	Member, Advisory Board: Healthcare Market News (monthly publication)	2015	Present	

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
Chairman and Non-Executive Board Members					
Stephen Collier	Non-Executive Director & Workforce and Education Committee Chair	Member, Advisory Board: Cielo Healthcare (Milwaukee, USA)	2015	Present	
Stephen Collier	Non-Executive Director & Workforce and Education Committee Chair	Member, Health Leaders Panel: Nuffield Trust	2014	Present	
Stephen Collier	Non-Executive Director & Workforce and Education Committee Chair	Trustee: ReSurge Africa (medical charity)	2015	Present	
Stephen Collier	Non-Executive Director & Workforce and Education Committee Chair	External Advisor: Schoen Klinik (German provider of mental health and surgical services)	2018	Present	

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
Chairman and Non-Executive Board Members					
Stephen Collier	Non-Executive Director & Workforce and Education Committee Chair	External Advisor: Imperial College, in relation to potential academic/research-led medical & technology developments/collaborations on the new White City campus	2016	Present	
Stephen Collier	Non-Executive Director & Workforce and Education Committee Chair	Independent Advisor to the Inquiry into Issues raised by Patterson	2018	Present	
Stephen Collier	Non-Executive Director & Workforce and Education Committee Chair	Chairman of NHS professionals Limited (provider of managed staff services to the NHS)	2018	Present	
Stephen Collier	Non-Executive Director & Workforce and Education Committee Chair	Chairman and shareholder: Eden Futures (supported living provider)	2016	Present	

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
Chairman and Non-Executive Board Members					
Stephen Collier	Non-Executive Director & Workforce and Education Committee Chair	Chairman and shareholder: Cornerstone Healthcare group (dementia care provider)	2018	Present	
Jenny Higham	Non-Executive Director (St George’s University of London University Representative)	Board Governor: Kingston University	November 2015	Present	
Jenny Higham	Non-Executive Director (St George’s University of London University Representative)	Principal: St George’s, University of London	November 2015	Present	
Jenny Higham	Non-Executive Director (St George’s University of London University Representative)	Visiting Professor: Lee Kong Chian School of Medicine in Singapore	January 2010	Present	
Jenny Higham	Non-Executive Director (St George’s University of London University Representative)	Honorary Consultant: Imperial College London	November 2011	Present	

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
Chairman and Non-Executive Board Members					
Jenny Higham	Non-Executive Director (St George’s University of London University Representative)	Chair: Medical Schools Council	August 2016	July 2019	
Jenny Higham	Non-Executive Director (St George’s University of London University Representative)	Trustee: Medical Schools Council Assessment Alliance	2013	Present	
Sir Norman Williams	Non-Executive Director, Chair Quality and Safety Committee, Senior independent Director	Chairman National Clinical Improvement Programme/Getting it Right First Time Board member: Overseeing the development of the National Clinical Improvement Programme within NHS Improvement (NHSI) and the Getting it Right First Time (GIRFT) programme.	May 2018	May 2020	One day per week- remunerated

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
Chairman and Non-Executive Board Members					
Sir Norman Williams	Non-Executive Director, Chair Quality and Safety Committee, Senior independent Director	Consultant: TSALYS Medical Technology start-up company: Advisor to company and minimal shareholder.	2017	Present	Ad Hoc commitment. Remunerated
Sir Norman Williams	Non-Executive Director, Chair Quality and Safety Committee, Senior independent Director	Senior Clinical Advisor, Secretary of State for Health	September 2015	July 2018	Was regular advisor to Rt. Honourable Jeremy Hunt MP I-2 days per week. Remunerated
Sir Norman Williams	Non-Executive Director, Chair Quality and Safety Committee, Senior independent Director	Emeritus Professor, Queen Mary’s University	August 2017	Present	Titular- Non remunerated
Sir Norman Williams	Non-Executive Director, Chair Quality and Safety Committee, Senior independent Director	Non-Executive Director Private Healthcare Information Network (PHIN)	2015	Present	Approx. 1 day per month.- remunerated

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
Chairman and Non-Executive Board Members					
Sir Norman Williams	Non-Executive Director, Chair Quality and Safety Committee, Senior independent Director	President, Bowel & Cancer Research	2011	Present	Titular- non remunerated
Sir Norman Williams	Non-Executive Director, Chair Quality and Safety Committee, Senior independent Director	Chairman of Panel, Gross Negligence Manslaughter in Healthcare review. Chaired panel and was author of report.	6 February 2018	30 June 2018	Remunerated
Sir Norman Williams	Non-Executive Director, Chair Quality and Safety Committee, Senior independent Director	Chairman, Steering Committee National Institute for Health Research (INHR) Diagnostic Evidence Co-operative, Leeds: Chairs meetings of the committee	March 2018	Present	Non remunerated
Sir Norman Williams	Non-Executive Director, Chair Quality and Safety Committee, Senior independent Director	Trustee Patient Safety Watch	2019	Present	Non remunerated

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
Chairman and Non-Executive Board Members					
Sir Norman Williams	Non-Executive Director, Chair Quality and Safety Committee, Senior independent Director	Chairman Royal College of Surgeons of England Honours Committee	2018	Present	Non remunerated
Sarah Wilton	Non-Executive Director and Audit Committee Chair	Non-Executive Director, and Audit and Risk Committee Chair - Capita Managing Agency Limited	2004	Present	
Sarah Wilton	Non-Executive Director and Audit Committee Chair	Non-Executive Director, and Audit and Risk Committee Chair - Hampden Members' Agencies Limited	2008	Present	
Sarah Wilton	Non-Executive Director and Audit Committee Chair	Trustee and Vice Chair - Paul's Cancer Support Centre	1995	Present	
Sarah Wilton	Non-Executive Director and Audit Committee Chair	Magistrate - South West London Magistrates Court and Central London Family Court	2005	Present	
Timothy Wright	Non-Executive Director	Owner/Director, Isotate Consulting Limited	January 2013	Present	IT advisory and consulting services to private and public sector clients (none of whom are in the healthcare sector)
Timothy Wright	Non-Executive Director	Trustee, St George's Hospital Charity	19 January 2018	Present	

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
Executive Board Members					
Jacqueline Totterdell	Chief Executive	Partner, NHS Interim Management and Support	2005	Present	
Avinderjit (Avey) Bhatia	Chief Nurse and Director of Infection Prevention and Control	None			
Harbhajan Brar	Director of Human Relations and Organisational Development	Ethics Committee Member, Institute for Arts in Therapy and Education (IATE)	1 May 2018	Present	Ad-hoc role
Andrew Grimshaw	Chief Finance Officer	None			
Dr Richard Jennings	Medical Director from December 2018	None			

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
Non-Voting Board Members					
James Friend	Executive Director of Delivery, Efficiency & Transformation	Special Advisor to Secretary of State, Department of Health	2016	2017	Remunerated Requirements of Civil Service code expires on April 2019
James Friend	Executive Director of Delivery, Efficiency & Transformation	Trustee, Carrie’s Home Foundation	2018	Present	Non-remunerated
James Friend	Executive Director of Delivery, Efficiency & Transformation	Trustee, Westcott Sports Club	2018	Present	Non-remunerated
James Friend	Executive Director of Delivery, Efficiency & Transformation	Council Liaison Officer, Mole Valley Conservative Association	2017	Present	Non-remunerated
James Friend	Executive Director of Delivery, Efficiency & Transformation	Member Hut Management Committee, Westcott	2012	Present	Non-remunerated
James Friend	Executive Director of Delivery, Efficiency & Transformation	Trustee, Westcott Village Association	2010	Present	Non-remunerated

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
Non-Voting Board Members					
James Friend	Executive Director of Delivery, Efficiency & Transformation	District Councillor Westcott, Mole Valley District Council	2008	Present	Member of Audit Committee, Chair of Development Control Committee Remunerated
James Friend	Executive Director of Delivery, Efficiency & Transformation	Church Warden, St John’s The Evangelist, Wotton	2004	Present	Non-remunerated
James Friend	Executive Director of Delivery, Efficiency & Transformation	Volunteer, Radioway	1994	Present	Non-remunerated
James Friend	Executive Director of Delivery, Efficiency & Transformation	Associate Member, Association of Corporate Treasurers	1998	Present	Non-remunerated
James Friend	Executive Director of Delivery, Efficiency & Transformation	Member Westcott Cricket Club	1996	Present	Non-remunerated
James Friend	Executive Director of Delivery, Efficiency & Transformation	Member Chartered Institute of Bankers	1996	Present	Non-remunerated

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
Non-Voting Board Members					
James Friend	Executive Director of Delivery, Efficiency & Transformation	Member, National Trust	1992	Present	Non-remunerated
Kevin Howell	Director of Estates and Facilities	None			
Stephen Jones	Director of Corporate Affairs	Wife is a senior manager at NHS England	5.3.18	Present	
Suzanne Marsello	Director of Strategy	None			
Ellis Pullinger	Chief Operating Officer	None			

Appendix B: NHS Guidance on completion of Declarations of Interest form

Name and Role: Insert your name and your position/role in relation to the Organisation you are making the return to

Description of Interest: Provide a description of the interest that is being declared. This should contain enough information to be meaningful (e.g. detailing the supplier of any gifts, hospitality, sponsorship, etc). That is, the information provided should enable a reasonable person with no prior knowledge should be able to read this and understand the nature of the interest.

Types of interest:

Financial interests - This is where an individual may get direct financial benefits from the consequences of a decision they are involved in making. Examples include:

- a director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
- Secondary employment; receipt of secondary income from another organisation
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role.

Non-financial professional interests - This is where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career. Examples include:

- An advocate for a particular group of patients;
- A member of a particular specialist professional body (although routine GP membership of the British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- A medical researcher.

Non-financial personal interests - This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career. Examples include:

- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;
- Suffering from a particular condition requiring individually funded treatment;

- A member of a lobby or pressure group with an interest in health.

Indirect interests - This is where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making. Examples include:

- Spouse / partner
- Close relative e.g., parent, grandparent, child, grandchild or sibling;
- Close friend;
- Business partner.

A benefit may arise from both a gain or avoidance of a loss.

Relevant Dates: Detail here when the interest arose and, if relevant, when it ceased

Comments: This field should detail any action taken to manage an actual or potential conflict of interest. It might also detail any approvals or permissions to adopt certain course of action

Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting
Part 1 (Public)
Thursday 28 February 2019, 10:00 – 13:30
H2.6, 2nd Floor, Hunter Wing, St George's University of London

Name	Title	Initials
PRESENT		
Gillian Norton	Chairman	Chairman
Jacqueline Totterdell	Chief Executive Officer	CEO
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Jenny Higham	Non-Executive Director	NED
Sir Norman Williams	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Avey Bhatia	Chief Nurse and Director of Infection Prevention & Control	CN
Dr Richard Jennings	Chief Medical Officer	CMO

IN ATTENDANCE		
Harbhajan Brar	Director of Human Resources & Organisational Development	DHROD
James Friend	Director of Delivery, Efficiency & Transformation	DDET
Stephen Jones	Director of Corporate Affairs	DCA
Ellis Pullinger	Chief Operating Officer	COO
Kevin Howell	Director of Estates & Facilities	DEF
Ralph Michell	Head of Strategy (for items 4.1 and 4.2)	HoS
Tom Shearer	Director of Financial Performance / Deputy CFO	DFP

APOLOGIES		
Tim Wright	Non-Executive Director	NED
Andrew Grimshaw	Chief Finance Officer	CFO
Suzanne Marsello	Director of Strategy	DS
Sally Herne	NHSI Improvement Director	NHSI-ID

SECRETARIAT		
Jill Jaratina	Interim Assistant Trust Secretary (Minutes)	IATS
Michael Weaver	Interim Head of Corporate Governance	IHCG

Feedback from Board Visits	
Members of the Board provided feedback on the departments visited which included William Drummond, Neuro Infusion Suite on McKissock Ward, Therapies Outpatients, Lung Function Outpatients, Paul Calvert Theatres, GICU, Anticoagulation Clinic, Renal Offices, Neuro MRI, Bellrock Plant Floor, Psychiatric Liaison Service and Emergency Department.	
The COO commented that the staff on William Drummond Ward were very enthusiastic and committed. There was good patient management and patients	

were positive about the care they were receiving. On McKissock, staff were positive about their work but highlighted issues around repatriation of patients post-procedure in William Drummond and flow from the ED. Overall, the unit was busy but staff had a positive attitude and were full of energy. One estates issue was flagged, with an air conditioner in the neurology suite currently not working. The Chairman commented that she had never seen so many happy patients and this was very uplifting.

The DDET reported on the visit to Lung Function Outpatients and Therapies Outpatients. One of the Consultants had been very complimentary about the team, saying it was the best he had worked with. There were some estates issues such as holes in the walls and poor drainage, and some rooms used by staff and patients did not have windows. Both areas raised issues about procurement. Infection prevention and control issues had been identified, including the frequency of changing curtains and the ward accreditation team had observed unclean stickers. Staff reported long waiting times and evening clinics were being considered.

The CMO provided feedback on the visit to Paul Calvert Theatres. The CMO observed that staff were generally positive, cheerful and that their knowledge of infection prevention and control measures was impressive. Staff highlighted issues with productivity and felt that efficiency could be improved if they had a dedicated porter. Concerns were also raised that the light covers and taps had dust on them and about the temperature in theatres. Staffing levels were a concern as six members of staff had left recently to join critical care outreach teams. The CMO confirmed that the rate of staff turnover in ITU was well known and the business case to set up a Critical Care Outreach team at the Trust had been completed. The Chairman asked that staff be informed of this to deter them from leaving.

The DCFO provided feedback on the visit to the renal offices where staff had highlighted challenges around transport for dialysis patients. The service was proud it had completed 157 kidney transplants 2018/2019, which was an increase on the 140 transplants the previous year. There were 150 patients on the transplant waiting list and there were issues with staffing shortages. It was noted that a covered walkway was needed to protect patients and staff from adverse weather. The Anticoagulation Unit was impressive albeit the team could benefit from more support. A joint thrombosis unit had been set up which was the first in the country. Sir Norman Williams suggested supporting the team with a Nurse Specialist so that there could be greater concentration on complex work.

Stephen Collier commented on the visit to Neuro MRI, which was a generally well maintained area and the service was observed to be calm, with good patient flow and enthusiastic staff. Neuro MRI had access to 2.5 static and mobile MRIs which were in good condition but were insufficient for the needs of the Trust. The service's "Did Not Attend" (DNA) rate was lower than 5%. Staff turnover was also low. There were highly effective MDT meetings and records were well kept. The CEO commented that the importance of MRI was understood and this would be reflected in the new clinical strategy.

Jenny Higham reported on the visit to the Emergency Department and advised that the Psychiatric Liaison team comprised of two consultants, junior doctors and twenty nurses. It was noted that funding for the two nursing positions was scheduled to end in March 2019 which was disappointing. The CEO advised that these positions were funded by the CCG rather than the Trust. The team reviewed cases of frequent attenders every 72 hours. The team are doing a lot of good work but felt a disconnect between psychiatric liaison and mental health as a whole.

The Chairman thanked the Board members for the feedback and assured the

members of the public that actions from visits were reviewed every quarter.		
OPENING ADMINISTRATION		Action
1.1	Welcome, Introductions and apologies	
	The Chairman opened the meeting and noted that Tim Wright, Andrew Grimshaw, Suzanne Marsello and Sally Herne had given their apologies. It was noted that Ralph Michell was deputising for Suzanne Marsello and Tom Shearer for Andrew Grimshaw.	
1.2	Declarations of Interest	
	It was noted that there were no new declarations of interest.	
1.3	Minutes of the meeting held on 31 January 2019	
	The minutes of the meeting held on 31 January 2019 were agreed as an accurate record subject to adding the term “lesbian” to the inclusion workstream on gay, bisexual and transgender referred to in the CEO’s report (point 3, page 3).	
1.4	Action Log and Matters Arising	
	The Board reviewed the action log and agreed to close those actions proposed for closure.	
1.5	Chief Executive Officer’s Update	
	<p>The CEO highlighted a number of areas which had been set out in the CEO report. Earlier in the month, the CEO had met the new London Regional Director for NHS England and NHS Improvement. The relationship with the new regional team would be crucial for the Trust as it continued its improvement journey.</p> <p>The Board had agreed to return to the reporting of referral to treatment (RTT) data at its meeting in January 2019 and performance data for the Tooting site would be published as part of the national performance data release in March. This would then be presented to Board monthly as part of the Integrated Quality and Performance Report. This was a significant landmark for the organisation both in terms of patient safety and enabling the Trust’s clinical and management teams to have confidence in the patient administration systems they used. The CEO noted, however, that there was more work to be done to improve the RTT performance and to progress work to ensure that the Trust could also return to reporting at Queen Mary Hospital.</p> <p>Nevertheless, the progress made to date should not be understated and it was notable that NHS Improvement had referred other providers to the Trust to learn from its work in successfully returning to reporting on RTT. In terms of workforce, the Trust vacancy rate was significantly better than other Trusts in Surrey and outer London. This highlighted that, despite the challenges it faced, the Trust was increasingly becoming a place where</p>	

	people wanted to work. Nonetheless, further work was needed to keep the turnover rate low. The DHROD added that the full report for the staff survey would be presented to the Board at a future meeting but the results had plateaued. The Board noted the report.	
QUALITY AND PERFORMANCE		
2.1	Quality and Safety Committee Report	
	<p>Sir Norman Williams, Chair of the Committee, provided a summary of the key issues and discussions at the meeting held on 21 February 2019:</p> <ul style="list-style-type: none"> • Quality Improvement Plan (QIP): The Committee noted that 12 indicators were demonstrating sustainable performance against target. This trend was continuing and was encouraging. However, 10 indicators were not performing in line with the agreed targets. Two of these related to compliance with timeliness of responding to patient complaints. The Committee heard that the Trust was in the process of recruiting a new complaints team and expected to have staff in place by May 2019. The Committee was clear that the Trust needed to demonstrate the same level of rigour in handling complaints as it had achieved in managing SI investigations. • Trust action plan in response to the Care Quality Commission: The Committee noted improvement in this area. The Trust had commissioned additional training resources in January 2019 to secure progress in achieving the required compliance rate for mandatory training but the Committee expressed concern with performance in the delivery of Basic Life Support training which stood at 70% against a target of 90% compliance. The Committee heard that the Trust was arranging further training to address this. • Cardiac surgery: The Committee had reviewed progress in improving the operation, quality and governance of the service and it was noted that the CMO would provide further details under item 2.3 of the Board's agenda. • Report from Patient Safety and Quality Group: The Committee was disappointed that the Trust's position on the National Cancer Patient Experience Survey 2017 had deteriorated from 106 to 123. However, duty of candour compliance was improving. • Serious Incident thematic review: The Committee noted the decline in the number of serious incidents reported (93 incidents declared in 2018). • Healthwatch Enter and View Reports: The Committee recognised the need to ensure more information and better communication with patients and their carers and noted that key themes identified in the Healthwatch Enter and View Reports triangulated well with the Trust's National Inpatient Survey results. <p>Sarah Wilton commented on the deterioration in the patient experience survey and asked what was being done to identify improvements. The CN advised that London Trusts as a whole had not performed well in the survey and it would be important to understand this. Patients had highlighted a number of areas that required improvement and some improvements were already evident in waiting times in clinic, access to</p>	

	<p>clear written communication, providing areas to have meetings in private and improving patient confidence in nursing staff. Ann Beasley welcomed the decrease in the number of serious incidents declared and asked how learning had been embedded.</p> <p>The CMO explained that the Trust was committed to embedding learning and there were various ways of achieving this. Particular focus had been given to the themes identified in serious incident panel meetings such as timeliness in detecting deteriorating patients and incidents of avoidable harm. This has been tested in ITU where there was emphasis on holistic care, early treatment and escalation and completion of documentation for patients without mental capacity. The CMO emphasised that, although the number of serious incidents has declined, the Trust could not be complacent and continuously aimed to provide safe care. It was evident that staff took infection prevention seriously but noted that non-compliance by some medical staff had been reported during the January 2019 Board visits. A draft protocol for escalating non-compliance with infection prevention and control by medical staff had been developed. The Board noted the report.</p>	
2.2	Integrated Quality and Performance Report	
	<p>The DDET gave an overview of the report. The area of greatest delivery challenge to the Trust remained the issue of emergency flow, where lower than anticipated discharges before Christmas had led to increased bed occupancy and over-congestion in the Emergency Department. While safety had been maintained at all times, physical access to areas for patient assessment and treatment had been constrained. A total of 4,918 patients had left the ED within four hours of arrival in January 2019 and this was an increase compared with the previous year. 77% of the patients had started treatment within 60 minutes of arrival and this was as a result of a model change in the ED. The COO presented performance data and advised that on the day of the cancellations had increased in January but all the patients were rebooked within 28 days. He acknowledged that performance against the Four Hour Operating Standard in January was 84.2%, which was below the monthly improvement trajectory of 90%. He also underscored the observation made by the DDET that attendance in the ED had increased in February and this had resulted in challenges with beds. The Trust had achieved seven of the nationally-mandated cancer standards in December 2018, and was continuing to achieve both the 14 day standard and the 62 day standard. There continued to be a focus on reducing on the day cancellations and on ensuring that all patients were rebooked within 28 days, and this had been achieved in January 2019.</p> <p>Ann Beasley and Jenny Higham agreed that the Trust needed to consider actions to address demand, such as looking at frequent attenders to see if they were known to other authorities. The DDET advised that the Trust was working in partnership with Clinical Commissioning Groups (CCGs) to audit the cohorts of terminally ill patients. The spike in ED attendances had been a problem across London and commissioners were taking steps to address this. A review of frequent attenders for patients with mental health problems had been completed over a five day period and the Trust was working in partnership with South West London and St George's Mental</p>	

	<p>Health NHS Trust on this. Sarah Wilton asked for an update on urology. The COO explained that he would provide an oral update on urology at the next Board meeting.</p> <p>The CN explained that the Trust had reported two patients with attributable C.difficile in January 2019 and was reporting 27 cases year-to-date which was above the trajectory for the period between April 2018 and January 2019. There had been one Never Event in January 2019. Six SIs had been reported in the same month, with a total of 42 SIs year-to-date. A total of 128 falls were reported in January 2019, of which three patients sustained moderate harm. A falls coordinator was working with divisions to improve falls practice and undertake education and training of staff. In terms of the workforce, the DHROD explained that there had been a seasonal increase in sickness and absence and this had increased agency usage. The software for online appraisals had been purchased and transfer of data would commence at the end of March 2019 with online piloting of in April 2019. The Board noted the report.</p>	TB28.02.2019/1 COO
2.3	Cardiac Surgery Update	
	<p>The CMO highlighted the key points of the Cardiac Surgery update, which updated the Board on improvements in the operation, quality and governance of the service, the 'dry run' inspection of the service which had been undertaken recently, the progress of the External Mortality Review, and developments in managing the risks previously identified. The CMO advised that a 'dry run' inspection of cardiac surgery had been undertaken on 15 February 2019, led by colleagues from NHS Improvement, NHS England and London Trust staff and chaired by Dr Sean O'Kelly, the Medical Director for Professional Leadership at NHS Improvement. The Trust was now considering the findings and the initial findings were encouraging. The reviewers had identified positive signs of progress in leadership, governance and aspects of culture within the service and there was evidence that staff had taken the findings of the Bewick report and subsequent CQC report seriously and had sought to address the issues identified. The CMO commended the cardiac surgery staff for their engagement as this had paved the way for improvements. The service was continuing to benefit from the leadership of Steve Livesey, who had joined the Trust as Acting Medical Director and Care Group Lead for cardiac surgery in December 2018. Mr Livesey's appointment had helped improve the service. The Trust also acknowledged that it needed to put in place a long term plans for leadership of the unit given that Mr Livesey had been appointed for a period of one year.</p> <p>The External Mortality Review, which had been established in December 2018, was continuing its work in reviewing all deaths of patients who were under the care of the cardiac surgery unit during the period April 2013 to September 2018. The Review had made good progress and planned to complete its work during 2019. All families of the relatives who had died would be contacted proactively about the review and where the review identified problems in care that had contributed to a death, the Trust would inform the relatives of this and exercise its legal duty of candour. The Trust would also undertake a Serious Incident (SI) investigation where there was strong evidence that poor care had contributed to a death. The Trust was working hard to support the review and was committed to embedding improvements identified.</p>	

	<p>The CMO advised that the review would undoubtedly identify shortcomings in patient care in cardiac surgery and in addition to the distress this would cause to patients' families this would have financial and reputational implications for the Trust. Sir Norman Williams asked whether the Trust had in place adequate legal protection should the review lead to future claims. The DCA advised that this had been considered and should any claims arise as a result of the review these would be covered under the Trust's current CNST insurance. The CN asked about team working within the service and the DHROD responded that the Trust was looking into external support and considering the use of an expert to support the cardiac surgery team with its development. This would be a long-term piece of work focusing on team development. The Board noted the report.</p>	
FINANCE		
3.1	Finance and Investment Committee Report	
	<p>Ann Beasley, Chair of the Committee, highlighted the key messages from the meeting held on 21 February 2019. The repayment for working capital borrowing had been delayed to the next financial year which was being considered as part of the planning for 2019/20. A deep dive on ICT risks had been completed and the Committee had recognised the significant work that was taking place within the department and noted that the situation was generally improving; which had been shown by the reduction in the number of unmitigated risks on the ICT risk register. A health and safety incident relating to a fall had been reported and this was currently under investigation. The Committee had agreed that further work was needed to scope and identify estates risks.</p> <p>The Committee expressed strong concerns around capital expenditure, particularly in relation to the need to mitigate estates risks, and it had asked for assurance that the 2019/20 estates plan could move quickly to address issues once there was clarity around additional capital funding. In terms of financial performance and forecast, the Committee had seen increasing maturity in financial processes and improved grip on finance policies. The improvement in quality and planning were also evident. There was evidence of good cash management. The Board noted the report.</p>	
3.2	Month 10 Finance Report	
	<p>The DCFO introduced the report and informed the Board that the Trust was reporting a pre-Provider Sustainability Fund (PSF) deficit of £46.0m at the end of January 2019, which was £20.3m adverse to plan. Within this position, income was £8.9m adverse to plan and expenditure was overspent by £11.4m. The Trust had planned to deliver £39.4m of CIPs by the end of January 2019 and, to date, £36.1m had been delivered, which was £3.3 behind plan. Capital expenditure of £24.9m had been incurred year to date and this was £2.7m above plan. At the end of Month 10, the Trust's cash balance was £3.6m which was better than plan by £0.6m. The Trust had secured a loan of £7.1m for February and requested £2.5m for March 2019. A total of £21.4m of capital expenditure had been incurred year-to-date, which was £2.7m above plan.</p>	

	<p>Sarah Wilton asked about the reasons driving the medical staffing overspend and for assurance that this would not recur in the next financial year. The DCFO explained that a number of contributory factors had been identified and they included insufficiently robust planning in the current year. Teaching sessions about demand and capacity plans had been conducted and the finance team was in a better position to project expenditure and job planning was now clearer. As a result, the same challenges were not anticipated in 2019/20. In response to a request from Non-Executive Directors, it was agreed that the Trust's run rate should be included in future finance reports.</p> <p>The Board noted the Trust's financial performance.</p>	<p>TB28.02.2019/2 CFO</p>
STRATEGY		
4.1	Clinical Strategy Highlight Report	
	<p>The HoS introduced the report which provided an update on the progress in developing the Trust's new clinical strategy. All actions committed to were on plan as at February 2019. A Board seminar covering support services and cancer services had been held on 12 February 2019 and a final Board seminar was planned for March ahead of the Board's scheduled consideration of the strategy at the March Board meeting. A number of engagement events for staff and the public had also taken place during February 2019. The Chairman commented that detailed discussions had taken place at the Board seminars which had been helpful in progressing the strategy.</p> <p>Looking ahead, the CEO highlighted that following the agreement of the new clinical strategy, the Board would need to develop and agree supporting strategies in relation to estates, education and research. Jenny Higham explained that St George's University of London had developed its own research strategy which overlapped with the developing Trust strategy and it would be important to ensure these aligned. Sir Norman Williams agreed and stated the Board needed to have an overview of the two strategies (for the Trust and University). The HoS confirmed that this would be considered. The Board noted the progress in developing the clinical strategy and the identified issues and risks.</p>	
4.2	NHS Long Term Plan	
	<p>The HoS presented the report which set out the main elements of the NHS Long Term Plan which had been published by NHS England and NHS Improvement in January 2019 and its potential implications for the Trust. It was clear that there was an increasing emphasis on collaboration and partnership and that STPs and Integrated Care Systems would grow in significance as for a for decision-making. As the largest Trust in South West London, the Trust would need to play a leadership role in shaping the local health economy. The Trust would also need to finalise its clinical strategy in light of the commitments and priorities set out in the Long Term Plan. Sarah Wilton asked how the Board would have sight of the draft clinical strategy to which the Chairman responded that a Board seminar would be held in March prior to the March Board meeting where the strategy was scheduled to be agreed. The DDET asked the Board to note the outpatients strategy relied on the rollout of Cerner. The Board noted the report.</p>	

