

# **Public Board of Directors Meeting**

**Wednesday 27<sup>th</sup> July 2022 at 4pm  
Held virtually on MS Teams**

**BOARD OF DIRECTORS**  
**Wednesday 27<sup>th</sup> July 2022**  
**4pm – 5.30pm, MS Teams**

**AGENDA**

- |     |   |                     |               |
|-----|---|---------------------|---------------|
| 1.  | Welcome and apologies<br><i>Sir Hugh Taylor</i>   | <i>Verbal</i>       | <i>4.00pm</i> |
| 2.  | Declarations of Interest  | <i>Verbal</i>       | -             |
| 3.  | Minutes of the previous meeting held on 27 <sup>th</sup> April 2022   | <i>Attached</i>     | -             |
| 4.  | Matters Arising   | <i>Verbal</i>       | -             |
| 5.  | Chairman's Report<br><i>Sir Hugh Taylor</i>   | <i>Verbal</i>       | <i>4.10pm</i> |
| 6.  | Chief Executive's Report<br><i>Professor Ian Abbs</i>   | <i>Attached</i>     | <i>4.20pm</i> |
| 7.  | The Trust Approach to Improving Health and Wellbeing<br><i>Jackie Parrott, Sarah Austin, Sarah Maskell</i>  | <i>Presentation</i> | <i>5.00pm</i> |
| 8.  | Reports from Board Committees for noting:   | <i>Attached</i>     | <i>5:20pm</i> |
| 8.1 | Audit and Risk Committee:<br>a) Minutes 9 <sup>th</sup> February 2022<br>b) Minutes 11 <sup>th</sup> May 2022   |                     |               |
| 8.2 | Finance, Commercial and Investment Committee:<br>a) Minutes 20 <sup>th</sup> April 2022<br>b) Financial Report at Month 2   |                     |               |
| 8.3 | Quality and Performance Committee:<br>a) Minutes 16 <sup>th</sup> March 2022<br>b) Minutes 18 <sup>th</sup> May 2022<br>c) Integrated Performance Report at Month 2 |                     |               |
| 8.4 | Strategy and Partnerships Committee:<br>a) Minutes 23 <sup>rd</sup> March 2022  |                     |               |
| 8.5 | Royal Brompton and Harefield Clinical Group Board:<br>a) Minutes 15 <sup>th</sup> March 2022  |                     |               |
| 9.  | Register of Documents Signed Under Seal<br><i>Professor Ian Abbs</i>  | <i>Attached</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 2<sup>nd</sup> November 2022*

**BOARD OF DIRECTORS**

**Wednesday 27<sup>th</sup> April 2022, 4pm – 5.30pm**  
**Held virtually via MS Teams**

**Members Present:** Sir H Taylor (Chair) Baroness S Morgan  
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 – from 4.30pm

**In attendance:** Mr E Bradshaw (minutes) Ms S Maskell  
Ms S Austin Ms K Moore  
Ms B Bryant Ms J Parrott  
Ms J Dahlstrom Ms M Ridley  
Mr A Gourlay Ms T Wileman  
Dr R Grocott-Mason Prof C Wolfe  
Ms A Knowles

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 26<sup>th</sup> January 2022**

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

**4. Matters arising**

4.1. Following the previous public Board meeting the government had taken the decision to stand down the requirement for vaccination as a condition of deployment (VCOD) in the NHS, which had been a subject of considerable discussion at that meeting. This decision had been welcomed by the Trust. VCOD had left a significant mark on the organisation and steps were being taken in mitigation by renewing the programme of listening to staff and focusing on promoting equality, diversity and inclusion, both for the Trust's workforce and its local population.

## **5. Chair's report**

- 5.1. Following the last public Board meeting the Council of Governors had agreed to reappoint Dr Javed Khan as a Non-Executive Director of the Trust for a further four years.
- 5.2. The Chair was disappointed to inform the Board that Paul Cleal, another of the Trust's Non-Executive Directors, had resigned from his role due to a change in his personal circumstances, and in particular by his decision to move away from London. The Chair thanked Paul on behalf of the Board for his significant contribution to the Trust, including as Chair of the Integrated and Specialist Medicine Clinical Group Board and through his strong commitment to promoting equality, diversity and inclusion. The Nominations Committee of the Council of Governors had been informed of Paul's decision and would be setting in train a process to appoint a successor.

## **6. Chief Executive's report, including an update on recommendations from the Ockenden Report**

- 6.1. The Chief Executive reported sad news regarding a former employee of the Trust, Dolet Hill, who had died the previous weekend in tragic circumstances. Dolet had worked at the Trust for over 21 years until her retirement in 2018, and the Chief Executive sent condolences on behalf of the Board and Trust staff to Dolet's family, friends and former colleagues during this difficult time.
- 6.2. There had been recent changes to the Trust's operating model in order to manage the increasing scale and complexity of the organisation. Whilst the Board would continue to oversee and remain accountable for the Trust's overall performance, clinical services across all the hospital and community sites would now be managed by four, rather than five, clinical groups. This followed changes in the delivery and oversight of clinical services for children and young people, and of adult cardiovascular, respiratory and critical care services.
- 6.3. The 2021 annual NHS Staff Survey results contained a number of positive outcomes for the Trust when compared to other organisations nationally, particularly around staff engagement, staff being proud to work for the Trust and staff who would recommend the Trust as a place to work. Areas for improvement included bullying and harassment, health and wellbeing, and equality, diversity and inclusion. Actions were being taken to address these areas, which included developing the skills of line managers, refreshing the 'Just Culture' approach to the management of workforce relations, and an external evaluation of the wellbeing programme.
- 6.4. The final report of the independent Ockenden Review had been published on 30<sup>th</sup> March 2022 following the maternity scandal at Shrewsbury and Telford Hospital NHS Trust. This final report contained further important lessons for NHS providers of maternity services. These followed the seven 'immediate and essential actions' from the initial report. The Trust had provided evidence of compliance in meeting the initial seven safety actions to relevant stakeholders including NHS England and Improvement (NHSE/I), and was now reviewing the final report findings to ensure the maternity service was compliant with the new immediate and essential safety actions. Compliance against all actions would be routinely monitored and assured by the

Quality and Performance Board Committee. Several Board members expressed their determination to learn from the scandal to continue to improve the quality and safety of the Trust's maternity services, and there was recognition about the importance of listening to women and their families to help ensure this.

- 6.5. The Apollo programme was entering its final year before the 'go live' of the Epic electronic health record system on 15<sup>th</sup> April 2023 across all Trust hospital sites, including the Royal Brompton and Harefield hospitals. In February 2022 the Board of King's College Hospital NHS Foundation Trust had also made a decision to join the Programme, for a 'go live' date in October 2023, and joint governance was in place across the two trusts to oversee the implementation of Epic. The new system would support the comprehensive redesign of clinical workflows across the two trusts to establish shared pathways across the acute sector in south east London. Enhanced communications and engagement activities for staff and patients were now underway.
- 6.6. The Chief Executive thanked all Trust staff for their continued work to deliver clinical services during the COVID-19 pandemic. The number of patients attending the Trust's hospitals with the virus remained significant, although had stabilised since the peak in January 2022, and staff absences had reduced significantly. The Trust was continuing to deliver the COVID-19 vaccination programme as lead provider for south east London.
- 6.7. The Trust was committed to delivering the NHS's plan for tackling the COVID-19 backlog of elective care and had submitted an operational plan to NHSE/I that was compliant with all standards except for reduction in follow-up numbers. Commitments had also been made with partner organisations in south east London to support each other through the provision of mutual aid where necessary. The Trust had started to remove a number of COVID-19-related infection, prevention and control measures such as social distancing in outpatient and public waiting areas to increase operational capacity and return to pre-pandemic activity levels to treat more patients as quickly and as safely as possible. There was an ongoing focus on minimising harm to patients who continued to wait for treatment. The Trust continued to be one of the highest-performing trusts against standards for urgent and emergency care in London.
- 6.8. The Trust's financial position remained stable with a surplus of £6.2m at the end of February 2022 (month 11). Full-year draft accounts had been submitted to NHSEI the previous day which had shown that, on a control total basis, the Trust achieved a small surplus of £0.2m in 2021/22. The Trust had also remained within its capital expenditure allocation for the year, and had a strong cash position.

## **7. Research and Development Update**

- 7.1. The Board received a presentation to showcase the Trust's research and development work. This opened with an overview of the scale of the Trust's portfolio, covering the numbers of open studies, participants recruited, research workforce in place and the value of commercial activity. The Trust was also continuing to support the national COVID-19 research effort, including treatment trials, vaccine trials and research studies into the virus.
- 7.2. Representatives from each clinical group then provided summaries of some of the ongoing studies in their areas. These included work to treat and prevent allergies and

improve asthma outcomes for children, the exploration of new ways to reduce cancerous tumours, and the development of digital health tools such as the 'ZOE' COVID-19 app which had given insights into health trends during the pandemic and had helped to influence government policy.

- 7.3. In listening to the clinical group representatives the Board noted the ways in which the research and development strategies were developed and the importance of ensuring that these were inclusive, relevant to the needs of the Trust's local populations, and helped to transform care and improve outcomes for patients.
- 7.4. Board members thanked all contributors for their presentations; it was agreed that this clearly demonstrated how clinical research comprehensively underpinned the Trust's work and purpose. It would be important to ensure the Trust's workforce, including medical consultants, nurses and Allied Health Professionals, had opportunities to contribute to 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 27<sup>th</sup> July 2022.

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

<b>Title:</b>	<b>Chief Executive's Board of Directors Report</b>
<b>Responsible Director:</b>	<b>Professor Ian Abbs, Chief Executive Officer and Chief Medical Officer</b>
<b>Contact:</b>	<b>Louise Moore, Head of Private Office</b>
<b>Purpose:</b>	Chief Executive's Board of Directors Report
<b>Strategic priority reference:</b>	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
<b>Key Issues Summary:</b>	<p>The primary focus of this report is to provide the Board of Directors with an update on operational delivery across the Trust including our ongoing COVID-19 pandemic response, urgent and emergency care pressures and progress on tackling the backlog of elective care.</p> <p>The Board will receive an update on overall Trust performance, including quality, access and finance as well as key updates from our clinical and delivery groups.</p> <p>The report also includes updates on major and strategic programmes of work, where significant achievements have been made since the April Board meeting.</p>
<b>Recommendations:</b>	<p>The BOARD OF DIRECTORS is asked to:</p> <ol style="list-style-type: none"> <li>Note the report</li> </ol>

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**WEDNESDAY 27 JULY 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 operational delivery and the recovery of services across the Trust, including progress on tackling the backlog of elective care and our ongoing COVID-19 pandemic response, following a recent increase in COVID-19 cases.
- 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 maintain a strong financial position and address increasing demand for our services, including cancer and urgent and emergency care.
- 1.3. The report also provides updates from our clinical and delivery groups, and on our major development and strategic programmes.

**2. Critical Incident**

- 2.1. The Trust has been experiencing significant problems with its IT infrastructure and IT systems since 19 July 2022 and, in consultation with system partners and NHS England London colleagues, has declared a level 3 critical incident. This was the result of extreme heat affecting the servers in the Trust's data centres, and the situation continues to affect access to core clinical systems on the Guy's, St Thomas' and Evelina London hospital sites, as well as in the Trust's community services in Lambeth and Southwark.
- 2.2. Staff across the Trust have been working tirelessly to minimise the impact on patient care and to restore IT infrastructure and systems safely and as quickly as possible.



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- 2.3. The Trust has worked hard to continue the delivery of clinical services, although a number of patients have had their appointments or procedures postponed. The Trust has communicated these changes directly to affected patients wherever possible, and is advising patients of the current situation via direct messaging, social media and the Trust website.
- 2.4. Senior operational and clinical leaders continue to assess the situation very carefully to ensure all appropriate actions are taken to safely care for our patients. In doing so, there is close working with system partners and specialist clinical networks, to whom the Trust continues to divert some patients requiring emergency/urgent care.
- 2.5. As of the 25 July 2022, work to restore the affected systems remains ongoing and clinical systems have started to come back on line. Once resolved the Trust will manage a transition back from paper to electronic systems and an update on the latest position will be provided at the Public Board Meeting on 27 July 2022.

**3. New Joint Chairman appointed for Guy's and St Thomas' and King's College Hospital**

- 3.1. Charles Alexander has been appointed as the new joint Chairman for Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts, and will join the Trust in December 2022. Charles is currently the Chairman of the Royal Marsden NHS Foundation Trust and the Royal Marsden Cancer Charity, roles he has held since 2016. He will continue these until his term of office comes to an end in November.
- 3.2. The appointment of the new Chairman was made jointly by the two Trusts and confirmed at special meetings of both Council of Governors on 1 July. This followed a recruitment process and recommendation led by the two nominations committees who formed a Committee in Common for this purpose. Charles succeeds Sir Hugh Taylor, who has served as Chair of Guy's and St Thomas' since 2011, and King's College Hospital since 2019.
- 3.3. On behalf of Guy's and St Thomas', I am delighted to welcome Charles to our organisation, and look forward to working with him as we take forward our ambitious agenda.
- 3.4. I would also like to thank Hugh for his long and dedicated service to Guy's and St Thomas'. Under Hugh's leadership over the past 12 years, the Trust has gone from strength to strength and grown significantly. Hugh has made a huge contribution to our Board, our organisation, and our local communities.

**NHS CONFIDENTIAL - Board****4. Delivering healthcare across the Trust and recovery of services**

- 4.1. I would like to start by thanking all of the staff working across our hospitals and community services, for everything that they have done, and will do over the coming months, as we collectively address the many operational challenges facing the Trust and wider health system. As we approach the summer holiday period, the Trust has been exceptionally busy and this has brought additional pressures on our services and our workforce.
- 4.2. We are absolutely committed to ensuring the health and wellbeing of our staff. The Trust continues to place significant focus on investing in our workforce and, where necessary, we are working to recruit to our vacancies as quickly as possible. We are also focusing considerable effort on international recruitment and how we can support and retain our staff, especially in a number of areas that are experiencing increased demand and additional pressures, including theatres and anaesthetics, cancer and urgent and emergency care.
- 4.3. Our primary focus is the safe and timely treatment of our patients and this depends on the commitment and compassionate care delivered by our staff. Operationally we have been responding to significant increases in demand for both urgent and emergency care across our adult and children's services, while continuing to work extremely hard to recover non-COVID-19 services by treating as many patients as quickly and as safely as we can.
- 4.4. The Trust has been at the forefront of the national response to the recent Monkey pox outbreak and I would like to thank colleagues across the Trust, including the Infection Prevention and Control (IPC) team, the vaccination team and services within our Integrated and Specialist Medicine Clinical Group, for their leadership in managing this outbreak. This has required rapid development and communication of new policy and patient care pathways, and the successful management could not have been achieved without the hard work and commitment of colleagues. The Trust continues to treat both confirmed and suspected cases across inpatient and ambulatory care pathways, alongside establishing a vaccine programme focused on vaccinating people who have potentially been exposed to the virus.
- 4.5. In line with national changes and reducing COVID-19 prevalence, throughout April we began to reduce COVID-19 infection prevention and control measures, however we have seen a recent increase in COVID-19 cases in the community. This has now translated into increasing hospital admissions of patients with COVID-19, and despite having the lowest rate of hospital-onset COVID-19 infections in London, we are seeing an increase in hospital outbreaks. As a result, we have temporarily returned to universal use of masks on all of our hospital sites. We continue to encourage all staff to undertake asymptomatic testing, in line with NHS policy, and routinely screen patients for COVID-19 throughout their admission.

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- 4.6. The Trust is monitoring the situation very closely, particularly the impact on service delivery and staff absences. The Trust currently has 104 patients with COVID-19 admitted across our hospital sites. As of 25 July 2022 there are 6 patients in critical care and 98 patients admitted to our general and acute wards across all of our hospital sites.
- 4.7. The sustained presence of COVID-19 across the community requires the Trust to remain adaptable to these increases in infection rates, with an underlying focus on always protecting those patients who are most vulnerable whilst continuing to treat as many patients as we safely can.
- 4.8. Treating patients whose treatment was delayed during the pandemic is a priority for our organisation. Our primary goal has always centred on treating as many patients as safely and as quickly as we can, across all specialities and with a particular focus on those who have waited longest. Most recently this work has been reflected in the recovery of activity throughout June and July where we have averaged 88% of inpatient, 99% of outpatients and 103% of diagnostic activity (MRI, CT, and endoscopy) compared to 2019/20 activity.
- 4.9. The Trust has committed to delivering the NHS's operational plan for tackling the COVID-19 backlog of elective care. Currently the Trust is delivering 89% against the elective recovery target of 104% of pre-pandemic activity for 22/23. I would like to assure the Board that we remain restless in our ambition to deliver the recovery targets and a number of initiatives have begun to improve our position. These include introducing new infection control measures to return capacity to near pre-pandemic levels. Theatre productivity also remains a priority, and the Trust's improvement teams are supporting our Clinical Groups to ensure we are making maximum use of our capacity in terms of existing estate and other resources.
- 4.10. Importantly, our priority is our most clinically urgent patients and as a result we have seen a strong recovery of activity in our complex cancer specialties. For example 145% for gynae-oncology, 110% for head and neck cancer and 104% for thoracic surgery over the last four weeks compared to 2019/20 activity.
- 4.11. There is still much we need to do across our cancer pathways to address the backlog of those waiting for care and to improve our performance against a number of cancer standards, including the 62 day and 2 week wait standards. The Board has my absolute commitment that there is significant focus on improving cancer pathways and performance, both at the Trust and across the wider south east London system.
- 4.12. After considerable effort from teams across the Trust at the end of June 2022 no patients were waiting over 2 years to start treatment. South east London was noted to have done comparably well in reducing extremely long waiting patients to receive treatment. The Trust has also reduced patients waiting over a year by 57% compared to April 2021. However, the pandemic has

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provided a challenging environment to deliver against the key waiting time targets and there is more work to do to reduce the number of patients waiting more than 78 weeks for treatment to zero by the end of March 2023.

- 4.13. It is important to acknowledge the increasing complexity and acuity of our patients and the need to ensure that we have the right capacity to deliver the best care and patient experience for those needing the services of our emergency department.
- 4.14. Our emergency department continues to see higher numbers of paediatric emergency attendances each month compared to previous years. June was the fourth successive month that over 3,000 children and young people attended, which represents an increase of over 20% compared to equivalent months, pre-pandemic. This is partly driven by an increase in low complexity patients, a significant proportion of whom would be suitable for treatment within a primary care setting. We are currently analysing the data to better understand what is driving these changes and putting plans in place to work with our partners across south east London to help maximise primary care services where appropriate.
- 4.15. Despite the high number of attendances, our paediatric emergency department is continuing to achieve a positive performance against the 4-hour waiting time targets, currently at 92%, which compares well with peer organisations.
- 4.16. There have also been increasing levels of activity in terms of adult patients attending the emergency department, with daily attendances regularly exceeding 600 a day since April. This remains very challenging, particularly as a large number of patients require complex care for serious injury or conditions, or specialist care.
- 4.17. Given these pressures on our urgent and emergency care services, performance remains challenged. Pre-pandemic, our emergency department typically saw 18,407 attendances a month, with a performance of around 85% against the 4 hour standard. At the end of June 2022, performance against the 4 hour standard was 79% with approximately 18,500 attendances per month, which represents activity slightly above pre-pandemic levels.
- 4.18. Nationally, the Trust is performing relatively well and our emergency department is consistently amongst the best performing in London. However, more work is required to improve access for ambulances into our emergency department to prevent handover delays. The number of 12 hour breaches where a patient waits more than 12 hours to be treated, admitted or discharged also continues to prove challenging, with numbers remaining high in June. In many cases this is as a result of difficulty securing timely access to mental health support due to pressure on inpatient and mental health services.
- 4.19. To improve performance we are analysing the needs of patients attending, and examining alternative pathways and the appropriateness of our triage service. In addition, we are continuing to work with primary care colleagues and partners to ensure

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patients can access the right care when needed.

### 5. **Working across south east London and beyond**

#### 5.1. **South East London Acute Provider Collaborative**

As members of the South East London Acute Provider Collaborative, the Trust continues to work closely with King's College London NHS Foundation Trust and Lewisham and Greenwich NHS Trust on a number of initiatives to increase our collective capacity and to improve equity and timeliness of access to services for patients across the communities we serve.

We continue to work in close partnership to develop collaborative operational plans for 2022/23 and we are now further strengthening our strategic and delivery plans for dedicated sites to focus on High Volume Low Complexity activity as well as plans for Community Diagnostic Centres across south east London. Alongside this, the South East London Acute Provider Collaborative continues to provide strong support for our cancer services and clinical networks. Further collaboration is also taking place on a number of other programmes of work, including for patients who do not require hospital admission pathways, operating theatre utilisation and health inequalities.

#### 5.2. **Integrated Care Boards**

The Trust continues to work with partner organisations across south east London and beyond, and has strong representation on the South East London Integrated Care Board following its formal establishment on 1 July 2022. Julie Scream, Chief People Officer and Beverly Bryant Chief Digital Information Officer for Guy's and St Thomas' and King's College Hospital, have been appointed to the Board along with Dr Toby Garrod, Clinical Director for Specialist Ambulatory Services who has been appointed as joint Chief Medical Officer.

Dr Richard Grocott-Mason, Chief Executive of the Heart, Lung and Critical Care Clinical Group, has been appointed as a named participant on the North West London Integrated Care Board. His appointment allows the Trust to maintain a close working relationship with colleagues in North West London and to represent our hospital sites located within this geographic area.

### 6. **Sustaining and improving the Trust's core quality, operational and financial performance**

- 6.1. Regular reviews of operational performance take place at the Quality and Performance Board Committee - the latest being on 8 July 2022. Performance in April and May is the latest formally reported against national targets, and all metrics reflect the impact

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of operational pressures faced across the NHS.

- 6.2. Our May 2022 performance against the national 18 week referral to treatment (RTT) standard was reported to the committee, and this was 69.7%, which is the best performance we have had this calendar year. However this is still significantly below the national target of 92%. This performance reflects continued COVID-19 and operational pressures on overall operational performance, as well as the need to balance the treatment of patients on clinically urgent pathways with those patients who have waited the longest for treatment.
- 6.3. The Trust also reported that 90.2% of patients in May received their diagnostic test within six weeks, an improvement of 47% compared with the January 2022 position. Although this remains below the standard, where less than 1% of patients should wait 6 weeks or more for a diagnostics test, the Trust has made significant improvement in reducing the waiting time for diagnostic testing.
- 6.4. Our reported 62 day cancer performance for April 2022 was 47.8%, which demonstrates a significant underperformance against the 85% target. There are multiple reasons for this, and particular challenges include increasing demand, ongoing capacity constraints and a significant number of late referrals received from other Trusts. 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 and our performance against the Faster Diagnosis Standard was 67.5% for April 2022.
- 6.5. The number of cancer referrals remains extremely high and demand for 2 week wait appointments is considerably above pre-pandemic levels. Our performance against the 2 week wait standard was 80.9% in April 2022 which is a 42% improvement against our January 2022 performance, however we are still below the target of 93%.
- 6.6. Services facing significant pressure to meet current demand include skin cancer, where referrals are currently 149% of pre-pandemic levels. Gynaecology and Head and Neck are also experiencing significant increases in referral activity and are currently reporting 130% and 122% of pre-pandemic referral activity respectively.
- 6.7. The Trust has also seen an increase in safeguarding cases for both for children's and adult services, as well as an increase in patients presenting with increasingly complex mental health needs or learning disabilities. This continues to present challenges to the clinical teams and innovative support from our specialist teams are being developed to ensure these most vulnerable patients are identified and cared for appropriately.
- 6.8. We continue to perform well in national patient surveys across emergency, adult inpatient and children and young people's

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services. Our maternity survey results have deteriorated, mainly due to the pandemic and visiting restrictions which arose from this. Friends and Family Test scores have also remained higher than the national average for inpatients and emergency care, but have dropped below the national average for outpatient care, again associated with the impact of the pandemic. Patient experience feedback is incredibly important to the Trust as it allows us to understand areas where we are performing well and areas that require improvement. We are committed to listening, learning and implementing the necessary changes to improve patient experience. We are also working closely with our equality, diversity and inclusion teams to improve participation in surveys from less represented sections of our patient population.

- 6.9. The Finance, Commercial and Investment Committee monitors the Trust's financial performance, both in terms of revenue and capital. The committee met on 13 July 2022 and discussed financial performance for the first 2 months of the financial year. The Trust's revenue plan for 2022/23 is to achieve an Adjusted Financial Performance plan of break-even. At the end of May (month 2) the Trust reported a deficit of £12.1M against the year to date planned deficit of £7.4M which is £4.7M worse than plan.
- 6.10. The Trust is continuing to spend capital to invest in service improvements for the benefit of our patients. The Trust's Capital Department Expenditure Limit (CDEL) has been set at £111.0M and year to date expenditure of £20.6M is £2.1M above the equally phased plan. This will need to be tightly managed during the year as the Trust expects to report a position that is within its 2022/23 CDEL limit.
- 6.11. The Trust is working hard to realise planned operational efficiencies and to identify further opportunities to achieve the Trust's planned break-even position. A number of actions have been identified across clinical and delivery groups and corporate departments, although additional efficiencies will need to be identified.
- 6.12. The Trust has been notified that it will be allocated £22.0M of additional funding to mitigate the impact of excess inflationary costs above 2.7% and budgets will be adjusted to reflect this in month 3.

## 7. Key updates from our Clinical Groups

### 7.1. **Cancer and Surgery Clinical Group**

#### Brother to Brother Prostate Cancer Support Group

The Trust has launched a dedicated group for black men coping with the diagnosis and treatment of prostate cancer, to help combat the increased risk they face. 1 in 8 men will get prostate cancer but this is even more common in black men with 1 in 4 getting the



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disease. The National Cancer Patient Experience Survey suggests that while experience of care is generally positive, black patients have a poorer experience across a number of areas, including support received following diagnosis.

The Brother to Brother, Man to Man group has been set up by Guy's Cancer and the South East London Cancer Alliance to address this and improve support for black men with prostate cancer. The project is funded by the Alliance and is part of a wider national NHS England and NHS Improvement programme to improve patient experience. The group was launched in late 2022 and has hosted talks from specialists about subjects related to prostate cancer. The group meets once a month and also welcomes partners, family members and carers.

