

# **Public Board of Directors Meeting**

**Wednesday, 25<sup>th</sup> January 2023 at 4pm  
Governors' Hall, St Thomas' Hospital**

**BOARD OF DIRECTORS**  
**Wednesday 25<sup>th</sup> January 2023, 4pm – 5.30pm**  
**Governors' Hall, St Thomas' Hospital and MS Teams**

**A G E N D A**

1.	Welcome and apologies <i>Charles Alexander</i>	<i>Verbal</i>	<i>4.00pm</i>
2.	Declarations of interest	<i>Verbal</i>	-
3.	Minutes of the previous meeting held on 2 <sup>nd</sup> November 2022	<i>Paper</i>	-
4.	Chairman's report <i>Charles Alexander</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.	Critical IT Incident report <i>Lawrence Tallon</i>	<i>Verbal</i>	<i>4.50pm</i>
7.	Report following the Independent Investigation into East Kent Maternity and Neonatal Services <i>Avey Bhatia</i>	<i>Paper</i>	<i>5.10pm</i>
8.	Reports from Board Committees for Noting:	<i>Papers</i>	<i>5:25pm</i>
	8.1 Audit and Risk Committee:		
	a) Minutes 7 <sup>th</sup> September 2022		
	8.2 Finance, Commercial and Investment Committee:		
	a) Minutes 12 <sup>th</sup> October 2022		
	b) Financial Report at Month 8		
	8.3 Quality and Performance Committee:		
	a) Minutes 14 <sup>th</sup> September 2022		
	b) Minutes 16 <sup>th</sup> November 2022		
	c) Integrated Performance Report – November 2022		
	8.4 Transformation and Major Programmes		
	a) Minutes 5 <sup>th</sup> October 2022		
	8.5 Heart, Lung and Critical Care Clinical Group Board:		
	a) Minutes 31 <sup>st</sup> May 2022		
	b) Minutes 13 <sup>th</sup> September 2022		
	c) Minutes 22 <sup>nd</sup> November 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>

*Date of next meeting: Wednesday 19<sup>th</sup> April 2023 at 4pm – 5.30pm*

## **BOARD OF DIRECTORS**

**Wednesday 2<sup>nd</sup> November 2022, 4pm – 5.30pm**  
**Robens Suite, Guy's Hospital and MS Teams**

**Members Present:**

Sir H Taylor (Chair)	Mr I Playford
Prof I Abbs	Prof R Razavi
Ms A Bhatia	Ms J Screamon
Mr S Davies	Dr S Shribman
Mr J Findlay	Dr P Singh
Mr S Friend	Dr S Steddon
Dr F Harvey	Mr L Tallon
Mr J Pelly	Mr S Weiner

**In attendance:**

Mr C Alexander	Mr A Gourlay
Ms S Austin	Dr R Grocott-Mason
Mr E Bradshaw (minutes)	Ms A Knowles
Ms B Bryant	Ms J Parrott
Ms J Dahlstrom	

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), including to Charles Alexander, the incoming joint Chair of the Trust and of King's College Hospital NHS Foundation Trust. This was the first public Board meeting being held in person since the Covid-19 pandemic began in early 2020.
- 1.2. Apologies had been received from Javed Khan and Sally Morgan.

### **2. Declarations of interest**

- 2.1. Charles Alexander had notified the Chair in advance of the meeting that, although attending as an observer, he would recuse himself from any discussion about the future of paediatric oncology services in London. There were no other declarations of interest.

### **3. Minutes of the meeting held on 27<sup>th</sup> July 2022**

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

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

- 4.1. The Chief Executive thanked all staff across the Trust's hospitals and community services for their work in providing an exceptional service to patients as the Trust continued to recover from the Covid-19 pandemic and during what remained a difficult time for the health sector.
- 4.2. All of the Trust's IT services had now been restored following the critical IT incident that had occurred during the summer, and most of the paper records that had been created during the period of outage had now been reconciled back into electronic records. The Trust was,

however, continuing to manage the impact of the unrelated national cyber-attack that had restricted access to a number of key operational IT systems used in some of the Trust's emergency and community services. There was discussion about the implications of this ongoing issue for the implementation of the new Epic electronic patient record system planned for April 2023.

- 4.3. The Trust was continuing to see record numbers of attendances at its emergency departments, with ambulance numbers having returned to pre-pandemic levels. There had also been an increase in the number of patients with mental health conditions requiring emergency care. The Board sought assurance around emergency care capacity, and noted that the Trust was continuing to work with system partners to ensure patients requiring significant mental health support were cared for in an appropriate setting.
- 4.4. The Trust remained committed to improving its levels of elective activity, and there had been good progress with this in recent weeks, with other initiatives planned to support this. There had also been a considerable reduction in the backlog of patients waiting for cancer treatment over recent months.
- 4.5. The Board noted the outcomes of the 2022 National Maternity Survey, which showed improvements across a number of areas since the 2021 survey, although there remained areas where further work was required. The Board was also advised that no significant concerns had been raised following recent external reviews of the Trust's maternity services by both the CQC and the national Ockenden team. Further updates were sought about safeguarding, where the Trust was continuing to meet its statutory requirements in full, and also about how the Trust planned to improve staff take-up of the flu vaccine.
- 4.6. At the end of August 2022 the Trust's year-to-date deficit of £26.2m was behind plan due to under-delivery of efficiency targets. The position had improved in September 2022 and there was a growing focus on implementing cost controls and identifying efficiencies. At the end of month six, the Trust's deficit as a proportion of its turnover was broadly in line with other acute trusts across London. Further updates were provided about the capital expenditure and cash positions, and there was discussion about the potential implications of the Trust exceeding its Capital Departmental Expenditure Limit (CDEL) allocation, as well as about the financial position of the South East London Integrated Care System (ICS).
- 4.7. The Chief Executive reminded the Board that this was Sir Hugh Taylor's last public Board meeting as Trust Chair, following 12 years in post. During this time Sir Hugh had helped the Trust go from strength to strength, had overseen a period of significant strategic growth and had made huge and positive contributions to the Trust's patients and local communities. On behalf of the Trust's executive team, Sir Hugh was thanked and wished all the best for the future.

## **5. Freedom to Speak Up Guardian's report**

- 5.1. The Trust's Freedom to Speak Up Guardian reported that the number of cases dealt with by the speak up service had increased by around 11% compared with the previous year, and the service continued to receive more cases than its peer trusts. Board members agreed that this was a positive indication of good awareness of the service and of confidence amongst staff that using the service would lead to improvements or changes. This view was supported by feedback showing a significant majority of speak up service users reported a positive or very positive experience.
- 5.2. The majority of concerns that had been raised with the Guardian related to behaviours and relationships, and included bullying and harassment and issues relating to culture. There was

discussion about how the findings were shared with clinical groups and about the level of consistency in the findings according to clinical group.

- 5.3. A key role in the speaking up service is played by speaking up 'advocates': volunteers whose role is to listen to staff concerns, signpost appropriately and escalate concerns that require investigation to the Freedom to Speak Up Guardian. Over the past year the number of advocates had increased by almost a third. The Board was pleased that the advocates were representative of the diversity of the workforce. It was noted that a new model for the Trust's speak up service had been developed and approved internally, with additional resources available to reflect the size and complexity of the Trust.
- 5.4. The Board reaffirmed its commitment to support the work of the speaking up service and thanked the Guardian and her team for the work they had done.

## **6. Staff welfare**

- 6.1. The Board received a presentation about staff health and wellbeing. Data from the national NHS Staff Survey showed that, whilst the Trust performed above average on all 'people promise' metrics, the latest internal 'pulse' survey showed there were opportunities for the Trust to better communicate the comprehensive range of health and wellbeing support offers in place, and also to focus on understanding why some staff with from minority ethnic groups and those with a disability report feel less positive about the support available. The main reasons for staff sickness absence were also set out.
- 6.2. The Trust's 'Showing we care about you' programme brings together all the health and wellbeing support available for staff. In light of the cost of living crisis, there was now an increased focus on financial wellbeing, and the Board was pleased to hear that the range and reach of this particular type of support was being increased further.
- 6.3. A comprehensive evaluation of the programme, in collaboration with the Guy's and St Thomas' Foundation, was underway to understand which initiatives were of most help to staff and where gaps remained. Board members emphasised the importance of ensuring the wellbeing programme was closely connected to trade unions and staff networks, both to seek and incorporate feedback about the content of the programme, and also to encourage greater uptake of the offers in place.

## **7. Reports from Board committees for noting**

- 7.1. The Board noted the reports.

## **8. Register of documents signed under seal**

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

## **9. Any other business**

- 9.1. The Chair formally placed on record his thanks to Marian Ridley, the Chief Executive of the Evelina Women's and Children's Clinical Group, who would leave the Trust the following month. Marian had made an outstanding contribution to the Trust for many years, particularly in her role leading children's services and driving the quality and range of care available for children and young people.

- 9.2. The Senior Independent Director thanked the Chair for his dedication to the Trust over the past 12 years, and highlighted his relentless focus on the needs of patients and staff, as well as his exceptional leadership of the Board of Directors.
- 9.3. The next meeting of the Board of Directors is due to be held on 25<sup>th</sup> January 2023.

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**WEDNESDAY 25 JANUARY 2023**

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

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST  
BOARD OF DIRECTORS  
WEDNESDAY 25 JANUARY 2023**

**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 across the Trust, including progress on tackling the backlog of elective care.
- 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 summer heatwave which affected our clinical systems and had an unprecedented impact on the Trust's services. Patient care was significantly disrupted, our staff were working without full access to the information they needed, and local GPs were unable to access test results.
- 2.2. At the time I issued a heartfelt apology to all those affected by the incident and I would like to take this opportunity to reiterate that apology. We know that during this period we did not meet the high standards we set ourselves on behalf of our patients, staff and partners.
- 2.3. Our immediate focus at the time was the restoration of services and reconciliation of all patient information. We also committed to the commissioning of internal and external reviews to help us understand what happened and how we can ensure that we



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take every possible step to minimise the risk of similar problems arising in the future. I was clear that these reviews needed to be thorough, transparent, and completely honest about both the causes and our response to the incident.

- 2.4. Today we will be presenting the IT Incident Report from the Trust's Deputy Chief Executive. This marks an important part of this review process and brings together evidence that has been gathered to date from these reviews. I would like to thank all those who have contributed to the reviews and this report.
- 2.5. While we recognise that patient experience suffered during this period, the evidence to date has identified just one case of moderate harm and no cases of serious harm to patients as a result of the incident. This is a testament to the expertise and dedication of our clinical and operational teams. We will of course continue to monitor the situation closely and, should any further harm be identified, we will learn lessons and take any action that is required. The report also identifies areas where we should have done better, both in terms of our risk management systems and how we responded to the situation once it occurred. The report includes a number of recommendations which have been approved by the Trust Board and will be progressed at pace.
- 2.6. This review did not consider the separate national cyber attack on Advanced, which has significantly affected the Carenotes system used in our adults and children's community services and some other systems. We recognise this created additional disruption to patient care and has been a further pressure on our staff in these services since August.
- 2.7. Looking ahead, the introduction of our new electronic health record system in April 2023 will provide additional opportunities to update and consolidate our clinical systems and improve the resilience of our IT infrastructure.

### 3. Board and Senior Appointments

- 3.1. In December 2022 we welcomed Charles Alexander to the Trust as the new Chairman in Common for both Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust. Charles was previously the Chairman of the Royal Marsden NHS Foundation Trust and the Royal Marsden Cancer Charity, roles he has held since 2016.
- 3.2. In December 2022 the Council of Governors appointed two new Non-Executive Director's to the Trust Board.
  - **Miranda Brawn** has been appointed with effect from 1 January 2023. Miranda has a wide ranging experience as a Non-Executive Director spanning financial services, law, academia, technology, engineering, health policy and the charity

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sector. Prior to joining the Bar of England and Wales as a barrister and senior banking lawyer she worked as an investment banker. She has served as an Equality Commissioner for Lambeth Council and is President and Board Chair of The Miranda Brawn Diversity Leadership Foundation. Miranda is also a Senior Visiting Fellow at Oxford University lecturing, mentoring and researching The Brawn Review on boardroom sustainability and inclusion.

- **Nilkunj Dodhia** will join the Trust with effect from 1 July 2023. He is currently a Non-Executive Director at Chelsea and Westminster Hospital NHS Foundation Trust, a position he has held since November 2015. He is also Director at Oracle Cerner, and has a particular interest in digital transformation with experience across telecommunications, healthcare and financial services.

3.3. In December 2022 the Trust bid farewell to Marian Ridley, the Chief Executive Officer of the Evelina London Women and Children's Clinical Group. Sara Hanna has stepped in to the role on an interim basis while recruitment for a permanent Chief Executive takes place.

3.4. Following the departure of Jessica Dahlstrom as Chief of Staff in November 2022, I am pleased to inform the Board of Directors that Tendai Wileman has been appointed Chief of Staff and Director of Organisational Change. The role will support the delivery of the Trust's objectives and provide strategic oversight to the corporate affairs function.

#### 4. His Majesty The King's New Year Honours 2023

4.1. I am pleased to report that three members of staff have been recognised in the New Year Honours List:

- **Dr Joel Meyer**, intensive care consultant, was made a Member for the Order of the British Empire (MBE) for services to the public sector and his work during the COVID-19 pandemic including as cofounder of Life Lines, a virtual visiting platform that supported families whose loved ones were in intensive care.
- **Samantha Salaver**, Head of Dental Nursing, was made a MBE for services to dental nursing.
- **Andrea Williams-McKenzie**, Deputy Chief People Officer was made a Commander of the Order of the British Empire (CBE) for public service during her time at HM Courts and Tribunals.

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### 5. Delivering healthcare across the Trust

- 5.1. The Trust remains focused on the delivery of the national priorities outlined in the NHS operational planning guidance and in turn the delivery of safe and effective care to our patients. This will remain our priority as we move into the final months of the year, alongside planning for 2023/24, working closely with our system partners.
- 5.2. The recovery of elective activity remains a priority and colleagues are working extremely hard to increase the number of patients we can treat, making full use of our elective capacity at Queen Mary's Sidcup.
- 5.3. The Trust is working hard to reduce waiting times and to achieve the national requirements of having no patient waiting for routine treatment for more than 78 weeks by the end of March 2023 and 65 weeks by the end of March 2024.
- 5.4. The Emergency Department continues to see extremely high levels of attendances. In December, there was a 13% increase in attendances when compared to the same month in 2021. Paediatric attendances increased by 25% in comparison to previous years with a particular increase in activity as a direct result of concerns about the Strep A outbreak in November and December.
- 5.5. Despite these challenges, our performance treating patients within four hours increased to 75.27% in December from 73.13% in November, representing the highest performance in London. The number of patients breaching four hours has decreased by 9% and the number of patients breaching 12 hours also decreased between November and December. The Trust has seen a deterioration in the number of patients waiting longer than six weeks for a diagnostic procedure between October and November.
- 5.6. The Trust remains committed to maintaining the required levels of diagnostic activity to improve this position, whilst continuing to focus the necessary diagnostic resource to support the reduction of the cancer backlog and further improvements required across all cancer pathways to improve performance in this area.
- 5.7. The Trust has made good progress in reducing the number of patients waiting over 62 days for cancer treatment. The backlog has reduced by 34% since the peak in September 2022 which followed the IT outage. Progress has slowed in recent weeks, however teams are working hard to meet the agreed recovery trajectory and additional actions are being put in place, including new operating capacity, for the most challenged services.
- 5.8. The Trust has met the two week wait first appointment standard for the past two months, as well as meeting the Faster Diagnosis Standard (FDS) in November 2022 (75.9% against a target of 75%) for the first time since November 2021.

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5.9. There has been improvement in the Trust's 62 day performance between October (52.9%) and November (54%) but remains below the target of 85%. This will continue to be the case during the period where the Trust is reducing the overall cancer waiting time backlog.

5.10. The Trust has historically performed well against the emergency ambulance handover time targets but we have taken several steps to further reduce delays with Ambulance handovers including the redesign of the arrival area, additional staffing to meet the demand and process changes to support efficient handover, monitoring and learning from observations made.

### Industrial Action

5.11. Through constructive working with Royal College of Nursing (RCN) representatives and the efforts of our staff and external partners, we were able to maintain safe care and provide urgent and emergency services to those who needed it during the RCN industrial action on 15 and 20 December 2022.

5.12. However the industrial action did mean a reduction in the number of patients that could be seen in outpatients and admitted as elective inpatients or day cases. On the days of industrial action themselves, elective activity (that is inpatients and day case activity) was at 22% of activity levels seen in November, and outpatients at 69%. However, a broader and significant impact was seen across the entirety of December's activity given the administrative time spent cancelling and rescheduling patients, management time preparing for strike action, and clinical time reviewing patient treatment plans.

5.13. On January 11 2023 the Trust was notified by the Chartered Society of Physiotherapists (CSP) of its intention to take strike action at the Trust on 26 January 2023. Planning with local and regional CSP representatives has begun and we will continue to work constructively with the RCN, CSP and other unions as required.

### Winter plan update

5.14. The Trust has developed a Winter Plan following additional guidance published by NHS England.

5.15. Additional funding has been made available from NHS England which, with a combination of the Trust's own winter budget and additional external resources, has amounted to an investment of approximately £3 million to help manage winter demand.

5.16. The Trust's Winter Plan includes the opening of additional adult and paediatric beds. There has also been an increase in the community response services, the GP centre supporting Accident and Emergency (A&E), Same Day Emergency Care (SDEC)

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and patient transport service supporting 'earlier in the day' discharges.

- 5.17. Seasonal flu has been exceptionally challenging with inpatient numbers peaking almost at 70, although this demand (as of early January), appears to be subsiding.
- 5.18. Another increase in COVID-19 inpatients was also experienced during December with a peak of cases, which also seems to have plateaued and is reducing.
- 5.19. The increase in cases of Strep A in children was a further pressure where demand could not have been foreseen, and this caused an extremely challenging situation for children's services. At the peak, children's A&E attendances hit a record 160 attendances in a 24 hour period. This is unprecedented as we normally see 80 to 100 paediatric attendances a day during the winter. More broadly, overall attendances in A&E have increased by 25% year to date when compared to pre-COVID-19 numbers. To help manage the pressures arising from Strep A, the Children's Short Stay Unit (CSSU) in the Emergency Department was converted to an additional treatment area.
- 5.20. The delivery of our Winter Plan continues to be managed very closely, and will remain in place until April 2023.

Workforce

- 5.21. The Trust has continued its commitment to invest in recruitment to our workforce to ensure compliance with staffing requirements, delivery of safe care and also in recognition of the health and wellbeing of our staff. We continue to deliver an ambitious international recruitment campaign, with more people due to join us over the coming months. In addition, our priority now is the retention of existing staff and ensuring that all who work at Guy's and St Thomas' have a good experience and opportunities to develop their careers.
- 5.22. On average, the Trust has had higher staffing levels providing a greater number of patient care hours when compared to peers, with the Trust averaging 11.1 Care Hours per Patient Day compared to the national average of 8.0. This gives us the assurance that our staffing policies are effective and we can reduce reliance on temporary staff.
- 5.23. From September, the Trust has reported more joiners than leavers each month. This is, in part, due to a significant number of newly qualified nurses joining the organisation. Our successful international and local recruitment initiatives have been significant levers in reducing the vacancy rate across the organisation to 9.9% in November, down from 11.8% in July.

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### Infection Prevention and Control (IPC)

- 5.24. The Trust will be close to the threshold it was set for *C. difficile* and *P. aeruginosa* blood stream infection (BSI), and under the thresholds for *E. coli* BSI and *Klebsiella* BSI at the end of December. This places the Trust as having the lowest rate of infection for *C. difficile* and *E. coli* across the Shelford Group of peer Trusts, and second highest for *P. aeruginosa* BSI. The relatively high rate of *P. aeruginosa* BSI is not localised to any one clinical area. There is an improvement programme in place to reduce these infections and this will initially be trialled in a small number of hospital wards with a view to rolling these actions out across the Trust if they prove effective.
- 5.25. The Trust continues to be amongst the highest in the Shelford Group of peer Trusts of overall consumption and carbapenem consumption, and is unlikely to meet the antimicrobial prescribing targets for 2022/23. Following a review, actions are in place to improve this performance, including through additional infection consultant time focused on the Royal Brompton and Harefield hospitals.
- 5.26. COVID-19 outbreaks remain relatively low, although an increasing number of influenza outbreaks have been identified and managed. The High Consequence Infectious Diseases – Airbourne (HCID-A) network was activated for the management of the Mpox outbreak, and the Trust played an active role in treating these patients, both in hospital and the community. This response was subsequently stood down as the Mpox HCID status was declassified.
- 5.27. The Trust is responding to the increase in invasive Group A Streptococcus infections which has affected a number of our services, particularly for children. Several changes in national guidance related to this increase of infections have been issued and informed our response.

### Safeguarding

- 5.28. New appointments have been made to ensure there are Named Doctors for Safeguarding Children at all our hospital sites. Additionally, there is a newly appointed Named Doctor to serve Lambeth and a new Named Nurse for Safeguarding Children to serve the Southwark community.
- 5.29. We are continuing to work in partnership with Child Adolescent and Mental Health teams to address concerns about children and young people's mental health, including to ensure clear safety plans and discharge arrangements. Several children in the last

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three months have unfortunately experienced delayed discharge due to a lack of suitable care placements, and as a result we have an escalation plan in place with Children's Social Care to deliver timely discharge and placement options.

### 6. Working across South East London and beyond

#### South East London Acute Provider Collaborative

- 6.1. With the new Integrated Care System structures now in place, Provider Collaboratives play an increasingly central role in planning, decision making and delivery across the NHS in England. The Trust is proud to be a part of the South East London Acute Provider Collaborative which has developed significantly in recent months. It now has a revised and strengthened governance model in place, and responsibility for high volume low complexity elective surgery, diagnostic services, critical care and dental services. We are committed to ensuring the APC continues to develop and makes the greatest possible contribution to the health and wellbeing of people living in the six local boroughs it serves.

### 7. Sustaining and improving the Trust's core financial performance

- 7.1. The Finance, Commercial and Investment Committee monitors the Trust's financial performance in terms of revenue and capital. The Committee met in December 2022 and discussed financial performance for the first seven 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 November (month eight) the Trust reported a deficit of £24.9m against the year to date planned deficit of £6.8m, which is £18.1m worse than plan.
- 7.2. 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 and non-recurrent items 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 break-even forecast has continued in regulatory reporting.
- 7.3. 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 with some other specific allocations also secured. Year-to-date expenditure of £83.5m is £9.2m below the equally phased plan. The programme is being tightly managed during the year and 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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### 8. Updates from the Trust's Clinical Groups

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

##### High Intensity Theatre Lists

The new High Intensity Theatre (HIT) team performed a European record breaking eight prostate cancer operations in one day as part of an innovative new way to tackle surgical backlogs. Four surgeons took turns to perform 90 minute operations using robotic technology to increase precision and were able to treat eight patients, compared with the three cases that would have been completed using the standard system. The HIT team are continuing to deliver exceptional results across different specialities and have received significant media coverage for this work.

##### Award for Haematology

The Young Adult Haematology Unit was nominated in the Build Better Healthcare Awards, and received a commendation in the Patient's Choice category.

##### Estates

A new Surgical Admissions Lounge at Guy's was opened in November and provides a much enhanced environment for patients pre-surgery and is helping to improve flow through the operating theatres. A new fracture clinic at St Thomas' opened in December which provides an upgraded environment for patients and also frees up space in the Gassiot House outpatients facilities to increase capacity for outpatients and other services supporting our winter plan.

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

##### New Children's Community Services

Following extensive staff engagement and community consultation Evelina London is proud to be launching the new 'Bright Beginnings Pathway' for children in our local communities of Southwark and Lambeth. This incorporates elements of the previous Family Nurse Partnership service and will improve outcomes for more children across the two boroughs.

##### Gender Identity Development Service

In July 2022 NHS England announced plans to expand and enhance children and young people's gender services. As part of the first phase of this programme, the Evelina London Children's Hospital is working in partnership with Great Ormond Street Children's Hospital and South London and Maudsley NHS Foundation Trusts to deliver a phase one 'Hub' for the south of the country.



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

#### Double Lung Transplant

The first double lung transplant due to COVID-19 took place in December and received significant media coverage including in The Guardian. This operation highlighted the strength of the combined services of the ECMO treatment provided at St Thomas' and the transplantation service at Harefield.

### 8.4. Integrated and Specialist Medicine Clinical Group

The Group has launched a Trust-wide patient flow programme to improve the timely discharge of patients and this will run for an initial pilot phase of eight weeks up to 24 February. This will look to address growing operational pressures and delivery on NHS England priorities. The initial focus will be in seven wards across the Cancer and Surgery and the Heart, Lung and Critical Care Clinical Groups, as well as embedding further improvements in the Integrated and Specialist Medicine Clinical Group.

### 8.5. Essentia Group

#### Staff Wellbeing

As part of the efforts to support staff wellbeing, the Essentia Delivery Group has been running financial wellbeing sessions in partnership with the Guy's and St Thomas' Foundation and these sessions have been very well received by staff. A leaflet outlining ways to access support has also been developed as part of the Trust's Showing We Care About You Programme. Finally, Essentia teams have also been promoting a local charity, Refill, which provides households products in a sustainable and affordable way.

#### Food for Life Award

The Royal Brompton in-house catering team has been awarded with the 'Food for Life' Silver Award from the Soil Association. This is excellent recognition of the team and the high quality of food that it provided to all patients and staff.

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

### Apollo

- 9.1. At 25 January, the Trust is 91 days away from the planned go-live of its new electronic health record, Epic, which is being implemented by a programme known as Apollo. In the last few months, there has been a massive shift towards operational preparedness as we move closer to the switchover on 27 April. We have initiated revised Apollo governance arrangements, with

## NHS CONFIDENTIAL - Board

the executive team now meeting weekly to monitor progress and make decisions to support readiness. There has been a subtle but important move from programme-led activities to clinically and operationally-led activities.

- 9.2. The key Apollo Programme risks that we have been tackling over the last few months have related to securing sufficient training rooms across the estate and gaining access to theatres to complete cabling works to allow new devices and machines to be used in conjunction with the Epic system. We have maximised use of clinical downtime to fulfil these tasks, and significant progress has been made as we move towards a phase of 'Technical Dress Rehearsal' from the end of January.
- 9.3. Staff training for the new system, Epic, is planned to start on 30 January and will be a major undertaking over the coming weeks.

### 10. Key events

- 10.1. The Chief Nursing Officer for England, Ruth May, visited St Thomas' Hospital on Thursday 15 December. The visit was timed to coincide with the Royal College of Nursing (RCN) strike and she met staff working in the Emergency Department before speaking to nurses outside on the picket line.

### 11. 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 November 2022:

- Audit and Risk Committee: 30 November 2022
- Finance, Commercial and Investment Committee: 14 December 2022
- Quality and Performance Committee: 16 November 2022 and 18 January 2023
- Transformation and Major Programmes Committee: 11 January 2023
- Heart, Lung and Critical Care Clinical Group Board: 22 November 2022 and 17 January 2023

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:

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- Audit and Risk Committee: 7 September 2022
- Finance, Commercial and Investment Committee: 12 October 2022
- Quality and Performance Committee: 14 September and 16 November 2022
- Transformation and Major Programmes: 5 October 2022
- Heart, Lung and Critical Care Clinical Group Board: 31 May, 13 September and 22 November 2022

Also attached is the Finance Report and Integrated Performance Reports at month 8.