WORKFORCE		
5.1	Workforce and Education Committee Report	
	<p>Stephen Collier, Chair of the Committee, reported the key points of discussion at the meeting held on 7 February 2019. He reported that the Committee had recently changed its focus and was placing more emphasis on assurance and relatively less on helping to shape Trust policies. This had helped the Committee move more crisply over a tighter agenda and ensures there was more time available for deeper discussion on the critical issues. A deep dive on medical and non-medical staff appraisals had been completed. The non-medical appraisal rate currently stood at 71.5% and the Committee had heard that the introduction of an upgraded TOTARA system by the end of February would ensure that appraisal data would be captured in real time. The Committee heard that staff sickness absence, which continued to trend between 3% and 4%, was being actively managed within an appropriately focussed policy structure which was known and applied. The Committee had discussed the initial results of the NHS staff survey and there had been an increase in response rate compared with the previous year. Induction arrangements were being reviewed and the Committee had felt the plans were an improvement.</p> <p>There was discussion about Trust policies and it was noted that policies and compliance were a key area of focus for the Audit Committee. The DCA added that this was an area which required improvement. There were approximately 350 Trust-wide policies but a significant number were out of date and this was currently being reviewed. Responsibility for ensuring policies were in date and fit for purpose was devolved across divisions but central coordination was helping to ensure there was greater understanding of the areas which needed improvement. He also highlighted the risks associated with the availability of out of date policies on the Trust's intranet which staff could continue to access. The current intranet required replacement and this would address the issue but the funds to deliver this needed to be identified. The DHROD highlighted that some of the policies required a complete review but the difficulty was that a significant number of policies were being reviewed and some of them were lengthy and it would therefore take time. The Board noted the report.</p>	
5.2	Workforce Race Equality Standard 2018 Report	
	<p>The DHROD presented the NHS Workforce Race Equality Standard (WRES) indicators and key findings that had been published in January 2019. This presented both the national picture and how the Trust was performing in relation to key indicators. Overall, the Trust was beginning to show signs of marginal improvement on most WRES indicators, particularly in relation to recruitment, access to training and composition of the Board. Improvements had been made on six of the eight indicators. However, the data also showed the Trust had a considerable way to go to address race inequalities. This was in line with the position of a number of London Trusts where performance was poorer than the national position and work was underway across London to address this. The DHROD noted that the Trust's new diversity and inclusion strategy had been launched since the period in which the WRES data had been gathered and it was hoped that the strategy would begin to have a positive impact in addressing the ongoing inequalities highlighted in the report.</p>	

	<p>A number of Non-Executive Directors queried the presentation of certain statistics in the report and expressed concern that they could potentially be misinterpreted by staff. This was particularly the case in relation to the data relating to BAME staff who had reported bullying, harassment or abuse in the previous 12 months. This had been presented as 'green' on the basis that the Trust's performance had improved from 33% to 31%. While it was encouraging to see some improvement, the RAG-rating risked implying to staff that the Trust regarded it as acceptable that this was an acceptable level, which was clearly not the case. Likewise, the percentage of BAME staff reporting personal experience of discrimination had improved from 20% to 18%, and while this was presented as green due to the improved performance, almost a fifth of staff reporting such discrimination was unacceptable. Sarah Wilton commented that while the report was factual, it was important to be mindful of the messages the presentation of the data would send to staff. Communicating the message clearly would be key.</p> <p>The DHROD reported the next stage was be to answer the "so what question" as the key issue was the action the Trust was taking to improve its performance and eradicate discrimination, and delivery of the recently launched diversity and inclusion strategy was central to this. The CEO expressed her passion for improving the Trust's position on this issue and informed the Board that she had recently written a staff blog about the importance of tackling discrimination and had received a lot of responses. She was determined to ensure that BAME staff had their voices heard as they made up over 40% of the Trust's workforce. She now chaired the BAME workstream of the diversity and inclusion strategy was keen to use this to drive change. Sir Norman Williams noted that BAME staff were over-represented in local disciplinary cases, serious incident investigations and professional regulation cases. He explained that recognising and tackling unconscious was essential to address this. The Board noted the report and agreed that it would be revised to clarify the presentation of statistics before it was circulated to staff.</p>	<p>TB28.02.19/3 DHROD</p>
5.3	Gender Pay Gap	
	<p>The DHROD presented the report and set out the actions being taken to address gender pay gap. As at 31 March 2018, the gap stood at 13.61% mean and 4.96 median in favour of males. The mean pay gap had decreased since the previous year and had narrowed across most of the Trust's pay grades. However, in the medical pay grades the gap had increased overall; despite a decrease in the gap at consultant level, the gap among doctors in training had increased. Overall, female employees were under-represented in the upper pay quartile and in most of the higher paid payscales, despite the fact that the Trust's workforce was 72% female. The DHROD explained that the Trust was required to publish the report by the end of March 2019. Ann Beasley welcomed the progress reported overall but expressed concern that the report was not sufficiently clear for it to be circulated to staff and suggested that it should be developed further prior to publication. The DHROD agreed to this and therefore requested that the paper be withdrawn. It was agreed that the gender pay gap report would be recirculated to the Board for approval following further development ahead of publication by 31 March 2019.</p>	<p>TB28.02.19/4 DHROD</p>

5.4	Ethnicity Pay Gap	
	<p>Introducing the report, the DHROD advised that unlike the gender pay gap report there was no legal obligation to publish ethnicity pay gap report. However, it was felt that it was important to do so. The ethnicity pay gap as at 31 March 2018 was 11.04% mean and 5.77% median in favour of white staff. BAME employees were over-represented in the lower pay quartiles and under-represented in the higher pay quartiles. The DHROD explained that having withdrawn the gender pay gap report to undertake further work to ensure the paper was clear to staff, he would also withdraw the ethnicity pay gap report to further refine this. It was agreed that the ethnicity pay gap report would be recirculated to the Board for approval following further development ahead of publication.</p>	TB28.02.19/5 DHROD
5.5	Guardian of safe working	
	<p>The CMO presented the report which summarised progress in providing assurance that doctors were safely rostered and enabled to work hours that were safe and in compliance with the 2016 terms and conditions of service for doctors in training. It was noted that rota gaps had reduced to 46 and that there was active recruitment in most departments. However, trainee doctors continued to submit exception reports, and there had been 56 such reports in quarter 3 2018/19, 47 of which related to working hours and conditions and a further 9 related to lack of opportunity to attending teaching. The Board was also informed that doctors were regularly working outside work schedules in general surgery, acute medicine, and neonatal medicine. Steps had already been taken to change the way in which doctors in training work and were supported in neonatal medicine. Of particular concern was the current additional hours being worked in cardiology due to rota gaps and this would feature in the next report to the Board.</p> <p>Urgent action was required to prevent fines being levied in the coming weeks due to potential breaches of the 48 hour average working week limit. The CMO committed to work with doctors in training and support them to submit their reports on time. The CEO questioned whether general surgery was providing more support to the junior doctors or if the doctors were working hard. The Chairman concluded that although progress was being made, rota gaps were still an issue and the Trust needed to continue to explore ways to improve. She also noted that Dr Serena Haywood had been appointed as the Trust's new Guardian of Safe Working on 1 December 2018. The Board noted the report.</p>	
GOVERNANCE		
6.1	UK withdrawal from the European Union	
	<p>The DCFO introduced the report on the steps being taken by the Trust to prepare for the UK's withdrawal from the European Union which had been requested by the Board at its meeting in January 2019. The Department of Health and Social Care (DHSC) had issued guidance to all Trusts in December 2018 and had held a briefing session with Trust "EU exit" leads on 14 February 2019. This had set out the steps being taken by the Government to mitigate the risks to the effective operation of the NHS supply chain. The CFO had been appointed as the Trust's lead on EU Exit and an internal EU Exit Group had been formed which was satisfied the Trust had addressed, or was in the process of addressing, all of the issues required by the Government. Systems had been put in place across South West London to share medicines in the event that local shortages</p>	

	<p>developed and material lines of supply had been reviewed. All Trusts had been advised not to stockpile goods locally as this would likely distort supply chains. The Trust employed a large number of nationals from other EU member states and was monitoring closely any changes in the workforce. Business continuity plans had been reviewed and the Trust was working through various scenarios provided by the DHSC to test this.</p> <p>Stephen Collier advised that the Trust's Workforce and Education Committee had recently discussed the UK's withdrawal from the EU and had noted that 16% of Trust staff were from other EU member states. Sir Norman Williams commented that in October 2018 he had toured the Trust's cardiac investigations unit and heard that the unit employed a large number of Portuguese clinicians, due in part to the similarities in training with the UK. An EU withdrawal, particularly a 'no deal' withdrawal, could have profound effects on the Trust's workforce especially in teams where there were large numbers of other EU nationals, who felt unsure of their position and status after Brexit. Sir Norman asked whether there was anything further the Trust could do to reassure staff from other EU nation states. The DHROD commented that the Trust had sought to provide as much reassurance as it could within the uncertain national picture. It had previously offered to pay the costs incurred by any member of staff who applied to remain in the UK as part of the EU Settlement Scheme, and had welcomed the Government's decision to lift these charges. The Board noted the report.</p>	
CLOSING ADMINISTRATION		
7.1	Questions from the Public	
	<p>The Chairman invited questions from the public and noted that members of the public had submitted some questions to the Board in advance via e-mail.</p> <p>One member of the public asked how confident the Trust could be in delivering its year end forecast given performance to date, and suggested that the Trust was already in excess of its yearend target. The DCFO explained that this was not the case and that the figures he had cited could not be added together in the way suggested. In relation to a follow-up question on the NHS Long term Plan, the DCFO noted that the Trust was currently working through the implications of this. A further follow up question was asked in relation to the unitary charge for the PFI and who was responsible for it. The DCFO responded that the PFI payment was included in the Trust's expenditure.</p> <p>Another member of the public asked questions relating to the cardiac surgery unit, specifically how the Trust intended to implement the findings of the Hollywood review into behaviours in the unit and the timescales for doing so. She also asked the COO to set out the cost of the locum cover during the December 2017 mediation between members of the cardiac surgery service. In response to the question on the Hollywood review, the CMO explained that the Trust had received the review but had concluded that it did not provide the basis on which to resolve the issues facing the service and would not therefore implement it. This decision had been communicated to the surgeons and had been reported in the Times in December 2018. Instead, the Trust had appointed Steve Livesey as Associate Medical Director for Cardiac Surgery and Care Group Lead to improve the operation, quality and governance of the service, including team working. The COO confirmed that the total costs of the locum cover</p>	

	<p>during the cardiac surgery team mediation in December 2017 was £4,522 and this was for two locum consultants over the course of the two day period.</p> <p>Another member of the public reminded the CMO that she had not received a response to the question she had asked at the Board meeting in January 2019 relating to deaths in radiology related to contrast. The CMO responded that the deaths were not related to the contrast and apologised for not responding previously and assured that he would respond to this question outside of the meeting as he did not have the relevant information to hand.</p> <p>A question was asked about the number of consultations with staff in recent months on team restructures. The DHROD confirmed that the Trust was putting structures in place to get the right outcomes and establish the structures necessary for the long term. He explained that the consultation on payroll was not linked to the year end. In relation to a follow-up question about contractors bidding on domestics, waiting and cleaning services. The DEF explained that the Trust was required to tender for new contracts and the Trust had been open about the process.</p>	
7.2	Any new risks or issues identified	
	There were no new risks or issues to note.	
7.3	Any Other Business	
	No other business was raised.	
CLOSING ADMINISTRATION		
7.4	Reflection on meeting	
	<p>The Chairman invited feedback from the Board and the DHROD led the discussion and commented that the meeting room was good. Some reports required additional assurance and this had been explored during the meeting, and there was a good balance of questions posed by Board members. The DDET suggested that the papers on gender and ethnicity pay should be labelled as draft to avoid confusion as they were now in the public domain. The CMO reflected that there had been a good discussion on performance and quality and pointed out that there was merit in using SPC charts in order to understand small movements in the figures. A date would be identified in April for a Board seminar on the performance and the use of SPC charts.</p> <p>The Chairman concluded that, overall, that the quality of paperwork, discussions and challenge had moved on significantly compared with two years ago. Sir Norman Williams and Sarah Wilton concurred.</p>	TB28.02.19/6 DCA
PATIENT STORY		
	<p>Elizabeth Palmer, Director of Governance, presented a video of a patient's sister who relayed her experience of care her brother had received at the Trust the previous year. Her brother had renal carcinoma and was admitted with a severe chest infection in October 2018. They had arrived in ED at 10am and the patient was seen in 10 minutes by triage. The patient was kept in the relative's room as he had a complex medical condition and was seen by the Oncology Registrar at 3pm. He received a diagnosis of pneumonia and was admitted. The patient was in severe pain but access to pain relief was difficult in ED as they said he would get pain relief</p>	

on the ward so the patient did not get pain relief for six hours. The patient was later discharged in the afternoon and re-admitted in another hospital in Manchester. The story highlighted the importance of pain management which was an area identified for improvement and was a priority in the Quality Improvement Programme. It was important that staff understood the importance of dealing with pain and the effect this had on patients.

The CEO commented that when oncology patients attended ED they were seen quickly and asked why there was a delay in being seen on the ward. The CEO also asked about the role of the acute pain nurses as they often complained that they did not receive referrals. The CN explained that the case had demonstrated that despite having specialist teams, clinical areas should manage pain even when patients are outliers. The ward in question usually managed pain well and the Trust had learnt lessons from this experience. The CMO commented that the patient's relative had refrained from making a complaint. However, the Trust should not miss the opportunity to learn as it would with a formal complaint. Cultural issues needed to be addressed and the CN would work with the CMO to address this.

The Chairman asked that when this exercise was completed, feedback be given to the patient and his sister. Sir Norman Williams asked if the Trust could investigate whether this was an isolated incident or whether it suggested there wider problems. **It was agreed that the CN would investigate whether the issues highlighted in the patient story were isolated or raised wider concerns, and this would be presented to a future meeting of the Quality and Safety Committee.**

TB28.02.19/7
CN

Date of next meeting: Thursday 28 March 2019 at St George's Hospital

Trust Board Action Log Part 1 - March 2019

Action Ref	Section	Action	Due	Lead	Commentary	Status
TB 31.01.2019/03	BAF	Further consideration to be given to the risk score and assurance statements relating to the partnership aspects of Strategic Risk 4 and that this would be brought back to Board through the Quality and Safety Committee and the next quarterly report to Board	25.04.2019	CN	Not yet due	OPEN
TB28.02.2019/1	Integrated Quality and Performance Report	Sarah Wilton asked for an update on urology. The COO explained that he would provide an oral update on urology at the next Board meeting.	28.03.18	COO	To be reported under matters arising	OPEN
TB28.02.2019/2	Month 10 Finance Report	In response to a request from Non-Executive Directors, it was agreed that the Trust's run rate should be included in future finance reports.	28.03.18	CFO	To be reported in future Finance Reports	OPEN
TB28.02.19/3	Workforce Race Equality Standard 2018 Report	The Board noted the report and agreed that it would be revised to clarify the presentation of statistics before it was circulated to staff.	28.03.18	DHROD	To be reported under matters arising	OPEN
TB28.02.19/4	Gender Pay Gap	It was agreed that the gender pay gap report would be recirculated to the Board for approval following further development ahead of publication by 31 March 2019.	28.03.19	DHROD	Paper circulated to Board on 19 March and Board members have approved this.	PROPOSED FOR CLOSURE
TB28.02.19/5	Ethnicity Pay Gap	It was agreed that the ethnicity pay gap report would be recirculated to the Board for approval following further development ahead of publication.	28.03.19	DHROD	Paper circulated to Board on 19 March and Board members have approved this.	PROPOSED FOR CLOSURE
TB28.02.19/6	Reflection on meeting	A date would be identified in April for a Board seminar on the performance and the use of SPC charts.	28.03.19	DCA	Board seminar confirmed for 23 April 2019	PROPOSED FOR CLOSURE
TB28.02.19/7	Patient Story	It was agreed that the CN would investigate whether the issues highlighted in the patient story were isolated or raised wider concerns, and this would be presented to a future meeting of the Quality and Safety Committee.	28.03.19	CN	To be reported under matters arising	OPEN

Meeting Title:	Trust Board		
Date:	28 March 2019	Agenda No.	1.5
Report Title:	Chief Executive Officer's Update		
Lead Director/ Manager:	Jacqueline Totterdell, Chief Executive		
Report Author:	Jacqueline Totterdell, Chief Executive		
Presented for:	Assurance		
Executive Summary:	Overview of the Trust activity since the last Trust Board Meeting.		
Recommendation:	The Board is requested to receive the report for information.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	All		
Single Oversight Framework Theme:	All		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A

Chief Executive's Update
Trust Board, Thursday 28 March

I want to begin my report to the Trust Board by talking about important NHS developments at a regional and national level.

There has been a lot of coverage in national and health sector press about potential changes to access targets – with the inevitable focus turning to the four hour emergency care target. This target in particular has been a mainstay of acute healthcare delivery for a long time – and, whatever decision is made about its future following the clinical review of standards, key for me is that we continue to have a strong performance culture both within the NHS, and here at St George's. There are other potential changes worthy of noting – including the professional regulation of NHS managers. I welcome the fact this is being reviewed, although – as with any new proposals – the devil will be in the detail.

Like everyone, we are watching the Brexit negotiations play out at a national level, and whilst I am confident we at St George's have robust plans in place to meet any potential scenario, I know I am not alone in wanting clarity about this issue.

Our new strategy:

We plan to launch our new organisational strategy in April, which will give the organisation a much clearer sense of direction, and clarity about how and where we want to focus our energies over the next five years.

In developing our strategy for 2019-24, we have engaged with over 500 staff and patients over the past nine months. We have held 9 dedicated events open to the public, 15 events for staff, and 2 events for diverse groups of patients, staff and wider stakeholders.

We've also held meetings with local GPs, patient groups, trade unions and clinical and managerial leadership teams at the Trust.

We have been clear about our vision for some time – which is to provide Outstanding Care, Every Time for patients, staff and the communities we serve. However, it has not been as clear how we will go about achieving it – and that is why our new strategy is so important for the Trust and our future. The new strategy will be widely communicated to staff, stakeholders and patients, who have all been instrumental in helping us develop the priority areas that make up strategy we are now finalising. What has come through loud and clear – in all interactions around the strategy – is how passionate people are about St George's, and the services we provide. This is fantastic, and gives us a real mandate to drive the new strategy forward once it has been agreed.

Crucially, it is essential that the strategy we agree doesn't sit on a shelf and gather dust – and it will be my responsibility, and that of all the executive directors, to ensure this doesn't happen. It needs to drive what we do, and I am confident it will.

Referral to treatment data:

As you know, we took the decision earlier this year to start reporting our referral to treatment data again, after a two and a half year break owing to data quality challenges.

Our January 2019 data was included in the national performance pack published earlier this month, and I am pleased that we have now reached this point. I am also grateful to our commissioners and regulators for their patience and support.

We now have systems and processes in place at St George's Hospital for tracking patients accurately on their clinical pathways. This is a big step forward, and means that staff and patients can now have greater confidence in the services we provide.

Of course, it is as important that we are treating patients quickly – and our RTT performance for January was 84.47% against a national target of 92%. In January we had 39,533 patients on our waiting lists for treatment, and it is clear that some patients are still waiting too long for surgery. This is clearly not acceptable, and one of our priorities for 2019/20 is to improve our elective performance, which is not where it needs to be at present – however, by returning to reporting, I am confident that we have established a firm base from which to build.

Celebrating our staff:

I am looking forward to the St George's Hero Awards in May, which has once again been kindly supported and organised by the St George's Hospital Charity.

The short-listed nominees have now been announced, and over 200 people were put forward for awards – which is fantastic.

We are delighted that TV personality Lorraine Kelly is kindly presenting the awards. Lorraine was treated at St George's in 2012 for serious injuries after falling off a horse. She is now fit and well, and a true friend of the organisation – so we are grateful for her support.

Elsewhere, we held two fantastic events in March – including the annual Excellence in Education awards organised by Dr Jonathan Round and team; plus Nutrition and Hydration week.

The Excellence in Education event featured award-winning posters created by staff, plus students working with us so there was a real mix of people, all of whom had a great evening.

I was also really impressed to see the many different teams and departments involved in putting on Nutrition and Hydration Week.

It was great to see the crowds of people in Grosvenor wing at St George's trying the different types of foods we lay on for patients – and I know staff at Queen Mary's also took part in a 24 hour challenge to eat only pureed food as a way of raising awareness about the swallowing difficulties some of our patients experience.

Finally, I was really struck recently by the case of eight year old Issy Dolby, who had a stroke at an after school dance class and was transferred to us from her local hospital for specialist care. Issy spent three days in an induced coma in our Paediatric Intensive Care Unit and seven weeks on Nicholls Ward. She had no movement down her right side and was unable to talk, walk, eat or drink independently initially following the stroke.

Seven months later, she is back at school and has returned to her dance class alongside her continued rehabilitation.

Incredibly, while on Nicholls Ward, Issy was cared for by the same nursing team as when she was a baby in 2010 when, at 24 hours old, she became the world's youngest child to have keyhole surgery to treat acute appendicitis.

It is cases such as this that remind us of the amazing care our teams are capable of providing – and which is more than deserving of praise and recognition.

Jacqueline Totterdell, Chief Executive

Meeting Title:	Trust Board		
Date:	28 March 2019	Agenda No	2.1
Report Title:	Quality and Safety Committee report		
Lead Director/ Manager:	Sir Norman Williams, Chairman of the Quality and Safety Committee		
Report Author:	Sir Norman Williams, Chairman of the Quality and Safety Committee		
Presented for:	Assurance		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on the 21 March 2019		
Recommendation:	The Board is requested to note the update.		
Supports			
Trust Strategic Objective:	All		
CQC Theme:	All CQC domains		
Single Oversight Framework Theme:	Quality of care, Operational Performance, Leadership and Improvement Capability		
Implications			
Risk:	Relevant risks considered		
Legal/Regulatory:	CQC Regulatory Standards		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		

Quality and Safety Committee Report – March 2019

Matters for the Board's attention

The Quality and Safety Committee met on Thursday 21 March 2019 and agreed to bring the following matters to the Board's attention:

1. Quality Improvement Plan (QIP) Dashboard

Complaints Management

A number of indicators continue not to deliver against the agreed performance target and this included compliance with 25 and 40 working day complaint responses. Compliance with 25 day working day complaint response for non-complex patients (green) in January 2019 was reported to be 58% against a target of 85%. Compliance with 40 working day response for all amber complaints in December 2018 was 67% against a target of 85%. The consultation to restructure the central complaints team is in progress, the restructure will strengthen support for the divisional teams enabling key performance indicators to be achieved and sustained. The committee was given September 2019 as a date when measures would be in place to ensure improvements in performance.

Duty of Candour

Compliance with the 10 day target of duty of candour has deteriorated. Performance against the Key Performance Indicator (KPI) Duty of Candour completed for all incidents graded at moderate harm and above in January 2019 was reported to be 82% against a target of 100% and performance in December 2018 was 91%. The Committee heard that the duty of candour is carried out in 100% of cases; it is compliance with the 10 day target that is not met. The Committee heard from the Chief Nurse that the process is being reviewed to identify opportunities to improve compliance at 10 days. Members of the Committee noted that the team carrying out the independent governance review has commented positively on how the Trust carries out its duty of candour.

2. Trust Action Plan in Response to the Care Quality Commission (CQC) Inspection Update

As at 21 March 2019 31 of the 83 actions are reported as outstanding. Of the 83 actions 1 Red and 5 Amber will not be delivered by 31 March 2019. These 6 actions will continue to be addressed as part of the Trusts ongoing quality improvement plan. Members of the committee agreed the Trust needed to devise a timeline that would identify the date when all outstanding actions are expected to be closed. A formal report will be presented to the Trust Executive Committee in April 2019 which will outline the on-going governance arrangements for delivery and the assurance requirements for any outstanding MUST and SHOULD do's.

3. Integrated Quality and Performance Report (IQRP)

The Trust had previously reported a Serious Incident (SI) involving a reported failure in ventilation on McEntee Ward. All members of staff had been screened to determine whether they had been infected with the Mycobacterium tuberculosis bacteria. All results had been reported as negative. The SI report is being finalised. The C.Diff annual threshold for 2018/19 is 30 cases. As at 21 March the number of reported cases was 29. There are no cases of C.Diff attributed to lapses in care, cross infection or linked to inappropriate microbial prescribing. The response rate for Friends and Family Test (FFT) in the Emergency Department (ED) in the month of February 2019 was reported as 20%.

The FFT response rate for Maternity Services was reported to be 4%. The national response rate for FFT in Maternity Services is reported to be 15%. Members of the committee discussed a number of ways in which the Trust could improve performance for the FFT.

4. Cardiac Surgery Update

The Chief Medical Officer provided an update on the steps being taken to improve the cardiac surgery service following the NICOR alerts and the findings of the independent report by Professor Bewick (June 2018). The service continues to experience reduced income as a result of decreased activity. Members of the committee took assurance from the NHSI support visit to cardiac surgery that the service was currently safe. Members of the committee expressed concern with the reported shortfall in junior doctors. Members of the committee asked to receive an interim report from the Independent Mortality Review Panel. An external consultant has been appointed to support the culture and leadership improvement strategy.

5. Report from Patient Safety & Quality Group (PSQG)

Clinical Harm

The GPs in the South West London (SWL) Alliance continue to review the 10,535 cohort of SWL Alliance patients that did not respond to the December 2017 Trust letter. The outcome of this review at 19 February was that the GPs had identified the following for potential harm: 5,653 have been identified as no harm, 85 possible low harm, 10 possible moderate harm and 6 possible severe harm. A local GP is carrying out an independent review of these patients. As of 19 February 2019 twelve patients from this group were identified as needing a review by the service, all twelve patients have been seen and no harm has been identified.

Local Safety Standards for Invasive Procedures (LocSSIPs)

The results of the re-audit of LocSSIPs in theatre areas for Q3 2018/9 were presented to the meeting. Seventeen specialities participated in the audit; fourteen specialities scored 100% for compliance with all five elements of the checklist. No speciality scored less than 99% in this audit round. Compliance did not fall to less than 99% in any theatre area. For non-theatre areas there was a lack of engagement with the audit process. Specialities that provided audit data perform well with most 100% compliant and no speciality below 90% compliant. A set of actions is being put in place and reported back to PSQG to address the number of specialities that do not provide data for the audit.

6. Annual Business Plan 2019/2020 – Quality Section

Members of the committee noted the proposed narrative that seeks to describe the Trust's approach to quality improvement, leadership and governance and how the Trust intends to move from "requires improvement" to "good". Following a thorough analysis of serious incidents the Trust had identified three safety priorities. Members of the committee questioned the clarity of the paper and sought further explanation as to the rationale for choosing the priorities reported in the paper and what the Trust expected to achieve in 2019/2020. The Chair of the committee sought assurance that the narrative in the report was consistent with what would be reported in the Trust's Quality Account.

7. Board Assurance Framework

The Quality and Safety Committee is responsible for providing the Board with assurance on four strategic risks; SR2, SR3, SR4 and SR15. Members of the committee noted the March Risk Management Executive received an updated risk assessment for risk CRR0012 – risk of harm to patients due to long waiting lists or poor management of pathways. The risk assessment reduced the likelihood of harm to patients to a score of 2 (unlikely), this reduction was based on positive external assurances on the strength of the systems and processes that are now in place. The risk assessment proposed a reduction in the overall risk score from 15 (extreme) to 10 (high), the reduction in the overall risk score was approved by the Risk Management Executive. Members of the committee questioned the risk rating of SR4 - our pathways are not well integrated with, or supported by the key external organisations that make up the local health economy to enable us to manage demand or patient flow effectively, resulting in poor or delayed care for our patients. The strategic risks are being reviewed for 2019/20 and links between SR4 and the strategic risks that recognise the importance of our wider external relationships will be made, and the risk score reviewed.

8. Quality Priorities 2018/19 Update and Proposed Priorities for 2019/20

Members of the committee noted progress made with delivery of the quality priorities for 2018/19 and proposed quality priorities for 2019/20 that are subject to consultation with Trust stakeholders.

9. Avoiding Term Admissions into Neonatal Units ATAIN/CNST Action Plan

Members of the committee received a report that provided an update to the Quality and Safety Committee on the NHSI Programme of work to identify harm leading to term babies being admitted to the neonatal unit. The Trust has a well-established transitional care service on the post-natal ward that supports the ATAIN principles. The Trust performs well with a rate of term admissions into the neonatal unit in 2017/18 of 2.75% compared with the national target of <6%. While the transitional care service appears to be effective the team continue to identify opportunities to improve and have an action plan to do so.

10. Matters noted by the committee

The committee noted a report of legionella on one of the Trusts wards. The patient had been transferred as an in-patient from another hospital. The patient was reported as stable and further tests to identify the exact strain of legionella are underway.