### 7.2. Evelina London Women's and Children's Clinical Group

#### New Children's Day Treatment Centre

It is a core part of our ethos that we involve our patients, their families and possible future patients by asking them what they feel is important in the design of our buildings so that when they visit us or stay overnight they can feel as calm, comfortable and safe as possible. Their lived experience of our services and care is unique, and it is vital that we listen to their views and incorporate their insights because they may be able to see issues and opportunities that otherwise might be missed.

We recently ran an art competition for children and young people from across London and south east England to contribute to the interior designs for our new Children's Day Treatment Centre. This centre will be for children requiring surgery who do not need to stay overnight and will allow us to treat an additional 2,300 children and young people every year. The winning entries will be used to inspire the artwork in the new building, and we are working with a team of artists and designers to bring their ideas to life to create a welcoming child-friendly unit.

### 7.3. Heart, Lung and Critical Care Clinical Group

#### New Centre for Lung Health

In June, academics, clinicians and industry partners gathered for the launch of the new King's Centre for Lung Health with a mission to 'inspire better breathing'. Lung diseases are the third most common cause of mortality and morbidity in the world and issues such as COVID-19 and air pollution are bringing lung disease to the fore. Led by Professor Mona Bafadhel, Chair of Respiratory Medicine at King's College London, the new centre will be a home for lung research and reflect the importance we place on patient-centred research and clinical trials, collaborations between different academic fields and different stakeholders,



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and also the role of innovation in providing better health outcomes.

### 7.4. **Integrated and Specialist Medicine Clinical Group**

#### Gold Employer Recognition Scheme

The Trust has been awarded a Gold Employer Recognition Scheme award by the National Employer Recognition Board on behalf of the Ministry of Defence. This award is a fantastic achievement for the Trust as it reflects the hard work and commitment of our staff in supporting Armed Forces personnel and their families. As a Trust we are proud to show our commitment to the Armed Forces, as a healthcare provider and as an employer.

### 7.5. **Essentia Group**

#### Sustainability and bio-diversity

The waste management team has introduced a new system for processing the 3.5 tonnes of cardboard disposed of in the Trust each week. Cardboard is now segregated and compacted on site removing around 20 vehicle movements each month, estimated to represent a saving of 394 tonnes of CO<sup>2</sup> since January 2022. In addition, we have seen a 27% reduction in clinical waste levels in recent months.

## 8. **Delivery of the Trust's strategic and major programmes**

### Post-merger integration and delivering the vision for excellence in heart and lung

In August, it will be 18 months since the merger between Guy's and St Thomas' and Royal Brompton and Harefield. Work to integrate teams and services within our expanded Trust continues positively, including completing strategic reviews for corporate and support service functions. The process has been effective in supporting teams to develop new ways of working that integrate, improve and standardise services. The Trust Operating Model programme will support and oversee the implementation phase to ensure realisation of both financial and non-financial benefits.

In addition, the King's Health Partners Cardiovascular Memorandum of Understanding (MOU) between Guy's and St Thomas', King's College Hospital and King's College London has been approved by both Trust Boards and the University. We will all now move towards a single operating model, that brings together the leadership and governance of adult cardiovascular services.

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### Apollo programme

The Apollo programme to implement a new electronic health record for the Trust has reached a major milestone and begun testing new applications ahead of go live in April 2023. Over the next few weeks the programme will start the end user application testing phase which allows our users to see and test applications in a dedicated test lab.

The Apollo team has also been running roadshows to show staff what the new system will offer and these have been well received.

Apollo represents a huge opportunity to transform our ways of working over the coming year, and we will be training staff between January and April 2023 to be ready to use the new system from 15 April 2023.

### Ambulatory care programme

Modernising our ambulatory services to provide patients with greater flexibility, control and access to care is a key priority. To derive the maximum benefit from the transformation opportunities of our new electronic health system, we are working hard to ensure that the full functionality of the patient portal can be used, including messaging, scheduling and electronic appointment information. This is expected to improve patient experience, reduce DNA rates and avoid unnecessary outpatient follow up attendances.

In addition, as part of our transformation plans we are extending Patient Initiated Follow Up (PIFU) across major outpatient specialties. This is currently live in 47 services and over 25,000 patients have been moved to a PIFU pathway in the last 12 months, freeing up patient and clinical time whilst ensuring patients are still able to access care or advice if needed.

## 9. Visits and key events

In May, the Trust was delighted to welcome the Princess Royal who visited Royal Brompton Hospital to officially open its new Diagnostic Centre. Her Royal Highness was given a tour of the £50million centre and met staff who helped complete the project on time and under budget. Her Royal Highness heard how the project has transformed patient care by providing all the services they need under a single roof, in a calm and peaceful environment.

May also saw the opening of the RHS Chelsea Flower Show's award-winning Florence Nightingale Garden after it was rebuilt at St Thomas' Hospital. Opened on the 202nd anniversary of Florence Nightingale's birth, the garden will provide a place of respite and recovery for patients and staff. The theme of the garden is 'nurture through nature' and reflects the life and character of

## NHS CONFIDENTIAL - Board

Florence and some of her ideas about the importance of green spaces, light and air in hospital settings.

In June, the Trust was pleased to welcome the Portuguese President to Royal Brompton Hospital for an official visit. President Marcelo Rebelo de Sousa spent nearly an hour talking to Portuguese staff and taking pictures after a guided tour of the Diagnostic Centre and a visit to York Ward, as part of his country's celebration of National Portugal Day.

### 10. 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 April 2022:

- Audit and Risk Committee: 11 May and 15 June 2022
- Finance, Commercial and Investment Committee: 13 July 2022
- Quality and Performance Committee: 18 May and 6 July 2022
- Strategy and Partnerships Committee: 8 June 2022
- Transformation and Major Programmes Committee: 27 July 2022
- Royal Brompton and Harefield Clinical Group Board: 31 May 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: 9 February 2022, 11 May 2022
- Finance, Commercial and Investment Committee: 20 April 2022
- Quality and Performance Committee: 16 March 2022, 18 May 2022
- Strategy and Partnerships Committee: 23 March 2022
- Royal Brompton and Harefield Clinical Group Board: Minutes 15 March 2022

Also attached is the Trust's Integrated Performance Report.

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### 11. Consultant Appointments from 1<sup>st</sup> April 2022 – 30<sup>th</sup> June 2022

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

AAC dates	Name of post	Appointee	Post Type	Start date
27/05/2021	Consultant Sexual and Reproductive Health & HIV	Phillip Hay	Vacant post - Current post holder leaving or left	07/02/2023
25/08/2021	Consultant in Heart Failure and Echocardiography	Margarita Brida	Substantive consultant	01/04/2022
19/01/2022	Consultant in in Anaesthesia & Intensive Care Medicine	Sachin Mehta	Substantive consultant	01/04/2022
02/02/2022	Consultant in Cardiovascular Magnetic Resonance and Inflammatory Cardiomyopathy	Amrit Lota	Substantive consultant	01/04/2022
08/04/2022	Consultant in Nuclear Medicine/Radionuclide Radiology	Marta Gennaro	Substantive consultant	11/04/2022
08/04/2022	Consultant in Cardiothoracic and Interventional Radiology	Bhavin Rawal	Substantive consultant	01/06/2022
08/04/2022	Consultant in Cardiothoracic and Interventional Radiology	Emily Bartlett	Substantive consultant	13/06/2022
14/04/2022	Consultant - Gastroenterology in Intestinal Failure and Nutrition	Leo Wan Le Chong	Vacant post - Current post holder leaving or left	02/05/2022
21/04/2022	Consultant in General Genetics/Rare Diseases	Elizabeth Forsythe	Newly created post	01/11/2022
05/05/2022	Consultant in Infectious Diseases &/or Medical Micro/Viro/Adult/Paed	Olufunmilayo Lucy Sowole	Newly created post	03/08/2022
06/05/2022	Consultant in Emergency General and Colorectal Surgery	Alison Jane Hainsworth	Newly created post	TBC
06/05/2022	Consultant in Emergency General Surgery and Upper GI	Husam Fakhery Hamid Ebied	Newly created post	01/07/2022
12/05/2022	Consultant In Dermatology	Mia Steyn	Vacant post - Current post holder leaving or left	08/07/2022
17/05/2022	Consultant Paediatric Neurologist	Maria Isabel Vanegas	Vacant post - Current post holder leaving or left	13/06/2022
17/05/2022	Consultant Paediatric Neurologist	Saraswathy Sabanathan	Vacant post - Current post holder leaving or left	20/06/2022
07/06/2022	Consultant in Paediatric Gastroenterology	Michalis Papadopoulos	Newly created post	TBC
09/06/2022	Consultant in Dermatology	Sarita Singh	Newly created post	01/07/2022
09/06/2022	Consultant Dermatologist (IMB and Lupus) in Dermatology	Thomas Justin Tull	Vacant post - Current post holder leaving or left	18/07/2022
15/06/2022	Consultant in Paediatric Allergy	Elizabeth Anne Powell & Melanie Ru-Xin Foong	Vacant post - Current post holder leaving or left	12/09/2022 & 31/10/2022
17/06/2022	Consultant in Lane Fox Unit	Rebecca Francesca Maria D'Cruz	Vacant post - Current post holder leaving or left	22/08/2022

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21/06/2022	Consultant in Paediatric Haematology	Nicholas James Fordham & Samah Babiker	Vacant post - Current post holder leaving or left	03/10/2022
23/06/2022	Consultant in Palliative Medicine	Stephanie Eileen Hicks	Newly created post	10/10/2022
30/06/2022	Consultant in Paediatric Dentistry	Helen Tatham	Newly created post	01/10/2022

Name of post	Name	Surname	Department	Start Date	End Date
Consultant	Pier-Giorgio	Masci	Cardiovascular Imaging	11/04/2022	25/02/2023
Consultant	Thomas Adrian John	Wagstaff	ECMO/ Critical Care	23/05/2022	01/02/2023
Consultant	Aidan John	Marsh	ECMO/ Critical Care	11/04/2022	01/02/2023
Consultant	Christopher Paul	Bourdeaux	ECMO/ Critical Care	11/04/2022	01/02/2023
Consultant	Charles Julian	Thompson	ECMO/ Critical Care	20/04/2022	01/02/2023
Consultant	Matthew	Thomas	ECMO/ Critical Care	11/04/2022	01/02/2023
Consultant	Reston	Smith	ECMO/ Critical Care	11/04/2022	01/02/2023
Consultant	Stefan	Gurney	ECMO/ Critical Care	11/04/2022	01/02/2023
Consultant	Cheryl	Hemingway	Paediatric Neurosciences	23/05/2022	23/05/2023
Consultant	Emma	Wakeling	Paediatric Neurosciences	23/05/2022	23/05/2023
Consultant	Paola	Giunti	Dermatology	13/04/2022	28/04/2023
Consultant	Nick	Carter	Upper GI	04/07/2022	03/07/2023
Consultant	Oana	Muntean	Paediatric Cardiology	25/04/2022	25/04/2023
Consultant	Neruban	Kumaran	Ophthalmology	06/06/2022	06/06/2023
Consultant	Miguel	Ferandez	Paediatric Neurology	30/05/2022	30/05/2023
Consultant	Joanna	Howard	Clinical Haematology	06/06/2022	06/06/2023
Consultant	Teresa	Castiello	Cardiology (Cardiac MRI)	01/06/2022	31/05/2023
Consultant	Gregory	Makris	Interventional Radiology, Clinical Imaging & Medical Physics (CLIMP)	09/06/2022	30/01/2023
Consultant	Patrick	Harnett	Renal	11/05/2022	10/05/2023
Consultant	Srijit	Banerjee	Paediatric Urology	16/05/2022	01/01/2023
Consultant	Hélène	du P Menagé	Dermatology	30/06/2022	30/06/2023
Consultant	Sinead	Langan	Dermatology	08/07/2022	07/07/2023
Consultant	Mamta	Joshi	Diabetes & Endocrine	28/05/2023	27/05/2023
Consultant	Michail	Koutroumanidis	Neurology	04/07/2022	04/07/2023

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Consultant	Samantha	Anandappa	Diabetes & Endocrine	01/10/2021	30/09/2022
Consultant	Serife	Mehmet	Diabetes	01/05/2022	30/04/2023
Consultant	Lorena	Soler Casale	Paediatric Cardiology	13/06/2022	02/07/2022
Consultant	Justin Simon	Gould	Cardiology	06/06/2022	04/06/2022
Consultant	Fatima	Jaffer	Adult Inherited Metabolic Diseases	09/06/2022	08/06/2023

# The Trust approach to improving health and wellbeing

Trust Board Public

July 27<sup>th</sup> 2022

# Trust approach

We are organising our work to advance health and wellbeing into four areas

<p><b>Population health management, including reducing health inequalities</b></p>		<p><b>Integrated, holistic care in the right place at the right time</b></p>	
<p><b>Investing in the health and wellbeing of our staff as a key population</b></p>		<p><b>Developing our role as an Anchor organisation</b></p>	



## Partnership working

Integrated Care Systems (ICS) have a specific responsibility to bring partners together on this agenda. The SEL ICS & King's Health Partners (KHP) Joint Population Health & Equity Programme provides local priorities and NWL ICS has set out very similar priorities

Trust colleagues are engaged in multiple groups:

- In Lambeth and Southwark
- Across SEL and NWL
- Within KHP
- Across the wider London area
- Nationally

We are working on projects with a range of public, private and charitable/not for profit organisations.

The Guy's & St Thomas' Foundation is supporting work in this area.

# Population health management including reducing health inequalities



The **Vital 5** initiative developed by KHP aims to standardise routine recording and clinical management of 5 factors that have a major impact on health at an individual and population level.



In Rheumatology a two month pilot initiative was undertaken to improve the measurement of the Vital 5 for all new patients and inclusion in the subsequent outpatient consultation. Of 330 patients 53% were obese, 46% flagged for excess alcohol, 36% for elevated blood pressure and 16% were smokers.

## Integrated, holistic care in the right place at the right time



**The Addiction Clinical Care Suites** at St Thomas' address the gap in complex inpatient detoxification in London for those with co-occurring physical and mental health needs.

Suite 1, London's first dedicated detox unit, provides treatment facilities for homeless people with serious alcohol and substance dependence.

Public Health England London led with the Greater London Authority, GSTT and London borough councils and was commissioned by the City of London Corporation.

In addition to safe withdrawal in a clinical environment, service provides peer support, groups and activities to improve health and wellbeing, and a support programme with access to psychiatrists and psychologists.

# Investing in the health and wellbeing of our staff as a key population



Showing We Care About You delivered through 5 areas of focus and participation Oct 21-Mar 22:



Discounted gym access, cycle to work scheme, dance classes, wellbeing walks



Weight management groups, 1:1 dietetic support, healthy meal choices in canteen



Psychology groups and 1:1s with over 650 psychology appointments & psychologist supporting access for ethnic minority staff, free apps, online tools, spiritual wellbeing support, wellbeing conversations.



HALT 'take a break' campaign, permanent rest and recharge zones and community wellbeing hubs, family and childcare support. Over 90 Wellbeing Champions with events reaching over 2800 staff.



Over 1200 Physiotherapy and 325 tobacco dependence service appointments, reduced cost dental care, free eye tests, COVID & flu jabs, menopause clinics.



## Developing our role as an Anchor organisation (1 of 2)



The Trust is 'anchored' in our surrounding communities and is a significant local **employer, educator, trainer, purchaser** and we have a role supporting **environmental sustainability**.

**The Autism Project** joint initiative with CareTrade – a charity helping young people with autism to prepare for work. I

Enables young autistic adults to make the transition from education to employment supporting students in work placements in order for them to experience real life working environments.

In excess of 30 departments had been involved and 12 students gone on to secure paid work within the Trust.

Our **Sustainability Strategy** includes initiatives aimed at reducing our carbon emissions. A Trust objective this year to reduce use of Desflurane anaesthetic gas by 80% and increase by 85 our fleet of fully electric or hybrid vehicles

## Developing our role as an Anchor organisation (2 of 2)



- Procurement Team undertaking a **pilot programme with Go4Growth** under the NHS London Anchor Delivery Group
- Support to over 700 local suppliers to the Trust, plus Lewisham & Greenwich, South London & Maudsley and Great Ormond Street
- Includes local small and medium enterprises, voluntary, community and social enterprises, charitable and not for profit organisations grow their business with the public sector
- Helps businesses recover from the COVID-19 pandemic and embed more resilience into local economic areas
- Year 2 of pilot will develop a “fit to bid” accreditation route to streamline the bidding process for local suppliers.
- Will enable the linking of local economic development activity to social outcomes.

**BOARD OF DIRECTORS  
AUDIT AND RISK COMMITTEE**

**Minutes of the meeting held on Wednesday 9 February 2022  
1pm – 4pm, held virtually via MS Teams**

<b>Members Present:</b>	Mr J Pelly (Chair) Mr S Friend	Dr P Singh
<b>In attendance:</b>	Mr E Bradshaw – Secretary Prof I Abbs Ms L Alvarez – to 3.00pm Ms A Banister – to 3.30pm Ms J Dahlstrom Mr S Davies Mr P Dossett – to 2.30pm Ms C Eyre Mr J Findlay – from 3.30pm Mr A Gourlay Mr R Guest Mr N Halliwell – to 3.30pm Mr S Lane	Mr K Leakey Ms R Liley Ms V McLeod Mr C Martin Ms C McMillan Mr P Merison – to 1.30pm Ms H Mollett – from 3.30pm Ms K Moore Ms L Moore Mr S Nandrha Mr L Tallon – from 1.30pm Sir H Taylor Ms S Vangaveti

**1. Welcome and apologies**

- 1.1. The Chair welcomed colleagues to the Audit and Risk Committee (the Committee). Apologies had been received from Steve Weiner.

**2. Declarations of interest**

- 2.1. No declarations of interests were made.

**3. Minutes of the previous meeting of the Committee**

- 3.1. The minutes of the previous meeting of the Committee, held on 17<sup>th</sup> November 2021, were agreed as an accurate record.

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

- 4.1. The action log was reviewed; all open actions were in-hand and would be dealt with over the coming weeks.

**5. Cyber security update**

- 5.1. The Committee received an overview of 'Log4Shell', a cyber threat that could target IT system vulnerabilities in organisations worldwide. The potential impact of Log4Shell on the Trust was set out; the Committee noted that the Trust was largely reliant on its digital suppliers to provide patches for vulnerable applications, although it was unclear precisely how long it would take for all affected software to be patched. Committee members sought further details about how

the Trust was proactively strengthening its cyber security arrangements, which included running vulnerability assessments and simulation exercises, undertaking penetration testing and implementing multi-factor authentication across the Trust. It was confirmed that the Trust was compliant with the NHS Digital annual information security toolkit. A fuller update around cyber security would be brought to the next Committee meeting and would set out how the Trust would respond to any future ransomware attacks.

## **6. External auditors report and sector update**

- 6.1. Representatives from Grant Thornton presented their first update about their plans for the 2021/22 external audit of the Trust. The audit approach, key audit risks and value for money approach were being finalised and would be circulated to Committee members for information in correspondence before its next meeting in May. The Committee welcomed the positive conclusions that had been drawn by the Financial Reporting Council following its review of a sample of Grant Thornton's 2020/21 audits and value for money assessments.
- 6.2. Grant Thornton's contract to provide external audit services to the Trust was in its final year and, following the completion of the 2021/22 audit, would end in July 2022. It was confirmed that in January 2022 the Council of Governors had approved a recommendation to reappoint Grant Thornton for a further two years.

## **7. Internal audit progress report**

- 7.1. The Committee received a summary of the key findings of the six audits that had been completed since the previous meeting. Four had received a 'substantial' assurance rating and two – regarding the London Procurement Partnership and Mobile Working Benefits – had been advisory, with no assurance rating provided. In the ensuing discussion Committee members noted that considerable work had been done to strengthen the Trust's complaints process, and that the new approach would be in place before the new financial year. The complaints team was commended for the quality, tone and compassion of its responses to complainants.
- 7.2. A number of in-year changes to the 2021/22 audit plan were proposed, primarily due to the impact of the COVID-19 pandemic on the delivery of audit assignments and the completion of the annual audit plan. Whilst Committee members were supportive of the changes, clarity was sought on a number of important mitigating points including the role of the Trust's Fire Safety Committee in assessing compliance with fire doors and fire compartments, and that the plan would be compliant with any mandatory internal audit requirements. The external auditors would review the internal audit plan to ensure it was sufficiently broad and supported the risks on the Board Assurance Framework.
- 7.3. It was requested that the audit of waiting list management processes was scheduled for the first quarter in 2022/23, given its importance in the Trust's recovery and in ensuring equity of access to treatment. A decision about when to schedule an audit of the Trust's Private Patients function would be taken outside the meeting.

**ACTION: SL, SN, SF, LT**

- 7.4. There was consideration about how findings from audits that impacted the whole organisation could be communicated to the full executive team more effectively and the need to strengthen how the Trust sets and measures benefits as part of its business cases. The good progress being made in closing down outstanding recommendations from previous audits was noted.



## **8. Draft internal audit plan (2022/23)**

- 8.1. The draft internal audit plan for 2022/23 had been developed from the strategic planning paper that had been presented to the Committee in September 2021. The Committee noted that the plan included significant time for a review of the financial systems following the implementation of the new Oracle Cloud solution. The plan would evolve further through consultation with the Trust's senior management over the coming weeks, and a final plan brought for approval to the Committee meeting in May.

## **9. Counter fraud progress report**

- 9.1. The work of the counter fraud team between 1 November 2021 and 31 January 2022 was summarised, including the numbers of new referrals, cases closed and investigations currently open. The counter fraud plan for 2022/23 would be brought to the Committee meeting in May. The Committee agreed that an annual report on the outcomes of the cases should be established to demonstrate the value and impact of the team's work.

**ACTION: SL**

## **10. Information Governance & Health Records Report – Q3 2021/22**

- 10.1. The Committee received the quarterly information governance and health records report. The Trust's health records availability for services remained above the 98% target throughout the quarter and a health records digitisation strategy had been drafted which was broadly in line with the equivalent strategy at King's College Hospital NHS Foundation Trust. Compliance with both subject access requests and Freedom of Information Act requests had continued to rise, despite the increasing numbers of requests in both areas. The Committee would be advised about the main themes from Freedom of Information Act requests.

**ACTION: KL**

- 10.2. Committee members asked how the Trust was learning lessons from the incidents that had been reported to the Information Commissioner's Office. Further detail about this would be included in the next quarterly report.

**ACTION: KL**

## **11. Finance 2020 update report**

- 11.1. The Committee received an update about the implementation of the new finance system, Finance Cloud. This project comprises two stages: an upgrade to the Guy's and St Thomas' finance team ledger and an integration of the Royal Brompton and Harefield finance team onto the new ledger. The Committee noted that good progress had been made in both areas and, subject to completion of the necessary actions including staff training, the 'go live' date for the new system would be in June for Guy's and St Thomas' and October 2022 for Royal Brompton and Harefield. Grant Thornton confirmed that the external audit activity would complicate the project, however the Trust had mitigations in place.

## **12. Financial operations update**

- 12.1. Work was underway to implement the new requirements of International Financial Reporting Standard (IFRS) 16 on leases. As with other NHS Bodies, the Trust had submitted a mandatory IFRS 16 implementation impact forecast in January 2022, ahead of a proposed implementation date of 1 April 2022. The Committee noted the progress made to date in implementing the new

standard and sought clarification about the risks and opportunities for the Trust, including the implications for its Capital Departmental Expenditure Limit (CDEL) allocation. Further guidance was awaited, and an update would be taken to the next meeting of the Finance, Commercial and Investment Board Committee.

**ACTION: EB**

- 12.2. An update was received about the year-end accounts preparation including the approaches being taken to key accounting estimates, valuations, segmental reporting, and stock counts. Committee members were supportive of the approaches proposed in each of these areas, and of the going concern assessment for 2021-22, although there was consideration of if and when segmental reporting might be appropriate, given the clinical group structure. Grant Thornton was also satisfied, although it had not yet concluded whether the accounts would be qualified due to stock valuation. Concern was expressed by some Committee members about the achievability of the final accounts submission timetable.
- 12.3. In future the Trust's performance with the Better Payment Practice Code would be overseen by the Finance, Commercial and Investment Board Committee.

### **13. Standing Financial Instructions**

- 13.1. Amendments had been made to the Standing Financial Instructions (SFIs) to reflect the establishment of the Heart and Lung Clinical Group from April 2022, which would adopt the autonomy, reporting and governance structures currently associated with the Royal Brompton and Harefield Clinical Group. Minimal changes to the SFIs were proposed, whilst work was ongoing to assess the optimal levels of financial delegations across the Trust once the operating model was finalised. A more substantive set of changes to the SFIs were therefore expected towards the end of the calendar year.
- 13.2. The Committee supported the continuity proposed by the amendments. Questions were asked around the authorities delegated to senior responsible owners (SROs) of the Trust's major programmes and the authority of the Chief Operating Officer and Deputy Chief Executive. This latter point would be considered outside the meeting and the SFIs would be re-circulated to the Committee in correspondence if further changes were made.

**ACTION: SD**

- 13.3. There was consideration of whether the SFIs appropriately addressed the Trust's intentions with regard to its private patient activities and wider commercial opportunities. This would also be considered outside of the meeting.

**ACTION: SD, SF**

**RESOLVED:**

- 13.4. The Committee approved the SFIs subject to the resolution of the outstanding points.

### **14. Scheme of Delegation**

- 14.1. The Scheme of Delegation had been established in December 2020 and reviewed and refreshed in late 2021 following discussions with corporate functions and clinical groups. The Transformation and Major Programmes Board Committee had received the updated document on 1 December 2021, but had delegated authority for its review and approval to the Committee.

14.2. The proposed changes were described and none were considered to be significant. The Committee noted that this was a live document that would continue to iterate and mature over time in line with the evolution of the Trust operating model, and that future versions of the document would be reviewed by a committee attended by the full Trust Board of Directors.

**RESOLVED:**

14.3. The Committee approved the Scheme of Delegation.

**15. Assurance map**

15.1. Work had commenced in 2021 to establish a definitive list of the Trust's statutory and regulatory responsibilities and consider how assurance is provided about the Trust's compliance with these responsibilities, with a particular focus on assurance reporting to the Trust Board. This work had now been completed.