### 12. Consultant Appointments from 1 October 2022 – 31 December 2022

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

Name	Surname	Department	Start Date	End Date	Comments
Robert John Dunnett	George	Palliative Care	01/10/2022	30/09/2023	Substantive
Annemiek	De Ruiter	HIV	30/09/2022	29/09/2023	Extension
Andrew	Coutinho	Renal	14/10/2022	13/10/2023	Extension
Claire	Van Nispen tot Pannerden	Infection	01/09/2022	28/02/2023	Substantive
Richard	Barlow	Dermatology	14/10/2022	13/10/2023	Extension
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
Meera	Chand	Infectious Diseases	10/09/2022	09/09/2023	Extension
Ruhe	Chowdhury	Medical Oncology	24/10/2022	19/10/2023	Extension
George	Greenhall	Renal	08/11/2022	07/11/2023	Extension
Stella Veronica	Tan	Neurology and clinical Neurophysiology	15/12/2022	14/12/2024	Extension

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Please find below list of new substantive consultants who joined **1 October 2022 – December 31 2022** for the Heart, Lung, and Critical Care Clinical Group.

<b>Name of post</b>	<b>Appointee</b>	<b>Post Type</b>	<b>Jointly Funded</b>	<b>Start date</b>
Consultant in General Paediatrics with expertise in epilepsy	Kate Zabel Irwin	Vacant post - Current post holder leaving or left	No	10/01/2023
Consultant in Intensive Care Medicine/ Critical Care	Arlette Vassallo	Newly created	No	06/03/2023
Consultant in Intensive Care Medicine/ Critical Care	Rebecca Angharad Lewis	Newly created	No	01/12/2022
Consultant in Intensive Care Medicine/ Critical Care	Francesco Vasques	Newly created	No	16/01/2023
Consultant in Medical Oncology - CRC	Nirupa Murugaesu	Newly created	No	01/03/2023
Consultant Haematologist special interest in Haemostasis & Thrombosis	Uzma Faruqi	Newly created	No	01/01/2023
Consultant in Nephrology	Caroline Dudreuilh	Newly created	No	04/01/2023
Consultant Infectious Diseases/Medical Micro OR Medical Microbiology	James Whitehorn	Newly created	No	01/04/2023
Consultant Urological Surgeon with Specialist Interest	Jonathan Patrick Noel	Newly created	No	03/01/2023
Consultant in Paediatric Respiratory Medicine	John King	Vacant post - Current post holder leaving or left	No	To be confirmed
Consultant in Cardiac Surgery, Heart and Lung Retrieval & Transplantation and MCS	Maria Monteagudo Vela	Newly created	No	13/01/2023
Cardiac Surgery, Heart and Lung Retrieval & Transplantation and MCS	Mohamed Osman	Newly created	No	01/02/2023
Adult Cardiothoracic Anaesthesia	Mark Edsell	Vacancy - Capacity shortfall	No	10/02/2023
Adult Cardiothoracic Anaesthesia	Stefan Braunecker	Vacancy - Capacity shortfall	No	01/02/2023
Respiratory and Transplant Medicine	Kavita Dave	Vacant post - Current post holder leaving or left	No	01/12/2022

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**  
**PUBLIC BOARD OF DIRECTORS**  
**WEDNESDAY 25 JANUARY 2023**

<b>Title:</b>	<b>Review of Independent Investigation into East Kent Maternity and Neonatal Services:' Reading the signals' report by Dr Bill Kirkup</b>
<b>Responsible Director:</b>	<b>Avey Bhatia Chief Nurse</b>
<b>Contact:</b>	<b>Gina Brockwell Chief Midwife, Sara Hanna Trust Maternity Safety Champion &amp; Medical Director Evelina London Women's and Children's Healthcare</b>
<b>Purpose:</b>	To ensure the Board are aware of the key findings of the latest report into maternity and neonatal services elsewhere and implications for our services at GSTT
<b>Strategic priority reference:</b>	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY; TO CARE FOR AND SUPPORT OUR STAFF; TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• Following the publication of this report, it was the expectation of NHSE that the findings be reviewed at the next Public Board meeting in all Trusts.</li> <li>• The report found sub optimal care leading to harm in the majority of cases reviewed with 4 broad areas of concern – teamworking, professionalism, compassion and listening.</li> <li>• The issues were found at all levels from the labour ward to the Trust Board interactions with external bodies.</li> <li>• The situation had not improved over the time with at least 8 missed opportunities to identify issues.</li> <li>• The report concludes there are 4 broad areas for improvement detailed in this report</li> </ul>
<b>Recommendations:</b>	<p>The BOARD OF DIRECTORS is asked to:</p> <ol style="list-style-type: none"> <li>1. Reflect on the findings of this report and their relevance to our own services (perhaps not just maternity)</li> <li>2. Continue to support these services as they address the areas of improvement particularly around maternal and family experience, midwifery and obstetric staffing, the maternal assessment unit and access to obstetric procedure space.</li> </ol>

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST  
PUBLIC BOARD OF DIRECTORS  
WEDNESDAY 25 JANUARY 2023  
REVIEW OF INDEPENDENT INVESTIGATION INTO EAST KENT MATERNITY AND NEONATAL SERVICES:  
READING THE SIGNALS' REPORT BY DR BILL KIRKUP**

**1. Introduction**

- 1.1. The Kirkup report was published in October last year detailing the findings of an examination of the maternity and neonatal services in the Queen Elizabeth the Queen Mother Hospital (QEQM) and William Harvey Hospitals of East Kent Hospitals University Foundation Trust. This follows the Ockenden report into the services at Shrewbury and Telford and a number of years previously the report regarding the investigation at Morecambe Bay. Whilst we await the report regarding Nottingham maternity services, this latest investigation reveals a repetition of themes that have been found before.
- 1.2. NHS England have contacted all NHS Trusts to outline the expectation that each trust will review the Kirkup report findings at the next Trust Public Board meeting. In addition to requiring review by the Trust Board, assurance will be reported to the South East London (SEL) Local Maternity and Neonatal System (LMNS) and the SEL Integrated Performance Board (ICB) Quality and Performance Committee. Themes relating to quality and safety will be taken to the SEL ICB Quality Group with involvement of the Trust Chief Midwife as the SEL Co-Chair of the Local Maternity and Neonatal System.

**2. Background**

- 2.1. The National Health Service England/National Health Service Improvement (NHSE&I) commissioned the Independent Investigation into East Kent Maternity Services in February 2020, following concerns raised by families and others about the quality and outcome of maternity and neonatal care at East Kent Hospitals University NHS Foundation Trust. Launched in April 2020, families were invited to share their experience of maternity and neonatal services at the Trust from 2009. An independent panel of experts examined cases where there may have been a preventable or avoidable death or serious injury to a mother or baby.
- 2.2. They looked at clinical records and other documentation such as complaint responses and interviewed clinical staff and also trust board members and senior managers. The review also held interviews and listening events with families and provided counselling and onward signposting to support where needed.

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- 2.3. Corporate records were reviewed including Board papers to understand how the Trust discharged its responsibilities for maternity services, how it communicated and engaged with patients, with their families and with regulators.
- 2.4. The team also reviewed documentation held by external stakeholders who might have held material or information pertinent to the investigation and held interviews with representatives from these groups. These included local and regional commissioners, regulatory bodies such as the CQC, Health Care Investigation Branch (HSIB), GMC and the Nursing and Midwifery Council as well as various Royal Colleges and the British Medical Association.
- 2.5. The multi-professional panel determined for each case whether care was suboptimal when assessed against the standards expected nationally and the relationship between suboptimal care and the subsequent outcome. The findings were structured according to the validated classification of suboptimal care adopted by the Confidential Enquiry into Stillbirths and Deaths in Infancy (CESDI).
- 2.6. Over that period, the clinical care provided in 75% of the 202 cases that were examined was suboptimal. Moreover, had care been given to the nationally recognised standards, the outcome could have been different in nearly half of the 202 cases assessed by the Panel, and the outcome could have been different in 70% of the 65 baby deaths.
- 2.7. There was a collective failure to listen to the families involved and evidence that those involved acted in ways which made the experience of families unacceptably and distressingly poor. This compounded the harm done and led to diminished mental health and quality of life for the families involved.
- 2.8. The problems were identified at every level of the service from what happened to women and babies in the units themselves in the two hospitals to the failure of the trust to respond to evident signals or engage constructively with regulators, commissioners or the NHS. The panel found no evidence of improvement in outcomes or suboptimal care over the period examined from 2009 to 2020.
- 2.9. There were 4 broad areas of concern – teamworking, professionalism, compassion and listening.
- 2.10. Poor team working existed between professional disciplines and also between cliques of staff and individuals. This caused issues with escalation, delayed vital interventions and lack of appropriate senior presence out of hours with challenging clinical scenarios. There was significant evidence of failure of professionalism with staff showing disrespect to both women, family members and other staff, blaming each other for poor outcomes, or the woman herself.

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- 2.11. There was behaviour that lacked compassion. Although this didn't necessarily cause physical harm to the baby or mother directly, it did compound the overall harm caused to women and their families and had a direct deleterious impact on the long term outcomes for the people involved.
- 2.12. Lastly, there was a failure to listen which in some cases effected the outcome, where a woman or family member's concerns were dismissed or ignored. It also diminished the effectiveness of safety investigations which were often conducted in a way to minimise challenge and provide false reassurance rather than in a truly open, curious way where errors were acknowledged and could lead to learning and improvement.
- 2.13. The report found there were multiple opportunities over the period reviewed where all of the above could have been recognised and interventions could have been introduced. The Trust Board did endorse a succession of action plans but these were inadequate relative to the issues and often relied upon the arrival of a new appointment to carry them through without real support to tackle some very difficult long standing problems. This reliance on changes in leadership to bring results was also undermined by, or indeed led to, significant churn in leadership positions at all levels.
- 2.14. The Trust found reassurance from high-level data which placed the unit outcomes within the range of other trusts, despite very obvious and consistent information from other sources that there were plenty of reasons to be concerned about these services.
- 2.15. The report also found that a large array of regulatory and supervisory bodies were involved with the Trust around the maternity and neonatal services. All these interactions failed to effect change however, not least because the Trust focussed on managing these relationships rather than the matter at hand.
- 2.16. Also the report noted that a number of agencies hold both regulatory and professional support roles which may create a conflict of interest, particularly when there is a need to address poor behaviour from professionals. This meant there was not a collaborative effort between these agencies and the Trust to focus attention on the need to improve the care delivered to women and their babies.

### **3. Key Actions**

- 3.1. The report has 4 areas for improvement and the recommendations are specifically aimed at national level bodies.
- 3.2. However, whilst our services will await the output of these recommendations, we should as a Trust use the opportunity to reflect on our services and in particular how what happens in maternity and neonatal care is viewed by our service users and our stakeholders, especially those supporting us to provide the best possible care. As yet the services have not had sufficient space from other commitments (e.g. assessment



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against Ockenden recommendations, response to the latest CQC report, compliance with NHS Resolution Maternity Incentive Scheme Safety Actions) to undertake a meaningful assessment. However, we can make some broad statements based on our collective knowledge of the service in relation to these 4 areas.

- 3.3. **Action 1. To get better at identifying poorly performing units.**
- 3.4. *The NHS need to be better at monitoring safety performance and finding signals amongst noise (identifying outliers) and must establish a Task Force to drive the introduction of a valid maternity and neonatal outcome measure capable of differentiating signals among noise to display significant trends and outliers, for mandatory national use.*
- 3.5. As a Trust we monitor a number of key metrics in the maternity dashboard where we compare ourselves monthly against ourselves, the South East London and wider London regional maternity services. The formation of the dashboard is laborious as the majority of the data is pulled manually from various systems and people. This data is regularly reviewed at a service level, has monthly review at the Maternity and Neonatal Safety Champion meetings (chaired by the Trust Maternity Safety Champion and attended without fail by the Trust Non Executive Maternity Safety Champion) and by exception, the monthly Clinical Group Governance Meeting and the South East London Local Maternity and Neonatal System Quality Surveillance Board. Some of the data does have external benchmarking although there is limited risk adjustment at present which is a major issue for services such as ours who by nature look after higher risk pregnancies and neonates.
- 3.6. For the most serious poor outcomes (maternal death, perinatal death, hypoxic brain injury) the numbers are small and data trends difficult to see. In this case the analysis of the individual cases is important both in terms of clinical learning and improvement but also to examine how we are supporting and most importantly listening to women and their families.
- 3.7. The Healthcare Safety Investigation Branch (HSIB) process began in 2019, with women and families involved in the investigation process in all Trust Serious Incident's (SI's) and HSIB investigations. The maternity service meets monthly with the HSIB team to review investigations and discuss safety concerns and actions which are shared with the clinical teams and used as part of the maternity multidisciplinary training. The maternity and neonatal services also review HSIB reportable serious incidents internally in order to ensure there are no immediate safety concerns. The feedback consistently from HSIB is that our staff and governance teams are highly responsive. Although, almost all HSIB investigations do provide something that we can learn from and use to improve care, for those HSIB investigations which have been completed for the Trust the HSIB team have stated that they have had no significant safety concerns to escalate to the Trust following the investigations which have been completed since 2019.

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- 3.8. In September 2022 we were visited by both the Ockenden review team and also the CQC (a small number of days apart).
- 3.9. A summary of the report from the Ockenden assurance review was presented at the Trust Quality and Performance Committee in November 2022.
- 3.10. Of note was the positive culture of the Trust, with staff reporting high levels of civility and kindness. Related closely to this was a clear commitment to the importance of psychological safety, benefitting from a flattened hierarchy and a commitment to staff wellbeing. The ease of confidence with which staff at all levels reported their ability to escalate concerns or seek advice and support was good.
- 3.11. Noted was the significant investment made into Maternity and that the Trust Board takes Maternity seriously and is actively involved in responding to key issues and priorities. Support for building additional obstetric procedure capacity was cited as an example of this. Also the uplift in maternity leadership has clearly positively impacted upon staff experience and there is a robust recruitment and retention strategy in place. Whilst significantly improved since the summer, workforce remains a challenge, in common with most Maternity units in the region.
- 3.12. There were 4 main areas for further improvement regarding more awareness and visibility of the Safety Champions, more focus on training and development opportunities with specific roles to support this, more support for junior doctors around unfilled rota gaps and more active engagement with the service user voice and facilitating co-production, which the Trust is aware of and which is of particular concern to the Chief Midwife. Cultivating the Trust's sense of itself as an active partner within its own Maternity Voices Partnership (MVP) is a crucial step here.
- 3.13. The CQC inspected the Safety and Well Led Domains. The overall rating of the maternity service remained the same with a Good rating. The well led rating remained Good and the Safe rating was reduced to Requires Improvement.
- 3.14. The CQC found that staff had training in key skills. They worked well together for the benefit of women. They understood how to protect women from abuse. The service managed infection risk well. The service managed safety incidents well and learned lessons from them. Leaders ran services well using reliable information systems and supported staff to develop their skills. Managers made sure staff were competent. Most staff felt respected, supported and valued. Staff were clear about their roles and accountabilities. The service engaged with women and the community to plan and manage services, and staff were committed to improving services continually.
- 3.15. The CQC did find areas for improvement which the maternity service has been proactively working towards improving mainly in the staffing, skill mix and environment of the Maternity Assessment Unit. The demand in this service has outstripped the ability of the service to adapt quickly enough and the CQC visit whilst not informing us of anything that was not known, provides great impetus to the work needed to be done in this area.

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### **3.16. Action 2. Giving care with compassion and kindness and better standards of clinical behaviour.**

3.17. *Those responsible for undergraduate, postgraduate and continuing clinical education be commissioned to report on how compassionate care can best be embedded into practice and sustained through lifelong learning. Relevant bodies, including Royal Colleges, professional regulators and employers, must be commissioned to report on how the oversight and direction of clinicians can be improved, with nationally agreed standards of professional behaviour and appropriate sanctions for non-compliance.*

3.18. As a Trust we know that the experience of families on our neonatal unit is excellent. We also know that the women using our maternity service do not always have a positive experience. The feedback from the National Maternity survey has improved from previously but does not place us as a positive outlier. Through triangulation of complaints, serious incident investigations, soft intelligence and surveys we believe that the care given to women when the clinical situation is challenging or complex is excellent. However, how we support women and their partners everyday irrespective of clinical need must improve further.

3.19. A Maternity Experience Improvement Action Plan is in progress to include the whole pathway of maternity care for women and their families with a particular focus upon communication and information provided for women throughout their pregnancy, labour, birth and postnatal period. This is a priority for the Clinical Group to support with appropriate engagement (because we need our staff and service users to help with this) and improvement resource.

3.20. Lastly, we need to be kind and compassionate to our staff too. Improving staffing levels has had a marked improvement on how midwives in particular on the Birth Centre feel about coming to work. Access to psychology support, particularly when things have not gone well is crucial to helping staff process these events, contribute positively to investigations and ultimately feel confident to get back on with their jobs.

### **3.21. Action 3. Addressing flawed team working.**

3.22. *Relevant bodies, including the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Royal College of Paediatrics and Child Health, be charged with reporting on how teamworking in maternity and neonatal care can be improved, with particular reference to establishing common purpose, objectives and training from the outset. Relevant bodies, including Health Education England, Royal Colleges and employers, be commissioned to report on the employment and training of junior doctors to improve support, teamworking and development.*

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- 3.23. As a Trust we have feedback from HSIB, CQC and Ockenden Assurance team that our staff work well together. We have good levels of staff engagement in multi-professional training.
- 3.24. We do also know that we have had issues with staff feeling disrespected by others. An external review commissioned by the service in 2020 told us that we needed to improve our midwifery leadership, our approach to developing our staff and recruiting to posts and needed to be better at tackling poor behaviour in the workplace. An action plan was developed in partnership with staff side and RCM representatives which is an example of working in partnership to tackle issues that affect patient care. Multi-professional training has included an emphasis on the importance of civility and how this promotes patient safety particularly when the unit is busy and staff are being pulled in many directions. There is a new leadership structure in place and the processes around internal recruitment and access to development are clear and consistent.

### 3.25. Action 4. Organisational behaviour – responding to challenge with honesty.

- 3.26. *The Government reconsider bringing forward a bill placing a duty on public bodies not to deny, deflect and conceal information from families and other bodies. Trusts be required to review their approach to reputation management and to ensuring there is proper representation of maternity care on their boards. NHSE reconsider its approach to poorly performing trusts, with particular reference to leadership.*
- 3.27. The Trust has established the Chief Midwife post who is also a director of the Evelina Clinical Group and a member of the Trust Quality and Performance Committee. The Trust has appointed a Non-Executive Maternity Safety champion who attends the monthly Maternity and Neonatal Safety Champion meetings providing support and challenge to the clinical teams.

## 4. Recommendations

- 4.1. There is much in these actions which lie outside the Trust to enact. We understand that NHS England will be working with the Department of Health and Social Care and partner organisations to review the recommendations and implications for maternity and neonatal services and the wider NHS and will publish a single delivery plan for maternity and neonatal care which will bring together a number of reports.
- 4.2. However, the importance of the findings of this report and their relevance to our own services (perhaps not just maternity) should be noted by the Board and we ask for continued support from the Trust to these services as they address where we need to improve particularly around maternal and family experience, the maternal assessment unit, midwifery and obstetric staffing and access to obstetric procedure space.

**BOARD OF DIRECTORS  
AUDIT AND RISK COMMITTEE**

**Wednesday 7<sup>th</sup> September 2022, 1pm – 4pm  
Governors' Hall, St Thomas' Hospital**

<b>Members Present:</b>	Mr J Pelly (Chair) Mr S Friend	Ms P Singh Mr S Weiner
<b>In attendance:</b>	Mr E Bradshaw (Minutes) Prof I Abbs Mr S Bampfylde (for item 5) Ms J Dahlstrom Mr S Davies Mr P Dossett (to item 8) Ms C Eyre Mr J Findlay (for item 5) Ms S Giles (for item 8) Mr A Gourlay Mr N Halliwell (to item 8)	Mr S Lane Mr D Lawson (for item 10) Ms R Liley Mr C Martin Dr A Mazumder Ms C McMillan Mr S Nandrha Ms F Nicholls Mr L Tallon Sir H Taylor

**1. Welcome and apologies**

- 1.1. The Chair welcomed colleagues to the Audit and Risk Committee (the Committee), including Fiona Nicholls who had recently been appointed as Joint Director of Information Management across the Trust and King's College Hospital NHS Foundation Trust.
- 1.2. No apologies had been received.

**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 15<sup>th</sup> June 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. It was agreed that action 57 should be closed. There was discussion in respect of action 58, regarding the sufficiency of the Trust's internal audit team, and the Head of Internal Audit outlined a new approach to resourcing the team to mitigate recruitment challenges.

**5. Learning the Lessons from the IT Systems Critical Incident**

- 5.1. In order to learn all of the lessons from the recent critical IT incident, a comprehensive set of internal reviews had been commissioned by the Trust. These would complement external

reviews that had been commissioned by South East London Integrated Care System and by the NHS England London region. Together, the focus of these reviews would be to identify lessons that could prevent recurrence of similar incidents in the future. In delivering the reviews, the Trust would seek to balance rigour with pace, and the involvement of the Freedom to Speak Up Guardian would enable Trust staff to provide their views in confidence.

- 5.2. The outcomes from the internal reviews would be received initially by the Committee at its next meeting in November or, in the case of the harm review, by the Trust's Quality and Performance Committee. All outcomes would then be reported to the Trust Board of Directors, as well as to external bodies where appropriate. It was agreed that the Board would be briefed on the emerging findings of the reviews at the Transformation and Major Programmes Committee in early October.

**ACTION: EB**

- 5.3. Committee members strongly supported the proposals. The intention to move at pace was welcomed, albeit recognising that potential harm may take time to materialise. It was also suggested that duplication between the reviews should be avoided where possible.

- 5.4. One of the reviews would seek to consider how the Trust's systems of governance and risk management operated before, during and after the incident. The Committee considered how directorate risks were identified and escalated to a corporate level and how corporate risks interfaced with the strategic risks on the Board Assurance Framework. The importance of balancing 'bottom-up' with 'top-down' risk identification was emphasised. This led to discussion about how the Trust identified and managed 'low probability, high impact' risks, and the extent to which the Trust's capital investment planning was linked to these considerations. A session would be arranged for the Board to reflect on this further.

**ACTION: CM, EB**

- 5.5. Committee members noted that the Trust was continuing to manage the separate, national cyberattack impacting the Aadastra and Carenotes systems as a critical incident. Some concern was expressed about a lack of visibility of the actions being taken nationally to restore the systems. It was agreed that a separate harm review was needed in relation to this incident.

**ACTION: RL**

**RESOLVED:**

- 5.6. The Committee approved the six principal questions the reviews would answer and the scope of the reviews. The Committee also endorsed the intention to publish the findings of the reviews upon their conclusion through a Board paper.

**6. External Audit Closure Reports**

- 6.1. The Committee noted the final set of reports from the 2021/22 external audit: the Audit Findings Report, the Value for Money Report, the Auditor's Annual Report and the Audit Certificate.

**7. External Audit Progress Report & Annual Transparency Statement**

- 7.1. The Committee noted Grant Thornton's Annual Transparency Report which included an overview of:

- The results of the Financial Reporting Council's annual quality inspection, which had concluded that Grant Thornton's audits were of a high quality;
- The ways in which the firm was promoting and embedding equality, diversity and inclusion across its staff and client base; and
- Relevant national issues and developments that were being highlighted to audit committees across the NHS.

7.2. The proposed audit fees for the 2022/23 external audit were noted, and would be subject to further discussion between the Chief Financial Officer and the Grant Thornton audit partner.

## **8. Internal Audit Progress Report 2022-23**

8.1. The internal audit team had completed four audits since the previous Committee meeting. The Committee noted the final assurance ratings from each audit and the work that was currently under way to develop management responses and implement the recommendations made.

8.2. There was discussion about the audit of the Joint Imaging Capital Project, and the reasons that it had received limited assurance. This project was part of the strategy to improve the magnetic resonance imaging (MRI) infrastructure at St Thomas' Hospital, in collaboration with King's College London (KCL). Whilst this was a particularly complex project that had been significantly impacted by the COVID-19 pandemic, some issues had been identified in aspects of how the project had been delivered; these included the management of third-party relationships and the interface between the different teams involved. Committee members agreed that the number of joint projects were likely to increase due to greater system collaboration, so it would be important to work quickly to apply the findings from this audit to future projects. Specifically, the Trust should develop a formal agreement with King's College London about how the two organisations should run joint projects together going forward.

**ACTION: AG, SD**

8.3. The project team was thanked for their hard work in delivering the outputs, particularly given the increasing demand for imaging capacity across south east London.

8.4. The Committee was advised that, going forward, internal audit reports would be sent to the Trust Executive Committee for review prior to the Audit and Risk Committee. This would help increase visibility of the issues and improve accountability for implementation of the recommendations.

## **9. Counter Fraud Progress Report**

9.1. The Committee noted an update about the work of the counter fraud team, including the number of new referrals that had been received, the outcomes of investigations that had been closed and the range of investigations still open.

## **10. Single Tender Waivers: Part Year Summary Report**

10.1. The Trust had achieved the target cap of waivers for the full calendar year of 2021, which represented a significant reduction in the number of approved waivers compared to 2020. Analysis of the data in the six months to 31<sup>st</sup> April 2022 showed there had been a small

decrease in the value of waivers approved which, the Committee agreed, was more important than the number of waivers.

- 10.2. Committee members discussed situations in which waivers might provide the most efficient approach towards expenditure. Notwithstanding the above, it was agreed that continued focus should be given to the directorates where most waivers had been recorded, in order to continue to make improvements in this area.

## **11. Finance Integration Assurances**

- 11.1. The Finance 2020 project to implement the new finance system included two workstreams: an upgrade of the original Trust finance system and the integration of the Royal Brompton and Harefield system. There had been some issues with the upgrade that had led to delays in issuing and receiving invoices and this had adversely affected performance against the Better Payment Practice Code. The target date to move the upgraded system into business as usual was noted, together with the key risks to this timeline. The go-live of the Finance Integration workstream would be delayed from the current target date of 1<sup>st</sup> October 2022, with a new go live date to be agreed.
- 11.2. Committee members queried whether there were lessons that could be learned from the experience and noted that work was under way to identify learnings to avoid similar issues reoccurring with future system change projects. There was discussion about the risk that the delays might impact on the following year's external audit.

## **12. Any other business**

- 12.1. There was no other business. The next meeting of the Committee would take place on 30<sup>th</sup> November 2022.



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

**Wednesday 20<sup>th</sup> October 2022, 1.30pm – 4pm  
Sherman Centre, Guy's Hospital**

<b>Members present:</b>	Mr S Friend – Chair	Mr I Playford – to item 9
	Mr S Davies	Prof R Razavi
	Mr J Dungeni (for Ms A Bhatia)	Mr L Tallon
	Mr J Pelly	
<b>In attendance:</b>	Mr E Bradshaw – minutes	Mr D O'Brien
	Mr T Davies – items 6 & 7	Mr P Parr – item 6
	Mr D Gravells – item 13	Mr M Rowe – item 7
	Mr R Guest	Mr D Shrimpton – items 10 & 11
	Ms A Knowles	Mr J Wolff – item 6
	Mr P McCleery – item 12	Mr N Wright – items 8 & 9
	Mr E Middleton – items 10 & 11	

**1. Welcome and apologies**

- 1.1. The Chair welcomed colleagues to the meeting of the Finance, Commercial and Investment Board Committee (the Committee). Apologies were noted from Ian Abbs, Avey Bhatia, Jon Findlay, and Steve Weiner.

**2. Declarations of interest**

- 2.1. Richard Guest, although not a member of the Committee, declared an interest regarding item 9 in his capacity as a Board member-designate of Guy's and St Thomas' Enterprises. There were no other declarations of interest.

**3. Minutes of the previous meeting**

- 3.1. The minutes of the meeting held on 13<sup>th</sup> July 2022 were approved as an accurate record.

