

Public Board of Directors Meeting

**Wednesday 2nd November 2022 at 4pm
Roben's Suite, Guy's Hospital**

BOARD OF DIRECTORS
Wednesday 2nd November 2022, 4pm – 5.30pm
Roben's Suite, Guy's Hospital

AGENDA

- | | | | |
|-----|--|---------------------|---------------|
| 1. | Welcome and apologies
<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 th July 2022 | <i>Paper</i> | - |
| 4. | Chairman's report
<i>Sir Hugh Taylor</i> | <i>Verbal</i> | <i>4.10pm</i> |
| 5. | Chief Executive's report
<i>Professor Ian Abbs</i> | <i>Paper</i> | <i>4.20pm</i> |
| 6. | Freedom to Speak Up Guardian's report
<i>Eve Bignell</i> | <i>Paper</i> | <i>4.50pm</i> |
| 7. | Staff Welfare
<i>Julie Screamon</i> | <i>Presentation</i> | <i>5.05pm</i> |
| 8. | Reports from Board committees for noting: | <i>Papers</i> | <i>5:20pm</i> |
| | 8.1 Audit and Risk Committee:
a) Minutes 15 th June 2022 | | |
| | 8.2 Finance, Commercial and Investment Committee:
a) Minutes 13 th July 2022
b) Financial Report at Month 5 | | |
| | 8.3 Quality and Performance Committee:
a) Minutes 6 th July 2022
b) Integrated Performance Report – August 2022 | | |
| | 8.4 Strategy and Partnerships Committee:
a) Minutes 8 th June 2022 | | |
| | 8.5 Transformation and Major Programmes
a) Minutes 27 th July 2022 | | |
| 9. | Register of documents signed under seal
<i>Professor Ian Abbs</i> | <i>Paper</i> | <i>5:25pm</i> |
| 10. | Any other business | <i>Verbal</i> | <i>5:25pm</i> |

*The next public meeting of the Board of Directors is due to be held on
Wednesday 25th January 2023*

BOARD OF DIRECTORS

Wednesday 27th July 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 S Davies	Ms J Screamon
Mr J Findlay	Dr P Singh
Mr S Friend	Dr S Steddon
Dr F Harvey	Mr L Tallon
Dr J Khan	Mr S Weiner

In attendance:

Mr E Bradshaw	Ms S Maskell
Ms S Austin	Ms K Moore
Ms B Bryant	Ms J Parrott
Ms J Dahlstrom (minutes)	Ms M Ridley
Mr A Gourlay	Ms T Wileman
Dr R Grocott-Mason	
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). Apologies had been received from Sheila Shribman and Ian Playford.
- 1.2. The Chair reminded the Board that the Trust was managing a critical incident and therefore it could become necessary for senior executives to leave the Board meeting to attend meetings on this subject.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the meeting held on 27th April 2022

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

4. Matters arising

- 4.1. There were no matters arising.

5. Chair's report

- 5.1. The Chair welcomed the appointment of Charles Alexander as the new joint Chairman for Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts, and thanked the Nominations Committee in Common for their work on this appointment. The new Chairman would join on 1 December 2022.

6. Chief Executive's Report

- 6.1. The Chief Executive thanked all Trust staff for their hard work on the pandemic response and the recovery. The Trust had experienced significant problems with its IT infrastructure and IT systems in the past week. The Chief Executive apologised unreservedly to patients, the public and to staff for this incident.
- 6.2. The Chief Digital Information Officer provided further detail on the incident, which had been the result of extreme heat affecting the servers in the Trust's data centres. Staff across the Trust had been working tirelessly to minimise the impact on patient care and to restore IT infrastructure and systems safely and as quickly as possible. A reconciliation of the paper records which had been created over the past week with electronic records would be required as part of this process. The Chief Digital Information Officer apologised for the incident and for initial delays in staff communication. She also thanked staff for their support. An independent review of the incident would be commissioned once all systems had been restored.
- 6.3. The Deputy Chief Executive and Chief Operating Officer outlined the operational impact of the incident and added his thanks to staff for their incredible hard work during an extremely challenging time. In consultation with system partners and NHS England London colleagues, the Trust had declared a level 3 critical incident and the Chief Operating Officer also thanked system partners for their help and support.
- 6.4. Consideration was given to the timeline for recovery. It was noted that the incident would be downgraded from a critical incident to critical site incident, as a next step and would continue as a critical site incident for some days to ensure all systems could be tested and stood back up safely.
- 6.5. The Board discussed the patient safety mitigations which had been put in place. Immediate actions had been taken to ensure the impact on patients was minimised. These actions had included working with network and system partners to redirect patients in some instances, and providing additional support to ensure urgent services could continue to operate. It was noted that it was not possible at the present time to quantify the impact of the incident, however a full review would be conducted to determine this.
- 6.6. An overview was provided of the Trust's progress in reducing the size of current waiting lists. Work was ongoing to improve theatre productivity. The first milestone of the national recovery programme, to reduce the number of patients waiting more than two years for treatment to zero by June 2022, had been achieved by the Trust. Staff were now focused on reducing the number of patients who had been waiting for more than a year. The Trust was working closely with system partners to achieve this.

- 6.7. Emergency demand remained high in both adult and children's services. The Trust had been able to maintain good performance in light of this increased demand, and was working with colleagues in primary care to reduce A&E attendances where appropriate.
- 6.8. An update was provided on the COVID-19 position and the Board noted that the incidence of COVID-19 in the population had increased in recent weeks which had resulted in the requirement to wear a mask on clinical sites being reinstated. A discussion took place on the likely availability of an autumn 2022 COVID-19 vaccine and the Trust would support the roll-out of this when further details were available. The Board was provided with an update on the Trust's response to the Monkey Pox outbreak, including the new vaccine programme.
- 6.9. Consideration was given to key workforce and vacancy data, as well as the staff wellbeing programme. The financial position at Month 2 was outlined and the Board noted that a breakeven position was planned for year end. The Trust was currently behind plan and initiatives to address this were set out. The risks associated with inflationary pressures were discussed. The Board received an update on the capital plan and current position.

7. The Trust approach to improving health and wellbeing

- 7.1. The Board received a presentation on the Trust's approach to improving health and wellbeing, which included four key areas of work: population health management, including reducing health inequalities; integrated, holistic care in the right place at the right time; investing in the health and wellbeing of staff as a key population; and developing the Trust's role as an anchor organisation. The interaction with the work of the South East London Integrated Care System (SEL ICS) and King's Health Partners (KHP) was outlined.
- 7.2. An overview was provided of activities in each of the key areas of work and the Board welcomed this important work. The importance of the activities to reduce health inequalities was highlighted.

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 2nd November 2022.

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 02 NOVEMBER 2022

Title:	Chief Executive's Board of Directors Report
Responsible Director:	Professor Ian Abbs, Chief Executive Officer
Contact:	Jenni Yard, Head of Private Office
Purpose:	Chief Executive's Board of Directors Report
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY TO CARE FOR AND SUPPORT OUR STAFF TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<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>
Recommendations:	<p>The BOARD OF DIRECTORS is asked to:</p> <ol style="list-style-type: none"> Note the report

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 02 NOVEMBER 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.
- 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. IT critical incident review process

- 2.1. On 19 July 2022, the two separate data centres at Guy's Hospital and at St Thomas' Hospital suffered catastrophic failures associated with the unprecedented heatwave. This took down most of the clinical IT systems at Guy's and St Thomas' and the related community services. It did not directly affect the Royal Brompton and Harefield hospitals, accept insofar as they provided mutual aid. IT systems recovery took longer than originally anticipated and the recovery was complicated by the unrelated cyber-attack nationally impacting Adastra and Carenotes systems. The GSTT IT outage was formally stood down as an incident on Wednesday 21 September, although we continue to manage the impacts of the unrelated national cyber-attack.
- 2.2. In order to investigate the incident, learn all lessons and determine if any actions should be taken, a comprehensive series of reviews have been commissioned. The Chief Executive commissioned several internal Trust reviews on behalf of the Board of Directors, which are being complemented by external reviews commissioned by South East London ICS and NHS England to ensure objectivity and accountability. The review process is being coordinated by the Deputy Chief Executive and will answer a

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series of questions regarding how the outage happened, whether any potential harm was caused, how the incident was managed and any steps that should be taken to prevent similar issues in the future.

2.3. The work is ongoing and the findings of the reviews will be published upon their conclusion through a Board paper.

3. **Guy's and St Thomas' and King's College Hospital Chair to retire after twelve years**

3.1. Sir Hugh Taylor is to retire from his position as Chair of the Trust at the end of November 2022. I would like to take this opportunity to thank Sir Hugh for his wise, compassionate and steadfast leadership over the past 12 years. Under his stewardship, the Trust has gone from strength to strength and has seen significant growth. He has made huge and positive contributions to the Board, our organisation and, most importantly, to the local communities our Trust serves. He will be much missed and on behalf of the organisation I wish Hugh all the best for the future.

3.2. In December we will welcome Charles Alexander as the new joint Chairman for Guy's and St Thomas' and King's College Hospital NHS Foundation Trust. Charles is currently the Chairman of the Royal Marsden NHS Foundation Trust and the Royal Marsden Cancer Charity, roles he has held since 2016.

4. **Delivering healthcare across the Trust and recovery of services**

4.1. The Trust remains committed to delivering against the national priorities outlined in the NHS operational planning guidance for 2022/23, which is underpinned by the primary goal of promoting patient safety above all and offering safe and timely treatment to our patient population.

4.2. Staff across the Trust worked tirelessly to minimise the impact of the IT outage on patient care. Since the critical incident was stood down the focus of the organisation has been on the restoration of services, reconciliation of paper and electronic records and the recovery of services back to activity levels comparable to prior to the outage, as a minimum, with a view to returning to 2019/20 levels as soon as practicable.

4.3. Activity numbers dipped during the IT outage, particularly during the downtime of our core clinical systems, but levels are improving against the 2019/20 baseline over the last six weeks (up until week-ending 9 October), with the Trust being on average at 94% for outpatients, 84% for inpatients and 103% for diagnostic procedures. The Trust remains committed to delivering on improving its elective activity and improvement initiatives are well underway to support Clinical Groups with this ambition, with theatre

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productivity remaining a high priority in a bid to ensure we are maximising the use of our clinical capacity.

- 4.4. The Trust maintains its position of not having any patients waiting longer than two years for routine treatment on its waiting list, which is a testament to staff and reflects how hard services are working to meet the Trust's priorities and, in turn, the expectation of our patients.
- 4.5. The Trust has reduced the number of patients waiting longer than one year for routine treatment by 43% since April 2021 but this number has been increasing in recent months, demonstrating the challenges facing the Trust in delivering against its key priorities in the second half of the year. This is also reflected in the 78 week wait position which requires a significant amount of work to deliver against the position of no patients waiting this long by March 2023. The Trust is working collaboratively with partners at a sector level including seeking and offering mutual aid where appropriate and possible in order to ensure we are best serving the population of South East London.
- 4.6. As outlined in the most recent elective recovery guidance from NHS England, the cancer backlog remains an absolute priority for the second half of 2022/23. The Trust is committed to working with services to support them in making the necessary changes to deliver against this target, as well as the 62 day performance standard but it is acknowledged that this will dip before it improves as the long waiting patients in the backlog are treated. Demand remains above pre-pandemic levels and continues to pose a challenge for a number of tumour groups for the 14 day target and the subsequent performance standards including the Faster Diagnosis Standard.
- 4.7. Two significant pressure points that hold risk for cancer performance at the Trust are imaging and theatre capacity. Plans are being implemented to support progress in these areas and the latter challenge will benefit from the Trust-wide theatre productivity programme that is already well underway.
- 4.8. The Trust acknowledges that in order to deliver its elective recovery priorities for the second half of the year it will need to implement and deliver against a robust winter plan, in collaboration with South East London that offers the necessary resilience in its urgent and emergency care services ahead of what will no doubt be a challenging winter. There are a number of key initiatives within this plan that will aim to support the ambition of delivering against these targets and importantly being able to protect our elective capacity throughout winter.
- 4.9. In the Emergency Department, activity levels remain high, which is predominantly driven by the number of walk-ins. Ambulance arrivals have remained fairly steady. The department continues to see high numbers of complex mental health presentations, which accounts for the majority of patients spending greater than 12 hours in the department. All of these pressures were compounded

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by the national cyber-attack on Advanced IT systems.

- 4.10. Our emergency department has seen a sustained increase in paediatric demand compared with pre-pandemic levels, with the first three months of the year seeing a 33% increase in activity which would result in a mean attendance of 120 attendances per day if this were to be forecasted through the coming winter months. The team are focusing on a number of high impact interventions to ensure the department is prepared to cope with the demand over the winter period.
- 4.11. 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 August 2022, performance against the 4 hour standard was 77% with 18,934 attendances in the month, which represents activity above pre-pandemic levels.
- 4.12. Nationally, the Trust continues to perform comparatively well and our emergency department is consistently amongst the best performing in London. Work continues on improving access for ambulances into our emergency department to prevent handover delays and in improving the challenge around 12 hour breaches, which in many cases is a result of the difficulty faced in securing timely access to mental health support due to pressure on inpatient and mental health services.
- 4.13. We have continued in our commitment to focus on the investment and recruitment to our workforce to ensure our compliance with staffing requirements, delivery of safe care but also in recognition of the health and wellbeing of our staff. We continue to deliver on the ambitious international recruitment campaign with more people secured to join us over the coming months.
- 4.14. We have continued recruitment focus at a national level as well increasing staff open days, attending national events to raise the profile of opportunities at GSTT and have offered employment to over 230 newly qualified nurses to our Trust. Our priority focus too is our retention plans and ensuring those who join us have a great experience and opportunities to develop their careers at GSTT.
- 4.15. Our reported August performance against the national 18 week RTT standard was 64.4%. Whilst the Trust performed relatively well against our peers, this is significantly below the national standard. This performance reflects the ongoing challenges the organisation faces with regards to having to delicately balance the treatment of long waiting patients whilst prioritising clinically urgent pathways and the deteriorated position was compounded by the challenges surrounding the IT outage which has seen the number of open pathways increase by 4.9% since May.
- 4.16. The Trust continues to compare favourably against its peers and nationally for the number of patients waiting for longer than six

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weeks for a routine diagnostic procedure

- 4.17. Our reported 62 cancer performance for July was 52.3% against the national standard of 85%. This is a reflection of the continued challenges faced by the Trust including sustained, higher cancer referrals, continued capacity constraints and an ongoing issue with late referrals from neighbouring Trusts. Teams are working incredibly hard to improve this position and it is understood that the progress that is being made with clearing the cancer backlog will have a negative impact on the headline 62 day performance position in the short term as long waiting patients are treated, but this is necessary to improve the overall cancer position based on clinical need and improvements will be seen in the medium term.
- 4.18. The two week wait position improved by 3.6 percentage points between the reported position in June to July and was 83.8%. This remains below the national target of 93% and reflects the ongoing challenge with regards to increasing demand on services and continued workforce challenges.

Patient experience

- 4.19. During Quarter 2 we received results for Trust performance in the 2022 National Maternity Survey. Results have improved significantly in some areas since the 2021 survey. Women have welcomed the easing of visiting restrictions to enable partners to be present during labour and birth and stay overnight following the birth of their baby. Women also gave high ratings for being treated with dignity and respect and for having confidence and trust in staff. However, there are several areas where women have told us experience could be improved and we will work on these improvements.
- 4.20. Friends and Family Test scores for emergency care, admitted care, antenatal and postnatal community care and patient transport remain above the national average. Scores for the labour and birth in Maternity services were slightly lower than the national average at the start of the quarter but improved in August and scores for postnatal ward care are slightly lower than the national average. Scores for outpatients although in line with regional averages are slightly lower than national averages.
- 4.21. We continue to collect feedback from patients on a continuous basis via our local survey programme, however, volumes of feedback collected this quarter have been adversely impacted by the IT outage. This has also impacted on staff's capacity to undertake additional improvement projects this quarter. However, work continues to develop new approaches to capturing feedback from underrepresented groups including patients with learning disabilities and those with a diagnosed mental health condition.

Infection Prevention and Control (IPC)

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- 4.22. There was one healthcare-associated MRSA Blood Stream Infection (BSI) in September, in addition to two in April. Whilst this is unusual for the Trust, we are undertaking the necessary steps to reduce the likelihood of this happening again. We were above the national threshold for healthcare-associated *C. difficile* infections at the end of Q1 2022/23, but we are now below the threshold as of the end of Q2. The Trust continues to have one of the lowest rate of healthcare-associated BSI and *C. difficile* in the Shelford group.
- 4.23. In September, we launched the next steps in our management of the COVID-19 pandemic, with a move away from asymptomatic testing for most patients. This change was in line with national guidance, and reflects the change in clinical profile of COVID-19, which is now a milder disease. We experienced an increased in COVID-19 prevalence in late September/October, which is now receding. Whilst we did identify and manage several COVID-19 outbreaks across our sites, we did not see an increase in patients seriously unwell with COVID-19. The Trust maintains one of the lowest rates of hospital-onset COVID-19 infection rate in London. We have identified and managed two outbreaks of Influenza on our Guy's site. COVID-19 and influenza vaccination programmes for staff are in progress.
- 4.24. The Monkey Pox outbreak is now coming to an end. The outbreak has required the rapid development and communication of new patient care pathways and management strategies and policies.
- 4.25. The "Glove or No Glove" campaign has demonstrated some initial impact, with a 25% year-on-year reduction in glove use during the first three months of the campaign.

Safeguarding

- 4.26. Children's and Adult Safeguarding services continue to experience a rise in activity. This rise in cases demonstrates the increased presentation of vulnerable children, young people and adults including those with mental health and learning disabilities. The Trust meets its requirement for Section 11 of the Children Act.
- 4.27. The increasing complexity of those in need of help and/or with associated safeguarding risks features significantly, many requiring legal advice and intervention and a multi-agency partnership approach to shared decision-making.
- 4.28. All safeguarding related policy and procedure documents are in date or under review. We continue to deliver training and education for our staff in order to meet our statutory obligations. The Trust undertook a consultation exercise facilitated by DAC Beachcroft in order to respond to the draft Code of Practice for the amended Mental Capacity Act 2005 and submitted their response.

NHS CONFIDENTIAL - Board**5. Working across South East London and beyond****5.1. Integrated Care Boards**

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

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 geographical area.

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

- 6.1. The Finance, Commercial and Investment Committee monitors the Trust's financial performance in terms of revenue and capital. The Committee met on 12 October 2022 and discussed financial performance for the first five 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 August (month five) the Trust reported a deficit of £26.2m against the year to date planned deficit of £10.7m which is £15.5m worse than plan.
- 6.2. The Trust bottom-up forecast is for a deficit position, but work is ongoing to realise planned operational efficiencies and to identify further opportunities to achieve the Trust's planned break-even position by the year end. Several actions have been identified across clinical and delivery groups and corporate departments, although additional efficiencies will need to be identified. With the actions being undertaken, a number of forecast scenarios have been modelled which would see the forecast improve and as such a breakeven forecast has been continued in regulatory reporting.
- 6.3. 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 £111m and year-to-date expenditure of £51.98m is £1.8m below the equally phased plan. The programme 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, which is now a statutory requirement.

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7. Updates from the Trust's Clinical Groups

7.1. **Cancer and Surgery Clinical Group**

Surgical Productivity: Theatre Productivity Programme

Part of the surgical strategy and a key focus for the first year of the Clinical Group's work, the Theatre Productivity Programme has been supported by the Centre for Innovation, Transformation and Improvement (CITI) in an intensive 12 week project underway since early summer. Improvements have been made across a number of areas which are the key building blocks to increasing surgical activity: pre-operative assessment; theatre productivity; and booking & scheduling.

Cancer Charity Strategy

The Clinical Group is working closely with the Guy's Cancer Charity on the development of a four year philanthropy strategy. The strategy will describe ambitions and priorities for funding and fundraising to support the delivery of the cancer strategy.

Following the recent launch of the new charity brands, a campaign was launched in October to raise awareness of Guy's Cancer Charity amongst patients, staff and the local community. The primary aim of this campaign is to increase numbers of supporters database, which will ultimately bring income to the charity.

Evelina London Women's and Children's Clinical Group

Our Rothschild Scholarship was launched at an event held in the City of London on the 30th September. It was an exceptional evening to celebrate the award of £1.6 million over 10 years by the Eranda Rothschild Foundation, and our first six scholars. This is a significant opportunity for nurses and midwives to progress and enhance their careers whilst undertaking a scholarship covering a number of subject fields including leadership, patient experience, quality and safety, and research.

7.2. **Heart, Lung and Critical Care Clinical Group**

Our ambition is to create a world-leading integrated clinical academic cardiac surgical programme. To advise us on our strategic plan to achieve this, we will be welcoming Professor Thor Sundt to visit in November. Professor Sundt is Professor of Surgery at Harvard and Chief of Cardiac Surgery and Chief of Cardiac Surgery at Massachusetts General Hospital and remains an Honorary consultant at Royal Brompton & Harefield hospitals. He will be visiting all our cardiac surgical sites, including Kings College Hospital.

Integrated and Specialist Medicine Clinical Group

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Pedal power: Trust's neighbourhood nurses trial 'e-bikes'

Last year Guy's and St Thomas' unveiled its sustainability strategy which sets out a clear path towards more sustainable healthcare for the next 10 years. Community Nurses from Guy's and St Thomas' have been piloting electric bikes to visit patients as part of the strategy to reduce pollution and improve staff health and wellbeing. The project was made possible thanks to generous supporters of Guy's & St Thomas' Charity and funding from Impact on Urban Health.

During this small pilot, they have covered around 250 miles and saved around 34kg of CO2 when compared to using public transport. This translates into more than one and a half fully grown trees absorbing carbon for a full year.

NHS Chief Scientific Officer's Risk Star Award

David Stell received the Healthcare Science Rising Star Award from Professor Dame Sue Hill, the Chief Scientific Officer of NHS England. David is a highly talented and exemplary Clinical Engineer who has delivered high quality support to the Trust, including the development of an ICU equipment distribution platform during the COVID-19 pandemic.