15.2. The Committee noted that, in general terms, there were many ways in which assurance is provided that the Trust is meeting these responsibilities and that these formed part of the Trust's standard working practices. It had been concluded that the Board and its committees received routine reports regarding compliance with the majority of the Trust's statutory and regularly responsibilities; of the remainder, all were either reported to the Board by exception or would have new reports created to ensure the Board was appropriately sighted. A comprehensive forward plan of Board reports had been developed which, together with the list of statutory and regulatory responsibilities, would be kept up-to-date by the Corporate Affairs team.

15.3. The Committee noted the assurance given that the Trust was compliant with new NHS England guidance regarding the appointment of non-executive director 'champions' for specific areas such as maternity safety.

**16. EPRR Assurance Report**

16.1. The Committee received an update about the work of the Trust's resilience team and the Trust Resilience Working Group. The Emergency Preparedness, Resilience and Response (EPRR) Policy had been updated to include the role and responsibilities of the Royal Brompton and Harefield Clinical Group, although a more comprehensive update was planned for later in the year. An in-house business continuity system had been developed to enhance the level of resilience across the whole Trust and would be launched later in the month.

16.2. The Committee noted the outcomes of the annual EPRR assurance process, which had assessed the Trust as 'substantially compliant' against the national EPRR core standards. Future EPRR assurance requirements would be reviewed by the Quality and Performance Board Committee. There was discussion about how the Trust would identify lessons from the operational pressures caused by the pandemic to inform how business continuity planning was done in the future.

**17. Papers for noting**

17.1. The Committee noted the papers.

**18. Any Other Business**

18.1. There was no other business.

*The next meeting would be held on 9<sup>th</sup> February 2021, with meeting details to follow.*

**BOARD OF DIRECTORS  
AUDIT AND RISK COMMITTEE**

**Wednesday 11<sup>th</sup> May 2022, 1pm – 4pm  
Seminar Room 1, 75 York Road**

<b>Members Present:</b>	Mr J Pelly (Chair) Mr S Friend	Dr P Singh (from 1.50pm) Mr S Weiner
<b>In attendance:</b>	Mr E Bradshaw (Minutes) Prof I Abbs (from item 9) Mr S Davies Mr P Dossett (to 3.30pm) Ms C Eyre (items 5-8) Mr A Gourlay Mr R Guest Mr N Halliwell Mr S Lane	Ms R Liley Ms A Knowles Ms V McLeod (items 5-8) Mr P Merison Mr J Murray Mr S Nandhra Ms M Ridley (item 10) Sir H Taylor Ms A Williams-Mckenzie (item 11)

**1. Welcome and apologies**

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

**2. Declarations of interest**

- 2.1. No declarations of interests were made.

**3. Minutes of the previous meeting of the Committee**

- 3.1. The minutes of the previous meeting of the Committee, held on 9<sup>th</sup> February 2022, were agreed as an accurate record, subject to one change regarding compliance with cyber security standards, which would be amended.

**4. Matters arising and review of the action log**

- 4.1. The action log was reviewed; the Committee noted the open actions and the work that was underway to close these.

**5. External auditors progress report**

- 5.1. Representatives from Grant Thornton reported that the statutory external audit of the Trust's 2021/22 accounts was currently progressing well and that there were no significant matters to share with the Committee. The value for money review was now largely complete and the remainder of this work related to the review of documents that had been produced near to the year end and so had therefore not yet been received by the auditors. This review had not identified any key recommendations or risks of significant weakness within the Trust's arrangements.

- 5.2. Committee members asked about any difficulties the auditors had experienced in working with two separate financial ledgers and IT systems. There was discussion about the risk of excess inflation in the Trust's 2022/23 financial plan, both in terms of measuring the level of such inflation and in mitigating. To date there had been no indication from national bodies about how trusts should approach this, and no indication about additional funding.

## **6. External audit plan**

- 6.1. The Committee received and noted the updated external audit plan from Grant Thornton which provided the Trust with an overview of the scope and timing of the external audit, together with an indication of the specific areas of risk to which the auditors would give particular attention. The plan also set out the auditors' other responsibilities such as the review of the remuneration and staff sections of the Trust's Annual Report, and the assessment of the progress the Trust had made against the prior year audit recommendations. Committee members sought clarification around a number of aspects of the plan, including how the level of materiality had been calculated and how identified errors would be reported to management and adjusted in the accounts.

## **7. Draft annual accounts**

- 7.1. The Trust's draft full-year accounts were presented to the Committee with narrative explanations of how a number of key aspects of the accounts had been treated. These included the merger with Royal Brompton and Harefield NHS Foundation Trust, the adjustments required following consolidation of two separate financial ledgers and the impact of the new International Financial Reporting Standard (IFRS) 16 regarding leases.
- 7.2. The finance team was congratulated for its hard work in producing a high-quality draft set of full-year accounts so quickly. Two of the Trust's Non-Executive Directors had reviewed an earlier version of the accounts and had provided a number of helpful comments and observations, following which some amendments had been made to the accounts prior to submission to the Committee.
- 7.3. There was discussion about the outcomes of the valuation exercise that had been undertaken across the Trust's full estate, the associated impact on the Trust's accounts given the level of materiality, and how these outcomes compared with other trusts. The Committee confirmed it was content with the disclosures made regarding Critical judgments and Estimation Uncertainties, in notes 1.28 and 1.29 respectively.

## **8. Draft Annual Report (including Annual Governance Statement)**

- 8.1. The narrative in the 2021/22 Annual Report was mostly complete, with work ongoing to finalise a number of sections. Unlike the prior year, when some reporting requirements were relaxed as a result of the COVID-19 pandemic, the 2021/22 document required the same content as in 2019/20, although the quality report remained a standalone document.
- 8.2. Committee members suggested that the Annual Report should incorporate further information about the emerging Integrated Care System (ICS) and the possible impact of this on the Trust. It would also be important to refer to the risks around excess inflation in the finance narrative.

- 8.3. The Committee reviewed the Annual Governance Statement which had been developed in the same way as in previous years, with refreshed narrative provided by relevant corporate teams. Committee members suggested adding references to the establishment of Essentia as a Delivery Group to help manage risks to quality and safety, to the progress made with promoting equality, diversity and inclusion, and about the work done to provide the Board with assurance about the Trust's compliance with its statutory and regulatory responsibilities. It was agreed that, whilst the Board would review the Trust's strategic risks in 2022, until then the risks from 2021/22 would be carried forward in the Board Assurance Framework.
- 8.4. A final version of the Annual Report, including the Annual Governance Statement, would be brought back to the Committee on 15<sup>th</sup> June 2022 for final review and approval, prior to submission on 22<sup>nd</sup> June.

## **9. Cyber security update**

- 9.1. As a result of the situation in Ukraine the NHS was on a high state of alert for cyber-attacks. The Committee received an overview of how the Trust was responding to and mitigating the enhanced risks in this area, including:
- An explanation of the preventative security arrangements in place to mitigate the likelihood of a successful cyber-attack, including perimeter security, internal infrastructure, user endpoints and cloud services;
  - An update about the business continuity plans in place to mitigate against a cyber-attack, which include an internal exercise across 13 areas of the Trust based upon a ransomware attack that required complete shutdown of the Trust's computer network;
  - Information about a cyber awareness campaign that had been run between November 2021 and March 2022 along with regular communication to staff to raise the awareness of phishing and password hygiene; and
  - The work that had been undertaken to patch the majority of the Trust's systems that were vulnerable to the 'log4j' cyber threat. The Trust was awaiting a small number of status updates from some suppliers of medical devices about the vulnerability of these devices to the log4j threat.
- 9.2. The Committee thanked the information security team for their comprehensive update. Clarification was sought about the difference in the risk assessments into the vulnerability of the Trust's cloud-based systems compared to its internal systems. It was confirmed that lessons had been identified from the cyber-attack on NHS Ireland in 2021 with areas such as anti-virus capability and server protection being strengthened subsequently. The Trust's back-up processes were being tested as a key enabler of business continuity and would help to mitigate against ransomware attacks. There was also an update on the Trust's adoption of two factor authentication (2FA) for authorised remote users/suppliers; this had already been rolled-out in the finance team and would be in place across the Trust by the summer.

## **10. Recommendations from Capital Reviews: DSEC Management Response**

- 10.1. At the request of the Trust, PricewaterhouseCoopers (PwC) had undertaken a review into the Children's Day Surgery Centre project, reporting in October 2021. The aim of the review had been to identify the lessons learned, and areas of risk for future projects across the Trust, in particular the learnings that could be applied to the wider Evelina Expansion Programme and other projects. A detailed response to the PwC report had now been prepared, with each point addressed following discussion with relevant teams from across the Trust including Essentia

and Evelina. The Trust's action plan would continue to evolve, with the Investment Portfolio Board (IPB) providing oversight of progress and an update brought back to the Committee in November 2022.

- 10.2. Committee members thanked the Director of Strategic Finance and his team for their excellent work, which was described as a catalyst for change in how the Trust would respond to the increased scale and complexity in which it now runs its programmes. It would be important to embed the lessons into the Trust's approach to project and programme management, and it was suggested that the Major Programmes Office should review the action plan against its current processes to identify areas for improvement. The work was also helpful in further clarifying the role of Senior Responsible Owners (SROs) for programmes and differentiating their role for oversight from that of the Programme Director responsible for delivery.
- 10.3. It was agreed that the management response would be updated to reflect a number of suggestions by Committee members and then provided to the Transformation and Major Programmes Board Committee in July 2022 for information.

**ACTION: RG**

## **11. Internal audit progress report and opinion**

- 11.1. Since May 2021 the internal audit team had completed, or were close to completing, 27 projects. This included nine since the previous meeting, for which the Committee was presented with the key findings and recommendations.
- 11.2. Committee members queried a number of aspects of the audits that had recently concluded, including two relating to Payment Card Industry (PCI) Standards in the Heart, Lung and Critical Care Clinical Group and building stores management at Guy's.
- 11.3. The Committee noted the Head of Internal Audit Annual Opinion which would be included in the Annual Governance Statement discussed earlier in the meeting. The opinion was based on the internal audit work done during the year, the 'substantial' ratings across all key financial systems which demonstrated a good control environment, and the way that Trust management had implemented audit recommendations in a timely manner.
- 11.4. Two members of the internal audit team had recently decided to leave the Trust, and this was likely to impact on the team's ability to deliver the 2022/23 work plan that would be agreed at the next Committee meeting in June.

## **12. Counter Fraud Annual Report**

- 12.1. The counter fraud annual report was presented to the Committee. The number of new referrals and cases closed during the year were noted, together with a summary of each case where fraud or irregularity had been identified and the outcome of these cases.
- 12.2. Committee members considered whether more could be done to address recurring issues and identify possible breakdowns in controls. Future reporting to the Committee would incorporate a 'lessons learned' summary for each case. The Committee also agreed it would be important to consult the Freedom To Speak Up Guardian to ensure their involvement in this work.

**ACTION: SL**

**RESOLVED:**



12.3. The Committee approved the submission of the Fraud Functional Standard Return (FFSR) for submission by 31<sup>st</sup> May 2022.

### **13. Bribery Act Declaration**

13.1. The Bribery Act 2010 requires all organisations to implement controls to prevent bribery and corruption. One of the recommendations arising from statutory guidance published by the Government is that organisations should publish a statement on bribery, specifically relating to conduct of individuals acting on behalf of the Trust. Although the statutory requirements have not changed since the statement was last published, the Committee supported a revised statement to be signed by the Chief Executive and published on the Trust's website.

#### **RESOLVED:**

13.2. The Committee approved the updated Bribery Act Declaration.

### **14. Any other business**

14.1. There was no other business. The next meeting of the Committee would take place on 15 June 2022.

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

**Wednesday 20<sup>th</sup> April 2022, 1pm – 4pm  
Seminar Rooms 1 & 2, Education Centre, 75 York Road**

<b>Members Present:</b>	Mr S Friend – Chair	Mr J Pelly
	Prof I Abbs	Mr L Tallon
	Ms A Bhatia	Mr S Weiner
	Mr S Davies	Sir H Taylor
 <b>In attendance:</b>	 Mr E Bradshaw – Secretary	 Ms T Knight
	Ms B Bryant – from item 8	Ms A Knowles
	Ms E Burgess – for item 9	Ms S Maskell
	Ms R Burnham – for item 8	Mr P McCleery
	Ms J Dahlstrom	Ms M McEvoy
	Mr T Davies	Ms K Moore
	Mr A Gourlay	Mr J Murray
	Mr R Guest	Mr P Parr
	Sir R Kerr – for item 9	Mr D Shrimpton

**1. Welcome, introductions and apologies**

- 1.1. The Chair welcomed colleagues to the meeting of the Finance, Commercial and Investment Committee (the Committee), including John Murray from Deloitte who was observing the meeting as part of the external well-led review. Apologies had been received from Paul Cleal, Jon Findlay and Felicity Harvey.

**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 2<sup>nd</sup> February 2022 were approved as a true record.

**4. Matters arising and review of action log**

- 4.1. The Committee noted the two open actions and the work that was underway to address these.
- 4.2. The Chair reminded colleagues of the two risks on the Board Assurance Framework that were owned by the Committee; the first relating to the Trust's commercial strategy and ambitions and the second relating to its financial sustainability. These risks should be kept in mind during the discussions, ahead of the final agenda item where Committee members would be asked to review proposed updates to the risks.

## 5. Monthly financial report – Month 11

- 5.1. The year-to-date financial performance to February 2022 was a surplus of £6.1m compared to the planned position of £6.4m. The reasons for this variance were explained. The Trust was forecasting a breakeven position at year end, although there were several risks and opportunities to this forecast outturn. It was noted that NHSE's expectation is for the Trust to breakeven. There was discussion about the implications of the 2021/22 year-to-date position on the Trust's emerging financial plan for 2022/23. Committee members asked questions about the Trust's underlying position, the level of contingency on the balance sheet, the impact of future capital revaluations, and about the likely outturn for the South East London Integrated Care System (ICS) as a whole.
- 5.2. The Trust's cash position remained healthy and at a similar level to that recorded in March 2021, but there had been a steady reduction in the balance in each of the last six months. An analysis of the reasons for this was being undertaken.
- 5.3. An increase to the Capital Department Expenditure Limit (CDEL) had been made through additional Public Dividend Capital (PDC) funding of £14.6m, although not all associated expenditure would arise in this financial year. A further increase in funding was under negotiation which, if secured, would alleviate some of the pressure on potentially both the revenue and capital budgets in 2022/23. Capital expenditure was currently more than depreciation and further reserves would need to be found if this trend continued.

## 6. 2022/23 Financial Planning

- 6.1. The Committee received an update on the ongoing work to develop a financial plan for 2022/23 and noted the latest assessment of both the unmitigated financial projection for the year and the likely outturn deficit once mitigations, including efficiencies and income from the Elective Recovery Fund, had been considered. The impact of a recent change to the convergence adjustment that would be applied to the Trust's annual funding envelope was explained.
- 6.2. There was discussion about the main areas of risk in the plan, in particular:
  - The impact of excess inflation costs. Work was ongoing to quantify and evidence these and further guidance was being sought from NHS England. Committee members suggested that inflation would be higher than that assumed in the Trust's draft plan, and that there would be significant pay drift due to competition for staff; and
  - The planned delivery of 104% of 2019/20 activity levels, how the activity projections had been developed within clinical groups and the financial impact of failing to meet this plan.
- 6.3. An update would be brought to the next meeting of the Committee about how these key risks would be tracked and reported to the Committee.

**ACTION: SD**

- 6.4. There was discussion about other assumptions made in the plan, the level of contingency that had been incorporated, and the capacity to deliver more efficiencies by tracking the Trust against Model Hospital metrics. Work was ongoing to identify ways to reduce the financial gap, including a drivers of the deficit analysis, and there was discussion about the extent to which the current draft planned deficit might improve as a result. There was consideration of whether the South East London ICS would deliver a balanced position in 2022/23. The plan would be submitted to NHS England and NHS Improvement (NHSE/I) by 28<sup>th</sup> April.

**RESOLVED:**

- 6.5. The Committee approved the planned deficit figure for 2022/23, noting the possibility that this plan could improve by up to £5m and provided the Chief Executive and Chief Financial Officer with delegated authority to make this adjustment as part of pending sector discussions. It was agreed that the Chief Financial Officer would notify the Committee of changes to the plan and their reasons by up to £5m by email.

**ACTION: SD**

## **7. Capital Plan 2022/23**

- 7.1. Internal demand for capital funds during the planning round was significantly more than the Trust's CDEL allocation for 2022/23, with much of the allocation being required by projects and programmes already under way. An initial prioritisation had therefore been undertaken to deliver a plan that balances to the Trust's CDEL allocation or contains deliverable assumptions which will enable it to balance; and reflected the key priorities from clinical groups. It was also explained that the plan needed to contain schemes that could feasibly be delivered using the Trust's project management capacity.
- 7.2. The Committee sought details about the clinical impact of delaying schemes because of the prioritisation exercise. It was confirmed that all identified risks had been shared with the Medical Director and Chief Nurse for review, and the Chief Nurse confirmed that there were no patient safety risks arising from the exercise that could not be adequately mitigated within the year. This led to consideration of how the Trust was factoring in any future risks and requirements linked to clinical quality, such as those in the Ockenden Report. The Trust was also looking at how to reduce the unsustainable level of internal demand in the future whilst mitigating any risks to patient safety or clinical quality.
- 7.3. There was discussion about the Trust's approach to capital planning, based on previous levels of capital slippage, and about the consequences of the Trust breaching its CDEL allocation. Questions were asked about the risk of inflation in the cost of capital schemes, the adequacy of the backlog maintenance allocation and the need for a rolling plan linked to the maintenance and upgrade of the Trust's operating theatres. It would be important to continue to refine the capital planning process going forward, to plan on a longer-term basis and incorporate the requirements linked to system working. An update would be brought back to the Committee in six months' time.

**ACTION: TD**

## **8. Nuffield House Decant Theatres**

- 8.1. In 2021 the Trust Board had approved a business case to create two additional 'decant' operating theatres at Nuffield House, on the Guy's Hospital campus, to enable the maintenance and improvement to other theatres. This work had been identified as a key enabler to meet the Trust's increased activity plans. The Committee was told that site preparation done to date had resulted in archaeological discoveries beyond those assumed in the business case; these were of high significance and had required further detailed investigation and redesign of the planned work. This had led to significant delays to the building work, with the completion date now December 2022 and increased costs as a result.
- 8.2. The Committee noted the different options that had been considered about how the Trust could proceed considering these developments, including the possibility of cancelling the work or identifying a new location. However, Committee members remained strongly supportive of completing the work as originally planned, whilst acknowledging there remained further risk in proceeding.
- 8.3. Further clarification was sought about how the delays would impact upon the Trust's target to deliver 104% of 2019/20 activity, and the controls that would be put in place to ensure the theatres remained as 'decant' facilities rather than as normal theatres.

**RESOLVED:**

8.4. The Committee approved additional funding of £3m to enable completion of the planned work.

**9. Commercial Governance Review**

9.1. Over recent months a commercial corporate review had been undertaken to advise the Trust about the governance arrangements and corporate structures required to support the delivery of the commercial strategy. The Committee had endorsed an interim report at its last meeting in February and was presented with a final set of findings and recommendations.

9.2. The Committee agreed that:

- It would be critical to ensure organisational readiness to achieve the commercial ambitions the Trust had set itself;
- Increased income from private patients was identified by Committee members as the main commercial priority, but this needed to proceed with greater pace and required a more comprehensive delivery plan, while ensuring that NHS patients were not disadvantaged by this activity;
- Innovation from across the Trust, including activities from within the clinical groups, would be important in defining and meeting its commercial ambitions;
- A clear risk appetite was needed to enable further innovation and clarify the Board's tolerance in accepting different types of commercial opportunities. This should also differentiate between activities that could be done by Trust management and those done within Guy's and St Thomas' Enterprises Limited. It was agreed that an exercise to define the Trust's risk appetite would be scheduled at an appropriate time.

**ACTION: EB**

- A plan would be developed by Trust management regarding the ongoing and future relationships with the Trust's charities.

**ACTION: JP**

9.3. The Committee thanked the review team, led by Sir Ron Kerr, for its work and welcomed the findings and recommendations made; these would be incorporated into a clear action plan.

**10. Private Patients Update**

10.1. The Committee received an update about the level of private patient income generated by the Trust in month 11 of 2021/22 and during the year to date, both in total and split across Guy's and St Thomas' and Royal Brompton and Harefield sites. Overall income was above plan following a very challenging year. Questions were asked about the level of private patient income that had been incorporated into the 2022/23 financial plan, and how any growth in private patient numbers would affect the feasibility of delivering 104% of 2019/20 activity – this was currently being considered. It was requested that future reporting on private patients was split by clinical group and include more detail about costs and profit levels as well as income.

**ACTION: DS**

10.2. Growing private patient income beyond pre-pandemic levels would require investment in new capacity, which would impact on the Trust's CDEL allocation. There was a need to think about short, medium, and long initiatives to increase private patient activity, for example to consider how to use the Trust's existing capacity more in the evenings and at weekends. There was increasing competition for private patients from other NHS trusts and from private providers of

healthcare services, and the Trust would need to think more creatively about new models of private patient care to help it succeed in this area. An action plan would be developed and brought back to the Committee.

**ACTION: DS**

10.3. It was agreed that private patients would be a standing item on the Committee's agenda.

**ACTION: TK**

## **11. Policy for Commercialisation of Data**

11.1. The Trust has a strategic aim to engage in more research and innovation projects, including with commercial partners as this would deliver a number of benefits including improved health and wellbeing outcomes for patients, operational efficiency and enhanced population health. An increased income stream for the Trust would be a secondary benefit. A new organisational policy, informed by patient engagement work, had been drafted to establish a consistent approach to commercial data partnership projects. This included defining the types of commercial partners the Trust would engage with and the types of projects it would undertake.

11.2. The Committee was supportive of the need to standardise how the Trust operated in this area. Further information was sought about the current initiative and about how other trusts were utilising patient data as an asset. Committee members noted the provisions in the policy for obtaining patient consent and agreed it would be important to have clear communications to ensure patients understood how their data was being used. The policy would be further updated and brought back to a later meeting of the Committee for ratification.

### **RESOLVED**

11.3. The Committee approved the draft policy.

## **12. Blood Gas Analysers Managed Service Tender Report**

12.1. This item was withdrawn from the agenda, and an updated report would be circulated to the Board for review in due course.

## **13. FC&I Board Assurance Framework Updates**

13.1. Proposed updates had been made to the two risks that were owned by the Committee, including to reflect the changes being made to the Trust's commercial governance arrangements and management of the commercial portfolio in relation to risk four (commercial strategy and ambitions) and the capital expenditure prioritisation work together with the latest information on the new financial regime going into the new financial year regarding risk seven (financial sustainability).

13.2. Committee members agreed with the assessments that had been made and the proposals that there should be a separate corporate risk in relation to private patients. It was suggested that the previous discussions regarding the risk of excess inflation was incorporated into risk seven.

### **RESOLVED:**

13.3. The Committee approved the proposed updates to the BAF risks.

#### **14. Any other business**

##### ***Tender award***

- 14.1. Earlier in the month the Transformation and Major Programmes Board Committee had approved the telephony refresh full business case, subject to further justification about why the contract should be awarded to the proposed supplier. Further information was provided to the Committee about the supplier and about why the original proposal should be upheld.

##### **RESOLVED:**

- 14.2. The Committee agreed that the contract should be awarded to Maintel.

##### ***King's Commercial Services***

*Steve Weiner declared a conflict of interest and stepped out of the room for this item. Sir Hugh Taylor declared an interest, but it was agreed that he was not conflicted.*

- 14.3. It was reported that King's Commercial Services (KCS) was developing a mechanism to bid for contracts for overseas projects. An overview was provided about this work and about a possible role for the Trust in a consortium, with King's College Hospital as lead contractor. The benefits for the Trust, with links to international consultancy and potential growth in private patient activity, were set out. Committee members indicated their support to explore this initiative further and enter initial discussions. A paper would be brought back to the Committee later.

#### **15. Capital Departmental Expenditure Limit (CDEL) Presentation**

- 15.1. Several Committee members received a short presentation about CDEL and its impact on the Trust.

*The next meeting is scheduled for Wednesday 13<sup>th</sup> July 2022.*

NHS CONFIDENTIAL - Board

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**  
**QUALITY & PERFORMANCE COMMITTEE**  
**WEDNESDAY 06 JULY 2022**

<b>Title:</b>	<b>Finance Report for the Two months to 31<sup>st</sup> May 2022</b>
<b>Responsible Director:</b>	<b>Steven Davies, Chief Financial Officer</b>
<b>Contact:</b>	<a href="mailto:Steven.Davies@gstt.nhs.uk">Steven.Davies@gstt.nhs.uk</a>
<b>Purpose:</b>	To update on the financial position of the Trust for the two months to 31 <sup>st</sup> May 2022
<b>Strategic priority reference:</b>	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• The revenue plan is to achieve an Adjusted Financial Performance (AFP) plan of break-even.</li> <li>• Performance to May 2022 is a deficit of £12.1M against the YTD planned deficit of £7.4M which is £4.7M worse than plan.</li> <li>• The Trust has been notified that it will receive £22.0M of additional funding to manage the impact of inflationary pressures above 2.7%, the reported position includes £3.5M accrued inflation income.</li> <li>• The reported position assumes the Trust receives Elective Recovery Funding (ERF) of £8.0M YTD.</li> <li>• The Capital Department Expenditure Limit (CDEL) has been set at £111.0M. YTD expenditure of £20.6M is £2.1M above the equally phased plan and will again need to be tightly managed during the year.</li> </ul>
<b>Recommendations:</b>	<p>The COMMITTEE is asked to:</p> <ol style="list-style-type: none"> <li>1. Discuss and note the content and of this report.</li> </ol>



**NHS CONFIDENTIAL - Board**

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST  
QUALITY & PERFORMANCE COMMITTEE**

**WEDNESDAY 06 JULY 2022**

**FINANCE REPORT FOR THE TWO MONTHS TO 31<sup>ST</sup> MAY 2022  
PRESENTED BY STEVEN DAVIES, CHIEF FINANCIAL OFFICER**

**1. Introduction**

1.1. This paper updates the Committee on performance for the two month period to 31<sup>st</sup> May 2022.

**2. Financial Performance Summary**

2.1. The AFP plan has been revised from the previous planned deficit of £14.3M to deliver a break-even position.

2.2. The Trust has been notified that it will be allocated £22.0M of additional funding to mitigate the impact of excess inflationary costs above 2.7%. Budgets will need to be re-aligned for this change in month three. Within the reported position £3.5M of additional income has been accrued to off-set increased costs that have been incurred.