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

- 4.1. The Committee noted the two open actions and the work that was underway to address these.

**5. Board Assurance Framework Risks**

- 5.1. The Chair reminded colleagues of the three risks on the Board Assurance Framework that were owned by the Committee. These related to the Trust's financial sustainability, commercial strategy and ambitions, and to its private patient work. These risks would 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. Financial position – month 5

- 6.1. The Trust's revenue plan was to achieve a full-year break-even position at 31 March 2023. Although the year-to-date deficit to August 2022 was £26.2m, which was £15.5m behind plan, the in-month position had improved from that reported in previous months, and the proportion of the Trust's deficit in relation to its turnover was comparable with other trusts across London. The Committee noted the main drivers of the variance from plan, which included underperformance against the cost efficiencies target and unexpected costs from the IT incident during the summer.
- 6.2. A series of forecast scenarios for the rest of 2022/23 were presented and this led to discussion about what the full-year outturn was likely to be. Committee members were supportive of the plan to achieve a break-even position, but sought clarity about the current position and the central mitigations available. There was also consideration of the key assumptions underpinning the plan, including full receipt of the Trust's elective recovery fund allocation, the anticipated realisation of further efficiencies, and the possible need for further cost controls. Risks linked to industrial action, the Apollo programme and cost inflation were also acknowledged.
- 6.3. Clinical groups would play a key role in supporting the reduction of the in-year deficit and it would be important to ensure they had the necessary data and support to achieve this. There was broad agreement that enhanced operational and financial information was needed at the clinical group level for the Committee so there was a better understanding of performance and of the actions being taken to drive productivity and efficiency.

**ACTION: D'OB**

- 6.4. The Committee noted updates about:

- The new Operational Productivity Unit, which had developed a productivity dashboard to help drive efficiencies. The insights from the dashboard would support regular finance meetings with clinical groups;
- The impact of the new international financial reporting standard, IFRS16, about how organisations should account for leases. The Committee noted that the Trust was likely to be given a separate IFRS16 Capital Departmental Expenditure Limit (CDEL) allocation in 2023/24, was although these arrangements were being managed nationally in the current financial year. It was agreed that until there was more clarity about this, the Trust should not pause or defer necessary operational decisions related to leases; and
- The format of a new draft financial report to the Board. A discussion would be held outside the meeting to agree the final format of this.

**ACTION: SF, DO'B**

## 7. Financial forecasting

- 7.1. The Committee reviewed the emerging five-year capital plan that was being developed through engagement with clinical groups and with Essentia. The plan assumed that the current CDEL allocation would continue in the medium term, and be managed in ways consistent with the criteria that had previously been agreed by the Committee: a minimum cash balance; a satisfactory regulatory financial risk rating; a breakeven revenue position; and compliance with the Trust's CDEL allocation. Although work was ongoing to prioritise schemes, initial conclusions suggested that the level of existing commitments and schemes in development may mean there would be no room for additional new major schemes in 2023/24 beyond those already in development. It was also agreed that any decisions on capital would prioritise patient safety.

- 7.2. The Trust's long-term financial model had also been updated to reflect the latest agreed assumptions. The Committee noted the most significant changes from previous versions of the model, including removal of the most recent Evelina expansion capital scheme, as the Trust Board had agreed the need to re-scope this. The model demonstrated that the Trust needed to generate increased levels of cash from its operating activities to support capital investment at the assumed CDEL level, including through delivery of cash-releasing improvements.
- 7.3. Committee members considered the model in light of discussions at the recent Board away day, where there had been support for improving the affordability of the capital plan. Under such an approach, more capital would be allocated to infrastructure resilience and strategic schemes would only be approved if they were linked to a clear funding source. There was also consideration about increasing the use of managed services agreements, and about the importance of utilising clinical space most effectively. A utilisation review of the Trust's estate would be carried out.

**ACTION: SD, LT, AG**

- 7.4. Current forecasts indicated that the Trust was significantly over-committed against its 2022/23 CDEL allocation partly as a result of expenditure linked to unexpected developments. This position was noted as a relatively common feature of this stage of the capital planning cycle. The Committee was informed about the work that was being done to manage the position both within the organisation and at a system level, and noted that the risk that mitigations for the current year may increase pressure on the 2023/24 capital allocation.
- 7.5. The Committee received an update on the forthcoming changes to the commissioning of specialised services. From April 2023 these budgets would be devolved to individual Integrated Care Boards (ICBs) for them to commission services directly. The Committee received an overview about why these changes were happening, the risks the Trust faces because of the changes and the mitigations in place to minimise the impact of those risks. Concern was expressed about the scale of the potential financial impact given the Trust receives just under half of its total income from NHS England for the delivery of specialised services. There would also be a significant increase in workload to negotiate contracts with multiple ICBs as opposed to a single commissioner in NHS England. There remained a number of 'highly specialised' services about which further clarity was awaited. It was agreed that further updates on this topic, both in terms of how the new regime would operate and the Trust's response to managing both this changing environment and the future relationships with ICBs, would return to the Committee.

**ACTION: DO'B**

## **8. Commercial activities update**

- 8.1. The Committee noted an update about the work of the commercial services team and the commercial activity across the Trust. There was discussion about the pace at which commercial expertise was being embedded in clinical groups to support delivery of the Trust's commercial ambitions, and about how delivery of these would be incorporated into business planning for 2023/24. The Committee agreed to create a standing agenda item regarding the reporting of commercial activity.

## **9. Guy's and St Thomas' Enterprises update**

- 9.1. The Committee noted a number of changes to the boards of directors of organisations within the Guy's and St Thomas' Enterprises (GSTE) portfolio. The appointment of Richard Guest onto

the Board of GSTE was approved by Committee members. It was queried whether one of the Trust's non-executive directors should also sit on the GSTE Board, which would be considered.

**ACTION: RG**

## **10. Private patients update**

- 10.1. In August 2022 the Trust had delivered £4.9m of private patient income which was broadly on plan. The year-to-date total private patient income was £24.1m; this was £0.5m ahead of plan, but £3.2m behind the equivalent month in 2019/20. The Committee noted financial performance figures across the Trust's hospitals and each of its clinical groups.
- 10.2. The Committee welcomed news that private patient income had essentially returned to pre-pandemic levels. There was discussion about supporting a culture to drive increased private patient income to reinvest in NHS patient care, especially with expected NHS income constraints. A key enabler of this was the principle that clinical groups would retain for reporting and management purposes any private patient income they generated.
- 10.3. The Committee received the new private patient strategy, which described the current arrangements across the Trust and made a number of recommendations. Committee members noted that there were opportunities to better utilise existing capacity, but that significant medium-term growth in private patient activity would require capital investment.
- 10.4. The embedded expertise in the clinical groups was being increased, particularly in those areas that had not done much private patient work previously. The Committee noted that further considerations were needed about how to incentivise staff to undertake more private patient work within the Trust.

## **11. International consulting opportunity**

- 11.1. The Trust had been working as part of a broader consortium to develop a bid to be the Clinical Knowledge Partner to the Dubai Health Authority in relation to the development of a new Cardiology Centre of Excellence. If appointed, the consortium's role would be to act as a trusted advisor over a period of five years. This would not involve any clinical service delivery, but would focus on advice relating to governance, training and education, research and clinical trials.
- 11.2. The Committee noted the status of the project and the financial and non-financial benefits that might arise. There was discussion about the likely risks involved and how these could be mitigated.

## **12. Royal Brompton and Harefield cardiac devices procurement**

- 12.1. The Committee received an update on the ongoing programme of work relating to a new agreement for the supply of cardiac medical devices for the Heart, Lung and Critical Care Clinical Group. The Committee noted that tendering was now complete, with compliant bids received and the evaluation of these was underway. A final decision and approval would be sought from the Board in November 2022.
- 12.2. The Committee was supportive of proposals to optimise value for money efficiency, and to minimise the impact on the CDEL allocation. The Committee requested that a business case was developed to support the Board's review of the proposal.

**ACTION: PM**

12.3. It was agreed that a briefing would also be set up for Board members to give them more information and context.

**ACTION: PM**

### **13. Patient Transport Hub – Full Business Case**

13.1. The Trust is required to vacate possession of one of its small number of patient transport services hubs by August 2023. This provided an opportunity to improve the efficiency and flow of patient transport services around the Trust's hospital sites and to facilitate the electrification of the Trust's fleet, helping to achieve sustainability goals and reduce emissions. The Committee received a business case that had been developed following an options appraisal, which identified a preferred option to lease a hub at Mandela Way near Guy's Hospital.

13.2. There was support from Committee members for the proposals and it was confirmed that no Transfer of Undertakings (Protection of Employment) process was necessary. It was also indicated that the Trust's patient transport services staff would be happy with the move. The financial impact of the lease under the new IFRS16 standard was discussed. A separate business case would be developed for the investment needed to support the transport hub.

#### **RESOLVED:**

13.3. The Committee approved the proposal to enter into a 15-year lease agreement for the property on Mandela way.

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

14.1. The Finance, Commercial and Investment Board Committee has responsibility for three strategic risks which are reviewed and updated by the Strategic Finance Committee prior to submission to the Board Committee each quarter. It had been proposed to decrease the levels of assurance regarding the financial sustainability risk, given the wider economic uncertainty and the risks discussed earlier in the meeting, and the private patient risk, given the level of competition across the private health sector.

#### **RESOLVED:**

14.2. The Committee approved the proposed changes to the Board Assurance Framework.

### **15. Any other business**

15.1. In recent days guidance regarding new spending controls had been issued by the Cabinet Office. These indicated that all NHS commercial activity with a value of £10m or more (excluding VAT) would require approval from the Health Secretary of State before they could proceed.



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



**BROMPTON HOSPITAL**

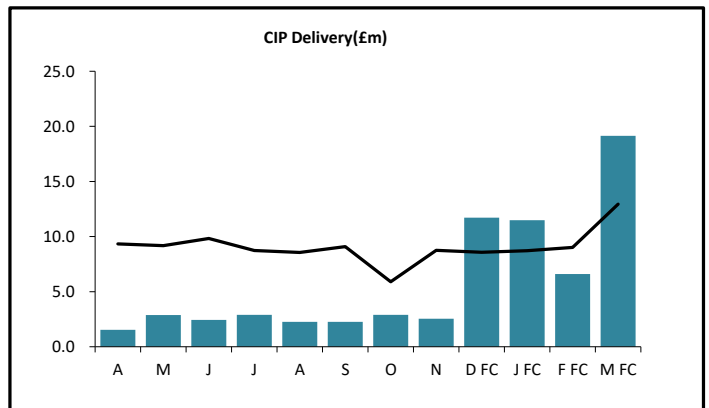
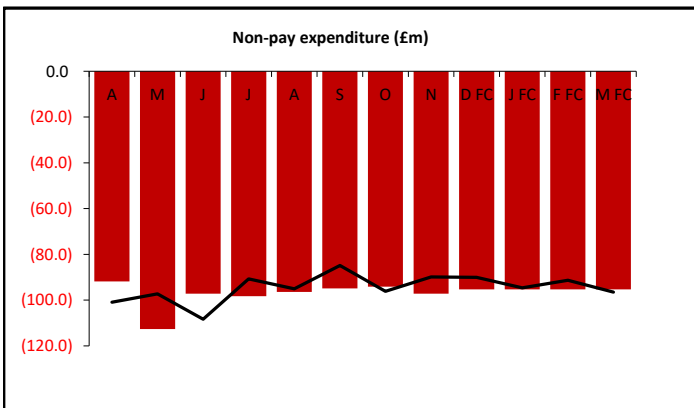
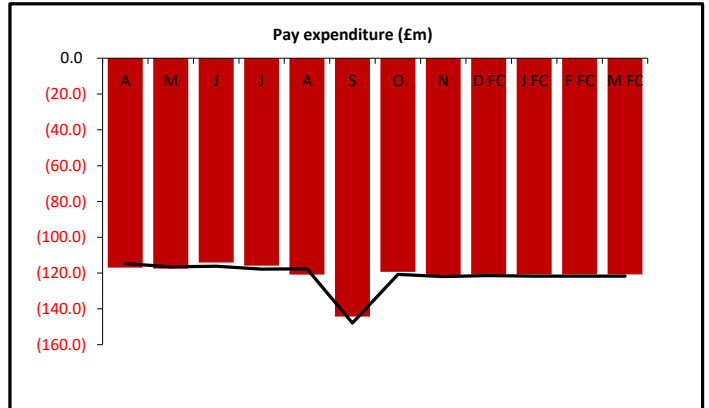
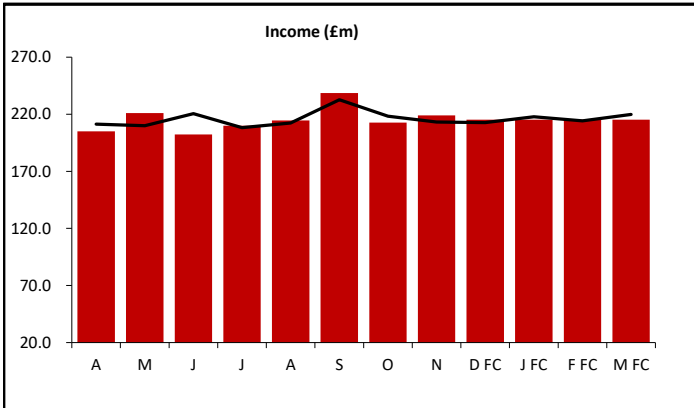
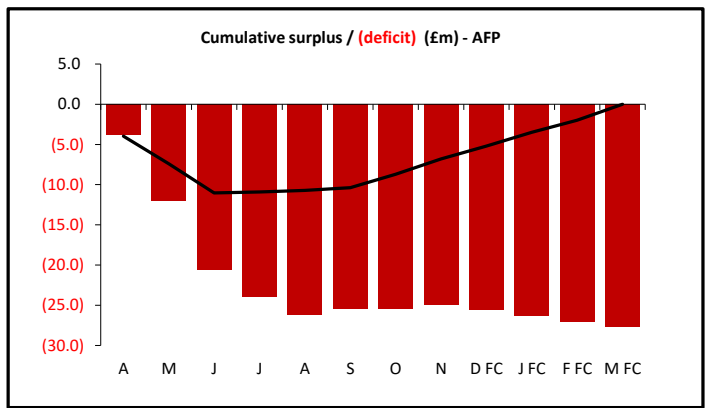
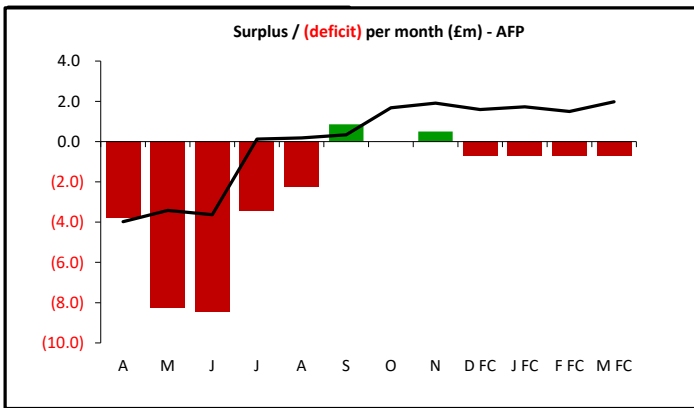
**Public Board**

**Finance Report - 22/23**  
**Month 8**

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

### Summary Financial Performance - Trust

	Budget Mth	Actual Mth	Variance mth	Budget YTD	Actual YTD	Variance YTD	Annual Budget	Actual Forecast	Variance Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	212.6	218.7	6.2	1,720.7	1,720.8	0.1	2,582.1	2,581.9	(0.2)
Pay	(121.9)	(122.0)	(0.1)	(973.4)	(970.9)	2.5	(1,460.1)	(1,453.7)	6.4
Non Pay	(88.8)	(96.2)	(7.5)	(754.1)	(774.8)	(20.7)	(1,122.0)	(1,155.9)	(33.9)
<b>Surplus / (Deficit) - Adjusted Financial Position (AFP)</b>	<b>1.9</b>	<b>0.5</b>	<b>(1.4)</b>	<b>(6.8)</b>	<b>(24.9)</b>	<b>(18.1)</b>	<b>0.0</b>	<b>(27.7)</b>	<b>(27.7)</b>
DODA	(1.1)	(1.0)	0.2	(9.1)	(7.8)	1.4	(13.7)	(12.1)	1.6
Capital Donations	0.8	0.3	(0.5)	6.0	3.6	(2.4)	9.0	9.6	0.6
Technical Adjustments	0.0	0.0	0.0	0.0	(1.1)	(1.1)	0.0	(1.1)	(1.1)
<b>Surplus / (Deficit) - Excl Fin Adj's</b>	<b>1.5</b>	<b>(0.2)</b>	<b>(1.7)</b>	<b>(9.9)</b>	<b>(30.1)</b>	<b>(20.2)</b>	<b>(4.7)</b>	<b>(31.3)</b>	<b>(26.6)</b>



## Finance Report Commentary

### Executive Summary

**Summary:** YTD performance the Trust is reporting a deficit of £24.9M in terms of the adjusted financial performance measurement which is £18.1M worse than plan, the main drivers of which are:

- **CIP delivery:** YTD £22.0M of CIPs achieved within operational budgets, which is £16.4M less than plan.
- **Income:** from pass through drugs and devices is £21.1M below plan, considerably more than the expenditure underspends of £10.1M across clinical supplies and drugs.
- **Non Pay:** services provided by NHS bodies which includes use of the independent sector are over spent by £9.6M and premises costs which includes energy and utilities are overspent by £7.9M. .
- **Reserves:** £32.5M of reserves have been released to mitigate the above.

**Income:** YTD performance £0.1M better than plan, the main drivers of which are:

- **Pass through drugs and devices** income is £21.1M below plan.
- The main areas of income over performance relate to private patient activity, in year NHS initiatives funded by Commissioners, non-patient care activities and other operating income streams.
- The reported position assumes that the Trust will receive the planned Elective Services Recovery Fund (ESRF) allocation of £56.7M of which £37.8M is reported to date.

**Pay budgets:** YTD expenditure of £970.9M is £2.5M better than plan:

- Two main areas of overspend by staff group are Medical and Ancillary staff; these remain offset by underspends across the Nursing & Midwifery and Administrative staff groups.

**Non Pay budgets (including Reserves and Unidentified CIPs):** YTD performance £20.7M worse than plan, the main drivers of which are:

- YTD £22.0M of CIPs have been achieved within operational budgets which is £16.4M less than plan, against the central target the £1.6M realised to date is £23.6M less than plan.
- The impact of unfunded cost pressures across operational budgets of £5.4M.
- Drugs and clinical supplies budgets are £10.1M underspent which is considerably less than the level of income underperformance relating to pass through drugs and devices.
- Budgets relating to the purchase of healthcare from NHS bodies, primarily due to the use of the independent sector is £9.6M overspent.
- Premises costs, including energy costs are £7.9M overspent.
- To date Central Reserves of £32.5M have been released to partly mitigate the above.

**Balance Sheet:** The Trust closed M8 with a cash balance of £126.2M; a reduction of £94.8M from the opening balance on 1st April 2022.

- The reduction in cash is being driven by movement in working capital, the underlying deficit, capital expenditure being above the levels of cash being generated, and an invoicing backlog in part linked to the new system implementation.
- Additional resource is in place to support cash management moving forward in-year.

**CIPs:** YTD CIP achievement stands at £22.0M vs a plan of £38.4M with total CIPs identified at £43.4M vs a plan of £62.0M. (excludes Central CIPs / Non-recurrent adjustments)

- All clinical groups, Essentia and Corporate areas have both identification gaps and delivery gaps.
- Just under 50% of those schemes identified are RAG rated Green.
- £20.2M / 46.6% of identified schemes are planned to be delivered on a non-recurrent basis.



**BOARD OF DIRECTORS  
QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 14<sup>th</sup> September 2022, 1pm – 4.30pm  
Governors' Hall, St Thomas' Hospital**

<b>Members Present:</b>	Dr P Singh – Chair	Mr J Pelly
	Prof Ian Abbs	Prof R Razavi (to 3pm)
	Ms A Bhatia	Sir H Taylor
	Mr S Friend	Mr L Tallon
	Dr F Harvey	Mr S Weiner (from 2.50pm)
	Mr D O'Brien (for Steven Davies)	Ms A Williams-McKenzie (for Julie Screaton)
<b>In attendance:</b>	Mr E Bradshaw (minutes)	Ms S Hanna
	Ms S Allen (item 6)	Ms A Knowles
	Ms S Austin (to 4pm)	Ms R Liley
	Ms G Brockwell (from 2.15pm)	Ms C McMillan
	Ms S Clarke	Ms S Maskell (to 3.30pm)
	Ms J Dahlstrom	Cllr M Masters
	Ms S Franklin	Ms K Moore
	Dr R Grocott-Mason	Ms S Noonan
	Mr A Gourlay	Ms T Wileman

**1. Welcome, introductions and apologies**

- 1.1. The Chair welcomed colleagues to the meeting of the Quality and Performance Committee (the Committee), including Stella Franklin from the Care Quality Commission who was observing the meeting. Apologies had been received from Jon Findlay, Javed Khan, Sally Morgan, Ian Playford, Sheila Shribman and Simon Steddon.

**2. Declarations of interest**

- 2.1. There were no declarations of interest.

**3. Minutes of the previous meeting held on 6<sup>th</sup> July 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. It was agreed that action 25, regarding patient communications, should stay open to ensure the Committee remained focus on this important matter.

**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; these should be kept in mind during discussions.

## **6. Patient story**

- 6.1. The Committee listened to recordings of a patient and two members of staff talking about their experiences of the recent IT outage. All emphasised surprise that such an incident could happen at the Trust, and described the disruption and stress it had caused. Following the recordings it was noted that, whilst the Trust had now restored most systems lost in the incident, the impact of the national cyber-attack affecting the Carenotes and Adastra systems remained a live issue.

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

- 7.1. The Committee Chair gave observations from her recent visits to medical and surgical oncology wards. Compassionate leadership was helping to support staff to meet the challenges at hand. The impact of the IT outage had been reflected in today's stories and some staff had highlighted the ease and speed at which they had scanned paper records. Non-executive directors and governors site visits were appreciated and encouraged in order to experience the breadth of the Trust's services and speak with staff directly about their work.

## **8. Infrastructure update**

- 8.1. The Committee received an overview of the ongoing digital infrastructure improvement programme. The identification of asbestos along some of the cabling routes had delayed progress with the implementation of the strategic network. There was discussion about proactive management of this anticipatable risk. The Committee noted the work to restore the IT infrastructure following the recent outage and the series of reviews that were under way to learn lessons from the incident and avoid it reoccurring. The digital infrastructure upgrades required for the implementation of the Epic electronic health record system were being prioritised. The Trust was also examining whether the impact of the IT incident would necessitate a change to the planned date of the Epic system 'go live'.
- 8.2. An update was provided about estates developments, including the work under way to improve water safety, improve patient transport times and to increase protection for the Trust security team working in the Emergency Department, who were experiencing an increase in aggressive and violent behaviour from patients. The theatre maintenance programme was generally progressing well, with some remaining delays which would impact theatre capacity. Committee members agreed it was important to map these delays to the impact they could have on the Trust's activity to help understand the reasons for any under-performance.

## **9. Quality and Safety update**

- 9.1. A key part of the Trust's approach to reviewing and learning lessons from the IT outage was the clinical harm review. This would aim to identify any harm or potential harm that had been caused to patients by the incident and ensure that appropriate treatment was provided and duty of candour requirements were followed. The review had a formal terms of reference, representation from all clinical groups, and an independent chair. The Freedom to Speak Up Guardian had been asked to support open forum meetings at local levels to hear from staff about harm or potential harm to patients that has not been captured through other methods. To date, one instance of 'moderate' harm to a patient had been identified, although it was recognised that some harm may not become apparent for some time. The review would run to the finalisation of patient record reconciliation, and a final report would be brought back to the Committee. The South East London

Integrated Care Board (ICB) was leading a separate review to identify the impact on partner organisations including GPs and local hospitals.

- 9.2. The Committee received other updates about the quality and safety of services across the Trust including duty of candour compliance, serious incidents and never events, of which none of the latter had been reported in either June or July. The reasons for the increasing number of overdue complaints were set out. Whilst it was acknowledged that the quality of the Trust's responses to complainants was generally of a high standard, Committee members felt this was a longstanding issue and sought assurances about how the Trust planned to eliminate overdue complaints and sustainably improve the timeliness of responses. It was suggested that providing the clinical groups with additional resources and training would help address this. A trajectory of eliminating the overdue complaints would be brought back to the next Committee meeting.

**ACTION: RL**

- 9.3. There was discussion about a number of key clinical risks highlighted to the Committee, including:

- The ongoing challenges around nursing vacancies, where a healthy recruitment pipeline meant that greater focus was now needed on staff retention. Committee members queried the standard of the Trust's staff accommodation as a factor in attracting and retaining overseas staff, and noted a working group had been established to look at this more closely;
- The reductions in Southwark local authority funding, which would impact the Trust's ability to deliver comprehensive and safe universal services to children and young people. This led to consideration about whether there were any other services at risk from funding reductions;
- That a new group had been established to look at the reasons for the increase in violence and aggression towards Trust staff; and
- The impact of the new Patient Safety Incident Response Framework (PSIRF) on the Trust's data and how the Trust is able to benchmark and understand its position relative to other organisations. A briefing session on the framework would be arranged for the Board in due course.

**ACTION: RL, EB**

## 10. Operational update

### • IT Outage and Reconciliation Summary and Activity and Performance Update

- 10.1. The impact of the IT outage was demonstrated by a number of key activity and performance indicators, which showed a reduction in the levels of referrals, outpatient appointments, elective admissions and diagnostic activity that the Trust's clinical and community services would ordinarily expect to undertake. Whilst clinical teams were focused on treating as many patients as possible, there also remained a great deal of work to fully recover all systems and files, and then to safely reconcile all paper notes with the electronic patient records. The recovery had been further complicated by the unrelated national cyber-attack impacting the Adastra and Carenotes systems, which remained unresolved.

- 10.2. Committee members felt it would be important to set realistic targets for activity and performance levels for the remainder of the year, taking into account the IT outage, winter pressures and preparation for the go-live of the Epic electronic health record system. The backlog of patients waiting for cancer treatment had substantially increased during the outage and it was agreed that diagnostic capacity would need to be prioritised for cancer patients at least in the short term. The Trust's surgical productivity programme had started in June, and focus on this would increase over the coming months.

- 10.3. Urgent and emergency care performance had also been significantly impacted during the IT outage, and the Trust was refreshing its remedial action plans in response. The Committee welcomed news that ambulance handover delays remained low. The emerging winter plan for non-elective care would focus on the creation of space through the Surgical Assessment Lounge, the discharge lounge and the GP Hub, although it was recognised that the number and complexity of patients presenting with mental health issues continued to have a significant impact on emergency department performance. The Committee noted an overview of performance across the Trust's community services.
- 10.4. The Committee Chair thanked Trust staff for their hard work and the senior teams for the compassionate leadership they were showing during this difficult period.

- **Covid-19 Public Inquiry – Trust's Response**

- 10.5. The UK Covid-19 Public Inquiry formally opened on 21<sup>st</sup> July 2022. Module 3 of the Inquiry, the timescale of which was yet to be determined, would examine the impact of Covid, and of the governmental and societal responses to it, on healthcare systems and on patients and hospital and other healthcare workers. The Trust may be invited to apply to be a 'core participant' in this module.
- 10.6. The Committee noted the recommendation of the Trust's executive team that, given the extensive work that active participation in the Inquiry would require and the broader context of many other ongoing challenges. Committee members sought clarity on practical aspects of what participation would involve in terms of resource allocation and time commitment, and were strongly supportive of the recommendation that the Trust would not volunteer to be a core participant in the proceedings. It was confirmed that the Inquiry was separate to the Trust's own learning from the pandemic, which was ongoing.