7.3. **Essentia Group**

Staff Wellbeing

Earlier in the year, with the support of the Guy's and St Thomas' Foundation charity, Essentia ran a series of financial wellbeing workshops for team members. With winter and the festive period approaching and the increasing cost of living pressures, these additional financial wellbeing sessions will be open to all GSTT staff.

Cancer Centre cladding removal

Following the successful completion of removing all aluminium composite material (ACM) cladding from the North side of the Centre on the 17 of October, scaffolding is now being erected on the West and South sides of the Cancer Centre to enable to next phase of the project to commence. Temporary footpath diversions have been installed on Great Maze Pond supported by safety marshals. Successful visits to review progress from the London Fire Brigade and the Health and Safety Executive were hosted recently.

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

Apollo

8.1. The Executive and I have decided to move the Apollo go-live date from 15 April to 27 April 2023. In recognition of the extraordinary

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operational pressures over the past few years, our staff have had little opportunity for a break and we will need staff to feel ready to use the new Epic system when we go live. Adjusting our go-live dates will provide staff with an opportunity to take a break over the Easter holiday period.

- 8.2. The IT critical incidents in July and August had a small impact on Apollo progress and all but one area has successfully 'caught up'. The remaining residual issue is the data migration from Care Notes into Epic which continues to be impacted by the Advanced outage. Once the system is restored, we will work with community colleagues to determine what can be done in the timeframe regarding migration of required data for Day One operations on Epic.
- 8.3. A major piece of advice and learning from other Epic implementations is to use in-house Digital Champions to provide 'at elbow' support to users in their area (during go-live) and support to reinforce new workflows and prioritise issues for resolution(after go-live). We have successfully recruited more than 2,500 digital champions and launch events and training registration has already started.

9. **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 July 2022:

- Audit and Risk Committee: 7th September 2022
- Finance, Commercial and Investment Committee: 12th October 2022
- Quality and Performance Committee: 14th September 2022
- Strategy and Partnerships Committee: 21st September 2022
- Transformation and Major Programmes Committee: 5th October 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: 15th June 2022
- Finance, Commercial and Investment Committee: 13th July 2022
- Quality and Performance Committee: 6th July 2022
- Strategy and Partnerships Committee: 8th June 2022

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- Transformation and Major Programmes

27th July 2022

Also attached is the Finance Report and Integrated Performance Reports at month 5.

10. Consultant Appointments from 1st July 2022 – 30th September 2022

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

Name	Surname	Department	Start Date	End Date	Comments
Lara	Menzies	Paediatric Neurosciences	01/07/2022	23/05/2023	
Stuart	Mercer	Upper GI	03/08/2022	03/07/2023	
Nick	Carter	Upper GI	04/07/2022	03/07/2023	
Amar Pal	Singh	Cardiovascular MRI	05/09/2022	05/09/2023	
Sinead	Langan	Dermatology	08/07/2022	07/07/2023	Extension
Michail	Koutroumanidis	Neurology	04/07/2022	04/07/2023	Substantive
Sithara	Ramdas	Children's Neurosciences	18/07/2022	17/07/2023	
Prab	Prabhakar	Neurosciences	01/07/2022	31/06/2023	
Andrew	Marshall	Cardiology	02/09/2022	01/12/2022	
Gerry	Christofi	Critical Care	06/07/2022	07/07/2022	
Maria	Vidal	Clinical PET Centre	02/08/2022	02/08/2023	
Jullian	Ma	Oral Medicine	01/07/2022	24/06/2023	Extension
Charlotte	Fowler	Clinical Radiology/Nuclear Medicine	01/08/2022	31/07/2023	Substantive
Robert	Peters	Paediatric Surgery	01/08/2022	07/08/2022	
Annemiek	De Ruiter	HIV	30/09/2022	29/09/2023	Extension
Nisha	Rishi Arujuna	Dermatology	07/08/2022	06/08/2023	Extension
Peter	Wright	Occupational Health	26/07/2022	25/07/2023	Extension

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Claire	Van Nispen tot Pannerden	Infection	01/09/2022	28/02/2023	Substantive
Heather	Milburn	Respiratory Medicine	28/09/2022	27/09/2023	Extension
Vasileios	Angelis	Oncology	03/09/2022	03/03/2023	Substantive
Prashanth	Bhat	Paediatric Cardiology	05/09/2022	30/08/2023	Extension

Please find below list of new substantive consultants who joined between May 2022 - October 2022 for HLCC Clinical Group.

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
08/04/2022	Cardiothoracic and Interventional Radiology	Bhavin Rawal	Substantive consultant	Radiology		01/06/2022
22/04/2022	Cardiologist (Intervention)	Mohammed Akhtar	Substantive consultant	Cardiology		01/08/2022
19/01/2022	Anaesthesia & Intensive Care Medicine	Caroline Bullen	Substantive consultant	Anaesthetics		08/08/2022
29/06/2022	Respiratory Physician with expertise in Cancer and Interventional Bronchoscopy	Christopher Orton	Substantive consultant	Respiratory Medicine		08/08/2022
24/02/2022	Paediatric Respiratory Medicine	Laura Gardner	Substantive consultant	Paediatrics		05/09/2022
25/11/2021	Infectious Diseases & Medical Microbiology/Virology (ID/MMV)	Imogen Jones	Substantive consultant	Infection Control		03/10/2022

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 02 NOVEMBER 2022

Title:	Freedom to Speak Up (Whistleblowing) annual report
Responsible Director:	Julie Screaton (Chief People Officer)
Contact:	Eve Bignell (Freedom to Speak Up Guardian)
	The aim of this paper is to update the Board on the case numbers and themes raised through the speaking up service over the last 12 months, to share the learning and areas for improvement including the priorities for the next 12 months.
Strategic priority reference:	TO CARE FOR AND SUPPORT OUR STAFF
Key Issues Summary:	<ul style="list-style-type: none"> • This report refers to the Speak Up service delivered to Guy's and St Thomas' and for the first time, including the Royal Brompton and Harefield hospitals as part of the Heart Lung & Critical Care and Evelina clinical groups. • A new model for Freedom to Speak Up has been approved by the Trust with additional resources available to reflect the size and complexity of the Trust, implementation will follow shortly. • From October 2021 to September 2022 the speaking up service has dealt with 260 cases, of which 17 are from the Royal Brompton and Harefield hospitals with the balance from legacy Guy's & St Thomas'. This is an increase of 11% from the previous 12-month total of 234 cases. • The GSTT speak up service continues to see significantly more cases than our comparators however this should be seen a positive that there is good awareness of the service.

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	<ul style="list-style-type: none"> • The majority of concern raised to the Guardians (54%) relate to Behaviours & Relationships including Bullying and Harassment (46%) and Culture (8%) reflecting increased levels of stress and challenge within the workforce. • Speak up Service user feedback shows that 82% report a positive or very positive experience, this is now higher than pre-pandemic levels of satisfaction (80%). • The number of Speaking Up Advocates has increased by 30% to 260 staff volunteers and continues to grow. • The speaking up Advocates represent the diversity demographics of the organisation.
<p>Recommendations:</p>	<p>The BOARD is asked to: Note the report from the Freedom to Speak up Guardians and to continue its support of the initiative.</p>

NHS CONFIDENTIAL - Board

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

WEDNESDAY 02 NOVEMBER 2022

FREEDOM TO SPEAK UP (WHISTLEBLOWING) ANNUAL REPORT

PRESENTED BY EVE BIGNELL

1. Background and introduction

This is the sixth annual report to the GSTT Board by the Freedom to Speak Up Guardians. The Guardians now reports to the Board twice a year: in April/May to the Quality and Performance Committee with a mid-year update, and then with an annual report to the Public Board in October/November. This report covers the year from October 2021 to September 2022.

Guy's and St Thomas' launched the 'Showing we Care By Speaking Up' service in June 2015 adopting the recommendations outlined in Sir Robert Francis' Freedom to speak up report with additional full time resource being added to the service in 2017.

The aim of this paper is to update the Board on the case numbers and themes raised through the speaking up service over the last 12 months, to share the learning and areas for improvement including the priorities for the next 12 months.

1.1 Royal Brompton & Harefield Hospitals

Following the merger of Guy's & St Thomas' and Royal Brompton & Harefield hospitals the Freedom to Speak Up service has been reviewed as part of a Trust wide Strategic Review. Currently there is Speak Up Guardian support across all services in the Trust and while increased resources and a trust-wide model of support has been agreed, it is currently in the process of implementation. This paper included data from the Royal Brompton and Harefield hospitals from January 2022.

NHS CONFIDENTIAL - Board**2. Performance**

This report covers the 12 months from October 2021 to September 2022 in which the Guardians have had 260 cases, of which 17 are from the Royal Brompton and Harefield hospitals with the balance from legacy Guy's & St Thomas'.

In last year's annual board report it published that the service dealt with 234 cases (October 2021 - September 2022) the service has seen an increase of 11% to 260 cases (October 2021 to Sept 2022).

The GSTT speak up service sees significantly more cases than our comparators. This should be seen as a positive indicating that staff are aware of the service and are confident approaching the Guardians. The number of cases and key themes is shared with the National Guardians office on a quarterly basis and published on the Model Health System website.

48% of the contacts at GSTT were made through the confidential email account, 45% were made directly to the Guardians via email and telephone, 5% were made through Speaking Up Advocates and the final 2% were made through other means.

Cases have come from a broad section of the Trust and across all occupational groups, with nurses, midwives and nursing assistants making up the largest group (38%), followed by administration and clerical staff (22%), allied health professionals (13%) and then doctors (11%).

The cases are grouped by theme and, once again, the breakdown of personal relationships and alleged poor behaviour including bullying and harassment are behind many of the cases (46%) and when issues around culture (8%) are included, then over half of all cases (54%) related to the how staff behave and inter-react with each other. This increase can, to a large extent, be attributed to the challenges faced by staff across all NHS organisations over the last few years together with demand for recovery for all services. However, poor staff behaviours has a direct impact on the quality of care and safety we provide to our patients. There needs to be continued focus on ensuring staff are supported and that everyone follows the Trust values and behaviours; to help there is extensive staff wellbeing support offered, incivility training available and shortly a new training programme to develop and support managers will be launched.

The impact of poor behaviours can also be reflected in the emotional and challenging way that concerns are often raised to the Guardians.

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The human resource category is the second largest (10%); this include concerns around access to the service and the responsiveness from the service. Themes include delays to concluding grievance processes, concerns over equality of pay, support for staff bank and the management of payroll issues. Although not recorded as part of this category flexible working is currently a common theme for concerns; following an extended period of flexible working required by government regulation, the transition back to previous working arrangements was not clearly flagged and there is a perception of inequality over the outcome of flexible working requests which are currently managed by local management.

7% of cases relate to patient safety and the quality of care; there were still some COVID-19 related concerns at the end of 2021, other issues include low levels of staffing, lack of senior support, and questions over clinical competence. These concerns were immediately escalated to the directorate management teams or the relevant Executive Director for action.

2.1 Freedom to Speak Up cases

All contacts to the Freedom to Speak Up Guardian are logged on a confidential database and themed in line with the National Guardians office recording issues guidance. A breakdown of contacts can be seen below in line with the 6 monthly reporting rhythm with the exception of the three months from July to September 2020 (Q2 2020-21) as reported in October 2020.

NGO Themes	July- Dec 16	Jan- Jun 17	July- Dec 17	Jan- Jun 18	July- Dec 18	Jan- Jun 19	July- Dec 19	Jan- Jun 20	July- Sept 20	Oct- Mar 21	Apr - Sept 21	Oct- Mar22	Apr - Sept 22
Behaviour/relationship	7	10	24	11	27	33	30	28	14	33	31	23	37
Bullying/ Harassment	0	3	4	9	16	17	25	13	4	20	17	37	22
Culture	3	1	1	0	0	0	0	2	7	5	6	8	14
Environment	0	0	2	0	1	3	1	3	1	0	1	1	1
Fraud	0	1	1	2	1	0	0	0	1	1	0	3	1
HR	2	6	10	12	19	29	16	15	5	20	11	15	12
Patient Complaint	0	2	0	0	0	0	0	2	0	0	0	1	0
Patient safety/quality	4	2	14	4	24	9	12	10	2	17	1	6	12
Query- non speak up	5	0	1	2	0	1	0	4	1	6	9	8	4

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Query- Speak up	1	3	1	2	6	6	7	3	4	11	8	8	11
Staff safety	1	3	2	1	6	2	2	21	10	13	7	9	2
System/process	4	5	3	6	10	5	4	16	0	1	11	12	8
Unknown	1	0	1	1	1	2	8	4	0	2	3	1	4
Total	28	36	64	50	111	107	105	121	49	129	105	132	128

	6 month reporting period prior to change in reporting cycle Sept 2020
	3 month reported to Public Board October 2020

2.2 Speak Up Advocate support

Following National Guardian's Office instruction, the data above does not include contacts with the Speak Up Advocates. Their volunteer role is to listen to staff concerns, signpost appropriately and escalate concern that require investigation to the Freedom to Speak Up Guardians. The Trust have 260 trained Speak Up Advocates, (an increase of 30% this year), representing all clinical and non-clinical groups. With increased capacity in the Speak Up service there will be improved feedback of themes and issued raised through the Speak Up advocates to the senior leadership teams.

2.3 Speaking up service user feedback

When a case is closed by the Freedom to Speak Up Guardians, a confidential survey is sent out to capture feedback on their experience and to seek any areas for improvement. Below are some comments and confidential feedback from staff who have used the speaking up services:

'I felt safe while approaching the Freedom to Speak up Guardian. My concerns were heard and acted on.'

'It's good to know there is someone neutral but supportive who you can talk to about a work-related matter without it being taken down the formal route which isn't for everyone. I would thoroughly recommend this service and I'm very glad we have it.'

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'I found my discussion very reassuring and was offered a number of positive options for me to consider.'

'I was given ample time to talk through my observations and concerns and found our chat incredibly helpful.'

'Kept confidential. Raised issue with appropriate manager for me.'

'Guardian was very helpful and provided useful advice.'

Unfortunately it is not always possible to manage the expectations of staff or to solve all problems that come to Speak Up.

'The Speak Up service does a very good job in promoting its work but perhaps the Trust at senior level could do more with championing it internally.'

'I would like to think if they suspect evidence of systemic bullying they would take this further as per the Dignity at Work policy...but I guess this is the remit and limits of their role...I was very grateful to them at the time.'

3. Examples of patient safety/quality cases

Case 1

A newly qualified member of staff wrote to Speak Up to raise a number of concerns about the culture and staffing numbers in their place of work as well as sharing their view that training was inadequate. They gave examples of how they experienced micro aggressions, felt unsupported when they had asked for help and that there were inadequate handovers which could result in patient safety concerns.

They felt that this affected the safety and wellbeing of staff and in need of more support, contacted Speak Up. They wanted to feel safe in knowing that the right thing had been done.

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The concern this was escalated, anonymously, to the appropriate executive director who acted to ensure that action was taken quickly and that changes were made to how new starters were inducted into the team.

The case illustrates some of the barriers to speaking up, which we recognise and address in the Speak Up presentations and training throughout the Trust. It also highlights how effective our Speak Up induction is when new starters feel they can contact Speak Up to raise issues outside of their usual line management route and they will be listened to.

Case 2

A clinical member of staff wrote to Speak Up concerned that an in-patient over a weekend has been denied a request for medication. They explained to the Guardian that they considered reason for refusing the request was due to the patient's lifestyle choices and felt that was inappropriate and unreasonable.

The concern was escalated to the appropriate clinical lead who reviewed the patient's medical records. They were satisfied that the decision on medication was based solely on the patient's clinical condition at the time of treatment and had not been influenced by any external factors.

The patient had subsequently completed treatment and had been discharged home. As well as providing the explanation of events to the whistle-blower, the Speak Up Guardian extended the invitation from the clinical lead to discuss their concerns and the conclusion of their investigation in person if they chose.

4. Learning and Improvement

4.1 Speak up month

This national initiative for Speaking Up Month in 2021 was 'Speak Up, Listen Up, Follow Up'. It was decided to postpone Speak Up month until November 2021 due to the number of awareness events, including 'Black History Month' and 'flu vaccines as well as operational pressures in October. The events in November were well received across the Trust.

This year we again decided to hold GSTT Speak Up Month in November. The theme will be 'Freedom to Speak Up for

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Everyone' in line with the National promotions. The themes includes specific focus on speaking up for Safety, Civility and Inclusion. We will hold joint training events with Kings College Hospital and we plan to visit services across the Trust and have local events and stalls to increase the awareness of Speaking up for everyone.

5. Priorities for the year ahead

Following the Trust Strategic Review and the increased resource available for Freedom to Speak Up, the focus will be to provide a unified service across all parts of the Trust including building a team of Speak Up Advocates across the Royal Brompton and Harefield hospital sites. For Clinical Group leadership teams these roles provide a valuable avenue for staff voice's to be heard so we can continually improve the service we deliver to our patients.

As part of wider measures being taken to address cases where relationship have broken down or where bullying and harassment is cited, the Speak Up service is supportive of the mediation services now available to staff. Where appropriate, this approach can help resolve the source of the concerns without the need to first raise a formal grievance or initiate a disciplinary process in line with formal HR policies.

The Speak Up service will work with the Human Resources team to investigate whether promoting the confidential nature of the Speak Up service could be used to supplement the current exit interviews for staff leaving the Trust. By offering a way to feedback the reasons for leaving the Trust that is independent of their line management, we may encourage staff to provide more detailed explanations when the feedback is non-attributable to the individuals themselves.

Further collaboration with the Equality, Diversity and Inclusion team to support the training and education offer to the organisation to Increase awareness of bias, impact of micro incivilities and frameworks for calling out inappropriate behaviour safely and effectively.

6. Conclusion

The Board is asked to note the report from the Freedom to Speak up Guardian and to continue its support of the initiative.

Board of Directors

02 November 2022

Staff Health & Wellbeing

Presentation overview

- **What do our staff tell us about working here?**
- **How do they feel about our well being offer?**
- **What trends are we seeing around ill health?**
- **Showing we care about you – the Trust's well being programme**
- **Next steps**

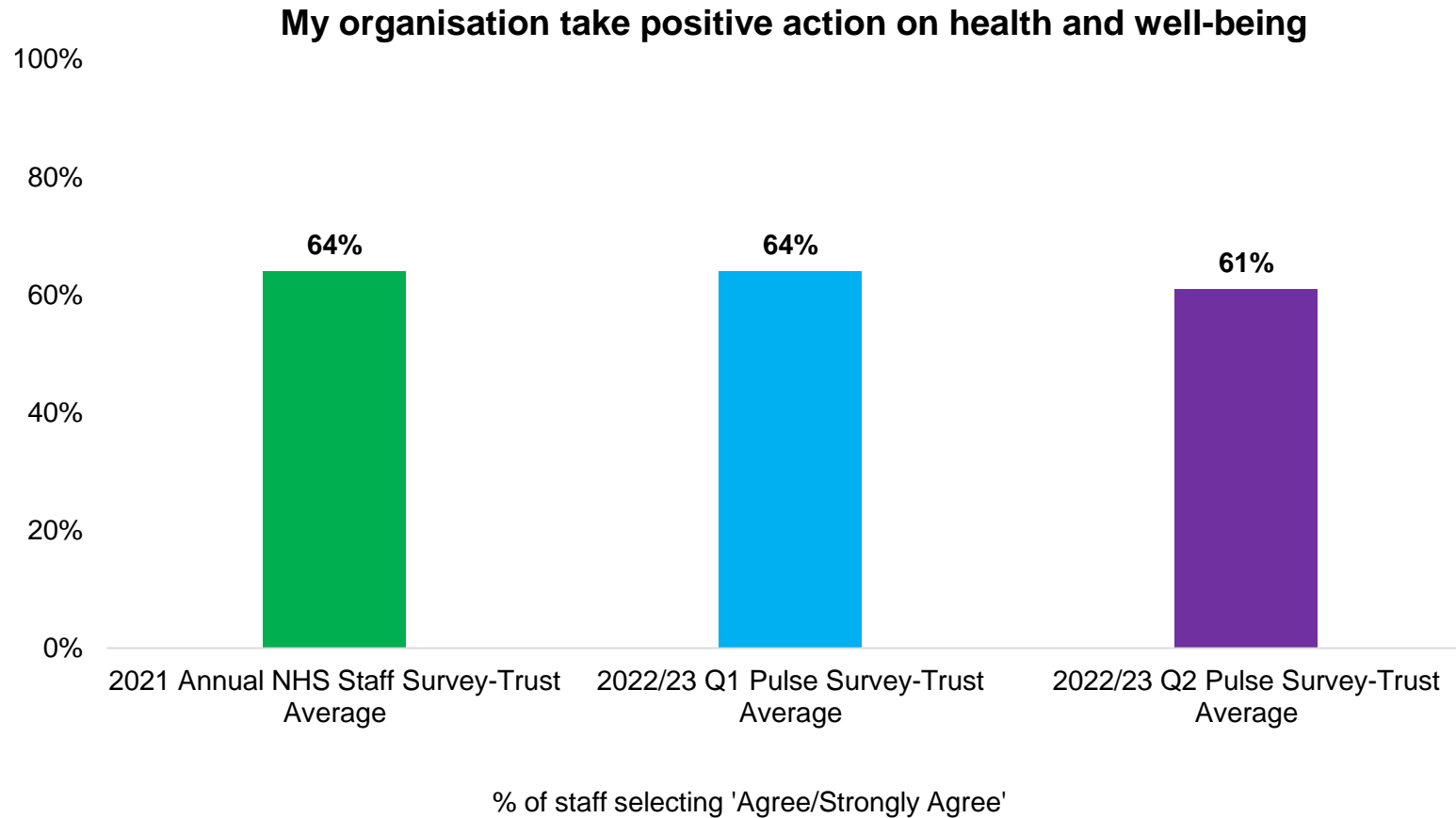
The NHS staff survey results show we perform above the average on all 'people promise' metrics