Sir Norman Williams
Committee Chair

21 March 2019

Meeting Title:	Trust Board		
Date:	28 March 2019	Agenda No	2.2
Report Title:	Integrated Quality and Performance Report		
Lead Director/ Manager:	James Friend, Director of Delivery, Efficiency & Transformation		
Report Author:	Emma Hedges		
Presented for:	Information and assurance about Quality and Performance for the year to Month 11		
Executive Summary:	<p>This report consolidates the latest management information and improvement actions across our quality, patient access, performance and workforce objectives.</p> <p>The Trust is performing positively against a number of indicators, including a reduction in patient’s length of stay, continued positive recommendation rate through Friends and Family survey from our inpatients, and re-booking offers to all of our patients within 28 days who had an on the day cancellation. However existing challenges continue in particular Four Hour Operating Standard and patient flow.</p> <p>The Trust has maintained compliance against the Diagnostic access target, achieved seven of the eight Cancer standards and continues to manage the use of agency workforce. In addition St George’s Trust resumed National RTT reporting in January 2019, marking a significant step forward in the Trust’s data quality journey. This follows a two and a half year reporting gap from June 2016</p>		
Recommendation:	The Board is requested to note the report		
Supports			
Trust Strategic Objective:	Treat the Patient, Treat the Person Right Care, Right Place, Right Time		
CQC Theme:	Safe Caring Responsive Effective Well Led		
Single Oversight Framework Theme:	Quality of Care Operational Performance		
Implications			
Risk:	NHS Constitutional Access Standards are not being consistently delivered and risk remains that planned improvement actions fail to have sustained impact		
Legal/Regulatory:	The trust remains in Quality Special Measures based on the assessment of the Regulator NHS Improvement		
Resources:	Clinical and operational resources are actively prioritised to maximise quality and performance		
Previously Considered by:	Finance and Investment Committee	Date	21.3.2019
Equality Impact Assessment:			
Appendices:			

Integrated Quality & Performance Report for Trust Board

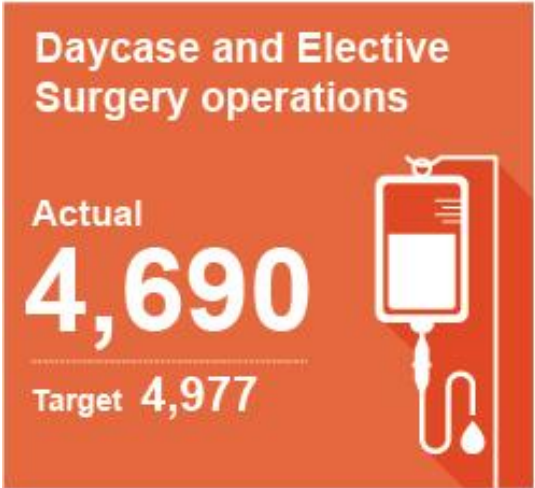
Meeting Date – 21 March 2019

Reporting period – February 2019



HOW ARE WE DOING?

February 2019

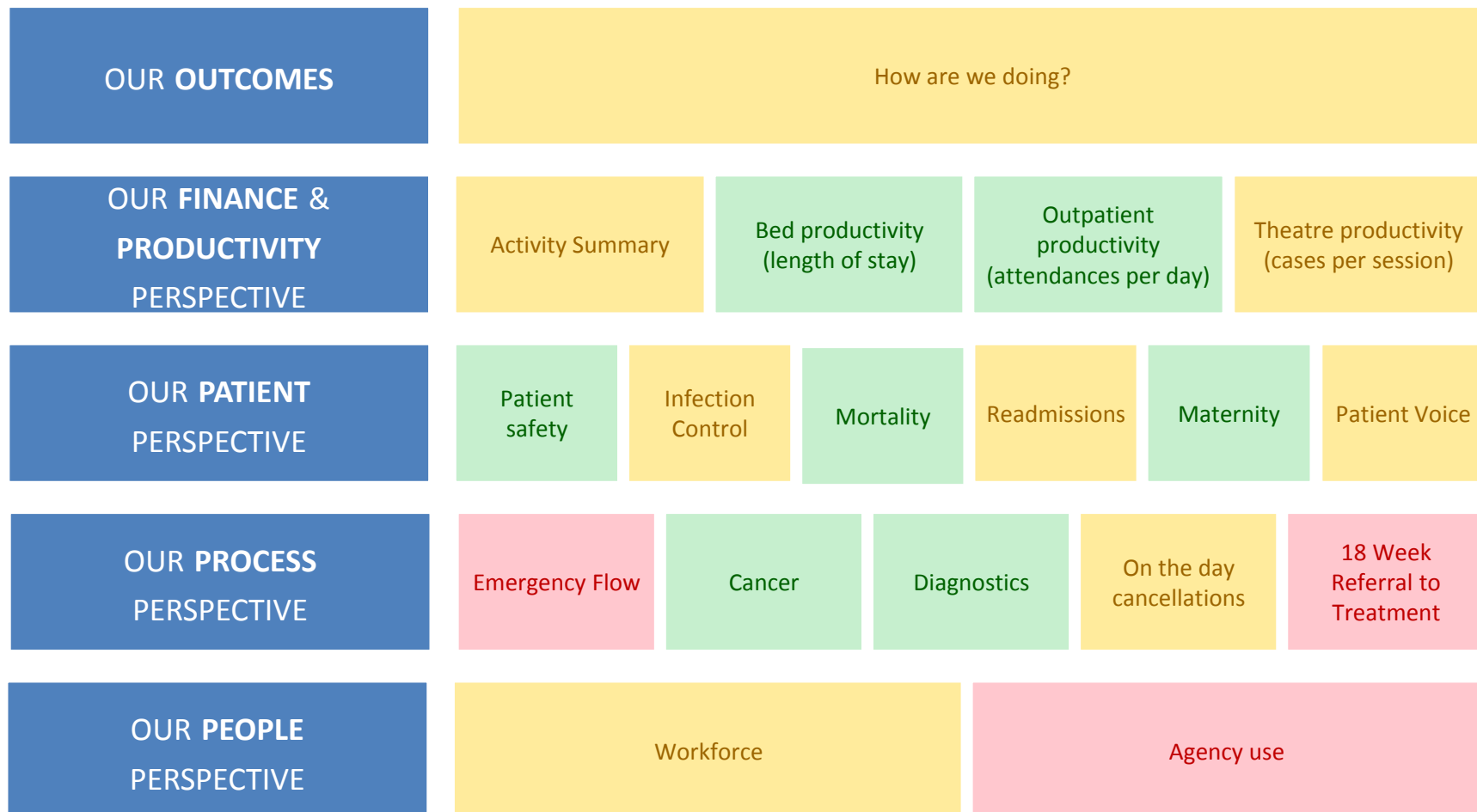


The table below compares activity to previous months and year to date and against plan for the reporting period

		Activity compared to previous year			Activity against plan for month		Activity compared to previous year			Activity against plan YTD	
		Feb-18	Feb-19	Variance	Plan Feb-19	Variance	YTD 17/18	YTD 18/19	Variance	Plan YTD	Variance
ED	ED Attendances	12,295	13,742	11.77%	13,003	5.68%	150,736	154,287	2.36%	155,136	-0.55%
Inpatient	Elective & Daycase	4,271	4,690	9.81%	4,977	-5.77%	49,707	53,063	6.75%	55,580	-4.53%
	Non Elective	3,634	3,726	2.53%	3,927	-5.12%	42,618	43,811	2.80%	46,101	-4.97%
Outpatient	OP Attendances	49,724	52,175	4.93%	54,092	-3.54%	583,119	613,018	5.13%	608,733	0.70%

>= 2.5% and 5% (+ or -)

>= 5% (+ or -)



Executive Summary – February 2019

Our Outcomes

- The area of greatest delivery challenge to the Trust remains around Emergency Flow. 10% more patients attended ED in February 2019 than in February 2018 and 888 more patients left within four hours of arrival. In February, over 1,000 patients were streamed back to Primary Care, with the percentage of all attending patients directed elsewhere for assessment and treatment increasing to 11% for the month, of which 40% of patients were streamed outside the local area. Although bed occupancy has been challenging, non elective length of stay has reduced from January 2019 in Acute Medicine, Senior Health and Specialist Medicine. Overall non elective stay this year shoes 16% improvement from the previous year.

Finance and Productivity

- Elective and Daycase activity is currently showing below plan year to date however there will be a level of post month data catch up. The number of elective procedures per working day has seen a positive increase compared to the same period last year, treating on average twenty-one more patients per working day.

Our Patients

- The Trust reported one patient with attributable Clostridium Difficile infection in February, against an annual target set at 30 cases in 2018/19. The Trust is reporting twenty-eight cases year to date, slightly above the threshold trajectory for the period between April 2018 and February 2019.

Process

- Performance against the Four Hour Operating Standard in February was 82.2%, which was below the monthly improvement trajectory of 90%.
- The Trust achieved six of the seven national mandated cancer standards in the month of January, continuing to achieve 14 day standard and the 62 day standard.
- Focus remains on reducing on the day non clinical cancellations and ensuring that all patients are rebooked within 28 days, in February 97% of our cancelled patients were re-booked within 28 days.
- St George's Trust resumed National RTT reporting in January 2019, marking a significant step forward in the Trust's previous data quality challenges. Performance against Incomplete Pathway Completeness currently stands above locally agreed trajectory with plans are in place to reduce the number of patients waiting more than a year from referral to start treatment.










Our People

- The Trust vacancy rate threshold has continued to be met in the month of February reporting 9.4% against a tolerance of 10%
- Staff sickness remains above the trust target of 3% and is outside of the upper confidence limit, however a slight reduction has been seen in February.
- Non-medical appraisal rates remain below target in February with a performance of 71.3% against a 90% target.
- The Trust's total pay for February was £42.71m. This is £0.81m adverse to a plan of £41.89m.

Productivity

Length of Stay

Non Elective Length of Stay (General and Acute Beds)

Directorate															Average length of Stay			Trend
	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Discharges in the last month	2017-18	2018-19	Variance	
Acute Medicine	3.5	2.8	2.9	2.7	2.6	2.7	2.6	2.6	2.5	2.5	2.7	3.1	3.0	2,456	3.0	2.7	↓ -0.28	
Cardiothoracic	8.3	9.0	9.0	8.7	7.8	8.5	8.9	8.6	8.8	7.7	8.8	7.2	9.5	213	8.8	8.5	↓ -0.28	
Childrens & Women	2.7	2.5	2.5	2.5	2.4	2.5	2.4	2.4	2.3	2.4	2.4	2.3	2.9	1,526	3.5	2.5	↓ -1.07	
Neurosciences	8.7	10.6	8.9	10.6	11.6	9.4	9.6	6.6	8.8	9.6	9.8	9.1	12.5	236	9.4	9.7	↑ 0.25	
Senior Health	9.3	8.4	11.3	10.2	11.8	7.4	12.0	7.8	7.6	8.7	11.4	11.4	9.4	96	11.5	9.9	↓ -1.60	
Specialist Medicine	9.7	7.6	6.1	9.3	7.3	6.4	8.7	6.8	6.4	7.6	7.5	8.6	6.6	216	7.7	7.4	↓ -0.35	
Surgery & Trauma	5.0	4.3	4.6	4.0	4.6	3.7	5.0	4.4	4.6	5.1	4.2	4.7	4.6	862	4.5	4.5	0.00	
Therapeutics	7.5	13.2	9.8	9.8	3.6	19.2	8.3	15.7	12.0	9.8	21.1	25.5	23.9	28	11.8	14.4	↑ 2.66	
Grand Total	4.4	4.0	4.0	3.9	3.9	3.7	4.0	3.6	3.6	3.7	3.8	3.9	4.2	5,633	4.5	3.8	↓ -0.61	

Briefing

- The non elective length of stay data is based on the patient's discharge date from the hospital.
- Over the last twelve months patients admitted to the hospital via an emergency pathway spend on average 3.9 days in a hospital bed, this includes patients with a zero length of stay. At Trust level this remains in line with National Model Hospital data.
- In the month of February length of stay saw a further increase overall reporting on average patients staying in a hospital bed for 4.2 days. Increases were seen within Cardiothoracic, Children's & Women's and Neurosciences.
- Acute Medicine and Senior Health have seen a positive decrease in patient length of stay, and the Trust have seen overall reduction compared to last year improving bed workflow and reducing the number of patients waiting for a hospital bed to become available from the Emergency Department.
- The implementation of a fully embedded ambulatory care unit within Acute medicine continues to enable rapid access to same day assessment, diagnostics and treatment and increased usage of the discharge lounge which has seen a 5% increase in throughput compared to December 2017 as well as a positive reduction in the number of Delayed Transfers of Care declared.






Actions

- The Emergency Department and Inpatient Clinical teams have identified a range of patient experience, quality and productivity opportunities to evolve the process embedded within iClip and these need to be the immediate priority
- One off clinical capacity is required to return the stranded patient volumes to levels where there is confidence that patients are being enabled to leave hospital in a timely manner and others admitted likewise.

Productivity

Length of Stay

Elective Length of Stay (Excluding Daycase)

Directorate	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Discharges in the last month	Average length of Stay			Trend
															2017-18	2018-19	Variance	
Cardiothoracic	4.2	4.8	4.1	4.0	4.4	4.1	4.4	2.9	3.8	3.3	3.7	3.5	4.4	208	4.6	3.9	↓ -0.71	
Childrens & Women	2.0	2.1	2.3	3.2	2.7	2.2	2.1	3.1	2.5	2.4	2.1	3.8	2.8	88	2.7	2.6	↓ -0.06	
Neurosciences	7.8	12.7	8.7	7.3	12.8	7.1	8.9	10.0	8.0	9.3	10.6	10.3	8.3	157	10.1	9.2	↓ -0.87	
Surgery & Trauma	3.1	3.2	3.8	4.1	3.7	3.3	4.3	3.4	3.7	3.5	4.6	4.4	3.9	342	3.9	3.9	↓ -0.05	
Grand Total	4.1	5.2	4.6	4.6	5.5	4.1	4.8	4.7	4.4	4.6	5.3	5.4	4.8	795	5.1	4.8	↓ -0.26	











Briefing

- Over the last twelve months patients admitted to the hospital via an elective pathway spend on average 4.8 days in a hospital bed and a year on year comparison shows improved progress across all directorates, despite longer stays compared to February 2018.
- February saw a reduction in length of stay compared to January 2019 meaning patients can be discharged home earlier following their procedure, however an increase in length of stay has been seen compared to the same period last year.
- Latest Model Hospital data indicates that around four beds of capacity could be released at any one time were the Trust to match peer group Daycase rates, with 1,200 fewer patients needing to stay in hospital overnight each year.
- The Theatres Teams are also working to ensure that patients with increased likelihood of being able to go home on the day of their operation are placed at the start of the Theatre list to maximise the probability that they do not need to be admitted











Productivity

Outpatient Productivity

First Outpatient Attendances (average per working day)

Directorate															First Outpatient Attendances per working day			Trend
	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Attendances in the last month	2017-18	2018-19	Variance	
Cardiology, Cardiothoracic & Vascular Services	59	60	59	62	66	57	54	58	59	67	51	59	56	1,116	66	59	↓ -10.8%	
Childrens Services	47	40	41	50	49	42	42	50	45	51	38	49	45	902	47	46	↓ -1.8%	
Neuro	85	86	87	83	83	73	67	81	84	88	74	93	78	1,551	82	81	↓ -1.4%	
Renal & Oncology	24	22	25	27	30	24	25	23	27	28	23	26	24	484	23	25	↑ 9.5%	
Specialist Medicine	152	148	139	153	157	142	129	144	142	150	126	147	145	2,895	144	143	↓ -0.8%	
Surgery	248	245	265	271	300	264	253	270	279	275	257	268	255	5,094	256	269	↑ 4.9%	
Womens Services	74	69	82	85	92	89	85	89	86	90	78	88	90	1,792	80	87	↑ 9.0%	
T&O	47	54	55	56	60	62	50	55	52	55	48	53	54	1,083	50	55	↑ 8.5%	
Other	35	32	37	38	43	38	34	36	37	34	36	38	30	593	32	37	↑ 14.5%	
Total	771	756	790	827	880	791	737	805	812	838	731	823	776	15,510	780	801	↑ 2.6%	

Follow Up Outpatient Attendances (average per working day)

Directorate															FollowUp Outpatient Attendances per working day			Trend
	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Attendances in the last month	2017-18	2018-19	Variance	
Cardiothoracic & Vascular Services	107	98	121	116	113	107	100	117	107	124	104	113	98	1,953	110	111	↑ 0.5%	
Childrens Services	81	70	72	81	73	77	76	87	81	90	73	83	79	1,576	78	79	↑ 1.1%	
Neuro	104	107	114	113	113	109	105	122	117	123	104	123	113	2,251	102	114	↑ 12.1%	
Renal & Oncology	197	191	205	217	228	229	219	248	245	243	229	237	220	4,407	209	229	↑ 9.7%	
Specialist Medicine	489	499	500	520	501	508	477	533	509	529	481	527	531	10,616	482	511	↑ 6.0%	
Surgery	346	332	354	374	357	349	336	357	352	362	331	380	344	6,886	351	354	↑ 0.9%	
Womens Services	61	46	50	58	52	64	58	78	69	76	64	69	64	1,278	53	64	↑ 20.8%	
T&O	73	76	84	81	82	86	77	82	85	93	76	86	84	1,683	80	83	↑ 3.8%	
Other	85	74	99	98	94	89	86	97	92	91	77	90	84	1,671	80	91	↑ 13.0%	
Total	1,542	1,493	1,598	1,659	1,613	1,618	1,534	1,721	1,656	1,730	1,539	1,707	1,616	32,321	1,545	1,636	5.8%	

Briefing











- Outpatient activity year to date is above plan by 0.7%, over performing in both First and Follow up appointments driven by Children's and Women's Division and Medical Specialties.
- Across the Directorates, First Outpatient attendances averaged 776 per working day and is below the SLA target for the month, however this is expected to increase once coding has been completed, latest data indicates 808 per day. The RAG rating applied compares to the SLA plan per working day which saw an increase in activity compared to the same period last year.
- Follow-up attendances on average remain consistent however remains above plan, meaning that the new to follow up ratios are above target. This is particularly seen within Diabetes, Respiratory, Rheumatology and General Surgery where the ratio is above national average. Services are reviewing the recording of particular appointments as some will be classified as outpatient procedures.

Outpatient Productivity

First and Follow Up DNA Rates (by month)

Directorate															Patients not attending rate			Trend
	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	DNA's in the last month	2017-18	2018-19	Variance	
Cardiothoracic & Vascular Services	9.3%	10.3%	10.8%	10.2%	9.4%	12.2%	10.2%	9.4%	11.5%	10.9%	10.5%	10.9%	10.3%	285	8.8%	10.6%	↑ 1.8%	
Childrens Services	12.4%	13.3%	16.0%	14.1%	12.9%	14.2%	13.1%	10.0%	11.3%	10.1%	10.9%	10.9%	10.9%	330	10.4%	12.2%	↑ 1.8%	
Neuro	9.7%	9.2%	10.8%	10.9%	8.5%	9.5%	9.4%	10.0%	10.6%	9.6%	10.2%	10.3%	10.6%	430	8.4%	10.0%	↑ 1.6%	
Renal & Oncology	11.2%	10.6%	10.6%	11.0%	8.1%	11.1%	11.0%	10.5%	10.4%	11.0%	10.2%	9.7%	10.1%	329	10.8%	10.3%	↓ -0.5%	
Specialist Medicine	12.7%	11.7%	14.3%	13.1%	11.3%	11.4%	11.8%	11.6%	12.6%	13.1%	11.5%	12.3%	11.2%	1,476	13.0%	12.2%	↓ -0.8%	
Surgery	10.1%	10.7%	12.1%	11.7%	9.0%	10.9%	10.9%	10.2%	12.1%	11.6%	10.8%	10.4%	10.5%	1,374	10.9%	10.9%	↑ 0.0%	
Womens Services	7.2%	8.4%	8.6%	8.7%	7.3%	8.4%	9.8%	8.2%	8.7%	8.2%	7.4%	6.6%	7.4%	561	9.9%	8.1%	↓ -1.8%	
T&O	12.6%	12.0%	11.8%	13.7%	8.4%	9.2%	11.0%	10.7%	10.4%	11.6%	10.9%	10.6%	7.9%	261	9.3%	10.6%	↑ 1.3%	
Other	11.5%	14.0%	10.0%	9.5%	11.6%	12.9%	13.8%	12.5%	14.4%	15.4%	14.2%	12.9%	12.9%	1,164	10.0%	12.7%	↑ 2.7%	
Total	11.2%	11.5%	12.6%	12.0%	10.1%	10.9%	11.3%	10.6%	10.5%	10.5%	10.9%	10.8%	10.5%	6,210	10.2%	11.0%	↑ 0.8%	

First and Follow Up Ratio

														First to FollowUp Ratio					
Directorate	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	2017-18	2018-19	Variance	Variance	Trend	
Cardiothoracic & Vascular Services	1.80	1.63	2.06	1.87	1.72	1.86	1.85	2.01	1.81	1.85	2.04	1.92	1.75	1.68	1.90	0.22	↑ 13.0%		
Childrens Services	1.74	1.76	1.75	1.60	1.47	1.86	1.82	1.74	1.80	1.77	1.89	1.69	1.76	1.69	1.74	0.05	↑ 3.1%		
Neuro	1.23	1.24	1.31	1.36	1.36	1.49	1.57	1.51	1.39	1.40	1.40	1.32	1.45	1.24	1.41	0.17	↑ 13.6%		
Renal & Oncology	8.07	8.67	8.38	8.08	7.64	9.75	8.89	10.77	9.08	8.68	10.13	9.12	9.17	9.02	9.05	0.03	↑ 0.3%		
Specialist Medicine	3.22	3.38	3.60	3.40	3.19	3.59	3.71	3.70	3.58	3.53	3.81	3.59	3.66	3.35	3.57	0.22	↑ 6.7%		
Surgery	1.40	1.35	1.34	1.38	1.19	1.32	1.33	1.32	1.26	1.32	1.29	1.42	1.35	1.37	1.32	-0.06	↓ -4.0%		
Womens Services	0.82	0.67	0.61	0.68	0.56	0.72	0.69	0.88	0.80	0.84	0.82	0.78	0.71	0.67	0.74	0.07	↑ 10.9%		
T&O	1.56	1.40	1.51	1.44	1.38	1.38	1.55	1.49	1.63	1.69	1.59	1.62	1.56	1.60	1.53	-0.08	↓ -4.8%		
Other	2.40	2.33	2.64	2.54	2.20	2.31	2.52	2.70	2.49	2.69	2.16	2.37	2.80	2.52	2.46	-0.06	↓ -2.4%		
Total	2.00	1.98	2.02	2.01	1.83	2.04	2.08	2.14	2.04	2.06	2.10	2.07	2.08	1.98	2.04	0.06	↑ 3.0%		

Briefing

- Netcall text reminder was substantially expanded in June for one way appointment reminder text messaging. A two way text reminder service was launched in late December initially for Dermatology and Plastic Surgery but has been expanded to include Clinical Haematology, ENT and Audiology.
- Whilst on a full year basis a higher proportion of patients have not attended, the improvements made recently have seen a 0.7% reduction compared to the same time last year. For the month of February 10.5% of patients did not attend, this on average is 310 patients per working day.

Actions

- The two-way text reminder facility, enabling patients to request a change of appointment date is to be rolled out to further specialties. A revised approach to letter communications will commence in March 2019 ensuring more patients have full details of their appointment.

Productivity

Theatre – Touch Time Utilisation

Theatre Utilisation

Main List Specialty	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Number of Patients in the last month
Cardiothoracic	74%	64%	79%	81%	75%	74%	69%	70%	70%	73%	72%	72%	80%	78
ENT	75%	77%	75%	81%	77%	80%	84%	76%	77%	82%	78%	80%	76%	120
General Surgery	78%	77%	79%	78%	80%	82%	79%	82%	80%	82%	84%	78%	78%	193
Gynaecology	80%	82%	77%	77%	77%	83%	81%	77%	83%	87%	81%	79%	88%	119
Neurosurgery	77%	83%	76%	87%	80%	74%	84%	78%	76%	81%	80%	82%	78%	158
Oral and Maxillo Facial Surgery	76%	62%	58%	71%	73%	89%	75%	82%	63%	84%	78%	84%	67%	28
Paediatric Dentistry	46%	57%	62%	53%	50%	53%	58%	55%	56%	60%	62%	65%	68%	34
Paediatric Surgery	78%	74%	78%	82%	80%	81%	78%	75%	74%	72%	75%	76%	82%	98
Plastic Surgery	68%	69%	73%	74%	73%	77%	75%	75%	77%	74%	78%	74%	75%	214
Renal Medicine & Surgery	74%	79%	67%	76%	71%	72%	78%	61%	67%	82%	60%	66%	67%	17
Trauma & Orthopaedics	86%	80%	87%	76%	85%	84%	79%	82%	90%	85%	90%	81%	83%	149
Urology	79%	79%	77%	84%	78%	88%	84%	84%	85%	86%	81%	86%	82%	222
Vascular Surgery	75%	77%	77%	77%	76%	72%	68%	74%	76%	70%	74%	76%	82%	47
Grand Total	77%	77%	77%	80%	78%	79%	79%	78%	79%	80%	80%	79%	79%	1,477

Theatre Average Cases per Session

Main List Specialty	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Trend
Cardiothoracic	1.5	1.5	1.6	1.6	1.8	1.8	1.5	1.3	1.4	1.5	1.5	1.5	1.7	
ENT	1.4	1.6	1.8	1.9	1.8	1.7	1.8	1.7	1.7	1.7	1.6	1.9	1.6	
General Surgery	1.8	1.9	1.9	1.9	1.8	1.8	1.7	1.7	1.8	1.7	1.6	1.8	1.7	
Gynaecology	1.9	2.5	2.4	2.3	2.3	2.7	2.6	2.5	2.6	2.5	2.9	2.7	2.6	
Neurosurgery	1.2	1.2	1.2	1.2	1.1	1.1	1.1	1.0	1.0	1.1	1.2	1.1	1.0	
Oral and Maxillo Facial Surgery	3.6	3.3	3.0	3.6	3.0	4.0	3.7	3.9	3.1	3.8	3.8	3.7	3.1	
Paediatric Dentistry	4.0	4.3	4.3	3.7	4.2	4.0	3.8	4.1	3.9	4.5	4.7	4.4	4.3	
Paediatric Surgery	2.6	2.7	2.4	2.6	2.4	2.6	2.6	2.7	2.6	2.7	2.7	2.6	2.5	
Plastic Surgery	1.9	2.2	2.2	2.0	2.0	2.0	2.2	2.2	2.1	2.0	2.0	1.9	2.0	
Renal Medicine & Surgery	1.8	1.3	1.8	1.5	1.7	1.4	1.4	1.3	1.6	1.5	1.4	1.2	1.8	
Trauma & Orthopaedics	1.8	1.5	1.6	1.4	1.6	1.6	1.5	1.6	1.9	1.9	1.8	1.9	1.9	
Urology	1.8	2.0	2.1	2.1	2.1	2.0	2.1	2.1	2.1	2.0	2.1	2.0	2.0	
Vascular Surgery	1.2	1.2	1.2	1.3	1.0	1.1	1.2	1.2	1.1	1.1	1.1	1.0	1.0	
Grand Total	1.7	1.8	1.8	1.8	1.8	1.8	1.8	1.7	1.8	1.8	1.8	1.8	1.8	

Briefing

- Touchtime Utilisation and the number of patients operated on in each theatre session have shown little improvement for the past 12 months.
- Daily huddles are now in place to review booking targets with the patient pathway coordinators, this is having a positive impact reaching our target booking numbers and increasing Day Surgery Utilisation.