## **11. People and culture report**

- 11.1. The Trust's current sickness absence level was above the target of 3%, but was in line with the levels at other large London acute trusts. The Committee received data that showed the Trust's sickness absence over the past three years, including by clinical and delivery group. Anxiety, stress, depression and musculoskeletal reasons had been the most common causes of sickness absence during the last five years, with an increase in chest and respiratory issues since March 2020 due to the Covid-19 pandemic. The Committee noted some of the initiatives that were under way to manage sickness absence.
- 11.2. The Workforce team was continuing to promote the Trust's comprehensive health and wellbeing offer, with greater focus on ensuring this was accessible by the whole workforce. In collaboration with the Guy's and St Thomas' Foundation, increased support was being provided to help staff through the cost of living crisis. There was significant support from Committee members for expanding the degree of practical support for Trust staff, and for continuing to ensure all staff understood the range of wellbeing offers.

## **12. Integrated and Specialist Medicine Clinical Group update**

- 12.1. The IT outage has had a significant impact on the services provided by the Clinical Group, including on planned trajectories and key performance targets. This has also led to an increased focus on staff health and wellbeing, whilst continuing work to restore services and ensure safe staffing levels. An overview was provided about the work on winter planning, including plans to

increase intermediate care beds and expand GP services to help improve the timeliness of access to urgent and emergency care services.

- 12.2. The Committee noted the increasing demand for treatment from patients with mental health needs, and associated increases in length of stay due to the lack of availability of appropriate beds in and around London. There was discussion about how the Clinical Group could use its capacity most productively, and about possible investment in virtual wards. The care home market was also felt to be in a fragile state and affecting patient flow through the hospitals.

### **13. Heart, Lung and Critical Care Clinical Group update**

- 13.1. Alongside the update about how the IT outage had affected services, the Committee was informed about the work to develop a new risk register for the Clinical Group, which would be underpinned by directorate and service-level registers.
- 13.2. There was discussion about the number of patients waiting for cardiac surgery and the length of time it would take to clear the elective waiting list given the current rates of elective and non-elective activity. Options to expand capacity were being explored and there was discussion about the current landscape of cardiac surgery provision across London. A review was being undertaken into the increase in non-elective referrals; this would also examine whether there was a link between patients waiting longer for treatment and requiring urgent treatment. Clarity was sought about whether any high-priority patients on the waiting list were being brought forward to avoid potential harm.
- 13.3. Further updates were received about work that was being done to reduce unwarranted variation in care and to address shortages in certain staffing groups, and improve patient flow and the efficient use of beds. The Trust's Centre for Innovation, Transformation and Improvement (CITI) team was assisting the Clinical Group with this work.

### **14. Evelina London – Women's and Children's Clinical Group update**

- 14.1. The Committee noted an overview of how the IT outage had impacted the Clinical Group and how it was continuing to respond to the ongoing unrelated national IT outage affecting the Carenotes system used by children's community services.
- 14.2. The Clinical Group was preparing for the Ockenden Peer Review Assurance visit on 27<sup>th</sup> September and for an anticipated unannounced CQC inspection. There had been a significant focus on improving staffing levels across maternity services and the current vacancy rate benchmarked positively with other maternity units across the country. Focus remained on recruitment and retention of staff to ensure patient safety, and new governance processes had also been implemented to ensure improved visibility and oversight of compliance with the quality and safety standards. A number of further improvements had been identified following a recent self-assessment using the Maternity Quality Assessment Toolkit and from the Trust's new ward accreditation programme. Results from a recent patient survey showed the changes made in recent months were having a positive impact on patient experience.

### **15. Cancer and Surgery Clinical Group update**

- 15.1. As with other clinical groups, the IT outage had had a significant impact on the running of clinical services, and the Committee was informed about some of the specific challenges this had posed for cancer and surgical treatments. Focus was turning to how the Clinical Group would maintain

a good flow of elective patients over winter, including key dependencies such as the Surgical Admissions Lounge. Whilst staff morale was improving following the outage there were ongoing staffing challenges linked to nursing vacancies on surgical wards. The importance of improving surgical productivity was understood, but it was recognised that staff needed further support to deliver this. The risk of delayed, interrupted or restricted chemotherapy treatments due to commercial supply disruption was affecting trusts nationally and being carefully managed in collaboration with NHS England.

#### **16. Financial report at month 4**

16.1. The Trust's year-to-date deficit of £24.0m at the end of July 2022 was £13.1m behind plan. The main drivers of this included under-delivery of cost efficiencies and increased energy costs. In addition, the impact of the recent IT outage and the implementation of Oracle Cloud in June had resulted in a higher level of uncertainty in the reported position. The Trust was expecting to meet its full-year break-even forecast. Year-to-date capital expenditure was £2.1m above the equally-phased plan.

#### **17. Board Assurance Framework**

17.1. 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.

#### **18. Statutory and regulatory reports**

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

#### **19. Items for noting**

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

#### **20. Any other business**

20.1. There was no other business.

*The next meeting would be held on Wednesday 16<sup>th</sup> November 2022*

**BOARD OF DIRECTORS  
QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 16<sup>th</sup> November 2022, 1pm – 4.30pm  
Governors' Hall, St Thomas' Hospital**

<b>Members Present:</b>	Dr P Singh (Chair) Prof Ian Abbs Ms A Bhatia Mr S Davies Mr J Findlay	Mr S Friend Dr S Shribman Dr S Steddon Mr L Tallon Ms A Williams-McKenzie (for Julie Screaton)
<b>In attendance:</b>	Mr E Bradshaw (minutes) Mr C Alexander Ms S Allen (to item 7) Ms S Austin (to item 12) Ms G Brockwell Ms R Burnett Ms S Clarke Ms J Dahlstrom Ms J Furley (item 11) Dr R Grocott-Mason	Mr A Gourlay Ms A Knowles Ms C McMillan Cllr M Masters Dr A Mazumder (to item 7) Ms K Moore Ms S Noonan Mr J O'Brien Mr A Parrott Ms M Sadik (to item 11)

**1. Welcome and apologies**

- 1.1. The Chair welcomed colleagues to the meeting of the Quality and Performance Committee (the Committee). Apologies had been received from Felicity Harvey, Javed Khan, Sally Morgan, John Pelly, Ian Playford, Reza Razavi, Hugh Taylor and Steve Weiner.

**2. Declarations of interest**

- 2.1. Charles Alexander had notified the Chair in advance of the meeting that, although attending as an observer, he would recuse himself from any discussion about paediatric oncology services in London. There were no other declarations of interest.

**3. Minutes of the previous meeting held on 14<sup>th</sup> September 2022**

- 3.1. The minutes of the previous meeting of the Committee were approved as an accurate 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; these should be kept in mind during discussions.

## **6. Patient story**

- 6.1. A patient with suspected breast cancer had shared her experience of arranging and having scans and the challenges she had experienced in obtaining the results and discussing these with clinicians. The Clinical Director for the clinical imaging reflected that the story encapsulated some of the challenges that were being experienced at the Trust, such as the staffing of radiology services, and described work to improve the communication, coordination and timeliness of care that the Trust provided. The Committee was pleased to hear that the patient had found Trust staff consistently respectful and compassionate throughout her course of treatment. The Committee noted that the implementation of the Epic electronic health record system would also help address a number of the issues that had been raised.

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

- 7.1. Key themes from recent visits across the Trust by non-executive directors included the ongoing challenges in recruiting and retaining staff, the efficient and effective utilisation of space, and the need to ensure the safety of staff on their commute to and from work. Staff were reported to be generally positive and optimistic during the visits, despite the very challenging environment.
- 7.2. There was some discussion about how feedback from the visits, both from non-executive directors and from governors, was fed back to clinical groups and Essentia. It was agreed that guidance would be developed for governors to help clarify the use of social media to help communicate with foundation trust members about their work.

**ACTION: EB**

## **8. Infrastructure**

- 8.1. There had been a number of issues with the roll-out of the Windows 10 system to support improved cyber security and enable the implementation of the Epic system. Remedial actions were being taken to complete the work whilst minimising operational disruption. Similarly, work to install the physical digital infrastructure across hospital services in preparation for Epic was being planned carefully with clinical groups to reduce disruption. The Committee was informed that the Trust had now moved into the Epic readiness assessment process ahead of the transition into implementation, and that this would be guided by a series of 'go live' checkpoints. The Trust had also formally launched its portal for staff to book training on the new system.
- 8.2. In late October the Trust had regained access to the Carenotes IT system following the national cyber-attack earlier in the year. The system was now being tested extensively across the Evelina London Clinical Group before it was formally reintroduced later in the month.
- 8.3. Significant improvements had been made in the levels of fire safety across the Trust's acute and community sites over recent months. Work was ongoing to ensure all staff understood and had practiced their local evacuation plans by the end of the financial year. The Trust had commissioned a report into its resilience to extreme weather conditions; this would help inform a medium- to long-term view of the Trust's infrastructure needs that was being developed to support capital expenditure planning. Finally, it was reported that the remaining aluminium composite material cladding on the cancer centre at Guy's Hospital would be removed by the end of the financial year.



## 9. Quality and safety

- 9.1. The Committee received an updated thematic analysis of clinical governance metrics from across the organisation, including numbers and themes of serious incidents and duty of candour compliance. One new never event had been reported. The number of overdue complaints remained a concern and the Committee noted the work to clear the backlog of these and to improve the identification of themes.
- 9.2. NHS Blood and Transplant had lifted the amber alert issued in October in relation to a national blood shortage. During this time the Trust had enacted its business continuity plans to mitigate the operational impact of the shortage, although it had also needed to reschedule a small number of patients. Clarification was sought about a related issue affecting the availability of chemotherapy supplies, which the Trust was mitigating with the support of national bodies.
- 9.3. The prevalence of flu was increasing across London. Work was being undertaken to better understand the reasons why staff uptake of the flu vaccine was lower than usual, although it was comparable with many other NHS trusts in the capital. The Committee also noted the steps being taken to increase uptake of the Covid-19 boosters across all staff groups.
- 9.4. The Trust was continuing to see a large number of patients with mental health issues presenting at its emergency department, and there was discussion about the impact of this trend on the safety, health and wellbeing of both patients and staff. Whilst it was important that all patients received care in the appropriate settings, demand for mental health beds was outstripping capacity. This had been escalated to and discussed at system level, and the Committee was supportive of the Trust's decision to commission eight adult mental health beds to help mitigate the immediate clinical risks involved, whilst a system wide solution was reached.
- 9.5. The clinical harm review following the critical IT incident during the summer was close to completion and would be presented to a subsequent meeting of the Committee. Further updates were received about:
- The Trust's participation in the surgical 'first responder' programme;
  - The alert received by the Trust indicating it was an outlier in surgical site infections for orthopaedic surgery; this had prompted an internal investigation but no specific root causes had yet been identified; and
  - Events to celebrate Allied Health Professionals (AHP) day on 14 October which had showcased the skills, knowledge and hard work of the Trust's AHPs and recognised the significant contribution they make to patient care.

## 10. People and culture

- 10.1. The Trust was continuing to see the impact of national staffing challenges in its key HR metrics. The vacancy rate had decreased between July and September 2022 but remained slightly higher than at similar large acute trusts in London. The overall voluntary turnover rate had decreased but remained slightly lower than at these peer trusts. The Committee also noted the positions for each of the clinical groups.
- 10.2. Updates were received about the work to improve the accessibility of the Trust's comprehensive health and wellbeing offer, and the work to refresh the approach to hybrid working, which was an important factor in the recruitment and retention of staff. There was discussion about other initiatives that could be undertaken to further reduce voluntary turnover, including the possible benefits of improved career planning and ongoing support for compassionate line management.

The Trust was in dialogue with other NHS organisations to identify examples of good practice elsewhere.

- 10.3. The Committee noted the latest position regarding industrial action ballots and potential strike action, including by the Royal College of Nursing (RCN), Unite and UNISON. The Trust was making preparations in advance of any industrial action including through discussions with its Staff Side committee and the establishment of a tactical command structure. This led to discussion about the support being provided by the Trust to its staff as a result of the cost of living crisis; further possible actions such as targeted support linked to nutrition, school uniforms and heating were suggested.
- 10.4. The Committee noted updates about specific staffing challenges within each clinical group, and the work being undertaken in response to the last set of workforce race equality standards (WRES) results, including through the Trust's latest equality, diversity and inclusion action plan.

## **11. Operational performance**

- 11.1. The Trust's winter plan had been updated to reflect the latest guidance from NHS England (NHSE) and the Committee noted the Trust's self-assessment against the NHSE priorities. The plan now included the 'rapid release protocol' to mitigate the risk of delays in ambulance handovers to the emergency department. Work was ongoing to identify additional bed capacity on the St Thomas' Hospital site to enable the Trust to continue to treat patients waiting for elective procedures, as well as manage the anticipated increase in urgent and emergency cases over the winter. There was increasing focus across clinical groups on reducing length of stay, discharging patients earlier in the day and undertaking pre-operative assessments.
- 11.2. The Committee recognised that the winter period would be an extremely challenging time for the Trust. Updates were provided about the preparations being made in each of the clinical groups and across both adult and children's services. The importance of regular patient flow out of critical care beds to enable the most complex cardiovascular and cancer surgery was noted. There had been a significant increase in both the number and acuity of 'walk-in' patients to the Trust's emergency department; it was suggested that this could be linked to media coverage of ambulance delays and public perception of ambulance availability. As a consequence, ambulance arrivals may not represent the most clinically-urgent patients.
- 11.3. Committee members noted that the 'North Bristol model' of maintaining flow between the emergency department and acute wards was being promoted nationally and there was discussion about the advantages and disadvantages of the approach. The Committee was supportive of current actions that were being taken to improve patient flow.
- 11.4. There was discussion about how the Trust's winter plan would dovetail with the wider system plan, and about the impact on the Trust's patients if it was required to provide extensive mutual aid. The Committee queried how realistic the plan was in light of the multiple challenges facing the sector, but was reassured that the plan had considered scenarios involving the possible impact of widespread illness from the flu or Covid-19, the impact of staff training for the Epic system, and possible industrial action.

### **RESOLVED:**

- 11.5. The Committee approved the refreshed winter plan and the plans to increase capacity at St Thomas' Hospital.

## 12. Financial report at month 6

- 12.1. The Trust's year-to-date financial position at the end of September 2022 remained behind plan, mainly due to the under-delivery of planned cost efficiencies. Despite this, the Trust continued to forecast a full-year breakeven position on the basis of receiving its full allocation of the Elective Recovery Fund and improved delivery of cost efficiencies. Year-to-date capital expenditure was above plan as there had been less slippage in the capital schemes than anticipated. An update was provided about the possible availability of discretionary funding from national bodies towards the end of the financial year. The cash position remained healthy but was reducing as a result of the overall financial position and because capital expenditure was in excess of depreciation.
- 12.2. Committee members were supportive of the breakeven revenue forecast, but agreed that the revenue position was likely to come under increasing pressure in future years. The importance of continuing to invest in infrastructure, particularly in the Trust's estates and its digital capacity, was discussed and seen as a vital enabler of good quality care in the future.
- 12.3. Improving both financial and operational productivity would be a key challenge in 2023/24, although it was recognised that it would be important to approach this in a nuanced way. It was agreed that the Trust needed to return to its pre-pandemic culture of strong business planning and accountability for delivery. Committee members were hopeful that the data capabilities of the Epic system could help facilitate this.

## 13. Clinical Group updates

- 13.1. Representatives from each of the clinical groups provided updates about operational issues, risks and challenges in their areas. In particular the Committee noted the significant progress that had been made in reducing the backlog of patients waiting for cancer treatment, which had been recognised both regionally and nationally. This was attributed to the efforts of staff, the reallocation of some additional capacity, and also the clarity with which cancer had been marked as a Trust priority.
- 13.2. The integration of clinical governance systems was continuing across the Heart, Lung and Critical Care Clinical Group, where a new patient monitoring system had also been implemented. Further work was being done to assess the extent to which patients were coming to harm as a result of longer waiting times for elective treatment. In common with other London trusts, levels of unplanned cardiovascular treatment had increased at the Trust, with reduced elective activity as a consequence. There was discussion about the increasing numbers of heart and lung transplants being undertaken. Some concerns were expressed about the resilience of some of the Trust's cath labs, which was being urgently reviewed.
- 13.3. The Trust had received the final report following its Ockenden maternity assurance visit and had met all immediate and essential actions. A draft report had been received from the CQC following its separate assurance visit; this rated the Trust's maternity services as 'good' overall, and the report was now being reviewed for factual accuracy. The Trust had also reviewed the national Kirkup report, published in October 2022, and would report to the public Board in January 2023 about what it needed to do in response. The Committee thanked the Chief Midwife and all those involved in the delivery of maternity services for their hard work and focus on driving continuous improvement.

**14. Board Assurance Framework**

14.1. 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.

**15. Statutory and regulatory reports**

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

**16. Items for noting**

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

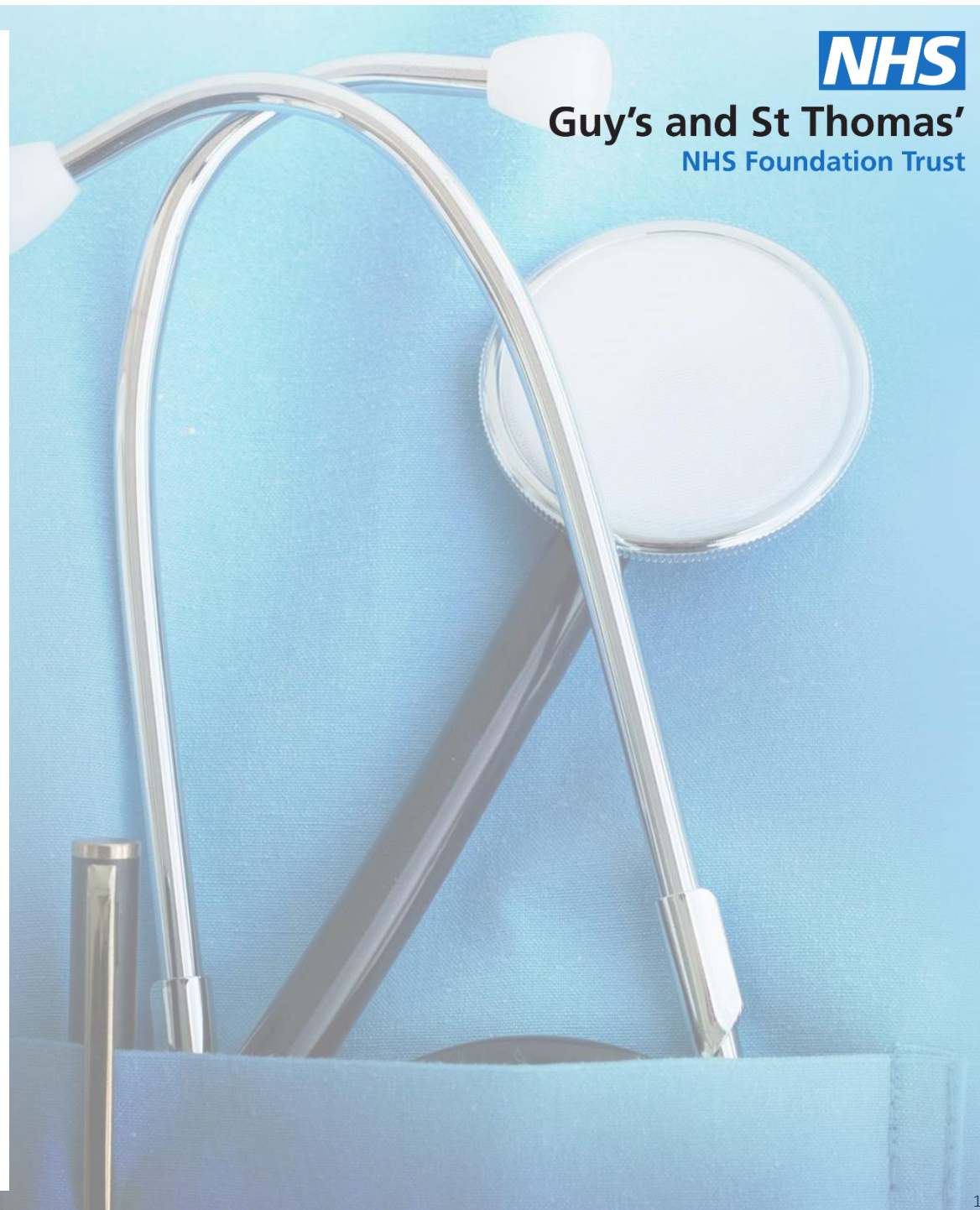
**17. Any other business**

17.1. The Committee chair thanked Jessica Dahlstrom, the Trust's Chief of Staff and Director of Corporate Affairs who was attending her last Board meeting, for all her work over the past few years and wished her well in her future endeavours. There was no other business.

*The next meeting would be held on Wednesday 18<sup>th</sup> January 2023*

# Integrated Performance Report

November 2022



# Introduction

## About this pack

The Trust produces this Integrated Performance Report (IPR) to provide our Board, Executive team, Clinical Groups and other stakeholders the performance position across our core domains<sup>1</sup> of Safe, Effective, Caring, Responsive, People and Enablers/Use of Resources.

The IPR includes:

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

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



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

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

# Highlight Report Contents

## November 2022



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

The indicators below have been determined by the domain leads as highlights for this month's report.

Domain	Indicator	Actual	Target	SPC Variance	Page
Safe	Pressure ulcer acquisition attributable to the Trust	51		Common cause variation	
Safe	Gram-negatives healthcare associated bloodstream infection - E-coli	19	10	Special cause variation - single point	<a href="#">4 - 7</a>
Safe	Hospital standardised mortality ratio (HSMR) - most recent score	81	90	Common cause variation	
Safe	Total number of never events	1		Common cause variation	
Caring	Friends and family test: Percentage of who patients who responded good or very good summary	N/A	N/A	N/A	<a href="#">8 - 9</a>
Caring	Friends and family test: Percentage of who patients who responded poor or very poor summary	N/A	N/A	N/A	
Responsive	Percentage of A&E patients that waited less than 4 hours to be seen (type 1, 2 and 3)	73.1%	95.0%	Common cause variation	
Responsive	Number of patients spending >12 hours in A&E from decision to admit (DTA)	38		Common cause variation	
Responsive	Percentage of cancer referrals seen within 2 weeks	95.0%	93.0%	Common cause variation	
Responsive	Percentage of cancer referrals meeting the faster diagnosis standard of outcome of suspected cancer within 28 days of referral	70.1%	75.0%	Common cause variation	
Responsive	Percentage of cancer patients starting their first treatment within 62 days of all urgent GP referrals	52.9%	85.0%	Common cause variation	<a href="#">10 - 20</a>
Responsive	Percentage of patients waiting over 6 weeks for a diagnostic test	12.8%	5.0%	Common cause variation	
Responsive	Outpatients – Percentage of 19/20 activity	99.3%	104.0%	Common cause variation	
Responsive	Elective - Percentage of 19/20 activity	94.0%	104.0%	Common cause variation	
Responsive	Number of pathways on the waiting list currently waiting more than 52 weeks to start treatment	2,001		Common cause variation	
Responsive	Total incomplete pathways	98,724		Common cause variation	
Responsive	Total number overdue complaints	179		Special cause variation - 2 of 3	
People	Overall vacancy rate	11.8%	10.0%	Common cause variation	<a href="#">21</a>

### SPC and level definitions

Definitions for [SPC flags](#) and [level thresholds](#) for each indicator can be found within the support information in the appendix

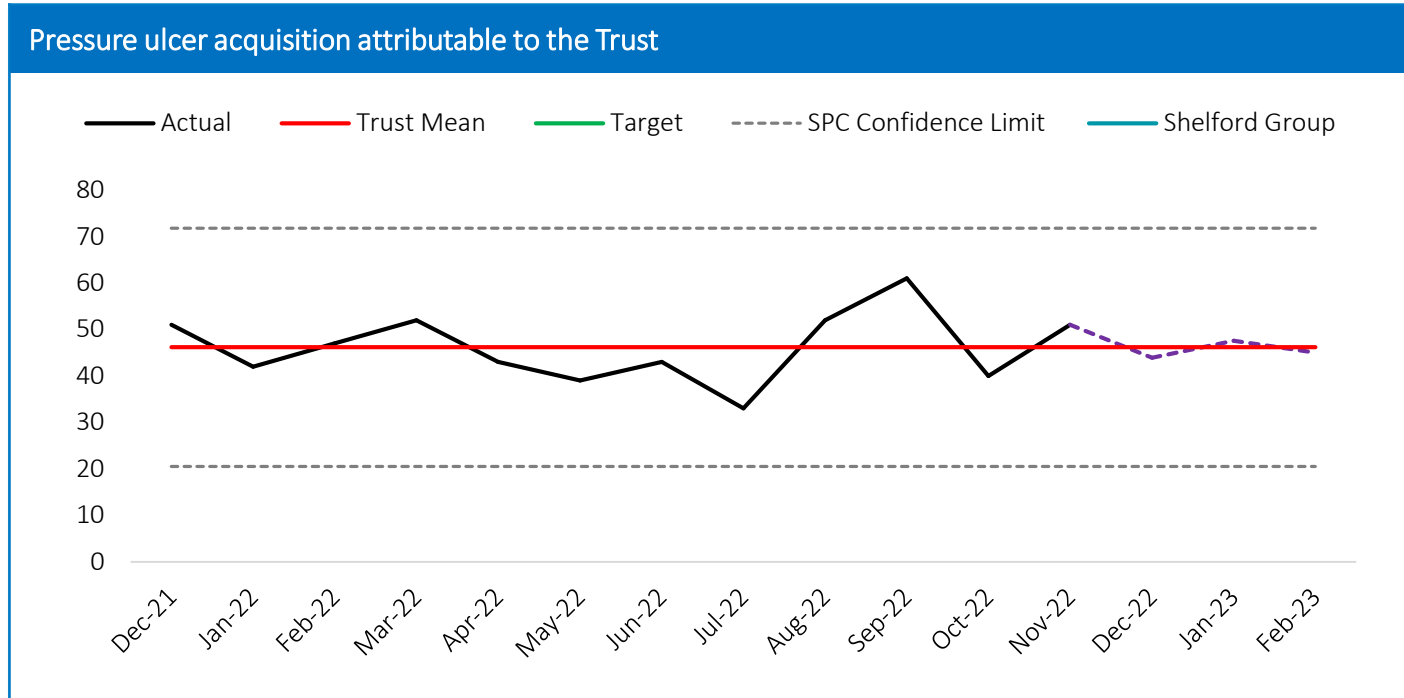
Safe

# Pressure ulcer acquisition attributable to the Trust



Nov-22	Target
51	

SPC Variance
Common cause variation



### Clinical Group Overview

Integrated and Specialist Medicine	36
Heart, Lung and Critical Care	7
Cancer and Surgery	7
Evelina London - Women's and...	1

### Updates since previous month

- Increase in reporting in August and September due to delay in paper IR1 forms being uploaded onto Datix.
- Carenotes outage in Community on top of recent GSTT IT outage added to data issues.

### Current issues

- Carenotes reconciliation of notes approximately 28% completed (however performance still indicates good performance when benchmarked against peer organisations).

### Key dependencies

- Data is pulled from Datix but all other triangulation is a manual process for both acute and Community teams (systems and data has to be available to produce assurance reports).

### Future actions

- Working with Deputy Director of Quality & Assurance on collating data, themes and trends by clinical group to aid PU strategy action plan.
- New reports to be developed from new incident reporting system and Epic.



