



Public Board of Directors Meeting

**Wednesday 27th April 2022 at 4pm
Held virtually on MS Teams**

Board of Directors
Wednesday 27th April 2022
4pm to 5.30pm, Virtually via MS Teams

A G E N D A

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|----|--|---------------------|---------------|
| 1. | Welcome and Apologies | <i>Verbal</i> | <i>4:00pm</i> |
| 2. | Declarations of Interest | <i>Verbal</i> | |
| 3. | Minutes of the previous meeting held on 26 th January 2022 | <i>Paper</i> | |
| 4. | Matters Arising | <i>Verbal</i> | |
| 5. | Chairman's Report
<i>Sir Hugh Taylor</i> | <i>Verbal</i> | <i>4:10pm</i> |
| 6. | Chief Executive's Report, including update on Ockenden Report Recommendations
<i>Professor Ian Abbs</i> | <i>Paper</i> | <i>4:15pm</i> |
| 7. | Research and Development Update
<i>Dr Kate Blake, Professor Charles Wolfe, Professor Ingrid Wolfe, Professor Nick Hart, Professor Claire Steves, Professor James Spicer</i> | <i>Presentation</i> | <i>5:00pm</i> |
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| 8. | Reports from Board Committees for noting: | <i>Papers</i> | <i>5:20pm</i> |
| 8.1 | Audit and Risk Committee: | | |
| | a) Minutes 17 th November 2021 | | |
| 8.2 | Finance, Commercial and Investment Committee: | | |
| | a) Minutes 3 rd November 2021 | | |
| | b) Minutes 2 nd February 2022 | | |
| | c) Financial Report at Month 11 | | |
| 8.3 | Quality and Performance Committee: | | |
| | a) Minutes 12 th January 2022 | | |
| | b) Integrated Performance Report at Month 11 | | |
| 8.4 | Strategy and Partnerships Committee: | | |
| | a) Minutes 15 th December 2021 | | |
| 8.5 | Transformation and Major Programmes Committee: | | |
| | a) Minutes 1 st December 2021 | | |
| 8.6 | Royal Brompton and Harefield Clinical Group Board: | | |
| | a) Minutes 13 th January 2022 | | |
| 9. | Register of Documents Signed Under Seal
<i>Professor Ian Abbs</i> | <i>Paper</i> | <i>5:25pm</i> |
| 10. | Any Other Business | <i>Verbal</i> | <i>5:25pm</i> |

The next public meeting of the Board of Directors is due to be held on Wednesday 27th July 2022

BOARD OF DIRECTORS

Wednesday 26th January 2022, 4pm – 5.30pm
Held virtually via MS Teams

Members Present: Sir H Taylor (Chair) Baroness S Morgan (from 5pm)
Prof I Abbs Mr J Pelly
Ms A Bhatia Prof R Razavi
Mr P Cleal Ms J Screatton
Mr S Davies Dr P Singh
Mr J Findlay Dr S Shribman
Mr S Friend Dr S Steddon
Dr F Harvey Mr L Tallon
Dr J Khan Mr S Weiner

In attendance: Mr E Bradshaw (Secretary) Dr R Grocott-Mason
Ms S Austin Ms A Knowles
Ms B Bryant Ms S Maskell
Ms A Carney Ms K Moore
Ms J Carter Mr J O'Brien
Ms J Dahlstrom Ms J Parrott
Mr A Gourlay Ms A Williams McKenzie

Members of the Council of Governors, members of the public
and members of staff

1. Welcome and apologies

1.1. The Chair welcomed attendees to the meeting of the Trust Board of Directors (the Board). No apologies had been received.

2. Declarations of interest

2.1. There were no declarations of interest.

3. Minutes of the meeting held on 20th October 2021

3.1. The minutes of the previous meeting were agreed as an accurate record.

4. Matters arising

4.1. There were no matters arising from the previous meeting.

5. Chair's report

5.1. The Chair did not have a substantive update for the Board, but expressed hope that the Board would be able to resume meeting in person before long.

6. Chief Executive's report

- 6.1. Since the previous public meeting of the Board of Directors the Trust had welcomed Florence Eshalomi, MP for Vauxhall, to mark the completion of the outer frame of the new Children's Day Treatment Centre at the Evelina London Children's Hospital. A new portrait of Mary Seacole had been unveiled in November 2021 at Guy's Hospital and would complement the statue of her at St Thomas' Hospital. The Board also noted three new senior appointments.
- 6.2. An overview was provided about the Trust's continued response to the COVID-19 pandemic. The Omicron variant had led to further operational pressures across the organisation with significant increases in both COVID-19 admissions and COVID-19 related workforce absences. A collective decision had been taken with other acute trusts in south east London to reduce routine outpatient appointments and non-urgent surgery. This had enabled the Trust to focus efforts on maintaining priority access across emergency and community services, continue to provide mutual aid to other organisations and enable staff redeployment to upscale delivery of the vaccination programme. National data continued to show that the Trust has one of the best COVID-19 critical care survival rates in the country, whilst patient outcomes in this fourth wave of the pandemic were better than in previous waves, with shorter length of stay and fewer patients with the virus needing high dependency care. The role of the new COVID Medicines Delivery Unit (CMDU) at St Thomas' Hospital was highlighted as having been particularly effective in preventing further hospital admissions.
- 6.3. The Board noted that, in recent days, the operational pressures linked to COVID-19 had begun to stabilise and the Trust's response was being scaled back, with redeployed staff returning to their substantive roles. Board members expressed their thanks to the Trust's workforce for their efforts during this difficult time.
- 6.4. The Trust now had a legal duty to implement a new national requirement for the vast majority of health and social care workers to have received two doses of a COVID-19 vaccination by 31st March 2022 as a condition of their deployment. The Board acknowledged the risk that potentially high numbers of staff would be non-compliant with this requirement, and noted that whilst there was variability in vaccine uptake across different ethnic and staff groups, the organisation was continuing to work hard to understand and address the key issues behind the barriers to uptake. The Trust was also working closely with trade union colleagues and organisations across the South East London Integrated Care System (ICS) to ensure consistency of approach and to maximise the redeployment opportunities for those staff in scope who chose not to take the vaccine.
- 6.5. Board members discussed the implications of the new requirements, both in terms of disproportionate impact on staff in certain ethnic groups and the potential risk of an impact on patient care. Steps were being taken to ensure the health and wellbeing of Trust staff, including ongoing investment in the workforce by recruiting to vacancies as quickly as possible and placing additional focus on staff retention. The support of Guy's and St Thomas' Foundation in this area was highlighted.
- 6.6. Whilst the Trust's primary objective had always been to treat as many patients as we can safely, the recent pressures had led to the need to reassess this focus to prioritise

the delivery of safe care to patients with the highest clinical need. The organisation was therefore currently focusing its efforts on three operational priorities:

- Maintaining safe urgent and emergency pathways to preserve core services needed to treat patients requiring urgent, emergency or lifesaving care;
- Creating and protecting capacity to diagnose and treat all patients with the highest clinical priority within acceptable timeframes; and
- Ensuring the COVID vaccination and treatment capacity to meet demand, with no eligible patients being denied access to timely intervention.

6.7. The Board received an overview of the Trust's core quality and operational performance from November and December 2021, including across emergency care, cancer, the 18-week referral to treatment standard and diagnostics. As the Trust had prioritised access to services and diagnostics for urgent patients, routine waiting times had increased for non-urgent services. It was also noted that, unlike in previous waves of the pandemic, there had been no decline in referral rates, which remained above pre-pandemic levels in some areas and which would lead to increased routine waiting times. The ongoing risk of patients' conditions deteriorating whilst waiting for treatment was noted. Further details were provided about trends in emergency activity and the number and relative acuity of paediatric admissions.

6.8. Operational planning guidance had been issued which set out the priorities for 2022/23, where the focus would be on reducing the backlog and waits for treatment across the NHS, restoring services and putting more capacity in place. The Trust's financial performance remained stable and was forecast to break-even at the end of the current financial year.

6.9. The Trust was approaching the one year anniversary, on 1st February 2022, of the merger between Guy's and St Thomas' and Royal Brompton and Harefield. The Board reflected on the significant progress that had been made in integrating the two organisations and in starting to deliver the strategic objectives of the merger across patient care, innovation and research and education. There had also been a number of operational benefits for patients during the COVID-19 pandemic where capacity had been used flexibly across the four hospital sites to protect urgent services such as cardiac surgery. All corporate departments were undertaking strategic reviews to consider how best to further integrate across their services to avoid duplication and to deliver financial benefits of the merger.

6.10. The Board noted updates about the Apollo Programme, the launch of three new Charity brands, the meeting minutes from the Board's committees and the consultant appointments made since the previous meeting in October 2021.

7. Patient and Public Engagement

Patient and public engagement annual report 2020-21 and bi-annual update 2021-22

7.1. The Board received an overview of the patient and public engagement that had been undertaken between April 2020 and September 2021 and how the Trust was continuing to meet and invest in its 'duty to involve' despite the challenges caused by

the COVID-19 pandemic. As demand for patient and public engagement support had grown due to the many Trust-wide strategies in development and the significant capital and transformation programmes in progress, work had been done to direct patient and public engagement resources to where they were most needed. The Board was supportive of plans to review and refresh the Trust's Patient and Public Engagement Strategy to ensure it remains fit for purpose and continues to align with the Trust's strategic priorities and programmes.

- 7.2. The Board welcomed news that the Trust had continued to take a proactive approach to fostering its relationship with, communicating its activities to, and responding to Local Authority Overview and Scrutiny functions and local Healthwatch teams in Lambeth and Southwark.

Joint Programme for Patient, Carer & Public Involvement in COVID Recovery

- 7.3. The Board received its first report about the Joint Programme for Patient, Carer and Public Involvement in COVID Recovery – a collaboration between the Trust and King's College Hospital. The two-year Programme, funded by Guy's and St Thomas' Foundation and supported by the King's College Hospital Charity, aims to ensure the views of patients, carers and the public inform, and help improve, service changes developed in response to the COVID pandemic. A key element of this would be to identify variations in experience of care between different protected characteristics.
- 7.4. The Programme's objectives, areas of focus and work undertaken to date were set out, together with how the findings would be used. An active and diverse steering group incorporating representatives from the patient and public engagement team, Council of Governors, Trust charities, and other external parties, had been established to oversee delivery. The Programme's first patient-public project – an attitudes and behaviours telephone survey of 1,501 patients and carers – had now reported. The key findings from the survey were set out for the Board's consideration; these had been disseminated widely. Additional patient-public projects regarding virtual access to care; waiting for treatment and Long COVID, had been scoped and commissioned, and the Board noted the aims and deliverables of each. Board members agreed about the importance of both working jointly across the south east London network and in engaging people from hard to reach communities in this work.

8. Reports from Board committees for noting

- 8.1. The Board noted the reports.

9. Register of documents signed under seal

- 9.1. The Board noted the record of documents signed under the Trust Seal.

10. Any other business

- 10.1. There was no other business. The next meeting of the Board of Directors is due to be held on 27th April 2022.

NHS CONFIDENTIAL - Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 27 APRIL 2022

Title:	Chief Executive's Board of Directors Report
Responsible Director:	Professor Ian Abbs, Chief Executive Officer and Chief Medical Officer
Contact:	Louise Moore, Head of Private Office
Purpose:	Chief Executive's Board of Directors Report
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY TO CARE FOR AND SUPPORT OUR STAFF TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	As we respond to continuing operational pressures, this report provides the Board of Directors with an update on our delivery plan for tackling the COVID-19 backlog of elective care and our ongoing COVID-19 pandemic response. The Board will also receive an update on overall Trust performance, including quality, access and finance. The report also includes updates on major and strategic programmes of work, as well as updates from our Clinical Groups where key milestones or significant achievements have been made since the January Board meeting.
Recommendations:	The BOARD OF DIRECTORS is asked to: 1. Note the report

NHS CONFIDENTIAL - Board

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS**

WEDNESDAY 27 APRIL 2022

**CHIEF EXECUTIVE'S BOARD OF DIRECTORS REPORT
PRESENTED BY PROFESSOR IAN ABBS**

1. Introduction

- 1.1. The aim of my report today is to provide the Board with an update on the Trust's delivery plan for the recovery of elective care following the COVID-19 pandemic, as well as our ongoing response.
- 1.2. The report will also highlight the latest quality, safety, access and financial performance of the Trust, and how the Trust is working hard to manage the demand for urgent and emergency care.
- 1.3. The report also provides updates from our Clinical Groups, as well as updates on our major development and strategic programmes.

2. Trust Operating Model

- 2.1. Further changes have been made to the way in which we organise ourselves at Guy's and St Thomas' NHS Foundation Trust. These changes are designed to build upon the Trust's existing operating model of large Clinical Groups and will enable us to further realise significant benefits for patients and staff, and will ensure we have the right focus on the delivery of excellent and responsive services in partnership with others.
- 2.2. While overall oversight and accountability remains with the Trust's Board, our Clinical Groups play a leading role and as of 1st April 2022, clinical services across our hospital and community sites at Guy's and St Thomas' will be managed by four Clinical Groups:

NHS CONFIDENTIAL - Board

1. Cancer and Surgery
 2. Evelina London Women's and Children's
 3. Heart, Lung and Critical Care
 4. Integrated and Specialist Medicine
- 2.3. From 1st April, our Heart, Lung and Critical Care Clinical Group, will bring together the management of adult services at Royal Brompton, Harefield, Guy's and St Thomas' hospitals. As now, all four sites will remain vital to the delivery of services for patients with cardiovascular and respiratory disease, or requiring critical care. This Clinical Group will operate increasingly closely with our key clinical and academic partners at King's College Hospital and King's College London.
- 2.4. Also from April, Evelina London Women's and Children's Clinical Group, will manage services for children and young people across Royal Brompton and Evelina London Children's Hospital.
- 2.5. All Clinical Groups are central to our efforts to recover from the impact of the pandemic over the past two years, including ensuring that we treat patients waiting for diagnosis or care as quickly as possible, and to ensuring that the Trust plays an active and collaborative role in local and regional systems and partnerships, in particular the evolving Integrated Care Systems of south east and north west London.
- 2.6. In addition, Essentia (our Capital, Estates and Facilities Management Directorate) has been established as a Delivery Group. Whilst Essentia does not deliver clinical services, the Trust recognises that the services delivered by Essentia are integral to the delivery of clinical services across our organisation.
- 2.7. Our operating model is designed to support delivery of the best possible care to the populations of south east and north west London, and beyond. We are committed to working with partners to provide the best possible care to our local communities, as well as for patients from further afield who require access to specialist treatment.
3. **NHS 2021 Staff Survey results**
- 3.1. The results of the 2021 National NHS Staff Survey have been published, and it is very heartening to report that the majority of our staff told us that their experience of work has been positive, despite the incredibly challenging two years we have collectively faced.

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- 3.2. Almost 10,200 (47% of our workforce), completed the survey last year, and it is reassuring that we have again achieved high scores for staff engagement. Our results are in the 'Acute, and acute and community trusts' category and the results were presented differently this year.
- 3.3. It was very positive to note that the Trust was above average in all the areas relating to the 'NHS People Promise' and 87% of our staff agreed that patients/service users are our top priority compared to the national average of 76%. This is also alongside the very positive result that 94% of respondents said they were proud to work at the Trust.
- 3.4. Over the past year we have placed significant importance of staff health and wellbeing, and 64% of our staff agreed the Trust takes positive action on health and wellbeing compared to the national average of 56%. Additionally, our score for 'advocacy' was 7.8 which was very close to the best in the country at 7.9. Importantly, this tells us that the majority of staff would recommend the Trust as a place to work and to receive care.
- 3.5. However, there are also a number of areas where the Trust must do better. We must do more to do to make progress on areas relating to equality, diversity and inclusion, as well as bullying and harassment, and staff health and wellbeing. I want to underline to the Board my absolute commitment to listen to our staff and take clear actions that address these issues which have been raised by our staff through these latest staff survey results.
- 3.6. Trust wide and Clinical Group action plans are being developed to address the key themes and feedback arising from the survey. Our Trust wide areas of focus will include how we develop the skills of our line managers, refreshing our 'Just Culture' approach to the management of workforce relations; and a review of our wellbeing support.
- 3.7. We know that our line managers play a pivotal role in staff engagement and retention, and the survey data shows that we need to better support them to develop the skills needed to confidently build open and safe relationships with their diverse teams. Our core development offer for this key leadership group is being refreshed and will be relaunched later this year.
- 3.8. Although we were an early adopter of the 'Just Culture' approach to the management of workforce relations cases, we have more to do to embed these core principles and create a learning culture where people are supported, trust is restored and lessons are learned when things fall short of expected standards.
- 3.9. We will also undertake an external evaluation of our wellbeing programme, 'Showing We Care about You' to identify which of our wellbeing initiatives have the greatest impact, and where there are gaps in the support we offer that we need to address.

NHS CONFIDENTIAL - Board

3.10. The Quality and Performance Board Committee has oversight of issues relating to workforce and culture, and monitors key workforce metrics at each of its meetings.

4. Ockenden report update

4.1. Following the initial Ockenden Review of maternity services at Shrewsbury and Telford NHS Trust in December 2020, NHS England and Improvement provided an assessment and assurance tool for NHS Trust maternity services to benchmark their compliance with the 7 immediate and essential actions from the initial review.

4.2. The final report of the independent Ockenden Review was published on 30th March 2022, with further important lessons for maternity services across the NHS. The report found that multiple flaws in the Trust's management and governance, as well as a culture of not listening to families, which led to failures in care and many incidents of avoidable harm.

4.3. The final report sets out the areas that all NHS Trusts must review to ensure compliance with the 15 immediate and essential safety actions. Local Maternity and Neonatal Systems, NHS England and NHS regional teams are to receive assurance that the actions have been effectively implemented. The London Regional Maternity Team will also be commencing site visits to all London maternity services between May and September 2022 to review progress in response to the immediate and essential safety actions.

4.4. Our maternity service, has provided evidence of compliance in meeting the initial 7 safety actions to NHS England and Improvement, the South East London Local Maternity and Neonatal System (LMNS) and South East London Integrated Care System (ICS) and this will be reviewed by the London Perinatal Board on 7th May 2022.

4.5. Our maternity service is now reviewing the final Ockenden Report (2022) findings to ensure our maternity service is compliant with the new immediate and essential safety actions, and we recognise that it is paramount that we continue to listen to women and their families to ensure our maternity service provides the best possible care.

4.6. Compliance will be routinely monitored and assured via the Quality and Performance Board Committee, where important learning from this report can also be shared across the wider organisation.

NHS CONFIDENTIAL - Board

5. Apollo Programme

- 5.1. The go live date for the Apollo Programme, to implement a new electronic health record, will be 15th April 2023 and in February, the business case for King's College Hospital NHS Foundation Trust to join the Apollo Programme was approved. This represents a 'once-in-a-generation opportunity to redesign our clinical workflows' across the two Trusts, developing true integration and shared pathways across the acute sector.
- 5.2. The new electronic health record will be ready at King's College Hospital in October 2023, and clinical and operational staff from the Trust have already been involved in decision-making groups from the outset of the programme.
- 5.3. Following approval of the business case at King's College Hospital a joint oversight committee has been established. This committee is jointly chaired by the Chief Executives of both Trust's to ensure consistency of design and delivery, and greatest possible benefit will be achieved.
- 5.4. The Apollo programme is now entering its final year before 'Go-Live' on 15th April 2023 across Guy's and St. Thomas', including our Royal Brompton and Harefield hospital sites. Enhanced communications and engagement activities for staff and patients are now underway.
- 5.5. Considerable focus will now also turn to delivering a comprehensive training programme over the coming months, including logistical planning for delivery of training to all Guy's and St. Thomas' users within a 10 week period. To prepare for go-live, the readiness team will support a detailed assessment of staff tasks and functions to ensure that the right training and readiness activities are provided. Additionally, the engagement programme will be accelerated to ensure all staff are aware of the impact of the programme on their ways of working. At Guy's and St Thomas' about 10% of staff will be identified as digital champions to support their colleagues at go-live, and the activity to identify these individuals is underway.

6. Our continued response to the COVID-19 pandemic and delivery of the national COVID-19 vaccination programme

- 6.1. I would like to thank the incredible staff working across our hospitals and community services, for everything that they have done throughout the pandemic and continue to do so as we shift our focus to recovery and increasing the number of patients we can safely treat. Our primary focus is always on the safe care of our patients and this comes from the compassionate high quality care delivered by our workforce.
- 6.2. Since the last Board meeting the Trust continues to see a stable, but significant number of patients with COVID-19, although

NHS CONFIDENTIAL - Board

numbers have reduced since the peak in January, and staff absences have also reduced significantly. The prevalence of COVID-19 in the community has remained high, and the challenge of maintaining protected pathways and ward areas for patients who require hospital care but do not have COVID-19.

- 6.3. The Trust currently has a total of 103 patients with COVID-19 admitted across our hospital sites, and as of 20th April there are 18 patients in adult critical care and 2 in paediatric critical care, as well as 80 patients admitted to our adult general and acute wards and 3 children to our paediatric wards. Compared with earlier waves of the pandemic, it is encouraging that fewer patients are requiring treatment in critical care.
- 6.4. The Trust continues to deliver the national COVID-19 vaccination programme in line with the national policy, and on behalf of our Integrated Care System the Trust is the lead provider for vaccination across south east London. As of 20th April 2022, the Trust has delivered over 900,000 COVID-19 vaccines to staff and communities across south east London.
- 6.5. On behalf of south east London, in December 2021, the Trust also established a Covid Medicines Delivery Unit at St Thomas' Hospital. This unit administers antibody and antiviral treatments to patients with COVID-19 who are at risk of deterioration. These treatments can be delivered orally, or via an infusion, to help patients manage their COVID-19 symptoms and prevent them from becoming seriously unwell. There are a number of different antibody and antiviral treatments available and as of the 20th April 2022, the Trust has administered over 1,200 oral treatments and IV infusions.
- 6.6. Overall, the sustained presence of COVID-19 across the community requires the Trust to remain adaptable to potential increases in COVID-19 numbers, with an underlying focus on protecting patients who are most vulnerable whilst treating as many patients as we safely can.

7. Recovery of services following the pandemic

- 7.1. The Trust is committed to delivering the NHS's operational plan for tackling the COVID-19 backlog of elective care. Leading up to the Omicron variant, recovery plans were following a promising trajectory where recovery rates for October 2021 and November 2021, averaged 83% of outpatient activity, 82% of elective admissions and 103% of diagnostic activity, compared to 2019/20.
- 7.2. Understandably, our recovery was impacted during the COVID-19 pressures in January, however the impact was not as severe as previous waves and restoration to previous levels has been far quicker. The four week rolling average recovery rate at the end of January 2022 clearly demonstrates the impact of the Omicron variant with the Trust reporting an average of 79% of outpatient activity, 57% of elective admissions and 96% of diagnostic activity (MRI, CT and Endoscopy), compared to 2019/20.

NHS CONFIDENTIAL - Board

- 7.3. Since the Omicron surge in January, the landscape that we operate within continues to change as the Trust continues to build on our priority to treat as many patients as we safely can. The Trust is aligning our operational delivery with the 'Living with COVID-19' guidance released earlier this year. Significant progress has been made restoring services and further improvements are expected over the coming weeks and months as restrictions are lifted and new infection prevention control measures are introduced.
- 7.4. As of the week ending 3rd April 2022, the current four week rolling average for recovery rates were 88% of outpatient activity, 85% of elective admissions and 112% of diagnostic activity (MRI, CT and Endoscopy), compared with 2019/20. This demonstrates an improvement on pre-Omicron levels of recovery.
- 7.5. Importantly, and in line with our Trust approach to focus recovery firstly on our most clinically urgent patients, we have seen strong recovery of activity in our complex cancer specialties – with gynae-oncology, head and neck and thoracic cancer surgery all consistently above 120% of 2019/20 activity.
- 7.6. Variability in capacity and demand during the pandemic, including the recent Omicron wave, have understandably provided a challenging environment to deliver against the key waiting time targets for the Trust. In February, the Trust reported 68% for referral to treatment time (RTT), which demonstrates a deterioration of 1.3% from January. However, the Trust reported that 87.02% of patients in February received their diagnostic test within six weeks, an improvement of 5.95% compared with the January position.
- 7.7. Recovering our prior (pre-COVID-19) high levels of theatre productivity remains a Board priority, and the Trust improvement teams are supporting our Clinical Groups to focus on this important area to ensure we are maximising our existing estate and resources. I am pleased to report the Trust has continued to make progress in reducing the number of patients waiting over 52 and 104 weeks for treatment and we expect to reduce this to zero in line with the timelines set out in the NHS's operational planning guidance.
- 7.8. The Trust has remained focused on addressing the increase in demand for our urgent and emergency care services. There has been a high level of activity across all patient types recently with daily attendances regularly exceeding 600 throughout March 2022. This has proven to be very challenging, particularly as a large number of our patients have required complex care for serious injury or conditions, or specialist care from our paediatric emergency department.
- 7.9. Given these pressures on our urgent and emergency care services, performance remains challenged. A year ago, in our emergency department there were 14,000 attendances per month with a performance of around 91% against the 4 hour standard. However, at the end of March 2022, the attendances stand at 19,000 per month, a 35% increase within the 12 month cycle and a reduced performance of 76%. The number of 12 hour breaches also demonstrates a challenging picture with the numbers

NHS CONFIDENTIAL - Board

increasing in February, particularly as a result of difficulty securing timely access to mental health support due to bed capacity constraints.

- 7.10. Nationally, the Trust is performing relatively well and our emergency department performance is the highest in south east London. However, more work is required to improve access for ambulances into our emergency department to prevent 30 minute handover breaches and performance improvement work is underway which will be routinely monitored by the Board.
- 7.11. It is important to acknowledge the complexity and acuity of our patients and the need to ensure we have the right capacity to deliver the best care and optimum patient experience for patients accessing our emergency department. To help and improve our performance we are analysing acuity, looking at dependency, and examining alternative pathways and the appropriateness of our triage service. In addition, we will continue our efforts to work with primary care colleagues and partners to ensure patients can access right level of care when needed.
- 7.12. Our dental service is currently achieving on average 75% of 2019/20 activity across elective pathways, which include outpatients and surgical services. The directorate is working hard to drive up activity previously affected by both the pandemic and a significant refurbishment programme.
- 7.13. A number of initiatives are already being rolled out to urgently increase capacity locally, and we are working closely with King's College Hospital NHS Foundation Trust via the South East London Acute Provider Collaborative to improve equity of access in waiting times for patients. This includes a single point of access and has been developed for oral surgery, so referring dentists can refer patients to the Trust with the shortest wait.
- 7.14. Being located in a socially and economically diverse part of inner London, our services see many mothers and children from disadvantaged backgrounds who often have additional needs, for example, as a result of family breakdown or domestic abuse. The impact of the pandemic on children and young people of all ages, particularly those from more disadvantaged backgrounds, is increasingly well documented, and wider pressures on the cost of living will further exacerbate the level of risk for some of our most vulnerable patients and families. This is a cause of considerable concern, and we recognise that our local authority partners also find their resources increasingly stretched.
- 7.15. Following the pandemic, like other parts of the NHS, we are now seeing increasing numbers of children and young people presenting with more complex mental health needs. We are working in partnership with teams from across the local health system to find ways to meet their needs appropriately. We will be advocating that the needs of children, young people and their families should be a central focus of the South East London Integrated Care Partnership's strategy, due to be developed later this year.

NHS CONFIDENTIAL - Board

8. Key updates from our Clinical Groups

8.1. **Cancer and Surgery Clinical Group**

Regulatory inspections

The Clinical Group has recently undergone regulatory inspections for two of its services. The Improving Quality in Liver Services (IQILS) accreditation standard was achieved for all aspects of our liver service. The Human Tissue Authority also undertook an inspection of mortuary services at the Trust and the service received very positive feedback, particularly regarding our bereavement pathways.

Capital developments to support increasing surgical activity

Improvements to the physical environment for our patients and increasing capacity through delivery of new capital projects continue to be a priority. A significant investment programme focused on surgery at Guy's campus is underway and will provide a new surgical admissions lounge to better meet the needs of patients and improve efficiency, as well as two new modular theatres. Importantly, the new theatre capacity will enable decant capacity for our existing theatres so that we can undertake a comprehensive refurbishment and maintenance programme.

8.2. **Evelina London Women's and Children's Clinical Group**

New Clinical Directorate for Cardio-respiratory and Intensive Care services

We celebrated an important milestone on 1st April 2022 which marked the formal creation of a new directorate within Evelina London Clinical Group, which combines the children's cardiac, respiratory and intensive care services across the Royal Brompton and Evelina London sites. This will enable us to evolve and improve our services for children with a variety of heart and lung conditions through the combined expertise of the teams.

Future Children's Cancer Services

NHSE London has recommenced a process to determine the future location of a Principal Treatment Centre for Children's Cancer Services for South London and the South East Region. This is an important opportunity to secure the best possible future for these services, and associated research, working as part of the wider regional health system. Although we do not currently provide children's cancer services, a significant number of children with cancer already benefit from the expertise of our clinical teams.

NHS CONFIDENTIAL - Board

Nationally and internationally, the prevailing model is for these increasingly complex services to be provided by a comprehensive specialist children's hospital, such as Evelina London. We believe that we will be able to present a compelling case for the services to move to Evelina London, and we will work with NHS and academic partners to achieve this. The process is now moving at some pace and we will be working hard in the coming months to ensure we submit the best possible case.