Actions

- Clinicians are reviewing their lists to verify patient order and appropriate case mix, this is linked to theatre team review identifying theatre equipment requirements, skill mix and specialist equipment to be ordered as required. A newly developed tool will be introduced to robustly look at the list planning process.
- Actions from the weekly list planning are reviewed and discussed which is further reviewed and supported by General Managers and services. All actions are reviewed in list planning the following week.
- The booking teams (PPC) will commence using the Four Eyes Insight scheduling tool, this will provide accurate activity planning information along with the ability to schedule lists at 95-105%.
- Daily Huddles with Pathway Coordinators have commenced reviewing daily booking targets and identifying on the day issues with services

Productivity

Number of Elective Patients treated per Working Day

Months	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Average No. of Patients per month			Discharges for month
														2017-18	2018-19	Variance	
Cardiology & Cardiac Surgery	7.8	8.7	7.4	7.9	8.7	6.3	7.6	7.3	6.5	7.3	6.9	7.2	8.0	7.8	7.4	-6%	160
Clinical Haematology	0.3	0.8	0.7	0.5	0.7	0.6	0.7	0.7	0.4	0.7	0.9	0.4	0.3	0.6	0.6	3%	6
Endoscopy & General Medicine	0.6	0.4	0.9	0.5	1.2	0.4	0.5	1.0	0.5	0.6	0.7	0.7	0.8	0.6	0.7	16%	16
ENT	5.4	5.6	3.7	5.0	5.3	3.7	3.3	5.6	5.9	4.0	4.8	6.3	5.1	5.9	4.8	-19%	102
General Surgery	6.2	6.9	5.0	4.9	5.5	3.8	4.4	6.3	6.6	6.2	7.3	6.0	6.2	5.7	5.6	-1%	123
Gynae & Obstetrics	3.1	3.9	3.2	2.5	2.9	2.4	2.8	2.6	2.9	2.7	2.1	2.7	2.8	3.2	2.7	-15%	56
Max Fax & Dental	3.4	3.0	3.2	3.2	3.0	1.6	2.8	3.4	3.3	2.7	2.7	2.4	3.1	2.8	2.9	3%	61
Neuro Surgery	5.7	6.5	6.0	6.2	6.1	5.7	5.0	6.7	5.9	6.7	6.1	5.6	6.5	5.7	6.0	6%	130
Neurology	1.8	1.4	1.5	1.2	1.5	1.5	1.5	1.9	1.6	1.2	1.0	1.7	1.7	1.5	1.5	-3%	33
Oncology	0.6	0.6	1.0	0.8	0.7	0.8	0.8	0.6	0.7	0.5	0.6	0.6	0.6	1.0	0.7	-32%	12
Paediatric Medicine	0.6	0.5	1.6	0.8	1.2	0.4	1.9	0.4	0.7	0.7	0.3	0.6	0.7	0.8	0.8	2%	13
Paediatric Surgery	1.9	1.6	1.6	2.0	1.8	1.8	1.5	1.9	1.4	1.3	1.3	1.6	1.8	1.9	1.6	-15%	35
Plastic Surgery	5.9	6.4	5.0	5.6	4.8	2.3	2.0	4.1	3.4	3.9	3.1	3.9	3.8	6.1	3.8	-38%	75
Renal Medicine	1.1	1.0	1.1	1.1	1.6	1.0	1.1	1.1	1.0	1.0	0.8	0.6	1.3	1.2	1.1	-14%	25
Trauma & Orthopaedics	2.2	4.0	3.0	2.1	2.0	2.0	2.5	2.7	2.2	3.2	2.4	2.0	2.0	3.1	2.4	-23%	39
Urology	6.0	6.8	7.6	6.1	6.1	4.6	5.5	7.1	6.9	6.2	5.8	6.7	7.6	7.0	6.4	-8%	152
Vascular Surgery	3.9	3.7	3.2	3.4	2.8	2.5	2.8	2.7	2.6	2.3	1.7	2.5	1.9	2.8	2.6	-8%	38
Other	4.0	4.2	3.4	4.1	4.5	3.8	3.4	3.3	3.0	4.1	3.9	3.3	3.9	3.9	3.7	-5%	77
Grand Total	60.1	66.0	58.5	58.0	60.5	45.2	50.2	58.9	55.5	55.2	52.4	54.7	57.7	61.5	55.2	-10%	1,153

Briefing

- There has been a switch of activity from Elective Ordinary to Elective Daycase during 2018/19 of approximately twelve patients per day year on year.
- Theatres are ensuring that there is focused work supporting a prompt start to all theatre sessions this is linked to a weekly task and finish group, highlighting and unblocking issues for long term sustainability and change; the work from the task and finish group will be shared across all theatre services.

Actions

- Agreement and plan to change Theatreman Diagnosis codes (currently SNOMED) to OPCS 4.8 codes which will support more accurate timings of theatre cases and utilisation.
- Identified data quality issues with informatics team which will identify increased theatre utilisation
- SNTC Division finance has completed service specific one pagers in conjunction to identify actions required to support SLA achievement

Productivity

Number of Patient Daycases per Working Day

Months														Average No. of Patients per month			Discharges for month
	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	2017-18	2018-19	Variance	
Cardiology & Cardiac Surgery	8.9	6.9	7.5	8.4	8.3	9.2	7.7	8.4	7.6	9.5	6.8	7.5	8.7	8.5	8.1	-4%	173
Clinical Haematology	2.4	2.1	1.1	1.6	1.5	1.1	0.7	1.5	1.3	0.7	0.9	0.5	1.0	1.6	1.1	-31%	20
Endoscopy	51.2	50.4	54.1	60.3	59.8	55.3	55.2	55.3	54.2	58.6	49.1	56.7	55.0	52.8	55.8	6%	1,100
ENT	2.6	1.8	2.5	3.9	3.3	5.3	4.5	3.4	3.6	3.9	2.2	3.1	2.7	3.1	3.5	11%	53
General Surgery	4.5	3.7	4.5	4.7	5.1	5.0	4.4	4.9	4.0	4.5	3.2	4.5	3.9	4.1	4.4	7%	77
Gynae & Obstetrics	7.1	7.2	6.7	7.0	7.4	9.0	7.8	7.7	8.6	8.5	6.7	8.4	7.9	7.1	7.8	10%	157
Max Fax & Dental	3.4	2.7	3.2	3.5	3.3	5.1	3.4	4.0	3.2	3.7	2.8	4.0	3.2	3.2	3.6	11%	64
Neuro Surgery	2.9	3.0	3.4	2.5	3.2	3.5	3.1	3.3	3.1	3.4	2.9	2.9	2.9	3.0	3.1	3%	57
Neurology	21.0	20.8	23.7	23.0	26.4	24.4	22.5	23.9	29.0	27.6	23.2	28.0	32.2	22.4	25.8	15%	643
Oncology	1.2	1.1	0.7	1.1	1.1	1.0	0.9	1.1	1.0	0.8	0.9	2.2	2.0	1.6	1.2	-25%	40
Paediatric Medicine	8.3	6.8	8.5	9.4	7.2	9.6	7.6	9.2	11.3	9.6	10.7	9.8	11.5	8.3	9.5	15%	229
Paediatric Surgery	6.9	7.1	6.9	6.0	6.8	6.5	7.1	8.0	7.9	9.4	7.1	7.8	7.3	6.8	7.3	8%	146
Plastic Surgery	8.8	8.2	11.2	13.1	12.9	15.1	17.2	14.7	13.4	14.5	12.8	12.3	11.3	7.8	13.5	73%	226
Renal Medicine	3.1	2.7	4.3	4.3	4.1	3.5	4.2	4.2	3.8	2.8	3.6	2.6	3.8	3.3	3.7	15%	76
Trauma & Orthopaedics	3.8	4.4	4.4	4.9	4.7	5.8	4.0	3.5	4.0	5.3	3.6	4.8	5.6	4.1	4.6	12%	112
Urology	4.5	3.7	4.1	5.1	7.1	8.4	6.1	6.3	7.9	7.8	7.1	6.7	5.9	4.8	6.6	37%	118
Vascular Surgery	2.4	2.3	2.2	2.6	1.5	2.3	1.6	2.0	2.6	2.3	2.6	2.7	1.7	2.2	2.2	-1%	33
Other	9.3	9.0	8.8	11.3	10.5	10.5	9.8	9.2	9.5	12.5	10.6	12.0	10.7	7.9	10.5	33%	213
Grand Total	153.5	144.8	159.4	175.1	175.9	182.1	169.6	172.3	177.8	185.4	156.9	176.5	176.9	154.2	173.4	12%	3,537

Daycase as a percentage of all Elective Activity	72%	69%	73%	75%	74%	80%	77%	75%	75%	76%	75%	76%	75%
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Briefing

- The number of daycase procedures per working day has seen a 15% increase compared to the same month last year, treating on average twenty-three more patients per working.
- February data is showing that activity was below plan however this is expected to increase once coding has been completed.

Actions

- Bespoke scheduling manuals for Day Surgery Unit services to support activity will be rolled out to inpatient services as phase 2

Patient Safety

Indicator Description	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Trend (12 months)
Number of Never Events in Month	0	0	2	1	0	0	0	0	0	2	0	0	1	0	
Number of SIs where Medication is a significant factor	0	0	1	0	0	0	0	0	0	1	1	0	0	0	
Number of Serious Incidents	8 / mth	4	5	4	5	2	4	1	3	5	6	6	6	6	
Serious Incidents - per 1000 bed days	N/A	0.18	0.19	0.17	0.21	0.09	0.17	0.04	0.13	0.20	0.26	0.26	0.25	0.26	
Safety Thermometer - % of patients with harm free care (all harm)	95%	94.8%	94.3%	93.1%	95.3%	96.5%	94.9%	95.7%	96.3%	95.1%	95.0%	95.6%	95.9%	96.5%	
Safety Thermometer - % of patients with harm free care (new harm)	95%	97.9%	98.5%	97.8%	98.0%	98.7%	98.5%	98.2%	99.0%	98.3%	97.7%	97.6%	98.4%	98.6%	
Percentage of patients who have a VTE risk assessment	95%	96.3%	96.0%	95.9%	95.8%	96.0%	96.9%	96.4%	96.2%	96.0%	96.2%	95.5%	95.9%		
Number of Patient Falls	N/A	140	157	138	117	155	143	136	141	181	173	148	128	147	
Falls (Moderate and Above Severity)	N/A	2	2	3	1	1	1	1	0	1	3	1	3	1	
Number of patient falls- per 1000 bed days	N/A	6.15	6.05	5.77	5.01	6.70	6.11	5.91	6.26	7.40	7.50	6.32	5.23	6.43	
Acquired Category 2 Pressure Ulcers	N/A	13	12	2	6	10	20	15	9	12	25	13	10	16	
Acquired Category 2 Pressure Ulcers per 1000 bed days	N/A	0.57	0.46	0.08	0.26	0.43	0.85	0.65	0.40	0.49	1.08	0.56	0.41	0.70	
Avoidable Category 3 & 4 Pressure Ulcers	0	0	0	5	0	2	2	3	1	0	0	1	0	3	
Avoidable Category 3 & 4 Pressure Ulcers per 1000 bed days	0	0.00	0.00	0.21	0.00	0.09	0.09	0.13	0.04	0.00	0.00	0.04	0.00	0.13	
Acquired Category 3 Pressure Ulcers		6	6	11	4	6	5	3	2	1	3	7	7	4	
Number of overdue CAS Alerts	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Briefing

- Six Serious Incidents (SIs) were reported in February, with a total of 48 SIs year to date.
- The number of falls reported in February was 147, of the falls reported one patients sustained moderate harm.
- A small increase in pressure ulcers has been seen in February with four patients acquired a category 3 or unstageable pressure ulcer, three of these were found to be avoidable. No category 4 pressure ulcers in February.

Actions

- The Falls co-ordinator is working with divisions, wards and falls champions to improve falls practice, promote best practice for falls prevention and is continuing to carry out targeted falls education and training.
- We have seen an increase in pressure damage to heels, the tissue viability nurses held a focused education week in February and have produced staff education literature which is available on all wards to improve surveillance of heels.

Infection Control

Indicator Description	Threshold	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD Actual	YTD Threshold	Trend (12 months)
MRSA Incidences (in month)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	
Cdiff Incidences (in month)	30	1	2	6	1	3	3	2	2	3	2	3	2	1	28	28	
MSSA	25	3	1	2	2	1	1	2	1	4	2	5	3	2	25	23	
E-Coli	60	5	5	1	9	6	4	3	4	2	4	3	1	4	41	55	

Briefing

- The C Diff annual threshold for 2018/19 is 30 cases. For 2019-2020 the time limit for apportioning healthcare onset versus community onset is 48 hours rather than 72 hours. The data collected in 2018-19 for each Trust will be used to set the new targets for these categories. In the month of February the Trust reported one case, totalling 28 cases year to date which is in line with the threshold trajectory for period April 18 – February 19.
- The Trust annual threshold for E coli is 60 for 2018-19 and year to date the Trust has reported 41 cases, 4 of which occurred in February.
- There are no National thresholds for MSSA bacteraemia at present however the Trust has set itself an internal target of a 10% reduction on last years position setting the threshold at 25 incidents for 2018/19. The Trust reported a total of 2 incidents in the month of February, if there are any incidents in March our internal threshold will be exceeded for 2018/19.

Actions

- All C Diff cases have undergone a Root Cause Analysis (RCA). No lapses in care have been identified to date, however a review of all C.diff cases in 2018/19 is being carried out to look for themes that may identify an opportunity to work with system partners to improve outcomes for patients.

Mortality and Readmissions

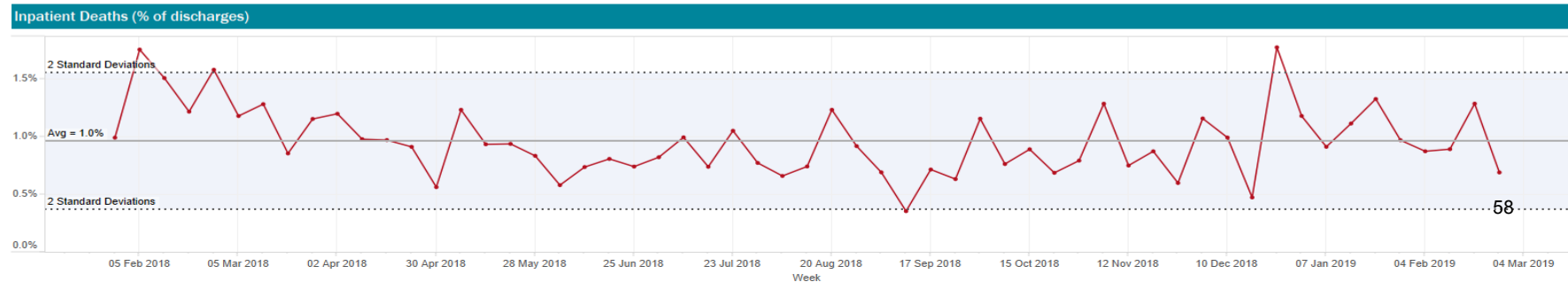
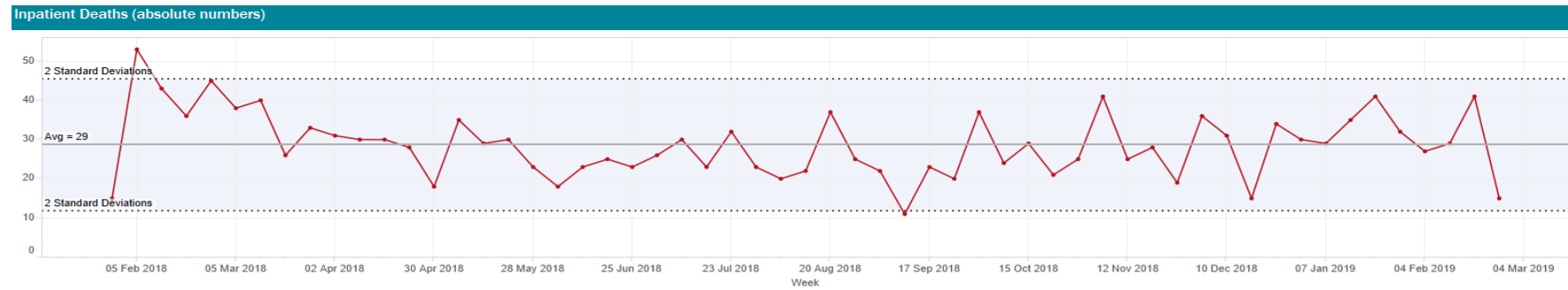
Indicator Description	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-17 to Sep-18	Trend
Hospital Standardised Mortality Ratio (HSMR)	72.6	97.3	93.8	106.3	94.9	86.7	79.5	69.8	80.3	73.0	64.2	76.9	85.7	
Hospital Standardised Mortality Ratio Weekend Emergency	78.8	107.9	123.7	121.5	113.8	78.2	97.6	79.5	72.2	62.7	82.4	113.3	97.8	
Hospital Standardised Mortality Ratio Weekday Emergency	76.2	95.3	84.9	95.6	79.7	87.1	82.5	67.6	78.1	68.4	60.1	64.9	81.1	

Indicator Description	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Trend
Summary Hospital Mortality Indicator (SHMI)	0.84	0.83	0.83	0.83	0.83	0.82	0.82	0.82	0.82	0.82	0.84	0.84	0.84	
Emergency Readmissions within 30 days following non elective spell (reporting one month in arrears)	10.9%	10.6%	8.8%	8.7%	8.7%	8.50%	8.20%	8.20%	7.00%	8.90%	8.30%	7.60%		

Please note SHMI data is reflective of the period October 2017 to September 2018 based on a rolling 12 month period (published 14th February 2019).
HSMR data reflective of period November 2017 –October 2018 based on a monthly published position (published 14th February 2019).
Mortality Green Rag Rating is reflective of periods where the Trust are better than expected, non-Rag Rating is where the Trist are in line with expected rates.

Briefing

Both the Trust-level mortality indicators (SHMI and HSMR) remain lower than expected compared to national patterns. Caution should be taken in over-interpreting these signals, however as they mask a number of areas of over performance and also under performance. In particular we are aware of mortality signals in cardiac surgery, general intensive care and total hip replacement surgery that are under investigation as well as a number of more discrete diagnostic and procedure codes from Dr Foster that are reviewed monthly by the Mortality Monitoring Committee.



Maternity

Definitions	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Trend
Total number of women giving birth- (per calendar day)	14 per day	12	13	14	14	13	13	13	15	13	14	13	14	13	
% of all deliveries where caesarean section occurred	<28%	23.9%	25.3%	26.3%	28.1%	28.0%	25.1%	23.2%	23.8%	26.8%	27.5%	23.7%	29.2%	28.5%	
% deliveries with Emergency C Section (including no Labour)	<8%	7.4%	8.0%	8.4%	7.8%	9.7%	6.6%	6.2%	6.5%	6.8%	8.3%	5.8%	7.4%	8.0%	
% Time Carmen Suite closed	0%										0	0	0	1.8%	
% of all births in which woman sustained a 3rd or 4th degree tear	<5%	3.8%	3.4%	3.8%	3.5%	3.5%	5.1%	4.5%	3.3%	2.0%	3.6%	1.5%	2.1%	1.4%	
% of all births where women had a Life Threatening Post Partum Haemorrhage >1.5 L	<4%	3.2%	2.1%	1.9%	2.8%	1.7%	2.4%	3.6%	1.8%	2.0%	2.6%	2.7%	2.6%	1.9%	
Number of term babies (> 34 weeks), with unplanned admission to NNU		10	7	7	12	12	2	17	11	8	9	10	12	6	
Supernumerary Midwife in Labour Ward	>95%									95.2%	98.3%	100%	98%		
Number of babies born with Hypoxic Ischaemic Encephalopathy (/1000 babies)	<2	0	0	0	2	2	0	0	0	2	1	0	1	0	
Number of babies still born at term (37 weeks+)	<3	1	0	0	1	1	1	0	0	0	1	0	1	0	
Number of babies still born at term (24 to 36 weeks and 6 days)	<3	0	4	1	0	0	0	3	1	3	0	1	1	2	
Number of babies born alive who die within (7 days of birth)	<3	4	1	1	0	1	1	3	1	2	0	3	0	0	
% women booked by 12 weeks and 6 days	90%	65.6%	66.1%	57.7%	61.4%	67.9%	75.0%	77.8%	82.6%	75.6%	81.9%	84.7%	84.9%	86.8%	

Briefing

- In February 361 women gave birth an average of 13 babies born daily. The overall caesarean rate continued to be higher than average driven by emergency caesareans, however this is still within expected parameters and will be kept under close review and monitoring.
- The number of women booked by 12 weeks and 6 days of pregnancy has been at its highest level in the last four consecutive months.

Actions

- Based on above review, instigate a review of cases if numbers fall outside of expected norms
- Continue to monitor staffing across the service with a plan for responsive recruitment : Business case for responsive recruitment being prepared for Divisional Management Board this month.
- To verify numbers for 3rd and 4th degree tears and identify any learning to share if number is significantly lower than previous months.

Patient Experience

Patient Voice

Indicator Description	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Trend
Emergency Department FFT - % positive responses	90%	81.0%	81.4%	84.0%	85.0%	85.5%	83.7%	84.6%	83.5%	84.2%	79.2%	84.2%	82.8%	78.5%	
Inpatient FFT - % positive responses	95%	96.0%	96.3%	97.2%	97.3%	97.1%	96.7%	96.6%	96.3%	97.0%	95.5%	96.4%	96.5%	96.0%	
Maternity FFT - Antenatal - % positive responses	90%	100.0%	95.8%	100.0%	97.2%	100.0%	100.0%	100.0%	100.0%	100.0%					
Maternity FFT - Delivery - % positive responses	90%	100.0%	96.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.4%	100.0%	100.0%	100.0%	100.0%	
Maternity FFT - Postnatal Ward - % positive responses	90%	90.4%	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	90.9%	95.6%	95.7%	
Maternity FFT - Postnatal Community Care - % positive responses	90%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%			100.0%		100.0%	
Community FFT - % positive responses	90%	93.3%	98.3%	97.1%	98.5%	98.3%	98.0%	98.4%	99.5%	95.6%	97.4%	96.1%	96.3%	94.9%	
Outpatient FFT - % positive responses	90%	96.1%	98.4%	97.3%	97.3%	97.4%	97.4%	97.1%	96.3%	94.9%	97.3%	95.6%	96.1%	92.3%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints Received		80	94	96	85	79	120	96	93	90	88	78	92	84	
PALS Received		236	259	264	317	292	337	294	335	416	353	252	369	334	

Briefing

- ED Friends and Family Test (FFT) – In the month of February 78.5% of patients attending the Emergency Department would recommend the service to family and friends reporting the lowest performance year to date, the response rate remains below our target of 20%.
- Inpatient Friends and Family Test (FFT) continues to be above threshold reporting 96% in February providing reasonable assurance on the quality of patient experience
- We continue to deliver above target against our outpatient recommend rate.
- Maternity and Community FFT remain above local threshold with work continuing to improve the number of patients responding which is currently below target.
- All complaints are assessed for complexity when they arrive and given a response time of 25, 40 or 60 working days. Complaints with a 25 day response time remain below the set trajectory of 85%, reporting in January a performance of 58%. For 40 day complaints received in December 67% were responded to within the timescale. There were no 60 day complaints received in November 2018. Weekly CommCell meeting is now getting feedback on divisional performance against the compliance targets, this is to balance the focus on overdue complaints which have reduced both in number and time overdue.

Actions

Patients can now access the FFT on our website. In addition to the monthly reports of performance to ward areas a weekly report to matrons/ward managers is now in place. This gives the number of discharges versus the number of FFT responses completed and clearly identifies areas that need to improve. Text messaging the FFT after appointment has started in a number of clinics.

Complaints and PALS: The weekly CommCell is being used to maintain organisational focus on meeting both timeliness and quality standards for complaint responses. A proposal to strengthen expertise in the central complaints team is being consulted on at the time of report.

Patient Experience

Patient Voice

CARING – Friends and Family Test

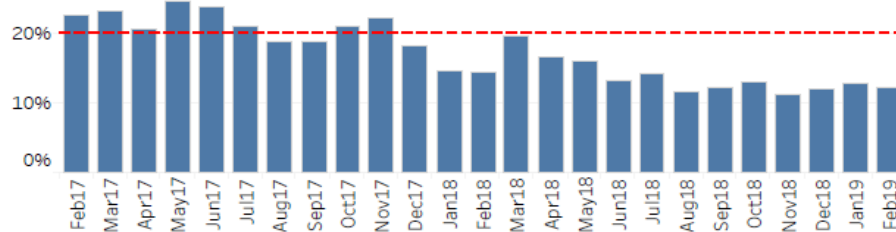
--- Target Metric Measure

Percentage

Neutral

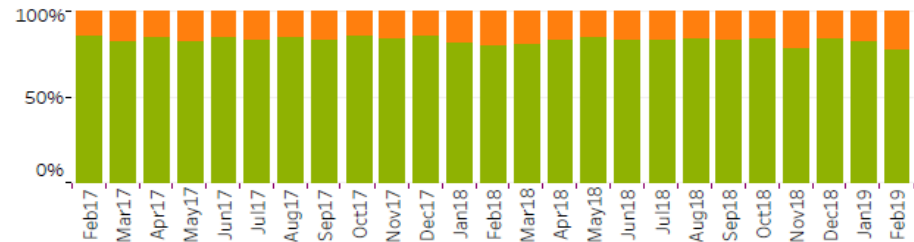
A&E Friends & Family Response Rate

Target: 20% Jan 19: 12.80% Feb 19: 12.30% Movement: ▼0.50%



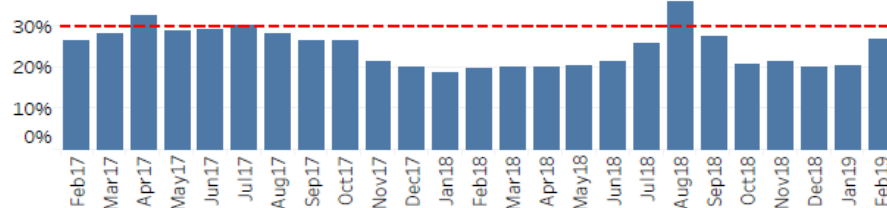
A&E Friends & Family Recommend Rate

The expected target is 90%



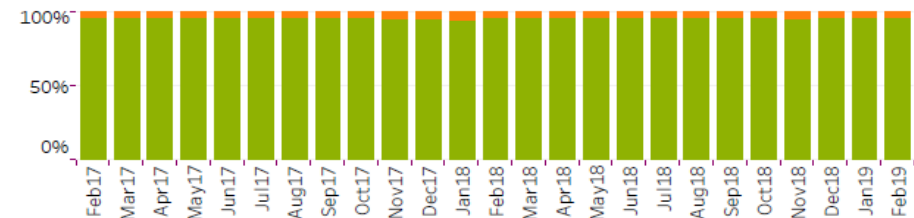
IP Friends & Family Response Rate

Target: 30% Jan 19: 20.10% Feb 19: 26.40% Movement: ▲6.30%



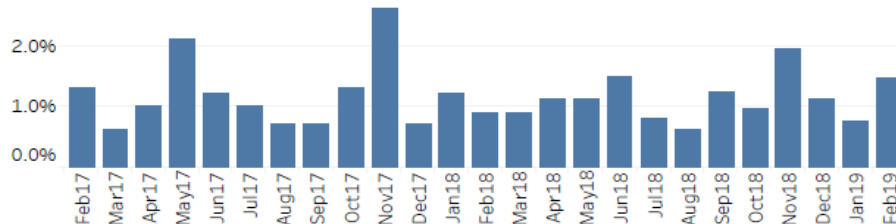
IP Friends & Family Recommend Rate

The expected target is 95%



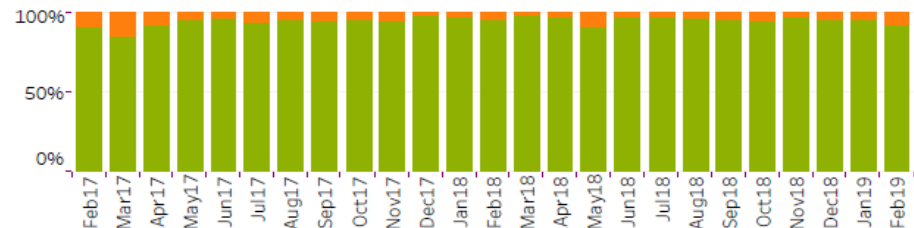
OP Friends & Family Response Rate

Target: 20% Jan 19: 0.70% Feb 19: 1.50% Movement: ▲0.80%



OP Friends & Family Recommend Rate

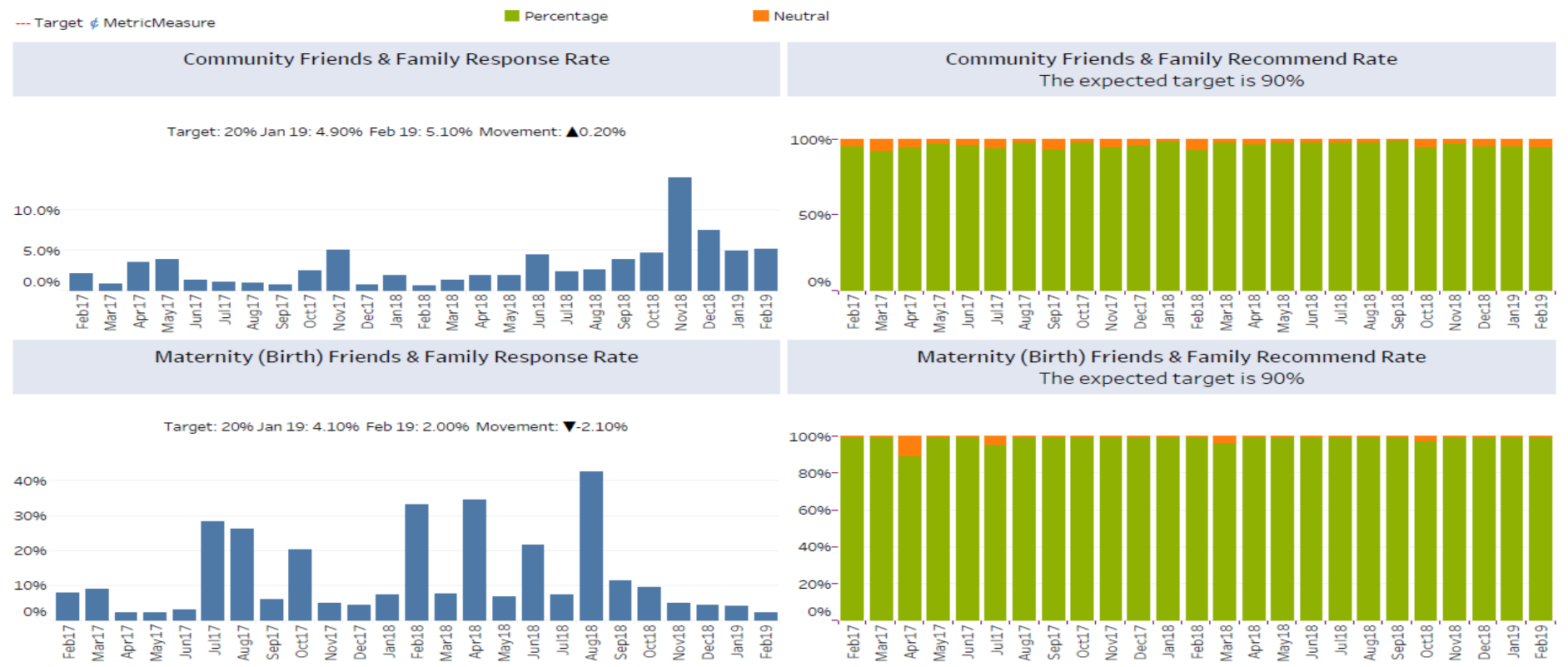
The expected target is 90%



Patient Experience

Patient Voice

CARING – Friends and Family Test



Delivery

Emergency Flow

Indicator Description	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Trend
4 Hour Operating Standard	95%	83.5%	81.6%	88.4%	93.3%	93.6%	93.3%	91.1%	90.3%	90.1%	85.5%	85.6%	84.2%	82.2%	
Patients Waiting in ED for over 12 hours following DTA	0	0	2	1	1	0	1	0	1	0	1	2	0	0	
Admitted patients with a length of stay 7 Days or Greater		285	291	303	265	278	271	272	266	287	294	291	315	321	
Ambulance Turnaround - % under 15 minutes	100%	42.2%	41.0%	45.0%	45.7%	43.6%	42.0%	42.3%	46.4%	42.5%	37.4%	37.0%	33.9%	33.0%	
Ambulance Turnaround - % under 15 minutes (London Average)	100%	42.2%	41.1%	45.2%	45.7%	47.4%	46.7%	48.1%	52.6%	47.4%	46.5%	44.7%	41.6%	43.1%	
Ambulance Turnaround - number of patients not handed over within 30 minutes	0	135	105	92	65	72	67	85	109	111	138	135	145	87	
Ambulance Turnaround - % under 30 minutes	100%	93.2%	94.5%	95.3%	96.8%	96.3%	96.2%	95.5%	94.1%	94.5%	93.0%	93.6%	92.3%	95.1%	
Ambulance Turnaround - % under 30 minutes (London Average)	100%	87.4%	87.5%	88.8%	91.9%	93.7%	93.1%	92.2%	92.5%	92.2%	91.5%	90.5%	88.2%	90.3%	
Ambulance Turnaround - number over 60 minutes	0	3	10	1	0	0	0	2	3	0	3	1	13	6	

Briefing

- The Emergency Department saw more than a 10% increase in Emergency Attendances, treating an additional 45 patients per day with the increases coming in patients self-presenting.
- Compared to the same period last year there was an increase seen in the number of patients admitted on average by 15 patients per day.
- The daily average of stranded and super stranded patients have increased in recent weeks and along with escalation review meetings being held within divisions the Trust continue to work with sector colleagues to further improve processes to enable and facilitate discharge.
- In February, over 1,000 patients were streamed back to Primary Care, with the percentage of all attending patients directed elsewhere for assessment and treatment increasing to 11% for the month, of which 40% of patients were streamed outside the local area. Commissioner colleagues are looking to work more closely with individual GP practices to understand the root causes of this growth
- Performance against the Four Hour Operating Standard in February was 82.2%, which was below the monthly improvement trajectory of 90%. The improvement trajectory will require the delivery of improved performance in both admitted and non-admitted pathways
- Ambulance Turnaround performance currently being reviewed for January and February 2019
- Time to Treatment performance has been removed due to data quality issues.