**NHS CONFIDENTIAL - Board**

2.3. A year to date deficit of £12.1M is reported which is £4.7M worse than the AFP Plan.

	CURRENT MONTH (£000)			YTD (£000)			Annual Plan (£000)
	Plan	Actual	Variance	Plan	Actual	Variance	
Income	£210,225	£220,502	£10,277	£419,750	£424,240	£4,490	£2,519,098
Pay	(£116,403)	(£117,503)	(£1,100)	(£231,250)	(£234,562)	(£3,312)	(£1,393,542)
Non Pay \ Other	(£97,409)	(£111,246)	(£13,836)	(£195,900)	(£201,737)	(£5,837)	(£1,125,557)
<b>Adjusted Financial Performance (AFP)</b>	<b>(£3,587)</b>	<b>(£8,246)</b>	<b>(£4,659)</b>	<b>(£7,400)</b>	<b>(£12,059)</b>	<b>(£4,659)</b>	<b>£0</b>
DODA	(£1,142)	(£1,012)	£130	(£2,284)	(£2,025)	£259	(£13,704)
Capital Donations	£750	£142	(£608)	£1,500	£1,164	(£336)	£9,000
<b>Surplus (Deficit)</b>	<b>(£3,979)</b>	<b>(£9,117)</b>	<b>(£5,138)</b>	<b>(£8,184)</b>	<b>(£12,919)</b>	<b>(£4,735)</b>	<b>(£4,704)</b>
Technical Adjustments	£0	£0	£0	£0	£0	£0	£0
<b>Total Surplus \ (Deficit)</b>	<b>(£3,979)</b>	<b>(£9,117)</b>	<b>(£5,138)</b>	<b>(£8,184)</b>	<b>(£12,919)</b>	<b>(£4,735)</b>	<b>(£4,704)</b>

**NHS CONFIDENTIAL - Board**

2.4. Whilst it is early in the financial year the YTD performance is of concern. The main areas of overspend to date are being incurred within the Clinical Groups and the Essentia Delivery Group and are summarised below:

	<b>YTD Plan</b>	<b>YTD Actual</b>	<b>YTD Variance</b>
Cancer & Surgery	(£7,159)	(£10,650)	(£3,490)
Evelina London	(£5,014)	(£6,208)	(£1,194)
Heart & Lung	£90	(£2,173)	(£2,263)
Integrated & Specialist Medicine	(£3,763)	(£7,685)	(£3,921)
Essentia	(£2,773)	(£10,917)	(£8,145)
<b>Total</b>	<b>(£18,619)</b>	<b>(£37,632)</b>	<b>(£19,013)</b>

- **Heart & Lung:** includes corporate budgets across the RBH sites which are currently being disaggregated.
- **Essentia:** includes £3.0M of excess inflation costs where the income needs to be distributed.

2.5. Corporate Finance have instigated the first of a series of monthly finance reviews with each of these groups which will focus on:

- Cost controls
- Discretionary expenditure reviews
- Management of cost pressures
- CIP delivery and initiation of new schemes

**NHS CONFIDENTIAL - Board****3. Current Month Performance: £8.6M deficit which is £4.8M worse than plan****3.1. Income is £10.3M ahead of plan:**

- Gene therapy activity in Evelina of £6.6M was undertaken, £3.9M more than plan, this will be off-set against an increase in drug expenditure.
- Contract income across the RBH sites was £2.9M more than plan.
- Accrued excess inflation income of £3.5M.
- Additional income from the vaccination and testing programmes of £1.3M has been recorded.
- Elective Services Recovery Fund (ESRF) income of £4.0M is reported which is in line with plan.
- Payments received from NHSE where the contract has yet to be agreed are significantly less than expected and further analysis is required in this area.

**3.2. Pay budgets are £1.1M overspent:**

- Annual leave sold in April of £0.9M is off-set against Non-Pay \ Other.
- Vaccination costs of £0.9M is off-set against Income.
- Growth and cost pressures incurred where funding is currently held in reserves is the other main driver and unmet vacancy factors in a number of areas.

**3.3. Non Pay \ Other £13.8M overspent:**

- Reserves released to off-set growth and cost pressures incurred and efficiencies slippage of £2.5M
- Drugs are overspent by £5.9M primarily driven by gene therapy activity.
- Clinical supplies and devices are overspent by £1.8M.
- The impact of the remaining efficiency requirements and budget re-phasing of £4.2M.
- Excess inflationary increases are estimated at £1.7M for May, primarily energy and pathology costs.
- Growth and cost pressures incurred where funding is currently held in reserves is the other main driver.

**NHS CONFIDENTIAL - Board****4. YTD: £12.1M deficit which is £4.7M worse than plan**

## 4.1. Income is £4.5M ahead of plan:

- Gene therapy activity in Evelina of £6.6M was undertaken, £1.2M more than plan, this will be off-set against an increase in drug expenditure.
- Contract income across the RBH sites was £1.4M more than plan.
- Accrued excess inflation income of £3.5M.
- Additional income from the vaccination and testing programmes of £2.6M has been recorded.
- Elective Services Recovery Fund (ESRF) income of £8.0M is reported which is in line with plan.
- Payments received from NHSE where the contract has yet to be agreed are significantly less than expected and further analysis is required in this area.

## 4.2. Pay budgets are £3.3M overspent:

- Annual leave sold of £0.9M is off-set against Non-Pay \ Other.
- Vaccination costs of £1.7M is off-set against Income.
- Growth and cost pressures incurred where funding is currently held in reserves is the other driver.

## 4.3. Non Pay \ Other £5.8M overspent:

- Reserves released to off-set growth and cost pressures incurred and efficiencies slippage of £9.1M.
- Drugs are underspent by £4.3M primarily driven by gene therapy activity.
- Clinical supplies and devices are underspent by £1.8M.
- The impact of the remaining efficiency requirements and budget re-phasing of £8.1M.
- Excess inflationary increases are estimated at £3.5M, primarily energy and pathology costs.
- In addition to the remaining efficiency requirements slippage in planned CIPs is becoming apparent
- Growth and cost pressures incurred where funding is currently held in reserves is the other main driver.

**NHS CONFIDENTIAL - Board**

## **5. Cash and Capital**

5.1. **Cash:** the cash position at the end of May is £196.6M which is a reduction £8.1M from last month.

5.2. **Capital:** The CDEL has been agreed at £111.0M for the year. The expenditure recorded to date of £20.6M is £2.1M more than the equally phased plan.

## **6. Recommendations**

6.1. The Committee is asked to:

- Note the revised AFP which is to achieve a break-even position.
- Note that the Trust has reported a YTD deficit of £12.1M which is £4.7M worse than the AFP plan.
- Note the instigation of the monthly finance reviews with the Clinical and Delivery Groups.
- Note that the reported position assumes receipt of ERF of £8.0M.
- Note the CDEL for the financial year of £111.0M which will again need to be closely managed to ensure that it's not breached.

## FINANCIAL PERFORMANCE HIGHLIGHTS

### CURRENT MONTH - YTD - 2022/23 - Month 02



	CURRENT MONTH (£000's)			RAG	YTD (£000's)			RAG
	Plan	Actual	Variance	Rating	Plan	Actual	Variance	Rating
Adjusted Financial Performance (AFP)	(£3,587)	(£8,246)	(£4,659)	Red	(£7,400)	(£12,059)	(£4,659)	Red
Cash		(£8,074)		Yellow		(£196,653)		Yellow
Capital (CDEL)	(£9,250)	(£11,662)	(£2,412)	Yellow	(£18,500)	(£20,557)	(£2,057)	Yellow
CIP Delivery	£10,093	£2,933	(£7,160)	Red	£20,026	£4,535	(£15,491)	Red
FTE's	23,631	24,100	(468)	Yellow				

**AFP:** YTD deficit of £12.1M is £4.7M worse than plan. The reported position assumes the Trust will receive £8.0M of ESRF and additional inflation funding of £3.5M.

**Cash:** cash reduced by £8.1M in May to £196.6M. At the time of reporting most commissioner contracts have been agreed, the main outstanding area remains NHSE. The levels of cash payments received from Commissioners continue to be assessed against the expected amounts.

**Capital (CDEL):** capital expenditure of £20.6M has been recorded to date which is £2.1M more than the equally phased CDEL.

**CIP Delivery:** plans have now been fully established in budgets following the submission of version three of the internal business plans. The reported position includes performance against both planned CIPs and the remaining efficiency targets.

**FTE's:** the 23,835 FTE's reported for May is an increase of 265 from last month and are 468 more than the established budget. Of the 468, 207 FTE's relate to the Vaccination Programme where a permanent budget has not been established. Significant assumptions around vacancy levels are incorporated within pay budgets and these will need to be effectively managed to stay within budget whilst balancing the requirements around operational performance and clinical need.

## SUMMARY FINANCIAL PERFORMANCE

### CURRENT MONTH - YTD - ANNUAL PLAN - 2022/23 - Month 02



	CURRENT MONTH (£000)			YTD (£000)			Annual Plan (£000)
	Plan	Actual	Variance	Plan	Actual	Variance	
Income	£210,225	£220,502	£10,277	£419,750	£424,240	£4,490	£2,519,098
Pay	(£116,403)	(£117,503)	(£1,100)	(£231,250)	(£234,562)	(£3,312)	(£1,393,542)
Non Pay \ Other	(£97,409)	(£111,246)	(£13,836)	(£195,900)	(£201,737)	(£5,837)	(£1,125,557)
<b>Adjusted Financial Performance (AFP)</b>	<b>(£3,587)</b>	<b>(£8,246)</b>	<b>(£4,659)</b>	<b>(£7,400)</b>	<b>(£12,059)</b>	<b>(£4,659)</b>	<b>£0</b>
DODA	(£1,142)	(£1,012)	£130	(£2,284)	(£2,025)	£259	(£13,704)
Capital Donations	£750	£142	(£608)	£1,500	£1,164	(£336)	£9,000
<b>Surplus (Deficit)</b>	<b>(£3,979)</b>	<b>(£9,117)</b>	<b>(£5,138)</b>	<b>(£8,184)</b>	<b>(£12,919)</b>	<b>(£4,735)</b>	<b>(£4,704)</b>
Technical Adjustments	£0	£0	£0	£0	£0	£0	£0
<b>Total Surplus \ (Deficit)</b>	<b>(£3,979)</b>	<b>(£9,117)</b>	<b>(£5,138)</b>	<b>(£8,184)</b>	<b>(£12,919)</b>	<b>(£4,735)</b>	<b>(£4,704)</b>

**Income:** The over performance of £4.5M is primarily driven by accrued inflation income of £3.5M, Gene Therapy Activity in the Evelina £1.2M Fav, this will be offset against the increased drug expenditure. Contract income across RBH sites is £1.6M more than plan. NHSE income is being reviewed as payments received are less than expected. . The reported position assumes the Trust will receive £8.0M of ESRF income in line with plan and £2.7M of vaccination and testing programme income.

**Pay:** YTD position is £3.3M overspent due £0.9M costs for A/L sold at RBH, these costs are offset against the Non Pay \ Other category and £1.7M of Vaccination Costs (where Income is assumed to offset these). Expenditure linked to income growth plans and cost pressures are the other main drivers where central reserves are still to be distributed to local budgets. CIP slippage to be reviewed.

**Non Pay \ Other:** Reserves of £9.1M have been released to off-set growth and cost pressures, drugs budgets are overspent by £4.3M, clinical supplies and devices budgets by £1.3M, the remaining efficiency requirement and budget re-phasing has resulted in £8.1M adverse performance and excess inflationary costs account for a further £3.5M.

**Adjusted Financial Performance:** A reported deficit of £12.1M which is £4.7M worse than plan.

**DODA:** small underspend currently reported against an equally phased plan.

**Capital Donations:** minimal value in month, YTD donations of £1.2M is £0.3M less than the equally phased plan.

**Technical Adjustments:**



**BOARD OF DIRECTORS  
QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 16<sup>th</sup> March 2022, 1.30pm – 5pm  
held virtually via MS Teams**

<b>Members Present:</b>	Dr P Singh – Chair Prof Ian Abbs – from 2pm Ms A Bhatia Mr P Cleal Mr S Davies Mr J Findlay Mr S Friend Dr F Harvey	Mr J Pelly Prof R Razavi Dr S Shribman Dr S Steddon Mr L Tallon Sir H Taylor Ms A WilliamsMckenzie (for Julie Screamton)
<b>In attendance:</b>	Mr E Bradshaw – Minutes Ms J Akbar Ms S Allen – item 6 Ms S Austin Ms G Brockwell Ms R Burnett Ms S Clarke – from 2pm Ms J Dahlstrom Mr R Drummond – until 3.30pm Mr B Falk Ms W Glazier Dr G Glover – item 8 Mr A Gourlay Dr R Grocott-Mason Ms S Hanna	Ms K Harding Ms A Keens – item 6 Ms A Knowles Ms R Liley Ms C Mackay Mr C Martin Ms S Maskell Dr M Mason Cllr M Masters Ms K Moore Mr A Parrott Ms J Powell Dr A Rigg Ms M Sherry – item 8 Ms T Wileman

**1. Welcome, introductions and apologies**

- 1.1. The Chair welcomed colleagues to the meeting of the Quality and Performance Committee (the Committee). Apologies had been received from Javed Khan, Sally Morgan, Julie Screamton and Steve Weiner.

**2. Declarations of interest**

- 2.1. There were no declarations of interest.

**3. Minutes of the previous meeting held on 12<sup>th</sup> January 2022**

- 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. It was agreed that action 13, regarding an assessment of the process to discharge patients to care homes in the first wave of the COVID-19 pandemic, had been completed and should be closed.

**ACTION: RB**

## **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 kept in mind during discussions.

## **6. Patient story**

- 6.1. The Head of Patient Experience played a recording from a patient with mental health issues who had experienced problems with alcohol and had been supported by the Trust's High Intensity User Team. The Committee heard how the team had helped the patient engage with the healthcare services they needed and also changed their attitude to seeking support. Colleagues from the Vulnerable Adults and Prevention Service and High Intensity Support Team provided additional detail about the service.
- 6.2. Committee members congratulated the team for their compassionate work in supporting some of the most vulnerable people in the community. There was discussion about how lessons were being learned from other community services as a means to continually look to improve quality of care. There was also consideration of possible opportunities to repurpose resources from community activities that had been set up during the COVID-19 pandemic, but which would be stood down over the coming months. There were suggestions about how the Trust's volunteers could become involved in the High Intensity User service.

## **7. Feedback from Trust site visits**

The site visit programme had been paused earlier in the year due to the operational impact of the Omicron variant. One non-executive director gave observations about an informal visit they had made to the children's wards and intensive care unit at Royal Brompton hospitals. The Committee noted that the visiting programme for both non-executive directors and governors would soon recommence, and agreed that it was an important way for these individuals to engage with staff directly and see the quality of the services provided.

## **8. Quality and safety update**

- 8.1. The Committee received presentations from the chairs of the Trust's Patient Safety Committee and Acutely Ill Patient Committee. The Chair of the Patient Safety Committee focussed on the safety aspects of work undertaken with the Quality and Assurance team over the past two years, together with some of their key achievements, developments, and ongoing challenges. The presentation from the Chair of the AIP committee demonstrated how the use of collated data can drive improvements in quality of care. Members welcomed the insight provided into these areas; there was discussion about the importance of collecting and analysing good quality data to both drive improvement in patient outcomes and in supporting research and development. The Apollo Programme was identified as a key enabler of this, and assurance was sought about whether the Trust would have sufficient capacity and capability to use the data in this way. Committee members also acknowledged the need to share successes from across the Trust more readily, to help drive improvement.
- 8.2. The Committee welcomed Gina Brockwell as the Trust's new Chief Midwife. She informed the Committee about the progress the Trust had made in meeting the seven Ockenden immediate and essential actions. It was explained that the outstanding evidence to demonstrate compliance, and the Trust's maternity service safety, had been submitted to NHS England for assessment. The Trust was now waiting to hear what actions and recommendations would be required from

the second Ockenden Report that was expected in the coming weeks. The Committee noted that plans were in place to continue recruiting into the vacant midwifery posts to meet the Birth Rate Plus midwifery workforce staffing review recommendations from the last review carried out in 2021. There remained opportunities to increase staffing levels across maternity services, and the national and international recruitment pipeline was considered to be reasonable.

- 8.3. The Committee noted the likely impact of disinvestment in health visiting services by the local authorities on children's services in Lambeth and Southwark. Whilst this provided an opportunity to consider how health visiting could be transformed, the increasing disparity in funding between the two boroughs meant it was becoming harder to mitigate risks of inequity of access. Committee members recognised this issue was prevalent across many parts of London, and agreed that providing safe services was of paramount importance. There was consideration of other potential funding sources and a suggestion that this issue should be raised through the South East London Integrated Care System (ICS). The Trust would record its view of the operational, safety and legal implications of the disinvestment decisions to ensure the local authorities fully understood the impact.
- 8.4. The Committee noted updates across a range of quality and safety indicators including the ongoing improvement in compliance with Duty of Candour requirements, the significant work that undertaken in redesigning the complaints process to reduce the number of overdue complaints, and serious incident themes and related improvement initiatives. There was a query about the progress being made in completing and closing overdue historical actions from serious incidents. It was explained that clinical groups were being supported to close these, although there was no final target date for completion,. It was recognised by the Committee that the Trust will need to either upgrade its current electronic system (WAFR) to manage clinical guidelines or to procure a new system to fit with the new Trust operating model and to continue to provide regulatory evidence of compliance.
- 8.5. A first phase of pilots of the Trust's new Quality Accreditation Framework had successfully been run in late 2021; outputs from this had allowed for further work to develop a dashboard of metrics to form the basis of quality improvement. A second phase of pilots were about to start, ahead of the formal programme being launched in April 2022. The Chief Nurse would prepare a briefing for the Board to explain how this will fit within the wider Trust quality assurance programmes and the value it would add.

**ACTION: AB**

- 8.6. The Trust's visiting policy was being kept under close review in line with the ongoing relaxation of national restrictions linked to the pandemic, and guidance from the Trust's infection, prevention and control team would be sought in making any changes. The number of incidents and outbreaks of COVID-19 on the Trust's wards had reduced significantly, but the virus was still present and being treated seriously by the Trust. The focus continued to be on mitigating risks through compliance with the Trust's robust infection, prevention and control arrangements.

## **9. Operational performance update**

- 9.1. March had been a challenging month for the Trust, with daily emergency attendance levels back to, and exceeding, pre-pandemic levels. The Trust had provided mutual support to partner trusts in south London, including through ambulance diverts. There had also been a regional increase in the number of individuals presenting with mental health issues, and NHS England was involved in helping ensure this cohort of patients could continue to be cared for safely.

- 9.2. Despite the ongoing operational pressures, bed occupancy had remained stable with no detrimental impact on critical care capacity. The Trust had therefore been able to maintain its planned elective work and the urgent care that required post-operative critical care.
- 9.3. The number of patients with COVID-19 at the Trust was low, and only a few such patients were in critical care beds. Admissions of patients with COVID-19 related conditions were stable, although it was noted that there had been increases elsewhere in south east London. Demand for COVID-19 vaccinations had decreased in recent weeks. The Committee congratulated the vaccination team on its work and recorded its thanks to King's College London and Guy's and St Thomas' Foundation for their help in maintaining the vaccination hubs.
- 9.4. The Committee noted that a more in-depth overview and discussion about operational performance and the challenges facing the Trust would take place at the Board away day.

## 10. Infrastructure update

- 10.1. The Committee noted an update on digital infrastructure which encompassed the Trust's network, the telephony system, computer devices and the operational implications of the Apollo Programme readiness work. The National Cyber Security Centre and NHS England had placed NHS organisations on a high state of alert for cyber attacks as a result of the crisis in Ukraine, and the Trust was consequently reviewing and testing its cyber security resilience. The Audit and Risk Committee would carry out a more detailed consideration of this topic in May 2022.
- 10.2. The Director of Essentia updated the Committee about a number of matters relating to the Trust's estate including the risks around ventilation and asbestos. An Essentia Advisory Board was being set up which would help enable a subset of Trust Board members to discuss estates matters in more detail. There was discussion about how estates requirements linked to the Trust's role as primary vaccination provider for south east London would be funded, and whether there was any impact on the Trust's capital expenditure allocation. The Committee agreed that the Trust could not commit capital unless a clear funding source had been identified.
- 10.3. Although development of the Nuffield theatres had been delayed, clearance had now been received to restart the project, with the aim of opening the theatres in August. A further update on this would be sought and confirmed with the Committee.

**ACTION: AG**

- 10.4. Committee members welcomed news that the refurbishment of the Early Pregnancy and Acute Gynaecology Unit in St Thomas' Hospital had been completed and achieved operational go live in January 2022. The unit had been transformed into a modern department, enabling the service to deliver the highest standards of safe, state of the art patient-centred care. The unit had also been equipped with new features, including three additional consultation rooms, two new patient toilets, a bigger reception and waiting area, and an extra scanning room.

## 11. People and culture update

- 11.1. The Committee was advised of the Trust's position across a number of key staff metrics, including vacancy, absence and staff retention rates. The main reasons for the variances to plan were explained. The targets had been adapted from the Model Hospital and there was debate about whether these had been set at the right level. The Committee noted that the recruitment activity was generally strong, with a particular increase in demand for administrative and clerical staff to support the elective recovery. Managers were being encouraged to be flexible about working patterns where possible, both to stimulate levels of applications and help retain existing staff. Committee members sought clarification about how staff expectations around hybrid working had

changed and discussed the Trust's ability to meet these. It was important to be open and honest with staff about the value of on-site working. The workforce directorate would undertake an evaluation of the risks and opportunities in this area.

**ACTION: AWM**

- 11.2. Following the national launch of the NHS reservist programme the Trust was working with other London providers to explore how this programme might support workforce challenges across all staff groups both locally and across the region.
- 11.3. There was discussion about the impact of the vaccination as a condition of deployment (VCOD) programme on the morale of staff. The continuing need for staff to talk about this was acknowledged. Significant support, including from psychologist wellbeing teams, had been made available and the Trust was exploring whether this could be funded on an ongoing basis. There was, however, recognition that health and wellbeing initiatives were likely to change as the Trust emerges from the pandemic.
- 11.4. The Committee received the Trust's Gender Pay Gap report for the period to 31 March 2021; this was the first such report since the merger with Royal Brompton and Harefield. The pay gap had remained relatively stable in the five years that this data had been reported, with a small reduction from 17% in 2017 to 16% in 2021 despite a variety of interventions and actions to address the causes of the gap. The Committee noted the ongoing work in train to further reduce and close the gap. It was recognised that external developments, such as the changes to the Clinical Excellence Awards scheme, may also have an impact. Committee members discussed the need for an ethnicity pay gap report. It would be important to have a holistic set of data across all protected characteristics to triangulate and evaluate, if we are to reduce inequalities. Some members felt that the Trust needed to be more ambitious in its plans to reduce inequalities amongst staff. There would need to be strong and evident commitment to this ambition from the Board, and effort from the whole organisation. The Committee approved the Gender Pay Gap report for publication.

## **12. Financial update**

- 12.1. An overview was presented of the month 10 position (January 2022) and the main drivers of the variance to plan. The Trust was now forecasting a breakeven year-end outturn. The cash position continued to be healthy and, whilst it had declined slightly in recent months, would increase towards year end as outstanding payments were settled. The Trust was working to improve the speed by which it was paying its suppliers. There remained a risk that the Trust would exceed its Capital Departmental Expenditure Limit (CDEL) allocation for the year, and the implications of this were discussed. The Trust was actively exploring how this risk could be mitigated.
- 12.2. The Committee noted that NHS England had made a targeted investment fund available to trusts to increase capacity to support the elective recovery, and the Trust had bid for part of this funding. Committee members sought clarity on how the Trust's capital projects, including the Orthopaedics Centre of Excellence, could benefit from similar funding opportunities, and asked about the plans for funding community diagnostic centres.

## **13. Supporting Information**

- 13.1. The Committee noted the supporting information, which had been referenced throughout the meeting. No further questions were raised.

**14. Board Assurance Framework**

14.1. The Committee approved a number of amendments that had been proposed to the strategic risks on the Board Assurance Framework that were owned by the Committee.

**15. Any Other Business**

15.1. There was no other business.

*The next meeting would be held on Wednesday 18<sup>th</sup> May 2022.*

**BOARD OF DIRECTORS  
QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 18<sup>th</sup> May 2022, 1pm – 4.30pm  
held virtually via MS Teams**

<b>Members Present:</b>	Dr P Singh – Chair Prof Ian Abbs Ms A Bhatia Mr P Cleal Mr S Davies Mr J Findlay Mr S Friend	Dr F Harvey Dr S Shribman Dr S Steddon Mr L Tallon Sir H Taylor Mr S Weiner – from 2.45pm Ms J Screaton – item 8
<b>In attendance:</b>	Mr E Bradshaw – Minutes Dr W Akhtar Mr R Ali – item 12 Ms S Allen – item 6 Ms S Austin – until 2.45pm Ms E Bignell – item 8 Ms A Brackenridge – item 11 Mr J Bradbury Ms G Brockwell Ms B Bryant – to 3.45pm Ms R Burnett Ms S Clarke – to 3.45pm Mr S Cochrane – item 12 Mr R Craig – to 3pm Ms J Dahlstrom Ms S Franklin Mr A Gourlay	Ms S Hanna – to 4pm Ms A Knowles Mr D Lawson – item 12 Ms R Liley Mr S Marsh – item 12 Mr C Martin Ms S Maskell Mr A Mazumder Cllr M Masters – to 4pm Ms K Moore Ms S Nelson Ms S Noonan Mr A Parrott – item 11 Ms J Richardson – item 6 Ms J Taylor Ms A WilliamsMckenzie

**1. Welcome, introductions and apologies**

1.1. The Chair welcomed colleagues to the meeting of the Quality and Performance Committee (the Committee). Apologies had been received from Javed Khan, Sally Morgan, John Pelly and Reza Razavi.

**2. Declarations of interest**

2.1. There were no declarations of interest.

**3. Minutes of the previous meeting held on 16<sup>th</sup> March 2022**

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

**4. Review of action tracker**

4.1. Updates were outstanding for a number of actions and would be followed-up with owners ahead of the next meeting. No urgent actions were noted as requiring attention.