8.3. Heart, Lung and Critical Care Clinical GroupCreation of the Heart, Lung and Critical Care Clinical Group

An important milestone was marked on 1st April 2022, with the creation of the new Heart, Lung and Critical Care Clinical Group. This new clinical group brings together critical care, heart and lung expertise across all our hospital sites and will deliver world class medicine and research across our King's Health Partners.

Royal Marsden Hospital and Royal Brompton Hospital – Joint Thoracic Service update

The Joint Thoracic Service with the Royal Marsden NHS Foundation Trust went live in shadow form in April 2022. Through greater collaboration and joint working a number of improvements will be realised for this service. Some of the benefits include co-location of respiratory clinics, a joint administration hub supporting a single point of access and a common system to access multi-disciplinary meetings.

8.4. Integrated and Specialist Medicine Clinical GroupRheumatology Prize

The rheumatology service at the Trust has won a national award for its clinic helping patients with fibromyalgia, a long-term condition that causes widespread pain. The service was declared a winner of the Emerging Best Practice category at the British Society of Rheumatology (BSR) awards. The one-stop, multi-disciplinary clinic for patients with fibromyalgia was established in 2012 and now sees around 400 patients per year. It is the only dedicated fibromyalgia clinic of its kind in the UK. Clinic patients have individual appointments with consultant rheumatologists, physiotherapists, and clinical psychologists who are all fibromyalgia specialists and provide each patient with a greater understanding of their condition and recommendations for treatment.

Patient Discharge

Improvement work was initiated in March 2020 to improve the transfer of care coordination through our hub for patients who require

NHS CONFIDENTIAL - Board

more intensive health and social care support on discharge. This work is being delivered in partnership with local authority partners from Lambeth and Southwark, and teams from Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts.

In addition to this, a team of specialists from the Trust's improvement team have been deployed to our Acute General Medicine wards to embed best practice through a multi-disciplinary approach. Our ambition is to sustainably embed an improved discharge model of care that will better support patients by optimising their length of stay in hospital, reduce unnecessary stays in hospitals and supports a more positive patient, family and staff experience.

8.5. Essentia Group

New Patient Menu

The catering team have worked with the dietetics team, nutritionists, patient experience team and patient representatives to create a new patient menu that will offer more choice, including a greater range of food to meet the preferences of our diverse communities and patients wanting vegetarian or lighter meal options. The menu was launched in March 2022 and initial feedback shows an increase from 85% to 95% satisfaction for how patients rate the taste and quality and an increase from 85% to 93% for choice.

Non-Emergency Patient Transport

The Mayor of London has acknowledged hospitals provide transport for vulnerable patients who cannot use public transport and has agreed to allow our patient transport service operating in Lambeth and Southwark to use bus lanes on a 12 month trial basis. This campaign has been led by one of our former governors and the trial commenced on 21st February 2022. The patient transport team are providing data to TFL to show whether the trial helps to improve bus timetabling, journey times and safety, reduce missed/late appointments, and improve vehicle utilisation, as well as improve the experience of patients.

At Royal Brompton and Harefield Hospitals, the non-emergency patient transport service has successfully been brought into our in-house service and early indications show that performance is already improving.

9. Sustaining and improving the Trust's core quality, operational and financial performance

- 9.1. Regular reviews of operational performance take place at the Quality and Performance Board Committee, the latest being the 16th March. Performance in January and February is the latest formally reported against national targets, and all metrics reflect the impact of the Omicron variant and the operational pressures faced across the NHS during this period.

NHS CONFIDENTIAL - Board

- 9.2. Our reported 62 day cancer performance for January 2022 was 49.2%, which demonstrates a further deterioration in our position. The reasons behind this are multifactorial, and a particular challenge remains the significant number of late referrals received from other providers. Our teams are working incredibly hard to ensure all patients referred to us with suspected cancer are seen, diagnosed and treated as quickly as possible. In February, the Trust focused on treating those who had already waited over 62 days for treatment. Despite this specific focus, we have seen an improving performance overall and our reported position in February was 51.4%.
- 9.3. The number of cancer referrals we receive remained extremely high in January 2022 and our performance against the 2 week wait standard was 57.2%. Services faced significant pressure due to the impact of Omicron on staffing, particularly in our breast and head and neck services, and ongoing capacity constraints in gynaecology and urology have further compounded this position. Demand for two week wait appointments is considerably above pre-pandemic levels. Whilst there is still much more to do, we recognise the urgency and considerable impact that waiting for diagnosis and treatment has on our patients. In February, our performance improved to 66.7% against the 2 week standard and we are expecting further improvements in March as we continue to increase capacity.
- 9.4. The Board has my commitment that there is an absolute focus on cancer pathways and performance, both at the Trust and across the wider south east London system. On behalf of the acute provider Chief Executives in south east London, I have become Chair of the South East London Cancer Programme Executive Group and a member of the South East London Cancer Alliance Board to help support us all in making the necessary changes to improve the quality and performance of our services and the experience of our cancer patients.
- 9.5. Our February performance against the national 18 week referral to treatment standard was reported to the committee, and this was 68.1%, which is a slight deterioration against what had been a steadily improving position for the last twelve months. This is a reflection of the operational impact of increasing COVID-19 prevalence and admissions, as well as the need to balance the treatment of patients on clinically urgent pathways with those patients who had waited the longest. We have started to see a steady reduction in the number of patents waiting over a year for routine treatment, and the Trust is working hard to further reduce these numbers with a particular focus on those who have waited 78 and 104 weeks.
- 9.6. Importantly, with the decision to lift COVID-19 restrictions in society and signs that community infection rates are starting to fall, we have been able to review infection prevention control measures across the Trust. This review will ensure that we can safely and rapidly increase the number of patients being seen in all settings, whilst continuing to protect our most vulnerable patients.
- 9.7. Our revised infection prevention guidance has been carefully developed by our infection prevention control team and was recently

NHS CONFIDENTIAL - Board

endorsed by the London Clinical Executive Group. The dual focus will be rapid identification, isolation and testing of all patients with symptoms of a respiratory infection (including symptomatic for COVID-19) and protecting our most vulnerable patients with enhanced infection control measures such as regular, asymptomatic testing. Testing vulnerable patients in this way will also enable us to commence effective new NHS treatments offered by our Covid Medicines Delivery Unit at the earliest opportunity.

- 9.8. The Trust's Finance, Commercial and Investment Committee monitors the Trust's financial performance, both in terms of revenue and capital. The committee met on 20th April 2022 and discussed financial performance for the period covering the eleven months to 28th February 2022 and early indications of our full year results.
- 9.9. The Trust's financial position in 2021/22 has remained stable, and at the end of February (month 11), the Trust has reported a surplus of £6.1M, which is £0.3M below plan. The Trust is continuing to forecast a break-even position at the end of the financial year, based on the assumption that the Trust will receive a minimum allocation of £6.3M from system contingency funds and that other income opportunities will also increase funding.
- 9.10. The full year revenue position is expected to be a £0.14M surplus at a control total level (before impairments and other technical items). This will be submitted as part of the Trust's draft accounts and will be subject to external audit as usual.
- 9.11. The Trust is continuing to spend capital to invest in service improvements for the benefit of our patients. At the end of February £119.1M was been recorded against the phased capital plan for the year. For the full year the Trust expects to report a position that is within its 2021/22 CDEL limit.
- 9.12. The Trust's CDEL allocation for 2022/23 is £111M, which is a reduction of £12M on the current year and there are many projects that are currently underway and will consume this allocation. These schemes have been determined using a robust prioritisation process and include the expansion of Evelina London clinical services, our Apollo programme to implement a new electronic health record, cancer ward relocation and the creation of a new teenage and young adults unit at Guy's Hospital, as well as improvements to our east wing critical care unit, operating theatres, and phase one of a joint imaging MRI hub with King's College London.
- 9.13. Over the next few months, the Evelina London expansion programme will be reviewing options to ensure that we are in a position to meet future demand for specialist children services in a timely manner, notwithstanding the constraints at national level in relation to capital approvals. Importantly, the Children's Day Treatment Centre will be opened later this year and this will significantly improve the experience of many of our families, and also increase the number of children and young people who receive care.

NHS CONFIDENTIAL - Board

10. Key updates for the Board

10.1. Visits

In February, the Trust was pleased to welcome the Mayor of London, Sadiq Khan, who visited Evelina London Children's Hospital to meet families and staff to talk about the impact of air pollution on children's health. During the visit the Mayor spoke with experts, young patients and their parents about the impact of air pollution and shared his commitment to tackling this.

10.2. New Year's Honours

On behalf of the Board, I would like to congratulate two members of staff from Guy's and St Thomas' NHS Foundation Trust who were recognised in the New Year's Honours list.

Professor Shakeel Qureshi was made a Knight Bachelor for his services to paediatric cardiology and charity. Professor Qureshi is a globally respected consultant paediatric cardiologist at Evelina London Children's Hospital and joined the Trust in 1988. Professor Qureshi co-invented the Tyshak balloon catheter which is now used worldwide and allows many children and adults to have their heart defect treated without open heart surgery. In 2013, he also came up with the paravalvar leak device and has been at the forefront of using and evaluating new valves, which allow specialist doctors to treat leaky valves. He has also undertaken significant pro bono work and organised teaching and educational conferences for paediatric cardiologists worldwide for more than 20 years. Professor Qureshi is Chairman of the charity 4 Peace of Mind and of the Medical Board for the charity Chain of Hope.

Vanda Fairchild was made an MBE (Member of the Order of the British Empire) for her services to the NHS and to women's martial arts. She retired from Guy's and St Thomas' earlier this year having been a nurse for 37 years. Vanda spent the last 18 years working in the Trust's transplant, renal and urology team. She became a clinical nurse specialist in 2013, and has supported young kidney patients and their families through the transition from paediatric services to adult kidney care. Over the last 40 years Vanda has been a keen amateur sports woman practicing Tomiki Aikido. Until her departure from Grove Park in south east London to Horsforth, she ran a successful aikido club in Rotherhithe teaching children and adults of all ages and abilities.

10.3. Clinical Research Facility

The Trust has been awarded £11.8m for its Clinical Research Facility from the National Institute for Health Research (NIHR) following a competitive bidding process. This is an increase on our 2017 award and will support our Clinical Research Facility for five years from September 2022, allowing expansion of the ground-breaking research undertaken across the Trust.

NHS CONFIDENTIAL - Board

Our Clinical Research Facility serves a diverse inner London population and this new award supports our experimental medicine infrastructure based at Guy's Hospital, St Thomas' Hospital, Evelina London Children's Hospital and Royal Brompton Hospital.

Our trials benefit patients, both immediately through access to new treatment opportunities, and through wider adoptions of new treatments across the NHS where evidence supports this. We recruit more than 1 in 10 of all patients entering CRF trials nationally, and our research addresses a wide range of healthcare needs.

10.4. Support for Ukraine and surrounding countries

Our thoughts are with the people of Ukraine and surrounding countries at this incredibly difficult time. The Trust is actively supporting the work of Ukrainian Medical Association through its supply chain hub in Dartford. Many staff have volunteered to support these efforts and we have directly donated over 200 pallets of surplus clinical supplies. Deliveries have been shipped directly from the supply chain hub into eight hospitals in Ukraine in the last 4 weeks.

The Trust will continue with these efforts, and support colleagues across our diverse workforce affected by this terrible situation.

10.5. Board committee meetings and supporting information

Since the last public board meeting we have met a number of times as a Board and the following meetings have taken place since January 2022:

- Audit and Risk Committee: 9th February 2022
- Finance, Commercial and Investment Committee: 2nd February and 20th April 2022
- Quality and Performance Committee: 16th March 2022
- Strategy and Partnerships Committee: 23rd March 2022
- Transformation and Major Programmes Committee: 6th April 2022
- Royal Brompton and Harefield Clinical Group Board: 15th March 2022

I have included the minutes from the board committee meetings where they have been approved at the subsequent meeting of that committee. The following minutes have been included in for information:

- Audit and Risk Committee: 17th November 2021

NHS CONFIDENTIAL - Board

- Finance, Commercial and Investment Committee: 3rd November 2021 and 2nd February 2022
- Quality and Performance Committee: 12th January 2022
- Strategy and Partnerships Committee: 15th December 2021
- Transformation and Major Programmes Committee: 1st December 2021
- Royal Brompton and Harefield Clinical Group Board: 13th January 2022

Attached also is the Trust's Integrated Performance Report along with the Financial Report for Month 11.

10.6. Consultant Appointments from 1st January 2022 - 31st March 2022

The Board is invited to note the following Consultant appointments made since the last report:

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
07/01/2021	Consultant in Adult Allergy	Kok Loong Ue	Newly created post	Approved	No	01/05/2022
13/01/2021	Consultant Dermatologist with expertise in Mohs and dermatological surgery	Rakesh Lal Anand	Newly created post	Approved	No	11/04/2022
21/01/2021	Consultant in Special Care Dentistry	Samina Anis Nayani-Low	Vacant post - Current post holder leaving or left	Approved	No	01/04/2022
21/01/2021	Consultant in Special Care Dentistry	Shazia Shabbir Kaka	Vacant post - Current post holder leaving or left	Approved	No	01/04/2022
27/01/2021	Consultant in Interventional Radiology	Benedict Harry Charles Thomson	Newly created post	Approved	No	28/04/2022
27/01/2021	Consultant in Interventional Radiology	Nicholas Oliver James Butterfield	Newly created post	Approved	No	09/05/2022
02/02/2021	Consultant in Paediatric Anaesthesia	Emma Jane Sharkey	Vacant post - Current post holder leaving or left	Approved	No	02/05/2022
02/02/2021	Consultant in Paediatric Anaesthesia	Andrew Martin Richard Selman	Vacant post - Current post holder leaving or left	Approved	No	01/06/2022
02/02/2021	Consultant in Paediatric Anaesthesia	Olga Catharina Pieterella van der Woude	Vacant post - Current post holder leaving or left	Approved	No	02/05/2022
03/02/2021	Consultant in Haematology with a special interest in Thrombosis	Andrew James Doyle	Vacant post - Current post holder leaving or left	Approved	No	01/05/2022

NHS CONFIDENTIAL - Board

10/02/2021	Consultant in Paediatric Endocrinology and Diabetes	Fiona Mary Regan	Newly created post	Approved	No	25/04/2023
17/02/2021	Consultant in Cardiology – Valvular Heart Disease and Intervention	Tiffany Patterson	Vacant post - Current post holder leaving or left	Approved	No	TBC
23/02/2021	Consultant in Paediatric Rheumatology	Theonymfi Doudouliaki	Vacant post - Current post holder leaving or left	Approved	No	01/03/2022
03/03/2021	Consultant in Clinical Oncology - Lower GI & Hepatobiliary Malignancies	Gowardhanan Doss	Vacant post - Current post holder leaving or left	Approved	No	21/04/2022
04/03/2021	Consultant in Virology And Infectious Diseases	Iain David Milligan	Vacant post - Current post holder leaving or left	Approved	No	01/08/2022
11/03/2021	Consultant in Neurophysiology	Elisaveta Alexandra Sokolov	Vacant post - Current post holder leaving or left	Approved	No	03/07/2022
24/03/2021	Consultant in General Anaesthesia with Special Interest	TBC - Awaiting outcome	Newly created post	Approved	No	TBC
29/10/2021	Consultant in Fetal & Paediatric Cardiology	Ilaria Bo	New Post / Locum post Converted	Approved	No	13/01/2022
29/10/2021	Consultant in Fetal & Paediatric Cardiology	Laura Vazquez Garcia	New Post / Locum post Converted	Approved	No	13/01/2022
22/09/2021	Consultant in Anaesthesia and Critical Care	Katherine Good	Replacement	Approved	No	21/02/2022
22/09/2021	Consultant in Anaesthesia and Critical Care	Katrina Bramley	Replacement	Approved	No	28/02/2022
07/12/2021	Consultant in Palliative Care Medicine	Aparajita Das	New Post / Locum post Converted	Approved	No	07/03/2022
25/11/2021	Consultant in Infectious Diseases & Medical Microbiology/Virology (ID/MMV)	Saraswathi Murthy(Adlakha)	Replacement	Approved	No	07/03/2022
22/09/2021	Consultant in Critical Care Medicine	Shabana Anwar	Replacement / Military post	Approved	No	15/03/2022
16/02/2022	Consultant in Respiratory Medicine with Expertise in Asthma	David Watchorn	New Post / Locum post Converted	Approved	No	15/03/2022
20/01/2022	Consultant in Cardiologist in Preventative Cardiology and CMR Imaging	Tina Khan	New Post	Approved	No	20/01/2022

NHS CONFIDENTIAL - Board

Name of post	Appointee	Department	Start Date	End Date
Consultant	Amy Eccles	Clinical Radiology/Nuclear Medicine	01/01/2022	31/12/2022
Comments:	Substantive			
Consultant	Kalpala Patil	Paediatric Urology	28/02/2022	27/02/2023
Comments:	Extension			
Consultant	Ming Jie Lee	HIV	29/03/2022	31/01/2023
Comments:	Extension			
Consultant	Sven Plain	Cardiovascular Imaging	02/01/2022	01/01/2023
Comments:	Extension			
Consultant	John Anthony Hulse	Paediatric Endocrine	01/01/2022	31/12/2023
Comments:	Extension			
Consultant	Manu Shankar-Hari	Critical Care	01/02/2022	31/01/2023
Comments:	Substantive			
Consultant	Andrew Markey	Dermatology	01/01/2022	31/12/2022
Comments:	Extension			
Consultant	Ljubomir Novakovic	Dermatology	01/01/2022	31/12/2022
Comments:	Extension			

R&D at Guy's and St Thomas'

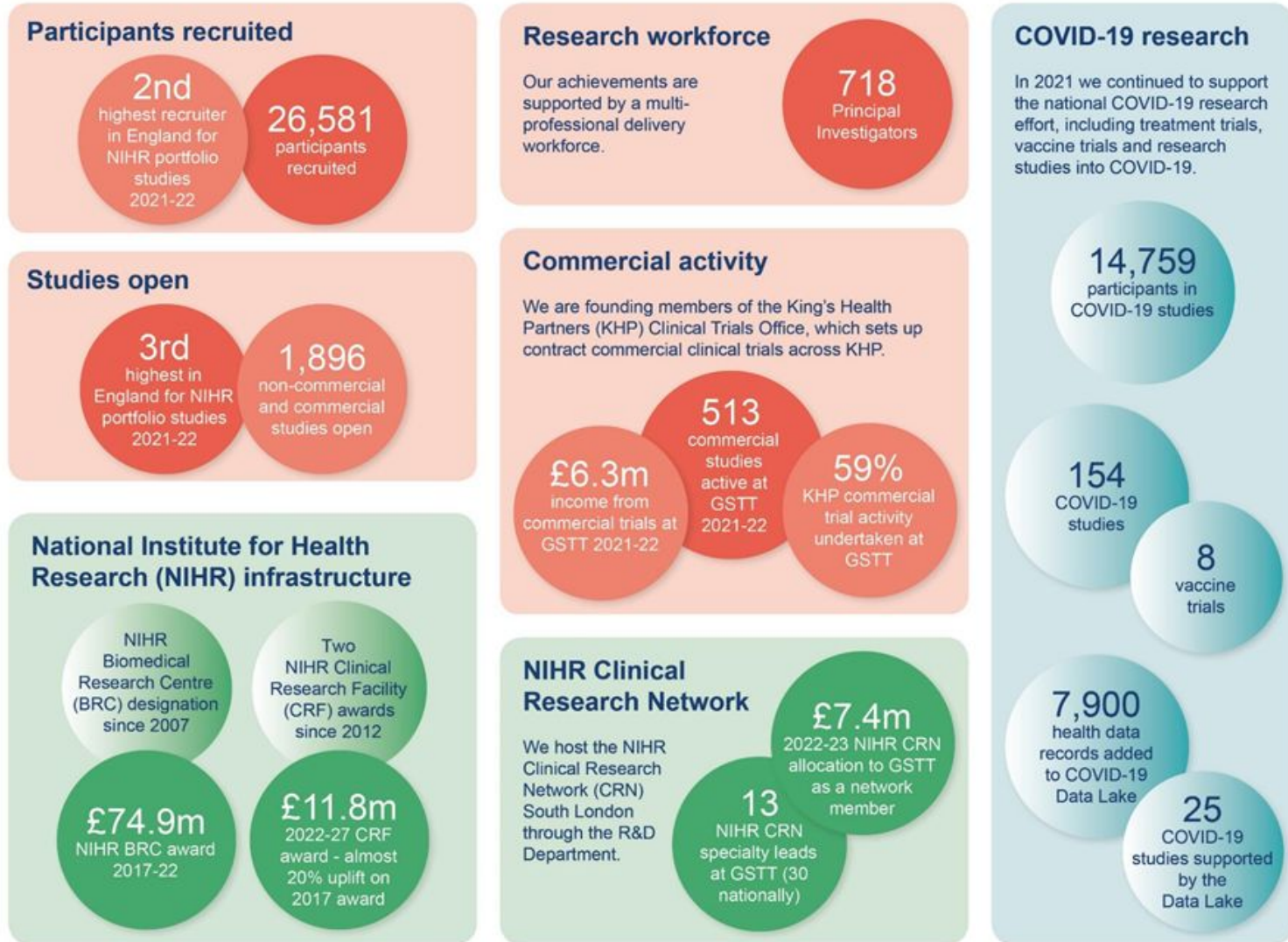
Delivering high impact research within the Clinical Groups

Board of Directors 27 April 2022



Research and Development Department at Guy's and St Thomas' NHS Foundation Trust incorporating the NIHR Biomedical Research Centre at Guy's and St Thomas' and King's College London

Our research performance at Guy's & St Thomas'



Our research agenda

A new R&D Strategic Framework for Research is being finalised

- Corporate pillars and Clinical Group pillars will create organisational coherence for research
- Umbrella for all relevant Trust strategies eg Nursing & Midwifery, Workforce, Commercial
- Facilitate an executive research structure within Clinical Groups

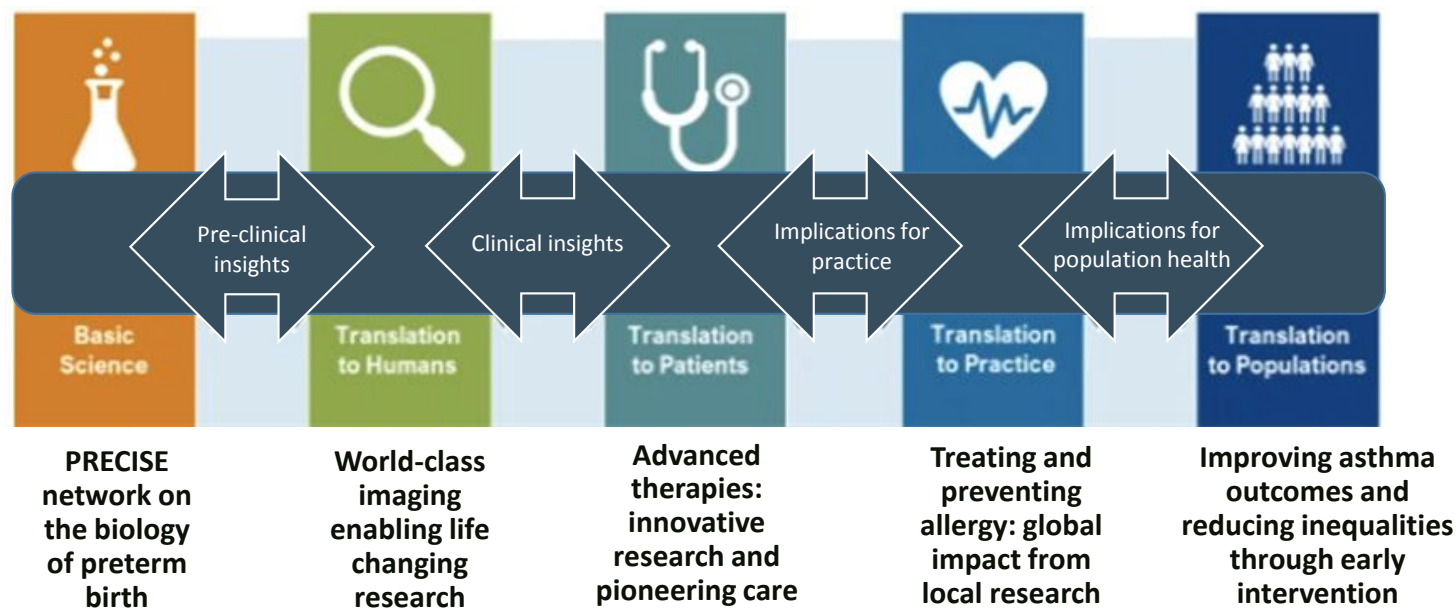
Successes/strategic initiatives

- National Institute for Health & Care Research (NIHR) Clinical Research Facility award £12m (2022-2027) – to deliver early phase clinical trials
- NIHR Biomedical Research Centre application concluding in May 2022

Research and Development Department at Guy's and St Thomas' NHS Foundation Trust incorporating the NIHR Biomedical Research Centre at Guy's and St Thomas' and King's College London

Evelina London Women & Children's Clinical Group: Professor Ingrid Wolfe

Excellence in research and translation to benefit patients and populations



Underpinning our research ambitions is our strong, integrated relationship with the KHP Institute for Women and Children's Health.



Treating and preventing allergy: *global impact from local research*

LEAP and LEAP-ON studies

- Early introduction (4-10 months of age) of peanuts for prevention of peanut allergy



- 81% reduction in peanut allergy prevalence in children at high risk of peanut allergy



- Changes to international infant feeding guidelines for prevention of peanut allergy

PALISADE, ARTEMIS and ARC08 studies

- Peanut oral immunotherapy in children with a diagnosed peanut allergy



- Rapid desensitisation to peanut protein, with a predictable safety profile



- NICE recommendation (Feb '22) of peanut oral immunotherapy drug to treat peanut allergy in children aged 4-17 years of age

Eczema treatment: ADAPT, SEAL study

Food allergy prevention: SEAL, LEAP, LEAP-ON, LEAP Trio, EAT, EAT-On, PRONUTS

Food allergy diagnosis: BAT studies

Food allergy treatment: PALISADE, ARTEMIS, POSEIDON, EPITOPE, EPOPEX study

Allergic rhinitis treatment and Asthma Prevention: GAP study

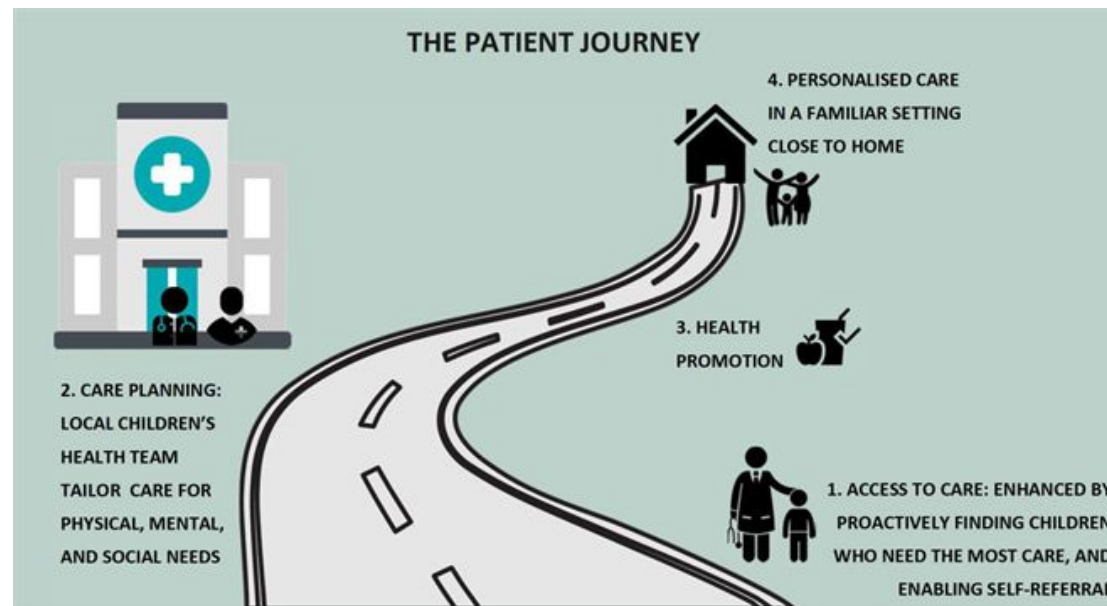


Improving asthma outcomes at scale - *applying science to everyday healthcare*

Personalised, biopsychosocial, integrated care pathways and **early intervention** for children with asthma.

Smart use of **real-world linked data** achieves Marmot's vision for **proportionate universalism**, reducing inequalities in care.

New services and improved outcomes through research translated to practice - for 120,000 children in Lambeth and Southwark; 500,000 in SE London, and more beyond.