Actions

- The Trust has enacted an Emergency Care Enhanced Support Plan with effect from 5th February 2019 to remain in place until end March 2019. A daily midday meeting has been established to track key metrics against targets which we know to be indicators of good flow within the organisation; (e.g. no. patients in the ED (target <70), time to treatment (>60% within 60mins), AMU bed occupancy (<80%), Trust-wide bed occupancy (<92.5%) and no. of patients with a Section 5 with a date that has passed (<25 patients). The output of the daily meeting includes focused actions to be carried out, with the aim of delivering real time improvements in flow and performance on a daily basis.
- MADE Event (Multi-Agency-Discharge-Event) planned in April with Local Health and Social Care System Partners

Delivery

Referral To Treatment

Indicator Description	Target	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RTT Incomplete Performance	92%	84.5%														
RTT Incomplete Trajectory		83%	84%	84%												88%
Total waits greater than 18 weeks (inc 52Wk waiters)		6,028														
Total waits greater than 52 weeks	0	118														
RTT Incomplete Performance - Admitted		63.27%														
Total waits greater than 18 weeks - Admitted		1,677														
Total waits greater than 52 weeks - Admitted	0	62														
RTT Incomplete Performance -Non Admitted		87.30%														
Total waits greater than 18 weeks - Non Admitted		4,351														
Total waits greater than 52 weeks - Non Admitted	0	56														

Amber between Trajectory and National Standard; Red below Trajectory; Green meeting National Standard

Briefing

- St George's Trust resumed National RTT reporting in January 2019, marking a significant step forward in the Trust's data quality journey. This follows a two and a half year reporting gap from June 2016.
- Current performance and waiting list size are ahead of trajectory.
- The Trust continues to reduce the volume of patients waiting over 52 weeks on an incomplete pathway – 110 of the 118 52 week breaches reported in January 2019 were General Surgery. At Trust Board in November 2018 the decision was taken to outsource a cohort of up to 125 General Surgery patients across NHS and Private providers. This will further support the reduction of long waiting patients.
- Capacity and demand modelling is currently being undertaken to confirm the capacity is available for the Trust to meet its trajectory as agreed with the Trust Lead commissioners Merton and Wandsworth CCG.

Actions

- To increase the current number of General Surgery patients currently outsourced to ensure total approved volume of 125 to reduce the number of patients waiting over 52 weeks for surgery up to the end of March 2019.
- Daily monitoring of all patients waiting over 52 weeks for first definitive treatment.
- Continued reduction in the number of patients unbooked for first outpatient appointment.
- Complete and sign off capacity plan for RTT activity and performance trajectory for 2019/20 by the end of March 2019

Delivery

Diagnostics

Indicator Description	Threshold	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Trend
6 Week Diagnostic Performance	1%	0.0%	0.2%	0.2%	0.2%	0.3%	0.3%	0.2%	0.4%	0.2%	0.5%	0.6%	0.5%	0.3%	
6 Week Diagnostic Breaches	N/A	3	17	15	14	25	24	15	30	18	39	37	41	24	
6 Week Diagnostic Waiting List Size	N/A	7,232	7,075	7,956	7,735	7,809	7,236	6,946	7,617	7,593	7,322	6,652	7,649	7,754	

Indicator Description	Threshold	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Trend
MRI	1%	0.0%	0.1%	0.1%	0.0%	0.4%	0.0%	0.3%	0.1%	0.2%	0.3%	0.6%	0.4%	0.6%	
CT	1%	0.0%	0.3%	0.1%	0.0%	0.3%	0.0%	0.0%	0.0%	0.2%	0.1%	0.7%	0.6%	0.0%	
Non Obstetric Ultrasound	1%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.1%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	
Barium Enema	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%	0.0%	
Dexa Scan	1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Audiology Assessments	1%	0.0%	0.0%	5.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Echocardiography	1%	0.0%	0.0%	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.4%	
Electrophysiology	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%	0.0%	
Peripheral Neurophysiology	1%	0.0%	0.4%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	
Sleep Studies	1%	0.4%	0.6%	0.0%	0.0%	0.0%	1.1%	1.5%	0.0%	0.0%	7.7%	2.4%	1.1%	0.8%	
Urodynamics	1%	0.0%	9.1%	5.0%	23.9%	6.3%	26.5%	0.0%	13.9%	14.6%	10.2%	8.5%	16.3%	14.0%	
Colonoscopy	1%	0.6%	0.7%	0.6%	0.4%	0.0%	0.0%	0.0%	0.0%	0.7%	3.0%	0.0%	2.9%	1.0%	
Flexi Sigmoidoscopy	1%	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%	
Cystoscopy	1%	0.7%	0.0%	1.0%	0.8%	3.0%	1.8%	4.4%	2.6%	3.0%	4.5%	5.4%	3.2%	0.0%	
Gastroscopy	1%	0.0%	1.8%	1.0%	0.0%	0.0%	1.8%	0.0%	0.3%	0.0%	0.0%	0.6%	1.4%	0.6%	

Briefing

- The Trust has continued to achieve performance in February reporting a total of 24 patients waiting longer than 6 weeks, 0.3% of the total waiting list.
- Compliance has not been achieved within two modalities, Urodynamics and Colonoscopy
- Performance and recovery plans continue to be monitored through the weekly performance meetings.

Delivery

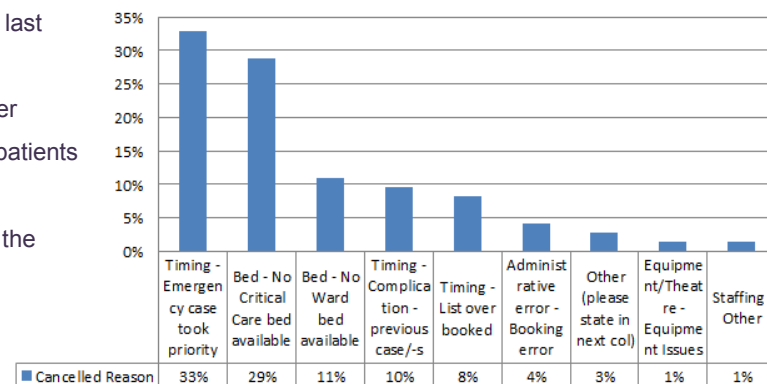
On the Day Cancellations for Non-Clinical Reasons

Indicator Description	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Trend
Number of on the Day Cancellations		55	86	64	87	42	54	44	55	52	53	60	86	73	
Number of on the Day cancellations re-booked within 28 Days		48	76	60	80	33	51	39	48	50	52	58	86	71	
% of Patients re-booked within 28 Days	100%	87.3%	88.4%	93.8%	92.0%	78.6%	94.4%	88.6%	87.3%	96.2%	98.1%	96.7%	100.0%	97.3%	

Briefing

- Reducing cancellations has been a key focus within the improvement work streams supporting the theatre productivity programme, and we have seen a significant improvement compared to the same period last year, therefore improving patient experience.
- The increase in the re-booking performance has continued to be maintained since October 2018 after introducing daily huddles where the Patient Pathway Co-ordinators proactively manage and review patients that have previously been cancelled.
- In February, 97.3% of patients were re-booked within 28 days despite an increase of non clinical on the day cancellations
- Reasons for on the day cancellations include Trauma cases taking priority and ITU bed capacity.

Reason for Cancellation



Actions

- Continue to roll out Patient Pathway Co-ordinators booking Pre-Operative Assessments for Day Surgery, as well as Inpatient cases improving patient experience and slot utilisation. This has already significantly improved the average utilisation rates from 50% in December to 73% in February and achieving 90% in the first week of March for Pre Op Assessment slots.
- Following successful implementation of the Text Reminder Service within Day Surgery Pre-Assessment, Inpatient Surgery Pre-Assessment expansion is being explored
- Call to every patients before surgery continues to work well, next steps are to create a list of patients that are fit (via improved POA process) and available at short notice (via improved triaging processes) to fill gaps of any short notice cancellations
- At times of high non-elective activity, ensure that elective patients are reviewed, including their bed requirements, in advance of the day of surgery

Delivery

Cancer

Indicator Description	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	No of Patients	Trend (12 months)
Cancer 14 Day Standard	93%	94.8%	96.7%	96.8%	93.1%	93.3%	83.0%	93.1%	95.0%	95.5%	96.3%	95.9%	96.6%	94.4%	1,185	
Cancer 14 Day Standard Breast Symptomatic	93%	95.9%	96.5%	96.8%	94.4%	79.4%	22.2%	55.2%	86.4%	97.9%	97.1%	95.4%	96.9%	97.4%	268	
Cancer 31 Day Diagnosis to Treatment	96%	98.2%	99.3%	96.5%	98.4%	99.0%	97.0%	98.4%	98.5%	99.0%	99.1%	96.5%	98.2%	97.4%	227	
Cancer 31 Day Second or subsequent Treatment (Surgery)	94%	94.6%	100.0%	95.5%	100.0%	95.7%	94.1%	95.0%	96.6%	100%	96.9%	96.6%	94.6%	97.9%	11	
Cancer 31 Day Second or subsequent Treatment (Drug)	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	15	
Cancer 62 Day Referral to Treatment Standard	85%	77.8%	80.8%	88.1%	92.3%	85.9%	89.6%	85.7%	85.7%	80.6%	87.8%	88.1%	94.8%	86.2%	67.5	
Cancer 62 Day Referral to Treatment Screening	90%	86.1%	89.1%	95.2%	80.8%	92.7%	84.6%	73.8%	91.6%	94.1%	91.8%	93.2%	82.0%	88.7%	31	

Briefing

- The Trust met six of the seven Cancer standards in the month of January, continuing to achieve both the 14 day standard and 62 day standard.
- Performance against the 14 day standard was not achieved in two tumour groups, Gynaecology and Upper Gastroenterology.
- Performance against 62 day standard was reported at 86.2% overall, and internal performance was at 96%

62 Day wait for First Treatment- GP referral to treatment (actual and internal performance)			
Month	Target	Actual Performance	Internal Performance
Aug-18	85%	85.7%	89.1%
Sep-18	85%	80.6%	85.0%
Oct-18	85%	87.8%	92.5%
Nov-18	85%	88.1%	100.0%
Dec-18	85%	94.8%	100.0%
Jan-19	85%	86.2%	96.0%

Actions

- There is a continued focus on improving internal processes as well as working with local providers to improve 38 day performance. Improvement trajectories have been agreed with other SWL providers to improve waiting times and quicker access to diagnostics and treatment for shared patients
- Capacity within the Breast pathway has been created within diagnostics through the addition of a new ultrasound machine at St George's Rose Centre site increasing the minimum weekly capacity by 60 slots weekly. On-going recruitment of vacant consultant posts, the creation of a new consultant post, and the introduction of a trainee position will further increase capacity by 60 slots and provide a more flexible and responsive service in the current year and a further 50 slots in year 2 once training is completed.

Delivery

Cancer

14 Day Standard Performance by Tumour Site - Target 93%

Tumour Site	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	No of Patients
Brain	93%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	-	100.0%	-	100.0%	100.0%	1
Breast	93%	96.0%	96.5%	93.9%	94.8%	91.9%	61.2%	87.4%	97.5%	94.5%	99.4%	97.4%	98.8%	97.4%	193
Children's	93%	87.5%	100.0%	100.0%	80.0%	100.0%	100.0%	90.9%	-	100.0%	50.0%	100.0%	100.0%	100.0%	3
Gynaecology	93%	98.0%	96.8%	94.3%	94.9%	91.9%	86.1%	91.7%	90.8%	81.9%	87.8%	87.5%	95.9%	69.5%	95
Haematology	93%	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	100.0%	100.0%	100.0%	27
Head & Neck	93%	100.0%	97.6%	100.0%	100.0%	97.5%	92.3%	93.0%	95.6%	99.3%	99.8%	98.1%	96.0%	98.5%	130
Lower Gastrointestinal	93%	95.2%	100.0%	97.8%	94.1%	90.3%	67.5%	94.7%	98.9%	94.3%	98.1%	95.8%	94.5%	97.2%	216
Lung	93%	92.3%	100.0%	100.0%	100.0%	96.3%	90.9%	97.6%	94.7%	95.2%	100.0%	100.0%	100.0%	93.3%	30
Skin	93%	92.7%	94.8%	95.9%	94.1%	93.8%	92.7%	93.3%	92.9%	97.4%	96.6%	97.4%	97.6%	97.1%	276
Upper Gastrointestinal	93%	89.0%	97.3%	95.3%	85.2%	88.1%	89.9%	96.6%	93.9%	96.7%	98.8%	95.4%	94.1%	91.8%	85
Urology	93%	95.0%	95.1%	98.2%	81.3%	92.9%	96.5%	95.2%	93.1%	96.8%	92.4%	93.4%	96.6%	94.5%	129

62 Day Standard Performance by Tumour Site - Target 85%

Tumour Site	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	No of Patients
Brain	85%	-	-	-	-	-	-	-	-	-	-	100.0%	100.0%	-	0
Breast	85%	71.4%	100.0%	88.9%	94.1%	84.6%	91.7%	90.9%	78.9%	100.0%	100.0%	100.0%	100.0%	100.0%	13
Children's	85%	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Gynaecology	85%	80.0%	77.8%	0.0%	100.0%	80.0%	100.0%	75.0%	100.0%	80.0%	90.0%	100.0%	83.3%	88.9%	4.5
Haematology	85%	88.9%	83.3%	81.8%	100.0%	63.6%	100.0%	100.0%	88.9%	75.0%	100.0%	100.0%	100.0%	100.0%	4
Head & Neck	85%	100.0%	83.3%	80.0%	100.0%	90.0%	75.0%	72.7%	81.8%	80.0%	100.0%	86.7%	87.5%	46.2%	6.5
Lower Gastrointestinal	85%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	71.4%	83.3%	66.7%	88.9%	100.0%	100.0%	100.0%	6
Lung	85%	90.9%	57.1%	100.0%	100.0%	87.5%	83.3%	71.4%	66.7%	28.6%	50.0%	70.0%	72.7%	80.0%	7.5
Skin	85%	86.7%	100.0%	100.0%	100.0%	90.9%	100.0%	100.0%	100.0%	84.6%	92.3%	100.0%	100.0%	92.3%	6.5
Sarcoma	85%	-	100.0%	-	-	-	-	-	-	-	-	-	-	-	0
Upper Gastrointestinal	85%	33.3%	57.1%	66.7%	87.5%	33.3%	80.0%	100.0%	78.9%	50.0%	54.5%	100.0%	100.0%	0.0%	1
Urology	85%	60.7%	70.0%	96.7%	80.5%	84.6%	84.9%	85.7%	88.2%	92.9%	88.9%	77.8%	95.0%	89.5%	19
Other	85%	-	-	-	-	-	-	-	100.0%	-	100.0%	100.0%	-	0.0%	0.5

Workforce

Workforce

Indicator Description	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Trend
Trust Level Sickness Rate	3%	4.0%	3.6%	3.2%	3.2%	3.6%	3.5%	3.5%	3.4%	3.7%	4.1%	3.8%	4.3%	4.0%	
Trust Vacancy Rate	10%	13.5%	13.3%	12.6%	11.3%	11.0%	10.6%	10.2%	10.4%	9.3%	8.9%	9.4%	9.4%	9.3%	
Trust Turnover Rate* Excludes Junior Doctors	13%	17.6%	17.2%	16.9%	17.0%	17.3%	17.4%	17.1%	16.6%	16.6%	16.9%	16.9%	17.1%	17.1%	
Total Funded Establishment		9,540	9,497	9,469	9,318	9,242	9,239	9,160	9,180	9,165	9,171	9,196	9,229	9,238	
IPR Appraisal Rate - Medical Staff	90%	76.9%	72.2%	81.1%	81.3%	79.9%	77.7%	Not currently provided							
IPR Appraisal Rate - Non Medical Staff	90%	65.9%	61.6%	61.2%	63.4%	64.6%	67.6%	69.7%	69.7%	69.7%	71.8%	71.5%	70.9%	71.3%	
% of Staff who have completed MAST training (in the last 12 months)		87%	87%	87%	87%	87%	89%	88%	88%	88%	89%	89%	89%	89%	
Ward Staffing Unfilled Duty Hours	10%	7.9%	8.9%	6.5%	5.1%	4.9%	5.8%	5.5%	6.7%	6.6%	5.1%	6.1%	6.6%	6.7%	
Safe Staffing Alerts	0	1	1	1	0	2	0	0	0	0	0	0	0	0	

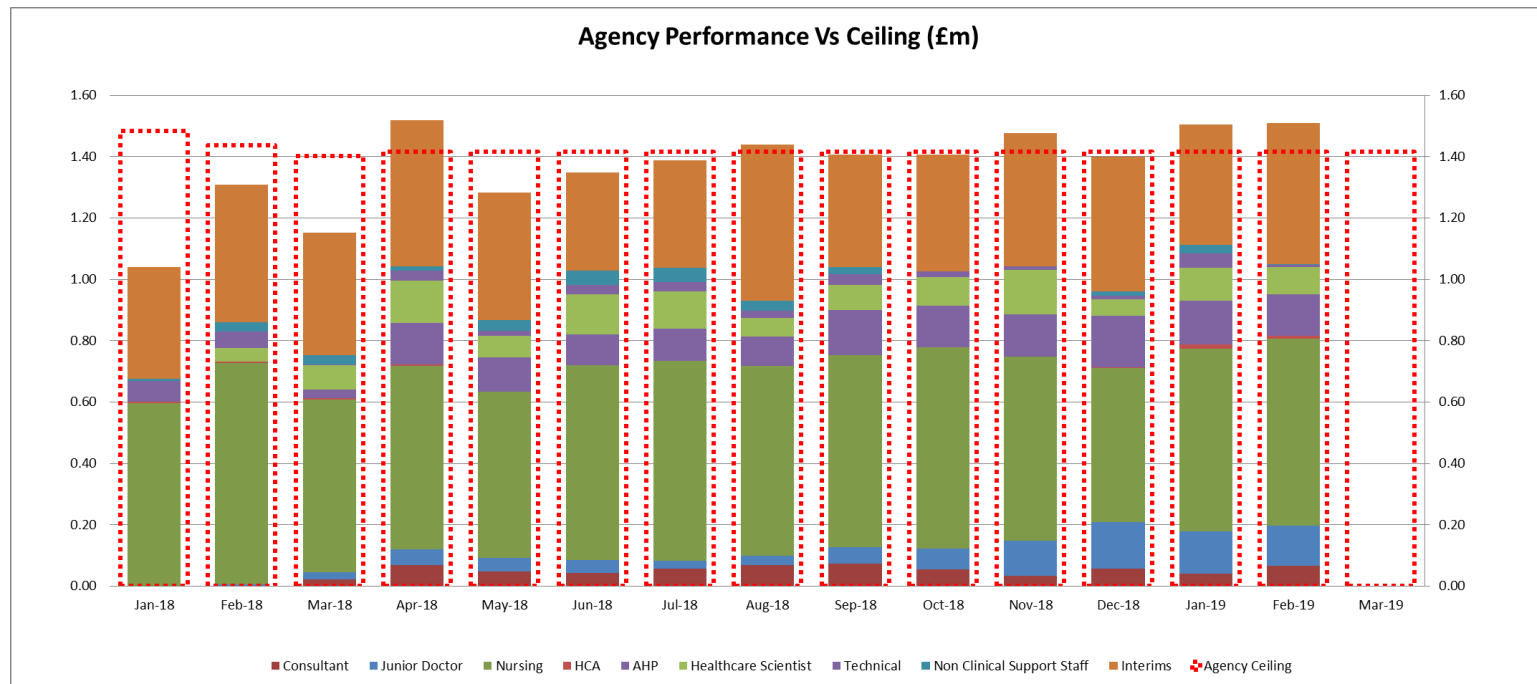
* Excludes Junior doctors

Briefing

- The Trust Vacancy rate continues to be below the target in the month of February reporting 9.3% against a Trust target of 10%
- The Trust sickness level has remained above target of 3%, however there has been a slight drop in February reporting 4% from 4.3% in January.
- Mandatory and Statutory Training figures for February were recorded at 89%.
- Medical Appraisals rates are being reviewed and will not be reported this month.
- Non-medical appraisal rates remain below target with a performance of 71.3% against a 90% target.

Workforce

Agency Use



- The Trust's total pay for February was £42.71m. This is £0.81m adverse to a plan of £41.89m.
- The Trust's 2018/19 annual agency spend target set by NHSI is £21.30m. There is an internal annual agency target of £17.00m.
- Total restated agency cost in February was £1.51m or 3.5% of the total pay costs. For 2017/18, the average agency cost was 4.2% of total pay costs.
- For February, the monthly target set was £1.42m. The total agency cost is worse than the target by £0.09m.
- Agency cost remains constant compared to January. There has been increases mainly in Interims (£0.07m) and Consultant (£0.02m), offset by decreases in Technical (£0.04m), Non Clinical (£0.03m) and Healthcare Scientist (£0.02m).
- The biggest area of overspend was in Interim, which breached the target by £0.16m.

Meeting Title:	Trust Board		
Date:	27 March 2019	Agenda No	2.3
Report Title:	Cardiac Surgery Update		
Lead Director	Richard Jennings, Medical Director		
Report Authors:	Matt Jarratt, General Manager, Cardiac, Vascular and Thoracic Surgery		
Presented for:	Assurance and discussion		
Executive Summary:	<p>This paper provides an update to the Trust Board on the steps being taken to improve the cardiac surgery service following the NICOR safety alerts and the findings of the independent report by Professor Bewick (July 2018).</p> <p>Since the last update to the Trust Board (February 2019) the following key developments have taken place:</p> <ul style="list-style-type: none">• The ‘dry run’ CQC inspection (facilitated by NHSI) has been completed and the Quality and Safety Committee considered this at its meeting on 21 March 2019.• The Independent Mortality Review Panel has continued to meet.• The implementation of the case management model has been initiated.• The Standard Operating Procedure for the transfer of high risk and complex elective and inpatients to Kings and St Thomas’ has been updated following agreement of amendments by the and shared with those teams.• An external consultant started with the team on 20th March to support the culture and leadership improvement strategy.		
Recommendation:	The Trust Board is asked to note the update on progress being made in Cardiac Surgery.		
Supports			
Trust Strategic Objective:	<ul style="list-style-type: none">• Treat the patient, treat the person• Right care, right place, right time• Champion Team St George’s		
CQC Theme:	<ul style="list-style-type: none">• Safe, Well Led		
Single Oversight Framework Theme:	<ul style="list-style-type: none">• Quality of Care, Leadership and Improvement Capability		
Implications			
Risk:	As set out in the paper		
Legal/Regulatory:	The paper details the Trust’s engagement with regulators on this issue.		
Previously Considered by:		Date	

CARDIAC SURGERY UPDATE
Trust Board, 27 March 2019

1.0 PURPOSE

- 1.1** To update Trust Board on progress being made with Cardiac Surgery since the presentation to Trust Board in February 2019.
- 1.2** The Board has received background context, detailing the causes leading to the current challenges facing cardiac surgery in previous submissions (most recently February 2019). This paper does not re-cover either that information or any improvements and changes made prior to February 2019; rather it provides a summary of the key developments that have taken place in the four weeks since the February meeting.

2.0 EXTERNAL ASSURANCES

2.1 'Dry-run' CQC inspection

1. The Trust arranged for an external team to provide a targeted inspection of the Cardiac Surgery service on 15 February 2019, in order to help identify both areas of progress and areas to focus on.
2. The purpose of the inspection was to undertake a 'dry-run' prior to a likely imminent CQC inspection later in 2019.
3. The panel included experienced senior clinicians and administrators, and was led by Dr Sean O'Kelly, Medical Director for NHSI and until recently Chief Medical Officer for University Hospitals Bristol NHS Foundation Trust.
4. The panel interviewed the CEO, CMO, AMD for Cardiac Surgery, HoN for Cardiac, Vascular and Thoracic Surgery and Cardiology; General Manager for Cardiac, Vascular and Thoracic Surgery, Governance Lead for Cardiac Surgery and clinical staff in Benjamin Weir Ward, Cardiac Theatres and Cardiac ITU.
5. Some key messages;
 - "There are positive signs of progress in leadership, governance and aspects of the culture. The leadership team for the specialty are making a difference, as are appointees in specific teams such as Cardiac Theatres and Benjamin Weir ward."
 - "Staff had taken the recommendations of the Bewick and CQC reports seriously and applied themselves to addressing the issues."
6. The outcomes of the dry run inspection were discussed at the Quality & Safety Committee on 21 March and accepted, and actions were agreed.

2.2 Meetings of the independent Mortality Review Panel. The independent mortality review panel continues to meet. It is anticipated that the work will continue through to the end of summer 2019.

3.0 INTERNAL DEVELOPMENTS

Within the last four weeks, the following key service developments have taken place.

3.1 Pre-operative Assessment and case management. We have agreed to implement an improved model for case management of all elective patients, including a clinical nurse specialist (CNS) led case management team supported by patient pathway coordinators, which will be consultant overseen. This is being implemented.

3.2 SOP for transfer of patients to Kings and GSTT. The Standard Operating Procedure for Elective and In Patients at St Georges Hospital requiring Cardiac Surgery has been reviewed by the Associate Medical Director for Cardiac Surgery and shared with Kings and GSTT.

3.3 Culture and behaviour. Continued significant work to improve the behaviour and culture of the workforce, led by the AMD for Cardiac Surgery. An external HR consultant is joining the team this month to provide additional support.

3.4 A further Cardiac Surgery Quality Summit was held on 14 March 2019, chaired by Kathy McLean, and a further meeting of the **Independent Scrutiny Panel** took place on 19 March 2019, chaired by Sir Andrew Cash.