Safe

# Number of gram-negative E-coli infections



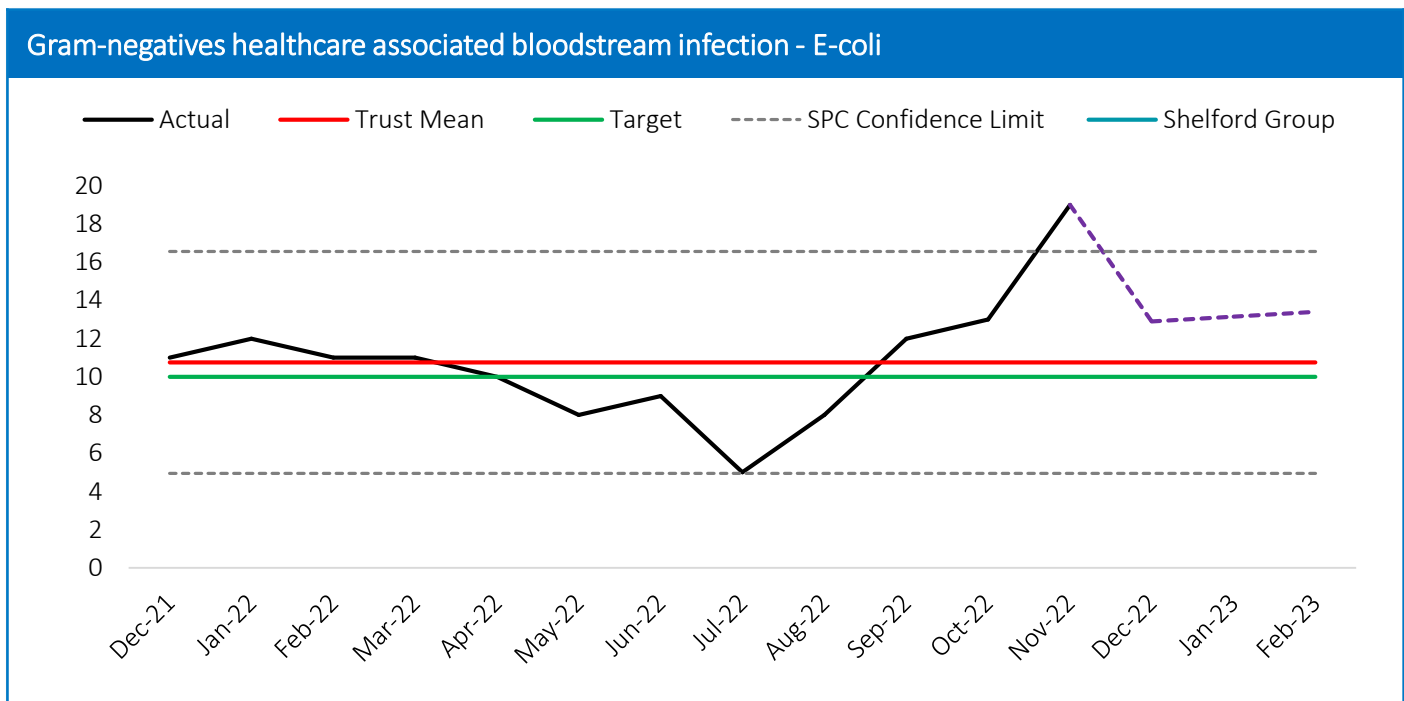
Nov-22	Target
19	10

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

**Three Month Forecast**

Dec-22	Jan-23	Feb-23
13	13	13

**Clinical Group Overview**  
Data is unavailable at clinical group level



**Updates since previous month**

- There were 19 healthcare-associated *E. coli*. BSIs in November 2022.
- This is an increase from October 2022, where there were 13 cases.

**Key dependencies**

- In cases with known sources of infection, the gastrointestinal and urinary tract were linked to 70% of patients.

**Current issues**

- *E. coli* case numbers have been rising steadily since the lowest reported cases in July 2022.

**Future actions**

- Post-operative infection prevention practices to be reviewed.
- Gram-negative BSI group has been set up to plan interventions to reduce risks..

Safe

# Hospital standardised mortality ratio (HSMR) - most recent score

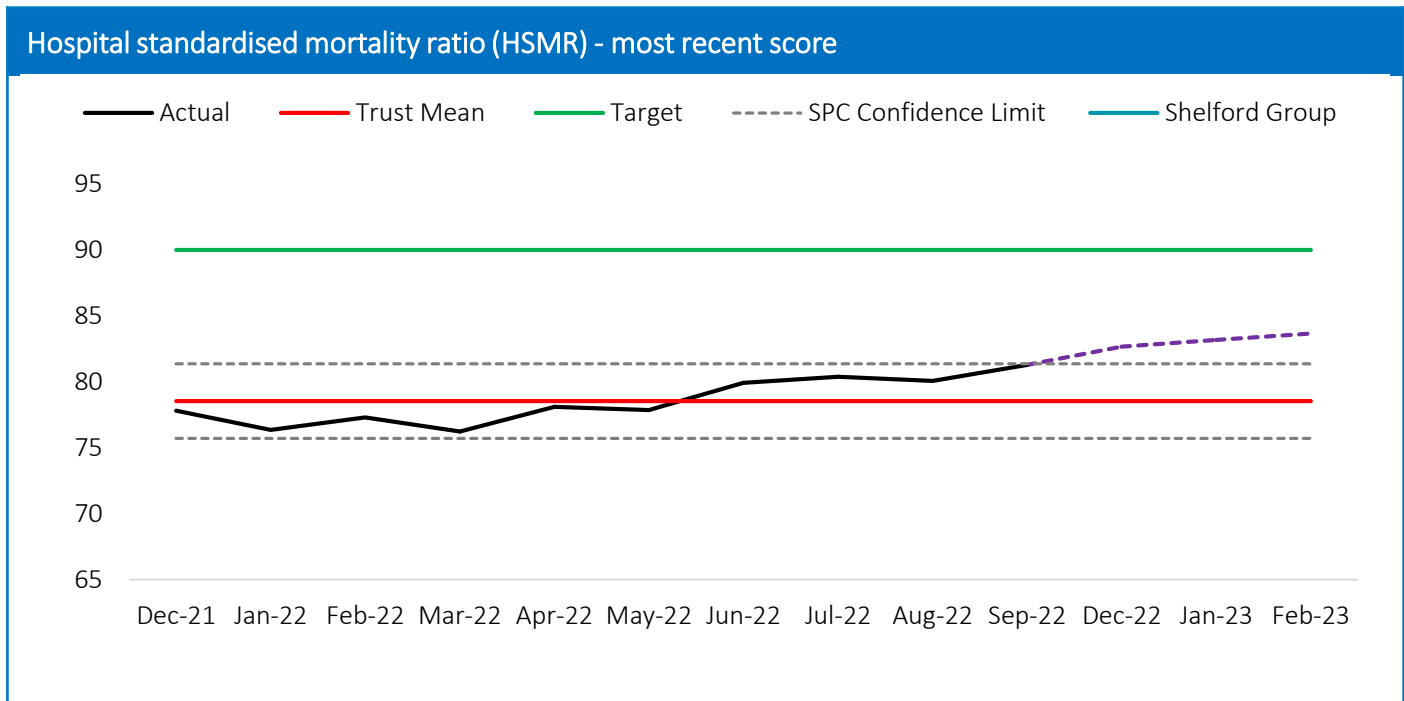


Sep-22	Target
81	90

SPC Variance
Common cause variation

Three Month Forecast		
Dec-22	Jan-23	Feb-23
83	83	84

Clinical Group Overview
Data is unavailable at clinical group level



Updates since previous month
<ul style="list-style-type: none"> <li>HSMR: 77.3 'Lower than the expected' range</li> <li>For adults only: HSMR: 74.2 'Lower than expected' range.</li> </ul>

Current issues
<ul style="list-style-type: none"> <li>1064 (76%) of 1397 deaths on GH/STH sites have been reported on GH/STH DCIQ system, 100% on RB&amp;H sites. Continue good HSMR rates for GSTT and still within expected ranges.</li> </ul>

Key dependencies
<ul style="list-style-type: none"> <li>SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.</li> </ul>

Future actions
<ul style="list-style-type: none"> <li>Ensure structured judgment reviews are completed in a timely manner for all deaths within the Trust.</li> <li>Continue monitor to ensure sustained high performance within Trust HSMR and SHMI rates.</li> </ul>

Safe

# Total number of never events



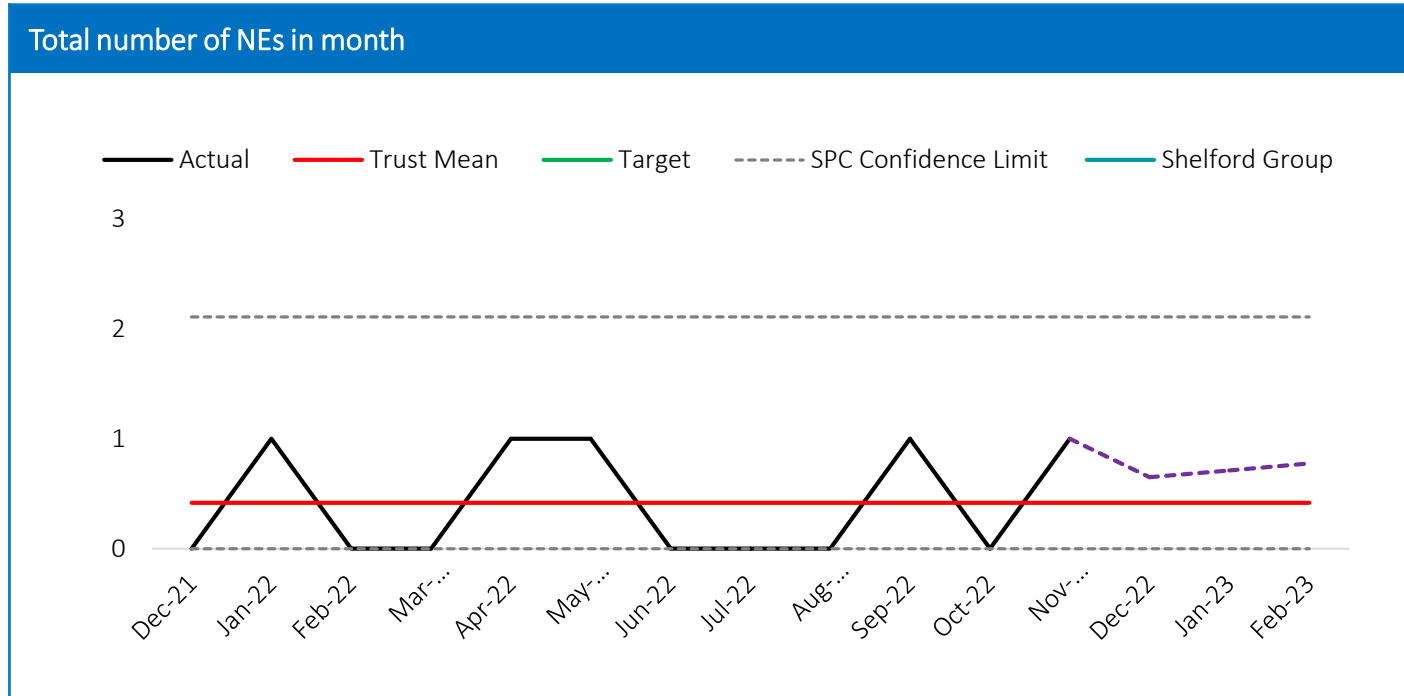
Guy's and St Thomas' NHS Foundation Trust

Nov-22	Target
1	

SPC Variance
Common cause variation

Three Month Forecast		
Dec-22	Jan-23	Feb-23
1	1	1

Clinical Group Overview	
Evelina London - Women's and Children's Healthcare	1



**Updates since previous month**

- 4 Never Events to date this financial year: Medication-Overdose of insulin. General- Unintentional connection to an air flowmeter. Surgical-Wrong Site Surgery & retained vaginal pack.

**Current issues**

- New NE: Following birth the woman underwent suturing for blood loss. Approximately 18 hours after the birth, a swab pad was identified to have been inadvertently left in situ during delivery.

**Key dependencies**

- Review of practice across GSTT where packs are used in patient cavities.

**Future actions**

- Investigation underway to identify learning and to understand underlying factors leading to this event
- Review of removal of vaginal packs following blood loss.

Caring

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



## Nov-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	83%	77.9%	▼		12.2%
Admitted	96%	95.1%	▲		21.1%
Outpatients	92%	91.1%	▼		N/A
Maternity	93%	91.2%	▲		7.3%
Community	97%	96.4%	▼		3.6%
Patient transport	93%	90.2%	▲		0.2%

### Updates since previous month

- Positive scores have improved in all areas of care except A&E and Community Services. Although the community services score has reduced from the 100% score achieved in October it remains strong at 96.4%. The outpatient score is on target at 92% but is lower than the October score.
- Response rates in some areas such as patient transport, community and maternity services are low and may affect the reliability of data.

### Current Issues

- Patients attending both A&E and outpatient departments reported lengthy waits to be seen once they had arrived in the department. Aspects of staff attitude were also identified as areas for improvement. Patients also raised concerns about Outpatient appointments being cancelled or changed at short notice

### Key dependencies

- Attendances to A&E remain extremely high and these operational pressures are affecting patients' experience.

### Future actions

- A performance framework and associated Information has been developed with Clinical Groups to promote self assessment of performance and facilitate discussions regarding improvements.

Caring

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



## Nov-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	10%	11.7%	▲		12.2%
Admitted	2%	2.4%	▲		21.1%
Outpatients	4%	4.6%	▲		N/A
Maternity	2%	5.6%	▲		7.3%
Community	1%	0.5%	▲		3.6%
Patient transport	2%	3.9%	▲		0.2%

### Updates since previous month

- Negative scores have increased in all areas of care with the exception of Admitted care. Although the negative score for community services has increased from 0% last month to 0.5% it remains within target.
- Response rates in some areas such as patient transport, community and maternity services are low and may affect the reliability of data.

### Current Issues

- Delays are a theme in negative comments for patients using our transport service, A&E and outpatients. Additionally short notice changes or cancellation of appointments and telephone contact were areas of improvement for outpatients. Patients identified aspects of staff attitude as areas for improvement for some services. Within maternity women highlighted continuity of care and environmental issues on the postnatal ward as areas for improvement.

### Key dependencies

- Attendances to A&E remain extremely high and these operational pressures are affecting patients' experience.

### Future actions

- Information and a performance framework has been shared with Clinical Groups to promote self assessment of performance and discussions regarding improvements..
- Patients contacting the Trust by telephone is a Trust wide patient experience priority and focus for the Admin Safety Work Programme.

**Responsive**

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



Nov-22	Target
<b>73.1%</b>	<b>95.0%</b>

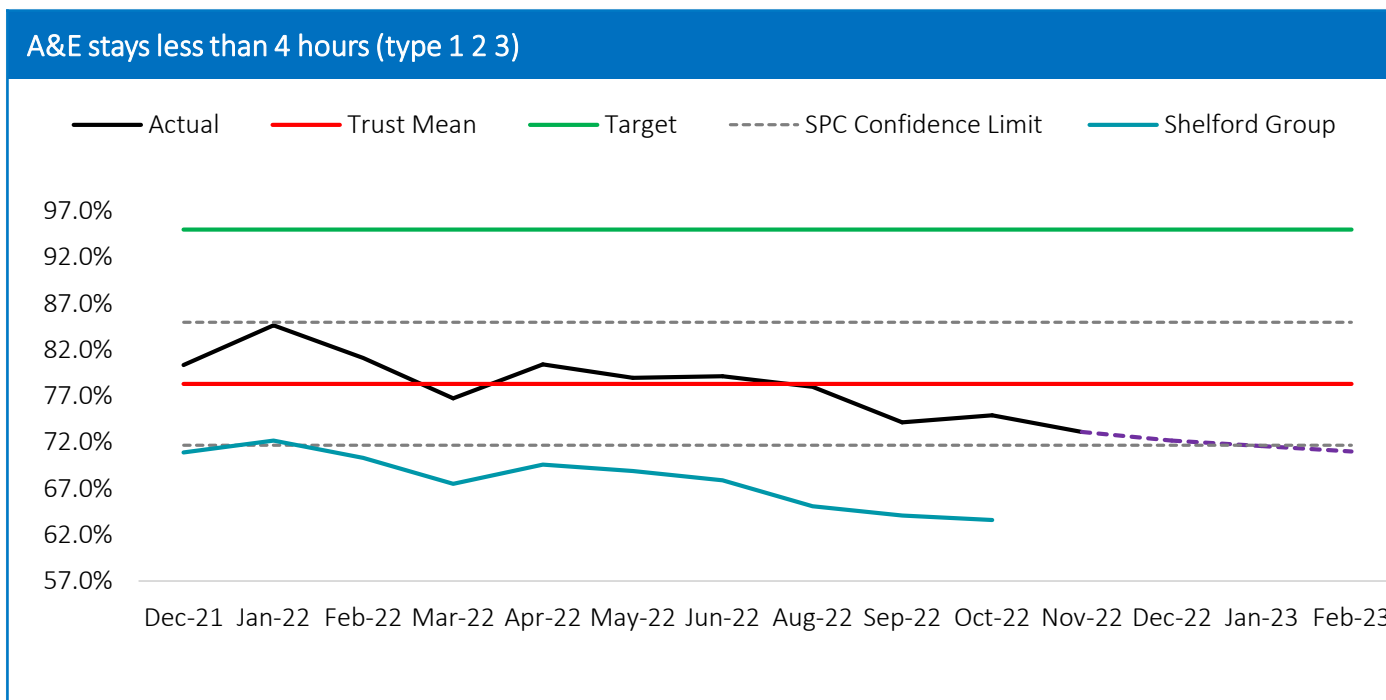
**SPC Variance**  
Common cause variation

**Shelford Group Avg. (Oct - 22)**  
64%

**Three Month Forecast**

Dec-22	Jan-23	Feb-23
<b>72.2%</b>	<b>71.6%</b>	<b>71.0%</b>

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



**Updates since previous month**

- Decrease in performance from October (74.9%) but maintaining overall position across England.
- Very high attendance figures, regularly over 600, mainly driven by walk-ins.

**Current issues**

- Higher number of Trust Purple escalation bed days.
- High levels of staff sickness and vacancies across all disciplines.

**Key dependencies**

- Length of stay and flow projects – ongoing.
- SDEC Pathways.
- GP care Model.

**Future actions**

- Increase SDEC capacity by moving returning patients (early January).
- Increase GP model (early December) and review of pathways to increase utilisation (Start early January).

Responsive

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

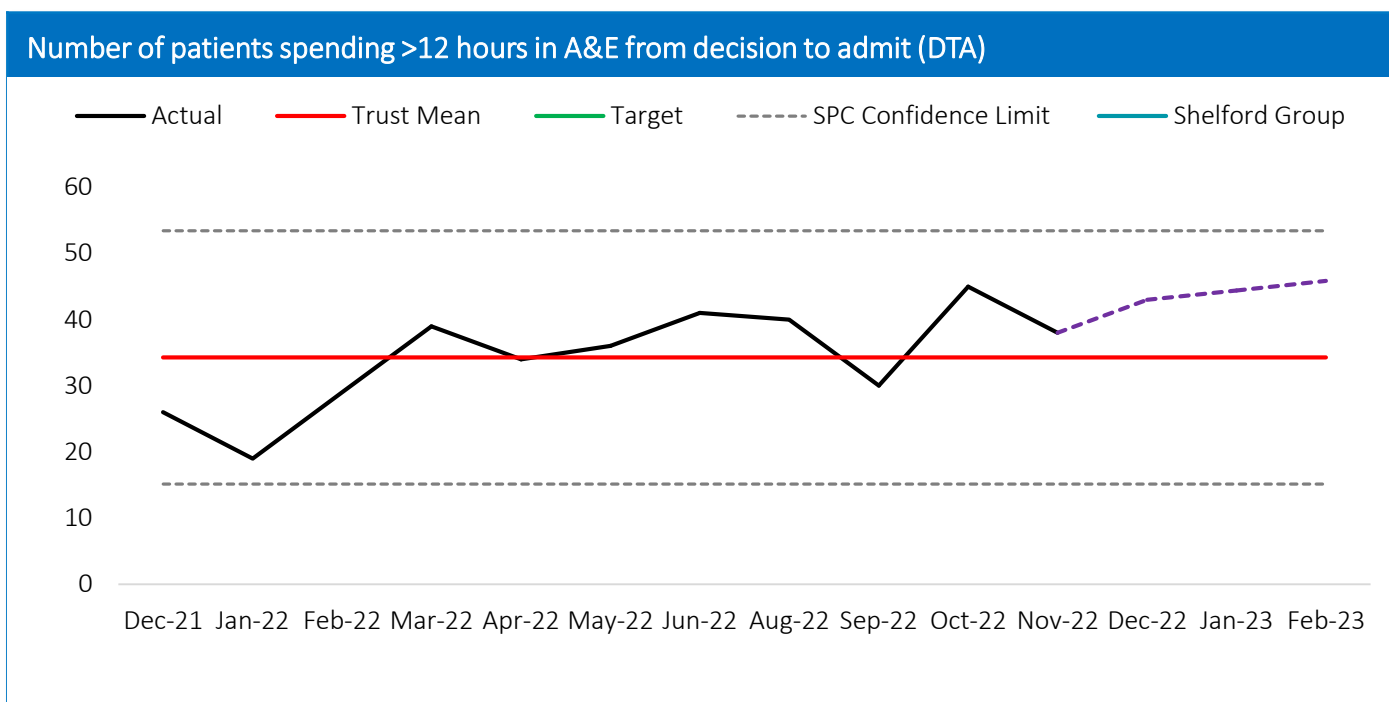


Nov-22	Target
38	0

SPC Variance
Common cause variation

Three Month Forecast		
Dec-22	Jan-23	Feb-23
43	44	46

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



Updates since previous month
<ul style="list-style-type: none"> <li>Decrease in breaches from September (45).</li> </ul>

Current issues
<ul style="list-style-type: none"> <li>Consistent long waits for mental health beds in the community.</li> <li>50% of section 136 ED attendances are due to no availability of mental health beds.</li> </ul>

Key dependencies
<ul style="list-style-type: none"> <li>SLAM &amp; mental health provider bed availability.</li> <li>Cygnets beds being used to improve flow.</li> </ul>

Future actions
<ul style="list-style-type: none"> <li>Review Cygnets bed utilisation to optimise referrals.</li> </ul>



Responsive

# Percentage of cancer referrals seen within 2 weeks

Oct-22	Target
95.0%	93.0%

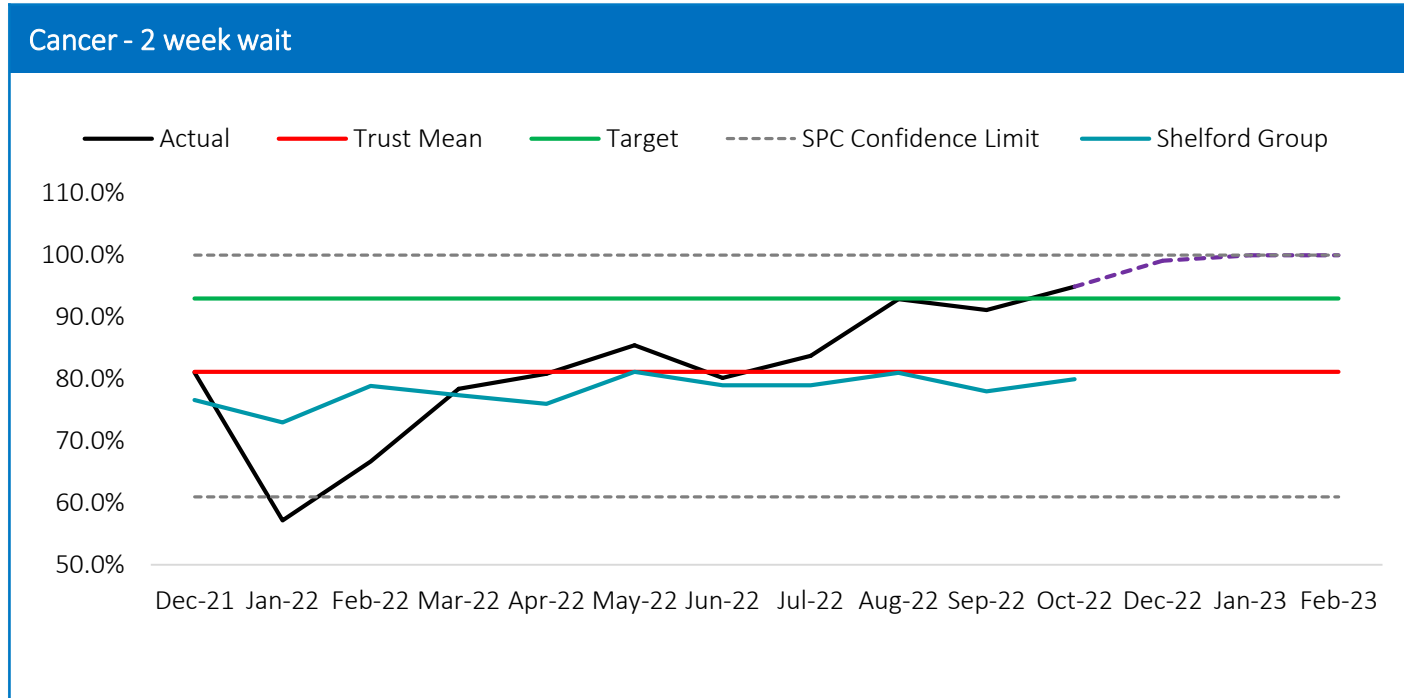
SPC Variance
Common cause variation

Shelford Group Avg. (Oct - 22)
80%

Three Month Forecast		
Dec-22	Jan-23	Feb-23
99.1%	100.0%	100.0%

**Clinical Group Overview**

Data only applies to Cancer and Surgery Clinical Group



**Updates since previous month**

- Performance against the 2 week wait cancer standard improved between September and October by 3.9 percentage points and over performed against the target of 93%.

**Key dependencies**

- Demand above BAU.
- Diagnostic capacity.
- Patient choice.
- Staffing and estate resource limitations.

**Current issues**

- The need to get to 7 day for booking 2 week wait patients in order to effectively deliver against the 2 week wait and Faster Diagnosis Standard (FDS).
- Workforce challenges to deliver this in key areas such as Skin (mitigation plans in place to improve).
- Sustained referral levels against BAU.

**Future actions**

- Ensure effective plans are in place to deliver a safe service during the RCN industrial action.
- Continued focus on the front end of the cancer pathway, whilst retaining cancer backlog improvements, in order to implement sustainable change that will also support the delivery of 62 day.