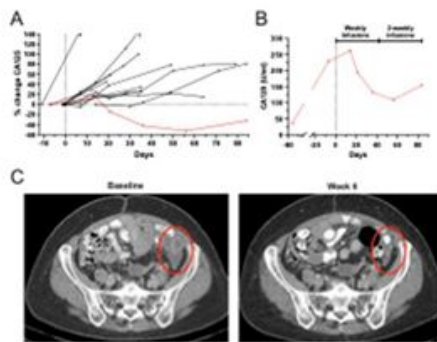
- >50% of children in the community have uncontrolled asthma – **90% of achieve well-controlled asthma**
- 20-25% of children with long-term conditions have moderate to severe mental health needs – **mental health significantly improved through our biopsychosocial approach to care**
- 100% children are supported with **health promotion as part of their care**
- Proactive case finding means **early intervention for children with the greatest health needs first**
- Reductions in acute care needs means **cost savings reinvested in disease prevention and health promotion**

Cancer & Surgery Clinical Group: Professor James Spicer

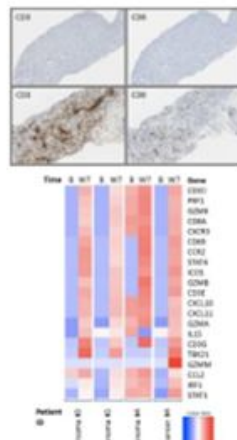
- Leadership and patient recruitment to **large practice-changing trials**
- Recent contribution to understanding **how COVID affects cancer care**
- Rapid expansion in trials **developing new cancer treatments**



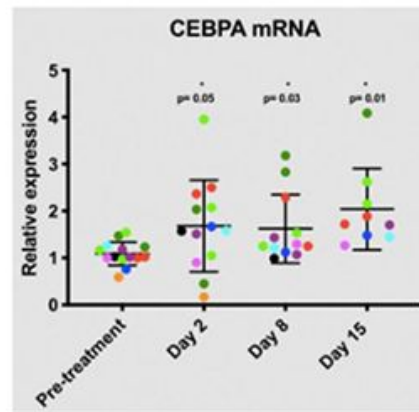
First-in-class IgE antibody



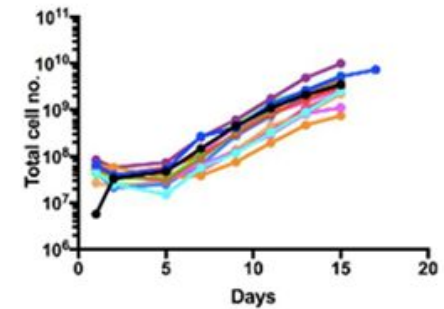
LTX-315



Small activating RNA



T4 CAR-T cell

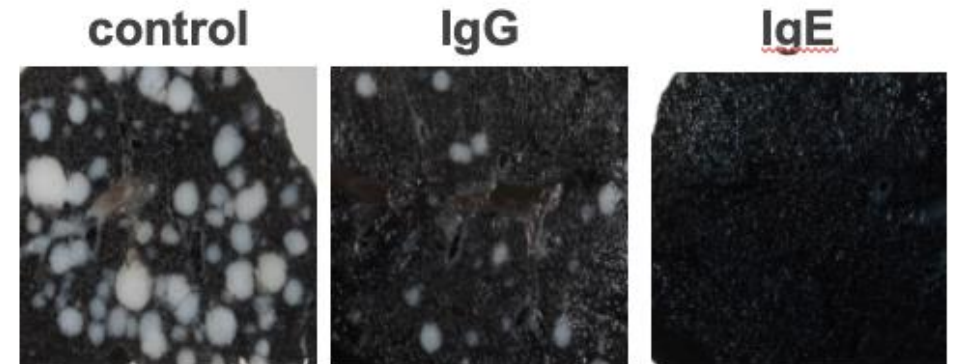


Phase 1 trial of MOv18, a first-in-class IgE antibody therapy for cancer

- all antibodies approved for the treatment of cancer are monoclonal IgGs



- IgE biology, compared with IgG, suggests it may have superior efficacy against tumours:
 - very high affinity for receptors on immune cells
 - receptors expressed on tissue-resident effector cell types
- no IgE therapy previously tested in humans
- first GMP manufacture of IgE
- total starting dose = 70µg

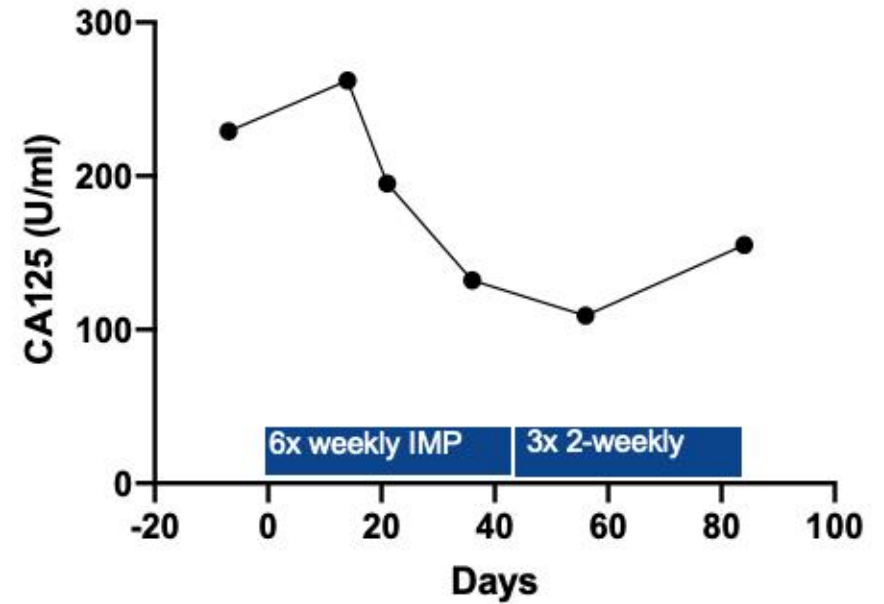
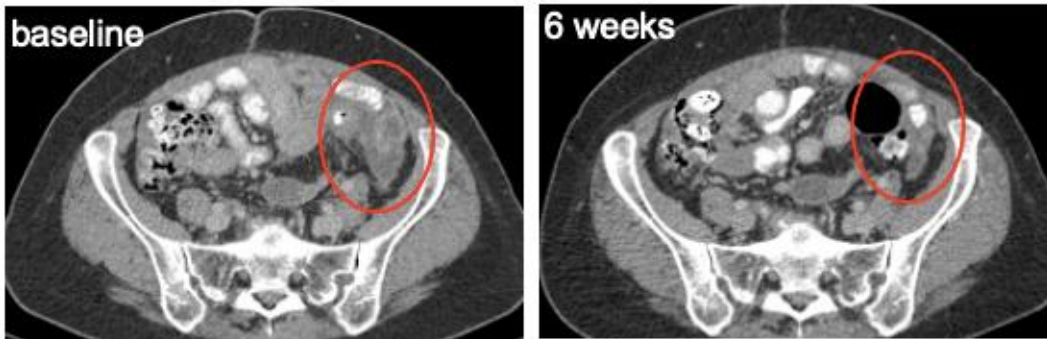


Josephs D et al. *Cancer Res* (2017)

- immunocompetent rat model
- efficacy assessed from number and density of pulmonary metastases

Anti-tumour activity

Patient received 700µg. Measurable response



- IgE biology is well suited for anti-cancer therapy
- administration is tolerable in most patients
- evidence of transient anti-tumour activity
- Epsilogen Ltd pursuing Phase 2 trial, and follow-on compounds



Heart, Lung & Critical Care Clinical Group: Professor Nick Hart

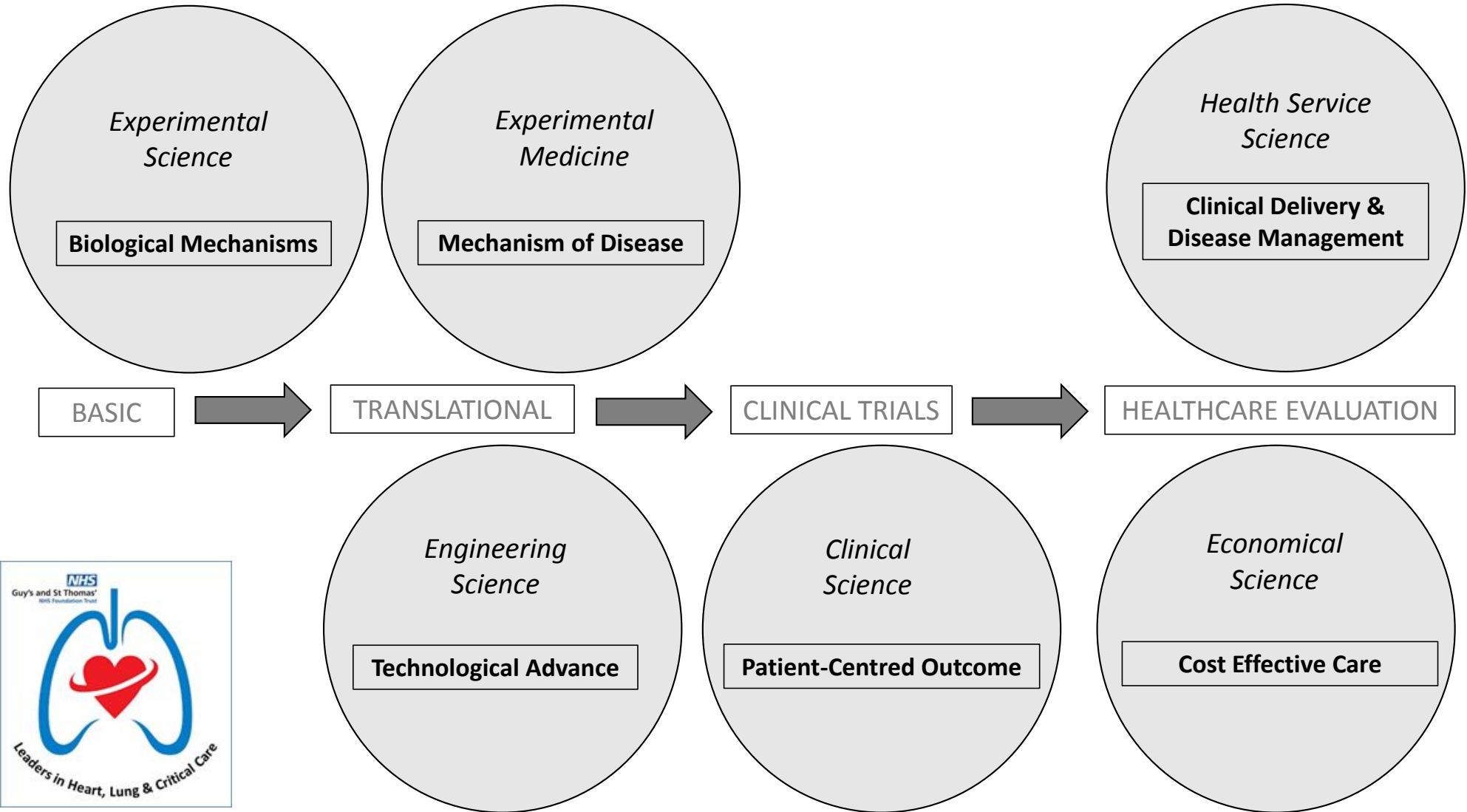
Working together as leaders in cardiorespiratory critical care research
Driving world class clinical-academic patient-centred care

- High impact patient-centred research that has changed clinical practice
- Delivered across four hospitals
- King's British Heart Foundation Centre of Research Excellence (2008)
- King's Centre for Lung Health (2022)
- King's Health Partners Cardiovascular Clinical Academic Group
- King's Health Partners Respiratory and Allergy Clinical Academic Group
- Key priorities are commercialisation of intellectual property
- Strong collaborations with industry cardiorespiratory critical care partners



St Thomas' Hospital, Royal Brompton Hospital, Harefield Hospital, Guy's Hospital
Four hospitals, one team

Delivering across the whole cardiorespiratory critical care research pathway





Oral corticosteroid elimination via a personalised reduction algorithm in adults with severe, eosinophilic asthma treated with benralizumab (PONENTE): a multicentre, open-label, single-arm study

*Andrew Menzies-Gow, Mark Gurnell, Liam G Heaney, Jonathan Corren, Elisabeth H Bel, Jorge Maspero, Timothy Harrison, **David J Jackson**, David Price, Njira Lugogo, James Kreindler, Annie Burden, Alex de Giorgio-Miller, Kelly Padilla, Ubaldo J Martin, Esther Garcia Gil*

Clinical study of the safety of rapid individualised steroid-reduction algorithm in severe asthma

Multicentre study from 138 asthma treatment centres across 17 countries recruiting 598 patients

PATIENTS RECRUITED: Eosinophilic asthma patients receiving oral steroids and the biological agent Benralizumab (monoclonal antibody that blocks the interleukin-5 receptor)

INTERVENTION: Rapid individualised steroid-reduction

OUTCOME: 63% patients stopped all oral steroids and 82% reduced to 5mg or less of steroids

CONCLUSION: most patients with eosinophilic asthma treated with benralizumab achieved elimination of oral corticosteroids or maximal possible reduction using a personalised dosage-reduction algorithm

Working together with cardiorespiratory critical care patients to improve their lives

Integrated & Specialist Medicine Clinical Group: Dr Claire Steves

Population Health via new digital technology: The ZOE COVID Study - Predicting COVID-19

4.7 million users across the UK, US and Sweden

850,000 daily contributors currently

Over 480 million health reports and 22 million tests

838,518 infections (confirmed by PCR or LFT)

1,580,940 vaccines and 3,908,784 doses recorded

Largest study to date of long Covid cases

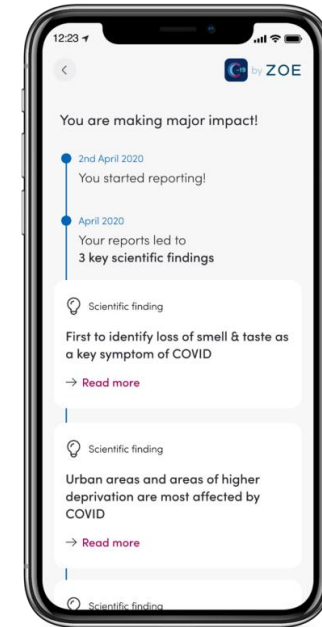
Largest diet study in history (592,571)

One of largest mental health studies (413,148)

ZOE grew out of 30 years of longitudinal study of TwinsUK: charged by big data analytics

Not-for-profit initiative by health science company ZOE and KCL

Funded by ZOE and UKHSA as part of the COVID-19 Surveillance Studies since August 2020



The ZOE COVID Study: Our impacts so far

Adding **loss of smell** to WHO and NHS list

Altering PHE guidance on symptoms in older people (**delirium**)

In NICE guidance and SAGE reports on **Long COVID**

Identified risk groups for **post-vax infection for booster targeting**

Daily reporting on hotspots and changes in R to UKSHA/DHSC

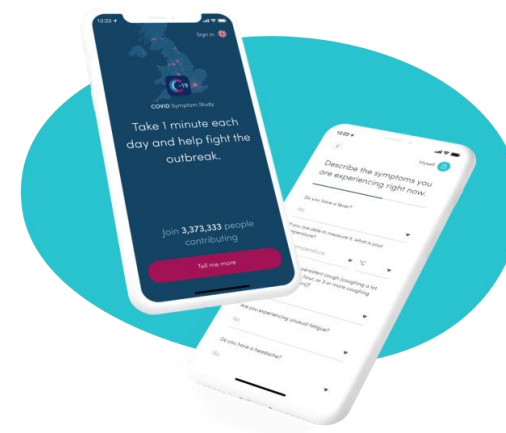
Recruiting to Trials for RCGP, Vaccine taskforce

Regular reporting to UKHSA, Go-Science, SPI-M, MHRA, NHSE, Cabinet Office – including health behaviours, vaccines and omicron

39 published research papers,

The App has transformed our links with policy makers

Policy makers are now aware of the power of apps to detect and inform on changes in population health



From ZOE COVID Study to Digital Public Health

In Sept 2021, we asked our UK app users to give their consent to join our new mission of fighting a wider range of diseases.

Potential uses of motivated 600,000 cohort

Daily symptom logging to

- Detect new infections in community
- Predict and prevent chronic disease
- Create digital history for GP or triage for specialist

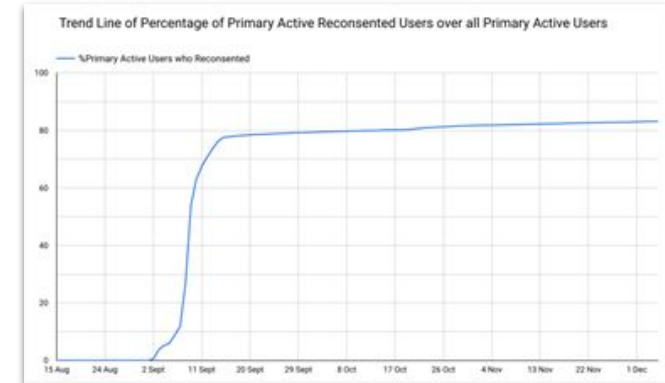
Self-assessment of health- with feedback

- BP monitoring
- Wearables
- Mental health
- Dietary monitoring

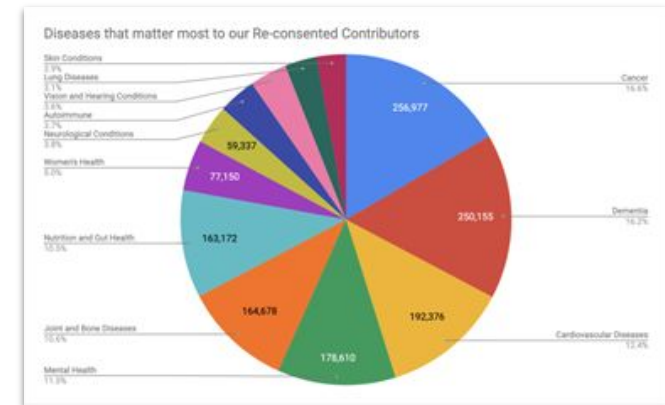
Recruitment for trials

- Pharma
- Prevention
- Screening
- Lifestyle
- Deep phenotyping (biomarkers / imaging)
- Local trial recruitment

Over 600,000 people have given us their new consent



100,000s of people told us they care deeply about cancer, dementia and more.



**BOARD OF DIRECTORS
AUDIT AND RISK COMMITTEE**

**Minutes of the meeting held on Wednesday 17th November 2021
1pm – 4pm, held virtually via MS Teams**

Members Present:	Mr J Pelly (Chair) Mr S Friend	Dr P Singh Mr S Weiner
In attendance:	Mr E Bradshaw – Secretary Prof I Abbs Ms R Burnett Ms J Dahlstrom Ms G Daly – item 5 Mr S Davies Mr P Dossett – until item 17 Ms C Eyre Mr A Gourlay Mr R Guest Mr N Halliwell – item 5 Mr S Lane	Mr D Lawson – until item 9 Mr K Leakey Ms R Liley Mr C Martin Ms C McMillan Mr P Merison Ms K Moore Mr S Nandrha Mr M Shaw Sir H Taylor Ms S Williamson

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the Audit and Risk Committee (the Committee). No apologies had been received.

2. Declarations of interest

- 2.1. No declarations of interests were made by members of the Committee.

3. Minutes of the previous meetings of the Committee

- 3.1. The minutes of the previous meeting of the Committee, held on 15th September 2021, were agreed as an accurate record subject to one change: Royal Brompton and Harefield had received a qualified audit opinion for the ten months to 31 January 2021, not an unqualified opinion as stated in the minutes.

4. Matters arising from the previous meeting and review of the action log

- 4.1. There were a number of open actions on the log which would be addressed through agenda items at the meeting and forthcoming meetings.

5. External audit report and sector update

- 5.1. Representatives from Grant Thornton explained how they were planning to deliver their responsibilities as the Trust's external auditors over the coming year, including the statutory audit of the financial statements and the value for money assessment. An update was given on how the auditors would approach the valuation of stock, which had been the reason for the previous year's qualification.

- 5.2. An overview was provided about the key points from the Grant Thornton *Transparency report 2020* and the implications of this for the Trust. This led to a discussion about the issues and risks currently facing the audit profession and about Grant Thornton’s resilience to these. Committee members also sought clarification about whether the firm had sufficient numbers of staff to deliver high-quality audits and about the impact of shortened timescales on its ability to maintain delivery of its audit portfolio. It was agreed that a discussion about the annual Transparency Report would be scheduled at the Committee each year.

ACTION: RB

- 5.3. Further updates were received about the 2021/22 audit deliverables, the initiatives that the firm was undertaking to drive improvement in the quality of its audits, and about relevant developments across the health sector. Clarity was sought about the implementation of IFRS 16 from April 2022, the definition of a ‘short-term’ lease and the impact on the Trust. This would be scheduled for further consideration at the Finance, Commercial and Investment Committee.

ACTION: RB

6. Use of External Auditors for Non-Audit Services

- 6.1. The Trust maintains a corporate policy governing the use of external auditors for non-audit services, which is subject to review and approval by the Board. The latest update incorporated only minor changes, to remove an out-of-date reference, as there had been no updates to the ethical standards guidance issued by the Financial Reporting Council (FRC). The Committee noted that during 2020 two grant audits had been performed by Grant Thornton that were subject to this policy, of which one had been reported in the Trust’s Annual Report and Accounts for 2020/21, and the second would be reported in the current year’s Annual Report and Accounts. Committee members were satisfied the policy was working as intended and had no concerns.

RESOLVED:

- 6.2. The Committee approved the updated policy.

7. Internal audit updates

• Internal audit progress report

- 7.1. Since the last Committee meeting six internal audit projects had been completed, including two further audits of Royal Brompton and Harefield (RBH) Clinical Group processes. Two of the completed audits, on the RBH accounts payable function and the Finance User Acceptance Testing, had received ‘substantial’ assurance ratings. One report from 2020/21, regarding a review of the Mobile Working Business Case, had been completed but was awaiting final sign-off by management; the findings would be presented to the next Committee meeting.
- 7.2. The Committee sought clarification about why the audit of the RBH recruitment process had been given a ‘limited’ assurance rating and discussed key findings from the review. There was a query about whether similar consideration had been given to the processes in place at Guy’s and St Thomas’ to ensure they were being aligned. The management responses from the audit would be discussed with the Chief People Officer.

ACTION: SL

- 7.3. Committee members asked similar questions about the assurance rating of the Payment Card Industry Data Security Standards audit. The size of the risk, in terms of the value of

transactions made by card at the Trust, was quantified and this was followed by consideration of the potential risk were the Trust to lose credit card data.

7.4. The internal audit team had undertaken a review at the request of the Chief Financial Officer to consider whether the weaknesses identified in an external review of the Evelina Day Surgery project were also prevalent in other Trust capital projects. The Committee was advised about the findings of the review and some of the common themes that had emerged. In the ensuing discussion the following key points were made:

- Senior responsible owners (SROs) and project board chairs need an appropriate level of training to ensure there is a common understanding of their responsibilities and about project and programme methodology and the risks associated with particular procurement routes;
- Where recommendations are made to address issues, following internal or external reviews, there needs to be a clear approach to implementing these to avoid similar issues reoccurring in the future;
- The national and regional approach to the provision of short-term funding opportunities based on defined expenditure deadlines is likely to continue and may increase. This brings an increasing pressure to deliver projects quickly, with a need to adapt processes accordingly; There is a need to understand, from the review, what requires fixing most urgently across the current project and programme portfolio, and also to assess whether there are capacity or capability problems in key functions such as Essentia; and
- A new Director of Capital Development had recently started in post and some improvements to programme ‘housekeeping’ had already been identified, with increased levels of scrutiny around capital project delivery.

7.5. An update would be taken to the Transformation and Major Programmes Board Committee on 1st December.

ACTION: SD, AG

- **Counter fraud progress report**

7.6. The work of the counter fraud team between September and October 2021 was summarised for the Committee’s review, including the low numbers of new referrals and cases that had been closed and the number of open investigations. The Committee welcomed the proactive work being undertaken, particularly to establish the level of abuse within the season ticket loan system, and this led to discussion about ways in which such fraud could be addressed. The International Fraud Awareness week had started on 14th November 2021 and the Trust was running a number of initiatives to promote anti-fraud awareness and education.

8. Single tender waivers: part year summary report (May – October 2021)

8.1. During the previous six months there had been a significant decrease (70%) in the value of the single tender waivers that had been approved compared to the same period the previous year. There had also been a much higher number of rejected waivers which reflected the impact of new process controls to increase the level of challenge. The Committee reviewed an analysis of waivers by supplier, reason code and directorate, and noted that the procurement team was on plan to meet the target cap of 600 waivers for the full calendar year, which equated to a 30% reduction compared to 2020. Committee members were pleased with the progress being made and noted that the following year’s figures would include Royal Brompton and Harefield.

9. Information governance & health records report – Q2 2021/22

- 9.1. An overview was provided of the key activities of the Information Governance and Health Records service between July and September 2021. The Committee welcomed news that the availability of health records remained above the 98% target for the whole quarter and that subject access requests performance remained positive. A health records digitisation strategy had been drafted and was broadly in line with the equivalent document at King's College Hospital NHS Foundation Trust. It was noted that compliance with Freedom of Information requests remained a challenge, and that an action plan was in place to improve response rates. The Data Security and Protection Toolkit (DSPT) submission to NHS Digital was being prepared and the internal strategic review to develop operational alignment and service improvement opportunities was under way.
- 9.2. The Committee thanked the team for a comprehensive report and for the good progress that was being made. It was requested that the next report to the Committee incorporated two additional areas: firstly about how the Trust mitigated the risks linked to third parties having access to the Trust's patient data and secondly the Trust's approach to ransomware.

ACTION: KL

10. Legacy system & security update

- 10.1. The Trust has a number of IT systems that are out of support, for example the Windows 10 operating system, and IT infrastructure that had reached the end of its life. Work had taken place over the last six months to partially mitigate the associated security risks through applying tactical fixes to the most serious areas of risk. The Committee noted that some areas of the Trust remained vulnerable to a cyber-attack and that it had seen a recent increase in targeted phishing attacks. Assurances were sought about how the Data, Technology and Information (DT&I) team had confidence that all areas of risk had been identified and mitigated as far as possible.
- 10.2. Following questions from Committee members there were discussions about:
- The impact of the Apollo Programme on helping to reduce the level of legacy risk;
 - The operational impact on staff of the move to NHS Mail to meet security standards and enable collaboration with colleagues from Royal Brompton and Harefield; and
 - The risks present where software would be available before hardware was in place.
- 10.3. The Committee welcomed the good progress being made and the increased levels of reassurance around how risks in this area were being identified and managed.

11. Risk management framework

- 11.1. The Risk Management Policy had been reviewed following the merger with Royal Brompton and Harefield, the establishment of a new Trust operating model and the associated changes with the Trust's corporate governance framework. The Committee noted the Policy, which set out how the Trust would deliver its risk management framework and set expectations around how risk would be managed across clinical groups and corporate functions, and the role of the Board Assurance Framework. The Policy had been approved by the Trust Executive Committee in September 2021.
- 11.2. A new Risk Management Strategy had been developed to clarify how the Policy would be operationalised and how risk should be embedded into operational and strategic decision-

making. Whilst cognisant of the need to ensure risk was being managed appropriately, Committee members advised that clinical groups should be given time and space to adopt and implement the strategy. Feedback from the Committee on the draft risk strategy statement and risk appetite statement was positive as the statements were felt to provide a good platform for further discussion, and the Committee was supportive of the plans for the future development of part three of the Strategy. It was recognised that the Trust's risk appetite would vary depending on the topic, for example whether dealing with quality and safety matters or financial or strategic matters. More detailed comments would be provided outside the meeting.

- 11.3. It would be important to see the documents as iterative and, as the new operating model was further embedded, more consideration was needed around the apportionment of risk between corporate functions and clinical groups, and about the role of clinical group advisory boards in managing risk. It was suggested that changes were needed to parts of the financial thresholds used in the scoring system; these would be considered and changed if the Committee felt necessary.

ACTION: CM

- 11.4. The Committee supported the work done in parts one and two of the Strategy, and requested that part three was brought back to the Committee once finalised.

ACTION: CM

12. Assurance map update

- 12.1. NHS trusts are required to comply with a broad set of statutory and regulatory responsibilities and the Committee has a duty to "review the adequacy and effectiveness of...the policies for ensuring compliance" with these responsibilities. In September 2021 the Committee was advised that a project was under way to firstly establish the Trust's statutory and regulatory responsibilities and gain assurance over how Trust's compliance with these was overseen at a Board and Executive level. The Committee received an update on progress with the work. Discussions had been held with all corporate functions across the Trust, information had been received and was being analysed. The next steps were outlined, and a final report would be brought to the next Committee meeting in February 2022.

13. Update on finance integration

- 13.1. Work remained ongoing to merge the finance teams from Guy's and St Thomas' and Royal Brompton and Harefield with three main workstreams: One Finance Team, One Finance System and One Finance Approach. The new model would be based on significant engagement work with staff and key internal and external stakeholders, including clinical groups and comparison and assessment against a wide range of organisations both within and outside of the NHS and specialist external advice on automation and review of available data. An implementation plan would be finalised by early 2022 detailing the planned timeline for integrating individual departments. The Committee noted that a key enabler of the operational integration was the One Finance System workstream, moving the Royal Brompton and Harefield financial system onto the Trust's Finance Cloud system.

14. Finance 2020 update report

- 14.1. The project 'go live' date of 1st November, previously reported to the Committee, had since been revised to 1st February 2022. This decision had been taken due to a number of unresolved issues including data migration sign-off in accounts receivable and a receipt

traveller solution for procurement. The Committee was advised about the financial and operational implications of the delay, and about the current areas of focus. The Committee noted the key risks to the timetable and that, to gain assurance about the achievability of the new date, a consultancy firm had been engaged to review the work and support planning.

- 14.2. The Committee was supportive of the decision to delay the work to ensure the change could be made with most chance of success. Following questions from Committee members there were discussions about whether the project team had sufficient resources to deliver the work, and about the risk of the go live date being so close to year-end, and the implications of this for the year-end processes, for both the Trust and its external auditors.