## **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 kept in mind during discussions.

## **6. Patient story**

- 6.1. The Head of Patient Experience played a recording from a patient who had had self-referred himself to the Trust's dental team following an accident on holiday. In recounting his experience the patient reserved particular praise for the student dentist who had put him at ease, helped undertake the treatment, and who had been very professional in their approach.
- 6.2. The Committee was pleased to hear such a positive account of how the Trust had helped the patient and thanked the dental team for their work. There was discussion about how the Trust managed patients' expectations of student dentists and also how patients' needs were assessed to ensure students would benefit from working with varying levels of complexity. There were also questions about how the self-referral process worked.

## **7. Feedback from Trust site visits**

- 7.1. Non-executive directors gave brief reports about their observations during recent visits across the Trust, including to general wards, to thank nurses for their hard work on International Nurses' Day, to the hand trauma clinic and to the Royal Brompton Hospital. The Committee noted common themes around the dedication of staff, a positive working culture and staff enthusiasm for the new Epic system to help improve productivity and efficiency. Areas of concern included the availability and utilisation of space given the increasing demands on services, the importance of maintaining theatres and laboratories, and the need to continue to recruit nurses.

## **8. People and culture update**

- 8.1. Data from a range of key workforce indicators was presented with an overview of the trends in each area. The Committee was pleased that the overall Trust vacancy rate was at its lowest level for over a year despite an increasing voluntary turnover rate over the same period. The Trust was placing considerable focus on staff retention, including identifying successful initiatives in other NHS trusts, evaluating the impact of hybrid working, and piloting a talent framework to show how the Trust offers a range of career options for staff. Whilst there had been some significant improvements in the levels of staffing numbers in some areas such as adult critical care, the Committee recognised the need for ongoing recruitment.
- 8.2. The Trust's outcomes from the 2021 NHS Staff Survey compared favourably to both other trusts nationally and the other members of the Shelford Group, particularly in areas such as staff engagement, taking positive action on staff health and wellbeing, and staff recommending the Trust as a place to work. Despite these results the Trust was restless to achieve the best scores in all metrics. The Freedom To Speak Up Guardian talked about her work between October 2021 and March 2022. The number of cases reported to the Guardian had increased from the previous six months and had come from a broad cross-section of Trust staff and occupational groups. Committee members regarded this as a positive indication that staff were aware of the service and were confident approaching the Guardian.



- 8.3. The information from both the NHS Staff Survey and the Freedom To Speak Up Guardian had been triangulated against the NHS People Promises to give a clear sense of the main areas for improvement, which were to:
- Become a more diverse and representative organisation by reducing discrimination and increasing opportunities for career progression;
  - Ensure staff know about how they can report concerns and feel confident that action would be taken as a result; and
  - Take specific action in relation to bullying and harassment.
- 8.4. The Trust was taking steps to more effectively embed equality, diversity and inclusion (EDI) into its objectives, ambitions and behaviours. The existing range of EDI interventions would be streamlined, with a focus on assessing the impact of initiatives to ensure every action taken is making a positive change. A Trust-level EDI approach was being developed to support the People Strategy and would set out how equity and inclusion would be built into everyday Trust activity and measured, and would also feature a more defined focus on patient equality.
- 8.5. The 'Just Culture' initiative had been launched in 2021 and aimed to ensure that problems arising in relation to staff members were managed in a way that is constructive and emphasised learning and improvement rather than punitive action. Data was presented that showed the process had significantly reduced the number of formal disciplinarys, although as these were still disproportionately impacting on Black staff, further steps were being taken to help reduce inequalities in this area. The Trust was committed to increasing the pace of progress, including sharing the outcomes and findings from the Just Culture approach across the organisation.
- 8.6. The Trust's Health and Wellbeing strategy had been refreshed and the Committee received updates about new initiatives including additional staff support in response to COVID-19 and the Wellbeing Champion network. There was discussion about how line managers were being developed to manage their staff effectively and to treat each other fairly and equally.
- 8.7. The clinical groups and Essentia provided reflections on the data that had been presented and some of the different challenges in their groups, which included the continuing impact of the Vaccination as a Condition of Deployment requirement, an increasing staff absence associated with mental health conditions and the importance of opportunities for career progression. An 'ideas committee' had been established in Essentia to consider how to better support staff. The staff psychology service was flagged as having been very important over the past two years and should be sustained.

## **9. Infrastructure update**

- 9.1. The Apollo Programme would implement a 'change freeze' from November 2022 that would protect business operations by ceasing all non-essential IT projects across the Trust to ensure focus on a successful 'go live' of the new electronic health record system in April 2023. A working group would ensure that any exceptions would be agreed in a controlled way. The need to work closely with staff at King's College Hospital NHS Foundation Trust, particularly given the different 'go live' dates in the two organisations, was discussed.
- 9.2. The list of systems that were due to be fully replaced by Epic was set out and the importance of good communications with clinicians using these systems was emphasised, as was the need to support an environment of innovation at a time when we are trying to find new solutions to complex challenges.

- 9.3. The first Essentia Advisory Board meeting had been held earlier in May following the establishment of Essentia as a delivery group. Board members had received an overview about the services provided by Essentia across the Trust's estate and through partnership models with other trusts in south east London.
- 9.4. The Committee was informed about two unrelated and isolated cases of legionnaires disease reported at St Thomas' Hospital, into which investigations were ongoing. Remedial actions were being taken and the patients had made a good recovery. Following a successful competitive tender the Trust had appointed a new specialist water safety contractor which had commenced work in April and would review the Trust's water safety plans.
- 9.5. An update was also received about the removal and replacement of the cladding on the Cancer Centre at Guy's Hospital due to a change in building regulations following the tragic events at Grenfell Tower in 2017. It was expected that the majority of the cladding would be removed within six weeks. The Trust's Fire Safety Committee had also agreed a number of additional mitigating actions to further minimise fire risk. As a result of these actions and deliberations, the Committee had concluded that the likelihood of fire had not increased and that the Cancer Centre remains safe to occupy. Fire evacuation plans remain unchanged and an update will be provided to staff highlighting the current work.

## **10. Operational performance update**

- 10.1. The delivery of increased activity had taken longer than anticipated, partly due to infection prevention and control restrictions arising from the pandemic, but the Trust was seeing week on week improvement, and this was expected to continue as changes to these restrictions were made. The Trust was balancing delivery of increased activity with the need to treat patients in order of clinical priority. Although the Trust's elective waiting list continued to grow, the number of patients waiting longer than a year for treatment had reduced significantly over the past year, demonstrating the Trust was also targeting those patients who have been waiting the longest. There remained an ongoing focus on improving theatre productivity using Model Hospital data and benchmarking information.
- 10.2. Urgent and emergency care performance was amongst the best in London despite high attendance levels. The operational impact of patients requiring mental health support, and the lack of specialist mental health care capacity remained a significant issue. The Trust was continuing to work with partner organisations to address this. Good progress had been made with regards to minimising ambulance handover delays; this was a national issue, but overall performance at St Thomas' Hospital was good.
- 10.3. The number of inpatients with COVID-19 had plateaued and was at a manageable level. The Trust was one of a small number of nationally-commissioned centres for high consequence infectious diseases (HCID) and was currently supporting the national response to monkey pox.

## **11. Quality and safety update**

- 11.1. The Committee received data tracking the core elements of quality and safety across the Trust together with the improvement work that was being taken in response. Good progress was being made in implementing actions from previous serious incidents and work was ongoing to review compliance with Duty of Candour requirements and ensure accurate recording of actions taken on Datix to provide assurance that both verbal and written Duty of Candour are completed and validated.

- 11.2. The Committee received a presentation about the work being done in diabetes care as a case study of the improvement work taking place. The Committee noted the widespread use of technology and collaborative working that was leading to better outcomes for patients, and how the internal Diabetes Committee was ensuring learning was spread across the Trust. Committee members thanked colleagues for the presentation and the impactful work being done by the team.
- 11.3. Challenges remained with the full integration of systems in the new Heart Lung and Critical Care Clinical Group, as well as in the expanded Evelina Clinical Group which now includes children's services at Royal Brompton and Harefield hospitals. Improved integration of risk management systems was required for enhanced data analysis, identification of trends and themes and improved accessibility of documents. It was anticipated that the development and implementation of the new Patient Safety Incident Management Framework would improve analysis and learning from adverse events. A briefing for the Board on the new framework would be arranged in due course.

**ACTION: EB**

- 11.4. The Committee noted the draft Quality Account for 2021/22 which contains the quality priorities proposed for next financial year, confirmation on actions taken from last year's quality priorities, and key statements on quality and safety performance for the previous year. It would be published on the Trust website. The bi-annual Nutrition Report had demonstrated the Trust's compliance with the Department of Health Hospital Food Standards Panel's Report on Standards for Food and Drink in NHS Hospitals (DH 2014) and confirmed that no serious incidents had been logged in relation to nutrition during this reporting period.

## **12. Financial update**

### ***Month 12 Finance report***

- 12.1. The Trust's draft accounts had been submitted to NHSEI in late April and had reported a small full-year surplus, despite the challenges and financial pressures of the past year. The Trust had slightly underspent its capital expenditure allocation and the Committee noted that a capital plan for 2022/23 had been agreed at the Finance, Commercial and Investment Board Committee the previous month. The cash balance remained stable. The audit of the accounts was progressing well and was being overseen by the Audit and Risk Committee. A further iteration of the financial plan was required to be submitted by late June.

### ***Contract award for Blood Gas Analysers Managed Service***

- 12.2. The contract to supply the Trust's requirement for 65 blood gas analysers was last competitively tendered in 2018. A tender process had been undertaken earlier in 2022 and subject to an open competition in line with public procurement regulations. The outcomes of this process, including the financial implications for the Trust, were noted.

**RESOLVED:**

- 12.3. The Committee approved the contract award to Werfen.

### ***GMP Labs Expansion Full Business Case***

- 12.4. The Committee received a proposal to expand the Trust's advanced therapies manufacturing infrastructure by expanding the cell therapy manufacturing suite and developing a new gene therapy manufacturing unit. The programme would deliver two additional GMP clean rooms for cell therapy manufacture and a new state of the art gene therapy manufacturing unit. This would enable the Trust to continue and grow its national leadership in the development of advanced

therapies for wide range of incurable and difficult to treat illnesses through the National Institute for Health and Care Research (NIHR) Biomedical Research Centre, and complements the Trust's leading role in the clinical delivery of advanced therapies, for example by the provision of the Zolgensma treatment for spinal muscular atrophy.

12.5. The Committee noted how the Trust would collaborate with King's College London to finance the work. Committee members were strongly supportive of the proposals, and agreed that the plans would benefit a wider number of patients where these products are frequently a last option for treatment. There was discussion about the feasibility of the indicative timescale and about the risks to delivery.

**RESOLVED:**

12.6. The Committee approved:

- The Full Business Case;
- The total project budget;
- The Trust's entry into a Pre-Construction Services Agreement (PCSA) with the preferred bidder; and
- The Trust's entry into a New Engineering Contract (NEC3) Engineering and Construction Contract Option C form of contract with the preferred bidder at the end of the PCSA period.

**13. Board Assurance Framework**

13.1. The Committee noted the updates that had been made to the strategic risks and the current assurance levels on the Board Assurance Framework that were owned by the Committee. There would be more discussion around these risks at the next Committee meeting where more detailed data would be available at a clinical group level to support risk considerations.

**14. Supporting Information**

14.1. The Committee noted the supporting information, which had been referenced throughout the meeting. No further questions were raised.

**15. Any Other Business**

15.1. There was no other business.

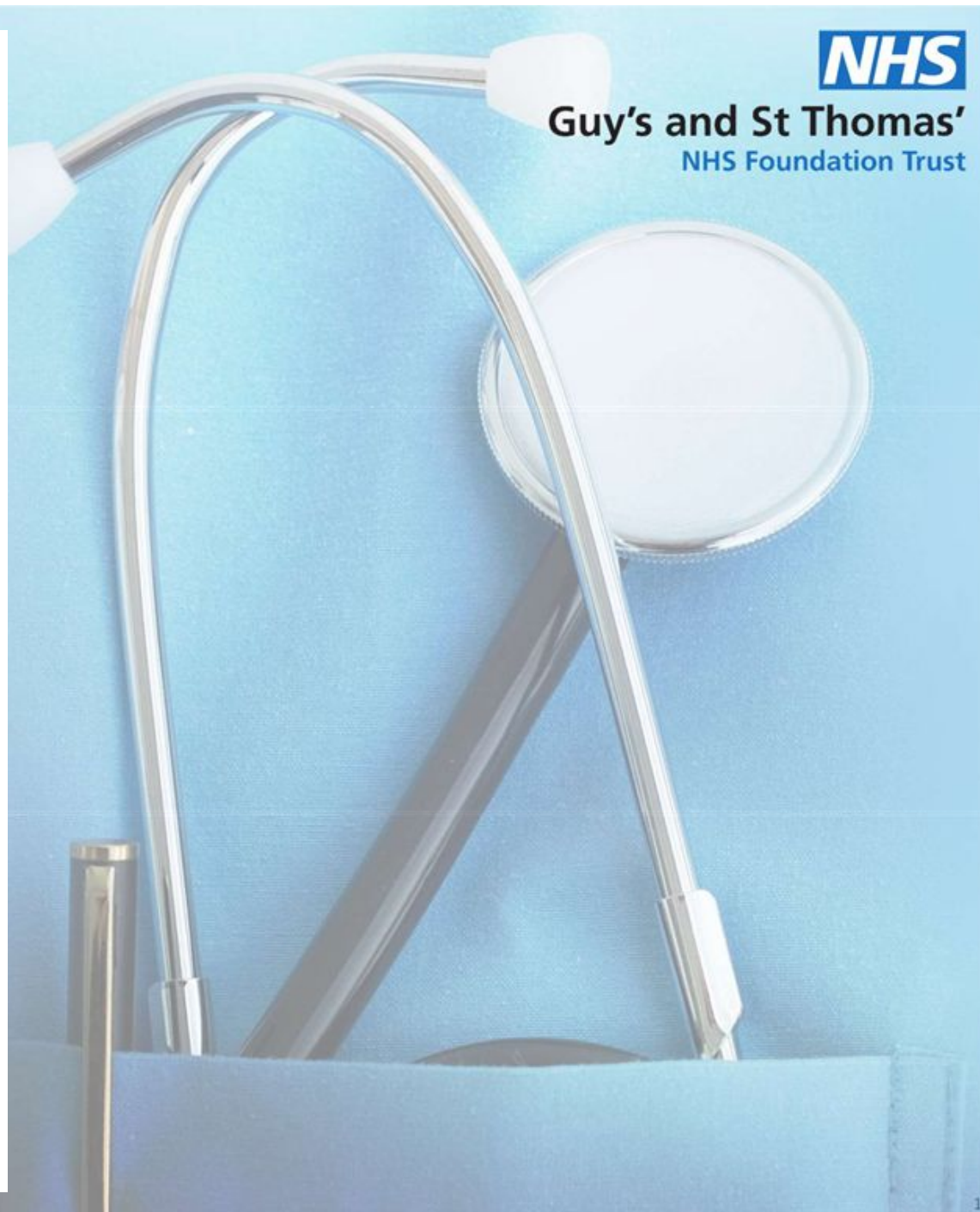
*The next meeting would be held on Wednesday 6<sup>th</sup> July 2022*



**Guy's and St Thomas'**  
NHS Foundation Trust

# Integrated Performance Report

May 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 domains<sup>1</sup> 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) variation<sup>2</sup> 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.*



<sup>1</sup>The source of our core domains:

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

<sup>2</sup>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.

# Report Contents

Domain	Indicator	Actual	Target	Statistical Process Control*	Page number
Safe	Total number of NEs in month	1	0	Common cause variation	
Safe	Pressure ulcer acquisitions attributable to the Trust	39	20	Common cause variation	<a href="#">4 - 7</a>
Safe	Healthcare associated MRSA bloodstream infection	0	0	Common cause variation	
Safe	Healthcare-associated C. difficile infection	4	2	Common cause variation	
Caring	Friends and family test: Percentage of who patients who responded good or very good summary	N/A	N/A	N/A	<a href="#">8 - 9</a>
Caring	Friends and family test: Percentage of who patients who responded poor or very poor summary	N/A	N/A	N/A	
Responsive	Percentage of A&E patients that waited less than 4 hours to be seen (type 1, 2 and 3)	79%	95%	Common cause variation	
Responsive	Number of patients spending >12 hours in A&E from decision to admit (DTA)	36	0	Common cause variation	
Responsive	Percentage of cancer referrals seen within 2 weeks	80.9%	93%	Common cause variation	
Responsive	Percentage of cancer referrals meeting the faster diagnosis standard of outcome of suspected cancer within 28 days of referral	67.5%	75%	Common cause variation	
Responsive	Percentage of cancer patients starting their first treatment within 62 days of all urgent GP referrals	47.5%	85%	Common cause variation	<a href="#">10 - 18</a>
Responsive	Percentage of patients waiting over 6 weeks for a diagnostic test	9.8%	1%	Common cause variation	
Responsive	RTT - Total incomplete pathways	94,684	N/A	Special cause variation – single point	
Responsive	RTT - Incomplete pathways over 52 weeks	1,484	0	Common cause variation	
Responsive	New and Overdue Complaints	N/A	N/A	N/A	
People	Sickness and absence rate	4.6%	3.0%	Special cause variation	<a href="#">19 - 20</a>
People	Overall vacancy rate	11.2%	10.0%	Special cause variation	

## \*SPC and level definitions

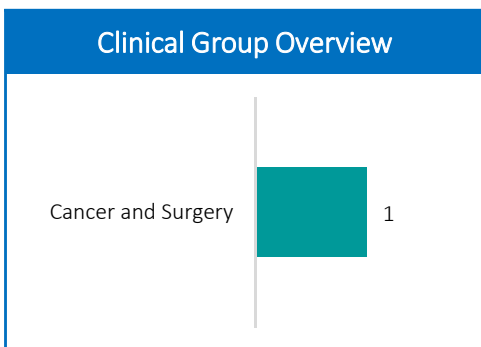
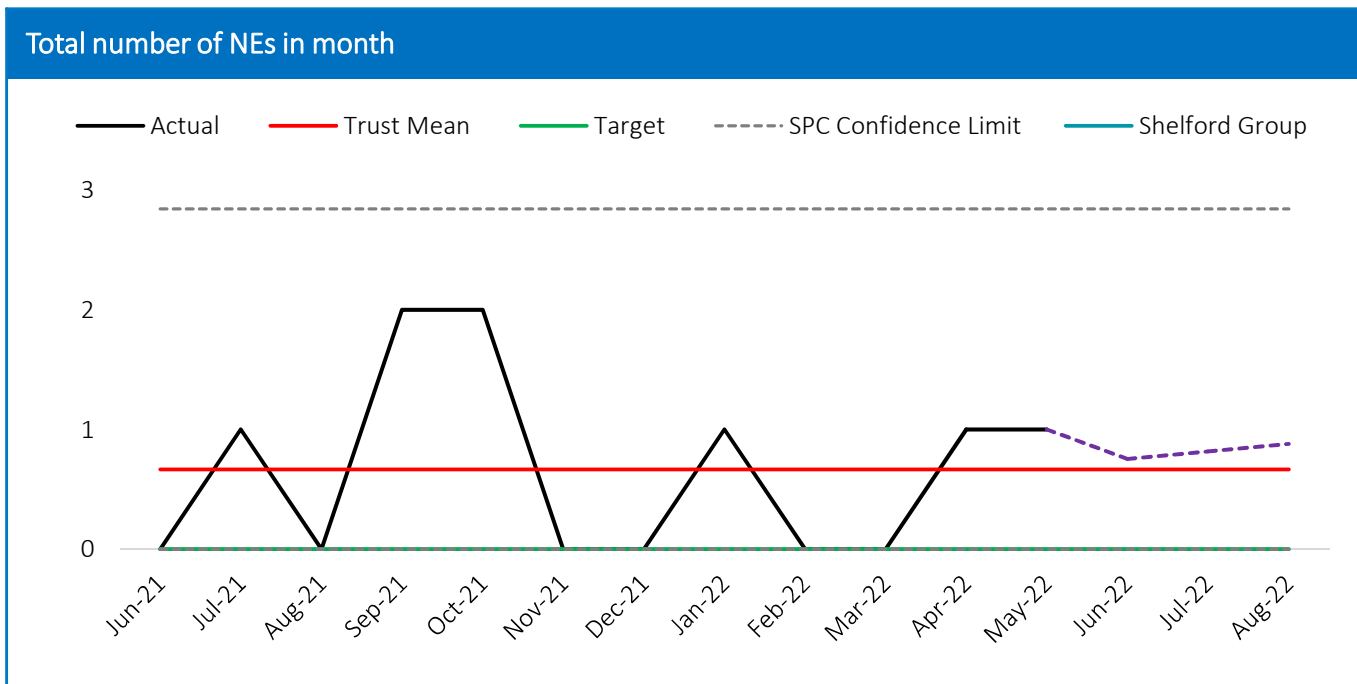
Statistical Process Control (SPC) charts allow you to identified statistically significant changes in data. The SPC confidence (or process) limits represent the expected range for data points if variation is within the expected limits. See the supporting information page for more information.

Safe

# Total number of never events

May-22	Target
1	0

SPC Variance
Common cause variation



#### Updates since previous month

- 8 Never events in previous financial year, with 2 this financial year; one wrong side surgery (injection on wrong side) and one wrong route medication error.
- Theme of surgical/theatre related never events.

#### Current issues

- Ongoing theme with surgical never events and appropriate use of consent and pre-surgical checklist.
- May's medication error related to an insulin syringe not being used to administer the correct dose.

#### Key dependencies

- Effective communication and documentation relating to consent and HO pre-surgical checklist.
- Use of insulin syringes crucial when preparing insulin in all settings across the Trust.

#### Future actions

- Investigation underway for each specific case.
- Trust-wide audit and improvement plan on effectiveness of surgical checklist, communication in theatre and consent within surgical services.



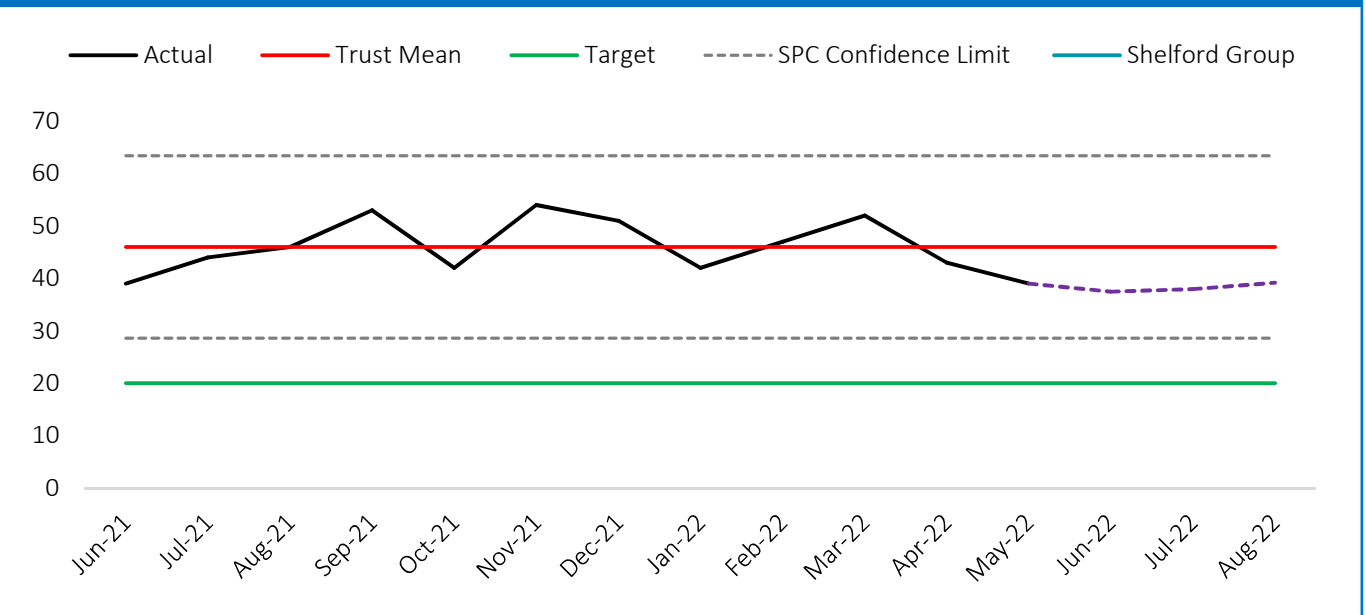
Safe

# Pressure ulcer acquisition attributable to the Trust



May-22	Target
39	20

## Pressure ulcer acquisition attributable to the Trust



SPC Variance
Common cause variation

Clinical Group Overview	
Integrated and Specialist Medicine	29
Heart, Lung and Critical Care	8
Cancer and Surgery	2

**Updates since previous month**

- Improvements in pressure ulcers acquired in the community since March due to targeted work in addressing staffing, education of patients and carers

**Current issues**

- Improvement required in completion of risk assessments and associated actions
- Inaccurate reporting of incidents by staff
- Delays in ordering of pressure relieving equipment

**Key dependencies**

- Implementation of Epic with integrated reporting functionality
- Procurement of new incident reporting system with improved validation to reduce reporting errors

**Future actions**

- Working with Epic (new electronic patient record) to develop prompts for staff to complete assessments and generate reports faster
- Continue with enhanced education programme