**Responsive**

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



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

Oct-22	Target
<b>70.1%</b>	<b>75.0%</b>

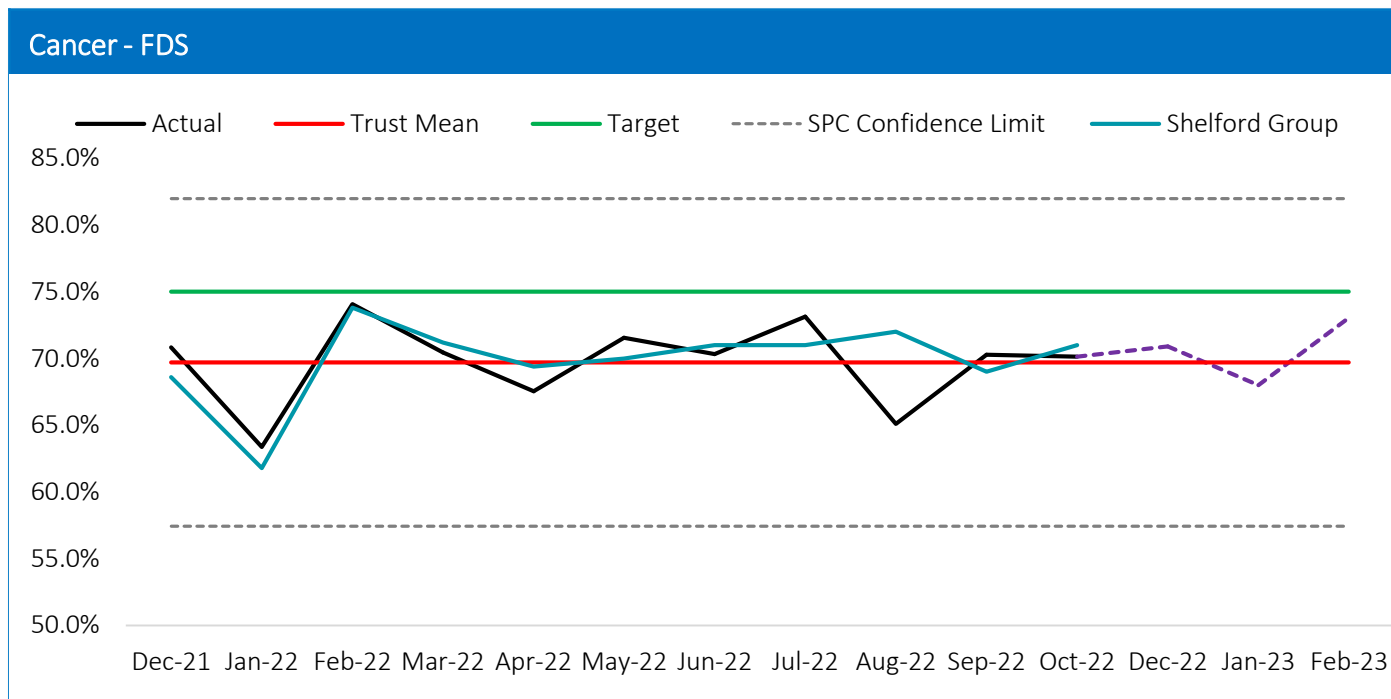
**SPC Variance**  
Common cause variation

**Shelford Group Avg. (Oct - 22)**  
71%

**Three Month Forecast**

Dec-22	Jan-23	Feb-23
<b>70.9%</b>	<b>68.0%</b>	<b>73.1%</b>

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



**Updates since previous month**

- Performance against the Faster Diagnosis Standard (FDS) deteriorated by 0.2% between September and October.
- Improvements seen in Breast Surgery and Upper GI.

**Current issues**

- Demand continuing above BAU. H&N demand in particular remains high due to system capacity challenges.
- Delays in reporting pathology.

**Key dependencies**

- Diagnostic capacity.
- Pathology.
- Outpatient capacity, particularly at 7 day.
- Demand.

**Future actions**

- The Trust remain focused on improving FDS to support a tenable position across all other cancer metrics and to offer the best patient care.
- Focusing on the Skin position which is understood to be a risk moving forwards.
- Additional SELCA funding secured to support pathology TAT due to increased demand.

**Responsive**

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



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

Oct-22	Target
<b>52.9%</b>	<b>85.0%</b>

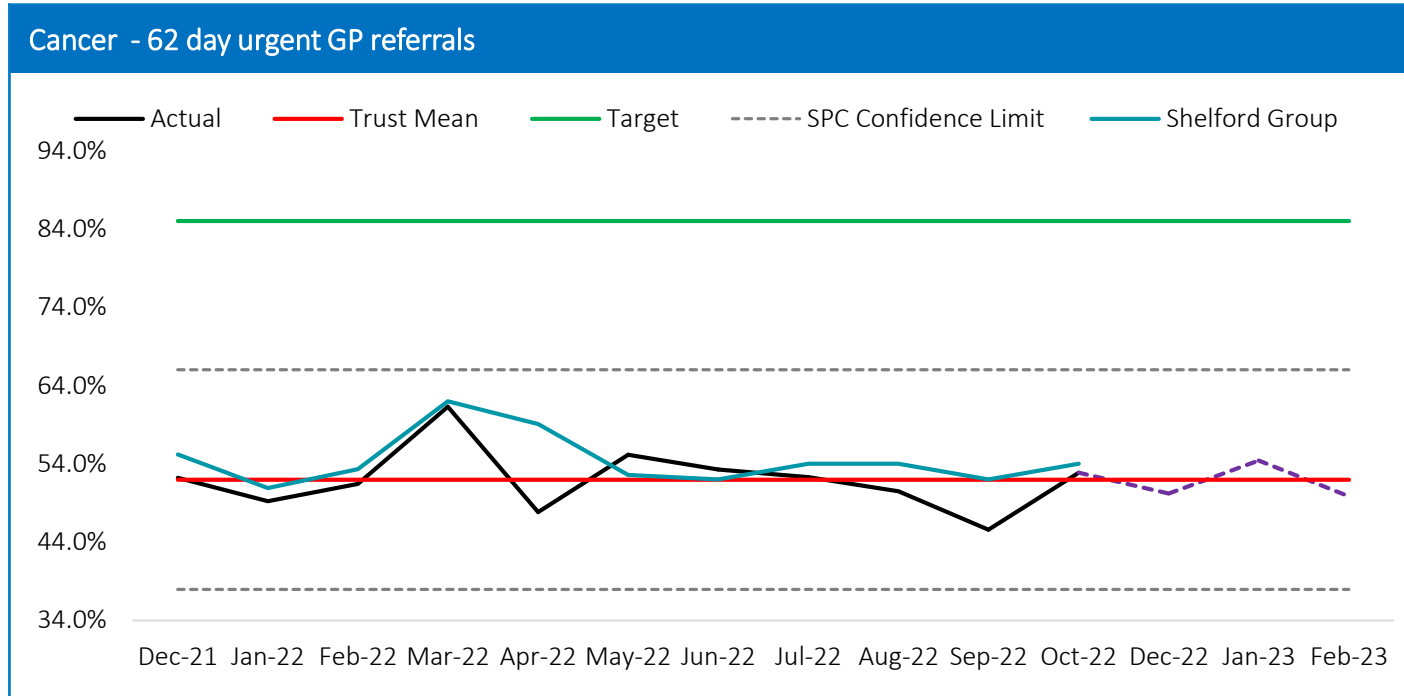
**SPC Variance**  
Common cause variation

**Shelford Group Avg. (Oct - 22)**  
54%

**Three Month Forecast**

Dec-22	Jan-23	Feb-23
50.2%	54.4%	49.8%

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



**Updates since previous month**

- 62 day performance has improved by 7.3 percentage points between September and October.

**Key dependencies**

- Surgical/diagnostic/pathology/outpatient capacity.
- Productivity.
- Activity levels.
- Backlog treatments.

**Current issues**

- 62 day performance demonstrates a continuation of a planned compromised position as the Trust continue to clear the number of long waiting patients from the cancer backlog. Treatment numbers of longer waiting patients were higher in October.

**Future actions**

- Services remain focused on clearing the cancer backlog in line with their recovery trajectories, whilst working to implement effective change throughout the cancer pathway that will lead to sustainable change and deliver against the 62 day performance standard.

Responsive

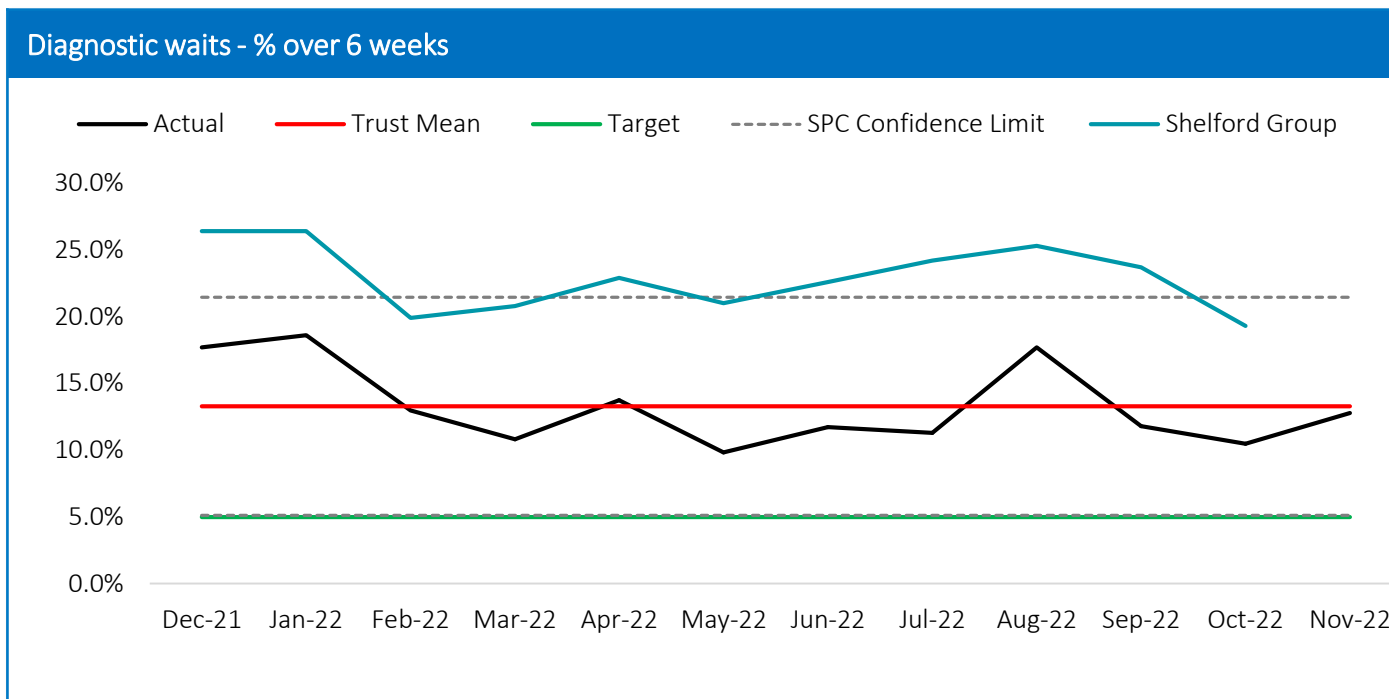
# Percentage of patients waiting over 6 weeks for a diagnostic test



Nov-22	Target
12.8%	5.0%

**SPC Variance**  
Common cause variation

**Shelford Group Avg. (Oct - 22)**  
19%



**Clinical Group Overview**

Evelina London - Women's and...	31.4%
Cancer and Surgery	13.8%
Heart, Lung and Critical Care	13.1%
Integrated and Specialist Medicine	11.3%

**Updates since previous month**

- There has been a deterioration of 2.3% between October and November in the number of patients waiting longer than 6 weeks for a routine diagnostic test.

**Current issues**

- The number of patients waiting longer than 6 weeks and 13 weeks for their routine diagnostic test increased by 23% and 28% respectively between October and November.
- Maintaining productivity levels.

**Key dependencies**

- Demand.
- Cross-site delivery.
- Productivity.
- Mutual aid.

**Future actions**

- Effective planning for RCN industrial action, by delivering a safe service and maintaining throughput and productivity where possible.
- Work to clear the 13 week wait numbers in coming months.

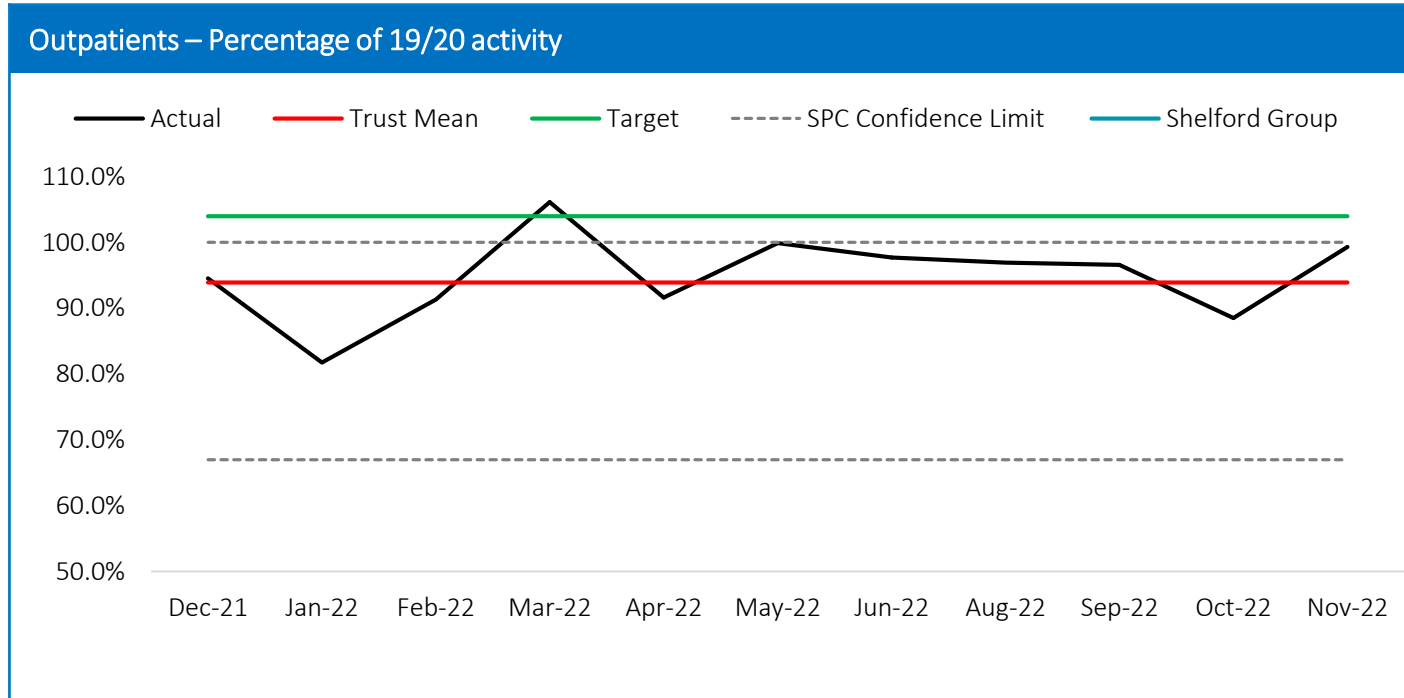


Responsive

# Outpatients – Percentage of 19/20 activity

Nov-22	Target
99.3%	104.0%

SPC Variance  
Common cause variation



Integrated and Specialist Medicine	90.9%
Evelina London - Women's and...	93.9%
Heart, Lung and Critical Care	105.3%
Cancer and Surgery	108.6%

**Updates since previous month**

- Trust performance against the target of 100% BAU for outpatient activity improved by 10.8 percentage points between October and November, however the Trust recognise that this is still below target and that further improvements are required.

**Key dependencies**

- Productivity.
- Baseline changes/counting and coding issues.
- Fluctuations in baseline.
- Mutual aid.

**Current issues**

- Difficulty in returning to BAU activity levels in a number of larger and smaller services.
- Number of known counting and coding challenges
- Productivity challenges.

**Future actions**

- The Trust are committed to working with services to return activity levels to BAU and to in turn aim to deliver a Value Weighted Activity (VWA) position of 104% by the end of the year.

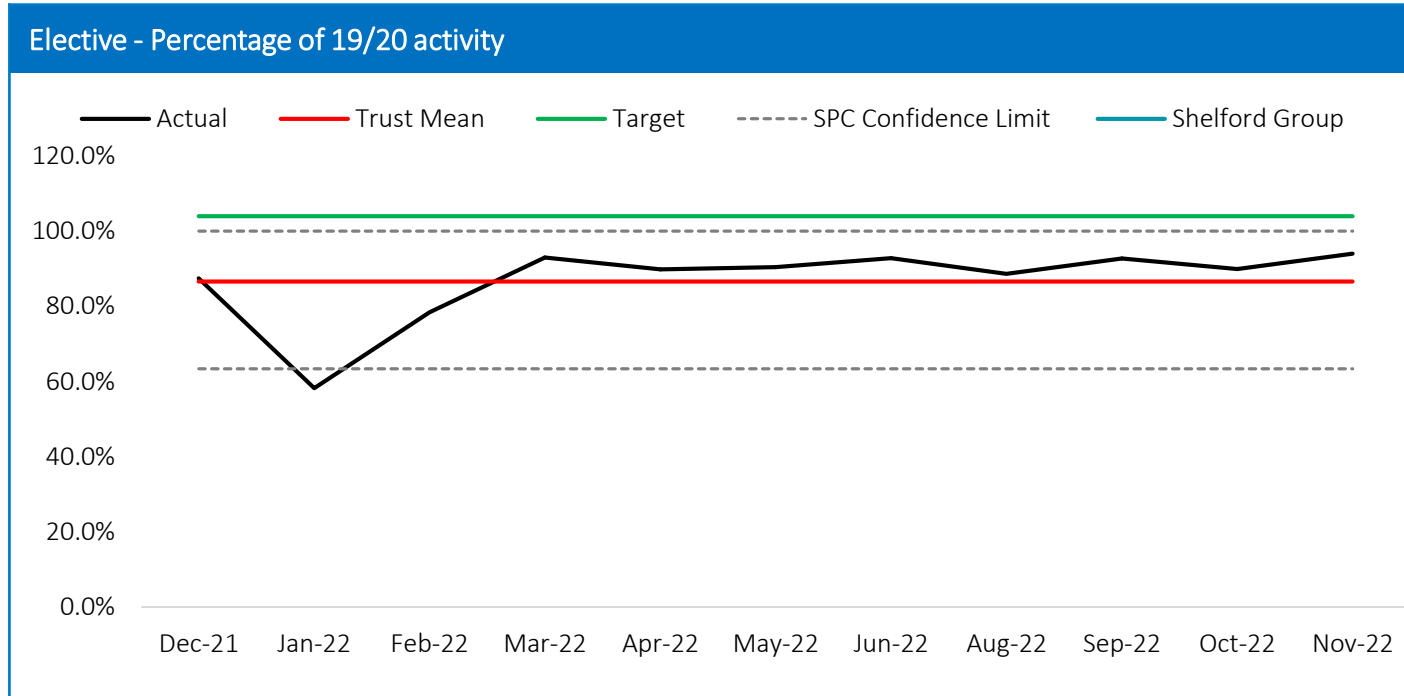


Responsive

# Elective - Percentage of 19/20 activity

Nov-22	Target
<b>94.0%</b>	<b>104.0%</b>

**SPC Variance**  
Common cause variation



**Clinical Group Overview**

Heart, Lung and Critical Care	87.7%
Evelina London - Women's and...	93.4%
Integrated and Specialist Medicine	95.2%
Cancer and Surgery	98.2%

**Updates since previous month**

- Trust performance against the target of 100% BAU for elective activity improved by 4.1 percentage points between October and November, however the Trust recognise that this is still below target and that further improvements are required.

**Key dependencies**

- Productivity.
- Baseline changes/counting and coding issues.
- Fluctuations in baseline.
- Mutual aid.
- Surgical capacity.
- Acuity.

**Current issues**

- Elective activity levels remain considerably challenged and are proving more difficult to return to BAU levels.
- Submitted baseline adjustment in respiratory at RBH not included in the position which would improve this.
- Productivity challenges.

**Future actions**

- The Trust are committed to working with services to return activity levels to BAU and beyond and to in turn aim to deliver a Value Weighted Activity (VWA) position of 104% by the end of the year.

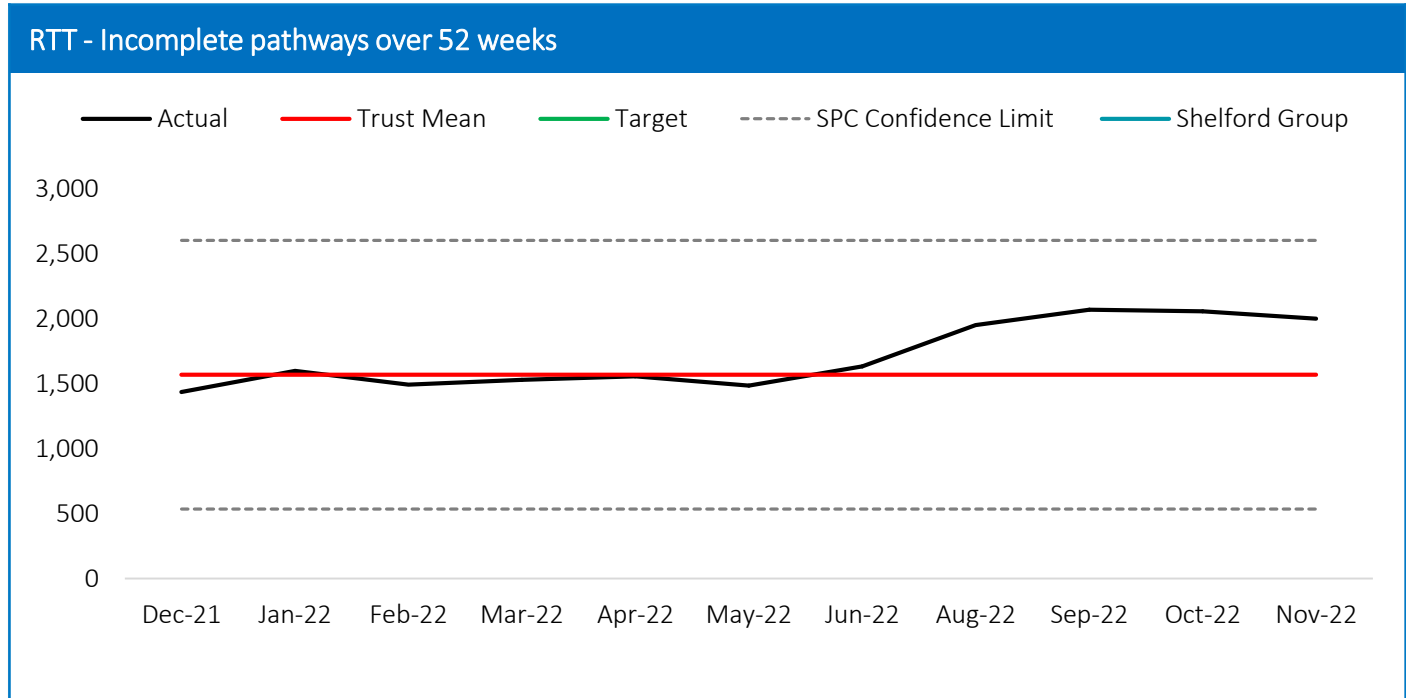


**Responsive**

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

Nov-22	Target
<b>2,001</b>	

SPC Variance
<b>Common cause variation</b>



### Clinical Group Overview

Cancer and Surgery	1,194
Evelina London - Women's and Children's Healthcare	328
Integrated and Specialist Medicine	289
Heart, Lung and Critical Care	190

### Updates since previous month

- The Trust has seen a improvement of 2.7% in the number of patients waiting longer than 52 weeks for their routine treatment between October and November.

### Key dependencies

- Mutual aid.
- Activity/clock stop/referral levels.
- Cancer and urgent demand.
- Productivity.

### Current issues

- Prioritising cancer and urgent demand whilst delivering against the Trust long waiter targets.
- An increasing number of 78 week wait patients within this cohort.
- Activity levels not reaching that of BAU.

### Future actions

- Reduction of the overall waiting list and the number of long waiters is an absolute priority going into next year, with an aim aligned to national plans to eradicate waits of over 18 months by the end of this year, and over 65 weeks by the end of 2023/24.

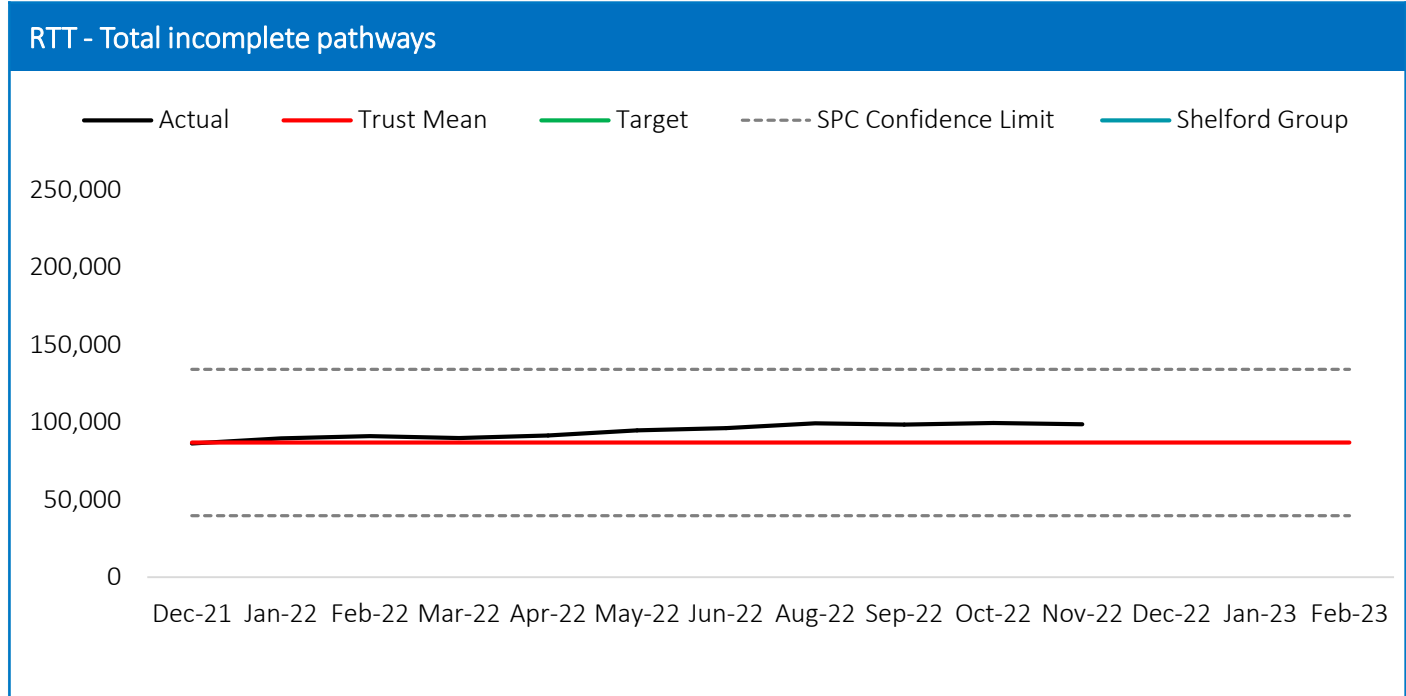


Responsive

# Total incomplete pathways

Nov-22	Target
98,724	

SPC Variance
Common cause variation



Clinical Group Overview	
Integrated and Specialist Medicine	36,991
Cancer and Surgery	29,705
Heart, Lung and Critical Care	17,198
Evelina London - Women's and...	14,830

**Updates since previous month**

- The Trust have seen a decrease in of 0.7% in the number of incomplete pathways between October and November 2022.

**Key dependencies**

- Activity and activity levels.
- Cancer and urgent demand.
- Productivity.
- Mutual aid arrangements with neighbouring organisations.

**Current issues**

- The total PTL number has levelled off in recent months and reduced between October and November, however the challenge remains with tackling longer waiter patients whilst dealing with cancer and urgent work.
- Analysis being undertaken to understand what is driving this change in position.

**Future actions**

- The Trust remain committed to increasing activity levels and improving productivity in the final quarter of 2022/23 and are engaging in the business planning process currently for 2023/24 which will outline a plan to address the total PTL number in line with the operational planning guidance target.