3.5 Mortality and Morbidity. The February dashboard was reviewed in the Quality and Safety Committee on 21 March.

4.0 INTERNAL ASSESSMENT

4.1 The safety of the service continues to be closely monitored by the Trust and a daily safety dashboard is considered by the Chief Medical Officer and Chief Nurse. The Trust is confident in the safety of the service is currently being maintained, but this continues to require a high level of oversight by a significant number of senior individuals within the Trust.

5.0 IMPLICATIONS

5.1 There continue to be three extreme risks on the risk register for this service, with another due to be added in the next week:

- 1) Losses incurred through reduced income as a result of decreased activity, and direct costs incurred through turnaround programme. (Original risk score 25, current score 20). The risk score has not been reduced within the last month.
- 2) Drop off in referrals and significant loss of patient and referrer confidence in the service caused by high media profile of current challenges. This impacts on the longer-term viability of the service (Original risk score 20, current score 15). The risk score has not been reduced within the last month.
- 3) Adverse impact on patient safety within the service, and poor adherence to Trust values on poor behaviours from within cardiac surgery team, anaesthetics, theatre staff and other key groups (Original risk score 20, current score 15).

- 4) The service faces some challenges with regard to the junior and middle grade medical workforce. This risk is being managed, and the rota is being staffed safely. Active recruitment is being undertaken.

6.0 RECOMMENDATION

The Trust Board is asked to discuss and take assurance from the update on progress being made in Cardiac Surgery.

Date: **22 March 2019**

Meeting Title:	Trust Board		
Date:	28 March 2019	Agenda No.	2.4
Report Title:	Quality Improvement Academy Update		
Lead Director	James Friend. Director of Delivery, Efficiency and Transformation		
Report Authors:	Martin Haynes, Improvement Methodology Director & Dr. Mark Hamilton, Associate Medical Director		
Presented for:	Noting		
Executive Summary:	<p>In the six months to December 2018, much of the Quality Improvement Academy’s work was focused on awareness of the team’s work and supporting a growing pool of improvement projects.</p> <p>With a rising level of demand and expectations from across the trust, the team has created a high level transformation plan for 2019 and actively started engagement with senior leaders to set in place the conditions to extend the reach and impact of QI. At the end of March, the team will acquire additional resource from the current planned care programme and work is now underway to agree where and how best to deploy the new team members.</p> <p>The following paper highlights some of the larger elements of the QIA’s current activities and the key themes that will inform its work over the coming year.</p>		
Recommendations:	For the Board to note the intentions and progress of the Academy to date.		
Supports			
Trust Strategic Objectives:	Right Care, Right place, Right Time Balance the Books, Invest in the Future Build a Better St George’s Champion Team St George’s Develop Tomorrow’s Treatments Today		
CQC Themes:	Safe and Effective - Well Led		
Single Oversight Framework Theme:	<ul style="list-style-type: none">• Quality of Care (safe, effective, caring, responsive)• Finance and Use of Resources		

Implications			
Risk:	None in this paper.		
Legal / Regulatory:	N/A		
Resources:	None requested in this paper.		
Previously considered	N/A	Date:	
Appendices:			

1.0 Purpose

The purpose of this paper is to update the Trust Board on the key activities and progress of the Quality Improvement Academy (QIA) during Q3 2018/19

2.0 Q4 in summary

After a successful period building awareness and interest in quality improvement, during this quarter the team has focused on building a clear plan for the next operational year. They have also continued to promote the quality improvement conversations particularly as part of the trust strategy development process and facilitation of CQC readiness assessment workshops.

In February the team held an instructive and challenging one day workshop with the Trust Executive Committee (TEC) to understand the leadership's role in creating the conditions for quality improvement to thrive and sustain. Mindful of the latest staff survey results the team started to explore how to adapt its leadership approach for our teams in the months and years ahead. The day was a precursor to wider, integrated organisation development (OD) programme which is being co-created by subject matter experts from the quality and leadership improvement teams.

The team continues to promote understanding and exploration of the St George's Way, with a particular focus on three core the cultural elements of psychological safety, teamwork, communication and continuous learning.

Despite the success of the first six months, this quarter has highlighted the need for additional, dedicated QIA resource to meet the rising demands and expectations of the organisation. In the short term they are developing plans to transition resource from the current Transformation Team into the QIA enabling a wider 'spread' of quality improvement training and coaching support to frontline teams. In turn, the aforementioned OD programme will focus on the building the cultural and leadership foundations of an effective improvement-based organisation.

3.0 Q4 Activity Overview

The following provides a summary of the higher profile QIA activities completed during quarter 4, 2018/19:

3.1 Quality Improvement Plan and CQC Readiness Workshops

In preparation for the next CQC inspection visits, the team has facilitated a series of QIP engagement/planning workshops across the eight care pathways:

- Urgent & emergency services
- Medical care (including older people's care)
- Surgery

- Critical care
- Services for children and young people
- Maternity
- End of life care
- Outpatients

The interactive two-hour workshops focused on creating shared understanding of progress since the CQC's 2016 inspection and development of key priorities for the year ahead. Some 200+ staff of all grades had the opportunity to review / challenge the care group findings and provisional 2019 self-assessment scores.

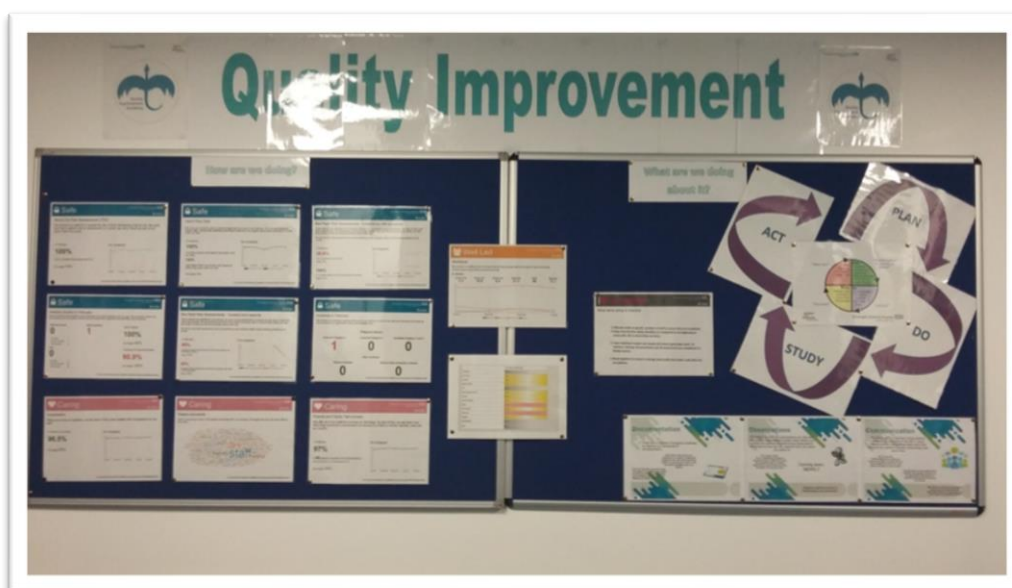
Following the workshops, the teams will continue to update their local evidence files proactively share their success/plans more widely across the teams. The QIA team will consolidate its learning/insights from the 8 workshops to inform our ongoing dialogue with the CQC and organisation development plans.

Further engagement workshops are planned for Estates & Facilities and staff at Queen Mary's Hospital

3.2 Training, Education and Development Activities

- Creation of an **organisation development plan**, building on last year's King's Fund development workshops and insights from subject matter experts across the trust.
- Development of an accelerated train-the-trainer implementation approach for the **High Performing Teams** methodology (as part of the Unplanned and Admitted Patient Care Programme)
- **Ward-based coaching** - Continued support of ward quality improvement plans in CTICU, McKissock & Brodie wards
-

Image of Learning Board used by Brodie team

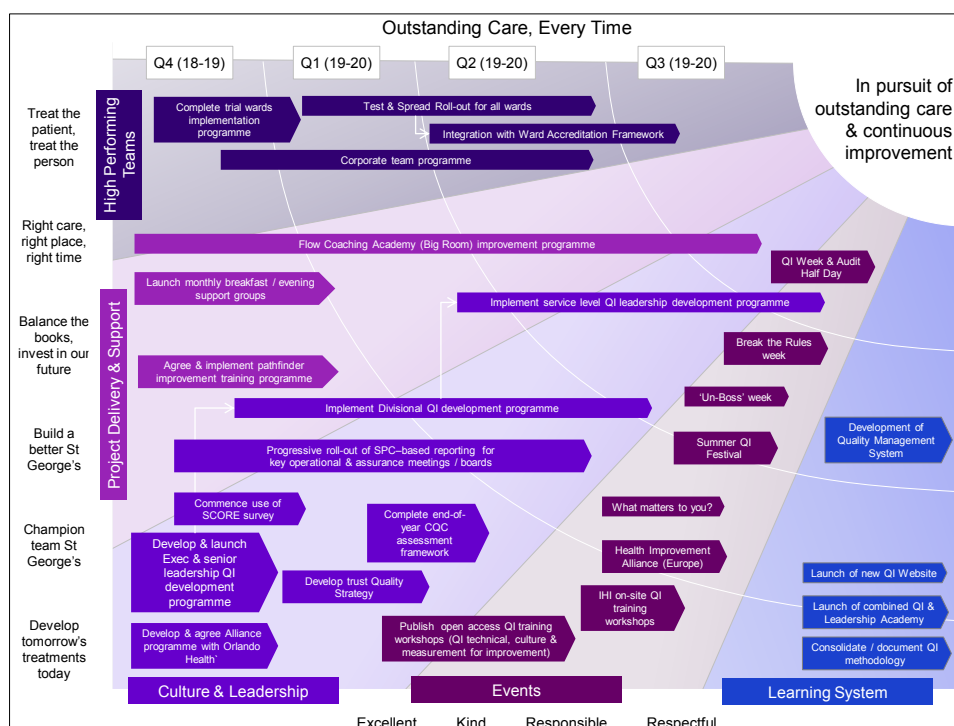


- **System support** - Partnership working with Professor Andy Rhodes and the Acute Provide Collaborative team (and wide SWL STP) to develop QI methodology and implementation plans. Also established formal improvement network with between SGUH and Kingston Hospital
- Ongoing conversations with **IHI and Orlando Health** to share learning and ideas to advance our QI programme (following CEO, CMO visit in Dec 2018)
- QI projects showcased to trust board and Excellence in Education Awards
- Secured contract for **SCORE cultural evaluation framework**
- **Ongoing coaching support** for QI project teams
- Facilitation of staff and public **strategy development workshops**
- Development of **bespoke QI workshops** for: Paediatric (June 2019), SCNT Divisional Leadership Team (April 2019), MedCard Divisional Team (date TBC)
- 8 staff (6 SGUH and 2 from Kingston) attended first training workshops as part of NHS **Flow Coaching Academy**
- Qualification of 3 Improvement Coaches from IHI coaching programme
- Ongoing delivery of QI workshops including: Introduction to QI, and Measurement for Improvement

3.3 QIA Transformation Plan

The following plan outlines the key development themes/events for the year ahead. The core workstreams cover culture & leadership, project delivery & support, development of a high performing team culture, creation of our learning infrastructure (the QI methodology, frameworks and tools) and a series of staff engagement events across the year.

QIA Transformation Plan 2019-20



3.4 Quality Improvement Hub

Working with the trust's Communications Team, we have created the design and plans for an enhanced intranet site which will provide a focal point for all QI activities. The site will be delivered in stages over the coming months and ultimately provide the central point of reference for QI tools, videos, lessons learned, success stories and links to further learning.

4.0 Forward View

Plans for Q1 2019/20

- Sign off and **commence implementation of organisation development programme**
 - Divisional / bespoke workshop delivery
 - Trust Executive Committee development
- Commence implementation of **Flow Coaching programme**
- Agree implementation plans/priorities for new QIA team members including: **Getting It Right First Time (GIRFT) project support and spread of QI projects to frontline teams**
- Complete end of year QI review in line with **CQC assessment framework**
- Develop and sign off QIA team resource plan
- **Confirm dates for QIA improvement events** for balance of 2019-20 operational year
- Support initial diagnostic activities aligned to **Acute Provider Collaborative programme**
- Work with SWL STP to agree QI ambitions for local health system
- **Enhance local project support activities** (exploiting current and new QIA resource)
- **Launch new QI Improvement Hub**

5.0 Conclusion

This has been a quarter of consolidation and planning, to ensure the ambitions of the trust and QIA are not spread too far and too thinly, that we cannot sustain improvements.

A core strand of this work will be to secure concrete agreement and actions to release staff to learn more about QI and embed those techniques at all levels of the organisation. This is very much easier said than done. Indeed, the recent staff survey results send a clear message that we need to adapt how we lead and support our teams to work differently.

In the past nine months the QIA team has actively engaged with well over 1000 staff of all grades and locations. There is undoubtedly a real appetite for change, even if our staff are not always clear how it will be achieved.

As the winter operational peaks ease, we anticipate greater opportunity and access to extend QI activities across the organisation. The challenge facing all leaders must firstly be to create the cultural conditions for change, where historically we have typically adopted a 'tools & tell' based approach. QI is not inherently complicated, but it is difficult, as changing behaviours, biases and ways of working is rarely a logical or rational process.

Meeting Title:	Trust Board		
Date:	28 March 2019	Agenda No	3.1
Report Title:	Finance and Investment Committee report		
Lead Director/ Manager:	Ann Beasley, Chairman of the Finance and Investment Committee		
Report Author:	Ann Beasley, Chairman of the Finance and Investment Committee		
Presented for:	Assurance		
Executive Summary:	The report sets out the key issues discussed and agreed by the Committee at its meeting on the 21 March 2019.		
Recommendation:	The Board is requested to note the update.		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well Led.		
Single Oversight Framework Theme:	N/A		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	Date:	N/A
Appendices:	N/A		

Finance and Investment Committee – March 2019

The Committee met on 21 March and in addition to the regular items on strategic risks, operational performance and financial performance, it also considered the latest position on financial planning for next year, some technical releases to do with changes to accounting standards, and an evaluation of the competition for the soft facilities management contract, which it was asked to approve for onward transmission to the Board.

It was a good meeting, in which all attendees participated in a mature discussion of issues, based on reliable data. Indeed in our reflections at the end, members observed how far the work of the committee had improved over the previous year. The Committee took assurance from the fact that most indicators were where we expected them to be, albeit not necessarily where we hoped they would be at the beginning of the financial year. In particular, the Committee felt it had a much deeper understanding of the issues behind the strategic risks, and the complexity of assessing the risk scores where short term, fairly fragile, risk mitigations were in place whilst we get the capital funding for, and are able to implement, longer term structural changes.

It was great to see RTT performance included with the Integrated Quality and Performance Report, for the first time since the return to reporting. The Committee welcomed the candour with which Executives brought to its attention the problems with the submission of RTT data and saw this as yet a further sign of the Committee working well and in a unitary way.

We benefitted also from the attendance of the Chair of the Quality and Safety Committee, who is not a regular member of the Committee.

1.0 Summary

The Committee wishes to bring the following items to the Board's attention:

1.1 Estates Risks- the Director of Estates & Facilities (DE&F) updated on Estates risks. The focus of the deep dive was 'Estates, Energy and Engineering'. A discussion was had on whether the fragility of the mitigation should impact on the risk scoring in a particular risk example. The Chief Financial Officer (CFO) noted the recently agreed capital loan for 2019/20 and the opportunity to use this to support further mitigations of these risks.

1.2 Activity- the Director of Delivery, Efficiency & Transformation (DDET) updated the Committee on the positive performance against activity targets in elective and daycase areas in February which was not fully captured in the Integrated Quality & Performance Report. He noted that updated performance was 5,020 operations against a target of 4,977. The Committee welcomed this information, and were further encouraged that the level of activity required in the 2019/20 plan is at an achievable level.

1.3 Cancer- the Chief Operating Officer (COO) updated the Committee on the positive performance against Cancer targets in January, whilst noting that February performance on 62 day waits is likely to see underachievement owing to cancellations on the day. He observed that March performance is better, and that YTD performance of the target is still on track. He also noted the Breast Symptomatic 14 day target was missed earlier in the year which has affected year to date performance, although recent months' percentages are better than target.

- 1.4 RTT-** the COO updated the Committee on the return to reporting against Referral to Treatment (RTT) targets in January. Performance of 84.5% against the 92% Incomplete Pathway target was within agreed trajectory. He observed disappointment that some data submitted into the national data capture system for RTT was rejected, which led to a misstatement of the Trust percentage score and patient tracking list total. The Trust is looking to re-submit the data in the coming months (once this is allowed) and the Committee agreed to outline this situation at the Trust Board.
- 1.5 Emergency Department (ED) update -** the COO noted the continued challenge associated with ED performance, especially when receiving more than 30 attendances in an hour. Discussions progressed onto the impact of seeing more mental health patients than expected and the effects of the changes in staffing for the NHS 111 service. The Committee recognised the issues mentioned and asked that updates be provided for future meetings.
- 1.6 Financial Performance & Forecast-** the Deputy CFO noted performance in February was in line with the agreed financial forecast, and that the forecast had deteriorated by £0.6m following confirmation that funding would not be provided from the Department of Health for Agenda for Change costs linked to the contracted out cleaning and catering service. NHS Improvement have confirmed that this forecast change is not in need of a 'Board Assurance Statement' (required for deteriorations in forecast for other reasons). The Committee noted the update.
- 1.7 Cash & Associated Issues-** the Director of Financial Operations (DFO) updated on the latest cash position of the Trust. The Committee were comforted to see good cash management taking place.
- 1.8 Annual Planning Update –** the CFO introduced an update on the annual plan for 2019/20 including NHS Improvement's view that the Trust is in a more mature place with respect to planning for the coming year. The Committee noted that there was still much work to be done with finalising the plan and agreed that chair's action may be needed for some elements of plan ahead of the 4th April deadline, such as the treatment of the recently agreed capital loan.
- 1.9 Soft FM Tender –** The DE&F updated on the latest position with the soft FM tender. He noted the scoring of the 4 bidders based on financial and quality criteria, and that the preferred bidder came first in financial and second in quality assessments respectively, albeit the quality assessments were substantially above the bar. The Committee asked for a summary of how the proposed contract makes the saving indicated, including reasons such as economies of scale.
- 1.10 Committee Effectiveness –** the CFO noted that this exercise would be reviewed at next Committee meeting, following the focus on the annual plan for this meeting.
- 1.11 Committee Workplan –** the Committee signed off the Committee Workplan for the 2019/20 financial year.

2.0 Recommendation

- 2.1** The Board is recommended to receive the report from the Finance and Investment Committee on 21 March 2019 for information and assurance.

Ann Beasley
Finance & Investment Committee Chair,
March 2019

Meeting Title:	TRUST BOARD		
Date:	28 March 2019	Agenda No.	3.2
Report Title:	M11 Finance Report		
Lead Director/ Manager:	Andrew Grimshaw		
Report Author:	Michael Armour & Tom Shearer		
Presented for:	Update		
Executive Summary:	Overall the Trust is reporting a Pre-PSF deficit to date of £51.8m at the end of Month 11 (February), which is £22.9m adverse to plan. Within the position, income is adverse to plan by £10.1m, and expenditure is overspent by £12.8m.		
Recommendation:	The Trust Board notes the trust’s financial performance to date in January.		
Supports			
Trust Strategic Objective:	Balance the books, invest in our future.		
CQC Theme:	Well-Led		
Single Oversight Framework Theme:	N/A		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	The Finance & Investment Committee	Date	21/03/19
Appendices:	N/A		



Financial Report Month 11 (February 2019)

Chief Finance Officer

21st March 2019

Executive Summary – Month 11 (February)

Note: All figures and commentary in this report refer to the revised Trust plan submitted to NHS Improvement on 20th June.

Area	Key issues	Current month (YTD)	Previous month (YTD)
Target deficit	<p>The trust is reporting a Pre-PSF deficit of £51.8m at the end of February, which is £22.9m adverse to plan. Within the position, income is adverse to plan by £10.1m, and expenditure is overspent by £12.8m. The position is consistent with the expected outcome of the year end settlement exercise.</p> <p>M4-11 PSF income of £9.3m in the plan has not been achieved in the Year-to-date position, as the Trust continues to be adverse to the Pre-PSF plan.</p>	£22.9m Adv to plan	£20.3m Adv to plan
Income	Income is reported at £10.1m adverse to plan year to date. Elective is the main area of lower than planned performance; with shortfalls in volume (£15.1m) being offset by pricing gains (£6.0m) in other areas. Non-SLA income is also adverse to plan, with shortfalls private patient income the major cause.	£10.1m Adv to plan	£8.9m Adv to plan
Expenditure	Expenditure is £12.8m adverse to plan year to date in February. This is caused by Non Pay adverse variance of £9.6m (although some of this is offset in Income as pass-through is over-performing). Pay is adverse to plan by £0.8m in month, where medical pay is not being fully offset by other pay categories as it had been in previous months.	£12.8m Adv to plan	£11.4m Adv to plan
CIP	The Trust planned to deliver £44.6m of CIPs by the end of February. To date, £41.0m of CIPs have been delivered; which is £3.7m behind plan. Income actions of £9.5m and Expenditure reductions of £31.5m have impacted on the position.	£3.7m Adv to plan	£3.3m Adv to plan
Capital	Capital expenditure of £22.9m has been incurred year to date. This is £4m above plan YTD. The position is reported against the internally financed plan of £18.9m. The original £27m loan requested was reduced to £18m as per the request from NHSI in month 9. This was to recognise the timing of receipt and expected capital spend till March 2019. It is now unlikely that the Trust will receive any capital loan in 18/19. Capital overspend is due to capital spend at risk.	£4.0m Adv to plan	£2.7m Adv to plan
Cash	At the end of Month 11, the Trust's cash balance was £3.3m, which is better than plan by £0.3m. The Trust has borrowed £49.5m YTD which is in line with the expected planned to fund the I&E deficit incurred. The Trust secured a loan of £2.5m for March and has requested £8.5m for April.	£0.3m Fav to plan	£0.6m Fav to plan
Use of Resources (UOR)	The Regulators' Financial Risk Rating. At the end of February, the Trust's UOR score was 4 as per plan.	Overall score 4	Overall score 4

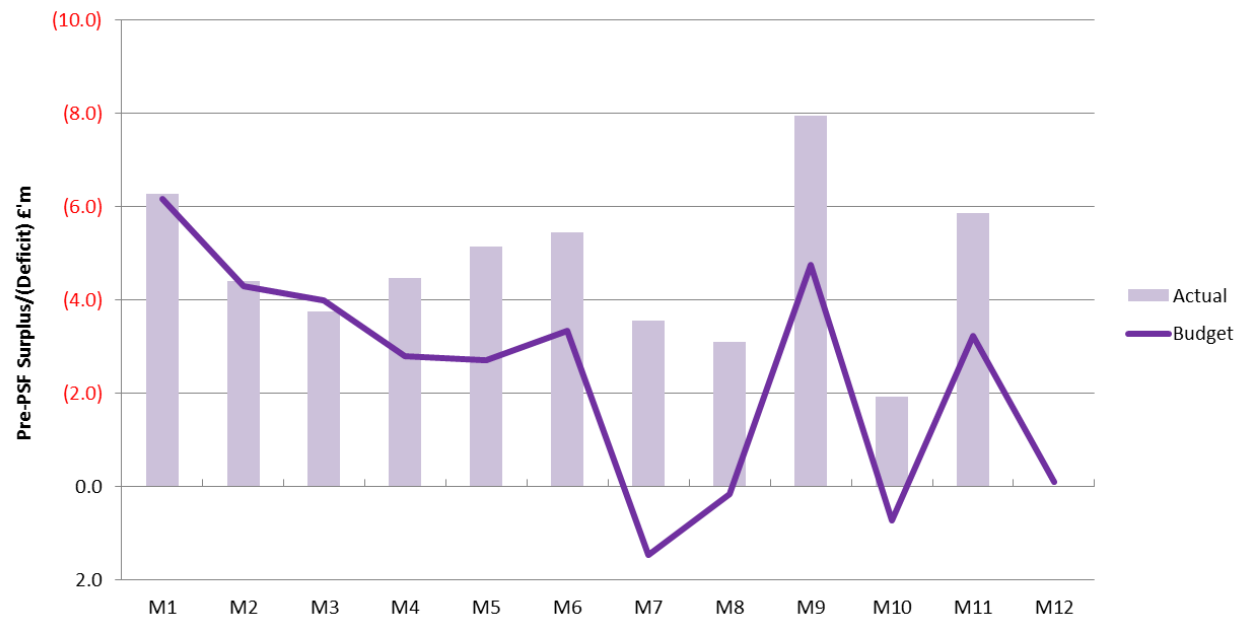
1. Financial Performance
2. CIP Performance
3. Balance Sheet
4. Cash Movement
5. Capital Programme
6. Risk Rating

1. Month 11 Financial Performance

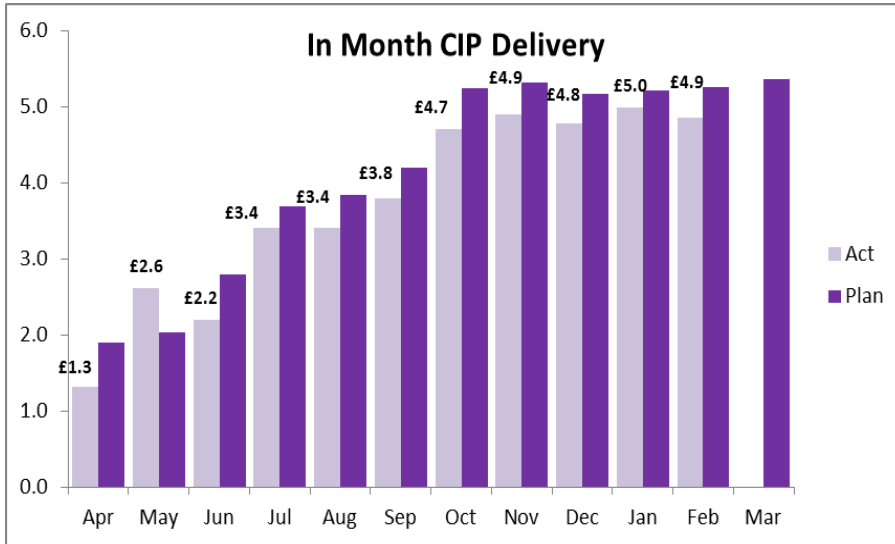
			Full Year Budget (£m)	M11 Budget (£m)	M11 Actual (£m)	M11 Variance (£m)	M11 Variance %	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	YTD Variance %
Pre-PSF	Income	SLA Income	661.5	53.1	52.8	(0.3)	(0.5%)	604.7	595.6	(9.1)	(1.5%)
		Other Income	160.8	13.8	12.8	(1.0)	(7.1%)	147.7	146.6	(1.1)	(0.7%)
	Income Total		822.3	66.9	65.6	(1.2)	(1.9%)	752.4	742.2	(10.1)	(1.3%)
	Expenditure	Pay	(509.7)	(41.9)	(42.7)	(0.8)	(1.9%)	(467.9)	(471.1)	(3.2)	(0.7%)
		Non Pay	(307.6)	(25.4)	(26.0)	(0.6)	(2.5%)	(282.3)	(292.3)	(10.0)	(3.5%)
	Expenditure Total		(817.3)	(67.3)	(68.7)	(1.4)	(2.1%)	(750.2)	(763.4)	(13.2)	(1.8%)
	Post Ebitda		(34.0)	(2.9)	(2.8)	0.1	1.8%	(31.1)	(30.7)	0.4	1.3%
Pre-PSF Total			(29.0)	(3.2)	(5.9)	(2.6)	(81.9%)	(28.9)	(51.8)	(22.9)	(79.3%)
PSF			12.6	1.5	0.0	(1.5)	(100.0%)	11.2	1.9	(9.3)	(83.0%)
Grand Total			(16.4)	(1.7)	(5.9)	(4.1)	(235.0%)	(17.8)	(49.9)	(32.2)	(181.3%)

Trust Overview

- Overall the Trust is reporting a Pre-PSF deficit of £51.8m at the end of Month 11, which is £22.9m behind plan.
- SLA Income** is £9.1m under plan. The main area of note is Elective with a material adverse variance (£9.0m), which is driven by lower than planned volumes of activity (15.1m) partially offset with increased income per case (£6.0m).
- Other income** is £1.1m under plan, which is primarily Private patient income shortfall in Cardiology CAG.
- Pay** is £3.2m overspent. Medical staffing overspends of £7.1m are partially offset by non-medical staffing underspends of £3.8m due to vacancies. It should be noted that within staff groups there are areas of over as well as under spending.
- Non-pay** is £10.0m overspent, mainly owing to increased pass-through income and delay in Procurement CIP delivery.
- PSF Income** is adverse to plan in M11 by £9.3m, as the Trust has not met the pre-PSF control total target of a £28.9m deficit.
- CIP delivery** of £41.0m is £3.7m behind plan. The Clinical Divisions' shortfalls have been partially offset by Overheads and Central schemes. Delivery to plan is:
 - Pay £1.2m favourable
 - Non-pay £1.6m adverse
 - Income £3.3m adverse

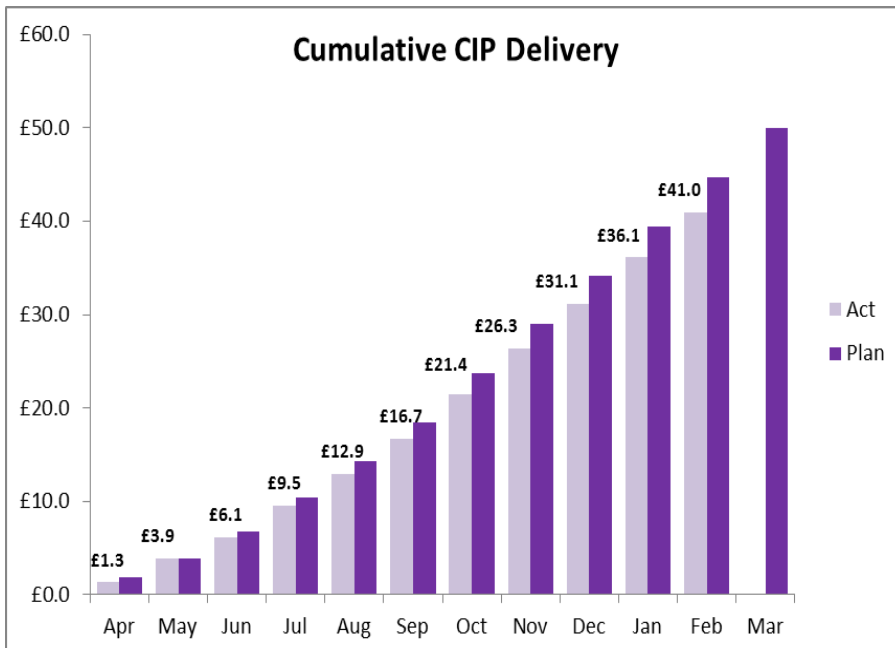


2. Month 11 CIP Performance



CIP Delivery Overview

- At the end of Month 11, the Trust is reporting delivery of £41.0m of savings /additional income through its Cost Improvement Programme.
- This compares to an external plan to have delivered £44.6m of savings/ additional income by Month 11. Overall delivery is adverse of plan by £3.7m.
- The adverse variance to plan is due to under delivery of CIPs across all divisions as follows:
 - CWDTC - £465k
 - MedCard - £1,723k
 - SCNT - £1,927k
 primarily due to the under achievement of income and non-pay schemes.