15. Financial operations update

- 15.1. An action plan had been developed to improve the Trust's compliance with the Better Payment Practice Code, and the Committee was advised about the work done to review the Trust's current process for reporting and to create consistency with how this was done by Royal Brompton and Harefield.

- 15.2. An update was also received about the preparations underway for the year end accounts process. It was anticipated this would be complicated by the implementation of the new finance system and the need to assemble the accounts from two separate ledgers, and also by the IFRS 16 implementation and implementing a full year valuation incorporating multiple sites. The national deadlines had not yet been published, but the finance team considered it unlikely that there would be an extension to the timetable in 2022.

16. Ventilator Transaction

- 16.1. The Committee noted an update regarding a dispute concerning two contracts entered into by the Trust for the supply of ventilators during the early stages of the COVID-19 Pandemic in March 2020. Whilst there was currently no action the Trust could usefully take, the General Counsel would keep a watching brief on this matter, liaise with NHS England where appropriate, and keep Committee members sighted on developments.

17. External Auditor Review and Appointment

- 17.1. The external audit contract with Grant Thornton was in its final year. In September 2019, the Committee had agreed to extend the original three-year contract by a further two years, ending in July 2022 and covering the audit of the 2021/22 accounts. The Committee noted the process for appointing the external auditors from July 2022, including the role that would be taken by the Council of Governors. There was discussion about potential procurement options and possible outcomes; it was agreed that a short update paper would be produced and circulated to Committee members in correspondence.

ACTION: SD

18. Any Other Business

- 18.1. There was no other business.

The next meeting would be held on 9th February 2021, with meeting details to follow.

**BOARD OF DIRECTORS
FINANCE, COMMERCIAL AND INVESTMENT COMMITTEE**

**Minutes of the meeting on Wednesday 3rd November 2021
1pm – 4pm, held virtually via MS Teams**

Members Present:	Mr S Friend – Chair	Mr J Pelly
	Prof I Abbs – 1.45pm to 3pm	Prof R Razavi – 1pm to 2pm
	Ms A Bhatia	Mr M Shaw
	Mr P Cleal	Dr S Steddon
	Mr J Findlay – to 2pm	Mr L Tallon
	Ms F Harvey	Mr S Weiner
In attendance:	Mr E Bradshaw – Secretary	Ms B Jegede
	Mr M Bryan	Mr P McCleery
	Ms J Dahlstrom	Ms M McEvoy
	Mr S Davies	Mr M Rowe
	Mr T Davies	Mr P Parr
	Mr R Guest	Mr P Thompson

1. Welcome, introductions and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Finance, Commercial and Investment Committee (the Committee). Apologies had been received from Sir Hugh Taylor.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting

- 3.1. The minutes of the meeting held on 7th July 2021 were approved as a true record.
- 3.2. A settlement had been agreed with LinkCity following the Trust’s decision to voluntarily terminate the Conditional Development Agreement for the design and build of the Triangle Building. The Committee noted that planning permission had now been granted by Lambeth Council.

RESOLVED:

- 3.3. The Committee approved a recommendation that the Trust Chair and Chief Executive should have the delegated authority to sign the legal documentation associated with the termination of the Conditional Development Agreement and that it was not necessary for this to be circulated to the Board.

4. Commercial Developments

- **Commercial Strategy Update**

- 4.1. A review of the Trust's commercial activities had been undertaken to identify the sources of significant commercial income and establish how commercial activities should be structured to

maximise income growth. The review had involved discussions with individuals across the Trust and analysis of the performance of the commercial activities currently undertaken. The Committee noted the emerging findings and the associated recommendations. A key proposal was that the Trust's clinical groups should be engaged to own and take greater responsibility for the delivery of commercial activity, supported by expert central teams.

- 4.2. Committee members were supportive of the recommendations made. Some concern was expressed over the viability of creating additional capacity for private patients in the short term, particularly at St Thomas' Hospital, given the operational pressures the service was under and which were anticipated over the winter period. This was recognised and accepted that NHS activity would always take preference over private patient work. There was discussion about the timeframes for implementing the recommendations and about the speed with which clinical groups could be upskilled to take on the greater responsibility proposed, given the step change that would be needed to progress these initiatives. Committee members also discussed the challenges posed by competition in the independent sector with regards to growth in private patients. The Committee discussed the need for clear communications regarding the commercial strategy and agreed that targeted communications would be considered in the short term.
- 4.3. The Committee discussed the potential for the use of anonymised patient data and better use of the property portfolio as areas with significant future potential to help diversify the Trust's income streams, but recognised that re-building private patients had more immediate benefits.

- **Guy's and St Thomas' Enterprises Limited**

- 4.4. Guy's and St Thomas' Enterprises Limited (GSTE) was created in 2007 as an arm's length vehicle to hold the Trust's interest in third party ventures and operate as a portfolio management company. It is accountable to the Trust Board of Directors. A review was to be undertaken of the corporate structure and governance arrangements of GSTE and its subsidiaries to ensure it could support the delivery of the Trust's commercial ambitions. An overview of the review, including its scope, approach and outputs, was provided. It would be led by Sir Ron Kerr, Senior Board Adviser to the Trust, and the recommendations would be presented to a future meeting of the Committee.
- 4.5. The Committee welcomed the work and encouraged it to proceed with pace. Some suggestions were made as to how the approach could be changed to generate more effective engagement from interviewees. Committee members also advised that potential changes in legislation and assessment of the legal protections to the Trust afforded by different corporate models should be factored into the scope of work.

RESOLVED:

- 4.6. The Committee approved the terms of reference for the review of GSTE.

5. Financial report update

- **Financial position at month 6**

- 5.1. A new financial report had been developed by the Trust's finance team for the Board and executive. This was still being refined and it was likely that aspects would be added to, or removed from, future iterations. The objective was to have a core set of financial information flowing through the organisation, from the clinical groups to the Board. Committee members with specific comments on the format and content of the new report were asked to send these to the Finance Director.

- 5.2. The financial position at the end of September 2021 was break-even against the planned surplus of £5.5m. The key drivers of this position were outlined; these included transfers that had been made from the capital to revenue account. The full-year forecast was a deficit of £22.1m compared to the planned £5.5m surplus. Committee members discussed the outturns, considered how prudent the position was likely to be, and noted that delivery of cost improvement programmes (CIPs) was behind plan. Members welcomed the additional detail in the paper, and the scenario planning section attracted several questions and comments. Members noted the broad range of possible outturns, and some felt that, in November, the Trust had limited ability to influence the year-end outturn. An update paper regarding the likely full-year outturn would be circulated to Committee members by the end of the month.

ACTION: SD

- **Business planning and H2 update**

- 5.3. National planning guidance had been published in late September 2021 and the Trust was shortly required to make submissions covering activity, finance and workforce to NHS England. An internal reforecasting exercise would be undertaken to support the submissions, but the guidance would not lead to a fundamental change in how the organisation approached the second half of 2021/22. A new 'targeted investment fund' gave health systems the opportunity to bid for additional capital to increase their elective capacity, and the Trust was working to secure some of this funding. An update was provided on recent changes made to the elective recovery fund and the implications of this for the Trust were discussed.
- 5.4. No further guidance on the 2022/23 planning round was expected until the new year, although the Trust was already developing plans to support the prioritisation of capital investments. The Trust executive was intending to spend time over the coming months to get a clearer view of demand and capacity projections and the associated workforce implications.
- 5.5. Committee members supported the work being done. Management would need to be realistic about how much planning could be done regarding 2022/23 when national expectations remained uncertain. It was likely that some clinical groups would need support in their contributions to business planning.

6. Efficiency Principals and Productivity

- 6.1. The Trust was behind plan in the delivery of its year-to-date efficiency target, and this was a contributory factor in the financial position at month 6. There was a need to generate a renewed focus on efficiencies across the organisation; this would be led by the finance team.

7. Specialised Commissioning

- 7.1. The Trust continued to be involved in regional considerations about the future approach towards specialised commissioning, which the Board had discussed in the Strategy and Partnerships Committee in early October. The Trust's view remained that the NHS England and NHS Improvement (NHSEI) London region should retain the budget for specialist work that was commissioned regionally. Further updates would be provided to Committee members as the situation developed.

8. Long Term Financial Model assumptions

- 8.1. The Long Term Financial Model (LTFM) is used to assess the impact of capital cases on a number of key financial metrics and risk ratings. The latest update of the LTFM was linked to the Evelina Expansion Programme Outline Business Case in September 2021, although the

underlying assumptions in the model, such as growth rates and efficiencies, had remained static for a period and other significant projects or programmes had been incorporated into the routine capital expenditure. The Committee agreed that income assumptions should remain as currently set until further clarity was received on future income distribution and that the LTFM should hold an underlying breakeven position.

- 8.2. The Committee noted the proposed requirement for a capital financing facility and would consider this in further detail in item 11. Members were supportive of suggestions that the LTFM should be updated to reflect a ten-year forecast and reviewed more regularly by the Committee and, at an executive level, by the Strategic Finance Committee. An updated LTFM would be brought to the next Committee meeting in February 2022.

ACTION: TD

- 8.3. There was debate about the impact of private patient income on the Trust's control total and the implications of the Capital Departmental Expenditure Limit (CDEL) for the capital programme. A learning session for non-executive directors about the nuances of CDEL and its impact on the Trust would be arranged.

ACTION: TD

9. Capital programme priorities update

- 9.1. The Trust has an oversubscribed capital programme and a capital planning process that is largely reactive and deals with cases as they go through the Trust's governance framework. Plans were being developed to move towards a more proactive planning cycle and a coherent five-year capital plan to help the Trust understand the timing and extent of any future financial constraints. The Committee noted that the Trust's existing capital programmes were, by themselves, in excess of its annual CDEL allocation, which increases the difficulty of managing prioritisation.
- 9.2. The Committee was supportive of proposals to develop a longer-term and more strategic capital planning process. It was agreed that an aggregated Trust capital plan, split by clinical group, was needed; however, some members expressed concern about whether the clinical groups currently had the capacity and capability to plan so far ahead. Suggestions were made about how an initial plan could be updated on a quarterly rolling basis.
- 9.3. The importance of protecting capital funding for ongoing maintenance and turnover of medical equipment and digital hardware was emphasised. The Committee debated ways in which the CDEL could be managed more effectively and acknowledged the recent discussions that had been held at a system level. A draft capital plan aligned to the LTFM would be brought back to the Committee in February.

ACTION: TD

10. Estates refresh workstream 2

- 10.1. One of the workstreams supporting the refresh of the Estates Strategy refresh was a review of the financial and commercial aspects of the Strategy. There is an ambitious pipeline of estates developments across the organisation, but these are unlikely to be affordable without changes to the Trust's CDEL allocation. The workstream was therefore examining ways of minimising the need for CDEL by working with investors and exploring potential opportunities to deliver schemes through commercial partnerships. The Committee noted the three main financial risks to successful delivery of the Strategy as being CDEL constraints; failure to achieve major planned asset sales such as Chelsea Farmers Market; and a restriction from central bodies to agree innovative financing solutions.

- 10.2. Some Committee members queried how the approach set out aligned with the proposals made as part of the previous agenda item. The need to incorporate analysis of the capacity at Harefield Hospital into estates planning was emphasised, whilst a suggestion was made that the scope of the Royal Street development had changed materially and will require a new business case. An updated paper regarding Royal Street would be brought to the next meeting of the Transformation and Major Programmes Board Committee.

ACTION: LT

11. Capital Financing Strategy

- 11.1. The Trust has a significant capital programme over the coming years and, as a result, needs to maintain an appropriate level of working capital, remain within its CDEL allocation, and ensure that the overall financial position remains strong. The Committee was presented with a draft strategy that set out the main sources of financing for its capital programme, including asset sales, Public Dividend Capital (PDC) for the Evelina Expansion Programme and annual operating surpluses. In analysing this the Trust had concluded that an additional commercial finance facility of up to £150m was needed to enable the Trust to proceed with its strategic investment programme and maintain sufficient working capital to meet operating requirements. Positive initial discussions had been held with potential providers for such a facility. There was discussion of whether £150m was sufficient, about the value of the Trust's current borrowings and whether the facility would present any risks to the Trust's loan covenants or gearing ratios.

RESOLVED:

- 11.2. The Committee agreed to explore the commercial finance facility further, including approaching DHSC and seeking external advice to assess the opportunities and costs of raising commercial finance to support the Trust capital programme.

12. Better Payment Practice Code

- 12.1. The Trust is expected to comply with the Better Payment Practice Code (BPPC) target which is to pay all NHS and non-NHS trade payables within 30 calendar days of receipt of goods or a valid invoice unless other payment terms have been agreed. The Department of Health and Social Care expects a compliance rate of 95%. NHSEI had recently written to the Trust requesting confirmation that an action plan to improve performance is in place.
- 12.2. An update was provided against the action plan that had been developed to improve performance and it was noted that processes had been standardised across Guy's and St Thomas' and Royal Brompton and Harefield. The Committee would receive a further update at the next meeting.

ACTION: CE

13. Any Other Business

- 13.1. There was no other business.

The next meeting is scheduled for Wednesday 2nd February 2022.

**BOARD OF DIRECTORS
FINANCE, COMMERCIAL AND INVESTMENT COMMITTEE**

**Minutes of the meeting on Wednesday 2nd February 2022
1pm – 4pm, held virtually via MS Teams**

Members Present:	Mr S Friend – Chair	Mr J Pelly
	Prof I Abbs	Prof R Razavi
	Mr P Cleal	Dr S Steddon
	Mr S Davies	Mr L Tallon
	Mr J Findlay	Sir H Taylor
	Ms F Harvey	Mr S Weiner
In attendance:	Mr E Bradshaw – Secretary	Ms A Knowles
	Mr M Bryan	Mr D Lawson
	Ms B Bryant – from 3pm	Ms K Moore
	Ms E Burgess – until item 9	Ms M McEvoy
	Ms J Dahlstrom	Mr M Shaw – until item 9
	Mr T Davies	Ms T Sibanda
	Mr R Drummond	Mr P Thompson
	Mr A Gourlay	Ms A White – until item 9
	Mr R Guest	Mr J Wolff – item 10
	Sir R Kerr – until item 9	Mr N Wright
	Mr R Knott – item 15	

1. Welcome, introductions and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Finance, Commercial and Investment Committee (the Committee). Apologies had been received from Avey Bhatia.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting

- 3.1. The Committee Chair reported a few minor changes that needed to be made to section four (the commercial strategy update) of the minutes of the meeting held on 3rd November 2021. Subject to these amendments, the minutes of that meeting were approved as an accurate record.

4. Review of action log

- 4.1. The open actions were noted.

5. Review of Board Assurance Framework risks

- 5.1. The Committee is responsible for the oversight of two of the Trust’s strategic risks, relating to the commercial strategy and the organisation’s financial sustainability. Committee members

were asked to keep these risks in mind during the meeting; there would be an opportunity towards the end of the agenda to reflect on how the discussions may have impacted the level of assurance the Trust has that these risks are being managed appropriately.

6. Commercial Review Update

- 6.1. A review of the Trust's commercial activities had been undertaken in 2021 and had proposed a number of changes to the commercial directorate. An overview was presented of the new structure and ways of working for the directorate, which would now be known as 'Commercial Services' and report into the Chief Financial Officer. The changes would help realise the Trust's wider ambitions for optimising commercial opportunities, for example by linking the legal and contracts team with the business development team to improve capabilities in commercial negotiation.
- 6.2. Committee members were supportive of the progress that had been made. More clarity was needed about aspects of the proposed structure, including what the scope of each team would encompass, the purpose of some posts and where specific commercial activities such as private patients would sit. More thought would be given to how the finance team would support Commercial Services. There was discussion about how the Trust could facilitate the successful commercialisation of innovation and research, which was difficult to do.

7. Commercial governance review – interim report

- 7.1. An internal review was being undertaken to propose the governance arrangements and corporate structures required to best support the delivery of the Trust's commercial strategy. The Committee was presented with interim findings and recommendations which covered the governance of commercial activity, the ambitions for Guy's and St Thomas' Enterprises Limited, and the governance model for the corporate portfolio.
- 7.2. Committee members sought updates on plans to accelerate the increase in private patient income and agreed that, as part of this, it would be important to clearly communicate how private patient work was beneficial for the Trust and its patients. There was discussion about the viability, risks and benefits of different corporate structures to maximise opportunities for income generation. The risk profile of these options, together with their mitigations and benefits, would need to be presented to the Board. There was agreement about how oversight of commercial activity across the Trust should be exercised at both an executive and a Board level.
- 7.3. The Committee agreed that phase two of the review should be progressed; this would provide final recommendations for the governance of commercial activity, including the legal, accounting, financial and tax considerations for the Guy's and St Thomas' Enterprises portfolio.

8. Guy's and St Thomas' Enterprises Limited Annual Report

- 8.1. Guy's and St Thomas' Enterprises Limited is the Trust's company that manages its portfolio of commercial companies. The Committee received the Guy's and St Thomas' Enterprises Annual Report for 2019/20 and 2020/21 which showed that operating performance over these periods had been strong despite the COVID-19 pandemic. The Committee noted the outlook on performance for 2021/22 and the key risks facing the company. The portfolio companies were expected to continue to deliver regular returns to the Trust.
- 8.2. Committee members felt the report provided insights and it was acknowledged that greater awareness of Guy's and St Thomas' Enterprises' activities and performance would help the Trust Board to support it in continuing to generate financial value and positive returns for the

Trust to reinvest in NHS patient care. It was noted that some of the company boards, such as the Medtech Joint Venture, included members of the Trust Board, giving them direct oversight into the companies' performance.

- 8.3. There was discussion about the reputational risks associated with investment activities and how these were managed. The Committee also noted recommendations made by members of the Guy's and St Thomas' Enterprises Board in relation to the need for further spin-off companies to increase commercial opportunities; this led to debate about how and where commercial ideation was done.

9. Financial Report Update

- **Financial Position 2021/22 – Month 9**

- 9.1. The Trust's financial performance to the end of December 2021 was a surplus of £0.1m against the year-to-date planned surplus of £9.0m. Non-executive directors sought clarification about the level of risk to the projection of a breakeven outturn at year-end. The cash position was stable and remained high as a result of the transfer of cash holdings upon the merger with Royal Brompton and Harefield. The capital allocation was still oversubscribed, but efforts were being made to mitigate this ahead of year end. There were further queries about specific aspects of the year-to-date position.

- **2022/23 Financial Framework Update**

- 9.2. The Chief Financial Officer set out what was known about the NHS funding arrangements for 2022/23 based on the national planning guidance that had been released to date, and the implications of this for the Trust. The future financial framework would continue to support collaboration between partners in Integrated Care Systems (ICSs) and the ICS would continue to be the key organisation for the purposes of allocations and financial planning. The allocations for the South East London ICS were set out, together with an assessment of the impact of the 'convergence adjustment' that had been applied to align the system funding with the new national funding formula.
- 9.3. The Trust had modelled the allocations with growth forecasts and had made a number of assumptions in areas such as efficiency requirements, income from the Elective Recovery Fund and specialised commissioning allocations. These assumptions would require refinement as planning progressed and more national guidance was released. Although early projections were that the Trust would aim to break even in 2022/23, the Committee recognised that there was considerable risk to this and it would require close oversight from the Board. It would be important to progress work to support the delivery of efficiencies, target reductions in areas of discretionary spend, and maximise commercial income to mitigate financial constraints.
- 9.4. Some Committee members expressed concern about the implications of constrained funding levels given the size of the Trust's waiting list, and therefore the Trust's ability to grow activity and manage its recovery from the COVID-19 pandemic. There was broad agreement that the Trust should not look to limit activity growth, for both clinical and financial reasons, and there was discussion of whether, and how, clinical groups could be incentivised to increase activity.

10. Operational Productivity Unit

- 10.1. The requirement for NHS trusts to make efficiency savings had been suspended during the COVID-19 pandemic, but going forward it was likely that the Trust would be expected to recommence delivery of annual efficiencies. An internal operational productivity unit was being established to provide clinical groups and corporate functions with insights into possible

opportunities for efficiency and productivity gains, and to monitor delivery. The scope of the unit's work would not include advice about transformational opportunities, as these would form part of the role of the new Centre for Innovation, Transformation & Improvement (CITI).

- 10.2. The Trust's finance function would host the unit, and an emerging approach and governance structure had been developed together with an initial work plan. A series of pilots would be undertaken across the Trust and further work done to refine the methodology and data sources.
- 10.3. The Committee welcomed the work that had been done to establish this analytical framework. Opportunities for productivity gains would focus on areas such as theatre and diagnostic capacity utilisation. There was concern about how the 'top-down' nature of initiative would be perceived by clinical groups, and discussion about whether the expertise described in the proposal should be located at a corporate level or within the clinical groups. The unit would help provide clinical groups with the tools needed to make sustainable change happen, and its design and operation would be kept under review. It was agreed that an update on the work of the unit should be brought back to the Committee in mid-2022.

11. Capital Programme Priorities Update

- 11.1. The Committee noted that initial planning activities had already identified a level of demand for capital finding that was significantly in excess of the Trust's Capital Departmental Expenditure Limit (CDEL) allocation and therefore required prioritisation. A considerable proportion of the demand was from schemes that had already been approved and which are in delivery, including the Evelina Expansion Programme. Such schemes would not be considered as part of the prioritisation exercise.
- 11.2. The finance team proposed a six-month delay to capital planning, whereby new cases would not be approved, and the focus would therefore be on the delivery of existing schemes. The capital portfolio would then be assessed again. Reviews were underway with clinical groups and key representatives from other areas to assess the risks of this approach. The Committee also noted plans to further strengthen the governance around capital expenditure at an executive level.
- 11.3. Committee members debated the benefits and risks of the six-month pause; it would be important to ensure that critical maintenance work and spend on essential medical equipment were allowed to proceed during this time to maintain safety and the quality of patient care. It was also recognised that the pause could lead to a backlog of spending requirements. However, the proposal was supported. There was discussion about how the over-commitment of the capital allocation had happened to ensure lessons could be learned to ease the pressures in future years.
- 11.4. The Trust's CDEL allocation was supplemented by additional capital funding made available to through ad hoc regional or national initiatives. These often required trusts to apply at short notice, which meant diverting Trust staff from other work to prepare business cases at pace. Committee members were concerned that this could impair long-term planning and also potentially disempower and demotivate its teams. There was consideration of how the Trust could ensure it was well-placed to respond to these opportunities.

12. Strategic Reviews & Merger Synergies

- 12.1. The level of financial savings assumed in the business case for the merger with Royal Brompton and Harefield had been significantly increased in July 2021 following benchmarking work using Model Hospital, recent NHS merger cases and information from NHS England and NHS

Improvement. Through the programme of internal strategic reviews corporate areas had been given top-down savings targets and were encouraged to identify 'bottom-up' plans for efficiencies that could be driven through integration. Strategic reviews in all corporate areas were under way, and some had already moved into the implementation phase.

12.2. The Committee was informed that the total savings committed to from the 'bottom-up' analysis to date exceeded the top down target for the same areas. Work was now ongoing to validate the savings identified and to ensure these are realised and removed from budget baselines. The Trust was aiming to complete the strategic reviews by June 2022 so a more complete financial picture would be available then.

12.3. Committee members were pleased to hear that collaboration between Guy's and St Thomas' and Royal Brompton and Harefield teams during this process had been very positive. Non-executive directors asked about the plans to ensure savings were sustainable and queried whether this work would fall into the scope of the operational productivity unit. It was reported that the monitoring of savings relating to the merger would be done by the Integration Programme Board, and ongoing efficiencies within teams would fall into the operational productivity unit's domain.

13. Finance Function Update

13.1. The strategic review of the Trust's finance function had been undertaken in 2021 and approved by the Integration Programme Board in November 2021. The review had concluded that the existing finance teams operated effectively and that financial management should be de-centralised for each of the clinical groups but with a centralised team leading on contracting, income and planning. There should also be an increased focus on using data and analytics to inform decision-making and drive improvement within the function and across the Trust. The consultation for phase one of the proposed changes had been launched in January 2022, whilst the implementation plan for integrating the Trust finance team with the Royal Brompton and Harefield finance team was due to be agreed in March 2022. Committee members thanked the team and required an update at a future meeting of the Committee.

ACTION: SD

14. Board Assurance Risks Update

14.1. Committee members reviewed the updates that had been made to the two strategic risks owned by the Committee on the Board Assurance Framework. Discussion during the meeting had been helpful in advancing the Committee's insight into the risks around both the commercial strategy and the organisation's financial sustainability. Ongoing developments in both areas meant that no changes had yet been proposed in respect of the sufficiency of controls and level of assurance for either risk, but these would be revisited ahead of the next Committee meeting.

15. Apollo Programme Inter-Trust Collaboration Agreement

15.1. Funding had now been secured to enable King's College Hospital NHS Foundation Trust to formally join the Trust's Apollo (Epic) Programme to deliver a single electronic health record across both trusts. To date, King's College Hospital had been working closely with the Trust on a single joint design of the Epic system. An Inter-Trust Collaboration Agreement (ITCA) was now needed to act as the formal mechanism by which the financial and commercial relationship between the Trust and King's College Hospital would be governed and managed. Aligned to this, the Trust would also need to sign change control notices for the two prime contracts to enable King's College Hospital to become a beneficiary of the Epic software and related hosting services.

15.2. The risks to King's College Hospital of Guy's and St Thomas' failing to meet its planned 'go live' date were set out, and the risk of non-payment by King's College Hospital to the Trust had been assessed as low, given the ITCA was a legally-binding contract. The Committee noted that the Programme's joint governance arrangements would be strengthened and kept under ongoing review to ensure they are appropriate for the new agreements and the increased level of risk inherent in the expanded Programme. Committee members welcomed a clear analysis of the risks and recognised that not all could be fully mitigated by the ITCA, which put increased importance on the joint governance arrangements.

RESOLVED:

15.3. The Committee approved the Inter Trust Collaboration Agreement and the two change control notes to be signed.

16. Better Payment Practice Code

16.1. The Committee noted the paper.

17. Any Other Business

17.1. There was no other business.

18. Capital Departmental Expenditure Limit (CDEL) presentation

18.1. Due to constraints on time, Committee members agreed to defer the presentation to a different time.

ACTION: TD, EB

The next meeting is scheduled for Wednesday 20th April 2022.

NHS CONFIDENTIAL - Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
FINANCE, COMMERCIAL AND INVESTMENT BOARD COMMITTEE
WEDNESDAY 20 APRIL 2022

Title:	Finance Report for the eleven months to 28 th February 2022
Responsible Director:	Steven Davies, Chief Financial Officer
Contact:	Steven.Davies@gstt.nhs.uk
Purpose:	To update on the financial position of the Trust for the eleven months to 28 th February 2022
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<ul style="list-style-type: none"> • The revenue business plan has been updated to incorporate changes agreed for H2. • The overall control total remains unchanged, to deliver a surplus of £5.5M. • Any new risks as a result of the plan have been recorded centrally. • Performance to February 2022 is a surplus of £6.1M against the YTD planned surplus of £6.4M. • The year end forecast is to deliver a break-even position which would be £5.5M worse than the control total. • An increase to the Capital Department Expenditure Limit (CDEL) has been made through additional PDC funding of £14.6M although not all associated expenditure will arise in this financial year. A further increase in funding remains under negotiation which if secured would alleviate some of the pressure on potentially both the revenue and capital budgets for the current financial year. The value is yet to be confirmed.
Recommendations:	<p>The COMMITTEE is asked to:</p> <ol style="list-style-type: none"> 1. Discuss and note the content of this report.

NHS CONFIDENTIAL - Board

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
FINANCE, COMMERCIAL AND INVESTMENT BOARD COMMITTEE
WEDNESDAY 20 APRIL 2022
FINANCE REPORT FOR THE ELEVEN MONTHS TO 28TH FEBRUARY 2022
PRESENTED BY Steven Davies, Chief Financial Officer**

1. Introduction

1.1. This paper updates the Committee on performance for the period covering the eleven months to 28th February 2022.

2. Financial Performance Summary

2.1. The revenue plan has been re-set from the original target of delivering a control total level break-even position to a surplus of £5.5M for this financial year.

2.2. An assessment of the plan for H2 has concluded and the required budget changes have been made, with new emerging risks being recorded centrally.

NHS CONFIDENTIAL - Board

2.3. A year to date surplus of £6.1M is reported, which is £0.3M worse than the control total. The year end forecast is to achieve a break-even position which would be £5.5M worse than the control total.

	YTD			YEAR END FORECAST		
	Plan	Actual	Variance	Plan	Actual	Variance
Income	£2,267,598	£2,337,924	£70,326	£2,563,006	£2,655,043	£92,037
Pay	(£1,252,593)	(£1,259,676)	(£7,083)	(£1,368,337)	(£1,378,563)	(£10,226)
Non Pay \ Other	(£1,008,561)	(£1,072,110)	(£63,549)	(£1,189,155)	(£1,276,481)	(£87,326)
Control Total	£6,444	£6,138	(£307)	£5,514	(£0)	(£5,514)
DODA	(£12,353)	(£13,429)	(£1,076)	(£13,478)	(£14,453)	(£975)
Capital Donations	£5,623	£7,253	£1,629	£6,128	£13,939	£7,811
Surplus (Deficit)	(£285)	(£39)	£246	(£1,836)	(£513)	£1,322
Technical Adjustments	£0	(£1,633)	(£1,633)	£0	(£11,633)	(£11,633)
Total Surplus \ (Deficit)	(£285)	(£1,672)	(£1,387)	(£1,836)	(£12,146)	(£10,310)

2.4. The reported position includes an assumption that the Trust will receive as a minimum an allocation of £6.3M from the system contingency and that other income opportunities will also be accessed over the remaining months.