Responsive

# Total number overdue complaints

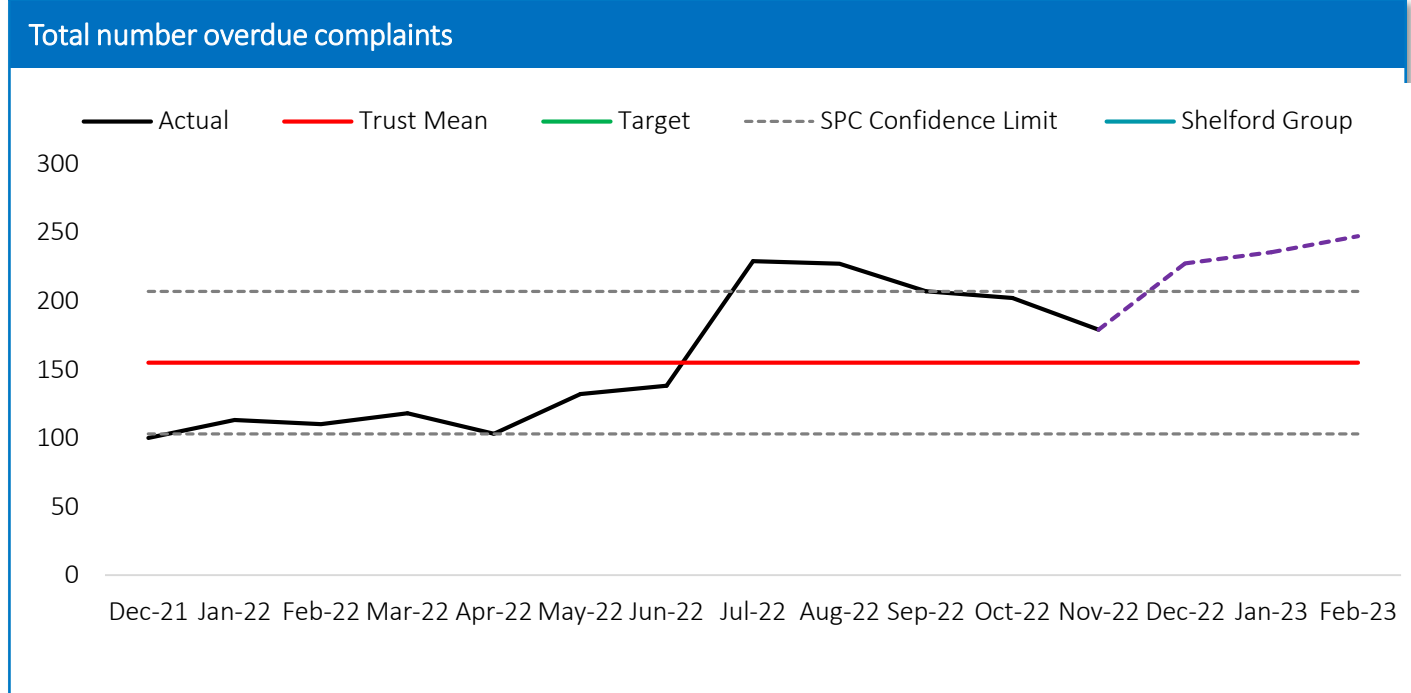


Guy's and St Thomas' NHS Foundation Trust

Nov-22	Target
179	

SPC Variance
Special cause variation - 2 of 3

Three Month Forecast		
Dec-22	Jan-23	Feb-23
227	236	247



Clinical Group Overview	
Cancer and Surgery	92
Integrated and Specialist Medicine	43
Evelina London - Women's and Children's Healthcare	36
Heart, Lung and Critical Care	8

**Updates since previous month**

- The number of overdue complaints has fallen slightly in November following considerable efforts by the Clinical Groups and the central Patient Resolution team.

**Current issues**

- The overall overdue number remains significantly higher than it should be.
- There have been staffing issues within the central team, impacting on service delivery.

**Key dependencies**

- Monitoring the number of new complaints, especially in directorates already experiencing high overdue numbers to offer early, targeted support.
- Patient Resolution team continuing to support Clinical Groups with drafting responses.

**Future actions**

- Two new staff have been seconded to support overdue cases, due to start in late January/ early February.
- Ongoing central team support to respond to complaints quickly.



People

# Overall vacancy rate



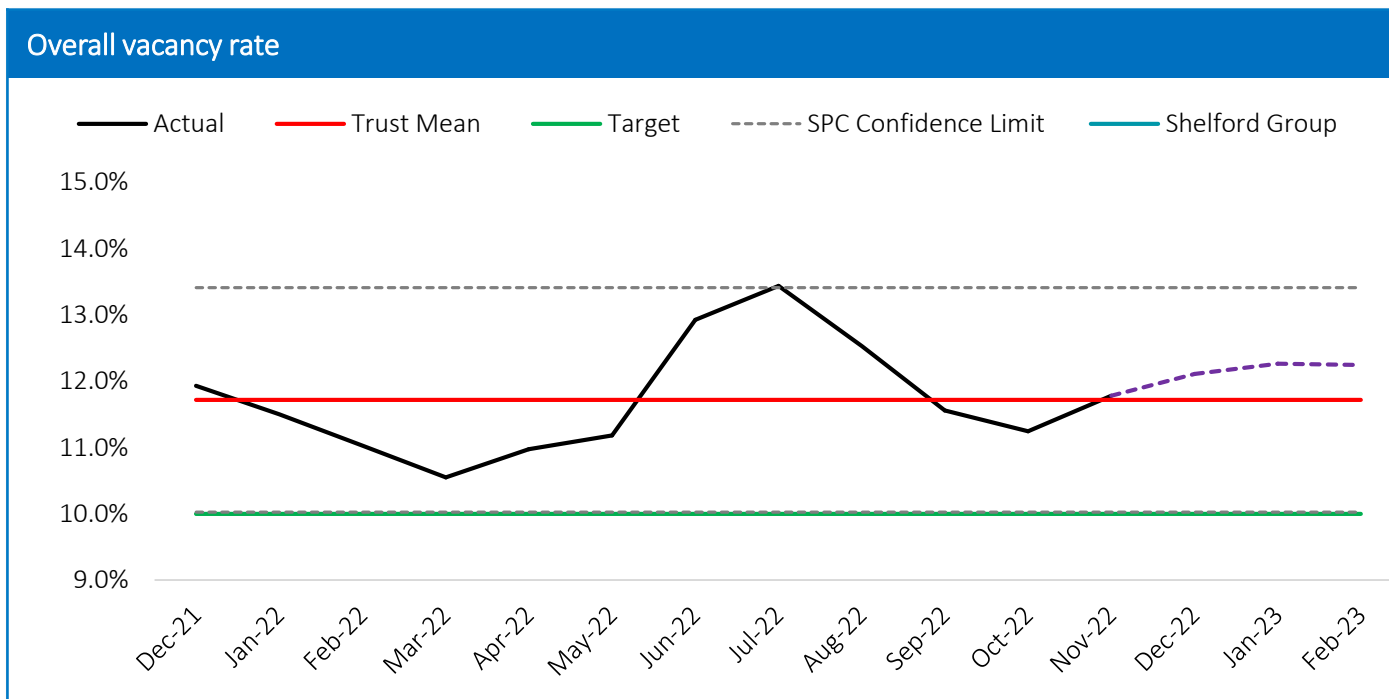
Guy's and St Thomas'  
NHS Foundation Trust

Nov-22	Target
11.8%	10.0%

SPC Variance
Common cause variation

Three Month Forecast		
Dec-22	Jan-23	Feb-23
12.1%	12.3%	12.2%

Clinical Group Overview	
Other	22.7%
Integrated and...	9.2%
Evelina London - ...	9.1%
Cancer and Surgery	8.4%
Heart, Lung and...	7.9%



**Updates since previous month**

- The vacancy rate is 11.8% over Trust target of 10%.
- However this is a reduction on the 13.4% June 2022 rate at its highest peak since December 2021.

**Current issues**

- Cost of living and affordability in London.
- Professional shortages.
- Relocation.
- Turnover in C&S wards is higher than usual.

**Key dependencies**

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

**Future actions**

- Ongoing international recruitment.
- A&C recruitment task and finish group focus on joint recruitment campaigns across services.
- ELCH and RBH PICU teams working together to share learning, develop joint campaigns and refine the international recruitment process.
- Retention plans have been developed for all ward areas.

# Supporting Information

## SPC definitions



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

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

### **Common cause variation**

Indicator has not triggered any SPC rules for current month

### **Special cause variation – single point**

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

### **Special cause variation – trend/shift**

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

### **Special cause variation – moving range**

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

### **Special cause variation – 2 of 3**

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

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

**Wednesday 5<sup>th</sup> October 2022, 2pm – 5pm  
MS Teams**

<b>Members Present:</b>	Mr S Weiner – Chair Prof I Abbs Mr S Davies Dr F Harvey Baroness S Morgan Mr J Pelly Mr I Playford	Prof R Razavi Ms J Screaton Dr P Singh Dr S Steddon Mr L Tallon Sir H Taylor
<b>In attendance:</b>	Mr E Bradshaw – Minutes Mr J Abdi Mr S Bampfylde Mr D Bebb – item 7 Ms G Beer – item 7 Ms B Bryant Ms V Borwick Ms E Chevretton Ms S Clarke Mr R Craig – item 7 Ms J Dahlstrom Mr D Dickens – item 8 Ms J Donovan – item 7 Mr A Gourlay	Dr R Grocott-Mason Mr R Guest Dr N Hachach-Haram – item 8 Ms A Knowles Ms R Liley Dr M Loebinger Ms S Maskell Ms K Moore Ms A Ogunlaja Ms J Parrott Ms M Ridley Mr A Wilkinson Ms T Wileman

**1. Welcome and apologies**

- 1.1. The Chair welcomed colleagues to the Transformation and Major Programmes Committee (the Committee). Apologies had been received from Avey Bhatia, Jon Findlay, Simon Friend, Javed Khan and Sheila Shribman.

**2. Declarations of interest**

- 2.1. Simon Steddon and Richard Guest both sat on the Board of Directors of Viapath – recently rebranded as Synnovis – and would leave the meeting for item 7.

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

- 3.1. The minutes of the previous meeting of the Committee, held on 27<sup>th</sup> July 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 them.

## 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. Portfolio Overview, Bandwidth Review and Major Programme Updates

- 6.1. The Committee noted the top-rated risks and issues across the portfolio of major programmes and a refreshed summary of the key programme interdependencies. The external bandwidth review undertaken in late 2021 had concluded that a step change in portfolio management and prioritisation was needed to successfully deliver the organisation's broad and complex change agenda. The Committee was advised about the steps that had been taken to review and respond to the review, including development of the Trust's portfolio management capability and aligning the Ambulatory and Apollo programmes. However the risks around insufficient bandwidth had been exacerbated in recent months by the critical IT incident and increasing operational pressures as the Trust approached the implementation of the Epic electronic health record system in April 2023. It was agreed that work would be undertaken to explore whether the bandwidth data could be easily refreshed on an ongoing basis to track the extent of the risk.

**ACTION: SB**

- 6.2. The Committee received updates on each of the five major programmes currently in train. Each update included the programme delivery status, key risks, dependencies and milestones, and the financial position. The following key matters were discussed:
- Progress was being made to support the safe and successful implementation of MyChart, the patient portal of the Epic system, to deliver the maximum transformation benefit to patients and ambulatory services;
  - Workstreams in the Apollo programme that were affected by the critical IT incident had been re-planned and an external review was being undertaken into whether the Epic system should still go live as expected in April 2023;
  - The greater focus on the Apollo programme and implementation of Epic over the coming months would further impact on the Trust's activity and performance; and
  - Viapath had rebranded to become Synnovis and a critical path for the pathology programme, based on a start date of April 2024 for the transfer of blood sciences to the new pathology hub, had been agreed.
- 6.3. An update was also received about the Orthopaedic Centre of Excellence development, and Committee members agreed that this should now be classified as a major programme.

## 7. Royal Brompton and Harefield Pathology FBC

*Simon Steddon and Richard Guest left the meeting for this item.*

- 7.1. The Committee received the Full Business Case (FBC) for the provision of pathology services at the Royal Brompton and Harefield hospitals, which recommended that Synnovis, previously Viapath, should become the new provider of these services. The proposed pathology operating model had been based on that in place across the rest of the organisation, with modifications made to reflect the specialised services and locations of the Royal Brompton and Harefield hospitals. The Committee noted the benefits of appointing Synnovis (Viapath) as provider, thus

bringing together all of the Trust's pathology services under one organisation, and that the proposal aligned with NHS England's directive to deliver pathology through networks to support efficient working. The key risks and mitigations were also set out for consideration.

- 7.2. Prompted by questions from Trust governors there was discussion about how much engagement had been undertaken with staff from Royal Brompton and Harefield hospitals, particularly in terms of seeking input into the proposals. Some concerns were expressed around the impact of the Transfer of Undertakings (Protection of Employment) process, through which some pathology staff would become employees of Synnovis. Committee members agreed about the importance of clinical and staff engagement going forward, ahead of a formal consultation process. All affected staff would be supported by the Trust's workforce team and a briefing note regarding the TUPE process would be circulated.

**ACTION: JS**

- 7.3. Committee members noted the financial analysis that had been undertaken of the various options and the projected savings and other benefits of the preferred option. There was support for ongoing negotiations with Synnovis to reach 'commercial close', and it was requested that updates on these negotiations were provided to the Finance, Commercial and Investment Board Committee.

**ACTION: SD**

- 7.4. The Committee recognised that having a single pathology provider across the Trust was a key enabler of the benefits of the merger with Royal Brompton and Harefield hospitals and that this was also critical to the implementation of the Epic electronic health record system at these sites. If the business case was approved, mobilisation would need to begin immediately to achieve the proposed service transfer date of March 2023.

**RESOLVED:**

- 7.5. The Committee approved:
- The recommendation to award the contract for provision of pathology services at Royal Brompton and Harefield hospitals to Synnovis, thereby allowing commercial negotiations to be concluded;
  - The mobilisation phase to support implementation, including requests for delegated authority;
  - The implementation costs ahead of service transfer; and
  - The transfer of the Genomics service in principle, subject to the development of an agreed operating model and pricing framework.

**8. KHP Ventures Update**

- 8.1. KHP Ventures is a joint venture Med Tech innovation company between the Trust, King's College Hospital NHS Foundation Trust and King's College London. Its objective is to promote healthcare innovation in the UK by partnering with public health systems, academic institutions, entrepreneurs and private capital to improve the quality, accessibility and experience of care. It invests in pre-seed, seed and series A stage companies that have the potential to improve patient care across the NHS and is focused on digital health, medical technology and enterprise software.
- 8.2. An overview was provided of KHP Ventures' current portfolio, of the work that it had done since July 2021, and of its planned activities going forward. It was working closely with the Trust's

3

Centre for Innovation, Transformation and Improvement to engage clinical innovators and inventors, stimulate the spin-out pipeline and support portfolio companies to engage with Trust colleagues on clinical research, commercial partnerships and innovation.

- 8.3. Committee members welcomed the update and were strongly supportive of the work being done. Further information was sought about the way KHP Ventures operated and how any profits would be provided to the three partner organisations and reinvested into new innovation opportunities. The Committee agreed that the work being done had the potential to be an important enabler of translational research and to inspire frontline workers to be more innovative and entrepreneurial.

## **9. Estates Quarterly Update**

- 9.1. An update was provided about the refresh of the Trust's estates strategy. The vision planning exercise had recommended the creation of 'proximate ambulatory and digital care hubs' into which high-volume low-complexity activity could be decanted without disrupting work patterns or clinical pathways on the hospital sites. This would increase the available space for high-complexity and specialist clinical activity. Work was also being undertaken to consider how the Trust's community estate could be consolidated whilst continuing to ensure services were delivered from appropriate settings.
- 9.2. The Committee noted a summary of the capital projects currently in progress, including the forecast completion dates and key risks to delivery. Committee members recognised the importance of these projects in supporting the Trust's recovery of clinical activity. Some Committee members were concerned about projects where the forecast completion dates had slipped, although it was acknowledged that some of the reasons for these delays were outside the Trust's control. There was discussion about how the Trust could mitigate these delays and about the potential impact on clinical activity.

## **10. TMP Board Assurance Framework Risks**

- 10.1. The Committee reviewed and approved the updates that had been proposed to the strategic risks on the Board Assurance Framework that were owned by the Committee.

## **11. Papers for noting**

- 11.1. The Committee noted the Triangle Site Project Closure report.

## **12. Any other business**

- 12.1. The next meeting of the Committee would take place on 11<sup>th</sup> January 2023.

**HEART, LUNG & CRITICAL CARE CLINICAL GROUP BOARD**

**31 May 2022 at 11.00 – 13.00**

**Boardroom/MSTeams**

**MINUTES**

- PRESENT:** Baroness Morgan of Huyton (Chair)\*, GSTT Deputy Chair and NED  
Simon Friend\*, GSTT NED  
Avey Bhatia\*, GSTT Chief Nurse, Executive Member  
Lawrence Tallon\*, GSTT Deputy Chief Executive, Executive Member  
Dr Richard Grocott-Mason, Chief Executive, HLCC Clinical Group, Executive Member  
Robert Craig, Director of Development & Operations, HLCC CG, Executive Member  
Jo Carter, Director of Nursing, HLCC CG, Executive Member  
Nicholas Hunt, Director of Service Development, HLCC CG, Executive Member  
Dr Mark Mason, Medical Director, HLCC CG, Executive Member  
Rob Davies, Director of Workforce, HLCC CG,  
Janet Hogben, Non-executive Advisor, HLCC CG  
Prof. Peter Hutton, Non-executive Advisor, HLCC CG  
Prof. Bernard Keavney, Non-executive Advisor, HLCC CG  
*\* voting rights*
- OBSERVERS:** Cllr John Hensley, GSTT Governor Representative  
Leah Mansfield, GSTT Governor Representative  
John Bradbury, GSTT Governor Representative
- IN ATTENDANCE:** Prof. Gerry Carr-White, Deputy Medical Director, cardiovascular directorate, HLCC CG  
Prof. Nicholas Hart, Deputy Medical Director, PACCS directorate, HLCC CG  
Ben Falk, Director of Operations, cardiovascular & PACCS directorates, HLCC CG  
Mark Kirwan, Head of Finance, HLCC CG  
Denis Lafitte, Chief Innovation and Technology Officer (CITO), HLCC CG  
David Shrimpton, Managing Director Private Patients, HLCC CG  
Piers McCleery, Director of Strategy & Corporate Affairs, HLCC CG  
Luke Blair, Director of Communications and Public Affairs, HLCC CG  
Steve Wilkerson, Director of KHP Cardiovascular & Respiratory Partnership, GSTT  
Sara Bowker, Clinical Integration Lead, KHP CV & Resp. Partnership, GSTT  
James Glass, Finance & Strategic Development Lead, KHP C&R Partnership Programme  
Ross Ellis, Hospital Director, Royal Brompton Hospital, HLCC CG  
Sharon Ibrahim, Head of Assurance, HLCC CG  
Eve Mainoo, EA to CEO, HLCC CG
- APOLOGIES:** Dr Felicity Harvey\*, GSTT NED  
Dr Jonathan Byrne, Clinical Director, Cardiovascular services, KCH  
Ian Playford, Non-executive Advisor, HLCC CG  
Trevor Mayhew, Associate Director of Finance HLCC CG
- SECRETARY:** Juanita Amorin (Minutes)

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

Due notice had been given, and the meeting was quorate. Apologies had been received from Dr Felicity Harvey, Dr Jon Byrne, Ian Playford and Trevor Mayhew.

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

**2. Declarations of interest**

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

**3. Minutes of the Meeting held on 15 March 2022**

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

**3.1 Action Tracker**

This outstanding action - Consultant appointment process will be reverted to by RG-M at a future meeting.

**4. KHP CV & R Partnership Programme Stock-take and forward plan**

Steve Wilkerson (SW) introduced the report which summarised the future plans and priorities for the Partnership Programme.

James Glass (JG) reported that due to the significant events of the past two years a major stocktake had been undertaken to factor in the implications of the current environment for the Partnership and to define a set of macro-level strategic priorities for the next two years. This stocktake had concluded that;

- The vision of the Partnership remained relevant and strongly supported
- The focus of its work would remain the existing three 'core areas', including 'one team, multiple sites' integration, clinical-academic integration and translational research, and education and training, alongside supporting clinical and operational teams to respond to ongoing operational challenges.

The five strategic priorities identified for the partnership over the next two years are as follows:

- Address workforce sustainability issues through developing innovative training and workforce models for the future
- Drive forwards transformation to data and digitally-enabled care models
- Harness the combined academic strength of the partnership to deliver translational research that improves clinical outcomes
- Develop new models of care and specialist support across the whole patient pathway to improve outcomes for patients
- Develop the partnership's approach to population health and addressing health inequalities for people with cardiovascular and respiratory disease

JG identified the next steps to be taken as:

- To develop and establish a set of partnership KPIs to track progress against each of the strategic priorities
- To present workstream plans and the associated KPIs to relevant partner governance forums for endorsement

Sarah Bowker (SB) talked in more detail about activities across the three core areas, highlighting some of the successes achieved such as the cross-site MDTs and joint appointments; shared pathways in ILD and sarcoid; a mechanism for radiology image sharing; and the expansion of the virtual cough therapies group service across board. SB also referenced the support provided by the Programme team towards the development of the Kings Centre for Lung Health, an academic 'home' with a mission to inspire better breathing, which would be launched on 28th June 2022.

SW added that the KHP cardiovascular MOU had been signed off by KCL, with the next step being to determine how it would be turned into an operational reality.

Several points and issues were raised by Board members concerning maintaining the clarity of vision and implementation; identification of forces that were either assisting or hindering progress and how those identified were being monitored and managed. SW replied that these were being addressed



through the formal governance programme through CAGs and oversight groups and informal relationships such as the Transformation forums.

One particular issue raised was in relation to data, in particular whether there were any parallel paths to building a data team with the right resources in place to take data, analyse and use it to drive operational or clinical performance. There were diverging views on data consistency due to the number of different data systems and on the degree to which data had to be curated before it could be relied upon to make operational decisions. BSM enquired as to the availability of data for the Trust's executive team to be able adequately to manage the performance of the Trust: Lawrence Tallon (LT) responded that this was an unresolved issue due to the different systems and platforms. With regard to research data, Prof Nick Hart (NH) explained that appropriate governance was in place to enable researchers to obtain ethics' approval for anonymised data usage by applying to a research data group.

The Board noted the progress made and endorsed the plans, with an expectation that the full set of partnership KPIs would be brought back for approval at a future meeting.

**Action: The Partnership Programme team will present the KPIs at a future Board meeting.**

#### **5. RBH-RMH Joint Thoracic Service report**

Robert Craig (RC) briefed the board about the progress of the joint service partnership, since it went 'live' in shadow form on 1<sup>st</sup> April 2022, highlighting some of the service changes:

- The RMH Respiratory outpatient clinic has been moved to RBH outpatients to foster a closer working relationship with the thoracic cancer MDT
- The RMH weekly low numbers of pleural drain insertions have now been moved to RBH Diagnostic centre via new referral route
- Histopathology specimens previously sent to Birmingham from RMH are now being processed and reported by the RBH histopathology team: the interim reporting process is a bit cumbersome but will be streamlined via some systems integration ahead of the Epic roll-out in April 2023
- Clinical Records - Live notation from junior medical during MDT meetings, and access to full clinical records from each Trust's digital health records by clinical staff
- Two administrative staff act as patient navigators, smoothing processes, monitoring appointments on each site and supporting the transition.
- Flags have been added to the clinical systems to enable activity in the joint service to be identified and aggregated into a single partnership report. The first validated quarter one integrated activity report has been planned.

RC also mentioned that there would be a review of financial and commissioning arrangements in the autumn.

The Board noted the report.

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

Dr Richard Grocott-Mason (RG-M) gave a brief round-up of events since the last Board meeting, noting the progress attained since the formal creation of the Heart, Lung & Critical Care clinical group since the 1<sup>st</sup> of April 2022, and referencing in particular:

- The appointments of Professors Nick Hart (NH) and Gerry Carr-White (GC-W) to the roles of Clinical Group Deputy Medical Directors for the PACCS and Cardiovascular directorates at St Thomas' and at Guy's hospital sites, and of a new deputy director of nursing (Paul Randall) at St Thomas' too.
- The ongoing development of the nursing senior team and the operational general management team.

- The outputs from the executive review with GSTT executives, held on 7th April 2022, including the overall assurance rating agreed and assigned to the HLCC CG.
- Work is being undertaken to consider the impact of Epic on clinical operations and readiness for the implementation process: a more detailed update focused on preparations for 'go-live' highlighting the risks and mitigations will be presented at the next clinical group board.
- The Trust's sustainability strategy.

RC then briefed the Board on clinical activity, stating that a single validated aggregated activity report for whole clinical group would hopefully be in place for M2, although there may be some gaps. Outpatient and diagnostic activity across the clinical group was on the rise and in most specialties were either close to or exceeding pre-pandemic levels, although inpatient and daycase activity was not yet achieving the overall target of 104% of pre-pandemic volumes due to a higher proportion of complex acuity procedures e.g. vascular surgery. There was optimism that activity could reach the nationally mandated target of 130% within the next three years.

With regard to cardiovascular activity at STH, GC-W identified that although clinical risk relating to elective waitlists has reduced, the volume of cardiac surgery cases had been reduced due to a number of very complex endocarditis cases. Two cardiovascular pilot projects involving all three of our sites across multiple ICSs and with funding from NHSE, one for cardiac surgery and the other for ICC and heart failure, were in preparation.

RC referred to an expansion of capacity resulting from the addressing of a staffing shortfall in radiographers at Harefield; the bringing on stream of the second MRI at Harefield in June and the re-opening of Cath Lab 3 at RBH in July. Cath Lab 3 at STH will undergo refurbishment, partially mitigated by the use of a KCH cath lab, but the refurbishment of the East wing 10 level 2 critical care HDU at STH may lead to bed reduction. Three general 'hotspots' - cardiac physiologists, radiographers and surgical care practitioners – will remain, with solutions linked to remuneration being the main feasible response. NH provided a brief but more detailed update on the East Wing 10 project, with completion targeted for late December.

MM formally welcomed his colleagues appointed to the five Deputy Medical Director roles across the five directorates. This medical leadership team of six will also work as a whole across the whole Clinical Group, and in smaller groups in overseeing cardiovascular, respiratory and critical care across all the hospital sites, and in addressing cross-cutting themes around workforce, research and innovation, strategic relationships, EDI and quality.

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

**Action: A presentation on the risks & issues around the go-live for EPIC would be brought to a future Board meeting.**

## **7. Post-merger & strategic reviews**

RC provided an update on the strategic reviews launched since August 2021.

- 12 reviews have been completed and are now in their implementation phases, whilst a further 15 reviews are still in progress. A total of £11.7m of cost savings/efficiencies had been identified from the reviews completed to date.
- The scope of the reviews had been slightly extended to include some of the clinical support services that were not originally within scope – ie imaging and rehab & therapy services. Work is underway to define what the framework will be for these services.
- In response to questions, RCr commented that the review affecting Quality and Safety Assurance processes was proving challenging to arrive at an agreed solution; and there remained some outstanding issues with the reviews of Informatics and Estates & Facilities, but work was ongoing.

The Board noted the update.

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

Board members were updated on the matters considered by the Risk & Safety Committee, during their meeting held on 12<sup>th</sup> April 2022, by the Chair of the Committee, Prof Peter Hutton (PH). He reported that the meeting was held at Guy's Hospital in the Robens Suite and that future meetings will be physically rotated on the various sites. He also informed that Dr Felicity Harvey had replaced Luc Bardin whose tenure of office ended on 31 March 2022.