Year End Forecast & Actions

- Based on the forecasting exercise, the Trust identifies £50m CIP forecast delivery which matches the 2018/19 plan, albeit with risks and opportunities.
- £46m is assessed as 'firm' delivery
- £4m is assessed as 'subject to some delivery risk' and key mitigation includes:
 - Delivery of divisional improvement actions £0.8m
 - Delivery of corporate improvement actions, primarily procurement and non-recurrent, £3.2m

3. Balance Sheet as at Month 11

	Mar-18 Audited (£m)	YTD Plan (£m)	YTD Actual (£m)	YTD Variance (£m)
Fixed assets	377.2	401.8	378.7	-23.1
Stock	6.4	6.4	8.0	1.6
Debtors	112.3	104.5	82.5	-22.0
Cash	3.5	3.0	3.3	0.3
Creditors	-118.4	-116.8	-108.5	8.3
Capital creditors	-15.4	-4.6	-5.0	-0.4
PDC div creditor	0.0	-0.2	-0.3	-0.1
Int payable creditor	-0.7	-2.9	-2.6	0.3
Provisions< 1 year	-0.2	-0.2	-0.2	0.0
Borrowings< 1 year	-57.7	-58.3	-57.6	0.7
Net current assets/-liabilities	-70.2	-69.1	-80.4	-11.3
Provisions> 1 year	-1.0	-0.6	-0.8	-0.2
Borrowings> 1 year	-241.6	-286.3	-283.9	2.4
Long-term liabilities	-242.6	-286.9	-284.7	2.2
Net assets	64.4	45.8	13.6	-32.2
Taxpayer's equity				
Public Dividend Capital	133.2	133.1	133.4	0.3
Retained Earnings	-167.9	-186.4	-218.9	-32.5
Revaluation Reserve	97.9	97.9	97.9	0.0
Other reserves	1.2	1.2	1.2	0.0
Total taxpayer's equity	64.4	45.8	13.6	-32.2

M01-M11 YTD Balance Sheet movement

- Fixed assets are £23.1m lower than plan due to lower capital spend than plan . It is unlikely that the Trust will receive any capital funding in 2018/19.
- Stock increased in month by £0.2m and remains £1.6m higher than plan due mainly to increase in Pharmacy and Cardiac stock. Pharmacy stock should reduce significantly over the remainder of the year.
- Overall debtors are £22m lower than plan.
- Creditors are £8.3m lower than plan.
- Capital creditors are £0.4m higher than plan. No DH capital loans has been received to date.
- The cash position is £0.3m better than plan. Cash resources are tightly managed at the end of the month to ensure the £3.0m minimum cash balance is not exceeded.
- The Trust has borrowed £49.5m YTD for deficit financing which is more than plan. The Trust will drawdown £2.5m for March and has requested £8.5m for April to finance the deficit.
- The Trust had not drawn down any capital loans to date. The capital bid for approx £27.9m was submitted to NHSI was revised down to £18.0m as per request from to submit based on ability to spend by March. It is now unlikely that the Trust will receive any capital funding in 2018/19.
- The deficit financing borrowings are subject to an interest rate 3.5%. Also borrowings for new finance leases are lower than plan due to delay in receipt of capital loan

4. Month 11 YTD Analysis of Cash Movement

	YTD Plan £m	YTD Actual £m	YTD Variance £m
Cash balance 01.04.18	3.5	3.5	0.0
Income and expenditure deficit	-16.7	-51.0	-34.3
Depreciation	19.6	21.5	1.9
Interest payable	8.9	9.8	0.9
PDC dividend	0.7	0.7	0.0
Other non-cash items	-0.1	-0.2	-0.1
Operating deficit	12.4	-19.2	-31.6
Change in stock	0.0	-1.4	-1.4
Change in debtors	10.5	29.7	19.2
Change in creditors	-6.8	-10.0	-3.2
Net change in working capital	3.7	18.3	14.6
Capital spend (excl leases)	-48.4	-33.0	15.4
Interest paid	-7.1	-7.9	-0.8
PDC dividend paid	-0.5	-0.4	0.1
Other	-0.3	-0.1	0.2
Investing activities	-56.3	-41.4	14.9
Revolving facility - repayment	0.0	0.0	0.0
Revolving facility - renewal	0.0	0.0	0.0
WCF borrowing - new	21.8	49.5	27.7
Capital loans	24.7	0.0	-24.7
Loan/finance lease repayments	-6.8	-7.4	-0.6
Cash balance 28.2.19	3.0	3.3	0.3

M01-M11 YTD cash movement

- The cumulative M11 I&E deficit is £51m, £34.3m adverse to plan. (*NB this includes the impact of donated grants and depreciation which is excluded from the NHSI performance total).
- Within the I&E deficit of £51m, depreciation (£21.5m) does not impact cash. The charges for interest payable (£9.8m) and PDC dividend (£0.7m) are added back and the amounts actually paid for these expenses shown lower down for presentational purposes. This generates a YTD cash "operating deficit" of £19.2m.
- The operating deficit variance from plan of £31.6m.
- Working capital is better than plan by £14.6m. The favourable variance on debt comprises £2.3m adverse variance on invoiced debt and a £21.5m favourable variance on accrued debt. The £3.2m adverse variance on creditors relates mainly to the timing of payments for other NHS bodies.
- The Trust has borrowed £49.5m YTD which is in higher than the YTD plan by £27.7m. The Trust had a draw down of £7.1m loan in February and has secured £2.5m in March and requested £8.5m for April. The cumulative working capital borrowings for this financial year will be £30.1m higher than the plan in order to fund the current year deficit. The borrowings are subject to an interest rate of 3.5% for the amounts drawn since November 17.

February cash position

- The Trust achieved a cash balance of £3.3m on 28 February 2019, £0.3m higher than the £3m minimum cash balance required by NHSI and in line with the forecast 17 week cash flow submitted last month.
- The Trust will remain dependent on monthly borrowing from DH given the higher I&E deficit.**

5a. Capital Programme – total, internal and at risk

TOTAL - CAPITAL EXPENDITURE POSITION

Spend category	Internal Budget £000	M11 YTD budget £000	M11 YTD exp £000	M11 YTD var £000
Infrastructure renewal	5,732	5,700	5,934	-234
IT	3,220	3,220	7,203	-3,983
Medical equipment	1,890	1,890	1,027	863
Major projects	5,756	5,716	5,837	-121
Other	1,108	1,108	1,532	-424
SWLP	545	545	236	309
Urgent £11.8m March 2018 projects	711	712	1,091	-379
Total	18,963	18,891	22,860	-3,969

INTERNAL CAPITAL BUDGET only

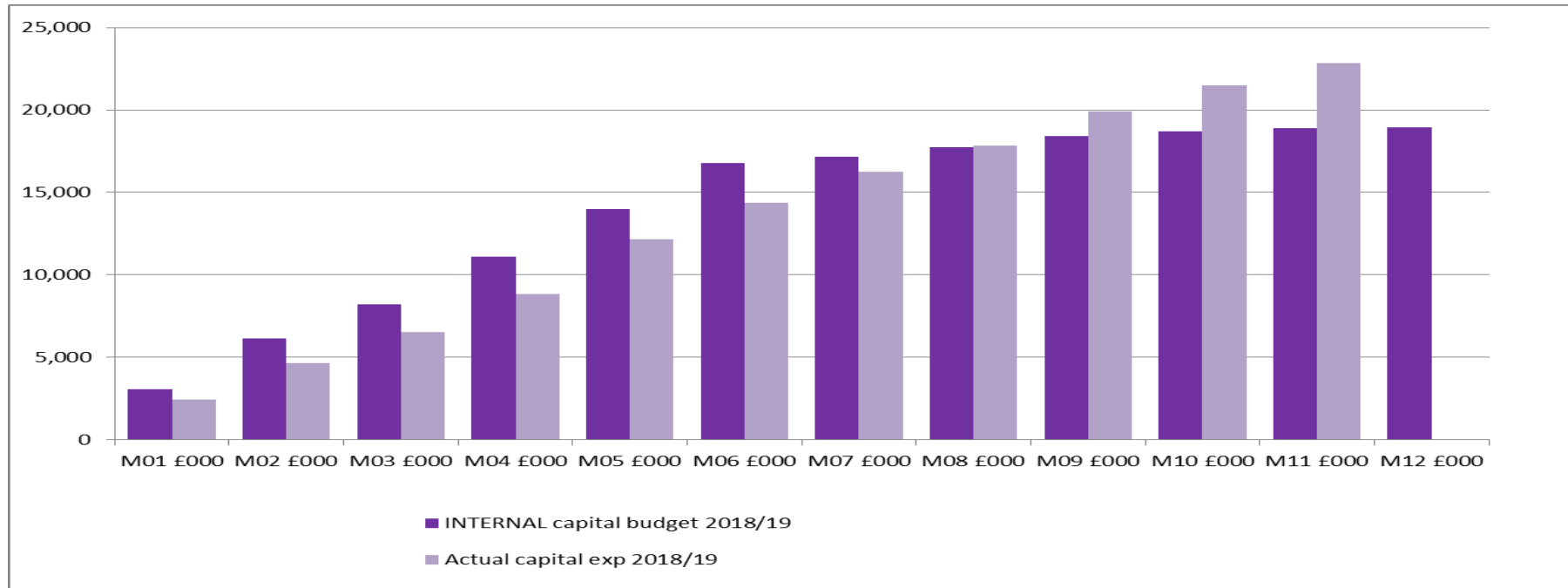
Spend category	Internal Budget £000	M11 YTD budget £000	M11 YTD exp £000	M11 YTD var £000
Infrastructure renewal	5,732	5,700	5,208	492
IT	3,220	3,220	3,435	-215
Medical equipment	1,890	1,890	1,027	863
Major projects	5,756	5,716	5,834	-118
Other	1,108	1,108	1,532	-424
SWLP	545	545	236	309
Urgent £11.8m March 2018 projects	711	712	1,091	-379
Total	18,963	18,891	18,363	528

CAPITAL AT RISK EXPENDITURE only

Spend category			M11 YTD exp £000	M11 YTD var £000
Infrastructure renewal			726	-726
IT			3,768	-3,768
Medical equipment			0	0
Major projects			3	-3
Other			0	0
SWLP			0	0
Urgent £11.8m March 2018 projects			0	0
Total			4,497	-4,497

5b. Internal capital budget and expenditure M11

INTERNAL capital budget 2018/19 (excl bid - not approved) and YTD exp



- The Trust's internally funded capital expenditure budget for 2018/19 is £18.9m.
- The Trust has incurred capital expenditure of £22.9m in the first eleven months of the year. This comprises £18.4m against the YTD internal capital budget of £19.0m and £4.5m expenditure incurred 'at risk' on the projects for which the Trust has submitted a bid for capital funding to NHSI. Therefore the capital programme is over spent by approx £3.9m at M11 overall. In addition to the spend at risk expenditure of £4.4m a further £1.4m has been approved.
- **The total amount spent and committed for Capital at Risk is £5.9m, therefore the Trust has now reached the limit approved of £6m.**
- The main component of the year to date under spend on internal capital relates to the biggest project – the Lanesborough wing stand-by generators project (Infra Renewal category) which is under spent by approx £434k as at M11. This project and Medical equipment are behind schedule but is forecast to come within budget and so the M11 YTD underspend represents a temporary timing difference.

6. Finance and Use of Resources Risk Rating

Use of resource risk rating summary	Plan (M11 YTD)	Actual (M11 YTD)
Capital service cover rating	4	4
Liquidity rating	4	4
I&E margin rating	4	4
Distance from financial plan	n/a	4
Agency rating	1	1

Basis of the scoring mechanism

Area	Weighting	Metric	Definition	Score			
				1	2	3	4 ¹
Financial sustainability	0.2	Capital service capacity	Degree to which the provider's generated income covers its financial obligations	>2.5x	1.75-2.5x	1.25-1.75x	< 1.25x
	0.2	Liquidity (days)	Days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown	>0	(7)-0	(14)-(7)	<(14)
Financial efficiency	0.2	I&E margin	I&E surplus or deficit / total revenue	>1%	1-0%	0-(1)%	≤(1)%
Financial controls	0.2	Distance from financial plan	Year-to-date actual I&E surplus/deficit in comparison to Year-to-date plan I&E surplus/deficit	≥0%	(1)-0%	(2)-(1)%	≤(2)%
	0.2	Agency spend	Distance from provider's cap	≤0%	0%-25%	25-50%	>50%

Commentary

- 1 represents the best score, with 4 being the worst.
- At the end of January, the Trust had planned to deliver a score of 4 in “capital service cover rating”, “liquidity rating” and “I&E margin rating”, and 1 in “agency rating”.
- The Trust has scored as expected in these 4 categories, with the first 3 owing to adverse cash and I&E performance.
- The “agency rating” score of 1 is due to improved control and recruitment plans to reduce agency spend within the cap. The internal Trust cap is lower than the external cap of £21.3m.
- The distance from plan score is worked out as the actual % YTD I&E deficit (6.70%) minus planned % YTD I&E deficit (2.30%). This value is -4.40% which generates a score of 4.
- Distance from plan score in this report refers to the Trust plan submitted to NHS Improvement on 20th June.

Meeting Title:	Trust Board		
Date:	28 March 2019	Agenda No	4.1
Report Title:	Clinical Strategy Highlight Report		
Lead Director/ Manager:	Suzanne Marsello, Director of Strategy		
Report Author:	Laura Carberry, Strategy and Partnership Manager		
Presented for:	Update		
Executive Summary:	<p>In March 2018, the Board agreed to commence the development of a 5-year Clinical Services Strategy.</p> <p>This paper advises the Trust Board on the development of the 5-year Clinical Services Strategy (due end March 2019) and on the deliverables in March 2019, outlining progress, next steps and risks.</p> <p>Following a Board Seminar covering Strategy Review and Triangulation on 21 March 2019 and a Board Meeting (in Private) on 28 March 2019, our Clinical Services Strategy, 2019- 2024 will be formally launched on 23 April 2019. The closure of the ‘development’ phase of the programme will follow in April 2019 and so, this is the final Clinical Strategy Highlight Report. The arrangements for future governance of the ‘implementation’ phase will be in place in Q1, 2019/20 and include new oversight and reporting requirements to Trust Executive Committee and on to Trust Board.</p>		
Recommendation:	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none">Note the progress reported and the identified issues and risks.		
Supports			
Trust Strategic Objective:	<ol style="list-style-type: none">1. Treat the patient, treat the person2. Right care, right place, right time3. Balance the books, invest in our future4. Build a better St. George’s5. Champion Team St. George’s6. Develop tomorrow’s treatments today		
CQC Theme:	<ol style="list-style-type: none">1. Safe: you are protected from abuse and avoidable harm.2. Effective: your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.3. Well-Led		
Single Oversight Framework Theme:	<ul style="list-style-type: none">Strategic Change		
Implications			
Risk:	<ul style="list-style-type: none">As outlined in paper		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	Trust Executive Committee	Date:	20 March 2019
Appendices:	<p>Appendix 1: Clinical Strategy Development Timeline and Workstreams</p> <p>Appendix 2: Issues to be addressed as Clinical Strategy Development progresses</p>		

Trust Strategy: Highlight Report

1.0 Purpose

- 1.1** This paper advises the Trust Board on the development of the 5-year Clinical Services Strategy (due end March 2019) and on the deliverables in March 2019, outlining progress, next steps and risks.

Following a Board Seminar covering Strategy Review and Triangulation on 21 March 2019 and a Board Meeting (in Private) on 28 March 2019, our Clinical Services Strategy, 2019-2024 will be formally launched on 23 April 2019. The closure of the 'development' phase of the programme will follow in April 2019 and so, this is the final Clinical Strategy Highlight Report. The arrangements for future governance of the 'implementation' phase will be in place in Q1, 2019/20 and include new oversight and reporting requirements to Trust Executive Committee and on to Trust Board.

2.0 Progress in March 2019:

- 2.1** All actions committed to are on plan for March 2019.

Deliverables/ Milestones for March 2019	Progress	Actions for April 2019	Completion Date/ RAG*
Overall Programme Plan (Workstream 1)	Programme Plan 'live' and ongoing progress on workstreams. Project Risk Register reviewed.	Our Clinical Services Strategy, 2019-2024 will be launched on 23 April 2019. Closure of the 'development' phase of the programme will follow in April 2019. The arrangements for future governance of the 'implementation' phase will be in place in Q1, 2019/20 and include new oversight and reporting requirements to Trust Executive Committee and on to Trust Board.	On plan
Development of Options (Workstream 2)	Board Seminar on Clinical Services Strategy Final Review and Triangulation (21 March 2019).	See 'Into Delivery' Planning (Workstream 5) below for details on 'implementation' phase and planning.	On plan
Alignment, Deliverability and Prioritisation (Workstream 3)	Completion of deliverables and further refinement to enable Board Seminar to cover Clinical Services Strategy Final Review and Triangulation (21 March 2019) including: <u>Alignment</u> Alignment of the different propositions and assessment of cohesion/ common themes, conflicts and likely reactions of stakeholders.	See 'Into Delivery' Planning (Workstream 5) below for details on 'implementation' phase and planning.	On plan

	<u>Prioritisation</u> Criteria and framework for prioritisation (scoring and weighting) of propositions and services extended and finalised for all services. <u>Deliverability</u> Assessment of deliverability and impact on capacity, capital and estates, I&E, stakeholders and workforce extended and finalised for all propositions and services.		
Communication and Stakeholder Engagement (Workstream 4)	Completion of deliverables to enable Engagement Events to feed into Board Seminar covering Clinical Services Strategy Final Review and Triangulation (21 March 2019).	See Production/ Publication of Strategy (Workstream 7) below for Communications: Pre-Launch and Launch Plan.	On plan
'Into Delivery' Planning (Workstream 5)	Alignment to 2019/20 Business Planning i.e. Y1 of a 5yr Strategy Challenge Sessions delivered and DDO discussions with feedback provided. Final Operating Plan submission to NHSI (March 2019)	The arrangements for future governance and oversight of the 'implementation' phase will be in place in Q1, 2019/20. High-level Implementation Plans to be agreed as part of the 2019/20 Business Planning process and will be further refined in Q1, 2019/20.	On plan
Enablers and Interdependencies (Workstream 6)	Discussions with Estates, IT and Workforce ongoing	Initial Meetings planned to progress this	On plan
Production/ Publication of Strategy (Workstream 7)	Board Meeting in Private (28 March 2019) to review and sign-off Strategy Communication and Engagement plan for launch and publication of Strategy includes: <ul style="list-style-type: none"> • Communication with Clinical Divisions internally; • Communication and Engagement with Key Stakeholders; • Confirmation of Plain English Crystal Mark processes and timescales, and; • Proposed St George's Day launch (23 April 2019). 	Completion of deliverables enable launch and publication of Strategy (April 2019)	On plan

* RAG rating refers to current in-month progress of the workstreams, rather than an assessment of the content covered in its entirety with its related risks.

A Clinical Strategy Development Timeline is attached (Appendix 1) along with a description of the 7 workstreams.

3.0 Issues and Risks

In approaching the finalisation and publication of the Clinical Strategy, we have started to articulate and identify risks not only to the delivery of a publication but also to the implementation of the strategy.

No	Area	Description of Issue/ Risk	Mitigation	RAG
3.	Reputational (Engagement Events)	Engagement Events- brief, concise sessions. This could lead to criticisms of engagement being inauthentic and a perception of the process being too rapid.	Delivered 26 Engagement Events- both internally for Staff and externally for Patients/ the Public and Stakeholders - over Summer 2018, Autumn 2018 and Winter 2019 involving >500 people. Communications, Divisions, Strategy and Transformation teams working together on content/ format and delivery of events.	
4.	Capacity and Engagement in Implementation of the Strategy (Clinical Divisions)	Bandwidth and breadth of challenges for Clinical and Managerial colleagues in the divisions and competing day-to-day priorities- finance, operational performance, quality standards- could lead to a lower prioritisation of strategy work leading to difficulties in implementing a strategy.	High-level Implementation Plans to be agreed as part of the 2019/20 Business Planning process and will be further refined in Q1, 2019/20. Strategy Team to engage and provide support, as far as possible, but clinical expertise and input will continue to be a key input and necessary requirement and resource restraint.	

4.0 Recommendation

The Trust Board is asked to:

- Note the progress reported and the identified issues and risks.

Author: Laura Carberry, Strategy and Partnership Manager

Date: 21 March 2019

Appendix 1:

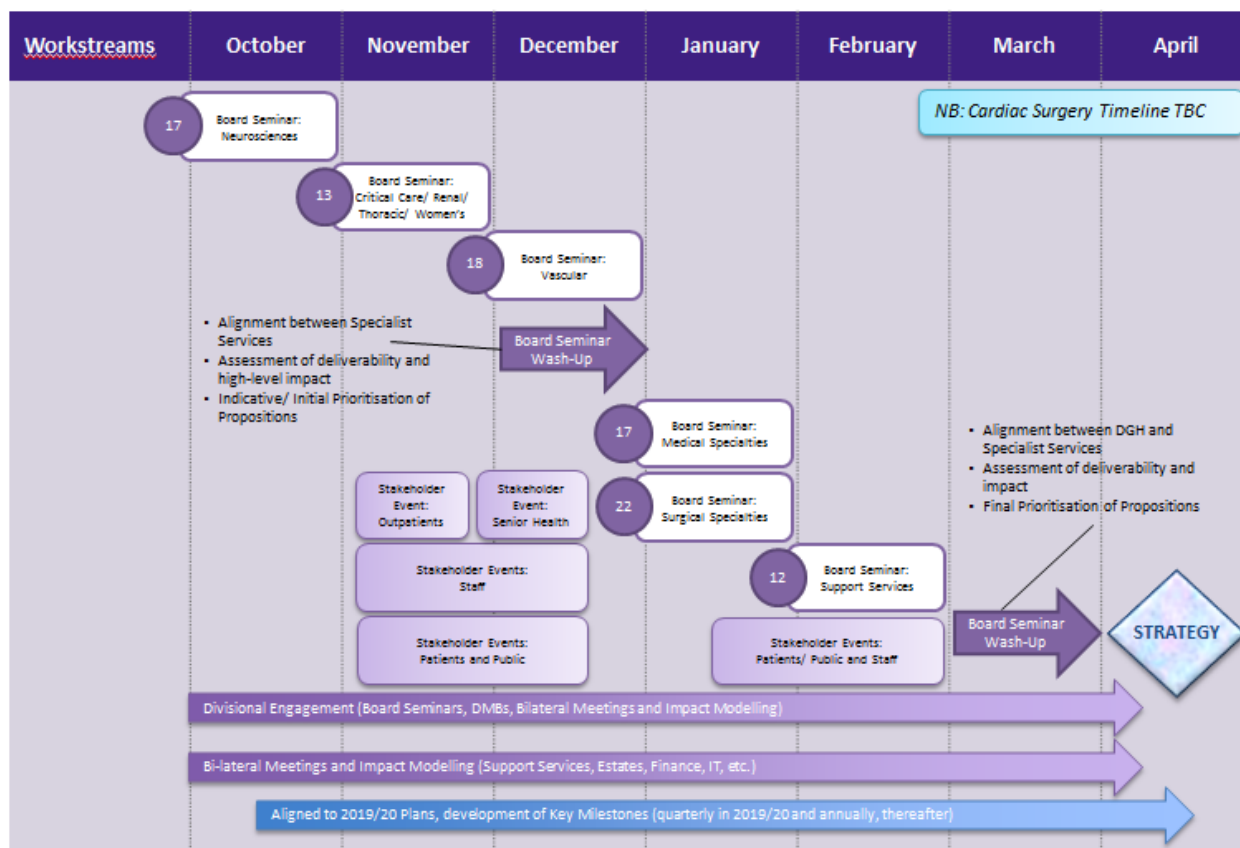
Clinical Strategy Development Timeline and Workstreams

Appendix 2:

Issues to be addressed as Clinical Strategy Development progresses

Appendix 1: Clinical Strategy Development Timeline and Workstreams

Clinical Strategy Development Timeline



Clinical Strategy Workstreams

Workstream	Description
1. Programme Management	Programme plan, risk register, etc.
2. Development of Options	Development of options for board to consider, (e.g. as per work to date for board seminars)
3. Alignment, Deliverability and Prioritisation	Making sure that the board's preferred options align and that any conflicts/issues are visible & managed, enabling the board to prioritise where necessary, and ensuring that what goes into the strategy is realistic & deliverable (with reference to money, estates, workforce, reactions of competitors/commissioners etc.)
4. Communications and Stakeholder Engagement	In developing the strategy and then disseminating once published. Covering a) strategically important stakeholders such as commissioners, regulators and b) staff & public.
5. 'Into delivery' Planning	Development of high-level milestones over the next 5 years for implementing the strategy
6. Enablers and Interdependencies	Alignment with business planning round for 19/20, and strategies for estates, finance (medium term financial plan), IT, workforce, research.
7. Production and Publication of Strategy	Agreeing what it should look like / who it should speak to; drafting/writing it; graphic design; publishing etc.

Appendix 2: Issues to be addressed as Clinical Strategy Development progresses

The following identified issues were raised and recorded during the development of our Clinical Services Strategy. The following table indicates how we are proposing to address these.

Issue	Proposal
The clinical strategy needs to be developed taking account of research and education priorities: meeting held with Principal of SGUL; Medical Director is a member of Strategy Project Steering Group. Medical Director to convene meeting re development of Research Strategy.	We will develop an Education Strategy and a Research Strategy during 2019/20, in partnership with Kingston University and SGUL.
Clinical innovation is a core part of the strategy: to be considered with each service as plans developed.	Our clinical services have considered innovation in presenting their priorities, plans and strategies e.g. clinical genetics, robotics, services supported by technology, etc. and this is emphasised in the draft Clinical Service Strategy being presented to Board. We will develop a Research Strategy during 2019/20, in partnership with SGUL.
The external environment analysis should include systems outside of SWL e.g. South London (links to specialised commissioning reviews), Surrey and Sussex: presentation to Board Strategy Seminar in July.	This was included in the July 2018 presentation on Strategy.
Working within the SWL system at borough level with primary care, mental health and community provider colleagues within the wider health system is important: this will be picked up as the strategy work for the secondary health/ local hospital services is developed.	Our clinical services have considered closer collaboration and partnerships when presenting their priorities, plans and strategies e.g. acute Trusts in SWL, GPs/ Primary Care, Community Services, Liaison Services, MDTs, Mental Health Services, etc. and this is emphasised in the draft Clinical Service Strategy being presented to Board.
Maximising the relationship with St. George's, University of London is an important partnership: meeting held with Principal of SGUL. Input to Board Seminars and links to Research Strategy.	We will develop a Research Strategy during 2019/20, in partnership with SGUL.
Include Kingston University as a key partner regarding training of nurses and other professional groups.	We will develop an Education Strategy and a Research Strategy during 2019/20, in partnership with Kingston University and SGUL.