NHS CONFIDENTIAL - Board**3. Current Month Performance: £2.8M surplus, £4.4M better than plan****3.1. Income is £15.6M ahead of plan:**

- Income from NHSE and CCGs is £11.2M ahead of plan, primarily driven by new in year initiatives and developments where in some cases the associated expenditure was incurred earlier in the year, pathology contract changes, maternity services rebate of £1.3M and pass through drugs and devices.
- Vaccination and testing programme income of £2.4M, which is off-set by increased expenditure
- Additional ERF income of £0.9M has been received
- Private patient income is £0.6M above plan
- Continued underperformance for patient care contracts not under the block arrangements of £0.6M.

3.2. Pay budgets are reported as £2.8M overspent:

- Vaccination programme costs of £0.8M, which is off-set by the income noted above.
- Increased NIHR pay expenditure of £0.6M
- Underlying pay position of £1.4M overspent.
- Other areas of increased expenditure relate to winter pressures and costs associated with new in year initiatives.

3.3. Non pay budgets are reported as £8.4M overspent:

- Vaccination and testing programme costs of £2.0M which is also off-set by the income noted above.
- Clinical supplies and drug budgets have overspent by £3.9M
- Increased costs in respect of in year initiatives and developments from both clinical and education commissioners of £4.0M
- Provisions in respect of outstanding private patient debt reduced by £1.4M.
- A review of the value of transfers from capital to revenue, provisions in respect of future dilapidation charges and other balance sheet provisions have largely netted off.
- Underspends against COVID budgets and the release of other provisions have partly mitigated the above overspends.

NHS CONFIDENTIAL - Board**4. YTD Performance: £6.1M surplus, £0.3M better than plan**

4.1. Income is £70.3M ahead of plan:

- Income from NHSE and CCGs is £30.8M ahead of plan. This is primarily driven by new in year initiatives and developments, an allocation from the sector contingency funding of £5.2M, maternity services rebate of £1.3M and pass through drugs and devices.
- Vaccination and testing programme income of £28.1M which is off-set by increased expenditure.
- Education contracts are £6.6M above plan again driven by in year initiatives.
- Private patient income is £3.9M above plan.
- Continued underperformance for patient care contracts not under the block arrangements of £6.6M.

4.2. Pay budgets are reported as £7.1M overspent:

- Vaccination programme costs of £13.3M, which is off-set by the income noted above.
- Underlying pay position of £6.2M underspent.
- Significant area of overspend after adjusting for vaccination programme costs relate to Medical and Ancillary staff groups.

4.3. Non pay budgets are reported as £63.5M overspent:

- Clinical supplies and drug budgets have overspent by £30.5M
- Vaccination and testing programme costs of £15.7M which is also off-set by the income noted above.
- Transfers from capital of £16.8M which is £11.4M more than plan.
- Increased costs in respect of in year initiatives and developments from both clinical and education commissioners of £9.0M
- Underspends against COVID budgets and the release of other provisions have partly mitigated the above overspends.

NHS CONFIDENTIAL - Board**5. Year End Forecast: £0.0M, £5.5M worse than plan**

5.1. The year end forecast remains to achieve a break-even position but within this forecast position there remain some significant risks and opportunities:

- That the Trust will receive £6.3M from the distribution of the sector's contingency reserve in line with that previously notified.
- Transfers from capital are forecast to be £16.8M and that at this level the Trust will also remain within the agreed CDEL limit.
- The level of additional income that may be received from both health and education commissioners in their final allocations for this year may increase above current levels and the Trust's ability to either spend or to defer this income.
- An increase in the annual leave accrual is forecast where staff, with agreement can carry forward more than the previously allowed limit of five days untaken leave.
- The impact of recently issued guidance by NHS Employers regarding the payment of local clinical excellence awards for the period April 2018 to March 2022 is being assessed. There may be a need for a provision in respect of a potential underpayment.

NHS CONFIDENTIAL - Board

6. Cash and Capital

- 6.1. **Cash:** the cash position at the end of February is £262.2M which is a reduction £12.1M from last month. Whilst the current cash balance is the same as that recorded at March 2021 there has been a steady reduction in each of the last six months resulting in a reduction of £59.8M over that period. An analysis of the drivers behind this is currently being undertaken.
- 6.2. **Capital:** The CDEL has been increased by a further £14.6M as a result of additional schemes that the Trust will host for the Acute Provider Collaborative and sector wide IT projects. Not all expenditure will be incurred in this financial year and this funding will need to be managed across financial years in conjunction with the sector. A further increase to the CDEL is currently being negotiated and if secured would mitigate the current capital pressures within this financial year.
- 6.3. Capital expenditure of £119.1M was recorded to the end of February which is £0.5M less than the current equally phased plan of £119.6M. The current forecast of £153.5M will either need to reduce by £8.4M to stay with the CDEL or to secure a further increase to the CDEL as noted in 6.2 above.

7. Recommendations

- 7.1. The Committee is asked to:
- Note that the Trust has achieved a YTD surplus of £6.1M and that this is £0.3M worse than the control total.
 - Note the current forecast remains to achieve a break-even position but that this would be £5.5M worse than the control total.
 - Note some of the remaining risks and opportunities in 5.1 above.
 - Note the additional capital allocation through PDC of £14.6M and that the Trust is negotiating a further increase to the current CDEL.

**BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 12th January 2022, 1pm – 2.45pm
held virtually via MS Teams**

Members Present:	Dr P Singh – Chair	Dr J Khan
	Prof Ian Abbs	Mr J Pelly
	Ms A Bhatia	Prof R Razavi
	Mr P Cleal	Ms J Screamon
	Mr S Davies	Dr S Shribman
	Mr J Findlay	Dr S Steddon
	Mr S Friend	Mr L Tallon
	Dr F Harvey	Sir H Taylor
In attendance:	Mr E Bradshaw – Secretary	Ms S Hanna
	Ms J Akbar	Ms K Harding
	Mr W Akhtar	Ms S Ibrahim
	Ms L Alvarez	Ms A Knowles
	Ms S Austin	Ms R Liley
	Mr J Bradbury	Mr C Martin
	Ms R Burnett	Dr M Mason
	Ms G Craig	Mr P Mitchell
	Ms J Dahlstrom	Ms C McMillan
	Mr B Falk	Ms K Moore
	Mr A Gourlay	Ms L Moore
	Dr R Grocott-Mason	Ms A Williams-McKenzie

1. Welcome, introductions and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Quality and Performance Committee (the Committee) including Andrea Williams-McKenzie who had recently joined the Trust as the new Deputy Chief People Officer. Apologies had been received from Baroness Sally Morgan, Steve Weiner and Cllr Marianna Masters.
- 1.2. The meeting duration had been shortened to enable senior management to focus on the Trust's response to operational pressures whilst keeping the Committee sighted on key matters.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting held on 24th November 2021

- 3.1. The minutes of the previous meeting of the Committee were approved as a true record.

4. Review of action tracker

- 4.1. The action log was reviewed and progress with the open actions noted.

5. Board Assurance Framework – Quality and Performance Risks

- 5.1. Committee members were reminded about the strategic risks on the Board Assurance Framework (BAF) that were owned by the Committee; it would be important to ensure these were considered during the meeting and revisited at the end for any amendments required..

6. Feedback from Trust site visits

- 6.1. A number of non-executive directors had undertaken visits to different areas of the Trust in recent weeks, including to critical care, therapies and rehabilitation and the nuclear medicine department at St Thomas' Hospital; the pharmacy department at Guy's Hospital; and to Harefield Hospital. All non-executive directors spoke about the efforts and professionalism of the Trust staff they had met during their visits and highlighted the breadth of activities that the Trust undertook.
- 6.2. Common themes arising from these visits included the ongoing need to prioritise the use of space and optimise the Trust's estate, the positive ways in which the Trust was working with partner organisations, and the need to ensure that all staff were fully aware of how they could access the wide range of wellbeing support on offer. It was noted that, following previous reports to the Committee, significant work had already gone into improving staff facilities.

7. Operational performance update

- 7.1. The Committee was brought up to date with the operational status across the Trust. During December 2021 both the number of patients with COVID-19 in the Trust's hospitals and the number of staff absent from work due to the virus had increased rapidly. In response, a decision had been taken by the three trusts in the Acute Provider Collaborative (APC) to stand down all routine elective work to create additional capacity. The internal staff redeployment programme had also been stood up. The numbers of patients in the Trust's critical care beds had remained relatively stable throughout December and into the New Year and, whilst the Trust was still working in a 'critical incident' response mode, there was optimism that the peak of this fourth wave of the pandemic was passing. Over recent weeks the Trust had provided mutual aid to system partners through ambulance diverts, and had received mutual aid to support care for urgent cardiac patients.
- 7.2. The Committee noted that, whilst evidence suggested the Omicron variant was more transmissible than previous variants, it was generally a less severe form of the disease, with fewer admissions, shorter length of stay and lower acuity. The Committee did, however, note that one individual had died from Omicron whilst a patient at the Trust. The Trust's mortality rates for patients with the virus, including those in critical care, continued to be some of the best across the country. The role played by the COVID Medicines Delivery Unit in the Trust's pandemic response was acknowledged. It would be important not to lose sight of the reasons for the Trust's excellent outcomes. Committee members commended staff across the Trust, including the Trust's senior leadership team, for their efforts in responding to the latest wave. The communications team would ensure this message was conveyed to staff.

ACTION: AK

- 7.3. In discussion The Committee asked about the latest position regarding nosocomial infections, which had decreased in number from previous waves of the pandemic and which remained comparatively low compared to peer trusts across London. In late December the Trust had taken the difficult decision to temporarily suspend most visitors to its hospitals and community sites, and non-executive directors asked when it would be reviewed and about the exceptions that had been made for certain categories of patient, for example children and those with dementia and receiving

end of life care. It was confirmed that the Trust's approach was the same as its counterparts in south east London.

- 7.4. In the short term, the Trust's approach to recovery from the latest wave of COVID-19 would be based on three priorities; to focus efforts on maintaining priority services across emergency and community services; prioritise meeting demand for urgent cancer patients; maintain delivery of the vaccination programme and administering of antibody and antiviral treatments to patients with COVID-19 who are at risk of deterioration a Covid Medicines Delivery Unit (CMDU) at St Thomas' Hospital.
- 7.5. The Committee noted that, as a result, some patients would need to continue to wait for routine elective work, including diagnostics. This approach would be revisited at the end of January. Committee members were supportive of the priorities set out; questions were asked about the extent to which the Trust would be able to continue to deliver specialist care and about the available capacity across the Trust to treat cancer patients. It was confirmed that specialist and tertiary referrals had continued to be received and taken into account in the clinical prioritisation methodology through which appointments and treatments were offered. It was confirmed that the recent national agreement with the independent sector did not apply to inner-London independent providers, so the benefits of this would be limited for the Trust.

8. Quality and safety update

- 8.1. The Committee received a summary of recent quality indicators including serious incidents, never events, complaints figures and duty of candour compliance. In late November 2021 the Trust had launched its out-of-hours digital task management system, SmartPage, since when uptake across ward staff, out-of-hours clinicians and specialty teams had been encouraging. The system would help the Trust to better prioritise and coordinate out-of-hours care. Thanks were given to the clinical leads, recognising the scope of the challenges overcome to deliver this project to conclusion.
- 8.2. The Committee reviewed the draft Modern Slavery Statement and discussed a number of key points from the bi-annual Children and Adults safeguarding reports, including the risks linked to the continuing disinvestment in paediatric health visiting services. The Trust was working with partner organisations to refine the pathway for safeguarding children; this led to discussion about how all partners could fulfil their responsibilities and the possible role of the Integrated Care System (ICS) in supporting this work. Further information to clarify the risk to the Trust of borough-based decisions in this area would be brought back to the Committee in due course.

ACTION: SH

RESOLVED:

- 8.3. The Committee approved the Trust's Modern Slavery Statement December 2021-2023.

9. People and culture update

- 9.1. Staff absence rates had halved since the week before Christmas, and whilst the number of absences was still significant, the rate was comparatively lower than many other trusts across London. Pay rates for bank staff, for doctors and nursing staff had been temporarily increased, in line with other Trust locally, to encourage staff engagement but were not considered to be sustainable. Staff turnover rates had remained stable despite the recent operational pressures and the staff redeployment programme. There remained a strong focus on staff wellbeing and Guy's and St Thomas' Foundation was thanked for its role in supporting this.

- 9.2. It was now a legal requirement that all individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19 no later than 1 April 2022 to protect patients. The Committee received an overview of how the Trust was preparing to meet this requirement, known as 'vaccination as a condition of deployment' (VCOD), and the number of Trust staff that were not currently thought to be compliant. A data validation exercise was ongoing to refine these figures and the potential clinical impact would be kept under review. Partner organisations across the ICS were working closely to ensure a consistent interpretation and implementation of the national guidance.
- 9.3. Committee members discussed the clinical and operational impact of the VCOD requirements; there were concerns about the disproportionate impact on Black staff who currently formed the largest group of unvaccinated staff. The Committee asked about how the Trust planned to identify staff that were 'in scope' of the requirements and to identify and organise redeployment opportunities. The process that would be followed in the event of staff dismissal was also outlined. The Committee welcomed news that the Trust had increased the pace of work to encourage staff to take up the vaccination as well as reiterating previous supportive activities including drop-ins, webinars and individual conversations.

10. Infrastructure update

- 10.1. There were no updates regarding the Trust's estate or its digital infrastructure that needed to be brought to the Committees attention.

11. Financial update

- 11.1. An overview was presented of the emerging month 9 position (December 2021) and the forecast year-end outturn. The cash position was reported to be stable and plans were being developed to mitigate the risk of the Trust exceeding its Capital Departmental Expenditure Limit (CDEL) allocation for the year. Further detail would be provided at the Finance, Commercial and Investment Committee meeting in February.

12. Supporting Information

- 12.1. The Committee noted the supporting information.

13. Board Assurance Framework

- 13.1. Updates to the Board Assurance Framework risks owned by the Committee would be brought to the Committee in March 2022 for review. The updates would incorporate the discussion that had taken place during the meeting, for example the focus on the Trust's recovery from the fourth wave of the COVID-19 pandemic.

14. Any Other Business

- 14.1. There was no other business.

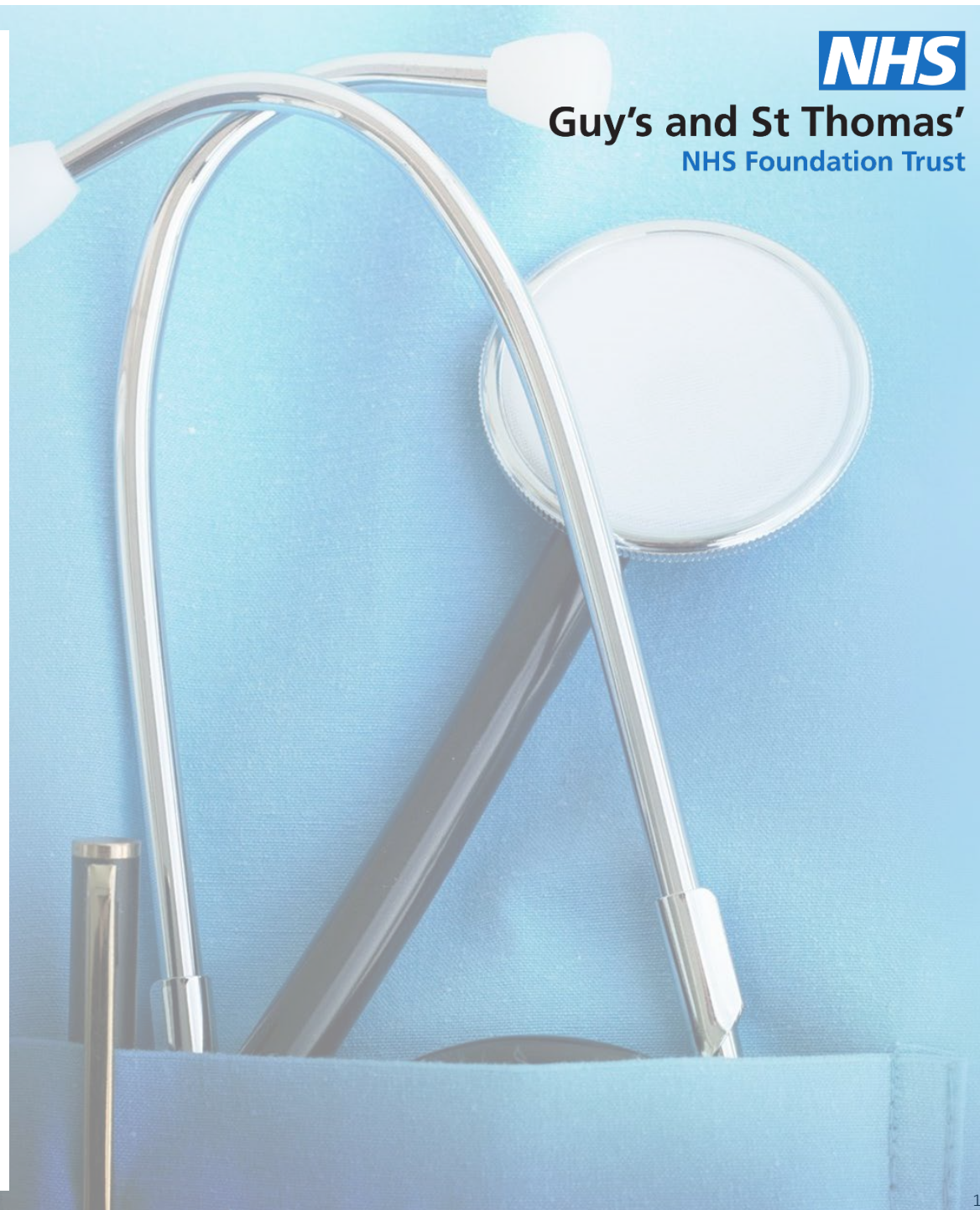
The next meeting would be held on Wednesday 16th March 2022.



Guy's and St Thomas'
NHS Foundation Trust

Integrated Performance Report

February 2022



Introduction

About this pack

The Trust produces this Integrated Performance Report (IPR) to provide our Board, Executive team, Clinical Groups and other stakeholders the performance position across our core domains¹ of Safe, Effective, Caring, Responsive, People and Enablers/Use of Resources.

The IPR includes:

- Highlight Reports – a selection of indicators highlighted for Board discussion on the basis of Statistical Process Control (SPC) variation² and those indicators that are most significant for national reporting.
- Supporting Information – this section provides information on reporting content and logic.

**Where Royal Brompton and Harefield (RBH) data is not included for an indicator, this will be stated. Work is ongoing to include RBH Clinical Group data for all metrics within this report.*



¹The source of our core domains:

- Safe, Effective, Caring and Responsive - CQC
- People - NHS People Plan
- Enablers/Use of Resources - NHS E/I

²Statistical Process Control (SPC) charts allow you to identified statistically significant changes in data. The SPC confidence (or process) limits represent the expected range for data points if variation is within the expected limits. See the supporting information page for more information.

Report Contents



Guy's and St Thomas'
NHS Foundation Trust

Domain	Indicator	Actual	Target	Statistical Process Control	Page number
Safe	MRSA bacteraemia (Trust-attributable)	2	0	Common cause variation	
Safe	Pressure ulcer acquisition attributable to the Trust	47	20	Common cause variation	4-5
Caring	Friends and family test: Percentage of who patients who responded good or very good summary	N/A	N/A	N/A	
Caring	Friends and family test: Percentage of who patients who responded poor or very poor summary	N/A	N/A	N/A	6-7
Responsive	Percentage of A&E patients that waited less than 4 hours to be seen (type 1, 2 and 3)	81.1%	95.0%	Common cause variation	
Responsive	Number of patients spending >12 hours in A&E from decision to admit (DTA)	29	0	Common cause variation	
Responsive	Percentage of cancer referrals seen within 2 weeks	57.2%	93.0%	Common cause variation	
Responsive	Percentage of cancer referrals meeting the faster diagnosis standard of outcome of suspected cancer within 28 days of referral	63.4%	75.0%	Special cause variation - 2 of 3	
Responsive	Percentage of cancer patients starting their first treatment within 62 days of all urgent GP referrals	49.2%	85.0%	Common cause variation	8-16
Responsive	Percentage of patients waiting over 6 weeks for a diagnostic test	20.6%	1.0%	Special cause variation - single point	
Responsive	Total number of incomplete pathways	91,016	N/A	Special cause variation - single point	
Responsive	Percentage of patients on the waiting list currently waiting less than 18 weeks to start treatment	68.1%	92.0%	Common cause variation	
Responsive	Number of pathways on the waiting list currently waiting more than 52 weeks to start treatment	1,492	0	Special cause variation - trend/shift	
People	Overall vacancy rate	11.0%	10.0%	Common cause variation	
People	Sickness and absence rate	4.3%	3.0%	Special cause variation - single point	17-18

SPC and level definitions

Statistical Process Control (SPC) charts allow you to identify statistically significant changes in data. The SPC confidence (or process) limits represent the expected range for data points if variation is within the expected limits. See the supporting information page for more information.

Safe

MRSA bacteraemia (Trust-attributable)



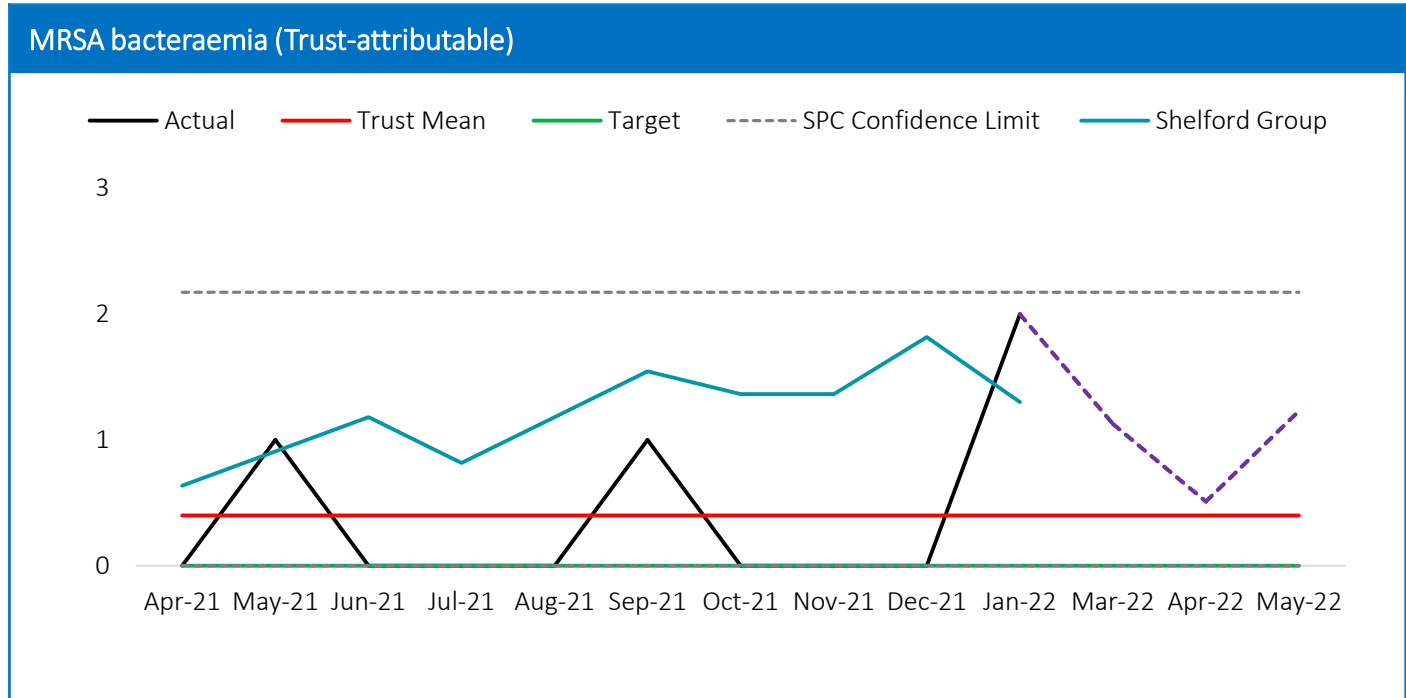
Guy's and St Thomas' NHS Foundation Trust

Jan-22	Target
2	0

SPC Variance
Common cause variation

Shelford Group Avg. (Jan - 22)
1

Clinical Group Overview
Data is currently unavailable at Clinical Group level



Updates since previous month

- Two new MRSA BSIs in January 2022, bringing the total to four for 2021/22.

Current issues

- These cases have been reviewed via the standard Post Infection Review (PIR) process.

Key dependencies

- Continued input and engagement from clinical teams in the PIR process.

Future actions

- Reinforce the need for best-practice about IV line care.

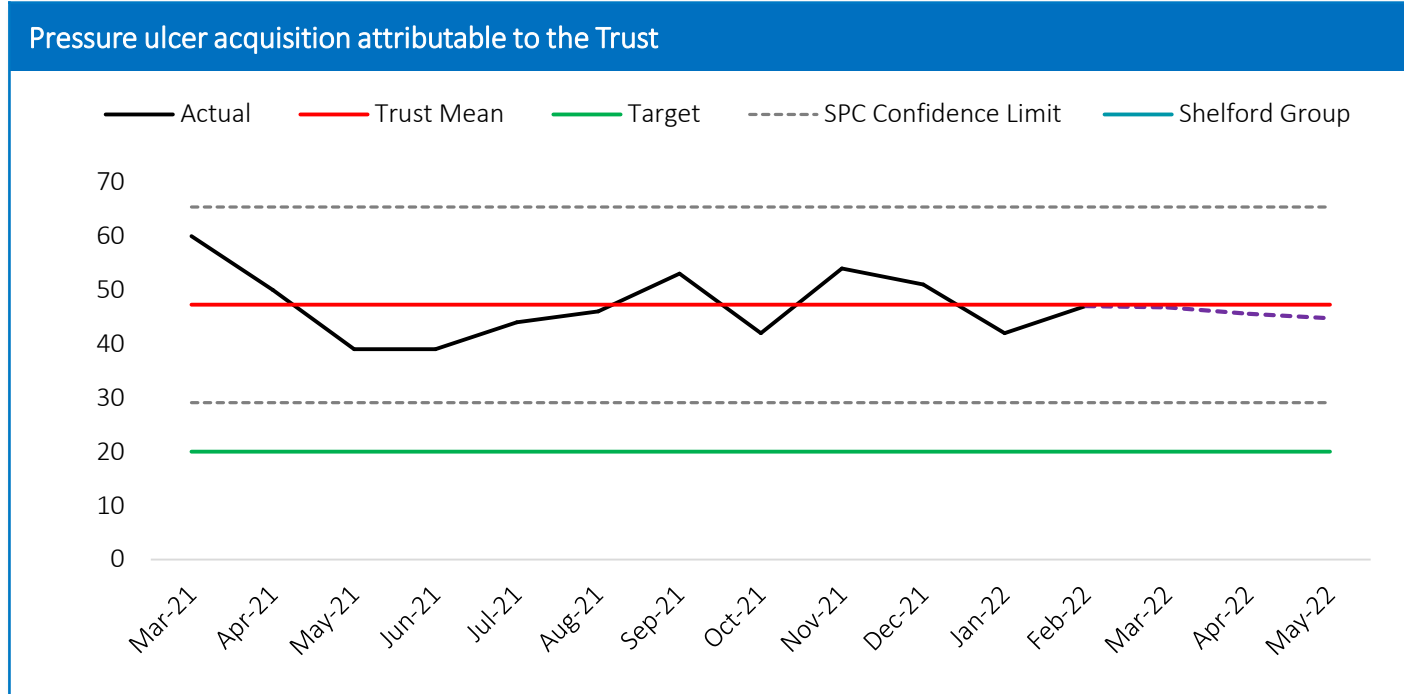
Safe

Pressure ulcer acquisition attributable to the Trust



Feb-22	Target
47	20

SPC Variance
Common cause variation



Clinical Group Overview

Integrated and Specialist Medicine	30
Heart, Lung and Critical Care	10
Cancer and Surgery	5
Evelina London - Women's and Children's Healthcare	2

Updates since previous month

- Improvement seen in previous months not sustained.
- National and Shelford Group trend showing a similar sustained level of acquisition.

Current issues

- Analysis has shown improvement slow down associated with an increase in acuity and, in turn, an increase in susceptibility.

Key dependencies

- Continued support and engagement from clinical quality assurance roles within Clinical Groups.

Future actions

- Revised investigation process to be implemented in March to improve the cascade of learning points through the organisation to support preventative care.

Caring

Caring Friends and family test: Percentage of patients who responded good or very good



October-21 Caring Summary

Indicator (FFT, % good or very good)	Target	Actual	Compared to previous month	12 month trend (% good or very good)	Response rate
A&E	88%	84.7%	▼		13.5%
Admitted	97%	94.8%	▼		21.0%
Outpatients	93%	92.6%	▲		N/A
Maternity	92%	94.1%	▲		13.3%
Community	96%	93.5%	▼		8.3%
Patient transport	92%	91.8%	▼		2.5%

Updates since previous month

- There have been a number of decreases in positive scores for the Friends and Family Test since January 2022. Scores for Maternity Services and Outpatients have improved. Although the Patient Transport score is lower than last month it is within target.