Source: NHS staff survey

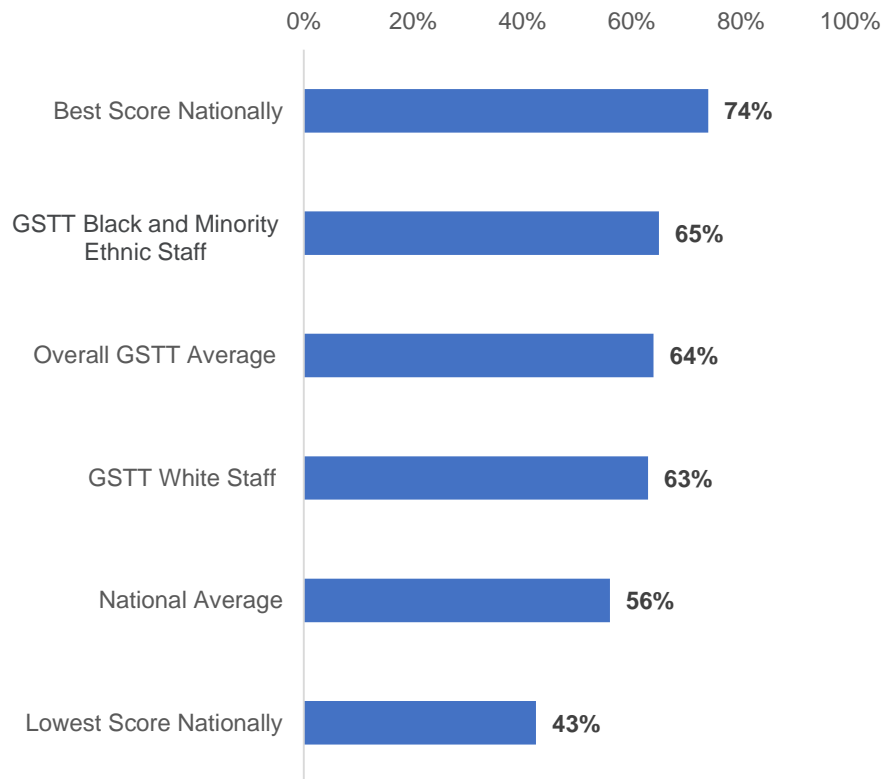


But our staff report feel less positive about our support for their health and wellbeing from the latest pulse survey results

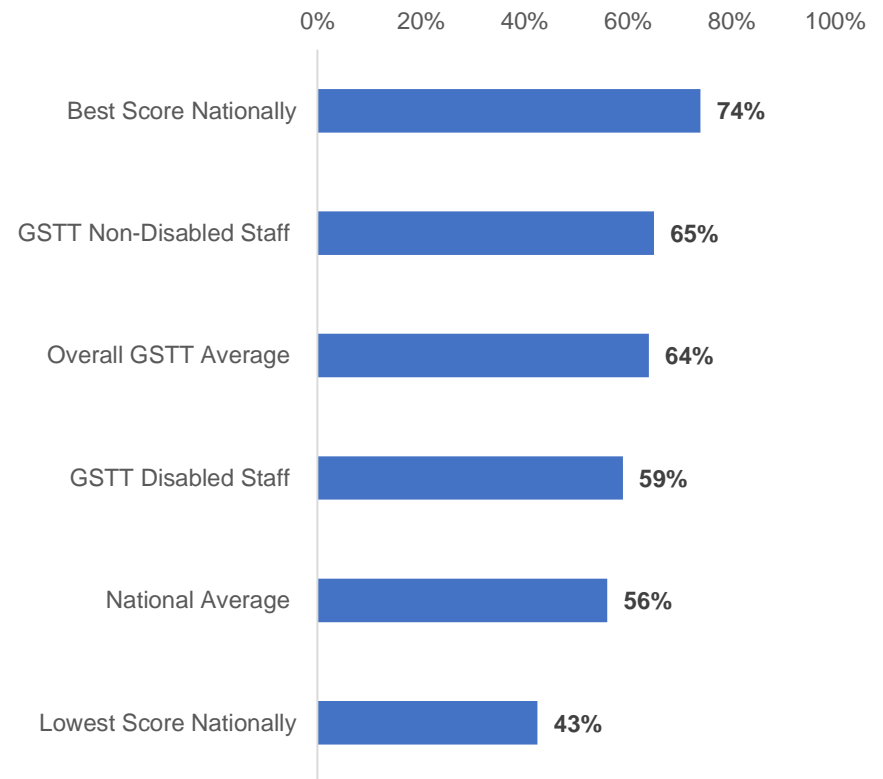


Staff with from minority ethnic groups and those with a disability report differing views on our well being support

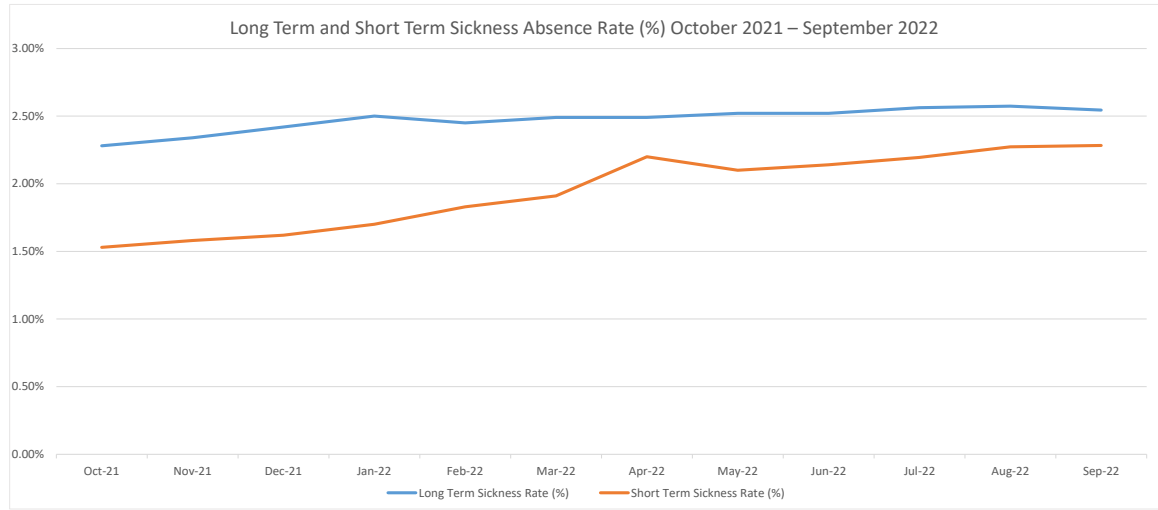
2021 NHS Staff Survey Results
Organisation taking Positive Action on Health and Wellbeing - Comparison of Scores by Ethnicity



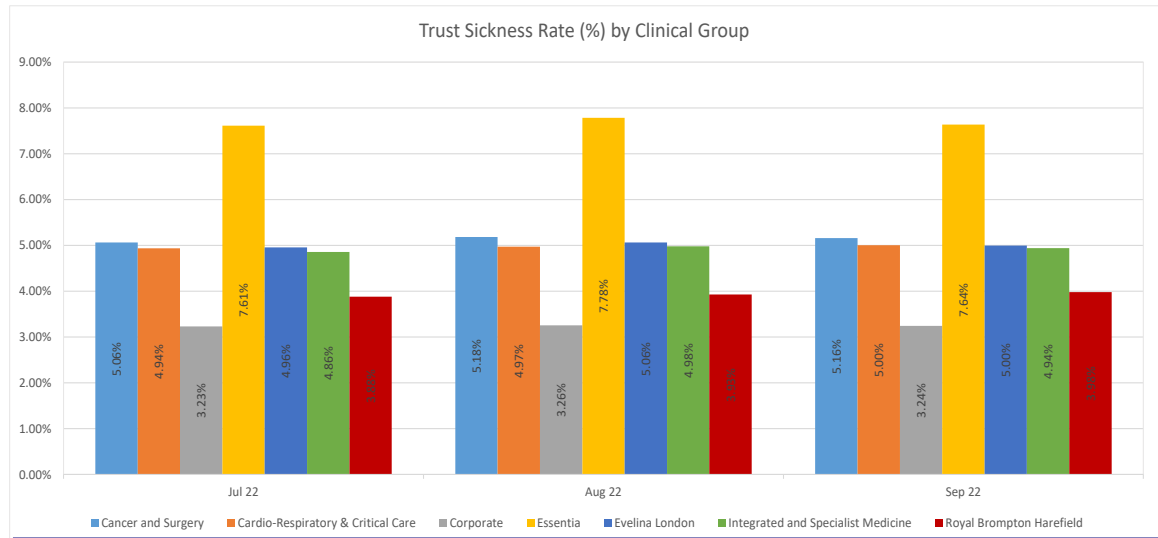
2021 NHS Staff Survey Results
Organisation taking Positive Action on Health and Wellbeing - Comparison of Scores by Disability



Short term sickness absence rates increased over the last year



Long and Short Term Sickness Rate (%) October 2021 to September 2022



Trust Sickness Rate (%) by Clinical/Delivery Group October 2021 to September 2022



The main reasons for staff being off work due to ill health have been changing

The top 3 reasons for absence in September 2022 were:

- Chest and respiratory 20.2%
- Anxiety, stress depression 15.4%
- Musculoskeletal 13.5%

Anxiety, stress, depression and musculoskeletal have been in the top 3 reasons for absence over the last 5 years

Over the last 3 years we have seen an increase in chest and respiratory issues as cause.

Anxiety, stress, depression sickness trends have been gradually decreasing since peaking in May 2021, and are at their lowest levels since pre-pandemic (January 2020)



Showing we care about you (SWCAY)

SWCAY: vision and principles

- 1** Aligned with the NHS People Plan and the Trust overall strategy and people Plan 
- 2** Aligned with KHP & H&WB initiatives 
- 3** Inclusive and cohesive 
- 4** Supported by the board, senior management, line management and staff side 
- 5** Evidence based, cost effective and fit for purpose 
- 6** In accordance with staff wishes 
- 7** Sustainable 
- 8** Accessible to all 
- 9** Vigorously evaluated 
- 10** Transparent including provision of our outcomes 

We are ensuring that our offer now has a greater focus on financial well being

<p>Financial wellbeing and education</p> <p>Empowering staff through the offer provided.</p>	<p>Financial support EAP (From Nov 2022) Retirement planning support Pension support workshops Staff loan Credit union membership</p> <p>Additional support to deliver financial wellbeing support to Trust staff s has been commissioned and provided by Money A+E.</p> <p>On-site finance, debt and welfare entitlements advice service at the Trust, for all its staff.</p>	<p>The Money Boosters programme is a free workshop for employees</p> <ul style="list-style-type: none"> • Budgeting • Saving skills • Benefits info • Confident money mind-set
<p>Flexible and agile working</p> <p>Approaches that support individuals in a way which helps them with managing household costs.</p>	<p>Flexible working policy to support applications</p> <p>Variety of flexible arrangement in place: (reduced hours, compressed working weeks, adjusted start and finish times, job share, working from home)</p>	<p>Rostering across N&M and AHPs</p> <p>Agile working / hybrid working guidance</p>
<p>Pay processes and practices</p> <p>Supporting staff through providing a comprehensive benefits package</p>	<p>Transport season ticket loans Cycle to work scheme Car lease scheme through salary sacrifice Home electronics salary sacrifice scheme Onsite nursery Discount deals with local businesses Reduced cost gym/fitness memberships</p>	<p>Simple Health plan Staff shuttle bus service Rapid access to EAP provided free counselling Rapid access to 1:1 psychological/ spiritual support via self-referral Free stop smoking support and nicotine replacement for staff Free rapid access to staff physiotherapy 1:1 support Reduced cost dental care via GH dental school Staff free healthy eating support</p>
<p>In-work progression</p> <p>The offer available to colleagues to access development, training and experience including apprenticeships, to progress and enter higher paid work in the medium-to-longer term</p>	<p>Career workshops & Career success skills Positive pathway development programme for ethnic minority (bands 4-7) Networking for success Apprenticeships Coaching mentoring, (reverse mentoring) & shadowing Application writing workshops</p>	<p>Job interview workshops Holding career conversation for line managers Management training schemes Medical Education workshops Service improvement courses Skills for life (numeracy & literacy training) Developing a talent road map</p>



Our staff offer – 2022 at a glance

	Living Well – Self Help	Additional Support	Expert Input	Campaigns
<p>active body</p>	<p>Urbanest Gym/fitness discounts Online yoga classes</p>	<p>Cycle to Work Schemes Onsite bike servicing GoJoe App & challenge Wellbeing Walks Breathe Arts dance Online pilates</p>	<p>Staff Physiotherapy Team Self referral 1:1 Group sessions Team assessments</p>	<p>Cycle to work Week National Fitness Day Back Care Week</p>
<p>healthy body</p>	<p>Vaccines – Covid/flu Fact sheets Online links and guides My Positive Self App</p>	<p>Eye test discounts Occupational Health Team Simply Health Plan Discounted dental care</p>	<p>Tobacco Dependence Service • Stop smoking support • Nicotine replacement Menopause Clinic • 1:1 appointments</p>	<p>Staff Vaccinations World Menopause Day Stoptober National Eye Health Week World AIDs Day</p>
<p>work-life balance</p>	<p>HALT – take a break Going home checklist Annual Leave Special Leave</p>	<p>Wellbeing Zones – STH/GH Wellbeing hubs – Community Breathe Arts – Creative Breaks Breathe Arts – Choir</p>	<p>Specialist sleep psychologist Liminal Space – sleep pilot</p>	<p>National Work Life Week</p>
<p>healthy eating</p>	<p>Onsite catering options Nutritional advice</p>	<p>NHS discounts- shopping NHS discounts – food outlets</p>	<p>Staff Healthy Eating Team Self-referral 1:1s Weight Management prog.</p>	<p>Alcohol Awareness Week Healthy Eating Week</p>
<p>healthy mind</p>	<p>Self-help resources Headspace app Griefworks app Wellbeing playlists - Breathe Arts</p>	<p>Happier@Work workshops Suicide prevention training CareFirst EAP (advice line) Keeping Well SE London (website)</p>	<p>Care First EAP – Counselling Staff Psychology Team • self referral 1:1 • reflective sessions • Long Covid support group Keeping well SE London</p>	<p>World Suicide Prevention Week World Mental Health Day Self-care Week National Stress Awareness Week Grief Awareness Week</p>



In summary

- SWCAY has a strong foundation with breadth and depth in its offers but we have more to do
- Comprehensive evaluation of SWCAY underway – report in November 2022
- Increasing the range and reach of financial well being support is a priority
- Work across the ICS to improve access to others parts of health and care and deliver value for money

**BOARD OF DIRECTORS
AUDIT AND RISK COMMITTEE**

**Wednesday 15th June 2022, 1pm – 4pm
Burfoot Court Room, Guy's Hospital**

Members Present:	Mr J Pelly (Chair) Mr S Friend	Mr S Weiner
In attendance:	Mr E Bradshaw (Minutes) Prof I Abbs Ms A Banister (to item 9) Ms B Bryant Ms J Dahlstrom Mr S Davies Mr P Dossett (to item 9) Ms C Eyre Mr J Findlay (for item 15) Mr A Gourlay	Mr R Guest Ms S Hendrickson Mr N Halliwell (to item 9) Mr S Lane Ms A Knowles (to item 10) Ms V McLeod Ms H Mollet (for item 15) Ms K Moore Mr S Nandhra Sir H Taylor (to item 10)

1. Welcome and apologies

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

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 11th May 2022, were agreed as an accurate record.

4. 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. Update on the 2021/22 Trust annual accounts

- 5.1. The Committee was presented with a summary of the amendments that had been made to the draft accounts since the previous Committee meeting and the continuing audit discussion points that may lead to further amendments before the accounts were to be finalised. Committee members queried some aspects of the changes made and confirmed they were content with the accounts as presented. Approval of the full annual report and accounts would be sought from the full Trust Board in correspondence given the tight timeframe before the deadline for submission to NHS England and NHS Improvement (NHSEI) on 22nd June.

6. Annual Report

- 6.1. A number of changes had been made to the draft Annual Report following further work and feedback from Committee members. A final round of proof-reading was being undertaken, but no significant further comments were expected. Committee members asked for greater consistency between the various references to equality, diversity and inclusion, but agreed it was an excellent report and thanked the teams involved for their hard work.

7. External Auditors Findings Report

- 7.1. Grant Thornton reported that the external audit work was substantially complete, subject to resolution of a small number of outstanding tasks. There were no matters of which the auditors were aware that would require modification of the audit opinion or material changes to the financial statements; it was therefore expected that an unqualified audit opinion would be issued.
- 7.2. The Committee received an update on the work done by Grant Thornton to test the key risks that had been identified in its audit plan, the proposed audit adjustments that had been identified, and the auditors' follow-up of prior year recommendations. There were some audit findings for which the Trust had not yet provided a management response, and this would be updated in the final version of the audit report. It was confirmed that, over the past two years, the Trust's accounting practices had been prudent when compared with other trusts also audited by Grant Thornton.
- 7.3. The Committee noted the auditors' draft Letter of Representation that would be signed upon completion of the audit work. The Chief Financial Officer thanked the finance teams for their hard work in both producing an excellent set of accounts so quickly, and in providing valuable support to the auditors.

8. Value for Money Report

- 8.1. The scope of the external value for money review required by the Audit Code of Practice had increased since the prior year. Grant Thornton had not identified any risks of significant weakness across the economy, efficiency and effectiveness of the Trust's use of resources, its corporate governance arrangements or its financial sustainability.
- 8.2. The Committee reviewed the findings and the improvement recommendations that had been made, together with the management responses. There was discussion about the ways in which efficiency and productivity could be measured and about the complexities of doing this with block income payments that made it hard to attribute income to service lines.

9. Annual Information Governance and Health Records Report

- 9.1. The Trust was preparing its 2022 annual Data Security and Protection Toolkit (DSPT) return. It was anticipated that the Trust would not, as in 2021, achieve a full 'standards met' rating; the reasons for this included the Trust's overall completion rate of information governance training not meeting the mandatory target of 95%, and the deployment completion date of supported Windows (version 21H2) to enable receipt of security updates (patches). The implications for the Trust in not fully meeting the standards was discussed.

- 9.2. Compliance rates of responses to Freedom of Information requests (FOI) at the Trust within statutory deadlines continued to be impacted by staff availability, an increased number of requests and the historic backlog. An action plan to improve response rates was in place. Committee members provided some suggestions about how the Trust could respond to FOI requests more quickly and easily.
- 9.3. There had been a small increase in the number of duplicate registrations for the Trust's patients, and the reasons for this were queried. Work to eliminate such registrations was ongoing and would be done before the go live of the new electronic health record in April 2023. The committee noted the increase in the volume of security incidents and discussed potential reasons for this.
- 9.4. The Trust had appointed Fiona Nicholls to the role of Joint Director of Information Management across the Trust and King's College Hospital NHS Foundation Trust. She would take on leadership for information governance and management and also assume the Senior Responsible Owner role for the Medical Records Digitisation programme.

10. Internal Audit

Internal Audit Progress Update

- 10.1. An update was provided about the four internal audits that had been completed since the previous meeting. Members discussed the 'limited' assurance rating given to the audit of stock management at Royal Brompton Hospital. Whilst the clinical risk of using expired stock was low, the Committee agreed it would be important to have greater real-time visibility of such incidents and noted that the new electronic health record, together with the move to Omnicell stock system, would help to ensure this, as well as provide a better system for clinical stock control. There was also discussion about the findings of an audit looking at capital accounting and how the Trust both established and might consider the determination of useful economic lives of its fixed assets.

2022/23 Internal Audit Plan

- 10.2. The internal audit plan for 2022/23 had been derived from the strategic planning paper presented to the Committee in September 2021 with consideration of the current risks on the Board Assurance Framework and the corporate risk register. The draft plan had been shared with senior executive management for input and feedback and had been shared with the Committee in February.
- 10.3. The number of days in the plan had been reduced to reflect the team's loss of two auditors, which led to some Committee members expressing concerns about the capacity of the internal audit team, particularly given its role in providing resource to other trusts. The Chief Financial Officer would review the team's resources and bring the conclusions back to the Committee at a later date.

ACTION: SD

RESOLVED:

- 10.4. The Committee approved the internal audit plan for 2022/23.

11. Counter Fraud

Counter Fraud Progress Update

- 11.1. The Committee noted an update of the work of the counter fraud team since the last meeting, including the numbers of new referrals made and of cases closed.

Counter Fraud Plan 2022/23

- 11.2. The Committee received the proposed counter fraud work plan for 2022/23, which covered the number of days work that the team would undertake and the areas they would cover. Delivery of the work plan would focus on inherent fraud and bribery risks, and on identifying specific areas deemed most susceptible to fraud or bribery at the Trust, which included phishing and malware installation, contracts and procurement, and payroll. The plan also included time to prepare the Trust's data submission to the National Fraud Initiative which runs every two years.

RESOLVED:

- 11.3. The Committee approved the counter fraud plan for 2022/23.

12. Review of Gifts & Hospitality

- 12.1. The Trust's internal audit team had reviewed the declarations made in respect of gifts and hospitality in 2021/22. The Committee noted the number of declarations that had been made. There was discussion about how well the current Standards of Business Conduct Policy was understood by staff. The Committee welcomed the insight provided by the report and were supportive of taking steps to ensure that the refreshed Policy would help support better levels of compliance with the requirements.

13. Standards of Business Conduct Policy

- 13.1. The existing Standards of Business Conduct Policy, approved in October 2018, had been updated and drawn together with the equivalent policy at Royal Brompton and Harefield to create a single organisational policy. The policy had also been combined with multiple related but separate guidance documents into a single document. The Committee was advised that, in recent days, further updates to the draft policy had been proposed and were being considered, and that a final round of consultation with staff groups was planned.

- 13.2. Committee members found the updates had been helpful, and welcomed the further comments that would be sought from staff. It was agreed that the policy needed to be supported by a comprehensive communications plan, and there were suggestions about how the requirements could be incorporated into training modules. Other points made included the need to explicitly include governors in the policy's scope, to ensure it was cross-referenced to the Trust's policy on the use of IT assets, and to ensure it was consistent with the findings of the Messenger Review. These updates would be incorporated into the policy.

ACTION: EB

- 13.3. Over the past year the Trust's Corporate Affairs function had sought to promote more widely the need for 'decision-making' staff to declare their interests or submit nil returns. This had helped increase the rate of compliance of such staff considerably in 2021/22 compared to previous years, although there remained scope to continue to improve compliance rates across the organisation.