Safe



Guy's and St Thomas' NHS Foundation Trust

# Healthcare associated MRSA bloodstream infection

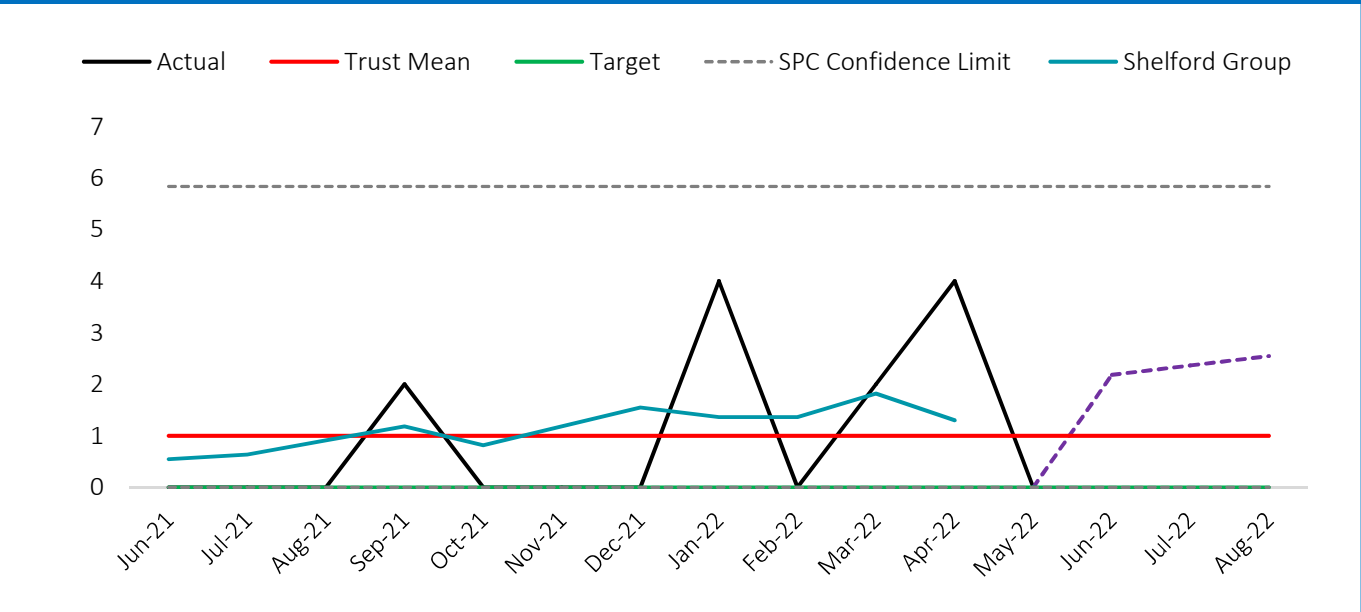
May-22	Target
0	0

SPC Variance
Common cause variation

Shelford Group Avg. (Apr - 22)
1

Clinical Group Overview
Data is currently unavailable at clinical group level

## Healthcare associated MRSA bloodstream infection



Updates since previous month
<ul style="list-style-type: none"> <li>There have been no healthcare-associated MRSA BSIs for the month of May 2022.</li> <li>There were 2 healthcare-associated MRSA BSIs in April 2022.</li> </ul>

Current issues
<ul style="list-style-type: none"> <li>The Trust retains a good position in the Shelford group with respect to the rate of healthcare-associated MRSA BSIs.</li> </ul>

Key dependencies
<ul style="list-style-type: none"> <li>Continued input from clinical teams in the case review process.</li> </ul>

Future actions
<ul style="list-style-type: none"> <li>Continue to identify and implement learning from post-infection reviews of MRSA BSIs.</li> <li>A focus on improving line care and skin decolonisation to prevent MRSA BSI.</li> </ul>

Safe



Guy's and St Thomas' NHS Foundation Trust

# Healthcare-associated C. difficile infection

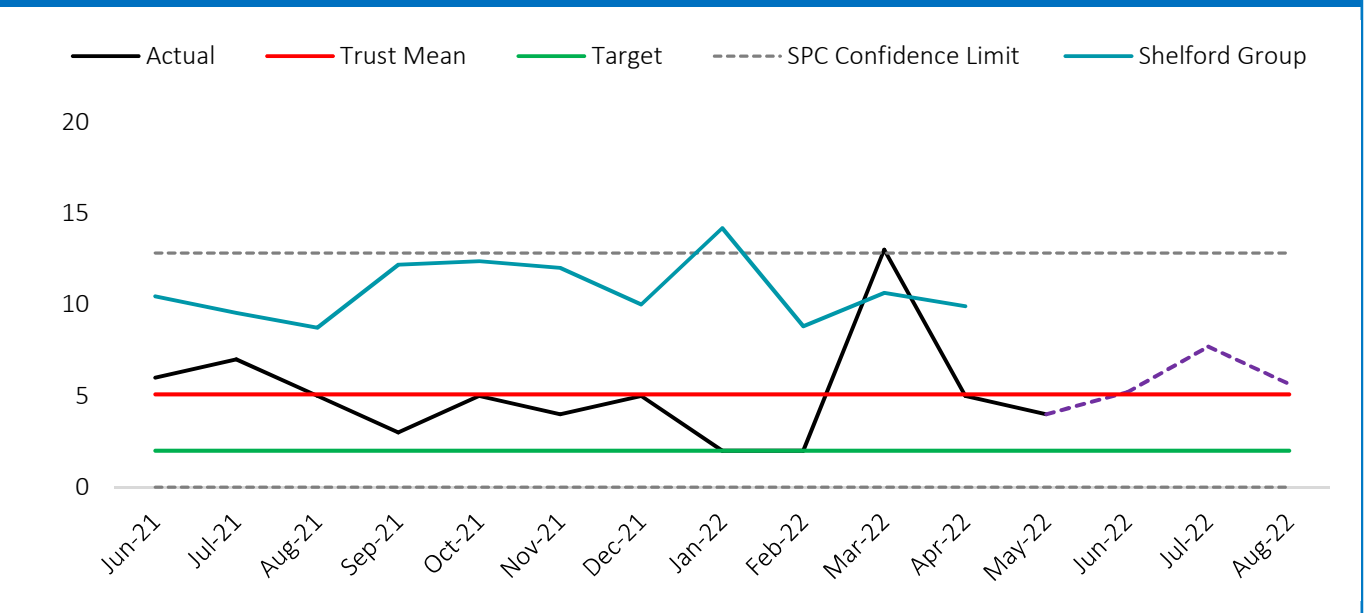
May-22	Target
4	2

SPC Variance
Common cause variation

Shelford Group Avg. (Apr - 22)
10

Clinical Group Overview
Data is currently unavailable at clinical group level

## Healthcare-associated C. difficile infection



Updates since previous month
<ul style="list-style-type: none"> <li>There has been a slight decrease in the number of healthcare-associated C. difficile cases seen across the Trust in April and May 2022, compared with March 2022.</li> </ul>

Current issues
<ul style="list-style-type: none"> <li>No clear lapses in care due to antibiotic choices or cross-transmission have been identified.</li> <li>The Trust continues to have the lowest rate of healthcare-associated BSI in the Shelford group.</li> </ul>

Key dependencies
<ul style="list-style-type: none"> <li>Continued input from clinical teams in the case review process.</li> </ul>

Future actions
<ul style="list-style-type: none"> <li>Ongoing work to improve post-infection review data collection process to better identify trends that will inform quality improvement practices.</li> </ul>

Caring

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



## May-22 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%	78.6%	▼		13.3%
Admitted	97%	95.1%	▲		23.4%
Outpatients	93%	91.1%	▼		N/A
Maternity	92%	93.6%	▼		10.8%
Community	96%	100.0%	▲		3.6%
Patient transport	92%	93.9%	▲		1.5%

### Updates since previous month

- There have been increases in positive scores for the Friends and Family Test in admitted care, community services and patient transport however response rates in some areas are lower than expected. Although the score for Maternity Services has dipped this month it remains above target.

### Current Issues

- A key theme in patient comments is that of delays. Patients attending A&E highlighted lengthy waits in the department when waiting to be seen, as did a small number of women attending our antenatal clinic. Outpatients also reported significant delays in clinic following initial arrival.
- Outpatients also highlighted cancelled appointments and challenges when trying to rebook.
- Poor staff attitude was also a theme within A&E and outpatient comments

### Key dependencies

- Attendances at A&E remain very high and this is impacting negatively on patients' experience.
- Increased activity levels and operational pressures in outpatient areas as we progress our recovery plan is also impacting adversely on outpatient experience in terms of long waits

### Future actions

- Results have been shared with senior colleagues within Clinical Groups to encourage discussion regarding response rates and improvement activities
- We will also develop and response rate targets to support teams in understanding the volume of responses they need to capture to achieve a robust body of data

Caring

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



## May-22 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%	11.1%	▲		13.3%
Admitted	1%	2.0%	▼		23.4%
Outpatients	3%	5.0%	▲		N/A
Maternity	3%	2.3%	▲		10.8%
Community	1%	0.0%	▼		3.6%
Patient transport	2%	1.4%	▼		1.5%

### Updates since previous month

- There have been decreases in negative scores for the Friends and Family Test in admitted care, community services and patient transport . Response rates in these two areas are lower than expected.
- Although the score for Maternity Services has increased this month it remains within target.

### Current Issues

- A key theme in patient comments is that of waiting and delays. Patients attending A&E highlighted lengthy waits in the department waiting to be seen, as did a small number of women attending our antenatal clinic. Outpatients also reported significant delays in clinic following arrival.
- Outpatients also highlighted cancelled appointments and challenges when trying to rebook.
- Poor staff attitude was also a theme within A&E and outpatient comments

### Key dependencies

- Attendances at A&E remain very high and this is impacting negatively on patients' experience.
- Increased activity levels in outpatient areas as we progress our recovery plan is also impacting adversely on outpatient experience as are operational pressures within outpatient areas.

### Future actions

- Results have been shared with senior colleagues within Clinical Groups to encourage discussion regarding response rates and improvement activities
- We will also develop and response rate targets to support teams understanding the volume of responses they need to capture to achieve a robust body of data

Responsive



Guy's and St Thomas' NHS Foundation Trust

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

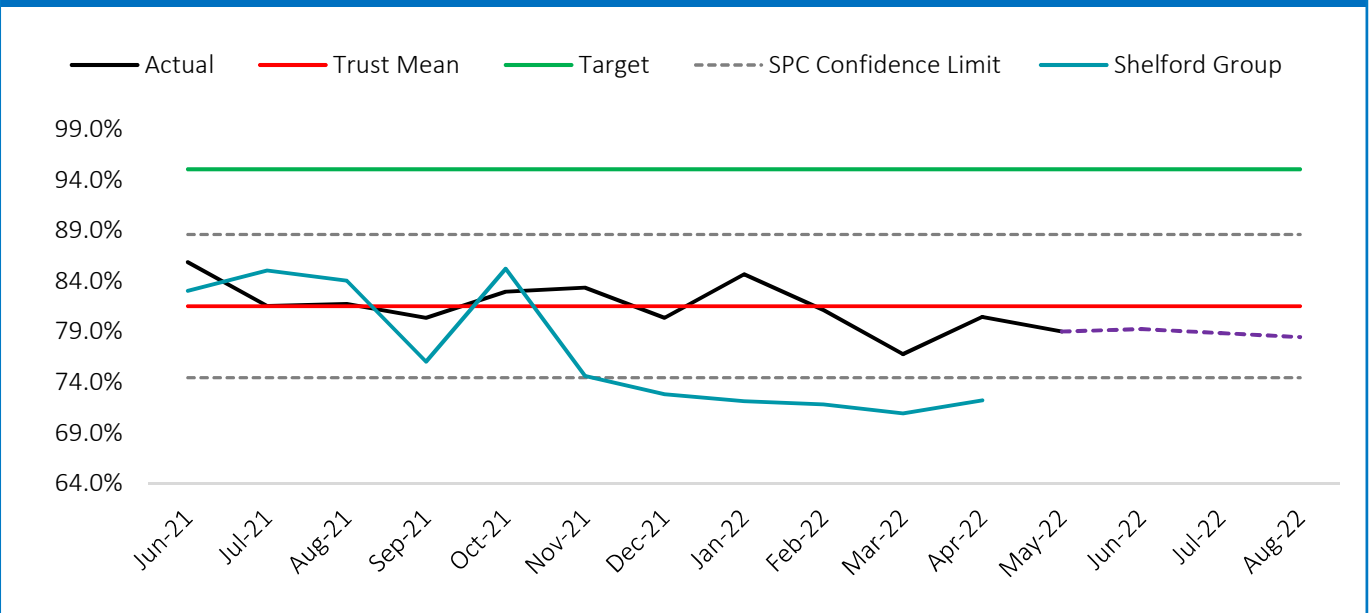
May-22	Target
79.0%	95.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Apr - 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
<ul style="list-style-type: none"> <li>Very slight decrease in performance compared to April 2022.</li> <li>Continuing to see high numbers of walk ins through A&amp;E and increased utilisation of GP slots</li> </ul>

Current issues
<ul style="list-style-type: none"> <li>High flow through from afternoon / evening and continuing into night</li> <li>Medical and Nursing staffing challenges, further impacted by May bank holidays</li> </ul>

Key dependencies
<ul style="list-style-type: none"> <li>GP Model of Care</li> <li>SDEC Pathways</li> <li>Length of Stay and flow</li> </ul>

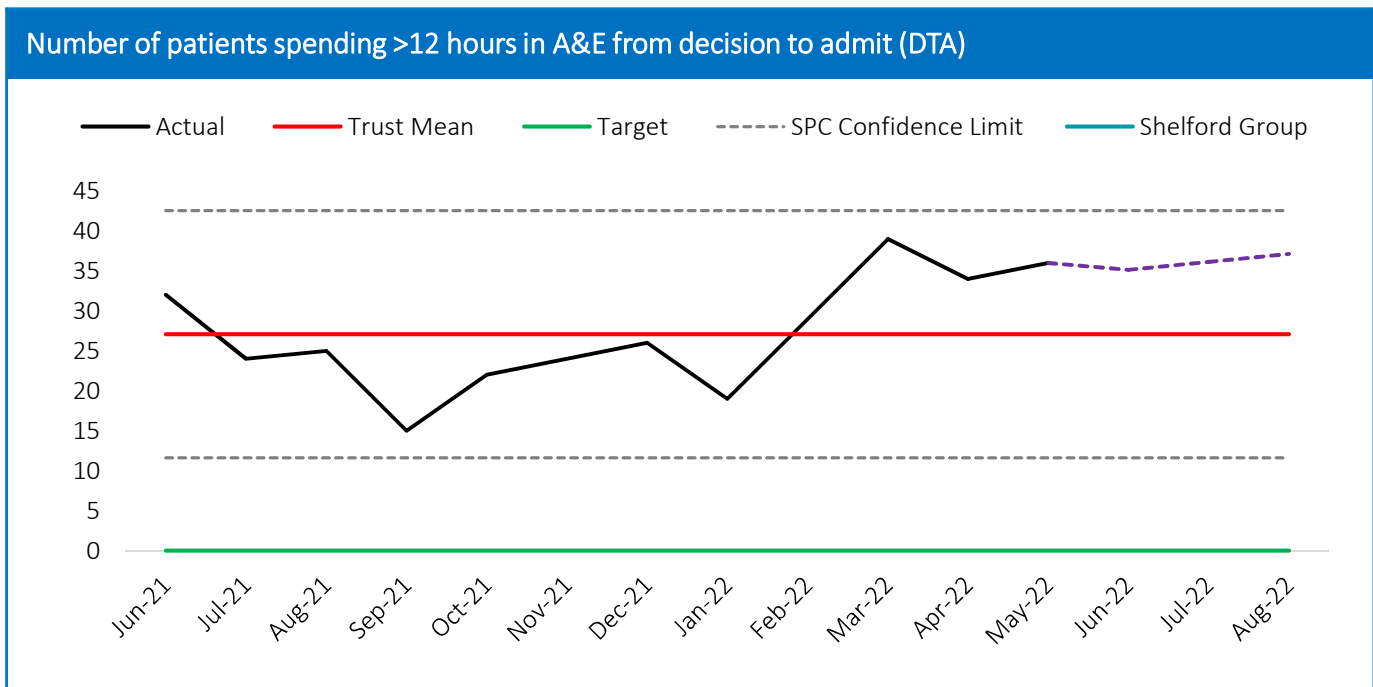
Future actions
<ul style="list-style-type: none"> <li>Mini missed opportunity audits to be completed</li> <li>Guys UCC to offer 60 additional slots</li> <li>Restart Majors task and finish group</li> </ul>

Responsive

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



May-22	Target
36	0



SPC Variance

Common cause variation

Clinical Group Overview

Data only applies to Integrated and Specialist Medicine clinical group

Updates since previous month

- Remains all mental health presentations

Current issues

- Sector Wide Capacity leading to extended time of supporting patients in A&E
- Theme of aggression and violence towards staff and estates

Key dependencies

- Interaction and outputs from escalations with SLAM and other mental health providers

Future actions

- CAU operating model review underway, audit to be completed on sample of patients using CAU and review of medical model
- Review of all Mental health meetings and governance structures

Responsive



Guy's and St Thomas' NHS Foundation Trust

# Percentage of cancer referrals seen within 2 weeks

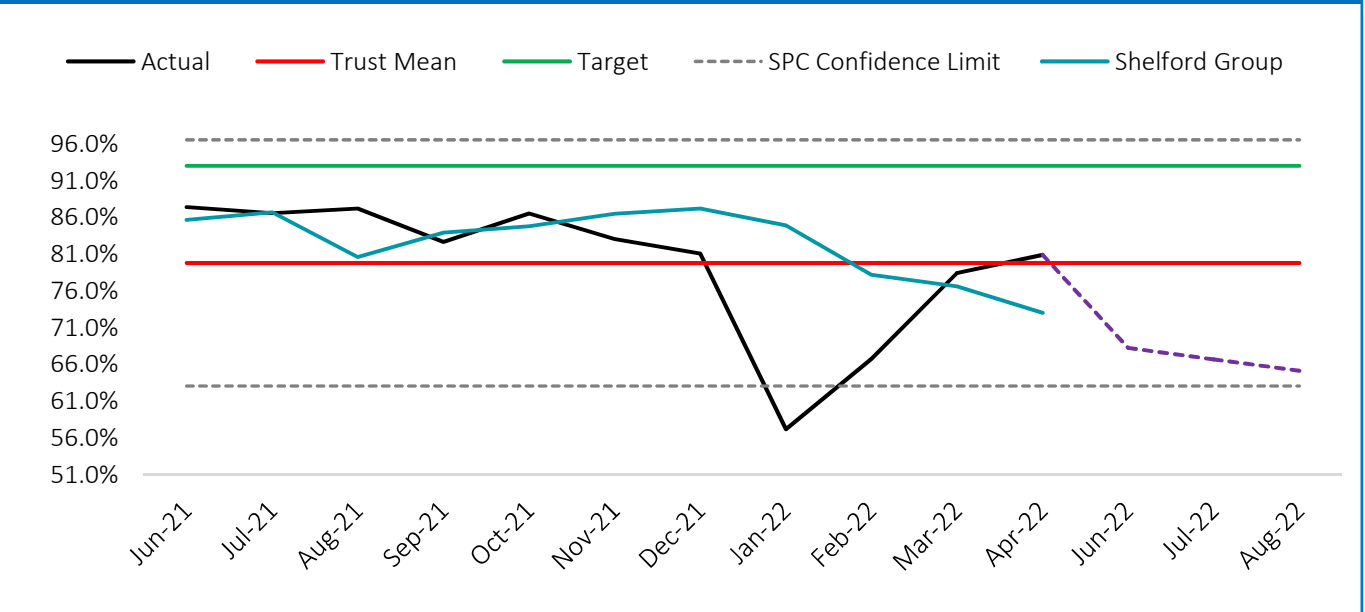
Apr-22	Target
80.9%	93.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Apr - 22)
73%

Clinical Group Overview
Data only applies to Cancer and Surgery clinical group

## Cancer - 2 week wait



Updates since previous month
<ul style="list-style-type: none"> <li>2ww performance has improved in April, up to 80.9% from 78.4% in March</li> <li>Further improvements are anticipated in May; with Gynaecology expected to hit the target for the first time in over a year</li> </ul>

Current issues
<ul style="list-style-type: none"> <li>Referral levels</li> <li>Pathways requiring redesign</li> <li>Gaps in skilled workforce</li> </ul>

Key dependencies
<ul style="list-style-type: none"> <li>Some services (Head &amp; Neck and Gynaecology) continue to see 2ww referrals far above pre-pandemic levels. Other services are stabilising at 100% of pre-pandemic levels.</li> <li>Urology referrals have started to recover strongly.</li> <li>GSTT is providing mutual aid to LGT for skin referrals, and KCH are providing mutual aid to GSTT for Ovarian referrals</li> </ul>

Future actions
<ul style="list-style-type: none"> <li>Star chambers being held in June with the most challenged tumour groups; with a clear focus on pace of improvement action, ranging from additional staff investment (gynaecology), pathway redesign (urology/prostate and colorectal) to clinic rebuilds and ad hoc additional capacity (head and neck)</li> </ul>



**Responsive**

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



Apr-22	Target
67.5%	75.0%

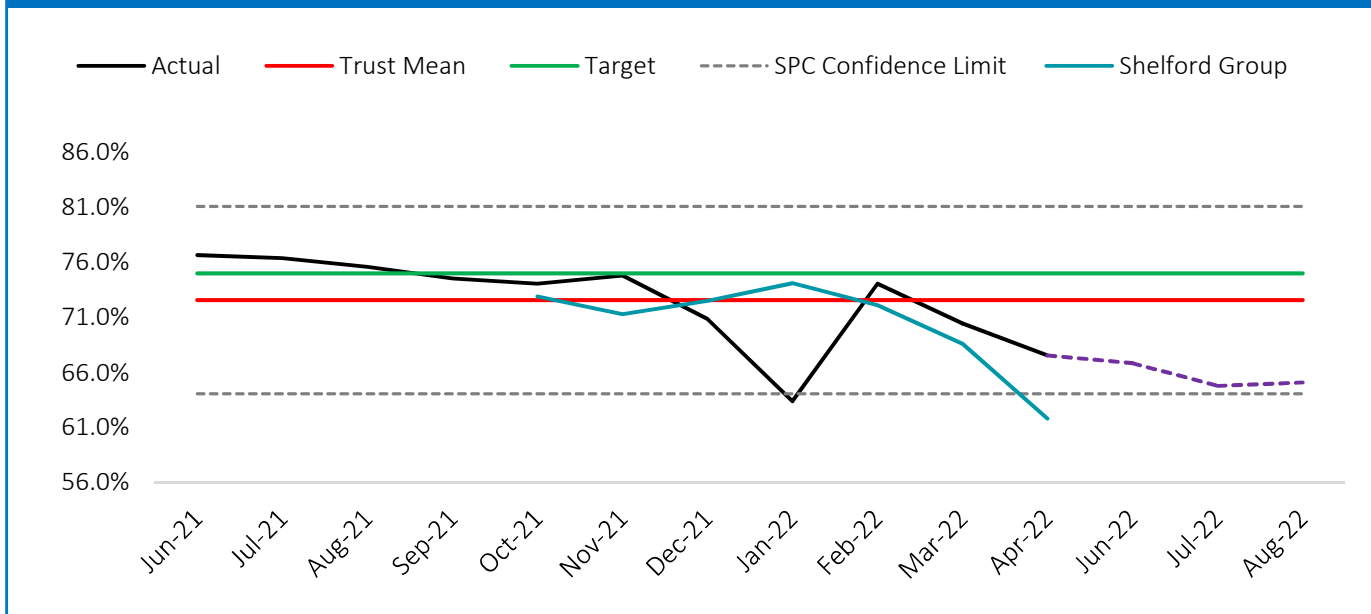
SPC Variance
Common cause variation

Shelford Group Avg. (Apr - 22)
62%

**Clinical Group Overview**

Data only applies to Cancer and Surgery clinical group

## Cancer - FDS



**Updates since previous month**

- Performance has dipped in March and April following a significant improvement in February; but is showing signs of significant improvement in May. The dip was driven by the poor 2ww performance in January

**Key dependencies**

- Support from colleagues in CLIMP; secured through star chamber meetings as well as a newly formed CLIMP cancer board

**Current issues**

- Gynaecology hysteroscopy capacity (OP and DC) driven by gaps in skilled workforce
- Pathway redesign (Colorectal and Urology/Prostate) to support initial diagnostic earlier in pathway
- Demand and capacity mismatch (Head & Neck) driven by rise in referrals

**Future actions**

- Investment in workforce in Gynaecology, with interim support from Women's services and new triage processes in place
- Implementation of the accelerated pathway in Prostate
- Pathway redesign and workforce investment (Colorectal) for patients requiring a CTE
- Re-invigoration of the one stop clinic model in Head & Neck

Responsive

# Percentage of cancer patients starting their first treatment within 62 days of all urgent GP referrals (page 1 of 2)

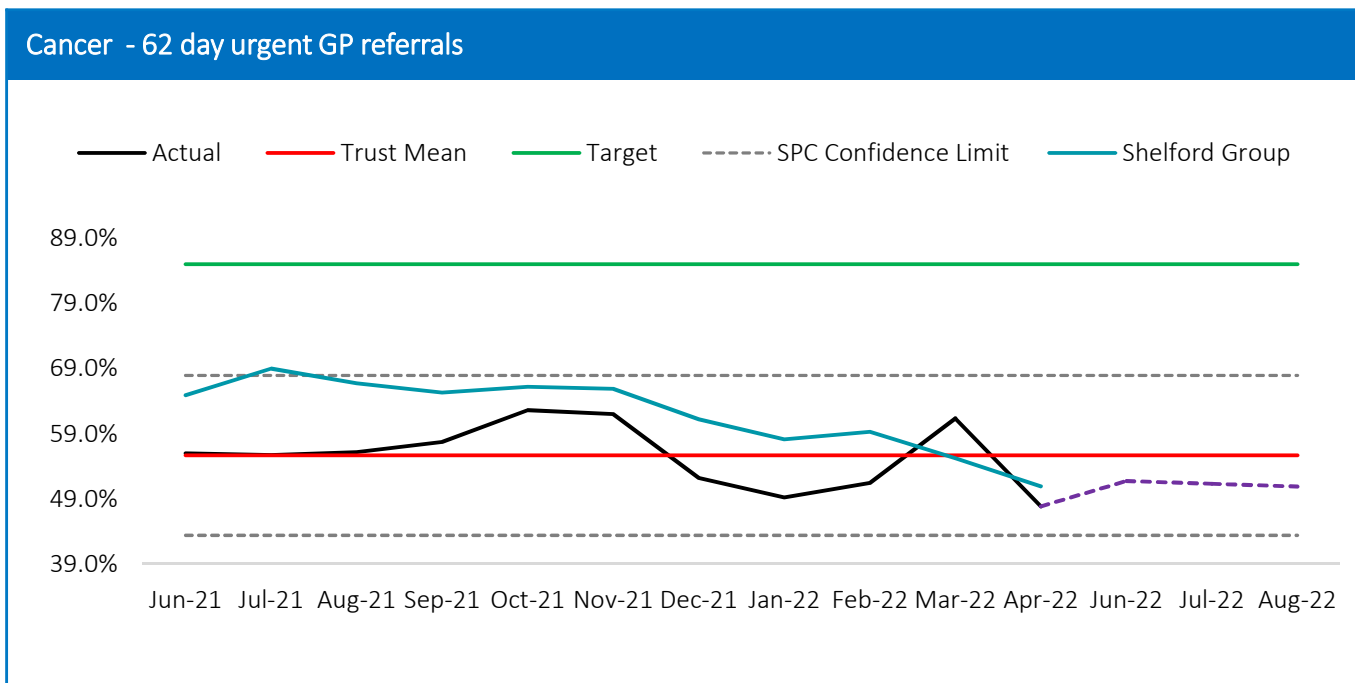


Apr-22	Target
47.8%	85.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Apr - 22)
51%