Current Issues

- A key theme in comments is that of waiting and delays. Patients attending A&E highlight lengthy waits as did those attending day surgery. Similarly patients reported lengthy waits for transport. Delays were also experienced in the community.
- Maternity Services and Outpatients reported a higher proportion of positive reports of staffs' professionalism, emotional support provided and their friendliness.

Key dependencies

- The organisation remains extremely busy as it continues its recovery plan and levels of staff absence levels remain high due to Omicron. These challenges impact upon capacity and consequently patients' experience.

Future actions

- Results are shared with Clinical Groups to encourage local discussion and where necessary require action for improvement.

Caring

Caring Friends and family test: Percentage of patients who responded poor or very poor



October-21 Caring Summary

Indicator (FFT, % poor or very poor)	Target	Actual	Compared to previous month	12 month trend (% poor or very poor)	Response rate
A&E	6%	7.9%	▲		13.5%
Admitted	1%	2.3%	▲		21.0%
Outpatients	3%	3.8%	▼		N/A
Maternity	3%	2.0%	▼		13.3%
Community	1%	2.5%	▲		8.3%
Patient transport	2%	3.4%	▲		2.5%

Updates since previous month

- There have been increases in the negative score for the Friends and Family Test across a number of areas. The score for Maternity Services has improved and remains below target (positively). Although the negative score for Outpatients has continued to improve since January 2022 it currently remains above the 3% target.

Current Issues

- A key theme in comments is that of waiting and delays. Patients attending A&E highlight lengthy waits as did those attending day surgery. Similarly patients for reported lengthy waits for transport. Delays were also experienced in the community.
- Maternity Services and Outpatients reported a higher proportion of positive reports of staffs' professionalism, emotional support provided and their friendliness.

Key dependencies

- The organisation remains extremely busy as it continues its recovery plan and levels of staff absence levels remain high due to Omicron. These challenges impact upon capacity and consequently patients' experience.

Future actions

- Results are shared with clinical groups to encourage local discussion and where necessary require action for improvement.

Responsive

Percentage of A&E patients that waited less than 4 hours to be seen (type 1, 2 and 3)



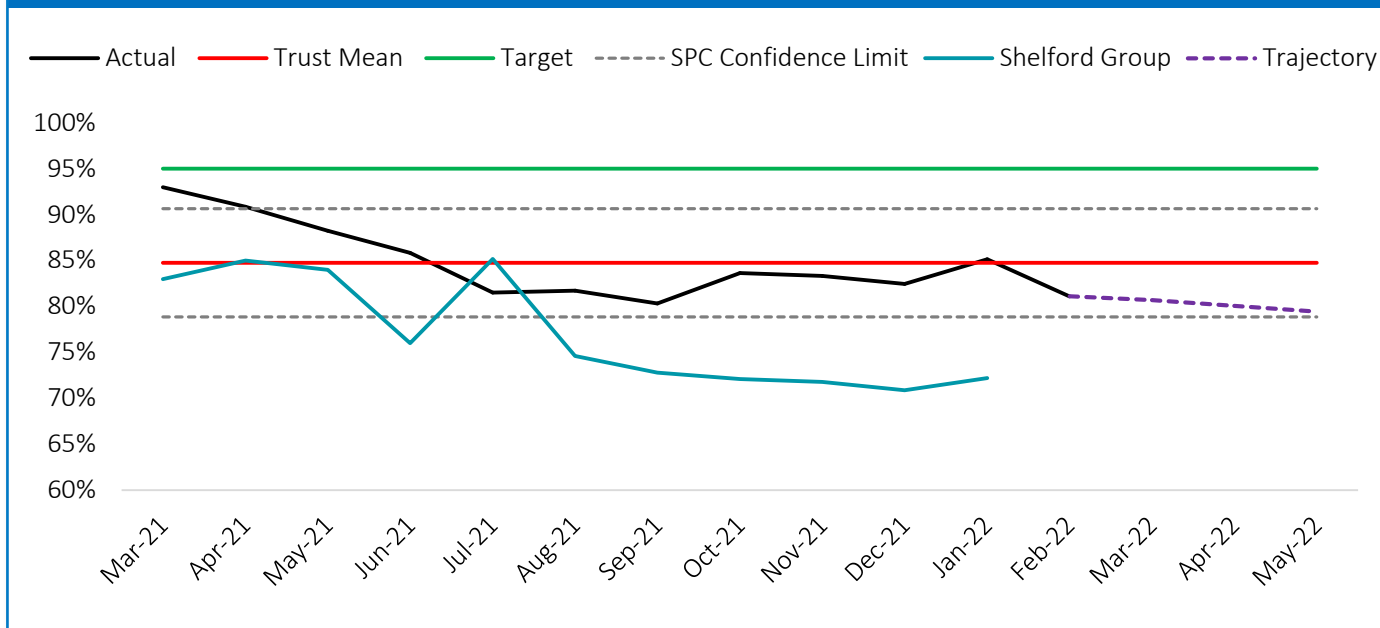
Feb-22	Target
81.1%	95.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jan - 22)
72%

Clinical Group Overview
Data only applies to Integrated and Specialist Medicine Clinical Group.

A&E stays less than 4 hours (type 1 2 3)



Updates since previous month

- All Type performance continued to be in the eighty percents in February.
- While daily attendance have at times been high (>600 attendances per day), the monthly all type attendances in February 2022 remained below 2019/20 levels.

Key dependencies

- Maintaining departmental flow during attendance surges.
- Availability of senior decision makers, particularly during twilight and out of hours period.

Current issues

- Surges in daily attendance activity.
- 63% of attendances that were seen and treated required input from Major & Resus or Paeds ED.
- Departmental flow, particularly during peak times.
- Nursing staffing has been challenged.

Future actions

- Implement high impact actions to be tracked via a Performance Improvement Plan, including: developing Same Day Emergency Care, improving ambulance handovers, and working with mental health patients.
- To review and implement the audit recommendations.

Responsive

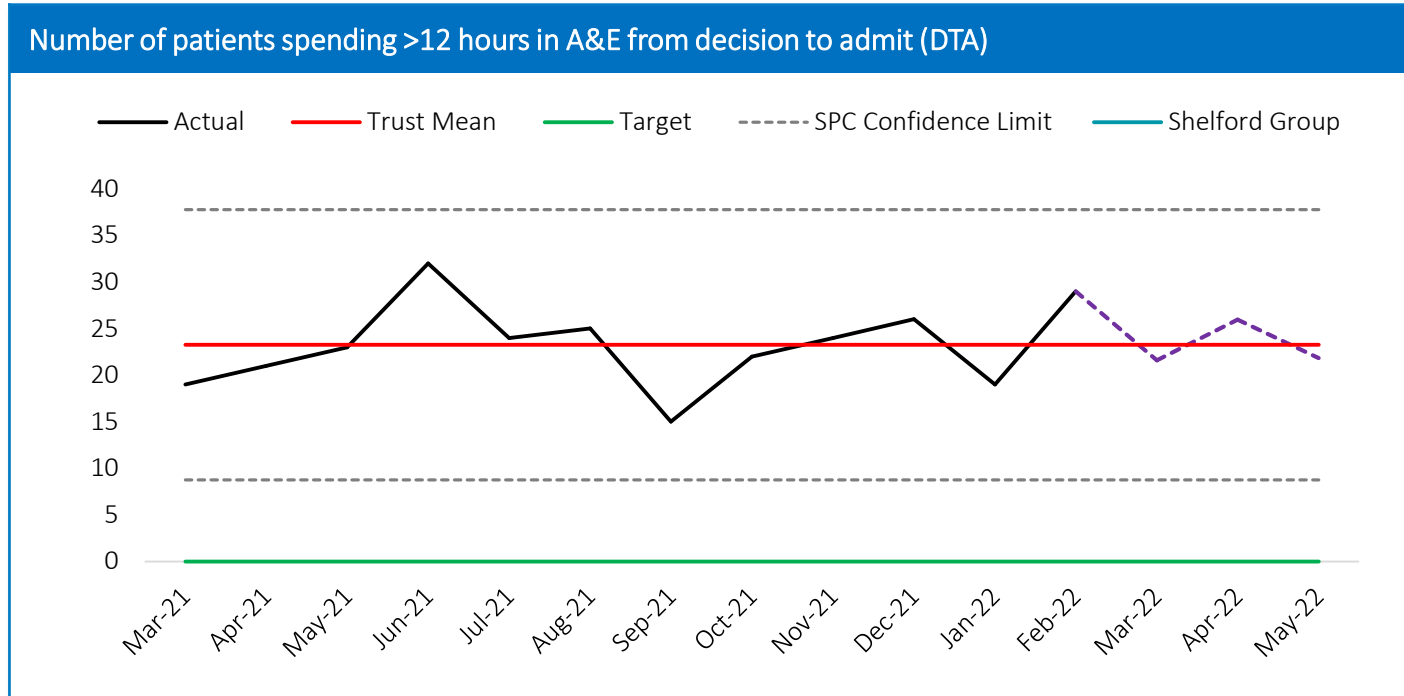
Number of patients spending >12 hours in A&E from decision to admit (DTA)



Feb-22	Target
29	0

SPC Variance
Common cause variation

Clinical Group Overview
Data only applies to Integrated and Specialist Medicine Clinical Group.



Updates since previous month

- 29 patients experienced a length of stay in the department of 12 hours or more following a DTA in February 2022, while an appropriate mental health admission was sought.

Current issues

- Timely access to Mental health admission from point of DTA continues to be challenge; this is predominately due to bed capacity constraints (both NHS and private).

Key dependencies

- Maintain Crisis Assessment Unit (CAU) model within the Emergency Floor (staffed by SLaM).
- Maintain communication with key stakeholders.
- Continue to work with partners across the sector to address identified and ongoing challenges.

Future actions

- Undertake a review of the CAU inclusion criteria alongside SLaM.
- Improve utilisation of private beds to reduce pressure within the Emergency Department.
- Rollout Mindworks training course for ED staff in April 2022.

Responsive

Percentage of cancer referrals seen within 2 weeks

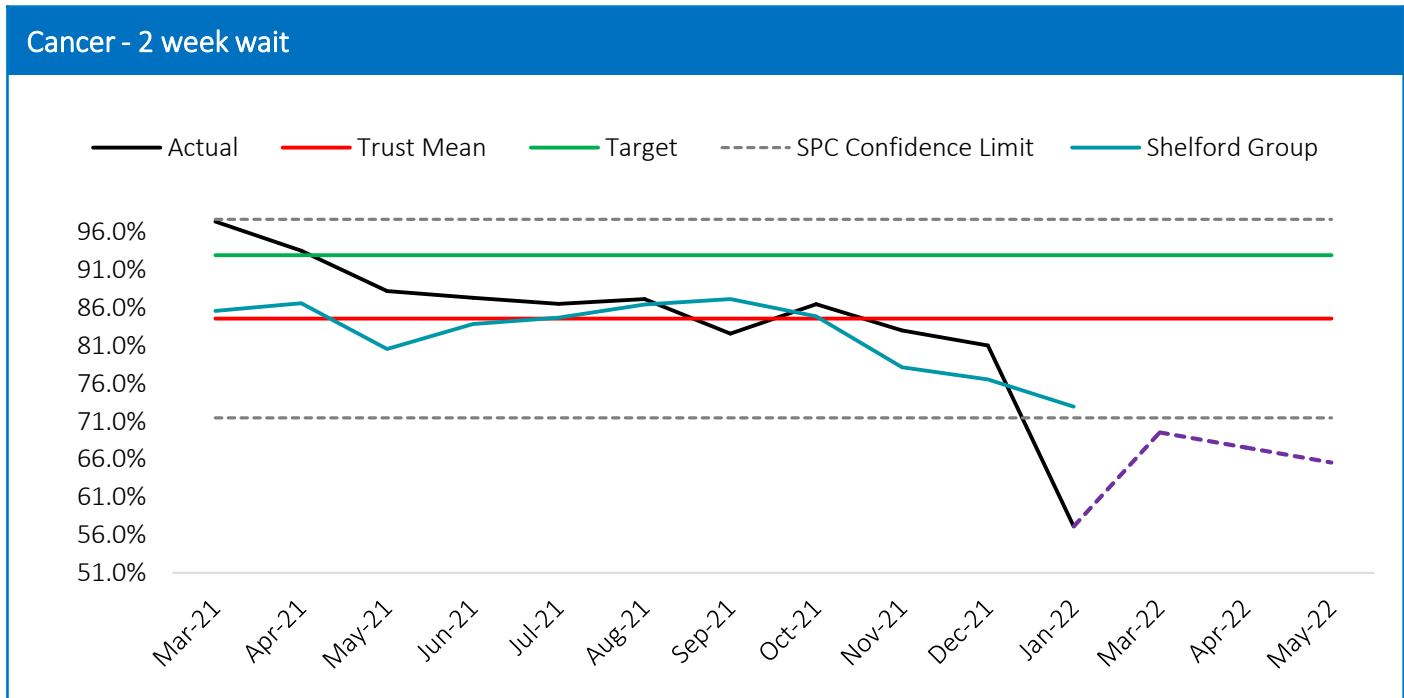


Jan-22	Target
57.2%	93.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jan - 22)
73%

Clinical Group Overview
Data only applies to Cancer and Surgery Clinical Group.



Updates since previous month

- Performance declined significantly during January 2022 due to the impact of Omicron on staffing, particularly in Breast and Head & Neck, with continued capacity challenges in Gynaecology and Urology having an impact as well.

Key dependencies

- Mutual aid being provided by sector colleagues for Ovarian referrals.

Current issues

- Continued above pre-pandemic referrals in several tumour groups, particularly Breast, Head & Neck, Gynaecology and Upper GI.

Future actions

- Ad-hoc clinics have been created in some specialties, with some clinic redesign in others. Recovery plans for Oral referrals are being worked up.



Responsive

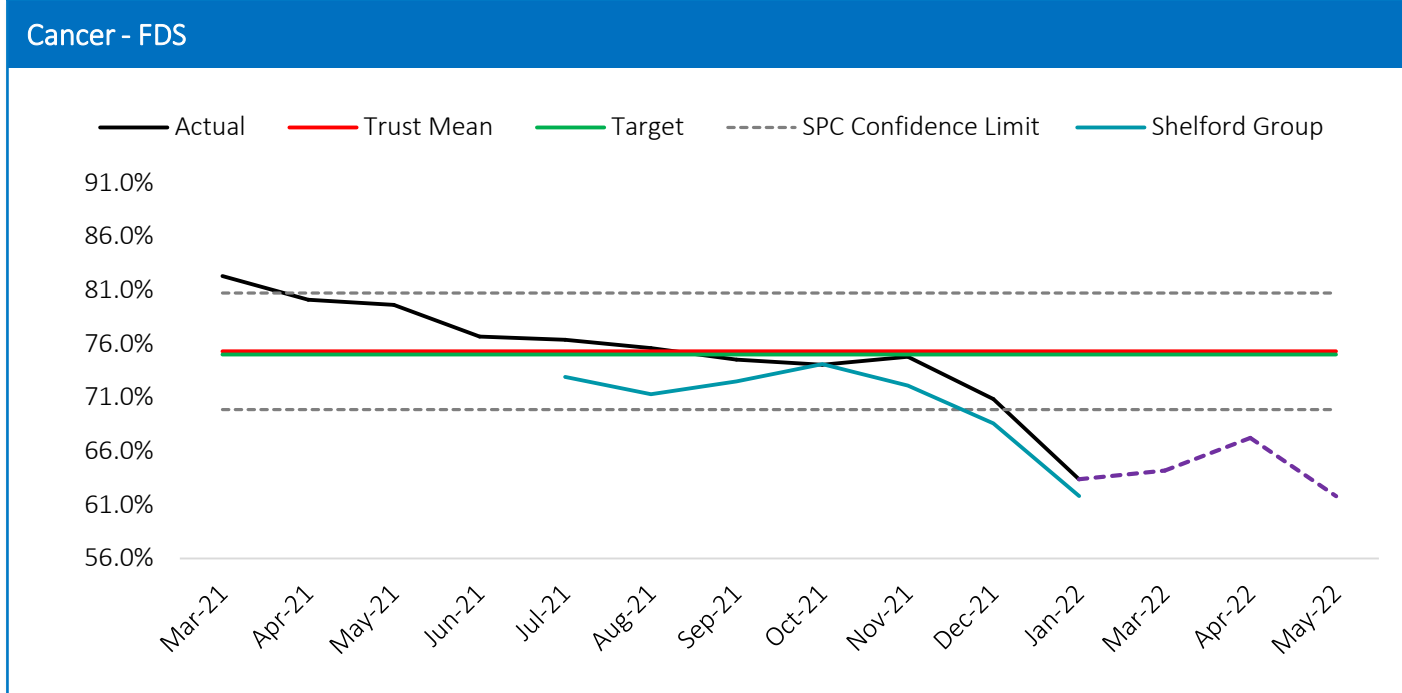
Percentage of cancer referrals meeting the faster diagnosis standard of outcome of suspected cancer within 28 days of referral

Jan-22	Target
63.4%	75.0%

SPC Variance
Special cause variation - 2 of 3

Shelford Group Avg. (Jan - 22)
62%

Clinical Group Overview
Data only applies to Cancer and Surgery Clinical Group.



Updates since previous month
<ul style="list-style-type: none"> Performance has declined in tandem with a concurrent drop in 2ww performance

Current issues
<ul style="list-style-type: none"> These are outlined on the 2ww performance slide, and are also impacting on the Faster Diagnostic Standard (FDS). Expected performance improvement in February.

Key dependencies
<ul style="list-style-type: none"> Improving 2ww performance, as the models of care support FDS compliance is first appointment waiting times can be reduced

Future actions
<ul style="list-style-type: none"> See 2ww performance future actions

Responsive

Percentage of cancer patients starting their first treatment within 62 days of all urgent GP referrals



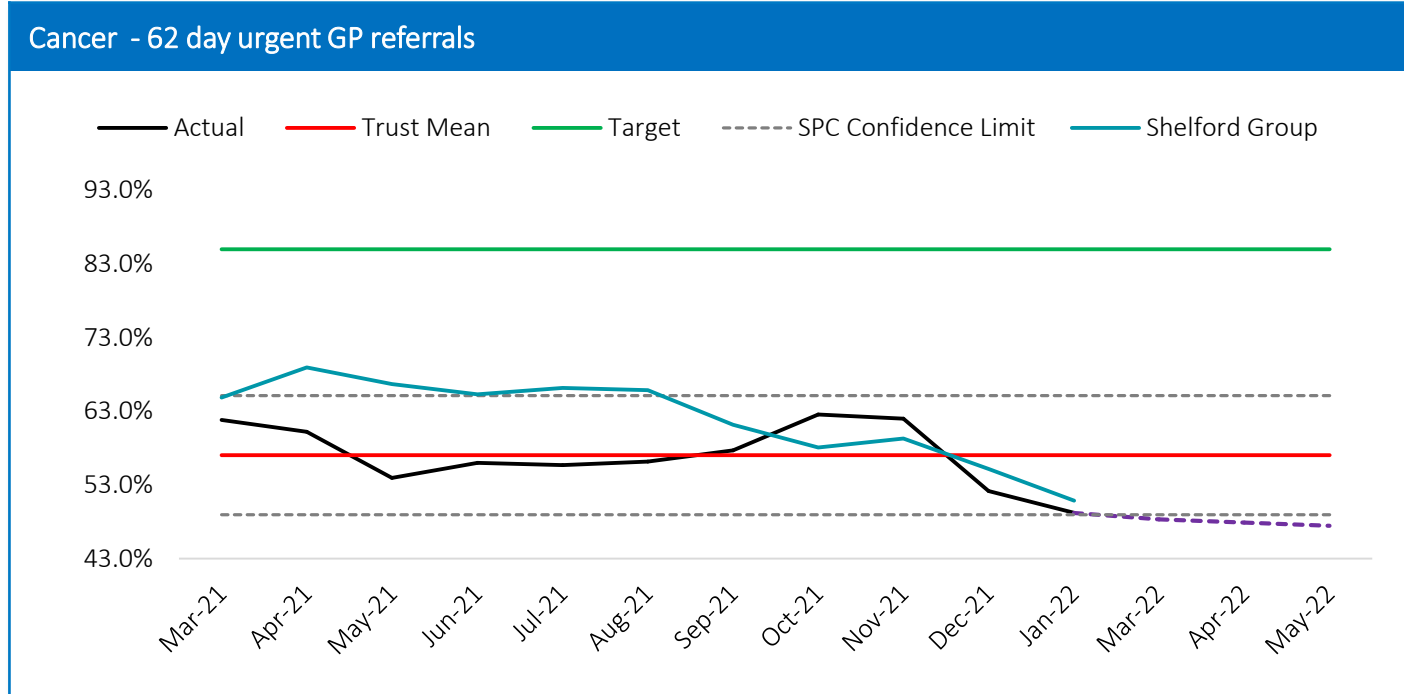
Guy's and St Thomas' NHS Foundation Trust

Jan-22	Target
49.2%	85.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jan - 22)
51%

Clinical Group Overview
Data only applies to Cancer and Surgery Clinical Group.



Updates since previous month

- Overall and internal performance declined on the 62 day target in January '22, driven by patient and staff sickness, and pressure on theatre capacity due to the impact of Omicron.

Key dependencies

- 62 day performance will decline further as patients in the backlog continue to be treated.

Current issues

- Late inter-Trust Transfers.
- Pre-assessment challenges remain for diagnostic and treatment pathways.

Future actions

- Theatre productivity improvements.
- Tumour group improvement plans, including process and escalation improvements.
- New diagnostic initiatives.
- Investment in new posts, following sector summits.

Responsive

Percentage of patients waiting over 6 weeks for a diagnostic test

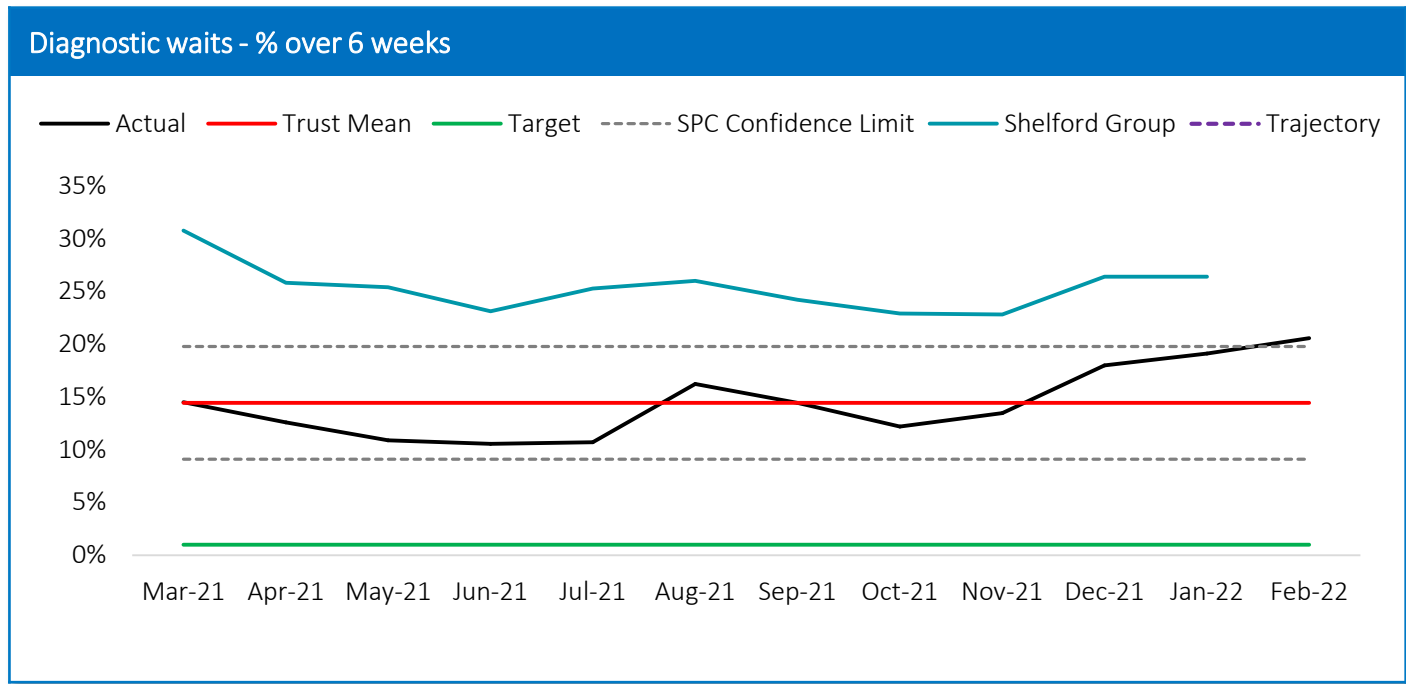


Feb-22	Trajectory
20.6%	9.37%

SPC Variance
Special cause variation - single point

Shelford Group Avg. (Jan - 22)
26%

Clinical Group Overview
Data is currently unavailable at Clinical Group level.



Updates since previous month

- Performance against this standard for February 2022 has improved by 5.95 percentage points compared to January's position of 19.1%. A number of diagnostic modalities have reported an improved their performance. The most notable improvements at modality level are MRI, DEXA (bone scan) and Echo.

Current issues

- Many diagnostic modalities continue to experience high rates of demand. Further additional demand is anticipated, as a result of increase outpatient capacity (impact expected from April).
- Staffing challenges, particularly admin, continue to limit services' ability to respond high referral rates.

Key dependencies

- Maintain all ad-hoc capacity arrangements (inclusive of existing Outsourcing & Insourcing arrangements).
- Utilise all available capacity across all of the Trust's sites and, where appropriate work with system partners to implement a sector solution.

Future actions

- Finalise improvement plans for 2022/23 across all modalities, prioritising most challenge areas i.e. Echo - RBH plans have been agreed.
- Complete a demand management review of key, high volume diagnostic services such as CT.

Responsive

Total number of incomplete pathways



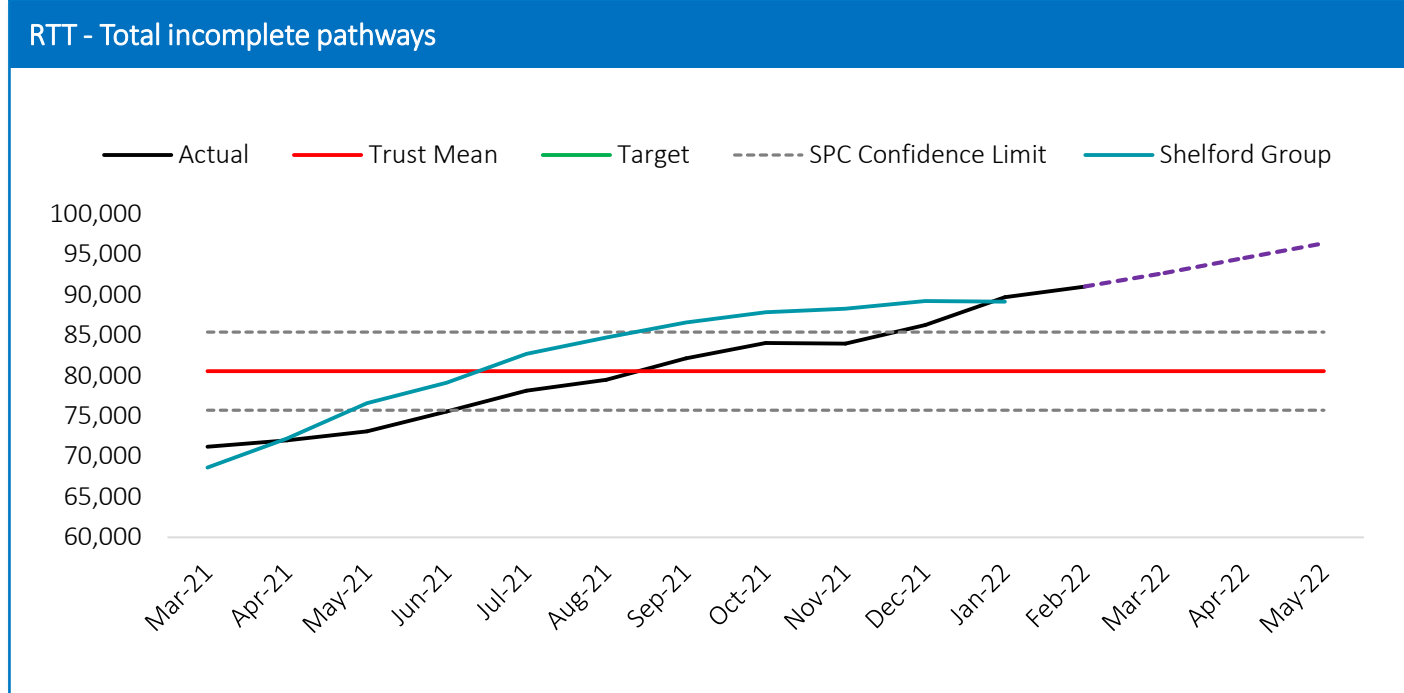
Guy's and St Thomas'
NHS Foundation Trust

Feb-22	Target
91,016	

SPC Variance
Special cause variation - single point

Shelford Group Avg. (Jan - 22)
89136

Clinical Group Overview
Data is currently unavailable at Clinical Group level.



Updates since previous month
<ul style="list-style-type: none"> Overall waiting list growth continues though rate of increase has slowed.