RESOLVED:

- 13.4. The Committee approved the Policy, subject to the suggestions made in the meeting and any final updates from final comments from staff being minor in nature. In the event of significant updates being required, the updated policy would be recirculated to Committee members for further review and approval.

14. Provider Licence Self-Certifications

- 14.1. As an NHS foundation trust, Guy's and St Thomas' is required to comply with the conditions of the Provider Licence, which helps ensure that healthcare services benefit patients. On an annual basis the Trust is required to self-certify whether it is compliant with three specific licence conditions (G6, CoS7 and FT4) and confirm that governors have had the necessary training to undertake their role. It was proposed that, in all instances, the Trust confirms it was compliant with these conditions, and the reasons for this proposal were set out for the Committee's consideration.

RESOLVED:

- 14.2. The Committee approved the recommendations to self-certify compliance with each condition.

15. Business Continuity Update

- 15.1. The Trust had a corporate business continuity plan that was supported by service-level and site-specific plans. The status of these plans meant that they required review which would be facilitated by a new business continuity system: a bespoke in-house development that had been piloted over recent months and was now ready to be rolled-out across the organisation, including Royal Brompton and Harefield hospitals.
- 15.2. Prompted by questions from Committee members there was discussion about why the Trust had developed a new system rather than bought an 'off-the-shelf solution, and how the new system would help the Trust learn from issues that had taken place over previous years, and ensure that it could recover as quickly as possible from any future incidents. It was explained that the system incorporated a number of potential future events, but could also support the Trust's response and recovery from unexpected events. Clarity was provided over how the Trust's business continuity arrangements were externally assured.

RESOLVED:

- 15.3. The Committee endorsed the business continuity planning process for 2022 and the roll-out of the new system.

16. Standing Financial Instructions

- 16.1. A review of the delegated limits in the Standing Financial Instructions had been undertaken and, in response to the large number of high value items being received across the management structure, proposals were put forward to amend these limits to support operational efficiency.

- 16.2. Committee members were supportive of the proposed changes. There were some further suggestions made, including the need to explicitly reference the Deputy Chief Executives in the document. There was also consideration about the possible need to add programme SROs and whether the document was broad enough to enable the Trust to achieve its commercial aspirations.
- 16.3. It was agreed that, whilst the proposed changes were approved, the document itself needed a more comprehensive refresh. This should take into account the current sections of the document which overlapped with the Trust's standalone Scheme of Delegation. It was requested that a further iteration be brought back to the Committee in six months' time.

ACTION: SD

RESOLVED:

- 16.4. The Committee approved changes to the Standing Financial Instructions, subject to the addition of Deputy Chief Executives in the document.

17. National Cost Collection

- 17.1. The annual National Cost Collection exercise provides NHSEI with Trust-level information about the cost of NHS services. The information informs a number of work streams including the Patient Level Information and Costing System, the Model Hospital portal and national tariff prices. The Committee received a pre-submission update that confirmed relevant plans and processes were in place in accordance with national guidance, that sufficient resources were in place and actions from previous NHSEI audits had been addressed. A further update following submission would be presented to the Committee later in the year.

RESOLVED:

- 17.2. The Committee approved the approach taken by the finance costing teams to submit the 2022 costing return.

18. Any other business

- 18.1. There was no other business. The next meeting of the Committee would take place on 7 September 2022.

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

**Wednesday 13th July 2022, 1pm – 4pm
Seminar Room 2, Education Centre, 75 York Road, SE1**

Members present:	Mr S Friend – Chair	Mr J Findlay (Part Meeting)
	Prof I Abbs	Mr J Pelly
	Ms A Bhatia	Mr I Playford
	Mr S Davies	

In attendance:	Ms T Knight (Minutes)	Mr E Middleton – Item 11
	Mr T Davies – Item 8	Mr D O'Brien
	Mr A Gourlay – Item 12	Mr P Parr – Item 8
	Mr R Guest	Mr M Rowe – Items 8 & 9
	Mr D Lawson – Item 12	Mr D Shrimpton – Item 11

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Finance, Commercial and Investment Board Committee (the Committee), including Damien O'Brien, the new Director of Operational Finance, and Ian Playford, Non-Executive Director. Apologies were noted from Priya Singh, Lawrence Tallon and Steve Weiner.

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 20th April 2022 were approved as an accurate record.

4. Matters arising and review of action log

- 4.1. The Committee noted the open actions and the work that was underway to address these.
- 4.2. An action had been recorded at the previous Audit and Risk Committee to provide the Committee with an update on the impact of the new IFRS16 which, from April 2022, had superseded IAS17 in directing how organisations should account for leases. This item was deferred whilst awaiting clarity regarding the Trust's Capital Departmental Expenditure Limit (CDEL) in relation to IFRS16 assets and would be brought to the Committee in October.

5. Board Assurance Framework Risks

- 5.1. 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.

6. Finance report – month 2

- 6.1. The Trust had submitted a break-even revenue plan in 2022/23. In the two months to May 2022 the Trust had reported a deficit outturn which was behind the planned year-to-date position. The receipt of full Elective Recovery Funding had been assumed in the plan. Overall, the Trust's delivery of efficiencies was behind plan and teams were experiencing difficulty in identifying further opportunities.
- 6.2. The Committee noted year-to-date performance in each of the clinical groups and in the Essentia group, where a recovery plan was in the process of being produced to address the disproportionate variance in spend. A series of monthly financial reviews with each of these groups had commenced; the reviews would focus on areas including the management of cost pressures and delivery of efficiencies.
- 6.3. The Committee discussed the risk around productivity and activity levels and the need for consistent and persistent messaging particularly focused on performance. Committee members acknowledged infrastructure, process and workforce issues post-pandemic and discussed the challenges surrounding the current contract models.

7. Operational Productivity Unit – Progress Report

- 7.1. A new Operational Productivity Unit had been established to support clinical and corporate groups identify and deliver productivity gains to mitigate against fiscal constraints faced by the NHS and the Trust. A new team had been recruited and work undertaken to test the scope and objectives of the unit and to develop a set of products and tools. This included a productivity dashboard which would help provide benchmarking information both internally and with other organisations. Over the next six months, the unit would continue to embed itself into the Trust's group model and refine its approaches based on the needs of the organisation.
- 7.2. There was an in-depth discussion about the need to ensure that the clinical groups and corporate functions, rather than the unit itself, had responsibility to deliver productivity gains. The purpose of the unit would be to analyse data and flag areas of productivity that required particular focus. Benchmarking and publishing comparative data would help to demonstrate what 'good' looked like. It was anticipated that the unit would help generate a shift in delivery of productivities and an update would be brought to the next meeting of the Committee.

ACTION: RG

8. Medium Term Financial Plan and Long Term Financial Model (LTFM)

- 8.1. As the NHS moved back into a system of routine financial planning following the Covid-19 pandemic, the Trust would need to develop a medium term financial plan for both revenue and capital expenditure that would establish the future financial framework for the organisation, thereby supporting decision-making and becoming the basis for the annual planning rounds. The Long Term Financial Model (LTFM) would be the basis for this approach. The Committee reviewed and discussed proposals for how the LTFM would work, including the inputs and assumptions and outputs, including the impact on the Trust's income and expenditure account, cash balance and regulatory risk rating. It was envisaged that the LTFM would be produced

twice each year and be updated iteratively. It would also be closely aligned to the work to develop a new Trust strategy.

- 8.2. The Trust's current long term financial model was in the process of being updated following significant changes to the capital and revenue plans, and in light of the merger and major programmes of work that had taken place. The current plan showed that a significant annual efficiency would be required. The Committee discussed the need for alternative sources of income. An updated medium term financial plan and the LTFM would be brought back to the next Committee meeting.

ACTION: TD/MR

9. Estates Strategy Refresh – Finance and Commercial Workstream

- 9.1. A workstream had been established as part of the estates strategy refresh to explore possible opportunities for supporting and enabling future estates development through mechanisms such as commercial and philanthropic partnerships that avoided or minimised the need for Capital Departmental Expenditure Limit (CDEL). The Trust's CDEL allocation had been further constrained by the change in accounting rules around leases under IFRS16.
- 9.2. The Committee discussed the findings from the workstream. It was concluded that there was limited scope for making capital investments outside of CDEL, but there were some areas identified that might remove or reduce the degree of CDEL required. The Committee noted and agreed the principles and approach suggested to maintain its ability to make strategic capital investments.

10. Implementation of the Commercial Governance Review

- 10.1. The Committee received an overview of the plan for implementing the recommendations of the recent review of the Trust's commercial governance. There would be four primary areas of focus, these being private patients, estates and maximising capacity, commercial innovation and commercial partnerships.
- 10.2. The internal commercial directorate had been restructured and renamed as commercial services, and its role would be to support the clinical groups to develop and take ownership of delivering commercial activities. An overarching commercial strategy was being developed to coordinate the four areas of focus, which would be brought to the Board in due course.

ACTION: RG

11. Private Patients Update

- 11.1. The Trust's private patient income during the first two months of 2022/23 was above plan, but remained behind pre-pandemic levels. Private patient activity over the previous six months was above the same period a year earlier. A strategy was being developed to grow private patient work and push activity above plan and beyond pre-pandemic levels. The strategy would be based on:
- Recovery and resilience, with an aim to return to pre-Covid levels of activity as soon as possible;
 - Intensive utilisation, to deploy all the Trust's existing assets such as maximising theatre usage and incentivising activity; and
 - Strategic growth in private work through new markets, models and locations.

- 11.2. The Committee noted the opportunities within the new Trust Operating Model to grow private patient work across the clinical groups, subject to available capacity. The largest opportunity remained in the Heart, Lung and Critical Care Clinical Group, and the Committee was updated on work within that Clinical Group to secure additional capacity for private outpatients and diagnostics.
- 11.3. Committee members welcomed the steps being taken to develop a new private patient strategy. There was a need to ensure that the Trust was always meeting its obligations to NHS-funded patients alongside its ambition to grow private income, and that the private patient strategy would not compromise this position. The new strategy would be brought to the Committee in October.

ACTION: DS

12. Contract for Non-Emergency Patient Transport Services

- 12.1. The Trust had a requirement for provision of core non-emergency patient transport services and had entered into a joint tender process with King's College Hospital (KCH) NHS Foundation Trust for these. A parallel tender report had been submitted to the KCH Trust Board, and a contract could only be awarded if both Trust boards approved the contract award recommendation.
- 12.2. The Committee received an overview of the process that had been undertaken and the recommendation for contract award. There was discussion about the commercial and legal assessments that had been undertaken, and about the risks around potential under-performance and the mitigating actions that would be taken as a result. The Committee would be kept apprised about the post-tender negotiations.

ACTION: AG

RESOLVED:

- 12.3. The Committee approved the contract award as proposed.

13. FC&I Board Assurance Framework Updates

- 13.1. The Committee received and noted the updates to the risks owned by the Committee on the Board Assurance Framework.

14. Paper for noting

- 14.1. The Committee noted the paper on Managed Service Agreements.

15. Any other business

- 15.1. There were no other items of business.

The next meeting is scheduled for Wednesday 12th October 2022, 1.00 – 4.00pm.

NHS CONFIDENTIAL - Management

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
FINANCIAL, COMMERCIAL & INVESTMENT BOARD COMMITTEE
WEDNESDAY 12 OCTOBER 2022

Title:	Finance Report for the Five months to 31 st August 2022
Responsible Director:	Steven Davies, Chief Financial Officer
Contact:	Steven.Davies@gstt.nhs.uk
Purpose:	To update on the financial position of the Trust for the five months to 31 st August 2022
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<ul style="list-style-type: none"> • The revenue plan is to achieve an Adjusted Financial Performance (AFP) plan of break-even. • Performance to August 2022 a deficit of £26.2M is £15.5M worse than the planned deficit of £10.7M. • The forecast a deficit of £35.5M would be £35.5M worse than the break-even plan. • The Trust has declared to the NHSE and the ICS that it expects to achieve the AFP plan of break-even. • Capital expenditure of £165.0M is forecast which would be £36.0M more than the £129.0M allocation.
Recommendations:	<p>The COMMITTEE is asked to:</p> <ol style="list-style-type: none"> 1. Discuss and note the content and of this report.

NHS CONFIDENTIAL - Management

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
FINANCIAL, COMMERCIAL & INVESTMENT BOARD COMMITTEE**

WEDNESDAY 12 OCTOBER 2022

FINANCE REPORT FOR THE FIVE MONTHS TO 31ST AUGUST 2022

PRESENTED BY Steven Davies, Chief Financial Officer

1. Introduction

1.1. This paper updates the Committee on performance for the five month period to 31st August 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. YTD performance for the five months to August 2022 is a deficit of £26.2M which is £15.5M worse than the planned deficit of £10.7M.

2.3. The current forecast would result in a deficit of £35.5M.

2.4. The Trust has declared to the ICS and NHSE that it expects to achieve the AFP plan of a break-even position.

NHS CONFIDENTIAL - Management

	YTD (£000)			Forecast (£000)		
	Plan	Actual	Variance	Plan	Actual	Variance
Income	£1,058,675	£1,050,658	(£8,017)	£2,557,035	£2,523,670	(£33,364)
Pay	(£582,736)	(£585,171)	(£2,435)	(£1,402,408)	(£1,398,302)	£4,105
Non Pay \ Other	(£486,654)	(£491,714)	(£5,061)	(£1,154,627)	(£1,160,854)	(£6,227)
Adjusted Financial Performance (AFP)	(£10,715)	(£26,227)	(£15,512)	(£0)	(£35,486)	(£35,486)
DODA	(£5,710)	(£5,062)	£648	(£13,704)	(£13,720)	(£16)
Capital Donations	£3,750	£2,589	(£1,161)	£9,000	£9,837	£837
Surplus (Deficit)	(£12,675)	(£28,700)	(£16,025)	(£4,704)	(£39,370)	(£34,665)
Technical Adjustments	£0	£0	£0	£0	£0	£0
Total Surplus \ (Deficit)	(£12,675)	(£28,700)	(£16,025)	(£4,704)	(£39,370)	(£34,665)

2.5. The impact of the IT system outage that occurred in July and the implementation of Oracle Cloud in June have largely been overcome with regard to the impact of these on producing the monthly accounts. The higher level of uncertainty from having an increased level of central accruals has now been resolved

NHS CONFIDENTIAL - Management**3. YTD: £26.2M deficit which is £15.5M worse than plan****3.1. Income is £8.0M worse than plan:**

- The main driver of income underperformance relates to pass through drugs and devices, £14.4M less than plan. Work to assess this is required against the level of expenditure recorded for clinical supplies and drugs which is not underspending against budget to the same level.
- Other clinical income streams which are currently underperforming against budget include overseas visitors £3.4M and non-English authorities £2.0M, local authorities £0.4M.
- Income streams that are performing ahead of plan include income from NHS Trusts £2.3M, Research income £1.0M, private patient income £0.5M and other operating income £2.4M.
- Elective Services Recovery Fund (ESRF) income is reported in line with plan and assumes full payment in respect of H1.
- Discussions continue with NHSE regarding the level of baseline block payments currently received.

3.2. Pay budgets are £2.4M overspent:

- The pay overspend is centred on two staff groups:
 - Medical budgets are overspent by £7.0M which includes £1.6M due to prior year local and national clinical excellence payments above that accrued at year end.
 - Ancillary staff budgets are overspent by £2.4M of which £1.7M is centred on the support to site services at the Guy's and St Thomas' sites.
- A large increase in bank expenditure occurred during August. Whilst further analysis of this is being undertaken it is expected that a significant element will be as a result of the recent IT systems issues.
- Slippage against planned pay CIPs has contributed £1.5M to the overall overspend.

NHS CONFIDENTIAL - Management**3.3. Non Pay \ Other £5.1M overspent:**

- Drugs and clinical supplies budgets are £8.2M underspent which is considerably less than the level of income underperformance relating to pass through drugs and devices.
- Energy costs are £3.5M overspent with a further acceleration in expenditure anticipated.
- The impact of the remaining efficiency requirement across operational budgets of £5.2M and against the central target of £14.2M is another main driver of the over spend.
- Planned non pay CIPs have to date under-achieved by £1.6M.
- The impact of unfunded cost pressures within operational budgets accounts for a further £13.0M.
- To partly mitigate the above, reserves of £20.8M have been released.

4. Forecast: £35.5M deficit

4.1. The current forecast is a deficit of £35.5M. At month five the Trust has declared to both NHSE and the ICS that it still expects to achieve the AFP plan of a break-even position.

4.2. The current forecast includes the following assumptions:

- That the Trust receives the full £48.0M of ESRF income in current contracts.
- That the central efficiency requirement of £37.9M is achieved in full.
- To date only those additional costs that have been incurred in relation to the IT systems outage will be included in the current forecast. Further costs are likely to arise.
- No further cost pressures above those already being incurred will arise.

4.3. The supplementary paper (Appendix A) summarises a range of further opportunities and risks to the current forecast deficit of £35.5M noted in 4.1 above.

NHS CONFIDENTIAL - Management**5. Cash and Capital**

- 5.1. **Cash:** the cash position at the end of August is £165.9M which is a reduction of £8.7M from last month. The forecast is for cash to increase slightly to £167.2M.
- 5.2. **Capital:** The CDEL has been agreed at £111.0M for the year. In addition to this the Trust has been allocated additional PDC of £18.0M of which £14.5M is for the Children's Day Treatment Centre (CDTC) and £3.5M for supply chain scheme giving a total allocation capital allocation of £129.0M.
- Expenditure to date of £8.7M is £2.1M less than the equally phased plan.
 - The current forecast of £165.0M would be £36.0M more than the £129.0M capital allocation.

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 £26.2M which is £15.5M worse than the AFP plan.
 - Note that the current forecast a deficit of £35.5M would be £35.5M worse than the AFP plan.
 - Note the further opportunities and risks in the supplementary paper.
 - Note that the Trust has declared to the NHSE and ICS that it expects to achieve the AFP.
 - Note the current capital forecast of £165.0M would be £36.0M above the capital allocation.

FINANCIAL PERFORMANCE HIGHLIGHTS

CURRENT MONTH - YTD - 2022/23 - Month 05



	CURRENT MONTH (£000's)			RAG	YTD (£000's)			RAG	Annual (£000's)			RAG
	Plan	Actual	Variance	Rating	Plan	Actual	Variance	Rating	Plan	Forecast	Variance	Rating
Adjusted Financial Performance (AFP)	£187	(£2,257)	(£2,444)	Red	(£10,715)	(£26,227)	(£15,512)	Red	(£0)	(£35,486)	(£35,486)	Red
Cash		(£8,764)		Red		£165,940		Green		£167,170		Green
Capital (CDEL)	(£10,750)	(£8,678)	£2,072	Green	(£53,750)	(£51,982)	£1,768	Green	(£129,000)	(£165,000)	(£36,000)	Red
CIP Delivery \ Unfunded cost pressures	£10,125	£3,523	(£6,601)	Red	£48,032	£13,239	(£34,793)	Red	(£123,807)	(£65,103)	(£58,704)	Red
FTE's	23,891	25,369	(1,478)	Red								

AFP: current month performance is a deficit of £2.2M which is £2.4M worse than plan, a run-rate improvement from previous months. The YTD deficit of £26.2M is £15.5M worse than plan. The current forecast is a deficit of £35.5M.

Cash: cash reduced by £8.8M in August to £165.9M. The year end forecast is a cash balance of £167.2M which would be an increase of £1.3M over the remaining months.

Capital (CDEL): The CDEL control total has been increased further to £129.0M. This comprises the original CDEL allocation of £111.0M and £18.0M of additional PDC of which £14.5M is for the Children's Day Treatment Centre (CDTC) and £3.5M for supply chain. YTD expenditure of £52.0M is £1.8M less than the equally phased plan but the current forecast of £165.0M would be £36.0M above the CDEL.

CIP Delivery \ Unfunded cost pressures: YTD performance reflects £5.2M of the total outstanding remaining efficiency requirement of £12.5M across operational budgets and slippage against planned CIPs within operational budgets of £3.1M. The central CIP requirement has delivered £1.6M to date which is £14.2M less than the equally phased target. The balance of £12.3M is primarily driven by unfunded cost pressures within operational budgets. The forecast assumes that the central CIP requirement of £37.9M is delivered in full and so the adverse variance of £58.7M is driven by the remaining efficiency requirement of £12.5M, unfunded cost pressures of £31.2M and the non-achievement of £15.0M of planned CIPs.

FTE's: the 25,369 FTE's reported for August is an increase of 1,000 from last month, the increase is primarily driven by bank and agency usage. Whilst an element will be attributed to the DT&I outage further analysis is required to establish the overall impact. 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 05



	CURRENT MONTH (£000)			YTD (£000)			Forecast (£000)		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income	£211,655	£213,990	£2,335	£1,058,675	£1,050,658	(£8,017)	£2,557,035	£2,523,670	(£33,364)
Pay	(£117,533)	(£120,830)	(£3,297)	(£582,736)	(£585,171)	(£2,435)	(£1,402,408)	(£1,398,302)	£4,105
Non Pay \ Other	(£93,935)	(£95,418)	(£1,482)	(£486,654)	(£491,714)	(£5,061)	(£1,154,627)	(£1,160,854)	(£6,227)
Adjusted Financial Performance (AFP)	£187	(£2,257)	(£2,444)	(£10,715)	(£26,227)	(£15,512)	(£0)	(£35,486)	(£35,486)
DODA	(£1,142)	(£1,012)	£130	(£5,710)	(£5,062)	£648	(£13,704)	(£13,720)	(£16)
Capital Donations	£750	£615	(£135)	£3,750	£2,589	(£1,161)	£9,000	£9,837	£837
Surplus (Deficit)	(£205)	(£2,654)	(£2,449)	(£12,675)	(£28,700)	(£16,025)	(£4,704)	(£39,370)	(£34,665)
Technical Adjustments	£0	£0	£0	£0	£0	£0	£0	£0	£0
Total Surplus \ (Deficit)	(£205)	(£2,654)	(£2,449)	(£12,675)	(£28,700)	(£16,025)	(£4,704)	(£39,370)	(£34,665)

Income: YTD income underperformance is driven by clinical income activities which are not under block contract arrangements. This is primarily driven by pass through drugs and devices income of £14.4M but also includes income from overseas visitors and non-English authorities. Partly off-setting this is additional income from services to NHS Trusts, Research income and other operating income streams. The reported position assumes the Trust will receive full payment in respect of ESRF income with £20.0M reported YTD and £48.0M assumed in the forecast.