Meeting Title:	Trust Board		
Date:	28 March 2019	Agenda No	4.2
Report Title:	Corporate Objectives 2019-20		
Lead Director	Suzanne Marsello, Director of Strategy		
Report Author:	Suzanne Marsello, Director of Strategy Sarah Brewer, Head of Business Planning		
Presented for:	Approval and Discussion		
Executive Summary:	<p>In December 2017, the Trust agreed a new set of Strategic Objectives: Outstanding Care, Every Time, and a set of organisational priorities that supported delivery of these to March 2019.</p> <p>As part of the business planning process for 2019-20, the Board will need to agree the corporate objectives (priorities) for 2019-20, which will be the focus for driving the business of the organisation.</p> <p>The overarching objective for 2019-20 is for the organisation to exit financial and quality special measures.</p> <p>TEC and the Board considered an earlier suite of Corporate Objectives for 2019-20 in January. Further work was requested to ensure the priorities are sufficiently focussed around a smaller number of key priorities aligned to the strategic objectives, to allow staff to be able to focus on key priorities.</p> <p>TEC considered a revised set of objectives on the 13th and 20th March. The final set of objectives for 2019-20 and associated milestones for delivery is now presented to Board for consideration and approval.</p>		
Recommendation:	<p>The Trust Board asked to:</p> <ul style="list-style-type: none">• Consider the proposed Corporate Priorities for 2019/20 and associated milestones/ deliverables• Approve the Corporate Priorities for 2019/20 subject to any revisions required		
Supports			
Trust Strategic Objective:	<ol style="list-style-type: none">1. Treat the patient, treat the person2. Right care, right place, right time3. Balance the books, invest in our future4. Build a better St. George’s5. Champion Team St. George’s6. Develop tomorrow’s treatments today		
CQC Theme:	<ol style="list-style-type: none">1. Safe: you are protected from abuse and avoidable harm.2. Effective: your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.3. Responsive: services are organised so that they meet your needs.4. Caring: staff involve and treat you with compassion, kindness, dignity and respect.5. Well Led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.		

NHS Foundation Trust			
Single Oversight Framework Theme:	<ul style="list-style-type: none">• Quality of Care (safe, effective, caring, responsive)• Finance and Use of Resources• Operational Performance• Strategic Change• Leadership and Improvement Capability (well-led)		
Implications			
Risk:	<ul style="list-style-type: none">• Any risks associated with the corporate objectives are covered within the BAF, Trust Risk Register or local risk registers		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	TEC Board TEC	Date:	23 rd January 2019 29 th January 2019 13 th and 20 th March 2019
Appendices:	Appendix 1: Summary Corporate Objectives and associated quarterly milestones		

Corporate Objectives 2019-20

1.0 Introduction

- 1.1 In December 2017, the trust agreed a new set of Strategic Objectives – Outstanding Care, Every Time. These built on the Quality Improvement Plan, published by the organisation in September 2017. These two documents set out, at a high level, the trusts aspirations for the 18 months to 2018/19, and the key priorities for the organisation.
- 1.3 As part of the business planning process for 2019-20, the Board will need to agree the corporate objectives (priorities) for 2019-20, and specific milestones which will be the focus for driving the business of the organisation. These will be reported to Board on a quarterly basis.
- 1.4 TEC and the Board considered an earlier suite of priorities in January 2019. It was agreed that further work would be undertaken to refine these with the aim of focussing on a smaller set of priorities.
- 1.5 TEC considered a revised set of objectives on the 13th and 20th March which have been updated following that discussion.

2.0 Proposed Corporate Objectives for 2019-20

- 2.1 The overarching objective for 2019-20 is for the organisation to exit financial and quality special measures.
- 2.2. The final suite of corporate objectives to deliver this are detailed in Appendix 1. This also contains the proposed quarterly milestones proposed by the relevant lead Executive Director to support delivery of the objectives and measures of success at the end of the year.
- 2.3 Once approved by the Trust Board, these will form the basis of Divisional level priorities that will be developed with clear milestones and deliverables in the same way.

3.0 Link to Board Assurance Framework

- 3.1 The Trusts Corporate Objectives should link to and demonstrate how the Trust is seeking to address the strategic risks detailed in the Board Assurance Framework.
- 3.2 A preliminary review has been undertaken which confirms that the proposed corporate objectives are aligned to the current strategic risks on the BAF.
- 3.3 The Board is currently undertaking a full review of the strategic risks included in the BAF, and once this work has been completed there will be a further check that there is correlation between the two.

4.0 Next Steps

- 4.1 If approved by the Board, the proposed corporate priorities will form the basis of Divisional level priorities that will be developed with clear milestones and deliverables during 2019/20.

5.0 Recommendation

The Trust Board is asked to:

- Consider the proposed corporate objectives for 2019/20 and associated milestones/deliverables
- Approve the corporate objectives for 2019/20 subject to any revisions required

Appendix 1:

Summary Corporate Objectives and associated quarterly milestones

Outstanding Care, Every Time

Corporate Objectives 2019/20

Annual Delivery Plan and Monitoring

Delivery of our 19/20 Corporate Objectives

At St George's, our aim is to provide Outstanding Care, Every Time for all of our patients, wherever they are treated.

As part of this, we have agreed a set of strategic objectives – all of which are designed to improve care for patients, and the working lives of our staff. These are:

- Treat the patient, treat the person
- Right care, right place, right time
- Balance the books, invest in our future
- Build a better St. George's
- Champion Team St. George's
- Develop tomorrow's treatments today

The over-arching objective for 2019-20 is for the organisation to exit financial and quality special measures. The organisational priorities that have been agreed for 2019/20 will support delivery of this and allow staff to focus on the key priorities for the organisation. There are further objectives that need to be delivered in 2019/20, that will be monitored by the relevant Board Sub-Committees, in line with the governance arrangements detailed on the following slide



Governance: Reviewing progress

We will use a number of different mechanisms to ensure that we are able to track progress against the Trust's objectives. These are:

- Reporting to the Trust Board quarterly on the agreed 2019/20 objectives
- Detailed review of key plans through the relevant Board sub -committees:
 - Trust Executive Committee – day to day management of the trust, delivery of trust strategy and monitoring all aspects of performance
 - Quality and Safety Committee – clinical safety and experience, patient experience, and clinical governance
 - Finance and Investment Committee – financial planning and performance, governance and business case oversight
 - Workforce and Education Committee – Workforce planning and development, staff training and development
 - Audit Committee – Monitor and review the trust's systems of internal control
- Quarterly reviews with the clinical divisions
- Clinical Divisions monitoring their own plans at Division, Directorate and Care Group levels via their Divisional Management Board and the Divisional Governance Board

Summary of Corporate Objectives for 2019/20

Treat the patient treat the person	Right care, right place, tight time	Balance the books, invest in the future	Build a better St George's	Champion Team St Georges	Develop tomorrow's treatments today
<p>Reduce harm to patients:</p> <p>Emergency patients will have treatment escalation plans</p> <p>Patients who lack mental capacity will have proper protection and care</p> <p>Inpatients who deteriorate will be recognised and treated promptly</p>	<p>Patients will not wait long for treatment</p> <p>Our IT is easier to use</p>	<p>We are in financial balance</p> <p>Our cost structures are understood and defined</p> <p>Investment requirements and potential sources of funding are defined</p> <p>Improve management of commercial relationships</p>	<p>We have a clear estates strategy</p> <p>Our environment is safe for our patients and our staff</p>	<p>Deliver a significant shift in the St George's culture through:</p> <p>Listening, responding to and engaging our staff</p> <p>Developing outstanding leaders and effective teams</p> <p>A zero tolerance approach to bullying and harassment</p> <p>Working to deliver our Diversity and Inclusion Strategy</p> <p>Empowering our staff to make real change</p> <p>Living our values</p>	<p>Produce a new education strategy aligned to the new clinical strategy that articulates the vision and strategic aims</p> <p>Produce a new research strategy aligned to the new clinical strategy that articulates the vision and strategic aims</p>

Objective 1: Treat the Patient, Treat the Person

Aim	To ensure we improve the quality of care to patients				
Priority	Quarter 1 milestones	Quarter 2 milestones	Quarter 3 milestones	Quarter 4 milestones	SMART Measures of Success
Lead Directors: Chief Medical Officer Chief Nursing Officer 1.1 Reduce harm to patients: <ul style="list-style-type: none"> • emergency patients will have treatment escalation plans • patients who lack mental capacity will have proper protection and care • inpatients who deteriorate will be recognised and treated promptly 	<ul style="list-style-type: none"> • Through the QI Academy we will establish a delivery trajectory and smart goals for each of these 3 priorities areas 	<i>Note: additional milestones will be determined in Q1.</i>	<i>Note: additional milestones will be determined in Q1.</i>	<i>Note: additional milestones will be determined in Q 1.</i>	<i>Note: These will be determined in Q1 through the work being led by the QI Academy and the development of the QIP.</i>

Objective 2: Right care, right place, right time

Aim	<ul style="list-style-type: none"> To ensure patients receive care at the time they most need it by meeting our constitutional waiting time standards and maximising use of our productivity To ensure our digital environment supports our staff to be able treat people in the most effective way 				
Priority	Quarter 1 milestones	Quarter 2 milestones	Quarter 3 milestones	Quarter 4 milestones	SMART Measures of Success
Lead Director: Chief Operating Officer 2.1 Patients will not wait long for treatment	Waiting times performance trajectories achieved: Accident and Emergency 94.2% at the end of month 3 Diagnostics Testing 0.6% at the end of month 3 RTT (18weeks or less) 85% at the end of month 3 Cancer – 2WW 96.6% at the end of month 3 Cancer – 62 day GP referral 85.% at the end of month 3	Waiting times performance trajectories achieved: Accident and Emergency 92% at the end of month 6 Diagnostics Testing 0.7% at the end of month 6 RTT (18weeks or less) - 86.5% at the end of month 6 Cancer – 2WW 96.6% at the end of month 6 Cancer – 62 day GP referral 85.4% at the end of month 6	Waiting times performance trajectories achieved: Accident and Emergency 87% % at the end of month 9 <i>Note: Final trajectory still to be agreed</i> Diagnostics Testing 1.0% at the end of month 9 RTT (18weeks or less) 87.2% at the end of month 9 Cancer – 2WW 96.6% at the end of month 9 Cancer – 62 day GP referral 85.7% at the end of month 9	Waiting times performance trajectories achieved: Accident and Emergency 86.8% at the end of month 12 <i>Note: Final trajectory still to be agreed</i> Diagnostics Testing 0.9% at the end of month 12 RTT (18weeks or less) - 88.1% at the end of month 12 Cancer – 2WW 96.6% at the end of month 12 Cancer – 62 day GP referral 85.0% at the end of month 12	Performance against constitutional waiting time standards <i>(Note: these may need to be reviewed in year following the national review of clinical standards taking place)</i> Reported performance in the Integrated Quality and Performance Report including: <ul style="list-style-type: none"> Length of stay Outpatient productivity – first and follow-up ratio Theatre average cases per session

<p>Lead Director: Chief Finance Officer</p> <p>2.2 Our IT is easier to use and supports our staff to provide the best care for patients</p>	<ul style="list-style-type: none"> Doctors will be able to manage their referrals in a single integrated system 	<ul style="list-style-type: none"> QMH iClip goes live (this will be subject to confirmation of RTT impact). The emergency department will be able to prescribe electronically Our telecommunications systems will be more resilient 	<ul style="list-style-type: none"> The first OP clinics will have become digital. More GPs will be able to understand their patient treatment through digital systems 	<ul style="list-style-type: none"> Clinicians will be able to see a patients integrated pathway across St G hospital sites. Staff will be using a new email system 	<ul style="list-style-type: none"> Referral management for 75% of referrals QMH using iClip ED using EPMA Cisco system in planned areas Use of documentation and e-prescribing in some clinics Portal increased coverage Single patient pathways on iClip New email system installed
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Objective 3: Balance the books, invest in the future

Aim		Our services are financially sustainable and the organisation exits financial special measures			
Priority	Quarter 1 milestones	Quarter 2 milestones	Quarter 3 milestones	Quarter 4 milestones	SMART Measures of Success
Lead Director: Chief Financial Officer 3.1 We are in financial balance	<ul style="list-style-type: none"> Income & Expenditure on plan. CIP delivery on plan. 12 month rolling cash flow in place. 	<ul style="list-style-type: none"> I&E on plan. CIP delivery on plan 12 month rolling cash flow in place Long Term financial model developed in support of Long Term Plan submission 	<ul style="list-style-type: none"> I&E on plan. CIP delivery on plan 12 month rolling cash flow in place 	<ul style="list-style-type: none"> I&E on plan. CIP delivery on plan 12 month rolling cash flow in place 	<ul style="list-style-type: none"> I&E account CIP report Finance Risk Ratings (NHSI). Long Term Financial Model developed.
3.2 Our cost structures are understood and defined	<ul style="list-style-type: none"> Produce plan to deliver and assure Reference Cost return. Use of Resources review completed and Action Plan agreed (subject to exact date from NHSI). Service Line Reporting programme in place and high value areas targeting for deep dive review. Programme to review information including GIRFT and Model Hospital data and Reference costs. 	<ul style="list-style-type: none"> Submit Reference cost return. Review approach to service line review, understand if common themes are emerging. SLR reports for further areas of opportunity competed. Action plans developed and implemented. 	<ul style="list-style-type: none"> SLR reports for further areas of opportunity. Action plans developed and implemented. CIP programme for 2020/21; target areas identified. 	<ul style="list-style-type: none"> SLR reports for further areas of opportunity. Action plans developed and implemented. CIP programme for 2020/21; identified to GREEN status. 	<ul style="list-style-type: none"> Reference cost submission. SLR programme developed and operational. Targeted action plans developed by service line to influence cost structures. 2020/21 CIP programme developed.

3.3 Investment requirements and potential sources of funding are defined	<ul style="list-style-type: none"> Investment requirement for 19/20 (prioritised) restated at end of Quarter. Sources of funding for 19/20 updated at end of quarter. Schedule of approved investments for 19/20 updated at end of Quarter. 	<ul style="list-style-type: none"> Investment requirement for 19/20 and Long Term Plan Submission (prioritised) restated at end of Quarter. Sources of funding for 19/20 and Long Term Plan Submission updated at end of quarter. Schedule of approved investments for 19/20 and Long Term Plan Submission updated at end of Quarter. 	<ul style="list-style-type: none"> Investment requirement for 19/20 (prioritised) restated at end of Quarter. Sources of funding for 19/20 updated at end of quarter. Schedule of approved investments for 10/20 updated at end of Quarter. 	<ul style="list-style-type: none"> Investment requirement for 19/20 and Long Term Plan Submission (prioritised) restated at end of Quarter. Sources of funding for 19/20 and Long Term Plan Submission updated at end of quarter. Schedule of approved investments for 19/20 and Long Term Plan Submission updated at end of Quarter. 	<ul style="list-style-type: none"> Prioritised capital plan 19/20 reviewed by TEC and FIC. Medium term capital plan (3-5 years) reviewed by TEC and FIC. Available sources of funding (confirmed).
3.4 Improve management of commercial relationships		<ul style="list-style-type: none"> Commercial strategy for service offers developed. To include milestone plan for key areas of improvement. Supplier contract management framework developed. 	<ul style="list-style-type: none"> Develop options to reflect the changing NHS Contract environment for 2020/21 for agreement with commissioners. Commercial opportunities/offers identified for development. Reporting in place on key supplier contracts.. 	<ul style="list-style-type: none"> Revised relationship with commissioners defined and agreed. Commercial opportunities and offers for 20/21 included in Annual Plan. Supplier management review undertaken and any additional actions identified. 	<ul style="list-style-type: none"> Commercial strategy in place Supplier management framework in place. Engagement plan with NHS commissioners re-emerging contract environment in place. 20/21 financial plan includes output of these activities.

Objective 4: Build a better St George's

Aim	<ul style="list-style-type: none"> We have an estates strategy which meets the future needs of the Trust Our estate is safe and fit for today and for the future 				
Priority	Quarter 1 milestones	Quarter 2 milestones	Quarter 3 milestones	Quarter 4 milestones	SMART Measures of Success
Lead Director: Director of Estates and Facilities 4.1 We have a clear estates strategy	<ul style="list-style-type: none"> Establish Estate Strategy planning group and associated work programme Review capital resource requirement and create a Strategy Team linked to Capital Projects (or approved external advisers to manage). Review high level risks to inform the scope of the strategy Finalise estates strategy objectives <ul style="list-style-type: none"> Where we are Where we want to be <p>based on the Clinical Strategy</p>	<ul style="list-style-type: none"> Finalise estates strategy objective <ul style="list-style-type: none"> how do we get there Create initial Development Control Plan Undertake Estates Strategy workshop with clinical teams Liaise and agree principles with Trust Board and partners e.g. NHSI and SWL HCP Programme Board. Board Seminar presentations 	<ul style="list-style-type: none"> Issue 1st draft of Estates Strategy for consultation – including Board Seminar Option appraisal and costing exercise, including capital and revenue. Review preferred options against emerging SWL Health Economy plans 	<ul style="list-style-type: none"> Publish Estates Strategy with 5 year plan Commence Business Case for implementation of Estates Strategy. <p><i>Note: Milestones for Q4 will be reviewed following progress in Q1</i></p>	<ul style="list-style-type: none"> Publication of Estate Strategy Contracts let the capital works Fully compliant PAM Formalisation of the Development Control Plan
4.2 Our environment is safe for our patients and our staff	<ul style="list-style-type: none"> Review annual report from Authorised Engineers (AEs) on statutory compliance. Board review of the Premises Assurance Model (PAM) 	<ul style="list-style-type: none"> Finalise review of maintenance contracts and funding options. Utilise PAM to monitor trends and emerging issues. Utilise quarterly review 	<ul style="list-style-type: none"> Produce a risk based PPM solution for Estates Department Report half-year figures on PAM to Finance and Investment Committee, Quality and Safety 	<ul style="list-style-type: none"> Produce by the end of year and update state of the nation report. Produce the annual report identifying progress on PAM. Review annual figures 	<ul style="list-style-type: none"> Statutory compliance audit report Publication of “State of the Nation” report for Estates and Facilities PAM report to Board Progress against capital

	documentation <ul style="list-style-type: none"> • Undertake risk review of Estates & Facilities • Commence capital projects in high risk areas – fire, water, ventilation, electrical • Complete estates resourcing review and agree recommendations; develop KPIs on PPM and reactive maintenance • Produce 'State of the Nation' report for E&F and implement new communication protocols to educate Trust staff on issues and progress and provide regular updates to staff. 	of statutory compliance by AEs to advise FIC/QSC/Board <ul style="list-style-type: none"> • Review validation and compliance documentations • Reduce CRR BAF risks and reduce outstanding historic jobs on maintenance system 	Committee and Trust Board <ul style="list-style-type: none"> • Review overall estates risk register with the Finance and Investment Committee against the programme of capital investment and high risk maintenance issues • Produce and report on biannual authorised engineers report on estates statutory compliance issues. • Hold an estates awareness week Trust-wide focusing on estates, facilities management, clinical engineering, radiation protection, health safety fire and security and capital 	of maintenance performance and test against national figures. <ul style="list-style-type: none"> • Publish validation and compliance documentation for statutory compliance issues. <p>Note: Milestones for Q4 will be reviewed following progress in Q1/2</p>	programme / milestone programme <ul style="list-style-type: none"> • AE annual report • Identify a reduction in occurrences of systems failure due to the lack of maintenance • Increased user satisfaction • Reduced levels of risk
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Objective 5: Champion Team St George's

Aim	To deliver a significant shift in the St George's culture				
Priority	Quarter 1 milestones	Quarter 2 milestones	Quarter 3 milestones	Quarter 4 milestones	SMART Measures of Success
Lead Director: Director of HR and OD 5.1 Listening, responding to and engaging our staff	<ul style="list-style-type: none"> Implement action plan from the staff survey results at Directorate level. Undertake all staff 'listening' events 	<ul style="list-style-type: none"> Continue schedule of all staff 'listening events' Develop a refreshed staff engagement plan and associated action plan. Staff appreciation awards. 	<p><i>Note: additional milestones will be agreed following the production of the refreshed staff engagement plan</i></p>		<ul style="list-style-type: none"> Staff survey overall staff engagement score. Benchmarked against average for acute hospitals 70% Friends and Family (Quarterly) Go engage survey results (no specific targets because this is a 'fact finding' survey)
5.2 Developing outstanding leaders and effective teams	<ul style="list-style-type: none"> Continued roll-out of leadership programme Develop a schedule of regular leadership 'master classes' 	<ul style="list-style-type: none"> Carry-out 'wash-up' of all leadership development programme OD for Triumvirate launched Roll-out of Master class schedule <p><i>Note: Need to identify any particular actions coming from Quality Improvement Academy</i></p>			<ul style="list-style-type: none"> Number of appraisals carried out (KPI) MAST compliance (KPI) Numbers enrolled on leadership programmes (as a percentage of staff in bands X-X who hold management roles)

5.3 A zero tolerance approach to bullying and harassment	<ul style="list-style-type: none"> Develop a zero tolerance campaign Receive internal audits and develop action plan to address issues 	<ul style="list-style-type: none"> Zero tolerance action plan launched (delivery over Q2/3/4) 	Note: milestones will be updated following production of action plan		<ul style="list-style-type: none"> Staff survey –people who say they are bullied or harassed (compared to the average for acute Trusts)
5.4 Working to deliver our Diversity and Inclusion strategy	<ul style="list-style-type: none"> Design diversity leadership programme Review of disciplinary cases to identify any imbalance Establish baseline figures for recruitment (shortlisted, interviewed, appointed) for ethnicity. 	<ul style="list-style-type: none"> Develop action plan based on results of review of disciplinary cases. Roll-out diversity leadership programme Embed D&I networks across the Trust 			<ul style="list-style-type: none"> Percentage of staff disciplined (by band) representative of all staff from that ethnic group in that band Improve the number of staff from BAME groups appointed (from interviewed to appointed) by 10%
5.5 Empowering our staff to make real change	<ul style="list-style-type: none"> Listening into action initiatives <p>Note: additional milestones will be identified following the agreement of the Quality Improvement Academy priorities for 2019/20</p>	<ul style="list-style-type: none"> Carry out Go Engage survey 25% of the workforce) on 10 areas of staff engagement to identify concerns 			<ul style="list-style-type: none"> Actions from Listening into Action and Go Engage schemes underway or implemented
5.6 Living our values	<ul style="list-style-type: none"> Review if values are fit for purpose (links to the engagement listening events and Go Engage survey) Re-launch our values based recruitment initiative 		<ul style="list-style-type: none"> Agree refreshed values Develop values charter 	<ul style="list-style-type: none"> Launch refreshed values in the organisation. 	<ul style="list-style-type: none"> Team briefing takes place monthly throughout the Trust. Staff survey scores on staff engagement. Use bespoke questions on values in the survey.

Objective 6 : Develop tomorrow's treatments today

Aim	<ul style="list-style-type: none"> To ensure that our education programme supports the development of a multidisciplinary clinical workforce and supports the ambitions set out in our clinical strategy 				
Objective	Quarter 1 milestones	Quarter 2 milestones	Quarter 3 milestones	Quarter 4 milestones	SMART Measures of Success
Lead Director: Chief Medical Officer 6.1 Produce a new education strategy aligned to the new clinical strategy that articulates the vision and strategic aims	Agree the scope of the education strategy including: <ul style="list-style-type: none"> Engage staff from all disciplines and backgrounds to inform the scope of a multi-disciplinary education strategy aligned to the clinical strategy Undertake engagement with relevant staff to ensure a focus of the education strategy is to use inform and embed learning from patient safety issues Following publication of the clinical strategy, identify any specific clinical areas to be specifically incorporated into the education strategy 	Draft education strategy produced <i>Note: Other key milestones will be agreed once the education strategy is produced</i>	<i>Note: Other key milestones will be agreed once the education strategy is produced</i>	<i>Note: Other key milestones will be agreed once the education strategy is produced</i>	Trust education strategy approved by Trust Board <i>Note: other measures of success will be determined following agreement of the education strategy in Q2.</i>
6.2 Produce a new research strategy aligned to the new clinical strategy that articulates the vision and strategic aims	<ul style="list-style-type: none"> Key themes and principles of the emerging research strategy to be reviewed against 	<ul style="list-style-type: none"> Research strategy agreed and published <i>Note: Additional milestones for Q2, Q3</i>			Research strategy approved by Trust Board <i>Note: Additional measures of success to</i>

	<p>published clinical strategy</p> <ul style="list-style-type: none"> • Draft research strategy produced • Research Forum to be held in June to consider the draft research strategy 	<p><i>& Q4 will be agreed following agreement of the research strategy</i></p>			<p><i>be identified agreed at the end of Q1 when draft research strategy produced</i></p>
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Meeting Title:	TRUST BOARD		
Date:	28 March 2019	Agenda No.	5.1
Report Title:	UK withdrawal from the European Union		
Lead Director/ Manager:	Andrew Grimshaw, CFO		
Report Author:	Andrew Grimshaw, CFO		
Presented for:	Note		
Executive Summary:	<p>The paper provides an update on the actions being taken by the NHS in general and the Trust specifically in relation to the UK exiting the EU on 29th March 2019.</p> <p>Plans continue to be developed. To date no material risks have been identified, although the high level of uncertainty about what may happen makes providing complete assurance that there will not be any adverse implications difficult.</p>		
Recommendation:	To note the actions being taken.		
Supports			
Trust Strategic Objective:			
CQC Theme:			
Single Oversight Framework Theme:			
Implications			
Risk:	Failure to respond to issues that could arise from a no deal EU Exit.		
Legal/Regulatory:			
Resources:	As noted in the paper.		
Previously Considered by:	TEC – verbal update 20 th March	Date:	
Appendices:	Appendix 1: DHSC Assurance template		

Trust Board, 28 March 2019
UK withdrawal from the European Union

Introduction

This paper provides a brief summary of the key actions that are being taken to address issues that may result from a “no deal” exit from the European Union (EU). The paper covers actions by the NHS in general and the Trust specifically.

The issue

As previously reported to the Trust Board a “no-deal” exit from the EU could result in the disruption of the flow of goods, services and people between the UK and EU. In order to address this risk the UK Government has been taking steps to ensure key services are prepared for this eventuality and can maintain effective and safe service provision.

The nature of the disruption that the government is seeking to avoid would be in areas such as;

- Shortages of supplies; medicines, clinical and non-clinical consumables.
- Workforce issues relating to EU staff working in the NHS.
- Data sharing and processes.

The key points to note since the report to the Board last month are;

1. Daily Situation Reports have commenced. This requires all NHS organisations to provide assurance across a range of questions between 4 and 5 pm each day. To date we have not identified any issues of concern to report.
2. A series of desk top exercises have been undertaken across the Trust to test scenarios that could result from a no deal EU Exit. This work has focused on the key areas identified by the DHSC; medicines, clinical and other consumables, workforce, data sharing. So far no material issues have been identified.
3. Trusts were requested to bring forward year end stock to early March to ensure visibility of stocks. This work has been completed.
4. The Procurement Department have developed a contingency to be able to receive deliveries 24/7. This is to ensure greater flexibility into supply chains.
5. Additional guidance has been provided by the DHSC on Estates and Facilities on the 21st March. This is being reviewed, and any material issues will be updated to the Board when it meets.
6. The Procurement Department continues to review key lines of supply to identify any areas for specific attention and focus. Where appropriate, and possible, action will be taken to mitigate any perceived risk.
7. The Trust's Business Continuity lead is now actively involved in EU Exit Planning.
8. A communications plan is being finalised to ensure staff can be updated on any issues in the event of a no deal EU Exit.

Assurance Template

The Trust has been asked to complete an assurance template in respect of EU Exit preparations, this is provided in appendix B. While some of the topics are rated Amber this is more the result of the uncertainty in relation to what the impact of a no deal Brexit could be as opposed to the lack of preparation. All the areas listed remain under review.

Timeline

At the point of writing this paper it was unclear if the UK would seek, and receive an extension to the 29th March Brexit deadline. This will be updated at the Board meeting.

The potential for a no deal EU Exit on the 29th March remains very real, but the impact of this may not be felt immediately. As previously reported, organisations should maintain the ability to monitor and respond to events over the coming months.

Summary

It is possible that the UK could exit the EU without a deal. This scenario could potentially impact on the effective operation of the NHS if effective preparation is not in place.

The DHSC has led a national response to support supply chains, and has requested individual NHS organisations establish groups to prepare for this eventuality as a precaution.

St Georges has engaged proactively with the actions requested, and will maintain operational preparedness to respond to issues if they emerge.

Action

The Trust Board is requested to note this paper.

Chief Finance Officer
March 2019

Appendix 1:

DHSC Assurance template

Appendix 1

DHSC Assurance template

Topic	RAG	Comments & risks identified
Operational Communications	<i>Green</i>	
Operational Readiness	<i>Green</i>	
Supply	<i>Amber</i>	<i>Rated amber as risks would be possible if longer lead times emerged</i>
Workforce	<i>Amber</i>	<i>Key worker risks are understood and can be monitored.</i>
Clinical trials	<i>Amber</i>	<i>Work in progress to complete this area. Not expected to represent a problem.</i>
Data	<i>Green</i>	
Finance	<i>Green</i>	
Health Demand	<i>Green</i>	

RAG rate:

- Red – no preparations made
- Amber – preparation commenced, but some risks outstanding
- Green – organisation fully prepared