Current issues
<ul style="list-style-type: none"> Waiting list growth is particularly steep in high volume non-admitted specialties such as Dermatology, Dental and Allergy.

Key dependencies
<ul style="list-style-type: none"> Work is underway with services to explore opportunities to deliver more activity.

Future actions
<ul style="list-style-type: none"> Restoration forums are aiming to tackle cross cutting themes to enable increased activity on elective pathways with particular focus on protecting work of high clinical priority.

Responsive

Percentage of patients on the waiting list currently waiting less than 18 weeks to start treatment



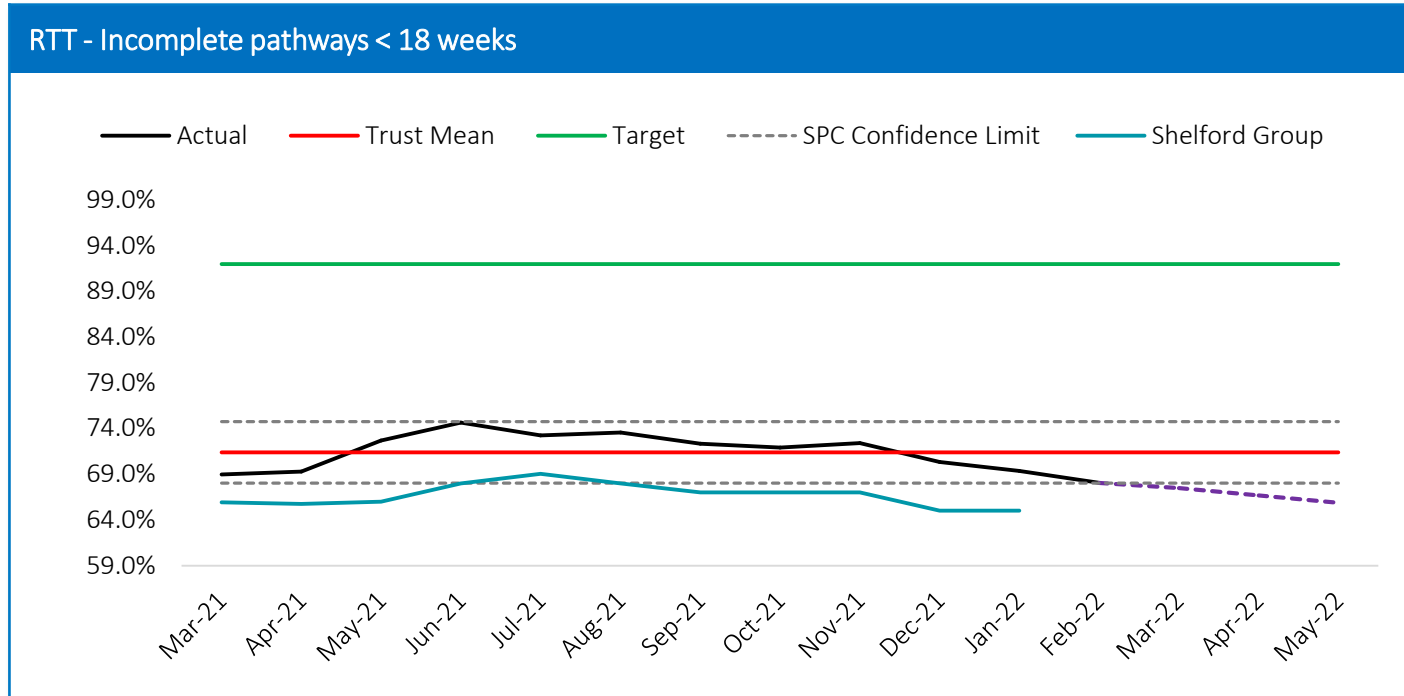
Guy's and St Thomas' NHS Foundation Trust

Feb-22	Target
68.1%	92.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jan - 22)
65%

Clinical Group Overview
Data is currently unavailable at Clinical Group level.



Updates since previous month

- Continued slight deterioration to position. Though, performance is not an outlier compared with other Shelford Group Trusts.

Current issues

- Focus on progressing clinically urgent pathways and long waiting patients.

Key dependencies

- Activity delivery.
- Clinically urgent pathways.

Future actions

- Robust review being undertaken of all pathways on the waiting list.
- Working with services to ensure that patients are treated in order of clinical urgency.

Responsive

Number of pathways on the waiting list currently waiting more than 52 weeks to start treatment



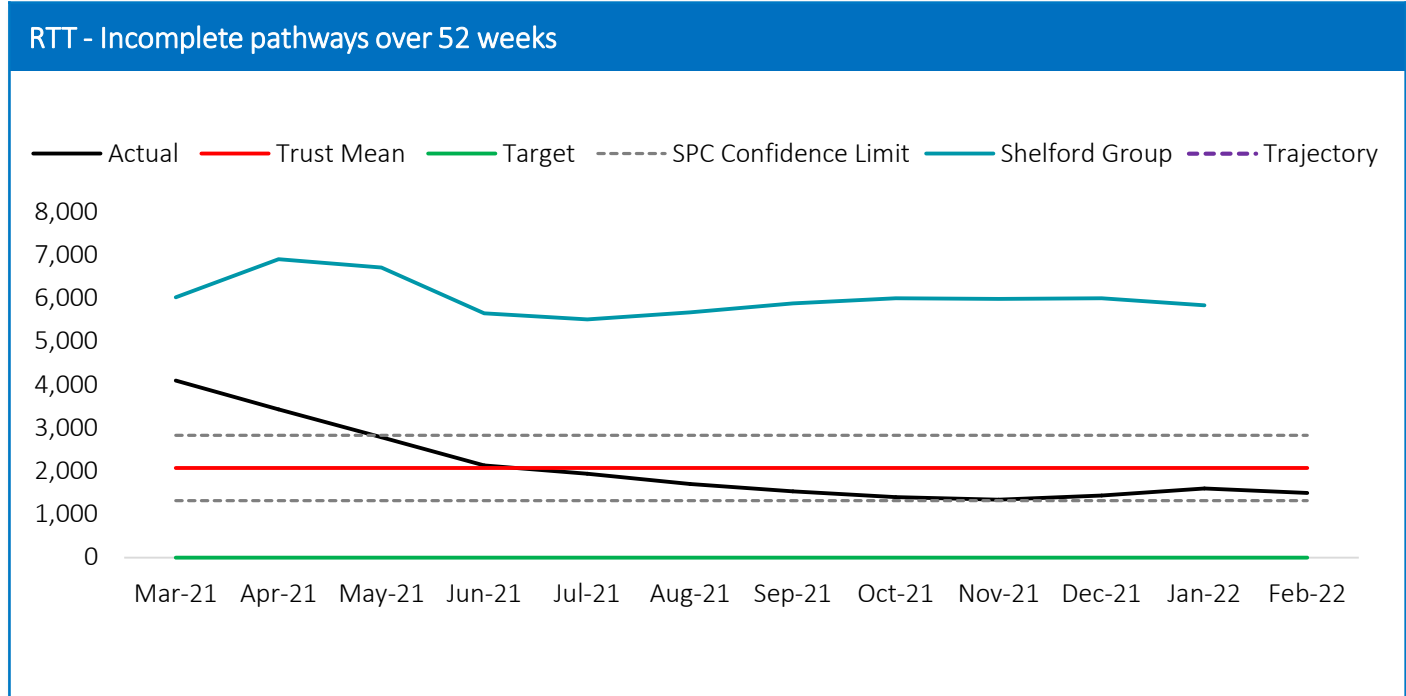
Guy's and St Thomas' NHS Foundation Trust

Feb-22	Trajectory
1,492	2680

SPC Variance
Special cause variation - trend/shift

Shelford Group Avg. (Jan - 22)
5841

Clinical Group Overview
Data is currently unavailable at Clinical Group level.



Updates since previous month

- The Trust has seen a slight improvement to the number of patients waiting over a year for routine treatment.
- The Trust continues to perform comparatively well to other organisations on this metric.

Current issues

- Achieving the national target to have no patient waiting over two years by July 22. We have a plan to achieve this, whilst recognising patients with complex scheduling needs.

Key dependencies

- The need to prioritise capacity for cancer and urgent elective pathways.
- High dependency bed availability and prioritisation.

Future actions

- Continue to focus on reducing the number of patients who have waited >104 and >78 weeks.
- Robust review being undertaken of all pathways on the waiting list.

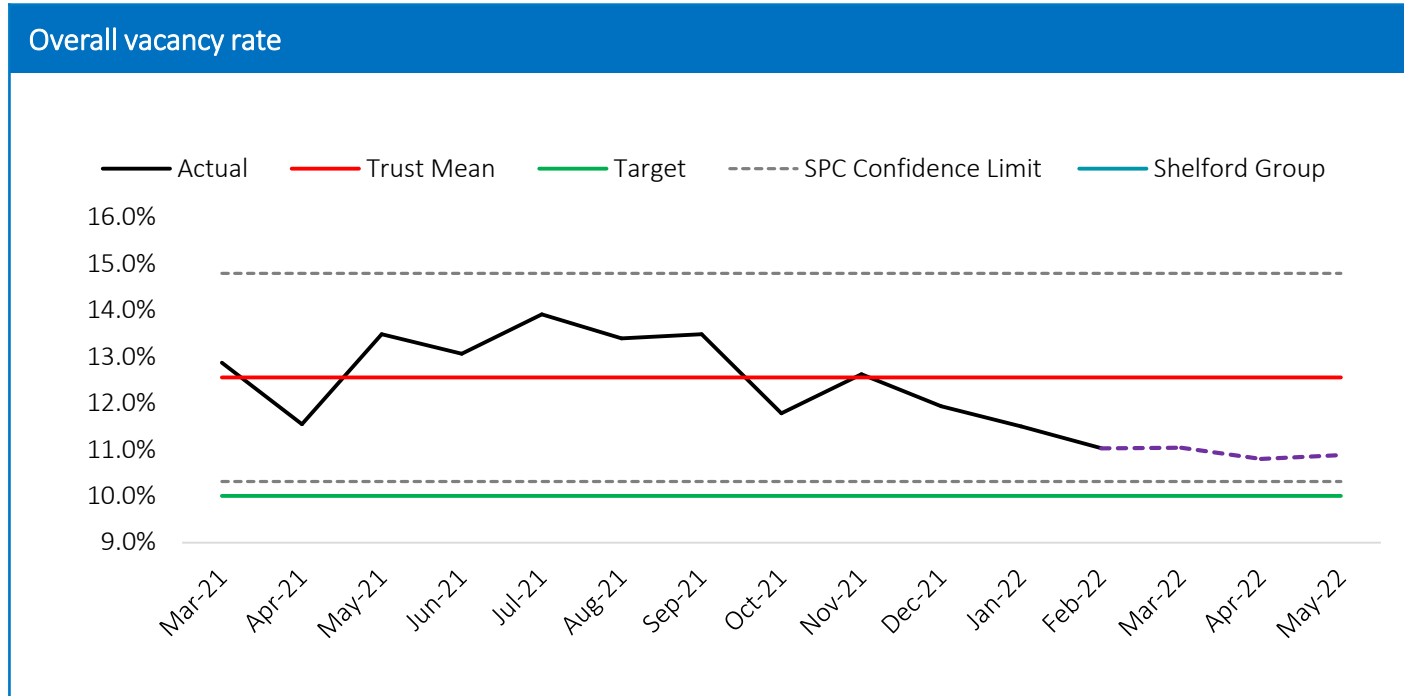
People

Overall vacancy rate

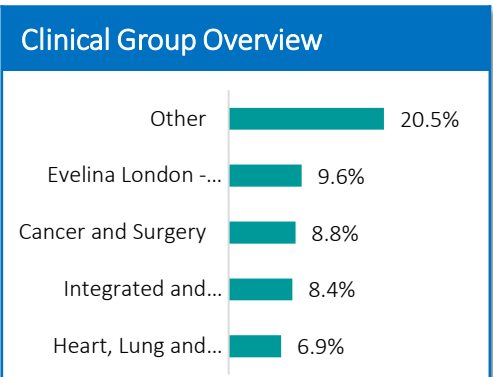


Guy's and St Thomas'
NHS Foundation Trust

Feb-22	Target
11.0%	10.0%



SPC Variance
Common cause variation



Updates since previous month

- Vacancies have reduced to 10.9% just above Trust target.
- For purposes of trends, Nursing and Midwifery (excl Royal Brompton and Harefield sites) has reduced from 12.9% to 12.6%, lowest since April 2021.

Current issues

- Administrative and Clerical (A&C) remains critical areas given demand.
- Hard to recruit to posts across a staff groups identified support through workforce planning.

Key dependencies

- Recruitment and Retention.
- Attrition Rates.
- National shortages.

Future actions

- Building workforce planning capability.
- Focused A&C recruitment including proactive recruitment / candidate experience.
- Establishment Policy rollout.

People

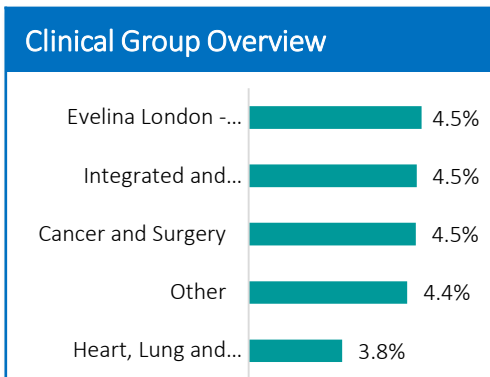
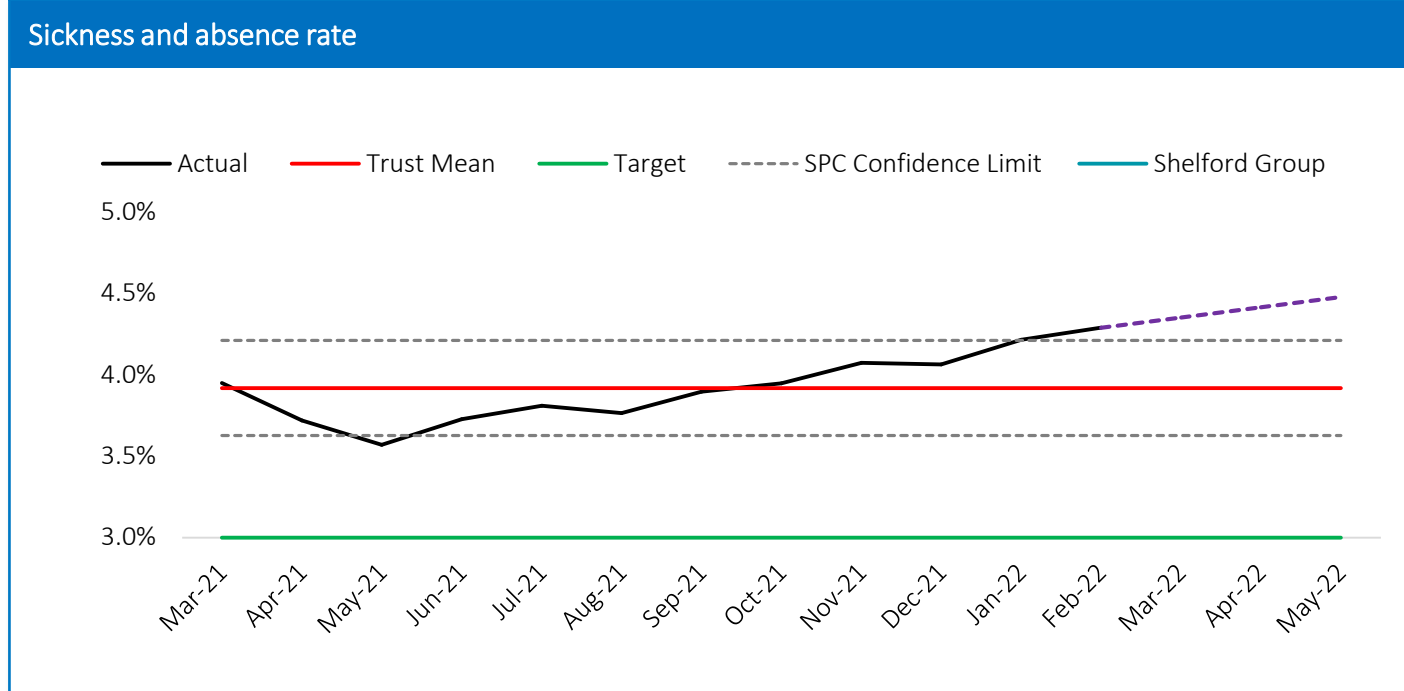
Sickness and absence rate



Guy's and St Thomas'
NHS Foundation Trust

Feb-22	Target
4.3%	3.0%

SPC Variance
Special cause variation - single point



Updates since previous month

- Ongoing increase in sickness absence at 4.35%, remains within 4% range but over Trust target of 3%.
- Nursing and Midwifery increased by 0.2% to 6.0% compared to 5.5% Jan 21, highest rates are Dental and Evelina Community Services (8.1%).

Current issues

- High levels Unregistered Nursing and Midwifery, Additional Clinical Services and Estates and Ancillary.
- Essentia highest rate at 7%.
- All Clinical Groups are red rated (over 4%) with exception of Royal Brompton and Harefield sites are amber at 3.6%.

Key dependencies

- Absence support / management incl occupational health.
- Ability to access health and wellbeing support.
- Management awareness process / risk assessment.

Future actions

- Closely monitoring given rising COVID cases.
- Target hot spots to provide targeted interventions.
- Plan to review Sickness Absence Policy.

Supporting Information

SPC definitions



Guy's and St Thomas'
NHS Foundation Trust

Statistical Process Control (SPC) charts allow you to identify statistically significant changes in data. The SPC confidence (or process) limits represent the expected range for data points if variation is within the expected limits. A number of rules have been applied in line with the NHSE SPC approach to identify when indicators are showing special variation. Each rule is calculated using the latest month values.

Common cause variation

Indicator has not triggered any SPC rules for current month

Special cause variation – single point

A single point outside the SPC confidence limits (mean +/- 3 sigma)

Special cause variation – trend/shift

A run of 7 points above or below the mean (a shift), or a run of 7 points consecutively ascending/descending (a trend)

Special cause variation – moving range

There is a large change in the moving range (greater than 3.27 & average moving range)

Special cause variation – 2 of 3

2 out of 3 points are within 1 sigma of the upper or lower confidence limit

**BOARD OF DIRECTORS
STRATEGY AND PARTNERSHIPS BOARD COMMITTEE**

**Minutes of the meeting on Wednesday 15th December 2021
Held virtually via MS Teams, 10am – 12.30pm**

- | | | | |
|-------------------------|--------------------------------|----------------------------|--------------|
| Members Present: | Sir H Taylor – Chair | Ms J Parrott | |
| | Prof I Abbs | Mr J Pelly | |
| | Ms A Bhatia | Ms J Screamon | |
| | Mr P Cleal | Dr P Singh | |
| | Mr S Friend | Dr S Shribman – until 12pm | |
| | Dr F Harvey | Dr S Steddon | |
| | Dr J Khan | Mr L Tallon | |
| | Baroness S Morgan – until 12pm | Mr S Weiner | |
| | In attendance: | Mr E Bradshaw – Secretary | Mr A Gourlay |
| | | Ms B Bryant | Ms B Jegede |
| | Ms S Clarke – from 11am | Ms A Knowles | |
| | Ms J Dahlstrom | Mr P McCleery | |
| | Mr S Davies | Ms K Moore | |
| | Ms R Fitzsimmons – item 6 | Ms R Liley | |
| | Ms S Franklin – 11am to 12pm | Mr G Peel – item 7 | |
| | Ms S Henderson – from 10am | Ms A Rigg – item 9 | |
| | Ms F Howgego – item 7 | Ms T Sibanda | |
| | Mr R Grocott-Mason | | |

1. Welcome and introductions

- 1.1. The Chair welcomed colleagues to the meeting of the Strategy and Partnerships Committee (the Committee).

2. Apologies

- 2.1. Apologies had been received from Jon Findlay, Reza Razavi and Martin Shaw.

3. Declarations of interest

- 3.1. There were no declarations of interest.

4. Minutes of previous meeting and review of action log

- 4.1. The minutes of the previous meeting held on 6th October 2021 were approved as an accurate record. The action log was reviewed and the open actions noted.

5. Nursing & Midwifery Strategy

- 5.1. A new Trust-wide Nursing and Midwifery Strategy had been developed following extensive engagement with internal and external stakeholders. The Strategy was based on the vision 'Empowering nursing and midwifery excellence to lead and deliver outstanding care' and was based on five themes: outstanding patient care; recognition and wellbeing; inclusion; professional development; and leadership. Once approved the Strategy would be launched in early 2022. An implementation group would be formed to oversee its delivery and would ensure measurable outcomes were set for all objectives.
- 5.2. Committee members queried whether the Strategy should place more emphasis on recruitment, education, talent management and succession planning, although it was recognised that the Trust's People Strategy dealt with these matters across the organisation. Further discussions centred on the main practical changes that would result from the Strategy, the progress being made with advanced clinical practice, and the Trust's plans for a similar strategy about Allied Health Professionals. The Committee agreed that the Strategy implementation plan should clearly outline the expectations of nursing leaders and clinical groups in supporting delivery.

RESOLVED:

- 5.3. The Committee approved the Strategy.

6. Haematology Update

- 6.1. In March 2020 an Invited Service Review had been undertaken by the Royal College of Physicians and had recommended that a further 'External Quality Review' be commissioned to give independent specialist assurance on the quality governance processes of the joint Trust/King's College Hospital (KCH) Bone Marrow Transplant programme hosted at KCH. This review had now been completed and the Committee received an overview of the key initial feedback. The review had found no concerns, highlighted improvements the teams had made, put forward helpful suggestions for joint governance moving forward and had reiterated the considerable potential for the Trust and KCH haematology teams to collaborate further to create a distinctive centre of excellence for patients.
- 6.2. The Committee agreed that it would be important to both ensure an appropriate governance framework was in place to enable joint working, and that this framework was aligned across the two trusts. Non-executive directors were pleased that progress was being made and asked how the review findings had been received by staff, and about the next steps for this work.

7. Acute Provider Collaborative Governance

- 7.1. The South East London Acute Provider Collaborative (APC) Committee-in-Common had last met in May 2021 since when work had been done to appoint the first substantive Managing Director, embed structures and ways of working across

the three trusts, and progress the elective recovery programme. Work was ongoing to review and refresh the APC governance framework, including by seeking input from the three trust boards.

- 7.2. Non-executive directors agreed the APC had an important role to play in future system plans. There was discussion about the complexity of the Trust's specialist work extending across multiple Integrated Care Systems (ICSs) and the way in which accountability for operational and financial performance would be shared across system partners.

8. Care Quality Commission (CQC) Strategy

- 8.1. The Committee received an overview from its CQC relationship manager of the new CQC Strategy 'for the changing world of health and social care' based on four interlinked themes: people and communities; smarter regulation; safety through learning; and accelerating improvement. The core ambitions of each theme were set out together with the intended strategic outcomes and key areas of focus for the first year.
- 8.2. Committee members thanked the CQC relationship manager for her presentation. Discussion about the new approach included:
- Whether any aspects of the CQC's revised approach would be similar to its previous inspection regime, including how this would impact on the current ratings system;
 - Acknowledgement that, during the COVID-19 pandemic, inspections nationally would be prioritised to focus on areas where there was evidence that patients were coming to harm;
 - How the CQC would assess progress in tackling health inequalities; and
 - How the CQC would inspect systems alongside individual organisations.

9. Cancer Strategy

- 9.1. The Committee heard how the new Cancer Strategy had been developed and about the stakeholder engagement that had led to the establishment of five strategic priorities that would underpin the vision. In response to feedback from the Cancer and Surgery Clinical Group Advisory Board, additional content had been included to set out the distinctiveness of Guy's and St Thomas' as a provider of cancer services and the value that this would bring for patients and staff. The Strategy would be launched in April 2022 and an overview of the next steps to begin the implementation phase was set out.
- 9.2. There was strong support from the Committee for the Strategy and the multidisciplinary approach that had evidently been taken in its development. There was discussion about the level of ambition set out in the Strategy and the extent to which some objectives were measurable and realistic in the five-year period. There was recognition of the importance of system working in achieving the strategic objectives as well as ensuring a phased approach to delivery, given workforce

capacity. Further discussion focused on the progress with advanced therapeutics and the need to maximise the use of the Epic patient portal for cancer treatment.

RESOLVED:

9.3. The Committee approved the Strategy.

10. Update on RBH/ GSTT Thoracic Collaboration

10.1. In October 2021 the Royal Brompton and Harefield Clinical Group Board had approved a business case for investment to support a collaborative thoracic surgery service in North West London between Royal Brompton and Harefield and the Royal Marsden NHS Foundation Trust, which would formalise a longstanding collaboration between the two organisations. The service would encompass all patients suspected of, diagnosed with, or treated for lung cancer at either organisation and was due to go live in April 2022.

11. Digital Interactive Learning Strategy 2021-2026

11.1. During the COVID-19 pandemic there had been a rapid expansion of the use of digital and interactive learning, with a subsequent need to improve coordination of this across the organisation. To consolidate approaches across the Trust, a single Digital Interactive Learning Strategy had been developed to cover the period 2021-2026.

11.2. The Committee welcomed the Strategy and agreed about the importance of innovation to support learning. A delivery plan would be developed to support implementation of the Strategy. Committee members agreed it would be important to embed the Strategy across all levels of the Trust, and this should be championed by the executive team. Some non-executives asked how this linked to the wider Data Strategy and also about its implications for physical space for education across the Trust's estate.

RESOLVED:

11.3. The Committee approved the Strategy.

12. Any Other Business

12.1. There was no other business.

The date of the next meeting is Wednesday 23rd March 2022

**BOARD OF DIRECTORS
TRANSFORMATION AND MAJOR PROGRAMMES COMMITTEE**

**Wednesday 1st December 2021, 2pm – 5pm
Held at Royal Brompton Hospital and virtually on MS Teams**

Members Present:	Mr S Weiner – Chair	Mr J Pelly	
	Prof I Abbs	Prof R Razavi	
	Ms A Bhatia	Ms J Screamon	
	Mr P Cleal	Mr M Shaw	
	Mr J Findlay	Dr S Shribman	
	Mr S Friend	Dr S Steddon	
	Baroness S Morgan	Mr L Tallon	
	Ms J Parrott	Sir H Taylor	
	In attendance:	Mr E Bradshaw – Secretary	Ms J Dahlstrom
Mr J Abdi		Mr S Davies	
Ms S Austin		Mr A Gourlay	
Dr A Begley		Dr R Grocott-Mason	
Ms C Berwick		Mr R Guest	
Mr D Bill – item 10		Ms M Higson – item 13	
Mr M Board – item 10		Ms A Knowles	
Mr R Bray – item 10		Ms K Moore	
Ms B Bryant		Mr I Playford	
Ms J Carter		Ms L Thorp – item 6	
Ms G Charlton – item 6		Mr R Tolley – item 8	
Dr E Chevretton		Ms S Williamson	
Ms S Clarke		Dr J Wolff – item 12	

1. Introductions and apologies

1.1. The Chair welcomed colleagues to the meeting of the Transformation and Major Programmes Committee (the Committee). Apologies had been received from Felicity Harvey, Javed Khan, and Priya Singh.

2. Declarations of interest

2.1. No interests were declared.

3. Minutes of the previous meeting held on 29th September 2021

3.1. The minutes of the previous meeting of the Committee were approved as a true record.

4. Matters arising and review of action tracker

4.1. The action log was reviewed. The actions regarding the Orthopaedics Centre of Excellence and the tracking of longer-term benefits from transformation programmes would be kept 'open'.

5. GSTT Project and Programme Portfolio Bandwidth Review

- 5.1. The Trust has an ambitious transformation agenda that aims to deliver a better experience for patients and staff and to continue building a reputation for excellence. Underpinning this is an extensive change portfolio composed of many complex and demanding projects and programmes. A review was being undertaken to understand the extent of this change portfolio and inform an assessment of organisational bandwidth and the capacity and capabilities needed for delivery.
- 5.2. Committee members welcomed the work being done as a way of managing programme delivery risk, particularly in light of the unprecedented levels of operational pressure. Some concerns were expressed that transformation activity often tended to fall onto the same people and that greater empowerment of a wider group of senior staff may be needed to ensure the load was spread more evenly and also to reduce the need for executive control. There was consideration of whether it was possible to pause or re-phase projects and programmes in-train, and recognition that prioritising work would mean that some difficult decisions may be needed. An update would be brought to the next Committee meeting.

6. Trust Operating Model Programme

- 6.1. The Committee received an update about progress with the Programme. The first round of bi-annual performance review meetings (PRMs) had recently been held for Trust executives to hold clinical groups to account for their performance across a full range of activities. A draft Accountability and Performance Framework had been developed with support from Teneo and this would help to further support the new operating model by articulating the agreed rules, customs and practices to support transparent management and enable agile clinically-driven decisions to be made close to the front line. The Chair requested that the Board review the updated Scheme of Delegation at the next meeting of the Audit and Risk Committee in February 2022.

ACTION: EB

- 6.2. The Committee discussed whether the frequency of the PRMs was sufficient to fully exercise the line of accountability and considered the advantages and disadvantages of holding these more regularly. The Accountability and Performance Framework was felt to be a good first draft and Committee members suggested it could be strengthened with more references to the Trust's external partnerships and collaboration across the system, and clearer definition of where responsibilities sat, for example in relation to recruitment. The importance of having the right data systems in place was acknowledged, as was the need to encourage innovation within the clinical groups. Some members felt that more time should be invested in defining the key principles of the operating model rather than the detail, which would evolve over time.
- 6.3. The Committee reviewed the Programme baseline and noted that this would form the appendix to the letter that would be issued to the Programme Senior Responsible Owner by the Trust Chief Executive.