Pay: the current month overspend of £3.3M is driven by prior year local clinical excellence awards above those accrued at the end of the financial and significant increases in both bank and agency spend, some of which will be attributable to the DT&I outage. The YTD overspend is primarily focused across two staff groups Medical budgets of £7.0M and ancillary staff budgets across the Guy's and St Thomas' site services of £1.7M. Slippage against planned CIPs accounts for £1.5M. The current forecast assumes that pay budgets reduce by £6.0M against the current run rate which appears optimistic.

Non Pay \ Other: Reserves of £20.8M have been released to off-set growth and cost pressures, drugs and clinical supplies budgets are underspent by £8.2M which is considerably less than the income underperformance. Areas of adverse performance include energy costs which are £3.5M overspent, the impact of the remaining efficiency requirement across operational budgets of £5.2M and against the central target of £14.2M, unfunded cost pressures of £13.0M and slippage against planned CIP schemes of £1.6M (A).

Adjusted Financial Performance: A reported deficit of £26.2M which is £15.2M worse than plan, the forecast is for the deficit to increase to £35.5M.

DODA: small underspend currently reported against an equally phased plan, depreciation is forecast to plan as schemes go live.

Capital Donations: YTD performance is currently £1.2M behind plan, but forecast to be marginally ahead as expenditure is incurred in later months.

Technical Adjustments:

Forecast Scenarios



	Optimistic	Realistic	Pessimistic
	£m	£m	£m
Month 05 Forecast - AFP Surplus \ (Deficit)	(£35.5)	(£35.5)	(£35.5)
<u>Recovery of Slippage against Planned CIP schemes</u>	£4.0	£3.0	£2.0
- The CIP tracker shows that £15.0M of planned CIPs are forecast not to be achieved. Increased focus on these with support from the Productivity Unit and CITI could drive an improved position.			
<u>Remaining Efficiency Target</u>	£3.0	£2.0	£1.0
- Against the 21/22 carry forward and the 22/23 efficiency requirement £12.5M has yet to be identified. Where further progress can be made in identifying new CIPs this would improve the current forecast			
<u>Unfunded Cost Pressures</u>	£6.0	£4.0	£2.0
- Operational budgets include £31.2M of unfunded cost pressures. To the extent that these are not in the current run rate but are currently forecast to be incurred then any removal of these would improve the current forecast.			
<u>Securing Additional Funding from Commissioners</u>	£3.0	£2.0	£1.0
- There are a number of service developments \ cost pressures where expenditure is currently forecast but confirmation of funding has not been received from Commissioners. Securing these agreements would improve the current forecast			
<u>Securing Additional Excess Inflation Funding</u>	£3.0	£2.5	£2.0
- An assessment of excess inflation costs above the 2.7% funded through Tariff was undertaken at the start of the year and additional funding of £22.0M was secured. Inflationary pressures continue and energy costs are forecast to be in the region of £7.0M higher. The Trust will look to secure any additional funding that may be made available.			
<u>Pass through Drugs and Devices Income</u>	£6.0	£5.0	£4.0
- As noted in the finance report there is a significant difference in the higher level of expenditure recorded in respect of drugs and clinical supplies when compared to that recovered as additional income in respect of pass through drugs and devices. Further work is being undertaken to understand this difference and it is anticipated that additional income will be billable above that currently forecast.			

Forecast Scenarios (continued)



	Optimistic	Realistic	Pessimistic
	£m	£m	£m
<u>Review of the Balance Sheet - Expenditure Accruals</u>			
- The current forecast assumes that the central CIP target of £37.9M will be delivered in full although £5.8M of this does not have named schemes \ opportunities identified. Further reviews will be undertaken to assess if the £37.9M can be stretched further.	£3.0	£2.0	£1.0
- A number of clinical and corporate CIP plans have already factored in potential balance sheet opportunities and these are reflected in the current forecast. A review of current accruals will be undertaken to assess further opportunities.	£3.0	£2.0	£1.0
<u>Review of Research and Charity Grants</u>	£2.0	£1.5	£1.0
- A review will be undertaken of all existing research and charity grants to ensure that expenditure has been correctly recorded against the grants and that any deferrals of income are appropriate.			
<u>Review of Unpaid Invoices</u>	£3.0	£2.5	£1.5
- A review will be undertaken of long-standing unpaid invoices from our customers. These will have attracted provisions for non-payment which when paid would be released. A number of these may already be assumed in current forecasts.			
<u>Annual Leave Accrual</u>	£2.0	£1.5	£1.0
- £25.0M is currently accrued at M05. The central CIP target has assumed a £4.5M and in year benefit a further days leave has been allocated with an estimated cost of £3.5M - £4.0M. Expectation that leave outstanding and c/f reduces to 2-3 days.			
<u>Review of Trust Budgeted Reserves</u>	£3.0	£2.0	£1.0
- Reserves of £30.8M have been released into the current forecast to off-set growth and cost pressures. The remaining reserves relate to pay awards, non-pay inflation, the impact of IFRS 16, independent sector use and education and training costs. To the degree that these are not required their release would improve the current forecast.			
<u>Winter Pressure Funding</u>	£0.4	£0.2	£0.1
- The reserve associated with winter schemes of £1.9M has currently been over-committed by £1.0M. Traditional slippage on these schemes has resulted in a financial improvement. This is likely to be minimal given the level of over-commitment.			
Forecast Scenarios -v- AFP Surplus \ (Deficit)	£5.9	(£5.3)	(£16.9)

Finance, Commercial and Investment Board Committee

12th October 2022

Finance Report - M05 22/23 - Appendix A

Risks - not included in the current forecast

Risks - not included in the current forecast

ESRF Income - currently the full £48.0M is assumed

DT&I Outage - with the exception of those included in the August staff bank increase minimal additional expenditure - another £3.0M

National pay award - funding shortfall £3.5M - £4.5M

Further inflationary pressures above that forecast and the remaining non-pay reserve

Central CIPs - currently £5.8M has not yet been identified against specific projects

Apollo Costs - minimal budget appears ear-marked for year end £2.0-3.0M

Additional days a\ £3.5M - £4.0M - noted above

Vaccination income - move to tariff in M07 £0.7M - £1.4M

Increase in bank rates (assume not retrospective??) $£5.6M * 1.25\% \text{ for } 4 \text{ months} = £2.3M$

BRC contract £4.0M??

**BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 6th July 2022, 1pm – 4.30pm
Governors' Hall, St Thomas' Hospital and MS Teams**

Members Present:	Dr P Singh – Chair Prof Ian Abbs Ms A Bhatia Mr P Cleal Mr S Davies Mr J Findlay	Dr F Harvey (to 3.45pm) Mr J Pelly Dr S Shribman Dr S Steddon Sir H Taylor (2.45pm – 3.45pm) Ms A Williams-McKenzie (for Julie Screaton)
In attendance:	Mr E Bradshaw – Minutes Ms S Allen – item 6 Ms S Austin (to 2.45pm) Ms S Cameron – item 6 Ms S Clarke Ms V Cooper – item 6 Ms J Dahlstrom Ms S Franklin – item 6 Dr R Grocott-Mason Mr A Gourlay	Ms S Hanna Ms A Knowles Ms R Liley Mr C Martin Ms C Mallinson Dr M Mason Cllr M Masters Ms C Sethi – item 6 Ms N Suff – item 6 Ms T Wileman – item 6

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 Simon Friend, Javed Khan, Ian Playford, Reza Razavi, Lawrence Tallon and Steve Weiner.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting held on 18th May 2022

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

4. Review of action log

- 4.1. The action log was reviewed and the status of the open actions noted.

5. Board Assurance Framework – Quality and Performance Risks

- 5.1. Committee members were reminded about the strategic risks on the Board Assurance Framework (BAF) that were owned by the Committee; it would be important to ensure these were kept in mind during discussions.

6. Patient story

- 6.1. The Head of Patient Experience played a recording from a patient of the Trust, a Black woman who had lost babies during both her first and second pregnancies, but who had gone on to have two healthy babies. The patient spoke openly about her experiences of miscarriage and

highlighted the support and high quality care she had received from her midwife and other members of the Trust's team. Committee members described it as a powerful and moving story which demonstrated the importance of continuity of care in helping improve outcomes and patient experience, particularly in complex situations. There was consideration about the extent to which premature births were more prevalent in Black and other ethnic minority groups and how the Trust was using the latest research to improve outcomes.

7. Feedback from Trust site visits

- 7.1. Non-executive directors gave feedback about their observations during recent visits across the Trust, including to children's services at Royal Brompton and Harefield hospitals, and operating theatres and surgical areas at St Thomas' Hospital. Key themes included constraints on space, an ongoing need to recruit and retain nurses, and increasing operational pressures. However, there was also clear evidence of innovative improvement work taking place, including around patient flow. The Committee welcomed the sessions for junior doctors being run by the Guardian of Safe Working.

8. Operational performance update

- 8.1. An overview was provided of the Trust's overall operational performance. A key milestone had been met in recent weeks whereby the Trust had eliminated all patients waiting over 104 weeks for treatment. Focus had now shifted to reducing the number of patients waiting over 78 weeks. The Trust's adult and paediatric emergency departments remained extremely busy. Although the Trust's urgent and emergency care performance was consistently one of the best in London, there were ongoing challenges in providing appropriate treatment to patients attending the Trust's emergency department with mental health needs. There were also an increasing number of admissions of patients with COVID-19, which was impacting on patient flow. Cases of Monkeypox, both in the Trust's hospitals and in the community, were also adding operational pressures.
- 8.2. In a new approach, representatives from each of the Trust's clinical groups were then asked to present the key operational issues and risks in their areas, to ensure the Committee received assurance from across the group operating model.

• Integrated and Specialist Medicine Update

- 8.2.1. A summary of elective and outpatient performance in each service was provided, and the Committee's attention drawn to the areas where the 104% activity target had already been reached. The Committee was pleased to see that diagnostic performance was strong. An explanation was provided about the complexity of meeting the target in dental and the actions being taken in response. Actions were being taken in response to the high number of attendances at the Trust's emergency department and included increasing the number of GPs in the department to enable ED staff to focus on the sickest patients.

• Cancer and Surgery Update

- 8.2.2. The position across most of the clinical group's key elective performance measures was stable and system working through the Acute Provider Collaborative was gaining traction. There was opportunity to improve performance against the national cancer standards, although referrals into some cancer services were significantly above pre-pandemic levels. The Trust's Centre for Innovation, Transformation and Improvement (CITI) team was providing support to improve surgical productivity and theatre throughput.

- **Women and Children's Update**

8.2.3. Inpatient and outpatient activity levels were above plan for the year to date, and targets to reduce the number of long waiters had been met. A number of specialties were receiving additional support and mutual aid was in place between Evelina London and Great Ormond Street Hospital NHS Foundation Trust. There had been a significant and sustained increase in attendances at the paediatric emergency department, although many patients were reported to only have minor clinical needs. Other updates included the good progress being made in maternity and neonatal services in response to the Ockenden recommendations, and an update about the risks arising from changes to universal community services as a result of local authority disinvestment.

8.2.4. Whilst the current commissioning arrangements for universal community services enabled the Trust to provide these services safely, Committee members agreed that the Trust was unable to cover the proposed level of disinvestment through internal funding. This meant the Trust would struggle to provide these services safely. It was agreed that this risk should be escalated as a priority to the Integrated Care Board (ICB).

ACTION: SH

- **Heart, Lung and Critical Care Update**

8.2.5. An update was provided about the work that had been done to review the management of risk across the clinical group's services provided at Royal Brompton and Harefield and St Thomas' hospitals. Elective activity was reported to be good, with particular focus on improving activity levels in some areas such as vascular surgery.

8.2.6. The clinical group had received a mortality 'outlier' notification for its angioplasty procedure at Harefield Hospital and was taking steps to address this. Committee members requested details about this, and received assurances around the safety of the procedure.

8.3. Feedback from Committee members about the new approach taken to a discussion of operational performance was generally positive. It was agreed that the Trust's elective recovery was not yet at the level required. It would be critical to increase the level of elective activity over the coming weeks to establish a strong trajectory towards meeting full-year recovery targets. The Trust would continue to consider how sustained improvements could be made, including through innovation, further use of the independent sector, and through primary care. Concern was expressed that consistent achievement of the cancer standards was not entirely within the Trust's control and partly dependent on system partners; the ICB should be alerted to this.

8.4. Identifying solutions to treat patients with mental health needs would require close partnership working with both South London and Maudsley NHS Foundation Trust and the NHS England and NHS Improvement regional team. Further capacity was needed in the community to both prevent admissions to mental health settings and to support discharge, but the Committee recognised the difficulties involved in doing this. The issue was another that the Committee felt should be escalated to the Integrated Care Board.

9. People and culture report

9.1. Data on a range of key workforce indicators was presented with an overview of the trends and the work being undertaken to improve the Trust's performance. Benchmarking information was also provided from trusts both within south east London and across the capital. The Trust, like many others, had seen an increase in voluntary turnover and greater industrial relations issues amongst employees. The Committee agreed it would be important to increase the profile of the Trust as an employer of choice, offering a wide range of careers and development opportunities across a range of professions and specialisms. A strategy would be developed over the coming

months to support this. The Committee was also provided with the key information from the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports.

- 9.2. Committee members sought examples of the innovative approaches the Trust was taking to address staffing gaps, develop its workforce and showcase the breadth of career opportunities at the Trust to schoolchildren. There was discussion about the potential impact of the pay award on industrial relations and the cost of living crisis. It was agreed that the next report to the Committee would incorporate the work being undertaken to improve the capacity of the occupational health teams, to facilitate faster recruitment and to mitigate the potential loss of junior doctors due to the decrease in numbers allocated to training in London.

ACTION: AW

10. Infrastructure report

- 10.1. The Committee received updates about the operational impact of three programmes that were being undertaken to improve the Trust's infrastructure ahead of the launch of the new electronic health record system. The Chief Executive of Essentia presented an overview of the status of the Trust's estate, where the overall level of assurance and compliance remain unchanged from the previous report to the Committee and measures continued to be taken to improve the condition of the estate. In particular, the Committee noted that:

- An independent review of the Trust water safety plan had been commissioned, with findings expected later in July 2022;
- Work was ongoing to support the surgical recovery plan and operational pressures through the theatre maintenance programme;
- The process to remove the cladding on the Cancer Centre at Guy's Hospital was progressing well, and timescales were noted about the anticipated completion of this; and
- A decision had been made at executive level to re-purpose Minnie Kidd House for ophthalmology ambulatory care.

- 10.2. The Trust's engineering and infrastructure compliance statement covered Royal Brompton and Harefield hospitals, and the Trust was working to utilise a single authorising engineer across its entire estate. The Committee agreed that a risk-based plan was needed to ensure that the Trust was fully aware of backlog maintenance requirements and could also take full advantage of any non-recurrent funding that became available.

11. Financial report at month 2

- 11.1. The Trust's performance to May 2022 was a deficit of £12.1m compared to the planned deficit of £7.4m. The Committee noted year-to-date performance in each of the clinical groups and in the Essentia group. A series of monthly financial reviews with each group had commenced which would include the management of cost pressures and delivery of efficiencies, which were currently behind plan at an aggregate level. The financial impact of not meeting the elective recovery target was discussed, whilst it was noted that the Trust's Targeted Investment Fund capital allocation had not yet been confirmed. Year-to-date capital expenditure was slightly ahead of plan and would again need to be tightly managed during the year.

- 11.2. Committee members asked about the wider financial position across the NHS and across the South East London Integrated Care System (ICS). The risks linked to changes in specialised commissioning were noted. It was requested that, at the November Committee meeting, the quality, financial and workforce implications of the possible changes in specialised commissioning were discussed.

ACTION: EB, JP

12. Quality and safety assurance report

- 12.1. The Trust was making good progress with meeting its Duty of Candour compliance requirements and serious incident action completion. Two never events had been declared in April and May 2022 and root cause analysis investigations were underway for both incidents. Updates were noted about each of the Trust's patient safety groups and about changes to quality risks on the Trust's corporate risk register.
- 12.2. Vacancies and sickness absence across nursing and midwifery staff were above target levels and had continued to impact on operational delivery. There was also an increase in nurses leaving the Trust, the NHS and the nursing profession itself. Actions to address this through sustained recruitment were ongoing, including through discussions with staff side representatives. The Committee welcomed news that the Trust was continuing to perform well in national surveys. The equality, diversity and inclusion team would help to identify intentional initiatives to improve participation in these surveys from less represented sections of the patient population.
- 12.3. The annual adults and children's safeguarding reports provided assurance to the Committee that the Trust had the systems and processes in place to discharge its responsibilities in these areas. The infection, prevention and control annual report was presented and the Committee formally thanked the joint Directors of Infection, Prevention and Control for their work during the year, particularly regarding the COVID-19 pandemic and the recent outbreak of Monkeypox. In response to a query it was agreed that it would be important for the Integrated Care Board to help to coordinate the system response to ensure there was adequate provision made for refugees and those seeking asylum.
- 12.4. It was confirmed that the Trust had fully met, and was compliant with, its responsibilities regarding the infected blood inquiry.

13. Board Assurance Framework

- 13.1. The Committee reviewed and approved the updates that had been made to the strategic risks and the current assurance levels on the Board Assurance Framework risks that were owned by the Committee. It was noted that there were increasing discussions at Integrated Care System (ICS) level about the concept of shared risk.

14. Statutory and regulatory reports

- 14.1. The Committee noted the statutory and regulatory reports that had been provided.

15. Items for noting

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

16. Any other business

- 16.1. There was no other business.

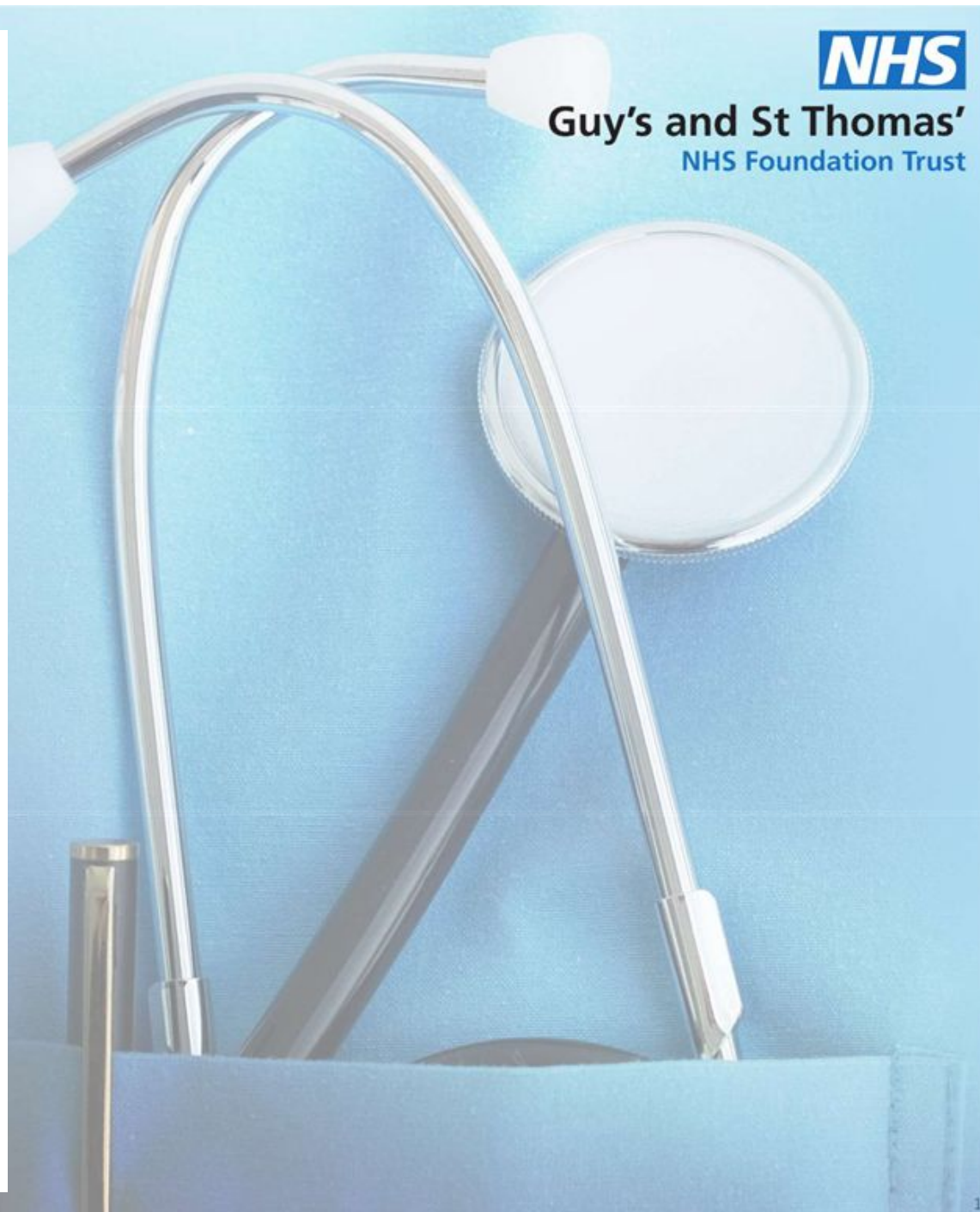
The next meeting would be held on Wednesday 14th September 2022



Guy's and St Thomas'
NHS Foundation Trust

Integrated Performance Report

August 2022



Introduction

About this pack

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

The IPR includes:

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

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



¹The source of our core domains:

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



Impact of the IT outages on this report

- Due to the IT-outage in July 2022 and the ongoing data reconciliation process some of the indicators are currently not reportable for the month of July and are therefore not included within the trend lines of some of the graphs. As more data is being reconciled, future reports may include the July position within the trend view in both the IPR reports as well as on the IPR dashboard.
- The following table outlines the list of indicators for which July data is currently not available:

Domain	Indicator	Comment
Responsive	Total diagnostic waiting list	
Responsive	RTT - Total incomplete pathways	
Responsive	RTT - Incomplete pathways over 52 weeks	
Responsive	RTT - Incomplete pathways over 18 weeks	
Responsive	RTT - Incomplete pathways < 18 weeks (unadjusted)	
Responsive	Elective – Day case attendances	RTT & DM01 for July - not available due to IT outage
Responsive	Diagnostics – MRI totals	
Responsive	Diagnostics – MRI percentage of 19/20 activity	
Responsive	Diagnostics – Endoscopy totals	
Responsive	Diagnostics – Endoscopy percentage of 19/20 activity	
Responsive	Diagnostics – CT totals	
Responsive	Diagnostics – CT percentage of 19/20 activity	
Responsive	Diagnostic waits - % over 6 weeks	
Responsive	A&E stays less than 4 hours (type 1)	A&E for July - not reported due to IT outage
Responsive	A&E stays less than 4 hours (type 1 2 3)	
Effective	Total Follow up waiting list	Only snapshot data available for July due to IT outage.
Effective	Total open referrals at risk	
Effective	Total overdue w/out appt dates	

- Data covering community services is not available for August due to the national Advanced IT outage.
- Some indicators may show an inflated position for August, this is due to data reconciliation processes where missing data for July had to be added to August due to software requirements. This specifically accounts for indicators within the 'Safe' domain such as incidents.