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



- #### Updates since previous month
- Performance remains challenged on the 62 day performance measure, with a drop seen in performance in April, driven by: the dip in 2ww performance in January (particularly in Breast); a slight drop in treatments; high numbers of ITTs in Thoracic resulting in challenges in meeting the 24 day target due to theatre capacity.
  - The May position is expected to improve significantly on the April position

- #### Key dependencies
- Imaging support
  - Sector pathway improvements
  - Surgical productivity improvements

- #### Current issues
- Delays to earlier stages in the pathways (see 2ww and FDS slides for detail)
  - Theatre capacity

- #### Future actions
- CLIMP cancer board set up with good engagement and renewed focus
  - Star chambers for the most challenged tumour groups with clear actions established, with appropriate fast-tracking
  - Refresh of patient tracking and escalation processes
  - Regular updates at senior leaders to ensure visibility and shared ownership and focus for the challenge

Responsive

# Percentage of patients waiting over 6 weeks for a diagnostic test

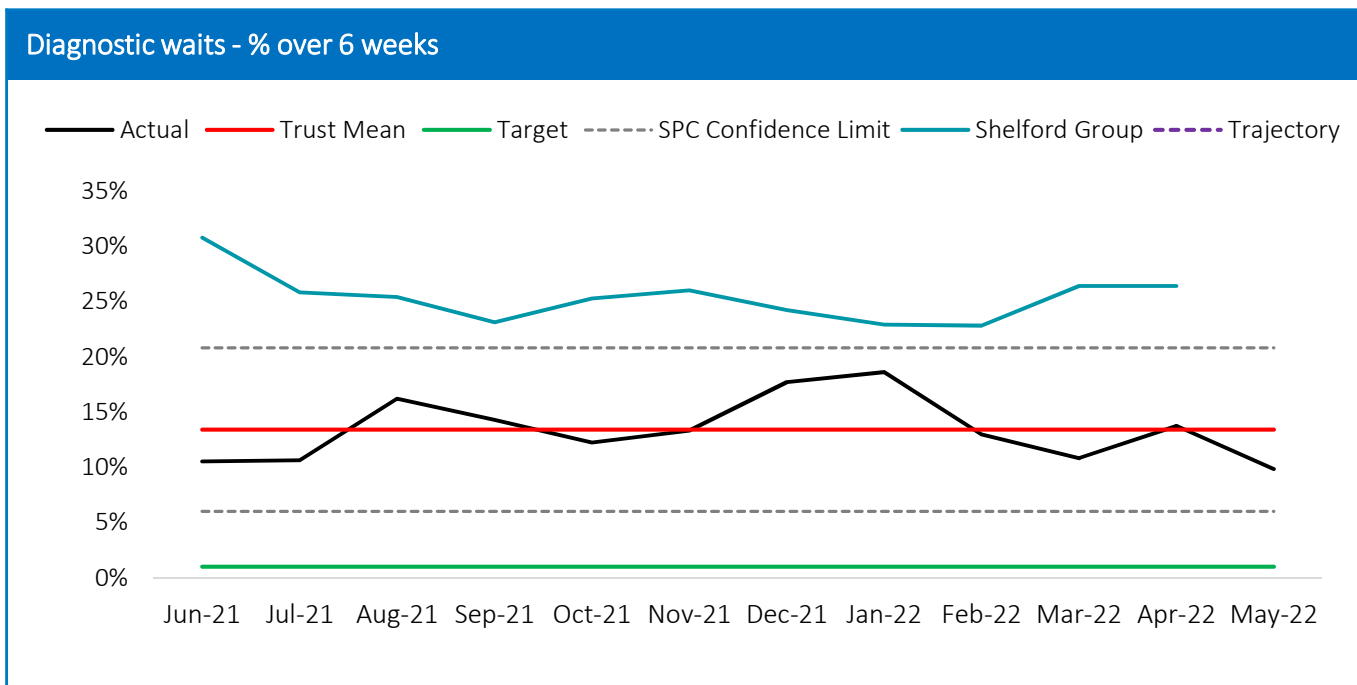


May-22	Target
9.8%	1%

SPC Variance
Common cause variation

Shelford Group Avg. (Arl - 22)
26%

Clinical Group Overview	
Evelina London - Women's and...	27.4%
Cancer and Surgery	22.2%
Heart, Lung and Critical Care	13.2%
Integrated and Specialist Medicine	5.2%



#### Updates since previous month

- Performance against the 6 week diagnostic standard has improved in May by 3.9 percentage points compared with April, with 10 modalities demonstrating a reduction in the number of patients waiting longer than 6 weeks for a routine diagnostic procedure.

#### Current issues

- Demand levels remain high and the number of Bank Holidays in recent reporting months have further compounded the challenge of mismatching demand vs capacity across a number of areas. Staffing also remains a significant challenge.

#### Key dependencies

- GSTT continue to utilise all available capacity across all Trust sites as effectively as possible and to work with system partners to implement sector-wide solutions where required/possible.

#### Future actions

- Formulate and implement improvement plans for 2022/23 across all modalities in order to deliver against our recovery priorities for the year as set out in the operational guidance. Recovery trajectories to be introduced and embedded in the new reporting suite for diagnostics.

Responsive

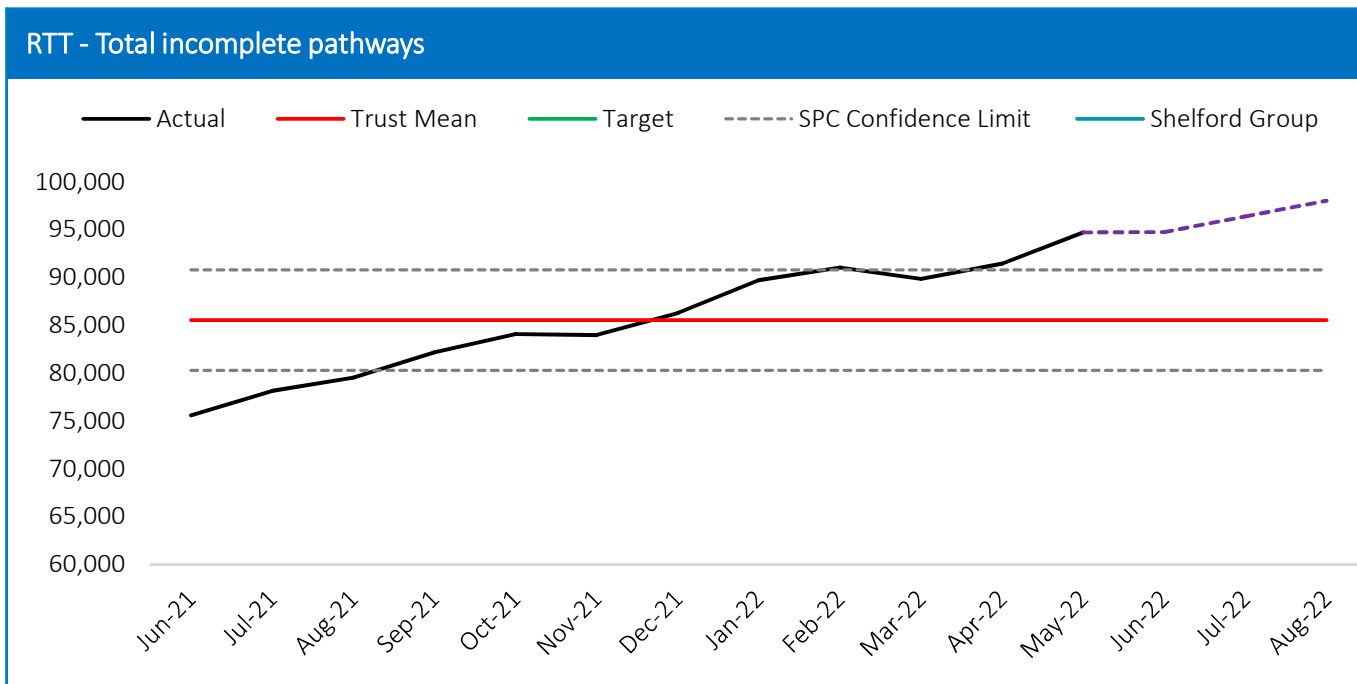
# RTT - Total incomplete pathways



May-22	Target
<b>94,684</b>	

SPC Variance
Special cause variation - single point

Three Month Forecast		
Jun-22	Jul-22	Aug-22
<b>94,716</b>	<b>96,354</b>	<b>97,992</b>



Clinical Group Overview	
Heart, Lung and Critical Care	8,722
Evelina London - Women's and Children's Healthcare	14,319
Cancer and Surgery	27,240
Integrated and Specialist Medicine	36,662

**Updates since previous month**

- The Trust has seen an increase of 3.5% in the total number of incomplete pathways between April and May and a continuing upward trend month on month.

**Current issues**

- The number of patients waiting has risen over the past 12 months despite referrals remaining below pre-pandemic levels.

**Key dependencies**

- Complexity and levels of urgency within demand and mutual aid arrangements with partner organisations.

**Future actions**

- Focus on bringing activity up to 104% of pre-pandemic levels and on the required actions to meet the year end aggregate target.

Responsive



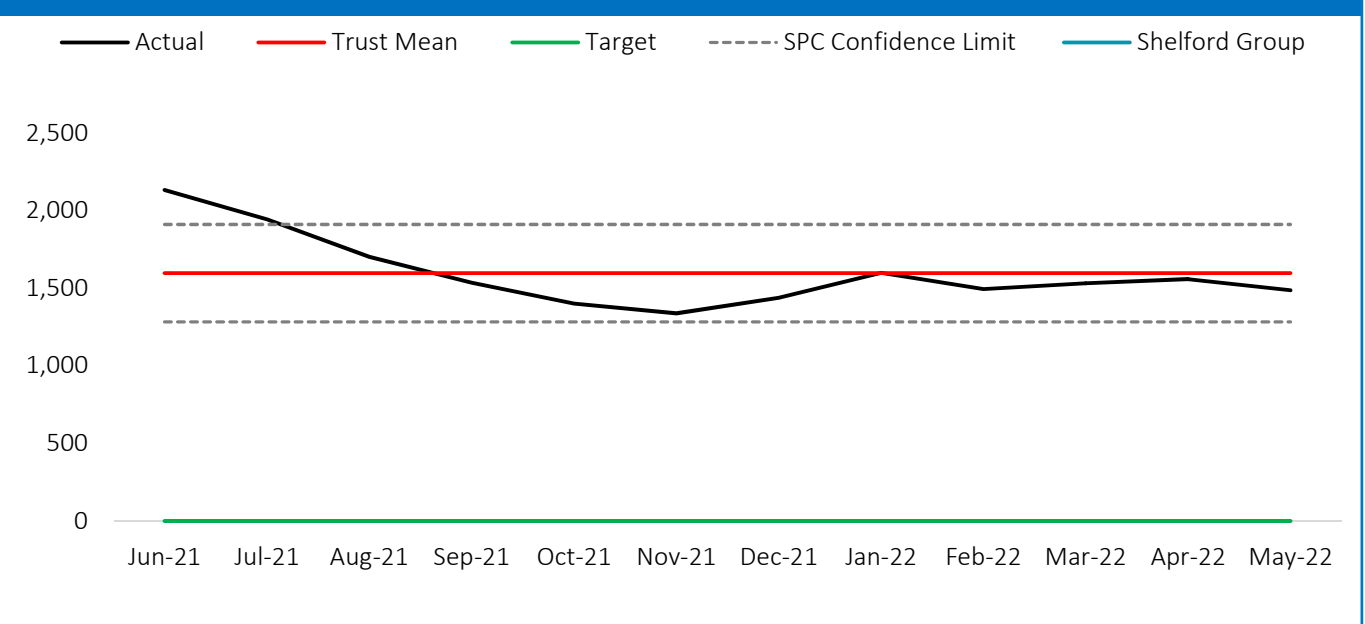
Guy's and St Thomas' NHS Foundation Trust

# RTT - Incomplete pathways over 52 weeks

May-22	Target
1,484	0

SPC Variance  
Common cause variation

## RTT - Incomplete pathways over 52 weeks



### Clinical Group Overview

Integrated and Specialist Medicine	127
Evelina London - Women's and Children's Healthcare	159
Heart, Lung and Critical Care	226
Cancer and Surgery	936

### Updates since previous month

- The Trust has seen a reduction of 4.5% in the number of patients waiting longer than 52 weeks for routine treatment from April to May.

### Current issues

- The reduction in the number of patients waiting longer than 52 weeks for routine treatment has slowed in recent months but a reduction has been seen in May. There has however been good progress with reducing the number of 78 week patients and working toward meeting the 104 target in July.

### Key dependencies

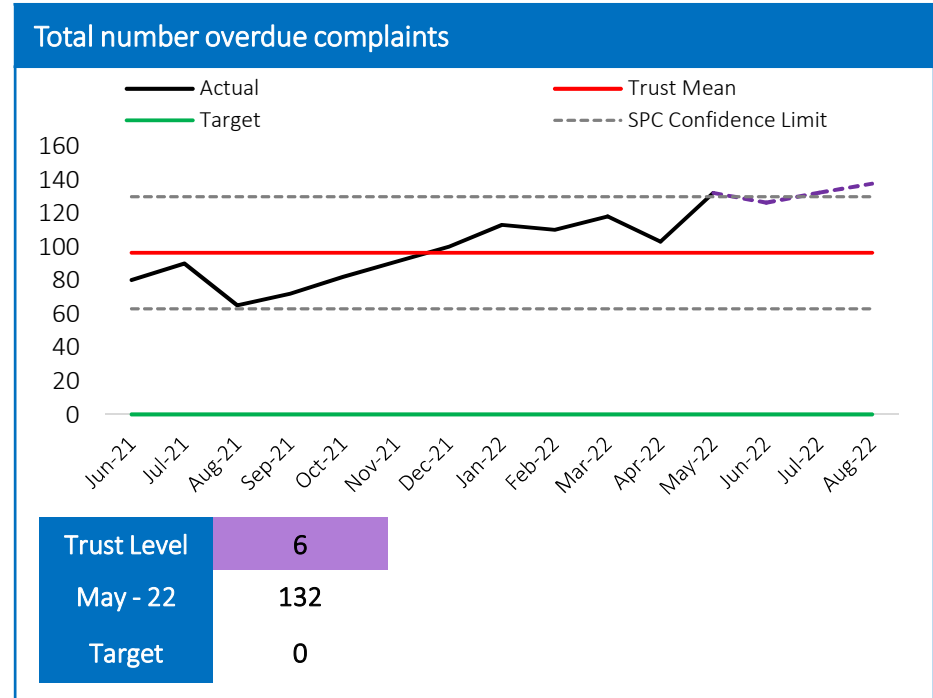
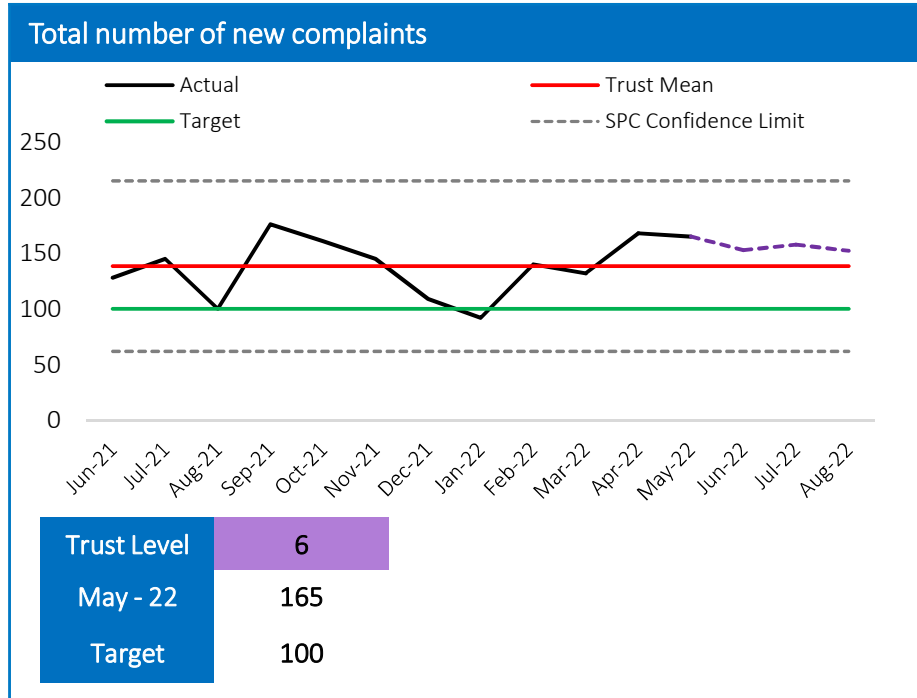
- The need to prioritise capacity for cancer and urgent elective pathways and to support other organisations with mutual aid where required/possible.

### Future actions

- The priority is to ensure that there are 0 104 week wait patients waiting at GSTT in July but alongside delivering this priority the focus is moving toward reducing the number of 78 week waits whilst continuing to treat urgent patients on a clinically stratified wait list.

Responsive

# New and Overdue Complaints



#### Updates since previous month

- New complaints remain higher than trust average
- No particular trend or theme in reporting increase

#### Current issues

- Staff shortages continue to impact on overdue cases
- Clinician time and capacity to review and respond to feedback from complaint

#### Key dependencies

- Understanding from all directorates that providing timely feedback to complainant is part of operational performance and core business

#### Future actions

- Continue with staff recruitment
- Encourage early contact with complainant to resolve concern and agree next steps

People

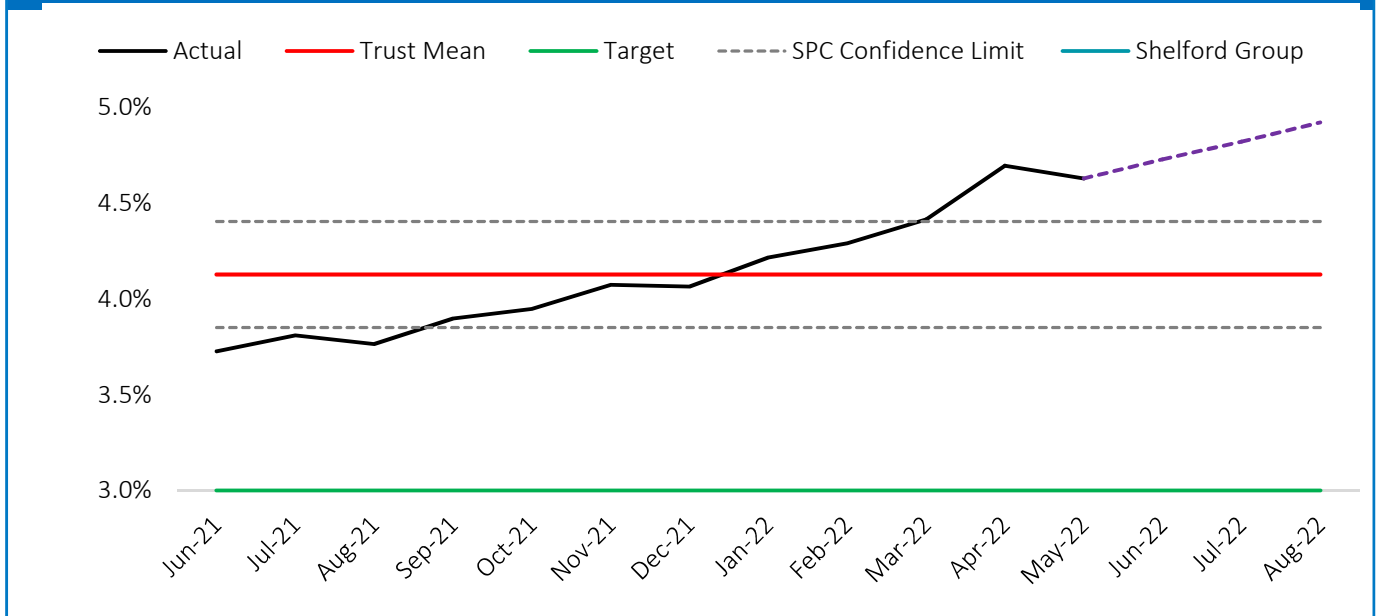
# Sickness and absence rate



May-22	Target
4.6%	3.0%

**SPC Variance**  
Special cause variation - single point

## Sickness and absence rate



### Clinical Group Overview

Evelina London - ...	5.0%
Cancer and Surgery	4.9%
Integrated and...	4.8%
Other	4.7%
Heart, Lung and...	4.1%

### Updates since previous month

- Rates remain in the 4% range, ongoing since November 2021.
- All Clinical Groups are above the Trust target but lower than SEL sector comparators.

### Key dependencies

- Absence support / management incl OH.
- Covid
- Management awareness process / risk assessment

### Current issues

- Absence rates over Trust target of 3%
- 15% of absence is attributable to stress which is a 1% reduction from April.
- Review covered absence rates.

### Future actions

- Target hot spots to provide targeted interventions.
- Plan to review Sickness Absence Policy
- Review Essentia support which is highest rated Group at 7.4%

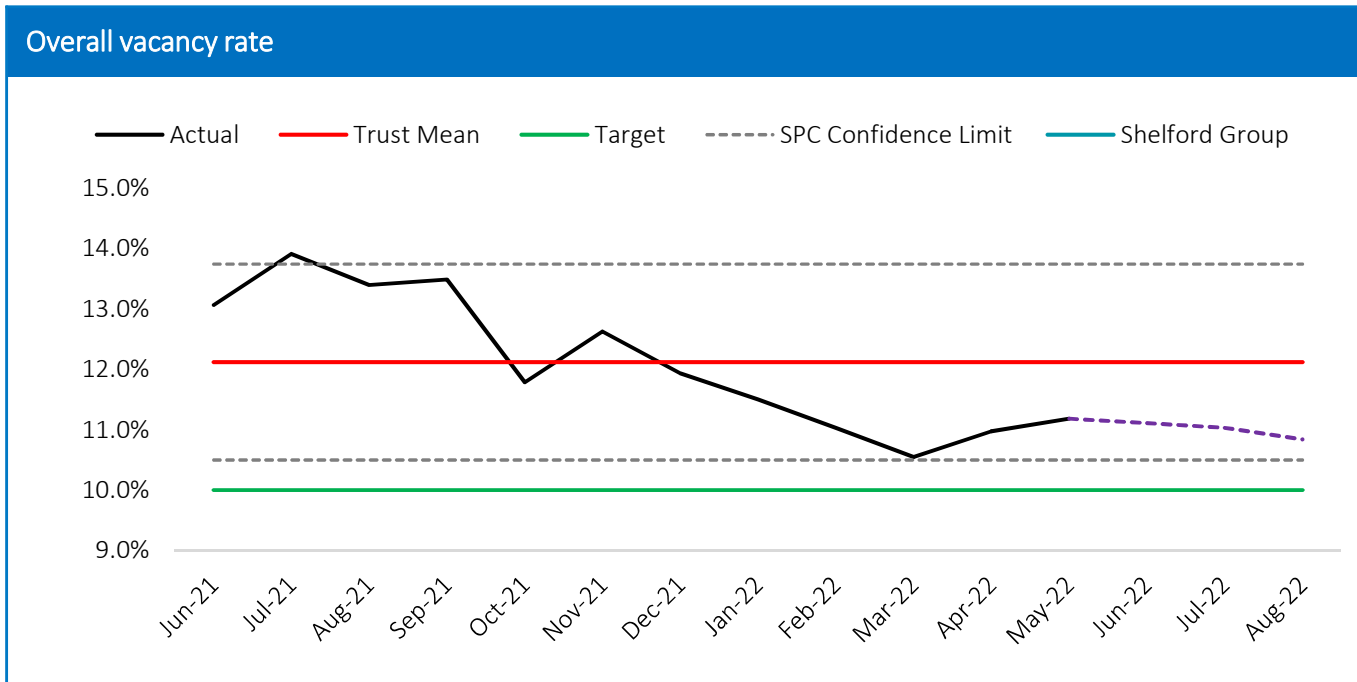
People

# Overall vacancy rate



May-22	Target
11.2%	10.0%

SPC Variance
Special cause variation - 2 of 3



### Clinical Group Overview

Cancer and Surgery	8.9%
Integrated and Specialist Medicine	8.4%
Evelina London - Women's and...	8.4%
Heart, Lung and Critical Care	7.5%

#### Updates since previous month

- Vacancy rate is 11.2% just over Trust target of 10% however with the exception of Cardio-Respiratory & Critical Care all Clinical Groups are under target and green rated.

#### Key dependencies

- Recruitment and Retention
- Attrition Rates
- National shortages
- Workforce Planning capacity

#### Current issues

- A&C remains critical areas given demand
- Established Workforce Transformation Group to support workforce planning; address key workforce challenges.

#### Future actions

- Work with Clinical Groups to involve managers in Bank recruitment, and to provide fast track IT training.
- Ongoing international recruitment and widening participation activity



# Supporting Information

## SPC 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. 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 held on Wednesday 23 March 2022  
Robens Suite, Guy's Hospital, 11:25am – 1:00pm**

<b>Members Present:</b>	Sir Hugh Taylor - Chair Prof Ian Abbs Avey Bhatia Steven Davies Jon Findlay Simon Friend Dr Felicity Harvey Baroness Sally Morgan	John Pelly Prof Reza Razavi Julie Screamon Dr Sheila Shribman Dr Simon Steddon Lawrence Tallon Steve Weiner
<b>In attendance:</b>	Sarah Austin Rachel Burnham Sarah Clark Jessica Dahlstrom Richard Grocott-Mason Alistair Gourlay Sarah Henderson	Tara Knight (Minutes) Anita Knowles Sarah Maskell Jackie Parrott Ian Playford Hendrika Santer Bream (Item 6) Andrea Williams-McKenzie (Item 6)

**1. Welcome, Introductions and Apologies**

- 1.1. The Chair welcomed colleagues to the meeting of the Strategy and Partnerships Board Committee (the Committee). Apologies had been received from Paul Cleal, Javed Khan and Priya Singh.