RESOLVED:

- 6.4. The Committee approved the Programme baseline.

7. King's Health Partners Cardiovascular and Respiratory Partnership Programme

- 7.1. Delivery of the Programme workstreams was progressing well. Some strategic reviews had been completed and a number of others were well underway. The Royal Brompton and Harefield pathology delivery group was appraising options and developing a business case to

define its future service, and undertaking staff engagement while managing the main interdependencies with the Apollo and Pathology programmes. Groups had been established to oversee the work needed to bring children's services into Evelina London–Women's and Children's Healthcare, and to bring together the Royal Brompton and Harefield adult services and Cardio-respiratory and Critical Care Clinical Group by April 2022.

- 7.2. The Trust Board received recommendations regarding the branding of the clinical group structure from April 2022. The key purpose of this work was to ensure patients recognised the hospitals and services with which they are familiar and to provide them with reassurance about the quality of care, as well as giving them confidence that they are travelling to the right site. A question was asked about the inclusion of critical care in the new 'Heart and Lung' clinical group and the Committee was supportive of further work to develop the Trust's patient-facing brands, to undertake independent research linked to the heart and lung brand, and to develop a communications programme to embed the branding strategy.
- 7.3. The Committee reviewed the baseline report and agreed that this reflected their understanding of the key objectives, scope, timelines, costs and benefits of the Programme.

RESOLVED:

- 7.4. The Committee approved the branding recommendations and the Programme baseline.

8. Apollo Programme

- 8.1. The Committee received an update about delivery of the Programme workstreams, the main challenges and the key risks. Good progress was being made in relation to the interdependencies with the Pathology Programme, and the two teams were working closely, although it was acknowledged that more work was needed. Rapid Decision Groups were continuing to function well and staff attendance had not yet been impacted by the ongoing operational pressures. A decision had been reached to use the Beaker laboratory information management system (LIMS) at Royal Brompton and Harefield and planning was now underway to review the requirements for building this into the Epic system. Work was also ongoing to ensure that Omnicell was integrated into Epic.
- 8.2. The Committee reviewed the Programme baseline; members noted the planned benefits, but queried how these would be tracked once the Epic system had been implemented and the Programme effectively closed down. It would be the responsibility of the Programme SRO to ensure a robust system was in place to log and evidence these benefits after Epic had gone live.
- 8.3. The Apollo Programme team was currently based at offices in Lower Marsh. The physical limitations of this accommodation prevented the 300-strong team from all working together onsite; this was beginning to impact the pace of delivery. The team was due to expand further once staff from King's College Hospital (KCH) joined the Programme, whilst the Trust's lease on the offices was due to expire at the end of April 2022. Following an options appraisal a recommendation was made for a change control to the business case to allow the Programme to enter into an agreement with WeWork to occupy space in York Road from early December 2021 to April 2024. The Committee sought further detail about the proposal, including whether there was a break clause and how costs would be split between the Trust and KCH.
- 8.4. The Committee queried how the Trust was taking a holistic approach to consideration of its space requirements and how this would interlink with considerations of hybrid working in a post-pandemic world. An update on this would be brought back to a future Committee meeting.

ACTION: AG

RESOLVED:

- 8.5. The Committee approved the Programme baseline and the change control request to move the Apollo Programme team to the WeWork facility on York Road.

9. Pathology Transformation Programme Update

- 9.1. The transfer of the Bexley, Greenwich and Lewisham (BGL) GP Direct Access activity to Viapath had taken place on 12th November. There had been some initial challenges, but these were being progressively resolved through Viapath's command centre which tracks and monitors key performance indicators, issues and risks. The Phlebotomy services for the two main KCH acute sites had been successfully transferred to Viapath on 1st November 2021 and the next phase involving KCH outpatient services was in progress. Further updates were received about the planning of which services would move to the hub, and about the options for the location of genomics services.
- 9.2. The Committee thanked the Medical Director for the updates; some of the Committee members also sat on the KCH Board of Directors and were pleased to see a clear symmetry between the updates received at each trust. This led to discussion about the extent to which senior managers across the two organisations were aligned in their ambitions and objectives for the Programme. It would be important to ensure that ongoing negotiations with Synlab did not negatively impact the Programme delivery timetable.

10. Evelina London Expansion Programme

Programme Update and Budget Drawdown Request

- 10.1. The Outline Business Case (OBC) had been received by NHS England and NHS Improvement (NHSEI) and feedback had been received regarding a potential capital funding solution. Committee members were broadly positive about the funding proposals as a constructive first step towards securing agreement. This led to discussion about the extent to which the financial gap could be closed and the possible impact on the Trust's future capital expenditure plans over the coming years in light of restrictions in the Trust's Capital Departmental Expenditure Limit (CDEL) allocation. It was recognised that although a credible funding approach was required, further delays to the building work would ultimately lead to higher inflationary costs.
- 10.2. The formal stages of the procurement process for the Triangle project had not yet commenced. The programme team had released a Prior Information Notice earlier that week, having made NHSEI aware, in order to test market appetite, an essential precursor to formal procurement process. The Committee noted that delays in releasing the PIN and in Lambeth's planning approval, the Programme was now delayed by over two months. NHSEI had confirmed that a public consultation should not be required for the move of services from the Royal Brompton Hospital to Evelina London and that a process of enhanced engagement would take place instead, subject to agreement with the relevant local authority Overview and Scrutiny Committees. The Committee was advised that the Day Surgery Project was now formally in variance from the agreed cost and time set out in the OBC (and previously in the relevant FBC); the expected operational date was now October 2022 and a budget transfer within the overall Programme budget would be required.

RESOLVED:

- 10.3. The Committee:

- Approved in principle the virement to meet the forecast variance on the Day Surgery Project, and delegated authority to the Programme Board to decide the source, timing and total sum within this limit; and
- Approved the requested drawdown to enable work to progress to 31st March 2022.

Procurement Approach

10.4. The Committee was joined by colleagues from Mace, the Evelina Expansion Capital Project Managers, who described the intended approach to procurement for the Triangle Building as assumed in the OBC, highlight the key milestones and the principal risks and mitigations. As part of this update the Committee was reminded that the OBC had made clear that a decision on whether to commit to start the building of the basement box for the new building would be needed before the Full Business Case was approved. Committee members sought further clarification over the precise sequencing of the milestones involved in the procurement phase, and the approximate costs attached to each in order to clarify the amount of risk exposure linked to this decision. There had been a significant degree of engagement with NHSEI about the procurement approach and the assumptions underpinning it. There were queries about the balance of risk between the Trust and the contractor and consideration of how this could be mitigated. It was agreed that further opportunities for a sub-group of Board members to understand in greater detail the detailed risk and reward assumptions involved in key aspects of the Programme, including the approach to procurement, would be helpful.

ACTION: MR

11. Children’s Day Surgery Centre Project – PwC Assurance Review

11.1. PwC had been appointed by the Evelina Expansion Programme team to carry out a project assurance review on the Day Surgery and Education Centre project during summer 2021. This pointed to some concerns relating to three broad categories: governance; controls and contract and data management. The Committee noted that the Evelina Expansion Programme Board would receive the report later in December, and that an analysis by the Trust’s internal audit team, prompted by the PwC review, of other capital projects had been discussed by the Audit and Risk Committee in mid-November.

11.2. There was debate about the purpose and timing of a proposed gateway review of the total Evelina Expansion Programme post-OBC. The Chief Executive would take responsibility for ensuring that the immediate focus was on considering the Trust’s internal capacity and capability to deliver large capital developments and addressing the findings of the PwC and previous reviews. A detailed action plan would be developed and agreed prior to submission to the Board.

ACTION: IA

11.3. It was agreed that a gateway review would be undertaken at an appropriate time to ensure the Evelina Expansion Programme was appropriately set up for success, ahead of the Full Business Case stage.

12. Strategic Direction for Royal Street

12.1. The Trust had previously developed a proposal with Guy’s and St Thomas’ Foundation’s developer, Stanhope, to take a long lease on a building being developed adjacent to St Thomas’ Hospital (Royal Street). This would require substantial CDEL cover from the Department of Health and Social Care. Since the original proposal was developed a number of strategic constraints and opportunities had emerged, along with the COVID-19 pandemic, which necessitated a new approach that would enable the Trust to achieve the objectives of the original proposal whilst mitigating against the new CDEL constraints and reflected the changed context.

- 12.2. External advice had been received in summer 2021, with the recommendation that the proposals should be disaggregated into three constituent parts (office space, ambulatory care and medical technology). The Committee welcomed the clarity that the review had provided and agreed to take a supportive position regarding the Royal Street development, whilst keeping the options open at this stage and maintaining dialogue with Guy's and St Thomas' Foundation. It was also agreed that the further enhancement of the Trust's medical technology hub should be undertaken through the exploration of collaborations with external partners. It would be important to ensure a clear message about Royal Street, and how this aligned with other estates developments, was shared internally.

13. Estates Update

- 13.1. Good progress was being made against each of the six workstreams under the Estates Strategy refresh, and a significant amount of engagement and feedback had been received from clinical groups and corporate functions. The Committee noted that most clinical areas were demonstrably ambitious about future growth opportunities and had asked for more space as a result; this led to discussion about the risks linked to greater demand for services and the associated need for the estates strategy to be realistic and deliverable. The strategy would also need to be closely aligned to the work being done on the Outpatient and Ambulatory Care and Apollo Programmes, which would fundamentally change the way the Trust operates and uses its estate. It would also be important to work closely with the finance team regarding availability of capital funding. It was agreed that staff from Data, Technology and Information (DT&I) should be invited to sit on the strategy workstreams.

ACTION: AG

- 13.2. An update was received about the key capital and estates development programmes planned or in-train, and about the ongoing engagement with external developers and public sector authorities on regeneration and modernisation projects neighbouring the Guy's and St. Thomas' sites. The Committee noted the impact of the current operational pressures on the North Wing Wards Refurbishment project and the impact of the Surgical Admissions Lounge project on surgical productivity. Work was under way to develop options for hybrid working across the Trust's offices; this would be supported by space to be handed back to the Trust as a result of the SEL Pathology Services transformation and property plan.

14. Royal Brompton Diagnostic Centre Update

- 14.1. A number of Committee members had been taken on a tour of the new Diagnostic Centre earlier in the day; colleagues from the Royal Brompton and Harefield Clinical Group were congratulated on the impressive facility. Work was currently being undertaken to commission services and the Centre was anticipated to become fully operational by the end of February 2022. A 'lessons learned' exercise would be undertaken with the main building contractor, and the tracking of programme benefits would also be done. The Committee acknowledged the considerable infrastructure that building required to support scanners and other equipment, a factor which should be taken into account when considering wider estates challenges across the Trust.

15. Surgical Strategy Implementation

- 15.1. A high-level plan had been developed for the delivery of the strategy over the next five years, and a detailed programme plan was in development. A Surgical Strategy Launch event had been held in mid-November and there was ongoing engagement with surgical teams. Initial high level dependencies had been identified, including with the Apollo Programme and the

Estates team, however further detail was required to understand specific timelines and the potential impact of associated risks. The Committee agreed that it would be important for the Trust to use the totality of its estates assets to move faster in this area of work.

16. Any Other Business

- 16.1. The Chair noted that the Committee had not received an update about the Orthopaedics Centre of Excellence and a separate session would be arranged for this at an appropriate time. It was proposed this was renamed as 'Guy's Theatres'.

The Committee was next due to meet on Wednesday 6th April 2022

**Unconfirmed
ROYAL BROMPTON & HAREFIELD CLINICAL GROUP
BOARD**

13 January 2022 at 11.00 – 13.00

Via MS-Teams

MINUTES

- PRESENT:** Baroness Morgan of Huyton (Chair)*, GSTT Deputy Chair and NED
 Simon Friend*, GSTT NED
 Dr Felicity Harvey*, GSTT NED
 Avey Bhatia*, GSTT Chief Nurse, Executive Member
 Lawrence Tallon*, GSTT Deputy Chief Executive, Executive Member
 Dr Richard Grocott-Mason, Chief Executive, RB&H Clinical Group, Executive Member
 Robert Craig, Director of Development & Operations, RB&H CG, Executive Member
 Jo Carter, Director of Nursing, RB&H CG, Exec Member
 Richard Guest, Chief Financial Officer, RB&H CG, Executive Member
 Nicholas Hunt, Director of Service Development, RB&H CG, Exec Member
 Dr Mark Mason, Medical Director, RB&H CG, Exec Member
 Rob Davies, Director of Workforce, RB&H CG,
 Mark Batten, Non-executive Advisor, Clinical Group
 Janet Hogben, Non-executive Advisor, Clinical Group
 Prof. Peter Hutton, Non-executive Advisor, Clinical Group
 Prof. Bernard Keavney, Non-executive Advisor, Clinical Group
 Ian Playford, Non-executive Advisor, Clinical Group
 * *voting rights*
- OBSERVERS:** Cllr John Hensley, GSTT Governor Representative
 Leah Mansfield, GSTT Governor Representative
 John Bradbury, GSTT Governor Representative
- IN ATTENDANCE:** Prof. Richard Leach, Medical Director, CRCC CG, GSTT
 Ben Falk, Director of Operations, CR&CC Group, GSTT
 Denis Lafitte, Chief Innovation and Technology Officer (CITO), RB&H CG
 David Shrimpton, Managing Director Private Patients, RB&H CG
 Piers McCleery, Director of Strategy & Corporate Affairs
 Luke Blair, Interim Director of Communications and Public Affairs, RB&H CG
 Conni Rosewarne, Music Programme Manager, Arts Team
 Victoria Felton, Head of Nursing for Children's services
 Ross Ellis, Hospital Director, Royal Brompton Hospital
 Penny Agent, Director of Allied Clinical Sciences, RB&H CG
 Derval Russell, Hospital Director, Harefield Hospital
 Sharon Ibrahim, Head of Assurance, RB&H CG
 Eve Mainoo, EA to the Managing Director, RB&H CG
- APOLOGIES:** Luc Bardin, Non-executive Advisor, Clinical Group
 Prof. Gerry Carr-White, Medical Director, CRCC CG, GSTT
- SECRETARY:** Juanita Amorin (Minutes)

1. Notice of Meeting Given, Quorum, Apologies for Absence & Welcome

Due notice had been given, and the meeting was quorate. Apologies had been received from Prof Gerry Carr-White and Luc Bardin.

The Chair (BSM) welcomed all present in attendance and Jo Carter in her capacity as the new Director of Nursing for RB&HCG.

2. Declarations of interest

There were no new declarations of interest or declarations in conflict with the agenda.

3. Minutes of the Meeting held on 12 October 2021

The minutes of the previous meeting were approved as a true record.

4. Presentation on 2020 Children & Young People Patient Experience

Ms Conni Rosewarne, Music Programme Manager, Arts Team and Ms Victoria Felton, Head of Nursing for Children's services, gave a presentation on bi-annual results of the 2020 CQC Picker survey of paediatric inpatient and day case services at RBH. This survey had yielded a response rate of 30%, up from 25% for the 2018 survey. Ms Rosewarne reported on the exceptional quality of care demonstrated in paediatric services due to the professional and caring attitude of staff. Survey respondents valued innovative ideas, quality improvement and the next steps to make a difference such as:

- the seven day a week award-winning play service which received an award from the Starlight Children charity in late 2021;
- collaboration with the Brompton Fountain and
- the refurbishment of Rose Ward.

Ms Felton highlighted that Wi-Fi provision needed to be improved; more generally, the key focus for this year will be on improving communication as well as space and facilities. This project would require Board support as regards to the usage of space and facilities, and would involve working with the Medical Mediation Foundation which will be funded by the Brompton Fountain.

A discussion followed on how best to progress and improve the connectivity between RB&H and the rest of the wider Trust and how to rectify the wi-fi issue: DL confirmed that improvements had been made to the network as part of a rolling investment programme.

Action: The chair requested that the Wi-Fi investment be discussed at the next Finance & Performance Committee meeting.

The Board expressed their gratitude for the report and asked that their congratulations be conveyed to the broader team.

5. Chief Executive's Report

Dr Richard Grocott-Mason (RG-M) began his report by informing the Board of the retirement of Joy Godden, former Director of Nursing & Clinical Governance, after 27 years of sterling service in various capacities, and expressed his profound gratitude in her contributions to HH & RBH. He was delighted to welcome Jo Carter, Director of Nursing, her successor; he also announced the departure of Lis Allen, Director of Human Resources, and the appointment of Rob Davies as the Head of Workforce.

RG-M thanked his colleagues and the wider staff enormously for stepping up above and beyond in dealing with the challenges and problems faced over the last few weeks and months. He also expressed his thanks to both the hospital charities, i.e. Royal Brompton & Harefield Hospitals Charity and that of GSTT Foundation Charity for their immense contributions towards staff well-being during the pandemic.

Covid-19 & impact on staff:

- RG-M noted that the Omicron variant had not translated into a surge of critical care demand at either RBH, HH or other NW London hospitals. Our main challenge was around staff absence and sickness related to both covid, as well as to annual leave. Staff absence peaked

around 220 (in comparison to our normal run rate of about 50 to 60 people off sick at any one time) of which two thirds were covid-related absences. With the absence of 36 nurses due to covid, increased bank and agency rates were introduced across GSTT, which had had a positive impact at Harefield.

- Dr Mark Mason (MM) commended the tremendous work done by the teams on both sites constantly to ensure continuity for delivery of service. The total number of covid patients had peaked, with Harefield having 13 covid patients of which 4 were in critical care whereas the Royal Brompton had 15 covid patients, 11 of which were on ECMO. Within this ECMO cohort were several young and unvaccinated patients. But whilst bed occupancy for covid related patients had diminished, there had been an increasing focus to ensure patients on elective waiting lists had not come to harm, an example of which was the presence of a St Thomas cardiac surgical team operating at RBH that day.
- In response to a question on the impact of covid on outpatient (O/P) services and routine tests, MM stated that outpatients had not been as significantly affected as diagnostics / testing' largely because remote consultations had been very widely used to deliver O/P appointments with patients.

Vaccination status

- The covid vaccine had now become a mandatory condition of deployment ('VCOD') for staff. Individuals who were in scope and not yet unvaccinated would be contacted.
- A question was asked relating to identifying staff who were in scope and how this would be consistent across hospitals. MM replied that the key priority was to engage with all individuals potentially affected. In response to another question relating to patients' preference to be treated by vaccinated staff, MM stated that compliance with the law was the main priority, hence all staff in contact with patients would have to be fully vaccinated by 1 April 2022.

Elective activity

- RG-M reported that interventional capacity was lower than normal although we were continuing to operate on emergency and urgent cases. This had been due to Cumulative effect of staff absence over the last six to eight weeks, resulting in bed closures across both hospitals, impacting in particular on Harefield. There was a constant balancing act to be maintained between meeting patient demand and ensuring safe staffing levels, while being aware of the growing cumulative patient waiting list.
- By contrast, transplant activity had been above its normal monthly run rate with nine transplants carried out since the beginning of December 2021. The arrival of the newly appointed Director of Transplantation, Prof John Dunning, had had a positive effect within the team. Elsewhere, the opening of the diagnostics centre at RBH next week would help ramp up activities across different diagnostic areas, with the move of Bronchoscopy out of the theatre suite generating greater capacity for theatre cases.
- In terms of the nursing workforce, there were c.159 vacancies across both hospitals, with 120 nurses in the recruitment pipeline of which 27 were being recruited internationally. A more robust education package had been put together for the internationally recruited nurses.
- There was a discussion on how best to get back up and running beyond the historical capacity levels as well as managing the increased waiting list. The importance of retaining experienced nurses was highlighted, both for clinical care delivery, but also for the development and support of new recruits. A number of measures were being considered to optimise retention - eg looking at nurse job planning. In addition, with waiting times rising, patients being treated are now sicker and more complex than would normally have been expected, thus extending their recovery time and adding to the pressure on the health system.

**Action: The agenda for the next Clinical Board meeting should include specific items on:
i) ramping up elective activity and ii) education and training**

The Managing Director's report was noted by the Board.

6. GSTT Cardiovascular, Pulmonary & Critical Care CG Report

Ben Falk (BF) presented the Operational report and outlined some of the key challenges facing the Clinical Group – in particular

- Activity levels, waiting times and delays to treatment
- Workforce e.g. recruitment, retention, wellbeing and the impact of covid
- Estates – space constraints especially in outpatients

Activity levels were impacted due to the shortage of beds (several wards having been converted to treat covid patients) thus hampering teams' ability to carry out operations on some of the most urgent cardiac and vascular surgery patients, while being aware that the inability to treat patients within the required timeframe added to clinical risk. Mutual aid support for vascular surgery activity had been received from KCH and St George's as well as from RBH for cardiac surgery. A mid-term strategy was being developed to focus on the key areas by ensuring adequate capacity to meet current, future and surge demands.

Despite the workforce fragility, nursing recruitment yielded a positive outcome with 13 starters joining the GSTT critical care team in January, with a further 10 in February and 3 in March expected, and with 34 international recruits in the pipeline.

The clinical group's ED&I policies, practices and processes had been reviewed within the Green Park Report.

The Board expressed their appreciation for the detailed report.

7. Report from the Risk & Safety Committee

Members were updated on the matters considered by the Risk & Safety Committee, during their meeting held on 16th November 2021, by the Chair of the Committee, Prof Peter Hutton (PH).

The following key matters were covered:

- Quality Presentation on local quality priorities
 - End of Life Care
 - Medication at point of discharge from hospital
- Risk Assurance
 - Strategic Risk Review
 - Pathology Assurance Dashboard
- Learning from Deaths
- Serious Incident Summary
- Insurance Scheme update
- Clinical claims update
- Apollo – clinical group governance processes
- Governance & Quality Committee Minutes

PH reported on an extremely positive 'End of Life Care' presentation which had laid out clear action plans to address four key priorities (for example, treatment escalation, which was being piloted within the pulmonary hypertension service, and promoting palliative care champions on each ward. He also highlighted the issue of medication on discharge due to differential hospital software which is being tackled.

PH expressed his considerable gratitude to Joy Godden as that had been her last Risk & Safety Meeting attendance. He also flagged that from 1st April 2022, due to the integration of the joint clinical groups, the current R&SC structure will require some modifications.

The Board noted the minutes and the report.

8. Month 6-8 Clinical Quality Report

The Month 6-8 Clinical Quality Report was presented by MM, who highlighted:

- Cancellations of planned elective paediatric interventions, due to challenges facing the paediatric nursing team relating to staff vacancies and sickness. Maintaining safe staffing levels in M8 had been difficult due to the high levels of patient acuity, sickness, and the limited availability of bank/agency staff.
- Both months 8 and 9 each had a serious incident reported, both of which were under investigation, with any learning to be shared and cascaded across the wider Trust.
- The creation of a unique Cystic Fibrosis and pregnancy clinic at the Brompton to assist with increase in CF patient pregnancies following the roll-out of Trikafta, a new CF medicine which has yielded very positive results.
- The Disability and Wellness Network (DAWN) – and the positive impact it was having
- Cardiology referrals were still below pre-pandemic whereas Respiratory appointments had recovered, as had cardiac surgery. From a thoracic perspective, strategies had been put in place to ensure cancer surgery was maintained throughout the pandemic although lung volume reduction surgery had at times been put on hold.

The Board noted the report.

9. Finance & Performance Committee Report and Minutes – 16 December 2021

Mr Mark Batten, Chair of the Finance & Performance committee, presented the minutes and gave a verbal update on matters considered at the recent meeting held on 16 December 2021, and highlighted the following:

- Financial performance affected by the covid omicron variant and its impact on staffing and availabilities
- H2 Plan assumptions are expected to be met
- Finance Integration
 - People – moving well
 - Systems – migration of RBHCG to GSTT new ledger system is challenging
- New reporting requirements are needed due to the merger of the clinical groups in April
- Completion of the new Diagnostic Centre under budget - a 'lessons learnt' report has been requested along with a revised set of operational financial projections.

The Board noted the minutes and verbal report.

10. Month 8 Finance Report

Richard Guest (RG) gave an overview of the Month 8 Financial position:

- RB&H CG in month position was on plan and had a YTD favourable variance of £6.5m against plan, driven principally by lower activity levels and non-pay cost. An expected forecast deficit of £7.15m during the first quarter of the year included an estimated impairment of £10m for the Diagnostics Centre and hence a favourable variance of £4.3m excluding the ERF.
- Capital expenditure was still on track to meet plan.
- The cash position of £92m was healthy, being £21.2m ahead of plan, principally due to the drawdown of the remainder of the bridging loan for the Diagnostic Centre.
- Financial Planning guidance for 22/23 was released on Christmas Eve which is still being worked through, although a more challenging financial environment is expected next year. Plans will be reported at the Finance & Performance committee in due course.
- Systems integration – currently both GSTT and RBHCG finance teams operate on different systems of which the former have upgraded to a newer version of Oracle with the implementation roll out set for early February. Although there are some teething problems due to difficulties in arranging staff training. As a result, this will now be implemented late spring whilst the migration of RBHCG finance team has been delayed to 1st October.

The Board noted the report.

11. Update on the People Committee

Janet Hogben (JH), chair of the committee, highlighted the following:

- Clinical Group integration
- Strategic review update
- Green Park Presentation/Recommendations
- Champions Award

An overview of the Heart, Lung and Critical Care Clinical Group integration had been given by RG-M, prompting a discussion about the issues affecting staff. Two key points were identified:

- A need for a clearer understanding what operating as an empowered unit within an agreed framework
- A need for more communications

The recent Green Park report on EDI equality, diversity and inclusion highlighted the enormous amount of subject material to take on board before a credible and cogent discussion could take place. The report will be more fully discussed at the next scheduled meeting – 2nd March 2022.

JH noted that the participation rate in the most recent staff survey had slipped in comparison to past results, and that it is a priority to ensure that this does not slip any further.

The Chair thanked JH for the update.

12. Recommendations of the Advisory Appointments Committee

Following the Advisory Appointment Committee Panel meetings, the Board ratified the appointments of:

- Dr Aparajita Das - Consultant in Palliative Medicine
- Dr Amy Chan-Dominy - Consultant in Paediatric Intensive Care
- Dr Ilaria Bo – Consultant in Fetal Cardiology & Paediatric Cardiology
- Dr Laura Vazquez Garcia - Consultant in Fetal Cardiology & Paediatric Cardiology
- Dr Imogen Jones - Consultant in Infectious Diseases & Medical Microbiology
- Dr Saraswathi Murthy - Consultant in Infectious Diseases & Medical Microbiology

13. Any other business

None

14. Date of next meeting

The date of the next meeting of the RB&H Clinical Group Board will be Tuesday 15 March 2022 at 11.00am.

Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 27 APRIL 2022

Title:	Documents Signed under Trust Seal, 1 February to 20 April 2022
Responsible Director:	Ian Abbs, Chief Executive
Contact:	Ian Abbs, Chief Executive
Purpose:	For information
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	In line with the Trust's Standing Financial Instructions, the Chairman, Hugh Taylor and Professor Ian Abbs, Chief Executive are required to sign contract documents on behalf of the Trust, under the Foundation Trust's Seal.
Recommendations:	The BOARD OF DIRECTORS is asked to: 1. Note the record of documents signed under Trust Seal.

Documents signed under Trust Seal – Board of Directors, 27 April 2022

Board

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS**

WEDNESDAY 27 APRIL 2022

**DOCUMENTS SIGNED UNDER TRUST SEAL
1 FEBRUARY 2022 TO 20 APRIL 2022**

PRESENTED FOR INFORMATION

1. Introduction

In line with the Trust's Standing Financial Instructions, Professor Ian Abbs, Chief Executive and Hugh Taylor, Chairman signed document numbers 1011 to 1016 under the Foundation Trust's Seal during 1 February and 20 April 2022.

2. Recommendation

The Board is asked to note the record of documents signed under Trust seal.

Documents signed under Trust Seal – Board of Directors, 27 April 2022

Board

Number	Description	Date
1011	Lease between King's College London and Guy's and St Thomas' NHS Foundation Trust for land adjacent to Nuffield House, London SE1 9RT	01.03.22
1012	Memorandum of Agreement regarding decant theatres at Nuffield House, between Guy's and St Thomas' NHS Foundation Trust and ModuleCo Ltd.	08.03.22
1013	Documents associated with the maintenance of rental income from a variety of independent retail operators, operating at the Chelsea Farmers Market. Leases between Guy's and St Thomas' NHS Foundation Trust and Mohamed Reza Sharif-Nia (four premises).	23.03.22
1014	Underlease between NHS Property Services Ltd and Guy's and St Thomas' NHS Foundation Trust and Deed of Consent to underlet between Oslo Holdings Ltd of office premises on the fourth floor of 1 Lower Marsh, London.	23.03.22
1015	Lease between Guy's and St Thomas' Foundation and Guy's and St Thomas' NHS Foundation Trust of Orchard Lisle Swimming Pool, Weston Street, London SE1	13.04.22
1016	Agreement for Lease, Licence for Alteration and Lease between Guy's and St Thomas' NHS Foundation Trust and WH Smith Hospitals Ltd to enable refurbishment and occupation by WH Smith Hospitals Ltd of Unit 2 at St Thomas' Hospital trading as Costa Coffee.	20.04.22

Documents signed under Trust Seal – Board of Directors, 27 April 2022