Report Contents

August 2022

Domain	Indicator	Actual	Target	SPC Variance	Page
Safe	Pressure ulcer acquisition attributable to the Trust	52	20	Common cause variation	
Safe	Healthcare-associated C. difficile infection	8	2	Common cause variation	5-7
Safe	Gram-negatives healthcare associated bloodstream infection - E-coli	27	6	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	8-9
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)	78%	95%	Common cause variation	
Responsive	Number of patients spending >12 hours in A&E from decision to admit (DTA)	40	0	Common cause variation	
Responsive	Percentage of cancer referrals seen within 2 weeks	83%	93%	Common cause variation	
Responsive	Percentage of cancer patients starting their first treatment within 62 days of all urgent GP referrals	52%	85%	Common cause variation	10-17
Responsive	Percentage of patients waiting over 6 weeks for a diagnostic test	18%	1%	Common cause variation	
Responsive	Number of pathways on the waiting list currently waiting more than 52 weeks to start treatment	99,489	N/A	Special cause variation – single point	
Responsive	Total number of incomplete pathways	1,961	0	Special cause variation	
Responsive	New and overdue complaints	N/A	N/A	N/A	
People	Overall vacancy rate	12.5%	10%	Common cause variation	18

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

Pressure ulcer acquisition attributable to the Trust (page 1 of 2)



Trust Level

6

Aug-22

Target

52

20

SPC Variance

Common cause variation

Three Month Forecast

Sep-22

Oct-22

Nov-22

52

44

47

Clinical Group Overview

Integrated and Specialist Medicine

35

Heart, Lung and Critical Care

14

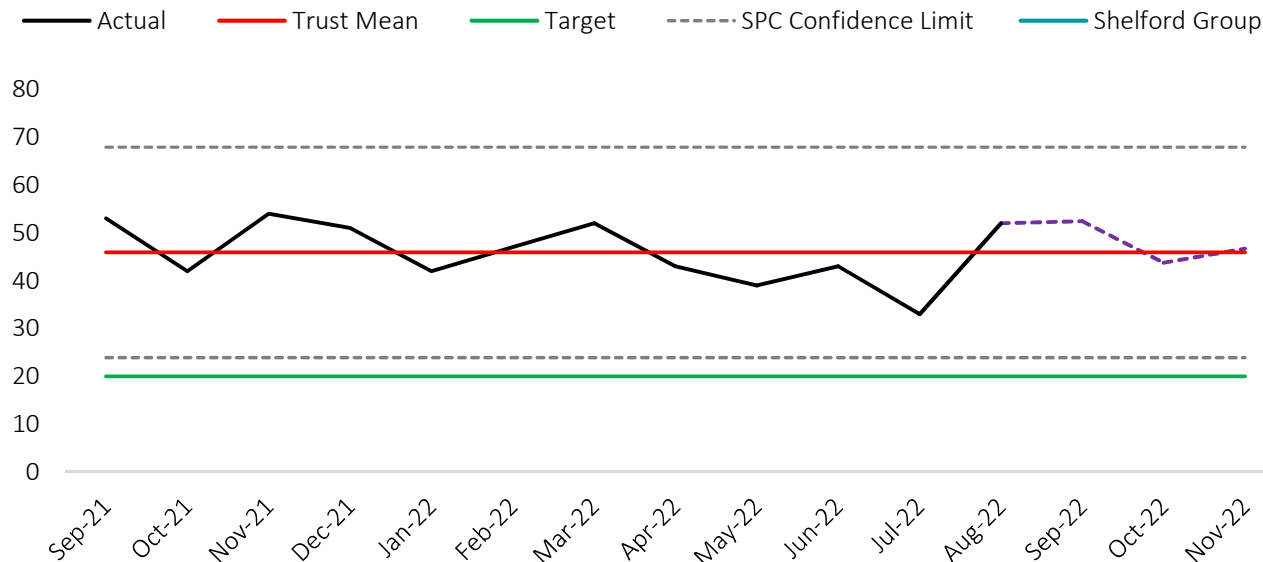
Cancer and Surgery

2

Evelina London - Women's and Children's Healthcare

1

Pressure ulcer acquisition attributable to the Trust



Updates since previous month

- Improvements were seen in attributable pressure ulcers with the above graph demonstrating a downward trend but this was compromised by the IT outage which resulted in reporting delays.

Current issues

- IT outage resulted in an increase compared with last month with incidents being added to the system late. A number of incidents from July were entered onto the system in August accounting for this increase.

Key dependencies

- 5 pressure ulcers were no harm, 32 pressure ulcers were low harm and 15 were moderate harm.
- Integrated local services has the highest number of pressure ulcers (28).

Future actions

- Continue with enhanced education programme to reduce number of attributable pressure ulcers.

Safe

Healthcare-associated C. difficile infection



Trust Level **6**

Aug-22	Target
7	2

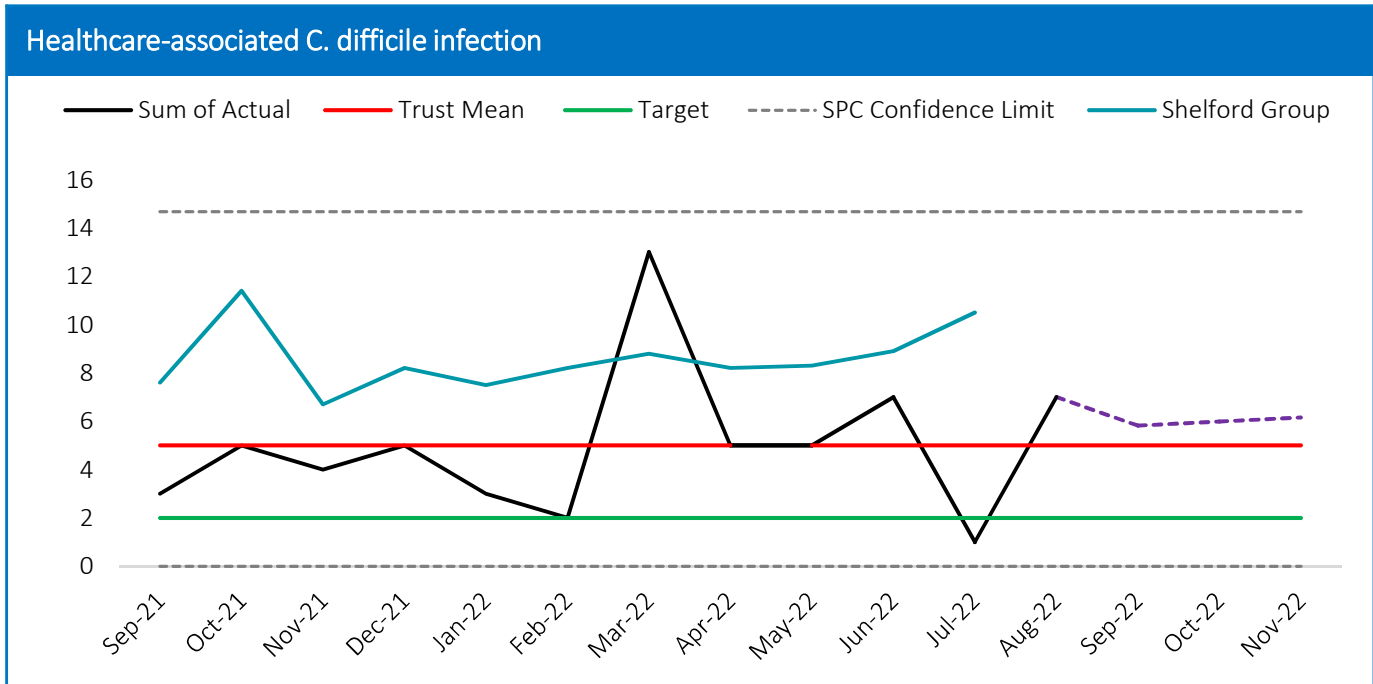
SPC Variance
Common cause variation

Shelford Group Avg. (Jul - 22)
11

Three Month Forecast

Sep-22	Oct-22	Nov-22
6	6	6

Clinical Group Overview
Data is currently unavailable at Clinical Group level



Updates since previous month

- There has been a slight increase in the number of healthcare-associated *C. difficile* cases seen across the Trust in August 2022.

Current issues

- No clear lapses in care have been identified due to antibiotic choices or cross-transmission.
- The Trust continues to have the lowest rate of healthcare-associated *C. difficile* in the Shelford group.

Key dependencies

- Continued input from clinical teams in the case review process.

Future actions

- Ongoing work to improve the data collection process for post-infection reviews to better identify trends that will inform quality improvement practices.

Safe



Guy's and St Thomas' NHS Foundation Trust

Gram-negatives healthcare associated bloodstream infection - E-coli

Trust Level

6

Aug-22

Target

8

6

SPC Variance

Special cause variation – single point

Three Month Forecast

Sep-22

Oct-22

Nov-22

9

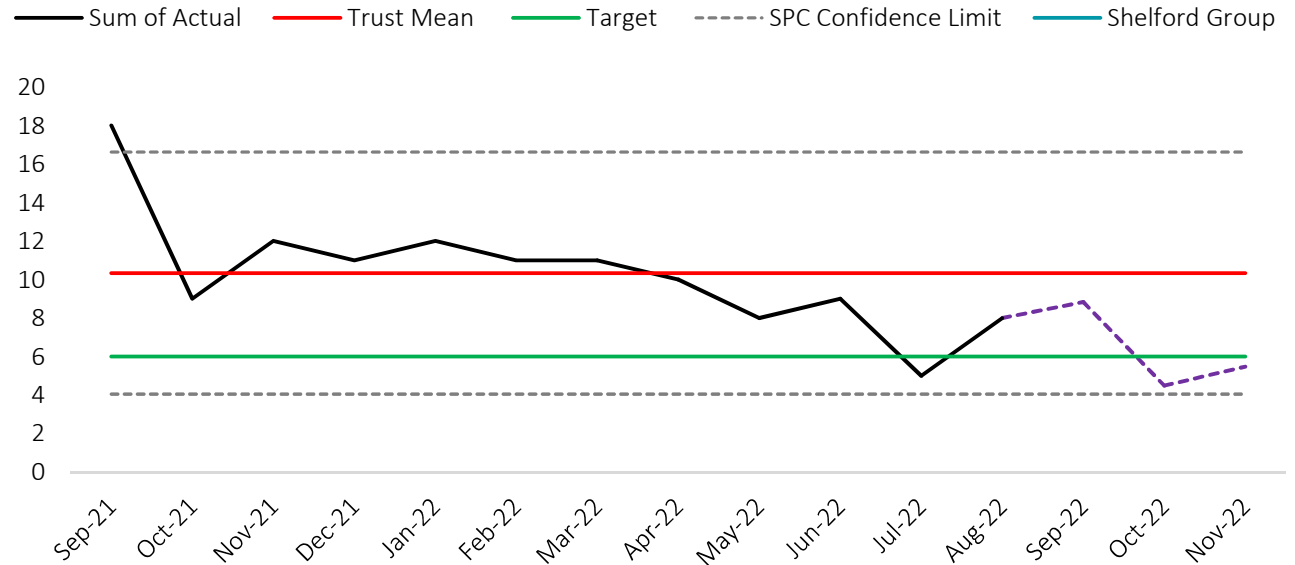
4

6

Clinical Group Overview

Data is currently unavailable at Clinical Group level

Gram-negatives healthcare associated bloodstream infection - E-coli



Updates since previous month

- There have been 8 healthcare-associated *E.coli* BSIs for the month of August 2022.
- This is a slight increase from July 2022, but in line with a general decrease in cases since a peak of 18 cases in September 2021.

Current issues

- The Trust retains a good position in the Shelford group with respect to the rate of healthcare-associated *E. coli* BSIs.

Key dependencies

- Continued input from clinical teams in the case review process.

Future actions

- Continue to identify and implement learning from post-infection reviews of *E.coli* BSIs.
- A focus on improving line care, catheter safety, and skin decolonisation to prevent *E.coli* BSI.

Caring

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



Aug-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%	77.7%	▼		9.7%
Admitted	97%	95.3%	▲		19.8%
Outpatients	93%	91.7%	▼		8.3%
Maternity	92%	93.2%	▲		4.7%
Community	96%	95.1%	▲		1.0%
Patient transport	92%	92.2%	▲		9.6%

Updates since previous month

- There have been increases in positive scores for the FFT in admitted care, community services and patient transport. Maternity services have made a significant improvement and are now above target. However response rates in some areas are lower than expected.

Current Issues

- Waiting times in A&E and delays in outpatient clinics remain a significant area of concern for patients.
- Patients experienced difficulty contacting services to reschedule appointments.
- Patients identified aspects of staff attitude such as empathy and understanding as areas which could be improved upon.

Key dependencies

- GSTT IT incident demonstrated impact on August FFT for many services, specifically (i) SMS approach used in ED requires electronic records of discharges (ii) staff ability in all areas to support patient engagement. National IT incidents; specifically loss of 'Adastra' for ED & 'Carenotes' for community services had further impact.

Future actions

- Results shared with senior colleagues in Clinical Groups to encourage discussion regarding response rates and improvement activities.
- Development of response rate targets to support understanding of volume required 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%	11.2%	▲		9.7%
Admitted	1%	2.2%	▼		19.8%
Outpatients	3%	4.7%	▲		8.3%
Maternity	3%	1.4%	▼		4.7%
Community	1%	0.8%	▲		1.0%
Patient transport	2%	2.6%	▲		9.6%

Updates since previous month

- There have been increases in negative scores for FFT in A&E, outpatients and patient transport. Maternity services have made a significant improvement and are below target. Although there is an increase in community negative scores they remain below target.

Current Issues

- A&E waiting times and delays in outpatient clinic remain a significant concern.
- Patients experienced difficulty contacting services to reschedule appointments.
- Patients identified aspects of staff attitude such as empathy and understanding as areas to be improved upon.

Key dependencies

- GSTT IT incident demonstrated impact on August FFT for many services, specifically (i) SMS approach used in ED requires electronic records of discharges (ii) staff ability in all areas to support patient engagement. National IT incidents; specifically loss of 'Aastra' for ED & 'Carenotes' for community services had further impact.

Future actions

- Results shared with senior colleagues in Clinical Groups to encourage discussion regarding response rates and improvement activities.
- Development of response rate targets to support understanding of volume required to capture to achieve a robust body of data.

Responsive

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



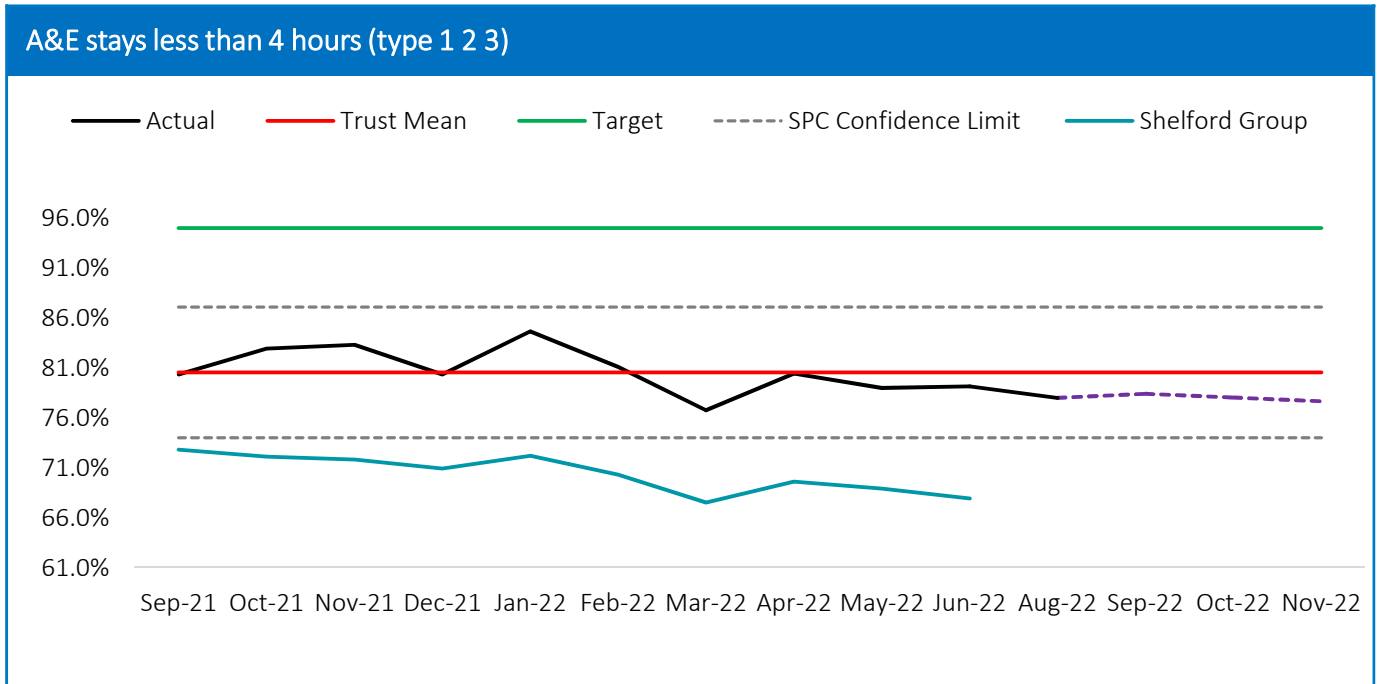
Aug-22	Target
78.0%	95.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jul- 22)
68%

Clinical Group Overview

Data only applies to Integrated and Specialist Medicine Clinical Group



Updates since previous month

- A reduction of 0.6% in performance compared to July.
- Activity levels have increased compared to July, which is driven by the number of walks in's in the department.
- There has been an increase in the number of ambulance arrivals compared to July.

Key dependencies

- Length of Stay and flow-through.
- SDEC pathways.
- GP Model of Care.

Current issues

- National Advanced IT Outage remains a challenge in reporting performance as it continues to affect UTC and GP Centre.
- The doctor change over in August was considered successful but additional time was spent understanding the department alongside new pathways and systems.

Future actions

- Plan in place to increase GP slot utilisation to 90% plus.
- Plan in place to decongest majors C – extend space and hours for SDEC-MSAU.

Responsive

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

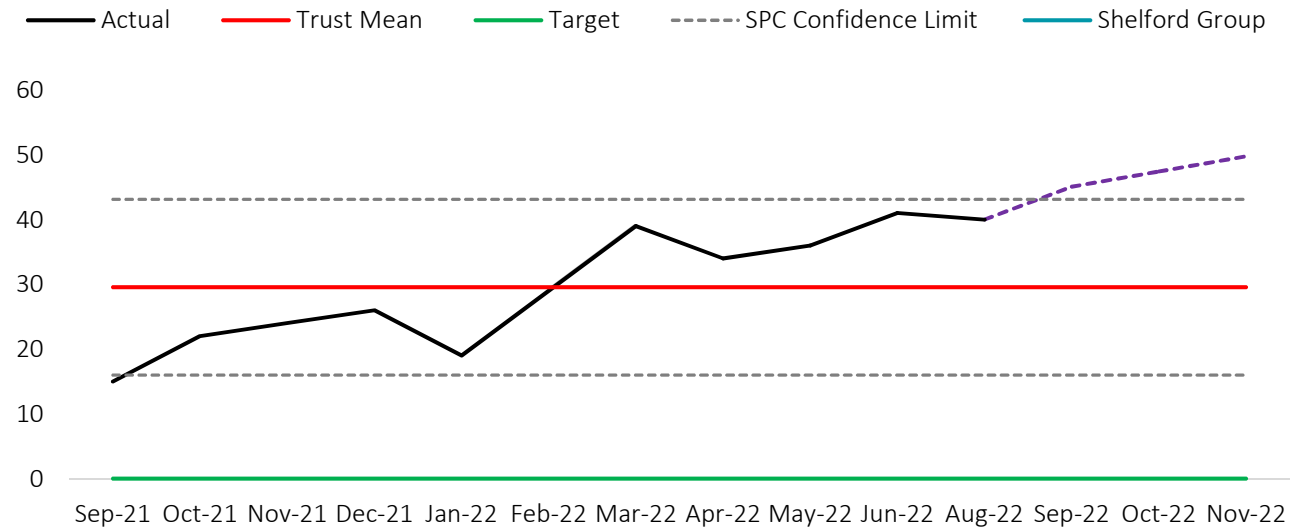


Aug-22	Target
40	0

SPC Variance

Special cause variation - 2 of 3

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



Clinical Group Overview

Data only applies to Integrated and Specialist Medicine Clinical Group

Updates since previous month

- A small decrease in the number of 12 hour breaches between June and August which were mental health patients.
- Medical inclusion criteria for CAU has now been implemented.

Current issues

- Continued challenge with sector wide capacity for mental health.
- Data availability currently a challenge from SLAM which allows for review of the new CAU model.