**2. Declarations of interest**

- 2.1. There were no declarations of interest.

**3. Minutes of Previous Meeting and Review of Action Log**

- 3.1. The minutes of the previous meeting held on 16 December 2021 were approved as an accurate record. There were no open actions on the action log.

**4. Board Assurance Framework Risks**

- 4.1. The Chair reminded the Committee of the four strategic risks under the responsibility of the Committee:
- Research delivery and research industry partnerships
  - Complexity of strategic agenda destabilises quality
  - National policy and legislative changes
  - Local health economy and integrated care
- 4.2. The Chair informed the Committee that the Board Assurance Framework (BAF) would need to be refreshed to take into account the risks associated with the implementation phase of

Apollo, as well as the risks linked to uncertainties around the new financial model and pressures on capital funding.

**ACTION: BB, SD**

4.3. A session to review the BAF would be arranged within the next six to eight weeks.

**ACTION: JD, EB**

4.4. A more in-depth discussion on the key risks, with a focus on research, including the outcome of the Biomedical Research Centre (BRC) application, would be planned for the next meeting.

## **5. Trust Objectives 2022/23**

5.1. The Committee received an update on the delivery of the 2021/22 Trust objectives and was reminded that having objectives that are promoted within the organisation and the monitoring of progress, is a key element of the CQC well-led assessment.

5.2. The Committee was briefed on progress against the 2021/ 2022 objectives. Further waves of COVID had particularly impacted on elective activity, the work relating to addressing health inequalities and the equality, diversity and inclusion (EDI) agenda had also impacted on the resilience of staff and staff training. It was agreed that the chairs of the relevant executive committee would be asked to review the high level commentary and the assessment.

**ACTION: JP**

5.3. The Committee discussed the draft objectives for 2022/23 which, like 2021/22 objectives, were relatively broad and it was noted that the Committee may wish them to be more specific. The Committee did confirm the importance of ensuring that the objectives were specific and measurable, in order to monitor performance and asked that some of the objectives listed under the enablers should be brought up as priorities under the 'patients' and 'people' headings, particularly Apollo.

5.4. It was noted that the staff satisfaction and EDI scores had been affected by the pandemic and the 'Vaccination as a Condition of Deployment' (VCOD) episode. The Committee discussed the need to specifically reflect this in objectives under the 'People' ambitions while the Trust seeks to focus on engagement and rebuilding trust amongst staff. The Strategy team would revise the objectives in collaboration with executive and non-executive director colleagues in light of the discussions.

**ACTION: JP**

## **6. Organisational Values and Behaviours Review**

6.1. The Committee was updated on the rationale for a review and refresh of the Trust values and behaviours, which included the merger of the Royal Brompton and Harefield and Guy's and St Thomas', with each organisation bringing its own organisational values to the expanded Trust. It had also been a number of years since the values and associated behaviours were reviewed, and much had changed in the external context that had affected staff and the organisation, including the focus on inclusivity which was not currently reflected in the Guy's and St Thomas' values.

6.2. The Committee considered whether it was the appropriate time to undertake a refresh of the Trust values, and the behavioural framework that underpins these values, given the complexity of such a substantial piece of work. It was agreed that staff would not have the

capacity for a meaningful review at this time, given the current pressures on the organisation including recovery and preparation for and implementation of EPIC in April 2023.

- 6.3. Listening and engaging with staff over the next 12 months would, however, be an important priority post pandemic and VCOD so that the relevant support for staff could be identified. It was agreed that effective engagement with staff would be necessary, building on and recognising the work that is being undertaken in the clinical groups. This would provide rich insight which could inform a future programme of work focused on the values and behaviours framework.

## **7. Trust Strategy Review**

- 7.1. The current Trust Strategy, 'Together We Care', runs until April 2023 and has been embedded into the organisation's structures and ways of working, with good levels of staff awareness. The paper set out the key strategic questions reflecting the changed external context and opportunities as well as internal changes such as maximising the new operating model. The Committee discussed the challenge and focus around population health as well as the Trust's role as anchor organisation.
- 7.2. Whilst a huge amount has changed since 2018, there are considerable uncertainties including the remaining course of the pandemic, recovery, the financial regime and the new legislative context. In addition, the organisation did not have the bandwidth to start a major piece of work now and a review of the last two years would be based on atypical data.
- 7.3. Ensuring all clinical groups have clear strategic priorities would create a more solid base for developing a Trust wide Strategy. The new Heart, Lung and Critical Care clinical group would need to develop a new strategy and Evelina London Women's and Children's Clinical Group would be undertaking a refresh of its strategy. The People Strategy would also undergo a refresh.
- 7.4. Consequently, the Committee agreed that now was not the appropriate time to develop a new Trust Strategy. The Committee discussed using 2022/23 to undertake focused work around some key strategic questions and choices and early thinking would be brought to the Board away day in October. This work would be synthesised during 2023/24 along with the Clinical Group and other enabler strategies, prior to launching engagement with the wider organisation and key stakeholders, such that a new strategy was ready for April 2024.

**ACTION: JP**

- 7.5. The Committee was informed that, in response to an increased number of requests from across the Trust for support in developing strategies, the team had developed a document which sets out a codified, standardised approach to strategy development.
- 7.6. The Committee also discussed the need to develop a technology strategy that moved beyond Apollo implementation. An update on a new philanthropic strategy would come to the next meeting.

**ACTION: JP**

## **8. APC Governance Arrangements**

- 8.1. The Committee received and noted an overview of progress made with governance arrangements for the Acute Provider Collaborative (APC). The Board had previously been briefed about arrangements and feedback had been shared with colleagues at the APC.

An action plan had been developed by the APC which incorporated that feedback. The new Committee in Common would meet next week where next steps would be agreed.

- 8.2. The Committee discussed ensuring that there would be a process for feeding back into the Board from the Committee in Common, as well as arranging a session to evaluate how it is working.

## **9. Strategy & Partnerships BAF Update**

- 9.1. The four strategic risks under the responsibility of the Committee had been comprehensively refreshed. The Committee were informed that the assurance level for Risk 10 on the BAF had been lowered from substantial to partial, primarily due to the ongoing uncertainty around specialised commissioning and the degree of control the Trust was able to exert in managing the risk. The sufficiency of controls and level of assurance for Risk 14, Local Health Economy and Integrated Care, had been rated for the first time as 'partial' and 'limited' respectively. All partners were experiencing challenges securing the necessary leadership, clinical and operational workforce to meet the demand and appropriately engage the population in co-design and delivery. The availability of data and analysis to enable identification of inequality also remains a challenge.
- 9.2. The Committee agreed the proposed updates and it was noted that a wider refresh of the BAF would be arranged.

## **10. Any other business**

- 10.1. No other items of business were discussed.

*Date of next meeting: Wednesday 8 June 2022, 9:00am – 1:00pm*

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

**15 March 2022 at 11.00 – 13.30**

**Boardroom/MSTeams**

**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, Executive Member  
 Trevor Mayhew, Associate Director of Finance RB&H CG  
 Nicholas Hunt, Director of Service Development, RB&H CG, Executive Member  
 Dr Mark Mason, Medical Director, RB&H CG, Executive Member  
 Rob Davies, Director of Workforce, RB&H CG,  
 Luc Bardin, Non-executive Advisor, Clinical Group  
 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:** Leah Mansfield, GSTT Governor Representative  
 John Bradbury, GSTT Governor Representative
- IN ATTENDANCE:** Dr Jonathan Byrne, Cardiologist and Clinical Director Cardiovascular services, KCH  
 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, RB&H CG  
 Luke Blair, Director of Communications and Public Affairs, RB&H CG  
 Prof Martin Cowie, Consultant Cardiologist & Exec Director of Cardiovascular Research  
 Prof Andy Menzies-Gow, Director of Lung Division  
 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 CEO, RB&H CG  
 Jennifer Sano, Corporate Secretary
- APOLOGIES:** Cllr John Hensley, GSTT Governor Representative  
 Prof. Gerry Carr-White, Medical Director, CRCC CG, GSTT  
 Prof. Richard Leach, 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 Carr-White, Prof Leach and Cllr Hensley.

The Chair (BSM) welcomed all present and in attendance.

**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 13 January 2022**

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

**3.1 Action Tracker**

The Board agreed that there was one outstanding action to be dealt with i.e Consultant Appointment process.

**4. Research Update**

Prof Martin Cowie gave a summary presentation on research activities:

2021-22 activity

- Portfolio reactivation
- Patient recruitment
- Grant activity

NIHR infrastructure awards

- Biomedical research centre (BRC)
- Clinical research facility (CRF)

Harefield Research facility

- Future priorities

He reported that the reactivation portfolio and active research studies during 2021-22 had returned to pre-pandemic levels, and that between April 2021 to February 2022 there were 2,396 recruited research patients with 100 principal investigators (PIs).

He also mentioned that the clinical group had also contributed to GSTT's applications for NIHR CRF and BRC funding. The outcome of the BRC application is expected in May 2022. GSTT has been successful in funding bid to NIHR for Clinical research facilities, which includes the RB&H CRF. The RB&H CRF will regain its NIHR 'badge' from September 2022. Though RB&H's CRF had moved from North West London to South London Clinical Research Network, the local relationship with the North West will continue, although formal funding will now be provided by the South.

During April 2021 to February 2022, 70 grant submissions were made to both national and international funding bodies totalling £15.4m, of which 27 were RB&H led and 43 partner led. At the same time a total of £3.6m was awarded in relation to 25 applications (14 RB&H led and 11 partner led).

Of strategic importance was the improvement of the physical research facilities at Harefield through a £161k funding provided by the RB&H Charity, due for completion in April 2022. This would provide improved facilities available to researchers within and outside RB&H. The Charity also funded a

programme for developing non-medical research career pathways and had also recently committed to fund 0.5x FTE post for a clinical academic consultant for 4 years.

Prof Cowie outlined some key future priorities for research:

- Optimisation of research productivity by reviewing current capabilities and organisational structures
- Full engagement with the clinical academic group structures of KHP for cardiovascular, respiratory and allergy
- Continuous close working with RBH&H Charity regarding communication and funding
- Maintenance of high standards of research governance
- Support for catalytic potential of the appointment of a new professor of respiratory medicine at KCL
- Improved Communications both internally and externally about research and innovation – co-designing the future of health and healthcare
- Growth of externally funded research from all sources
- Co-ordinated re-opening of research studies

Several points and suggestions were raised and discussed around finances, type of research, targets, innovation, communication, success factors and decision making as well as personnel. It was suggested that there is a need for more nurses to become principal investigators, and to create job plans for nurses in hybrid roles to have the time and space to conduct research.

Prof Andy Menzies-Gow added that a new King's Centre for Lung Health and Repair had been created, with a respiratory theme planned within the next BRC application in 4-5 years' time. This group will be very broad and inclusive and will fit well with the existing respiratory & allergy CAG (clinical academic group). To ensure the inclusivity of the group, the respiratory lead at Imperial College's NHLI will be invited onto the executive of CAG.

**Action: LT was asked to look at the infrastructure needed to maximize research impact Trustwide, and to update Prof Cowie on this separately.**

The Board expressed their gratitude for the positive report and asked for future updates on progress.

## 5. Education Update

Dr Mark Mason presented the report written by the outgoing Director of Medical Education, hence which was medically focused. Highlights were:

- A vibrant and growing joint GSTT-'old' RBH&H-KHP teaching programme
- The success of the RCP Chief Registrar Programme due to the recruitment of an outstanding trainee who exceeded many expectations by acting as a bridge between junior doctors and hospital management. He created the Junior Doctor portal on MS team to increase communications and connections between junior doctors as well as their monthly forum. This also served as a platform for engaging the international medical graduates (IMG) with the CESR programme.
- The ongoing evolution of our reliance on IMG due to changes in the UK medical training landscape in this country
- A new relationship with Brunel Medical School around undergraduate education, alongside the Imperial relationship, with opportunities too with Kings College London.

Going forward there will be a dedicated Education Committee representing all clinical disciplines, which will report into the clinical group's senior executive committee.



The Board to note the report.

## **6. Chief Executive's Report**

Dr Richard Grocott-Mason (RG-M) began his report by thanking his colleagues for their efforts in caring for patients since the last Board meeting. The creation of a new clinical group, coupled with changes in the wider Trust operating model, and within an ever-evolving NHS environment, had generated a degree of uncertainty – hence the leadership team's main importance was to focus on control and how to maximize capacity and to treat more patients.

He highlighted the following areas:

### Covid update:

- Since the last Board meeting at which discussions were held concerning the legality of the mandatory requirement for Covid vaccination for staff, this restriction has now been lifted by the government whilst ensuring mask wearing is still observed in areas within the healthcare setting. Staff have been asked to carry out Lateral Flow Tests twice a week to ensure patient safety.
- Currently there are eleven Covid positive in-patients across HH & RBH with none on ECMO and 38 staff absent due to covid.

### Diagnostics Centre

- The Centre has been successfully operating with positive feedback. It was noted that there will be a small royal opening event sometime in May.

### Clinical Group integration update

- RG-M informed that as of 1<sup>st</sup> April 2022, the Heart, Lung and Critical Care Clinical Group (HL&CC CG) and the Evelina Women & Children's Clinical Group will come into being. Within the HL&CC CG around 5,000 staff will be responsible for providing cardiovascular, respiratory and critical care services across the four sites that includes Guy's and St Thomas, Royal Brompton and Harefield.
- For reassurance in terms of safety of clinical operational terms, there will be no disruption to the existing five (5) based clinical directorates, and the senior leadership team will be a combination of the existing senior leadership teams across STH, RBH and HH.
- There have been some sensitivities, concern and anxieties particularly amongst HL&CC CG colleagues at GSTT. A transition integration board including Avey Bhatia, Simon Friend and Jon Findlay and senior executive leaders from the HL&CC CG will be established to ensure that the integration into one HL&CC CG, in particular at STH, goes smoothly.

### GSTT Critical Care

- Ben Falk gave an update on key developments since the last Board meeting, in particular that the constrained staffing situation in Critical Care in the past few months, which had impacted on their ability to carry out urgent elective work, had greatly improved.
- He also reported that some important estates work will be carried out on one of the critical care unit throughout May to December pending sign off in the next couple of weeks. As a result, this will impact on STH's overall bed base in critical care, and would therefore require a close joint working between all three of the CG's sites to ensure maximization of capacity.

Further to a query of whether patient care will be held at one centre and followed by treatment at another, RG-M replied that there will be no immediate differences as treatments will continue in the same manner as before except for waiting times of which patients in most need may be treated on a different site.

LB enquired about the expected challenges and in particular culture behaviors and plan for the integration. RG-M replied that there are collective groups working together across boundaries to address the challenges in different ways and the optimism of achieving this.

The Chief Executive's report was noted by the Board.

#### **7. Elective Activity and waiting times**

Robert Craig (RCr) gave the Board a briefing on the key challenges facing its elective services:

- Increased waiting lists for cardiac surgery grew over 200 patients between August 2021 and February 2022 and the consequences of staff absences due to sickness levels accounted for 60% due to covid across the clinical group, particularly in key areas such as critical care nursing. This situation has now been stabilized due to a high level of recruits now starting in post.
- Despite the challenges, elective activity levels will be reaching 90% of 2019 levels by the end of this financial year, with for example improved RBH theater nurse staffing now enabling all six theatre suites to be available. The opening of the RBH Diagnostic Centre has helped expand diagnostic capacity across all modalities, in particular for bronchoscopy.
- Plans are in place to lift activity levels beyond pre-pandemic levels in order to meet nationally-set targets that call for 30% more elective activity than was achieved before the pandemic, within the three-year timeframe. Key to this will be maximizing all currently available capacity with the help of Darwin improvement/transformation projects (eg re-establishing day of surgery admission at STH), by fully using the new diagnostic centre capacity, carrying out the refurbishment of Cath Labs. In parallel work will be done to identify what 6-day working would mean for the group.
- Data on varying length of stay for elective cases was presented to the Board. Of particular note was that the proportion of patients not turning up for O/P appointments was higher than the national benchmark across our services.
- The pros and cons of using the clinical group's facilities for a 6-day week or 7-day week were discussed. One of the key constraints will be staffing, and there needs to be flexibility in the deployment of staff across sites as well as consistency around remuneration for extra time worked.
- Just as 1-2 STH theatre lists had been delivered at RBH, so discussions were under way to do similarly with echo outpatient appointments, with over 600 patients waiting longer than six weeks for their test.
- GSTT overall outpatient recovery is now up to around 80% of pre-pandemic levels. It remains challenging to accommodate all patients waiting for urgent cardiac surgery and all P2 waitlist patients, whilst for vascular surgery a number of lists are running off site at the London Clinic.

The Board noted the report.

#### **8. Cardiovascular Memorandum of Understanding (MoU)**

Lawrence Tallon introduced the proposal to establish a joint cardiovascular service right across KHP, RBH, GSTT, KCH and KCL.

This had originated from the KHP Cardiovascular Partnership vision of achieving a fully integrated world-renowned centre of clinical and research excellence.

This decision emanated from a joint board-level stock-take meeting between GSTT, KCH, KCL and RBH on 9<sup>th</sup> July 2021 to create a joint cardiovascular clinical-academic service. LT emphasised that this was not a legal regulatory change, and delivery of clinical services at KCH will remain the responsibility of KCH. The ambition is that this will provide a platform for clinicians and academics to work together on a single service across multiple sites, enabled by the joint implementation of the EPIC electronic health record.

Crucially legal / regulatory accountability would remain as now – in particular that the cardiovascular services at Denmark Hill will report into the KCH Board, while those at STH, RBH & HH will report ultimately into the GSTT Board. However, this MoU would implement a single shared clinical strategy, team structure and service to enable patients to benefit from that scale and sub-specialization across the four sites.

While the leadership group was medically orientated, multidisciplinary representation, especially from nursing and AHPs, was an essential next step forward. In response to a query raised as to the nature and the timing of the expected and desired outcomes, LT reported that this lay with the delivery of the KHP partnership vision, whilst the MoU was both the framework that would enable delivery as well as a counterbalance to the RB&H / GSTT merger.

The Board approved the MoU.

#### **9. Report from the Risk & Safety committee**

Board members were updated on the matters considered by the Risk & Safety Committee, during their meeting held on 1<sup>st</sup> February 2022, by the Chair of the Committee, Prof Peter Hutton (PH).

The following key matters were covered:

- CYP Patient experience Survey
- Learning from Deaths
- Serious Incident Summary
- CF modulators
- VCod
- Governance & Quality Committee Minutes

PH reported that there were only two issues to be carried over from the 'old' RB&H Risk & Safety Committee – the six-monthly update on strategic risks, and the need to review the discharge of patients to be cared for in the community. He also mentioned that training for basic life support on the wards were curtailed during Covid which was logged as an issue and has since led to an increase in the number of people going for training.

PH also mentioned that he intended inviting other members from STH to join the committee at the next meeting, and that he anticipated a restructuring of the meeting to reflect its role within a new and wider new Clinical Group.

The Board noted the minutes of the meeting and PH's report.

#### **10. Month10 Clinical Quality Report**

MM asked that this report should state from the outset that responsible directors would be Jo Carter and himself. He highlighted some key points:

- 4 serious incidents reported during Month 10 were under investigation and none reported for M11
- The Diagnostic Centre was fully operational

- Therapy services challenges, due to an inability to provide a responsive outpatient service, have been referenced in local (ie directorate) risk registers.
- The development of the new endoscopic vein harvesting (EVH) service at RBH has been a success, and there is scope to deploy this at STH. The team are in the process of becoming the first accredited EVH training centre in the U.K.

It was suggested that the clinical quality dashboard needed to be refreshed – for example in relation to the management of complaints, as well as the number of mortality alerts received with any red flags.

The board noted the report.

#### **11. Finance & Performance Committee Report and Minutes – 23 February 2022**

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 23 February 2022, and highlighted four points:

- Restoration and expansion of capacity
- Elective activity
- Transplant activity under new clinical leadership
- Challenges of workforce team stability
- Capital constraints during the upcoming financial year

The Board noted the minutes and verbal report.

#### **12. Month 11 Finance Report**

Trevor Mayhew (TM) gave an overview of the Month 11 Financial position:

- RB&H CG in month position was on plan and had a YTD surplus of £12.0m which represented a YTD favourable variance of £13.2m against plan, driven principally by lower than pre-covid bed-capacity and levels of activity and non-pay cost.
- An expected year-end forecast surplus of £1.2m included an estimated impairment of £10m for the Diagnostics Centre and hence a favourable variance of £12.6m excluding the ERF. A £0.4m improvement for both Education & Training and PP income whilst an estimated £2.1m reduction in expenditure due to annual leave accrual at year-end.
- Capital expenditure was still on track to meet plan.
- The cash position of £96.7m was £21.6m ahead of plan, driven by the £12m control total surplus with a £5.4m slippage on capital and with the £4.2m PDC being paid from the central GSTT bank balance relating to RBH.
- Revaluation of properties at end of year could impact on investment property valuations.

The Board noted the report.

#### **12.1 2022/23 Financial Plan**

TM presented the draft Planning report for the RBH Clinical Group and outlined various matters as follows:

- The initial draft plan had been submitted to the central GSTT planning team on 24<sup>th</sup> February with the Trust submission to the South London ICS and will be sent to NHSE/I by 17<sup>th</sup> March; whilst the final plan will be sent off by 31<sup>st</sup> March to the central GSTT planning team for Trust submission on 28<sup>th</sup> April to the ICS and NHSE/I.
- Planning meetings will be held with the Trust CFO as well as with five Directorate leads. We need to bottom out an active plan to provide opportunities due to lack of general growth inclusion. The use of inflationary national tariff rates is risky e.g. level of non-pay inflation etc. An increased CIP target from more than 2.5%, c.£10.7m, is likely.

The Board was requested to provide named individuals with delegated authority to approve the final plan submission on 31<sup>st</sup> March. It was recommended that the following persons to sign off the plan:

Dr Richard Grocott-Mason, RBHCG CEO  
Simon Friend, GSTT NED  
Mark Batten, RBHCG NEA, Chair – Finance & Performance Committee  
Trevor Mayhew, RBHCG Associate Director of Finance

The Board approved the process of delegated authority for submission of the final financial plan.

**13. Update on the People Committee**

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

- Green Park – EDI
- Integration & Communications/Engagement Update

She was pleased to welcome Julie Screaton, the HRD GSTT at the meeting for the first time, who made valuable input to the meeting which was focused on EDI (equality, diversity and inclusion) and the Green Park report which yielded a constructive and fruitful discussion. Support had been offered from the central EDI team to help RB&H executives to develop their approach as previous download of report was overwhelming.

The Chair thanked JH for the update.

**14. Recommendations of the Advisory Appointments Committee**

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

- Dr Sachin Mehta - Consultant in Anaesthesia & Intensive Care Medicine
- Dr Elizabeth Bullen as Consultant in Anaesthesia & Intensive Care Medicine
- Dr Amrit Lota as Consultant in Cardiovascular Magnetic Resonance & Inflammatory Cardiomyopathy
- Dr David Watchorn - Consultant in Respiratory Medicine with Expertise in Severe Asthma
- Dr Tina Khan - Consultant in Preventive Cardiology and CMR, Harefield Hospital
- Dr Laura Gardner - Consultant in Paediatric Respiratory Medicine

**15. Any other business**

The chair gave particular thanks to both Mark Batten and Luc Bardin for their tremendous time and contribution to the organisation during their respective tenures of office, as non-executive directors of, and advisors to, the Board, both of which expire at the end of March. She praised Mark for chairing the Finance Committee during the challenging and difficult times right up to the merger and his role in seeing the business plan through. The Chair also expressed her sincere thanks to Luc for his stalwart support for RBH and HH, as well as the very considerable support he had provided her in his capacity as SID. He had had a close working relationship with consultants, nurses, staff and Governors and that he will be solely missed.

**16. Date of next meeting**

The date of the next meeting of the RB&H Clinical Group Board will be Tuesday 31 May 2022 at 11.00am.

## Board

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

<b>Title:</b>	Documents Signed under Trust Seal, 20 April 2022 to 26 July 2022
<b>Responsible Director:</b>	Ian Abbs, Chief Executive
<b>Contact:</b>	<b>Ian Abbs, Chief Executive</b>
<b>Purpose:</b>	For information
<b>Strategic priority reference:</b>	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
<b>Key Issues Summary:</b>	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.
<b>Recommendations:</b>	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 July 2022*

Board

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

**WEDNESDAY 27 JULY 2022**

**DOCUMENTS SIGNED UNDER TRUST SEAL  
20 APRIL 2022 TO 26 JULY 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.

<b>Number</b>	<b>Description</b>	<b>Date</b>
1017	NEC4 engineering and construction contract between Guy's and St Thomas' NHS Foundation Trust and GPF Lewis Plc regarding reconfiguration of defined parts of the	21/4/2022

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

**Board**

	1 <sup>st</sup> floor Tower Wing, Guy's Hospital, for Surgical Admission Lounge	
1018	Lease between Klara Beck, Martin Beck, David Otto Beck and Gresham Pension Fund Trustees Ltd and Guy's and St Thomas' NHS Foundation Trust for office premises, first floor, The Power House, 6 Sancroft Street, London SE11 5UD.	18/5/2022
1019	Lease between Blackfriars Settlement and Guy's and St Thomas' NHS Foundation Trust for office premises (rooms) on the first floor of 1 Rushworth Street, London, SE1 0RB.	18/5/2022
1020	Memorandum of Agreement between Guy's and St Thomas' NHS Foundation Trust and Keltbray Limited regarding groundworks for decant theatres at Nuffield House.	9/6/2022
1021	Termination of Deed and purchase of copyright licence by Guy's and St Thomas' NHS Foundation Trust (Essentia) from Johnson & Johnson, regarding orthopaedic centre of excellence.	9/6/2022
1022	Lease of part of the ground floor and Agreement for Lease of the whole of Francis House, Kings Head Yard, London SE1 1NA between Guy's and St Thomas' NHS Foundation Trust and Guy's and St Thomas' Foundation as Trustees of the Guy's and St Thomas' Endowed Charity.	1/7/2022

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