Key dependencies

- Interaction and outputs from escalations with SLAM and other mental health providers.
- Length of stay and flow-through – bed capacity across site.

Future actions

- Looking to commission 4 male and 4 female private beds to improve access to mental health beds.
- Review of new CAU model to take place to understand its impact and to identify areas for improvement.

Responsive

Percentage of cancer referrals seen within 2 weeks



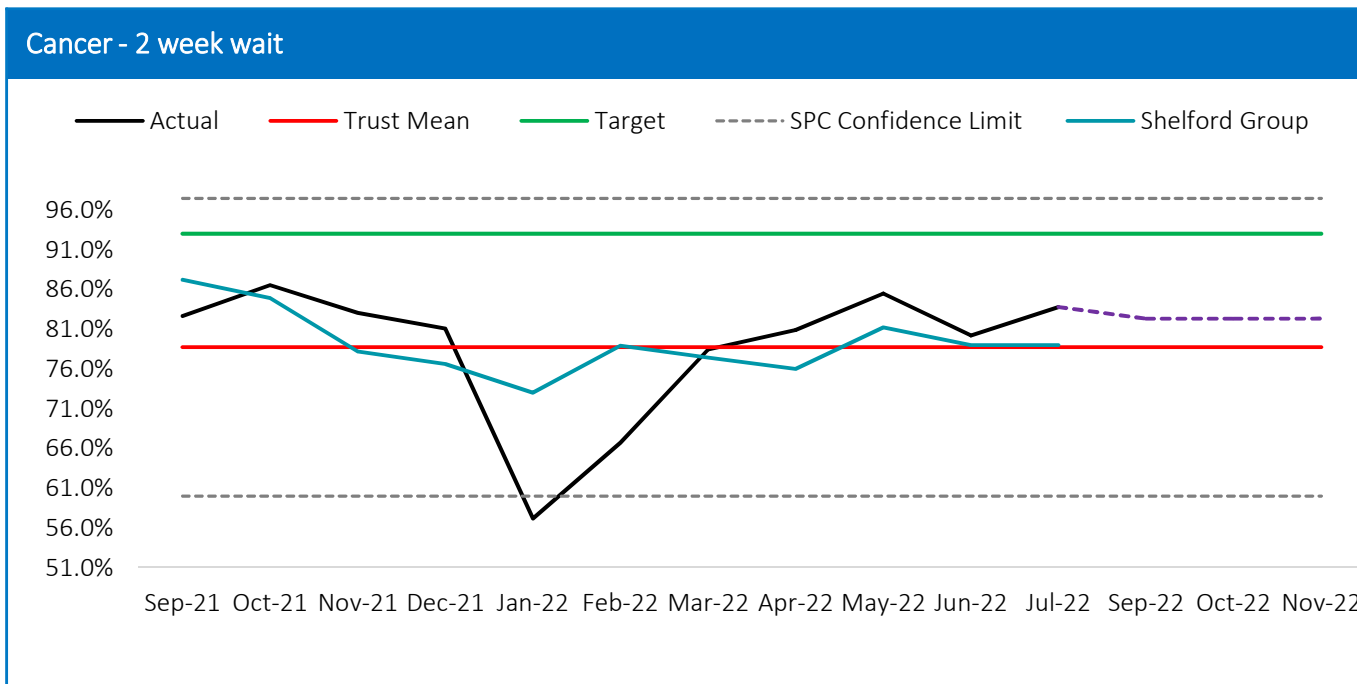
Jul-22	Target
83.8%	93.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jul - 22)
79%

Clinical Group Overview

Data only applies to Cancer and Surgery Clinical Group



Updates since previous month

- 2WW performance has improved by 3.6 percentage points between June and July and a sustained improvement has been seen in August based on weekly operational data.
- Embedded learning following tumour level STAR chambers held in June has resulted in an improved position in July.

Current issues

- Referral levels across the majority of tumour groups continue above pre-pandemic levels, which was also sustained through the IT outage.
- Workforce issues continue to pose a challenge to cancer performance.

Key dependencies

- 2WW demand remains above pre-pandemic levels in a number of tumour groups which continues to pose a challenge to delivering against the 2WW target.
- GSTT continue to provide mutual aid to LGT for skin referrals.

Future actions

- The Trusts focus in the second half of 2022/23 will be on reducing the cancer backlog, with a particular focus on cancer imaging.
- Pathway redesign work continuing.

Responsive

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



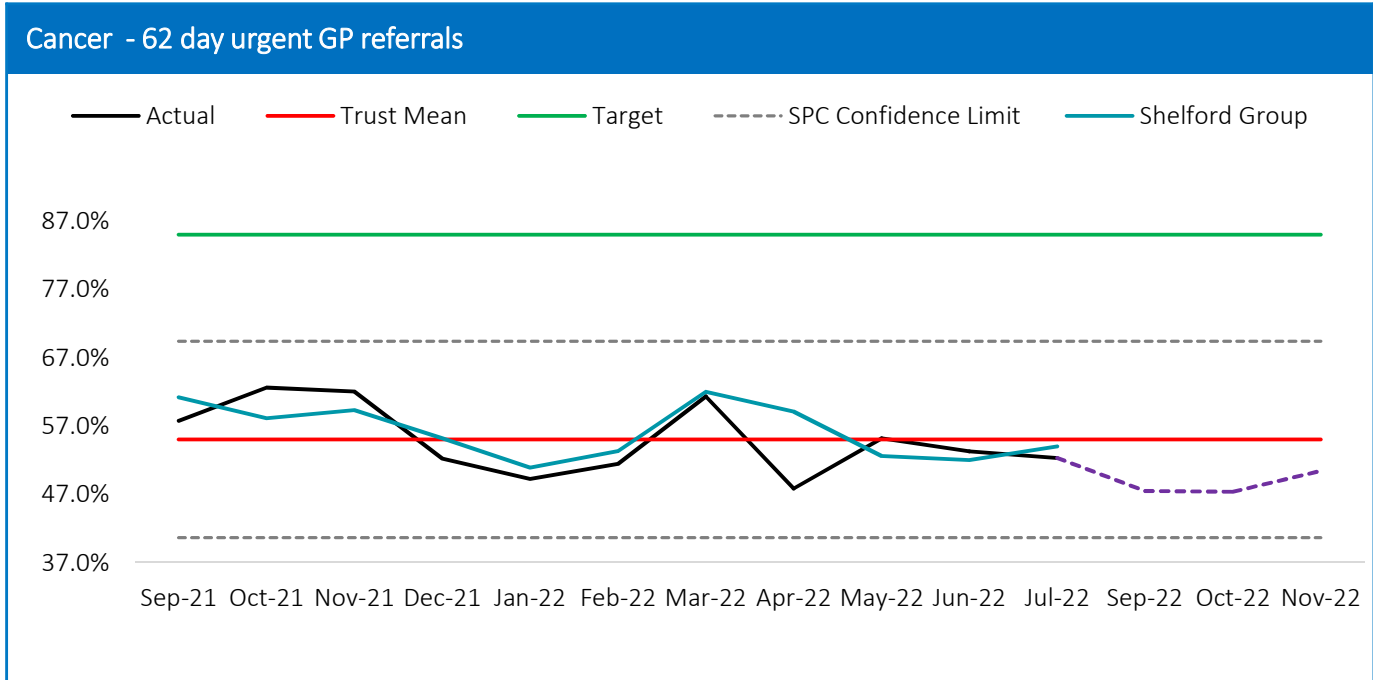
Jul-22	Target
52.3%	85.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jul - 22)
54%

Clinical Group Overview

Data only applies to Cancer and Surgery Clinical Group



Updates since previous month

- 62 day performance has deteriorated between June and July reducing by 1 percentage point, which continues to be a challenge and one that was further compounded by the IT outage.

Key dependencies

- Imaging support.
- Pathway improvements including at sector level.
- Surgical capacity and productivity improvements.

Current issues

- Theatre capacity for diagnostic and treatment purposes continues to be a challenge in delivering against the 62 day target.
- Delays to earlier stages in the pathway evident in 2WW and FDS performance, where imaging support is a particular challenge.

Future actions

- Work underway to open a closed theatre and utilise this to focus on cancer patients.
- Review underway with pathology to understand D&C and in turn requirements to alleviate pressure seen in this service.

Responsive

Percentage of patients waiting over 6 weeks for a diagnostic test

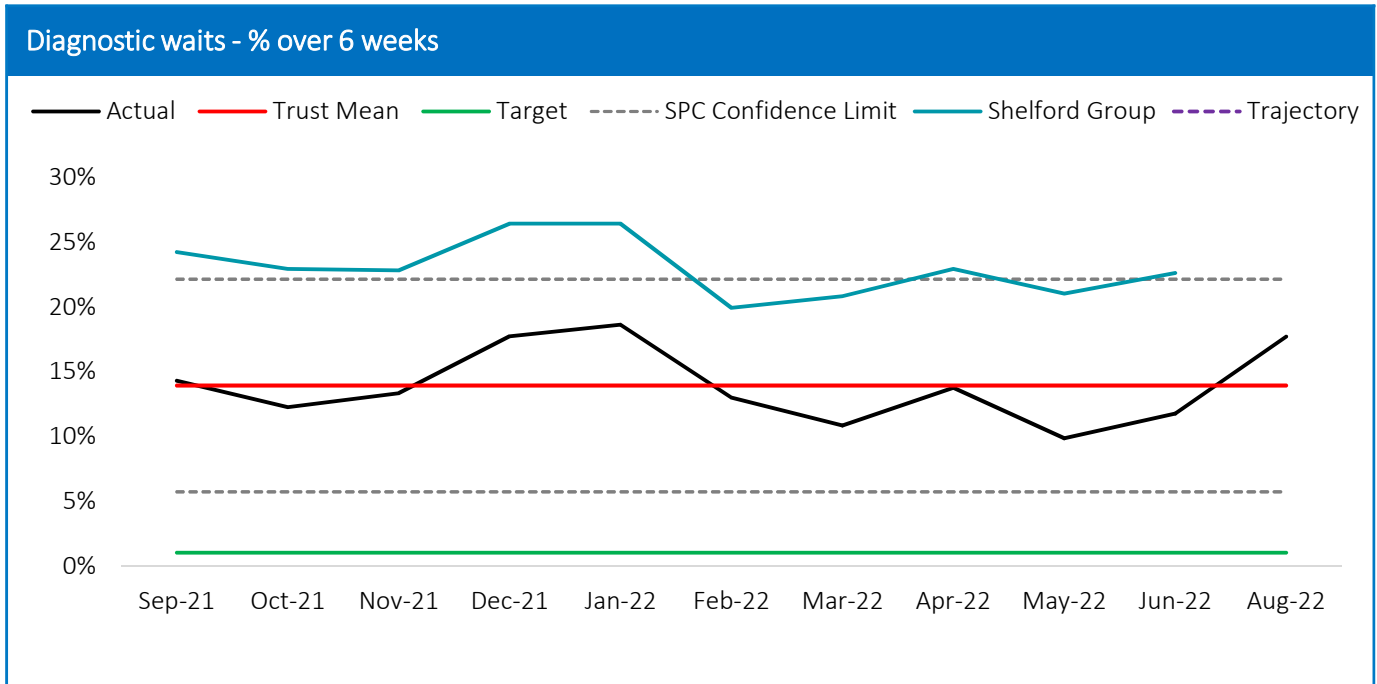


Aug-22	Target
17.7%	1%

SPC Variance
Common cause variation

Shelford Group Avg. (Jul - 22)
24%

Clinical Group Overview	
Evelina London - Women's and...	44.5%
Cancer and Surgery	39.5%
Heart, Lung and Critical Care	14.5%
Integrated and Specialist Medicine	11.9%



Updates since previous month

- Performance against the 6 week diagnostic standard deteriorated between June and August by 6 percentage points and the total DM01 waiting list increased by 3% during this period.

Current issues

- The IT outage in July has contributed to the deteriorated position seen in August and resulted in the organisation submitting a nil return for DM01 in July as the snapshot data was not available.

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

- The priority for the organisation continues to be restoration, reconciliation and recovery to 2019/20 'BAU' levels with the primary focus of patient safety underpinning this work.
- The real challenge across diagnostic services will be reaching BAU activity levels and managing increased demand whilst managing the urgent and emergency workload and supporting the organisations priority of delivering against its commitment to reduce the cancer backlog.

Responsive

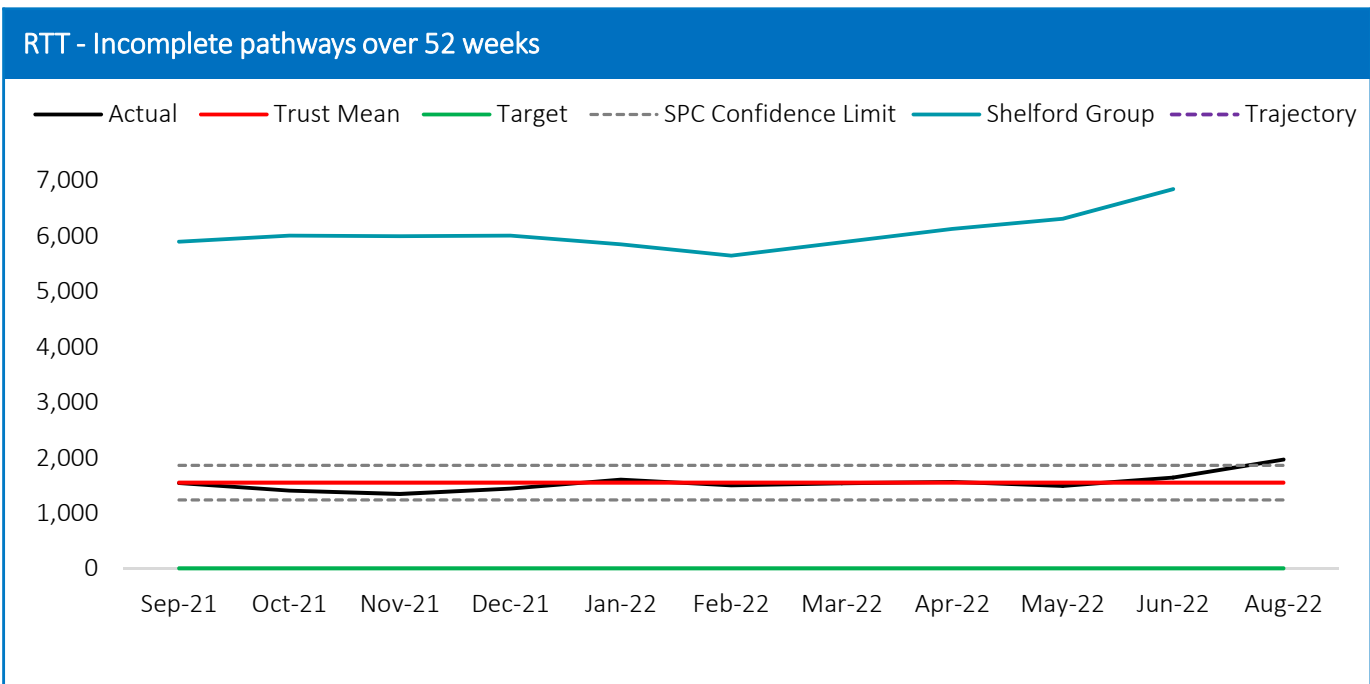
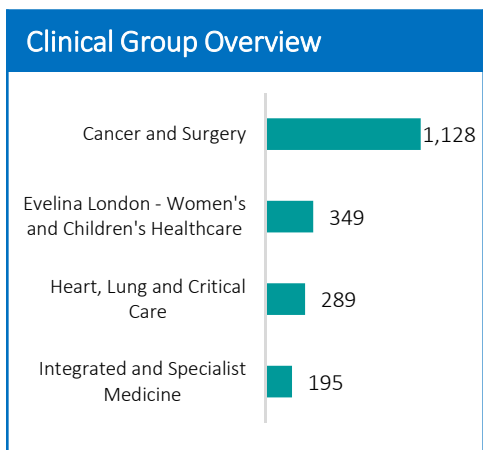
Number of pathways on the waiting list currently waiting more than 52 weeks to start treatment



Aug-22	Trajectory
1,961	2680

SPC Variance
Special cause variation - single point

Shelford Group Avg. (Jul - 22)
7302



Updates since previous month

- The Trust has seen a deterioration in the number of patients waiting longer than 52 weeks for routine treatment between June and August, with an increase of 16.6%.

Current issues

- The IT outage resulted in a deteriorated position in the number of patients waiting longer than 52 weeks, however the number of patients waiting longer than 78 weeks was broadly maintained and the number of patients waiting longer than 104 weeks remains at 0.

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 Trust remain focused on recovery following the IT outage and continue to work toward eliminating the number of 78 week patients by March 2023.
- It will be a real challenge to deliver against the backlog priority for cancer and to deliver on the 78 week target. A sector-wide collaborative approach is being adopted to work toward this common goal with mutual aid being explored where appropriate.

Responsive



Guy's and St Thomas' NHS Foundation Trust

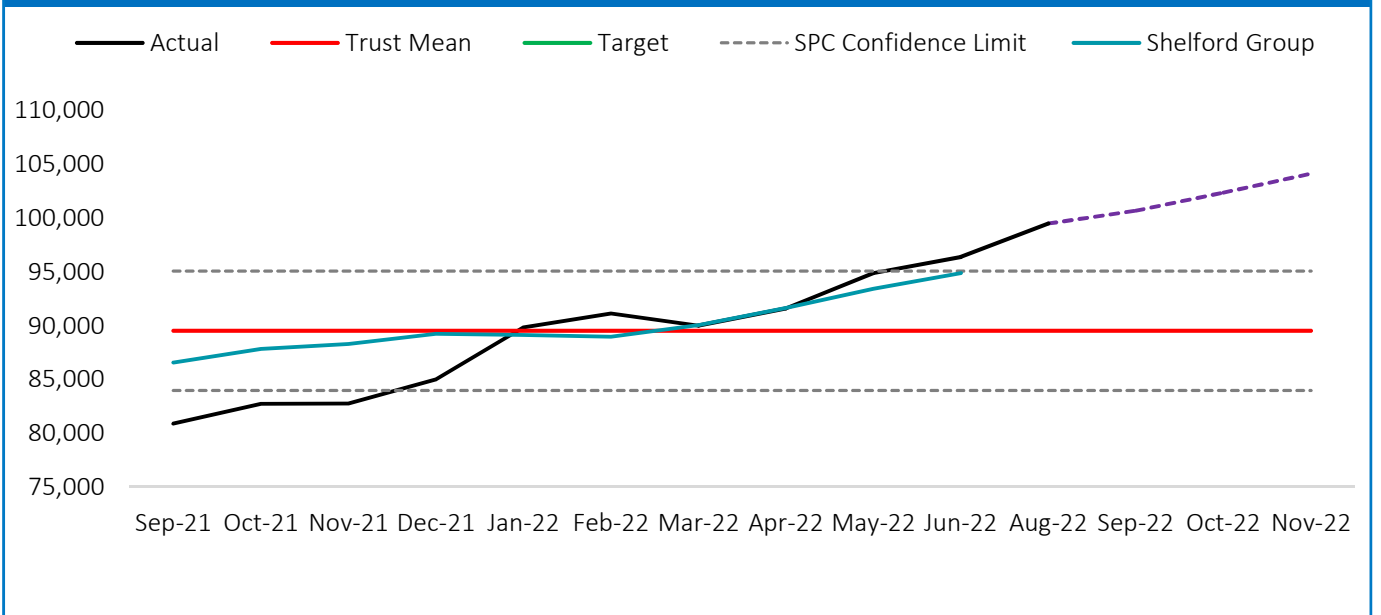
Total number of incomplete pathways

Aug-22	Target
99,489	-

SPC Variance
Special cause variation - single point

Shelford Group Avg. (Jul - 22)
96,648

RTT - Total incomplete pathways



Clinical Group Overview

Integrated and Specialist Medicine	38,159
Cancer and Surgery	29,791
Heart, Lung and Critical Care	16,666
Evelina London - Women's and Children's Healthcare	14,873

Updates since previous month

- The Trust have seen an increase of 3.1% in the number of incomplete pathways between June and August demonstrating a continued upward trend.
- Referral levels are still not at BAU levels but the incomplete pathway position remains challenged.

Key dependencies

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

Current issues

- The IT outage in July has resulted in a deterioration in the total number of incomplete pathways, compounding the ongoing challenge GSTT are facing with this position.
- The national IT outage with Advanced has compromised the ability to report on community figures which account for approximately 1200 pathways at GSTT.

Future actions

- The priority for the organisation continues to be restoration, reconciliation and recovery to BAU levels with the primary focus of patient safety underpinning this work.

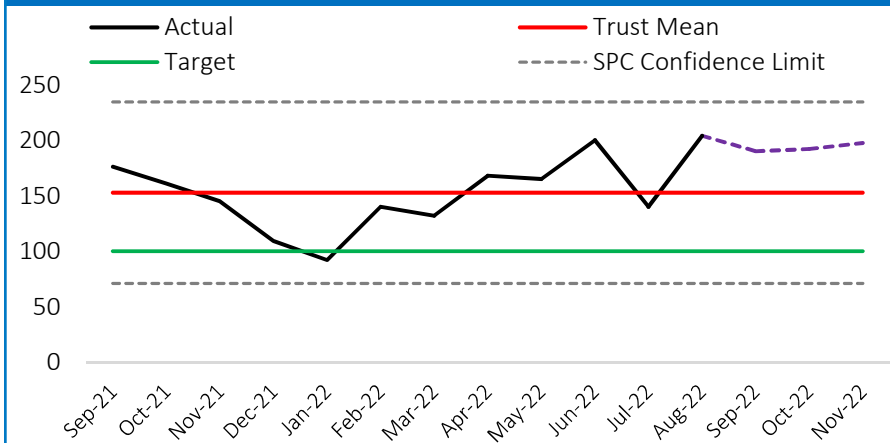
Responsive



Guy's and St Thomas' NHS Foundation Trust

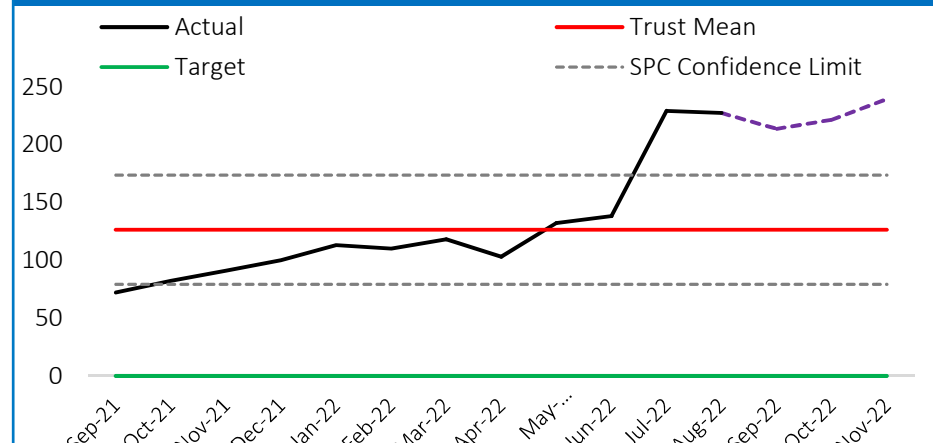
New and Overdue Complaints (page 1 of 2)

Total number of new complaints



Trust Level	6
Aug – 22	204
Target	100

Total number of new complaints



Trust Level	6
Aug – 22	227
Target	0

Updates since previous month

- Clinical groups are working hard to reduce the overdue figure.
- New complaints received remain above mean.

Current issues

- The number of complaints received remains high, impacting on capacity to review current and overdue complaints at the same time.
- Standard complaints requiring Clinical Group sign off are highest category.

Key dependencies

- To reduce overdue complaints while still focussing on current caseload to minimise further breaches.
- Complaints team to facilitate directorates in reviewing drafts and processing signed responses to reduce open complaint caseload.

Future actions

- Focus on areas with highest overdue complaints
- Central team trying to recruit additional support for Clinical Groups to respond to complaints – difficulty in recruiting suitable temporary staff.

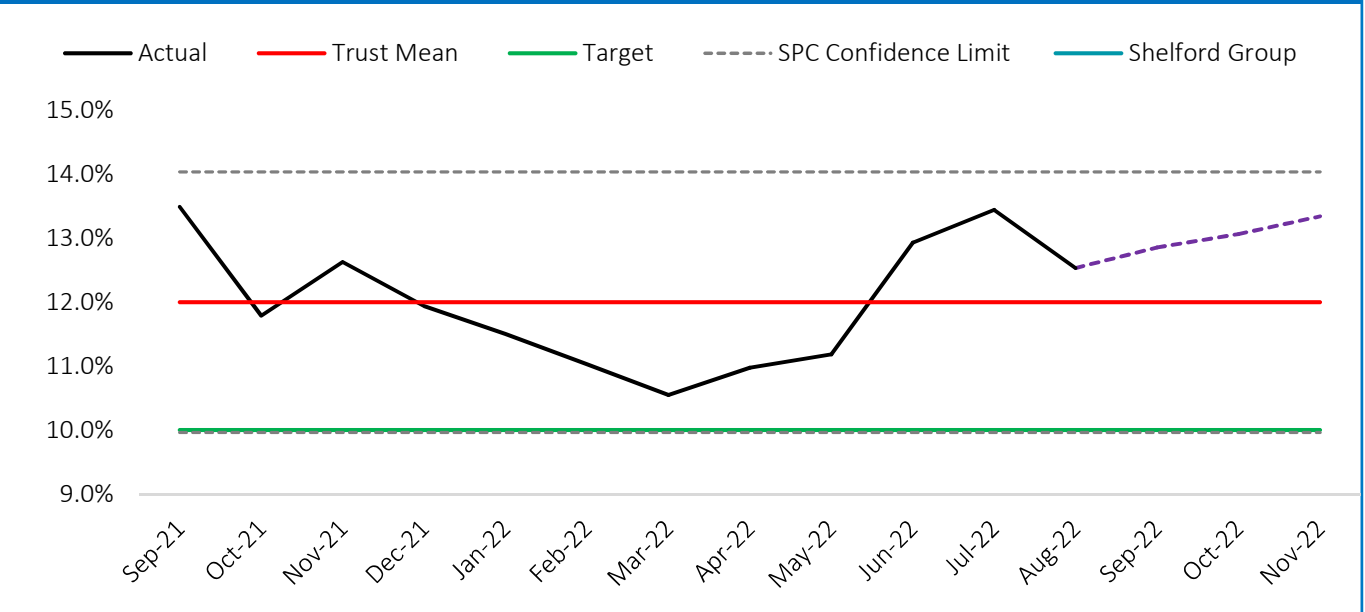
People

Overall vacancy rate



Aug-22	Target
12.5%	10.0%

Overall vacancy rate



SPC Variance

Common cause variation

Clinical Group Overview

Integrated and Specialist Medicine	11.2%
Evelina London - Women's and...	11.2%
Cancer and Surgery	8.7%
Heart, Lung and Critical Care	7.3%

Updates since previous month

- The vacancy rate is 12.5% over Trust target of 10%.
- However this is a reduction on the July rate of 13.4% and 12.9% in June.

Current issues

- A&C remains a critical area given demand.
- Ongoing international recruitment and widening participation activity.

Key dependencies

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

Future actions

- Transformation task group action plan feeding into wider business planning process.
- Ongoing international recruitment.

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 8th June 2022
Royal Brompton Hospital, 11am – 12.15pm**

Members Present:	Sir Hugh Taylor (Chair) Prof Ian Abbs (until 12pm) Steven Davies Jon Findlay Simon Friend Dr Felicity Harvey Baroness Sally Morgan	John Pelly Ian Playford Julie Screamon Dr Sheila Shribman Dr Priya Singh Dr Simon Steddon Lawrence Tallon
In attendance:	Edward Bradshaw (minutes) Sarah Clarke Jessica Dahlstrom Richard Grocott-Mason Alistair Gourlay Anita Knowles Sarah Maskell	Dr Asif Mazumder Piers McCleery Phil Mitchell (until 12pm) John Murray Jackie Parrott Antoinette Scott

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 Avey Bhatia, Paul Cleal, Javed Khan, Reza Razavi and Steve Weiner.

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 23rd March 2022 were approved as an accurate record subject to a change in section 5.2, where the word 'executive' should be replaced by 'Board'.

4. Review of action log

- 4.1. The items on the action log were noted; a session to review the Board Assurance Framework would be scheduled in due course.

5. Board Assurance Framework risks

- 5.1. The Chair reminded the Committee of the four strategic risks under the responsibility of the Committee:

- Risk 8: The Trust may fail to attract sufficient investment and income in order to remain a research industry leader.
- Risk 9: The breadth and complexity of GSTT's strategic agenda and involvement with an increasing number of complex strategic partnerships could destabilise the Trust's quality, financial and performance delivery.
- Risk 10: around the potential impact of the highly uncertain policy and legislative environment on achievement of the Trust's aims and objectives.
- Risk 14: Failure to align with local strategic partners to improve health equality and fulfil our role as an anchor institution.

5.2. Proposed updates to these four risks would be discussed towards the end of the agenda.

6. Estates Strategy Update

- 6.1. Good progress was being made with each of the six workstreams that had been established to refresh the Trust's Estates Strategy. A summary of the status of each workstream was provided to Committee members, together with an overview of the deliverables planned during 2022/23. The Committee spent time discussing workstream 3, regarding vision planning and the 'reengineering' of the estate, including plans to shift more activity into community settings and retain hospital sites for more 'high intensity' and specialist activity. The strategy work would help the Trust evaluate both what was affordable and what to prioritise, given restrictions on capital expenditure.
- 6.2. Alongside plans for the estate, it would be important for the Trust to have a clear plan about how its medical equipment would be refreshed. A proposal for this would be brought back to the Committee at a later date.

ACTION: SS

7. Strategic direction-setting

- 7.1. At its previous meeting in March the Committee had discussed the results of the Board direction setting survey, agreed to defer for a year a full refresh of the multi-year organisational strategy and agreed to develop some themes for a strategy refresh in 2023 for the Autumn Board away day. A proposal was now brought to the Committee about how the Trust should organise the longer-term strategy development work over the next 12-18 months to ensure it was ready to launch a new multi-year strategy in 2023/24.
- 7.2. It was proposed that the key building blocks for this work would be the four clinical groups and four main enabling strategies (people, technology, estates and money), together with a number of cross-cutting theses such as research and equality, diversity and inclusion. The importance of shaping the Trust's future direction whilst not distracting its leaders and teams from delivery of the post-pandemic recovery was emphasised and agreed.
- 7.3. The Committee was supportive of the proposals. It was recognised that each clinical group was at a different stage of developing its own strategy, and that identifying some common assumptions and parameters would help ensure consistency of approach. Questions were asked about how Integrated Care System strategies were to coexist alongside organisational strategies, and how strategies in other fields, such as commercial, education and research, would be taken into account.
- 7.4. The Trust would need infrastructure in place to capture, manage and utilise the data that would be critical to this strategic thinking. This would be enabled by the establishment of an enterprise warehouse, whilst Epic would also help make data collection a routine by product of clinical care.

8. Children's Cancer Programme

- 8.1. NHSEI had recommenced a process to determine the future location of a Principal Treatment Centre (PTC) for children's cancer services for south London and south east region. The Board received an update about developments with the process and the key issues that had arisen for consideration. The importance of working in collaboration with multiple partners, both as part of the process and, if successful, on an ongoing basis to deliver the clinical academic services, was noted. The recent memorandum of understanding that had been put in place with Royal Marsden for delivery of thoracic services was identified as a good model. Committee members strongly expressed their continued ongoing support for the Trust's bid.

9. Long COVID programme update

- 9.1. The Committee received and noted an update regarding this programme. Committee members with any comments or questions on the update were asked to send these to Corporate Affairs for resolution.

10. Strategy & Partnerships BAF Update

- 10.1. The four strategic risks owned by the Committee had been reviewed by executive management and a number of changes proposed. There was particular focus on risk 10 which, given the new legislation coming into being, would be refocused on system working with risk 9 refocused on organisational bandwidth to manage multiple partnerships. The Committee considered whether the Messenger Review, which had been published that morning, would add another layer of complexity to the risk.

RESOLVED:

- 10.2. The Committee agreed the proposed updates and it was noted that a wider refresh of the BAF would be arranged.

11. Papers for noting

- 11.1. The Committee noted the Sustainability Strategy Annual Report and the final Trust Objectives for 2022/23. Feedback had been received from chairs of the Board committees that had helped refresh the objectives, most of which now had specific measures with which to track progress. The objectives would be publicised at the all-staff briefing later in the week.

12. Any other business

- 12.1. The Chair thanked members of the Committee who had provided comments and feedback about the NHS England consultation on the revised NHS Code of Governance.

Date of next meeting: Wednesday 21 September 2022

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

**Wednesday 27th July 2022, 9.30am – 12pm
MS Teams**

Members Present:	Mr S Weiner (Chair)	Mr J Pelly
	Prof I Abbs	Prof R Razavi
	Ms A Bhatia	Ms J Screamon
	Mr S Davies	Dr S Shribman
	Mr J Findlay (to 11.15am)	Dr P Singh
	Mr S Friend	Mr L Tallon
	Dr F Harvey	Sir H Taylor
	Baroness S Morgan	

In attendance:	Mr E Bradshaw (Minutes)	Mr R Guest
	Mr J Abdi	Ms A Knowles
	Ms G Beer (item 13)	Ms R Liley
	Ms B Bryant	Ms S Maskell
	Ms V Borwick	Ms K Moore
	Ms S Clarke (item 11)	Ms A Ogunlaja
	Mr J Cryer (items 9 and 10)	Ms J Parrott
	Ms J Dahlstrom	Ms M Ridley
	Mr A Gourlay	Ms T Wileman
	Dr R Grocott-Mason	Mr A Wilkinson

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the Transformation and Major Programmes Committee (the Committee). Apologies had been received from Javed Khan, Simon Steddon and Ian Playford.

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 6th April 2022, were agreed as an accurate record.

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.

- 4.2. The Chief Digital Information Officer gave a high-level overview of the issues that had led to the Trust declaring a level three critical incident the previous Tuesday. As a result of extreme heat affecting its servers, and an associated failure of air conditioning, the Trust's two data centres at Guy's Hospital and St Thomas' Hospital had experienced IT infrastructure failure. This had prevented access to clinical systems at Guy's, St Thomas' and Evelina London hospitals and across the Trust's community services. The organisation had responded well, business continuity plans had been implemented and some systems had been restored by the following Friday. Whilst the incident was ongoing, staff were going to great efforts to mitigate

risks to patient safety. The matter would be discussed in greater detail at the public Board of Directors meeting later that day.

5. Board Assurance Framework 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. Apollo Programme: benefits realisation

- 6.1. Delivery plans were being developed for the financial, economic, and quality benefits that were anticipated from the implementation of the Epic electronic health record system. Committee members were supportive of a proposal to realise and monitor the financial benefits arising from the programme, and of starting this work well in advance of the system 'go live' in April 2023. Further consideration was needed of exactly how the benefits would be tracked, and where accountability would lie. Whilst clinical groups would need to own and deliver the benefits, it would be important for the programme team to provide central impetus and support.
- 6.2. The programme itself was moving from the design and development phase into the implementation phase, where it would become increasingly embedded into the organisation's routine business.

RESOLVED:

- 6.3. The Committee approved the approach to benefits realisation.

7. Bandwidth review update

- 7.1. The external bandwidth review had sought to test the capacity of the Trust's human and financial resources to deliver its strategic and transformational change objectives. An update was provided to the Committee about how the Trust was implementing the recommendations of the review, which included work to significantly reduce the organisational demand for capital expenditure and the rationalisation of some of the Trust's major programmes. The Committee also noted that the refreshed organisational strategy, once finalised, would help provide a framework against which to prioritise the Trust's resources.
- 7.2. There was discussion about how Trust staff could be deployed more flexibly to ensure they were supporting in priority areas as well as the need to build in sufficient capacity to respond to external requirements. It was acknowledged that clinical groups may need support to do this. A further update would be brought back to the next Committee meeting.

8. Stocktake on post-merger integration

- 8.1. Significant progress had been made over the past 18 months in achieving the integration priorities following the merger between the Trust and Royal Brompton and Harefield in February 2021. This included the formation of four clinical groups and the near-completion of strategic reviews across all services. The financial benefits that had been identified to date had exceeded the target, with further opportunities anticipated.
- 8.2. The Committee welcomed the progress to date, particularly in the challenging circumstances of the COVID-19 pandemic. It was noted that clinical teams across the different sites were working more closely together. It was agreed that work done to date had created the

foundations for the major changes that were envisaged over the next five to 10 years to achieve the Trust's ambitions, including for world class excellence in heart and lung care and research. The programme was now moving into the next phase of work, and key objectives were set out; including the need to bring different systems together. Going forward, the post-merger integration programme and the Trust operating model programme would be brought together to form a single major programme.

- 8.3. The Committee felt that a key focus going forward should be to embed the partnership agreement with King's College Hospital. This would also require close working with colleagues from King's Health Partners. Some Committee members highlighted the need to maintain pace and momentum and to continue to reiterate the opportunities and benefits that were being worked towards. It would also be important to set out the assumptions and objectives that had changed over the past 18 months to ensure clarity for all stakeholders.

9. Children's Hospital Programme Mandate

- 9.1. A refreshed programme was needed to implement the Trust's commitment to establish Evelina London Children's Hospital as a nationally and internationally leading comprehensive children's hospital, part of a network of specialist services for children across London and south east England. A programme mandate had been developed, and the next phase of work would produce a Strategic Outline Case setting out effective management and governance arrangements for the multiple transformational initiatives linked to this programme.
- 9.2. The Chief Executive thanked all those who had been involved in this work and in the Evelina London Expansion Programme. The strategic landscape across children's services was particularly complex at the current time, including the NHS England London process to determine the future location of a Principal Treatment Centre (PTC) for children's cancer services for south London and south east region. In this context the Committee welcomed an update on the whole Programme of work, with children's cancer as a key part of this. There was some discussion about the proposal to appoint the Chief Operating Officer and Deputy Chief Executive as the new programme Senior Responsible Owner given the extent of other demands on his capacity. Other views expressed by Committee members included the need to deliver the programme with as much pace as the external constraints allowed, the need to be pragmatic about affordable future solutions for the development of the Triangle site, and the role of the Guy's and St Thomas' Foundation in supporting the Trust's ambitions in this area.

RESOLVED:

- 9.3. The Committee approved the programme mandate and the governance arrangements recommended to oversee development of a Strategic Outline Case for the Children's Hospital Programme, with the Trust's Chief Operating Officer and Deputy Chief Executive as the Programme Senior Responsible Owner.

10. Children's Day Treatment Centre Update

- 10.1. The Committee discussed changes to the financial profile of the Children's Day Treatment Centre project, the ongoing financial risks and the options that were being developed to mitigate these risks and minimise the pressure on the Trust's 2022/23 capital expenditure allocation. It was noted that the Trust had held constructive meetings with the contractors for this scheme and there was a shared interest in the timely delivery of this scheme. There was a question about when a definitive cost would be known, and it was recognised that there were

still significant uncertainties so it was agreed that a more accurate estimate would be sought and provided to Committee members in due course.

ACTION: MR, SD

RESOLVED:

- 10.2. The Committee approved the revised cost estimate for the Children's Day Treatment Centre and the proposal to increase the purchase order value for the project's main contractor, with the Chief Financial Officer being authorised to implement the increase incrementally.

11. Orthopaedics Centre of Excellence

- 11.1. In late 2021 the Committee had decided that the Trust should fund and build the Orthopaedic Centre of Excellence itself, rather than do this in partnership with Johnson and Johnson Managed Services Limited. An update was provided about progress with the project, including the development of design plans, the enabling works required, and governance. The financial impact of the project on the capital expenditure plans in 2022/23 and 2023/34 was noted.

- 11.2. Committee members recognised that, whilst orthopaedic work would occupy the majority of the new theatres, they were being designed as multi-purpose facilities to be used as flexibly as possible. An overview was provided of the steps that were being taken to mitigate the risks associated with the project with an outline business case was to be developed by February 2023. Some concern was expressed about the planned opening date of October 2027. It was agreed that work would be done to identify opportunities to expedite this, and bring theatres into operational use as soon as possible. There were questions about the contractual situation and how lessons were learned from other Trust projects. The importance of ensuring London Fire Brigade colleagues were being kept updated and involved in planning was noted.

12. TMP Board Assurance Framework Risks

- 12.1. The strategic risks on the Board Assurance Framework that were owned by the Committee had been refreshed and brought up-to-date, although no changes had been proposed to the assessments of the sufficiency of the controls or the levels of assurance for any of the risks. In reviewing the updates it was suggested that a key challenge was the absence of a medium-term capital plan, which made capital prioritisation difficult, particularly in a more complex operating environment.

RESOLVED:

- 12.2. The Committee approved the proposed updates.

13. Major Programme Updates

- 13.1. The Committee noted updates about the key areas of progress, risks, issues and upcoming milestones for each of the Trust's major programmes.

- 13.2. Committee members' attention was drawn to the significant challenge of providing comprehensive training to all relevant staff about how to use the new electronic health record system. This was described as critical to a successful implementation. There was discussion about how the training requirement would be incorporated into activity projections. Updates were also received about the recent change freeze and ongoing work to design the Trust operating model following Epic go live in April 2023. It was agreed that there was a need to increase the momentum behind the programme across the organisation, leading up to go live. Another external assurance review would commence in August.

13.3. For the remainder of 2022/23, the Outpatient and Ambulatory transformation programme would focus the majority of its time on leading the safe implementation of MyChart, Epic's patient portal, to deliver maximum transformation benefit to patients and ambulatory services. An overview was provided about this work and the benefits of MyChart, which the Committee agreed were extensive. There was discussion about the scale and diversity of patient engagement and primary care involvement in this work, as well as the organisational changes they would require.

13.4. There were further updates and discussion about the Pathology programme, including a focus on the progress being made in ensuring Royal Brompton and Harefield hospitals and King's College Hospital were on the same system as Guy's and St Thomas' hospitals, and also about the need for a timely solution to the location of genomics.

14. Papers for noting

14.1. The Committee noted the papers.

15. Any other business

15.1. In light of the ongoing critical IT incident caused by the recent heatwave, the Chief Executive reported that a review would be undertaken of the resilience of the Trust's estate and its supporting infrastructure to withstand climatic changes, including extreme heat and flooding.

15.2. The next meeting of the Committee would take place on 5 October 2022.

Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 02 NOVEMBER 2022

Title:	Documents Signed under Trust Seal, 26 July 2022 to 26 October 2022
Responsible Director:	Ian Abbs, Chief Executive
Contact:	Ian Abbs, Chief Executive
Purpose:	For information
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	In line with the Trust's Standing Financial Instructions, the Chairman, Hugh Taylor and Professor Ian Abbs, Chief Executive are required to sign contract documents on behalf of the Trust, under the Foundation Trust's Seal.
Recommendations:	The BOARD OF DIRECTORS is asked to: 1. Note the record of documents signed under Trust Seal.

Documents signed under Trust Seal – Board of Directors, 2 November 2022

Board

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

WEDNESDAY 02 NOVEMBER 2022

**DOCUMENTS SIGNED UNDER TRUST SEAL
26 JULY 2022 TO 26 OCTOBER 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 1023 to 1025 under the Foundation Trust's Seal during 26 July and 26 October 2022.

2. Recommendation

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

Number	Description	Date
1023	Counterlease re: 79 Wimpole Street London W1, between (1) Howard De Walden Estates Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	16/8/2022

Documents signed under Trust Seal – Board of Directors, 2 November 2022

Board

1024	Deed between (1)Turner and Townsend Cost Management Limited and (2) Guy's and St Thomas' NHS Foundation Trust regarding Essentia purchase from Johnson & Johnson of copyright licence associated with Orthopaedic Centre of Excellence.	22/8/22
1025	Counterpart lease for 79 Wimpole Street London W1 between (1) Howard De Walden Estates Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	14/9/22

Documents signed under Trust Seal – Board of Directors, 2 November 2022