The following key matters were covered:

- Strategic Risk update
- Pathology Dashboard
- Risk Register
- Anticoagulation innovation
- Serious Incident Summary
- National Patient Safety Report
- Peaceful Night Pledge
- Governance & Quality Committee Minutes

PH drew attention to the need for one Risk Register that goes across the whole clinical group as currently risk data, although comprehensive in its coverage, is held in many different parts of the Clinical Group. PH credited Karen Plews for the production of the Quality & Safety report through the manual amalgamation of data from five sites.

He noted that the committee's existing terms of reference had been brought forward from when RB&H had been a foundation trust, and hence should be reviewed within the next 12-18 months to factor in the new reality of a Clinical Group within GSTT.

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

#### **9. Safety & Quality Report**

MM presented this report, echoing PH's thanks to Karen for pulling this together and highlighting a number of issues:

- With regard to the risk register, Sharon Ibrahim is responsible for updating and creating a risk register for the whole Clinical Group, reporting to MM and then into the Risk & Safety Committee.
- There is a need to assess and refocus resources and processes, so as to ensure more timely completion of reviews into serious incidents and deaths
- The Clinical Group's participation in the overall Trust review of the complaints process, in particular around the classification of complaints (ie either simple or complex) and the respective different processes to be followed, and how the Clinical Group and central Trust teams would interlink.

With regard to complaints, Jo Carter (JC) said that it was important for the complaints team to stay embedded within the Clinical Group. JC also notified the Board of the appointment of Carol McCoskery, a retired nurse from GSTT to support Karen Plews in the Quality and Safety function.

Janet Hogben (JH) asked firstly whether the culture within the Clinical Group around reporting serious incidents would remain positive and supportive, even if the number and gravity of these events were to increase significantly data going alarmingly in the wrong direction; secondly, in the event that reporting of incidents were to fall to a very low level, whether this might limit the ability to anticipate and plan for future such incidents; and thirdly whether there were baselines in place that represented acceptable and proportionate levels of incidents. In response, MM stated that there is a shift nationally as to how incidents should best be reported and how appropriate baselines should be set for them,

while also pointing out that there already was a relatively healthy incident reporting culture across the Clinical Group.

The Board thanked MM for the report.

#### **10. Nursing Strategy Implementation Plan**

JC presented a summary of the implementation plan for the nursing strategy that had been launched, expressing her gratitude for the support received from the Clinical Group leadership at the launch. JC also mentioned the development of enhanced and dual roles for nurses, which will be key to making the four hospitals across our Clinical Group the place of choice for nurses to come and work. More work needed to be done on EDI (equality, diversity and inclusion) in ensuring that there were sufficient opportunities for career progression for all our nurses: for example, there was scope to create fellowship roles for band 7 and 8 nurses from ethnic minority backgrounds that might help them experience leadership and acquire the experience necessary for their further career progression.

Simon Friend (SF) enquired as to what actions had been taken around staff Wellness, given the current increase in the cost of living. JC responded that this was more of an issue with non-nursing roles at lower banding than most nursing roles, although HR teams across the Trust are working to support staff and offset hardship with access to different hardship funds. Rob Davies (RD) added that communications to staff would be focused on what is available and how help can be sought. In response to another question regarding how the Trust might achieve becoming an employer of choice, RD pointed to the importance of giving staff opportunities to keep developing their careers rather than allowing them to remain static.

Leah Mansfield referenced a recent letter received from staff governors in relation to concerns around nursing: JC replied that these concerns related to wards and community services at St Thomas's Hospital outside the HL&CC Clinical Group, adding that there has been a comprehensive response to these concerns shared both with the Trust Board and the governors.

The Board noted the summary report.

#### **11. Finance & Performance Committee Report and Minutes – 25 April 2022**

SF, Chair of the Finance & Performance committee, reported that the above meeting had not been quorate due to the absence (because of their tenure of office just having ended) of both Luc Bardin and Mark Batten. Janet Hogben and Prof Bernard Keavney have kindly accepted SF's invitation to become members of the committee.

SF highlighted the four areas addressed at the meeting:

- Lessons learned – RBH Diagnostic Centre
- M12 Performance Report
- Financial Regime 2022/23
- Risks and opportunities

The Board noted the minutes and SF's verbal report.

#### **12. Month 1 Finance Report**

Mark Kirwan (MK) gave an overview of the Month 1 financial position:

- There is still not an aggregated picture for the Clinical Group, due to NHS income plans not being finalised (hence resulting in the cardiovascular and PACCS directorates' performance being determined separately to RBH and HH) and due to the combined RB&H position not

having an appropriate allocation of Trust overheads, nor having the paediatric elements split out.

- RBH achieved slightly better than break-even with a favourable variance of £124k whilst Cardiovascular/PACCs was £900k behind plan, partially caused by the non-allocation of NHS income. Overall there was a £340k shortfall on CIPs (cost improvements), and prior year cost of £160k.
- With regard to an item of 'other costs' of £400k, half of this amount was due to an error in the financial accounting system where some maintenance contracts were not picked up; hence £200k would be incurred in the M2 position.

The Board noted the report.

### **The 2022/23 Financial Plan**

MK reported that an initial Trustwide Plan was submitted at the end of April, within which the HL&CC CG position was likely to be £26.6m behind our control total plan, principally due to additional cost inflation. A further submission may see this excess inflation cause our shortfall to the control total worsen from £26m to £40m due to ICS and national plans being worse than expected.

The RB&H final submission will be for break-even in FY22/23, due to an improvement of £6.5m relating to NHS activity growth and a change in our auditors' assessment of how we should depreciate our buildings, yielding a £5.5m improvement. The cardiovascular and PACCs directorates at STH will start with a shortfall to break-even of £6.9m, but much of this should be funded through central cost pressure funding, leaving a residual gap of £3.2m to be found across the whole Clinical Group, for example by bringing back in-house theatre activity for NHS patients that has had to be undertaken in private hospitals, and potentially through a higher than expected contribution from Private Patients at RBH and HH. There is optimism that the Clinical Group would close the gap by the end of the year.

The Board noted the financial plan.

### **13. Recommendations of the Advisory Appointments Committee**

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

- Dr Marta Gennaro as Consultant in Nuclear Medicine/Radionuclide Radiology
- Dr Fayed Sheikh as Consultant in Cardiothoracic and Interventional Radiology (on a part time basis at RBH, as part of a joint role with Barts)
- Dr Bhavin Rawal as Consultant in Cardiothoracic and Interventional Radiology
- Dr Emily Bartlett as Consultant in Cardiothoracic and Interventional Radiology
- Dr Mohammed Majid Akhtar as Consultant in Interventional Cardiology
- Dr Julian Dalton as Consultant in Critical Care Medicine

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

BSM asked LT to revert at a future meeting with regard to progress in developing at a Trust level a robust performance management data dashboard, and also asked the Clinical Group executive team to report in more detail about meeting the target of 104% of pre-pandemic activity volumes at the next Board meeting.

The Board also relayed their congratulations to Joy Godden, the former Director of Nursing & Clinical Governance, who has been awarded a national Chief Nursing Officer Silver Award in recognition of her long-life service and contribution to the NHS.

### **15. Date of next meeting**

The date of the next meeting of the HLCC Clinical Group Board will be held on Tuesday 13 September 2022 at 11.00am.

## **HEART, LUNG & CRITICAL CARE CLINICAL GROUP BOARD**

**13 September 2022 at 11.00 – 13.00**

**RBH Boardroom/ MSTeams**

### **MINUTES**

**PRESENT:** Baroness Morgan of Huyton (Chair)\*, GSTT Deputy Chair and NED  
Simon Friend\*, GSTT NED  
Ian Playford\*, GSTT NED  
Avey Bhatia\*, GSTT Chief Nurse, Executive Member  
Lawrence Tallon\*, GSTT Deputy Chief Executive, Executive Member  
Dr Richard Grocott-Mason, Chief Executive, HLCC Clinical Group, Executive Member  
Robert Craig, Director of Development & Operations, HLCC CG, Executive Member  
Jo Carter, Director of Nursing, HLCC CG, Executive Member  
Janet Hogben, Non-executive Advisor, HLCC CG  
Prof Peter Hutton, Non-executive Advisor, HLCC CG  
Prof Bernard Keavney, Non-executive Advisor, HLCC CG  
*\* voting rights*

**OBSERVERS:** Cllr John Hensley, GSTT Governor Representative  
Leah Mansfield, GSTT Governor Representative  
John Bradbury, GSTT Governor Representative

**IN ATTENDANCE:** Prof. Gerry Carr-White, Deputy Medical Director, HLCC CG  
Dr Jonathan Byrne, Clinical Director, Cardiovascular services, KCH  
Denis Lafitte, Chief Innovation and Technology Officer (CITO), HLCC CG  
David Shrimpton, Managing Director Private Patients, HLCC CG  
Piers McCleery, Director of Strategy & Corporate Affairs, HLCC CG  
Luke Blair, Director of Communications and Public Affairs, HLCC CG (joined at 12pm)  
Ross Ellis, Hospital Director, Royal Brompton Hospital, HLCC CG  
Derval Russell, Hospital Director, Harefield Hospital, HLCC CG  
Sharon Ibrahim, Head of Assurance, HLCC CG  
David Woods, SpR Trainee  
Maria Cannoletta, SpR Trainee  
Prasanna Narayanan, Deputy Sister, ITU, Harefield  
Mee Sun Scorgiie, Cardiac Lead Nurse, Theatres  
Reniel Naling, Senior Staff Nurse, Victoria Ward  
Eve Mainoo, EA to CEO, HLCC CG  
Jennifer Sano, Corporate Secretary, HLCC CG

**APOLOGIES:** Dr Felicity Harvey\*, GSTT NED  
Dr Mark Mason, Medical Director, HLCC CG, Executive Member  
Nicholas Hunt, Director of Service Development, HLCC CG, Executive Member  
Prof. Nicholas Hart, Deputy Medical Director, HLCC CG  
Rob Davies, Director of Workforce, HLCC CG  
Ben Falk, Director of Operations, Cardiovascular & PACCS directorates, HLCC CG

**SECRETARY:** Juanita Amorin (Minutes)

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

Due notice had been given, and the meeting was quorate.

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

**2. Declarations of interest**

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

**3. Minutes of the Meeting held on 31 May 2022**

The minutes of the previous meeting were approved as a true record subject to a typo correction under item 8 line 5 – tenure to read tenure.

3.1 Action Tracker - the open Actions in hand were noted.

**4. Chief Executive's Report**

4.1 Dr Richard Grocott-Mason (RG-M) opened by summarizing the impact on the clinical group of the arrangements for the funeral of the late HM Queen Elizabeth II. On the day of the funeral almost all routine activity has been postponed and alternative plans being put in place for urgent / emergency cases.

4.2 RG-M highlighted the significant impact that the Information Technology outage had had on GSTT. The Royal Brompton & Harefield sites were not affected. During the outage, staff at St Thomas' and Guy's hospitals had to revert to paper-based documentation; but have now updated all digital records from the paper records and have now transitioned fully back to digital systems for both inpatients and outpatients. Prof Carr-White confirmed that in the Cardiovascular directorate no instances of patient harm have been identified.

Prof Peter Hutton (PH) asked whether there had been a 'mirror' or back-up set of servers in place which, when the main ones were hit by the outage. Lawrence Tallon (LT) replied that there were indeed two separate data centres but that the back-up centre had also failed, hence a thorough review process was under way to assess how it happened. A full review co-ordinated by LT is being conducted on behalf of GSTT Board.

Prof Jon Byrne (JB) confirmed that there had been no similar such IT issues at KCH, where cardiovascular service activity was steadily recovering back to pre-pandemic levels. Elective waiting times for structural heart cases had been problematic over the summer but steps have been taken to resolve this.

4.3 RG-M gave an update on patient experience and committed that there would be more focus on patient engagement and experience based on the shared digital patient story positive outcome.

4.4 RG-M stated that Prof Thor Sundt from Massachusetts General Hospital will be visiting our cardiac surgical sites in November to assist us in developing our ambition and plans to be a leading integrated clinical-academic cardiac surgical centre. This will be followed probably in the new year by a cardiovascular academic seminar that will showcase the breadth and depth of research activity under the KHP partnership umbrella.

4.5 Piers McCleery (PMcC) reported on an inaugural meeting of the Research and Innovation

Committee which had provided the opportunity for researchers and research support staff across HL&CC CG's 5 directorates to get to know one another, and to gain an initial overview of each directorate's research portfolio and high-level opportunities and issues. A mid- / long-term aim will be to broaden the focus of research delivery and planning from not just directorate-level but also to 'domain-' (i.e., cardiovascular, respiratory and critical care) level. This would more readily enable recruitment of patients from 3 or 4 sites for a research study rather than from one, one of the main benefits envisaged from the RB&H / GSTT merger.

4.6 RG-M presented a brochure created by the HL&CC Communications team that described and quantified the scale and breadth of our newly formed clinical group, both from service and academic perspectives. This brochure will prove a useful aid in helping us 'pitch' to charities and industry providers (e.g. device companies) considering a philanthropic or commercial partnership with us.

4.7 RG-M updated the Board on the progress of the planned move of RBH & HH's pathology services into a Pathology Business Unit as part of the Trust's Viapath / Synnovis joint venture. The aim is

for all RBH & HH pathology requests / reports to be ready to be routed / produced through the EPIC LIMS systems at EPIC 'go-live'. Different operating models are being considered by clinical colleagues, whilst negotiations on commercial arrangements and the costings for the preferred operating model are being finalized for inclusion in the full business case.

4.8 Robert Craig (RCr) provided an update on operational performance:

4.8.1 Due to the IT outage at GSTT in July, a single activity analysis for the entire clinical group for both M4 and M5 has not been possible. RCr noted lower than budgeted levels of ECMO and transplant; responding to BSM's enquiry as to the reason why, RG-M responded that this was due to low demand, citing the fact that only 13 transplants (11 heart and 2 lung) have been carried out during the financial year to end of August whereas previously it would have been significantly higher, particularly lung transplants. Derval Russell (DR) confirmed that the low level of lung transplant volumes is attributable mainly due to advances in medical treatment and drug availability resulting in the removal of nearly all Cystic Fibrosis from the transplant waitlist.

4.8.2 RCr then touched on some of the specific issues relating to cardiac surgery, such as the impact of the high level of non-elective cardiac surgery cases at Harefield on elective activity. Overall, the HL&CC CG has over 700 patients awaiting cardiac surgery with almost 250 within the non-elective category. Across all directorates, the number of patients with waits of more than 78 weeks has dropped to 16 by the end of July and we should be able to stay below the NHSE target for the end of FY22-23. No patient had exceeded the two year wait since June this year; whilst waits for more than 52 weeks had slightly increased but were still below 300, as compared to over 400 in May 2021.

4.8.3 RCr added that with Cath Lab 3 returning to use at RBH in July, for the first time since May 2021 all five RBH cath labs are functioning, with the refurbishment of Cath Lab 3 at STH commencing in November. Staffing shortages amongst cardiac physiologists and radiographers had caused the number of cath lab and diagnostic sessions to be reduced on all sites especially at HH and St Thomas'. Immediate short-term measures for recruitment and retention have been applied to address the shortages whilst longer term measures are being considered.

4.8.4 Prof Gerry Carr-White (GC-W) reported that a drop-in cardiac surgery referral volumes at STH had resulted in a relatively small waiting list on site – the reasons behind this are being investigated. Discussion were under way for the STH team to help free up capacity at RBH & HH by taking on some interhospital transfers while there is still space before the onset winter bed pressures set in. Recruitment and retention of radiographers remains challenging which has impacted cath lab capacity: part of this challenge is that radiographers on the STH site are not line-managed within the HL&CC CG.

4.9 Board members discussed the Chief Executive's report. Avey Bhatia (AB) thanked HL&CC CG teams for their work in minimising harm to patients arising from IT outage. An externally chaired clinical harm review group had been set up which had identified only one patient (not from HL&CC CG) who seemed to have come to harm as a result of the outage. She added that the issue of difficulties in recruiting and retaining radiographers and physiologists was mirrored elsewhere in the Trust with regard to high nursing vacancy rates, which are now a national problem and which are being exacerbated by the rising cost of living. A Hardship fund is accessible to staff, and more government funding for (e.g.) accommodation for nurses was expected. Prof Bernard Keavney (BK) enquired if growing patient DNA rates were impacting on outpatient activity: RG-M stated that the exact data on this would be provided later.

**Action: BSM suggested Jo Carter (JC) to talk to Ian Playford (IP) about the hardship fund**  
**Action: RCr to provide a summary on DNA rates**

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



## **5. Q1 Quality & Safety Report**

In presenting this, JC highlighted the difficulties currently encountered within our Clinical Group due to RBH / HH and STH / GH having to use two separate Datix systems, which is causing the production of the clinical group monthly dashboard to be wholly manual.

Procurement of a new Trust Patient Safety Incident Response Plan (PSIRP) system is under way, with an expectation that it will be implemented by 31<sup>st</sup> March 2023. User training in this system would be running alongside / on top of EPIC training – this is not ideal, but there is no alternative.

JC noted that outstanding actions relating to SIs (Serious Incidents) have significantly fallen month on month, especially within the STH cardiovascular directorate.

JC added that information on clinical guidelines across our Trust is currently accessed from four separate systems across the four main hospital sites. A review is under way that aims to amalgamate the systems.

The Board noted the update.

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

Board members were updated on the matters that had been considered by the Risk & Safety Committee, during their meeting held on 5<sup>th</sup> July 2022, by Simon Friend (SF) who had chaired the Committee, and who was thanked by Prof Peter Hutton (PH) for acting on his behalf. SF reported that this was the first transition meeting with the two 'legacy' (i.e. RB&H and GSTT) teams coming together regarding data, and he referred to the following items that had been considered by the committee:

- Q1 Quality and Safety report
- Risk Register
- Health & Safety
- Violence and Aggression
- Various Annual Reports – e.g. End of Life care, etc.
- Progress to a Common Reporting System
- Governance & Quality Committee Minutes

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

## **7. Update on Integrated Risk Register**

Sharon Ibrahim (SI), Head of Assurance, summarised progress made to date in integrating and restructuring the clinical group risk register, adopting the underpinning principles set out in the Trust Risk Management policy in order to ensure the directorates' and clinical group's risk register were fully linked and consistent different systems into a single, consistent risk register. The 'legacy' RB&H risk register had been reviewed, with some of the risks that related to I&T, HR and Estates Management being transferred to being under the oversight of corporate services such as DIT, HR, Essentia etc. With service lines and directorates reviewing their risks, there should be a clear upward aggregation / cascade of relevant risks into the clinical group risk register.

SF enquired about the strategic objectives associated with risks which made no reference to research and education along those routes. BK endorsed this, stating that it was through ensuring that our patients have early access to innovative treatment and that they can participate in clinical trials of new drugs, devices and care pathways, that we are able to deliver optimal clinical care.

Ian Playford (IP) suggested it would take time for the flow of risks / risk management between service, directorate and clinical group levels to be consistent across the five directorates. He asked whether the methodologies and approaches being used by HL&CC CG were similar to those being applied by the other clinical groups.

**ACTION: PMcC / SI to revert re: an approach to identifying and managing research &**

**innovation risks**

**ACTION: PMcC / SI to check other clinical groups' approaches to risk registers**

The Board noted the summary report.

**8. Month 5 Finance Report**

Trevor Mayhew (TM) gave an overview of the Month 5 financial position as follows:

- Year to date favourable variance against plan of £1.0m (this would not last due to operating off two ledgers)
- During M4, RBH and HH received NHS income on a cost and volume basis including non-contract drugs and devices for a couple of months whilst GSTT was operating on a fixed NHS income basis; but in M5, GSTT are now on fixed block payments for activity but moved to cost and volume for non-contract drugs and devices.
- A significance adverse NHS income variance of (£9.2m) of which (£5.9m) is at RBH and (£3.3m) at GSTT which is offset by a favourable expenditure variance.
- A favourable variance of £2.0m for elective inpatient and daycase activity
- An adverse variance of (£2.3m) for first outpatient attendances, procedures and diagnostic imaging
- An adverse variance against plan of (£4.4m) for VV ECMO which is partially offset by a favourable variance for Critical Care of £1.2m.
- It was worth noting that VV ECMO activity had dropped significantly since February and had remained low since.
- Also, an adverse variance against plan for Transplant and VAD of (£3.4m) of which (£2.7m) related to lung transplant.

The Board noted the report.

**9. Finance & Performance Committee Report and Minutes – 29 June 2022**

The Chair of the Finance & Performance Committee (SF) presented the minutes and provided a verbal update on the Committee's meeting, and highlighted the following:

- M2 Financial Performance Report
- Internal Audit Reports
- Performance Review M2
- Staffing Levels and challenges
- Darwin and Transformation

The Board noted the minutes and SF's verbal report.

**10. Apollo programme**

RG-M presented an update report on the ongoing preparations to implement the EPIC electronic health record system, touching upon both risks and issues and on operational benefits and opportunities. BSM asked whether future updates might also assess the benefit to patients and on the potential for EPIC to transform current models of care.

BK reported that the recent implementation of EPIC across NHS Trusts in Manchester had gone reasonably smoothly due to the considerable amount of attention and time given over to engaging with staff despite their initial anxieties about the new system and also to training. EPIC had indeed transformed the relationship between care providers and patients.

A discussion followed on EPIC, including its suitability for managing patients with physical disabilities and speech and language difficulties, and on whether the benefits in the business case were still achievable. Lawrence Tallon (LT) stated that there was a balance to be struck in how hard and deep to push the transformation potential of EPIC. PH identified the importance of factoring in the issue of

considerable variation in levels of digital literacy amongst patients. Denis Lafitte (DL) point to the advantage of EPIC in terms of cyber security, as having a single system enabled greater control over secure access and usage than several systems.

#### **11. People Committee**

Janet Hogben (JH), chair of the committee, highlighted the following issues had been discussed in a recent meeting of the People Committee:

- EDI networks
- People integration
- Apollo – update and impact
- People Metrics Scorecard

There were constructive discussions about improve the interaction between the various networks represented within the clinical group. A review of the Committee's Terms of Reference proposed that i) the Committee should meet twice a year, ii) membership should be actively managed in relation to attendance or non-attendance at these meetings.

The Chair thanked JH for the update.

#### **12. Recommendations of the Advisory Appointments Committee (AAC)**

Following the Advisory Appointment Committee Panel meetings, the Board ratified the appointment of Dr Christopher Orton as Consultant, Respiratory Physician with expertise in Cancer and Interventional Bronchoscopy.

#### **13. Any other business**

##### **13.1 HLCC CG Board Terms of Reference**

The revised Terms of Reference was presented reflecting a number of minor amendments, including the name of the new clinical group. The Board approved the revised Terms of Reference.

##### **13.2 Cardiac device procurement**

PMcC notified the Board about a programme for the procurement of cardiac devices for RBH & HH. Due to a) the timing of the clinical group Board meetings, b) the need for Trust Board approval (given the expected size - c.£70-80m - of the contract to be awarded), c) the need for the new contract to go live in early January 2023, it had not been possible previously to bring a paper on this programme to the clinical group Board. However, a paper recommending the award of the contract, including details on how it represented value for money for the Trust, would be circulated via email to members of the clinical group Board for consideration prior to the Trust Board's consideration and approval on November 2nd.

BSM thanked him for the update

13.3 John Bradbury, GSTT Governor Representative, commented that there was no reference to Governors within the revised clinical group Board Terms of Reference and asked whether it was possible to include a Governor on the AAC panel in future. RG-M stated that this was not GSTT Trust policy. He committed to discuss within the clinical group and respond.

**ACTION: RG-M to discuss with leadership colleagues on the inclusion of governors on AAC panels.**

BSM thanked Mr Bradbury and noted his comments.

#### **14. Date of next meeting**

The date of the next meeting of the HLCC Clinical Group Board will be held on Tuesday 22 November 2022 at 10.00am.

**HEART, LUNG & CRITICAL CARE CLINICAL GROUP BOARD**

**22 November 2022 at 10.00 – 12.00hrs**

**RBH Boardroom/ MSTeams**

**MINUTES**

**PRESENT:** Baroness Morgan of Huyton (Chair)\*, GSTT Deputy Chair and NED  
 Simon Friend\*, GSTT NED  
 Dr Felicity Harvey\*, GSTT NED  
 Ian Playford\*, GSTT NED  
 Avey Bhatia\*, GSTT Chief Nurse, Executive Member  
 Dr Richard Grocott-Mason, Chief Executive, HLCC Clinical Group, Executive Member  
 Dr Mark Mason, Medical Director, HLCC CG, Executive Member  
 Robert Craig, Director of Development & Operations, HLCC CG, Executive Member  
 Jo Carter, Director of Nursing, HLCC CG, Executive Member  
 Nicholas Hunt, Director of Service Development, HLCC CG, Executive Member  
 Janet Hogben, Non-executive Advisor, HLCC CG  
 Prof Peter Hutton, Non-executive Advisor, HLCC CG  
 Prof Bernard Keavney, Non-executive Advisor, HLCC CG  
 Trevor Mayhew, Associate Director of Finance, HLCC CG  
 Ben Falk, Director of Operations, Cardiovascular & PACCS directorates, HLCC CG  
 Rob Stevens, Interim Head of Workforce, HLCC CG  
 \* *voting rights*

**OBSERVER:** Leah Mansfield, GSTT Governor Representative

**IN ATTENDANCE:** Prof Stephen Black, Consultant Vascular Surgeon, Clinical Lead for Vascular Surgery  
 David Shrimpton, Managing Director Private Patients, HLCC CG  
 Piers McCleery, Director of Strategy & Corporate Affairs, HLCC CG  
 Derval Russell, Hospital Director, Harefield Hospital, HLCC CG  
 Sharon Ibrahim, Head of Assurance, HLCC CG  
 Karen Plews, Head of Patient Safety and Quality, HLCC CG  
 Taylor Green, International Nurse Recruitment Lead, HL&CC CG  
 Janet Branford, Nurse Manager, Private Outpatients, HL&CC CG  
 Elizabeth Mittoo, Deputy sister, Recovery Unit, RBH Site  
 Tyrone Esguerra, International Nurse Education Facilitator, RBH&H Sites  
 Eve Mainoo, EA to CEO, HLCC CG

**APOLOGIES:** Lawrence Tallon\*, GSTT Deputy Chief Executive, Executive Member  
 Prof Nicholas Hart, Deputy Medical Director, HLCC CG  
 Dr Jonathan Byrne, Clinical Director, Cardiovascular services, KCH  
 Prof Gerry Carr-White, Deputy Medical Director, HLCC CG  
 Denis Lafitte, Chief Innovation and Technology Officer (CITO), HLCC CG  
 Luke Blair, Director of Communications and Public Affairs, HLCC CG  
 Ross Ellis, Hospital Director, Royal Brompton Hospital, HLCC CG  
 Cllr John Hensley, GSTT Governor Representative  
 John Bradbury, GSTT Governor Representative  
 Jennifer Sano, Corporate Secretary, HLCC CG

**SECRETARY:** Juanita Amorin (Minutes)

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

Due notice had been given, and the meeting was quorate. Apologies were noted as above.

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

## 2. Declarations of interest

Dr Felicity Harvey (FH) stated that she has an executive role with an international healthcare company that has hospitals in Abu Dhabi and Dubai.

## 3. Minutes of the Meeting held on 13 September 2022

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

### 3.1. Review of the Action Tracker

Dr Richard Grocott-Mason (RG-M) reviewed the action log as follows:

**Action 3 – Consultant Appointment process** – to be resolved by the end of the financial year.

Action 7 – Six-month Research Review – RG-M also informed that due to the departure of Prof Martin Cowie, an update will be brought to the January 2023 Board Meeting, as part of an update on the KHP Partnership and Programme.

**Action 11 – DNA rates** – data included in the Operations report

Action 12 – identifying and managing research and innovations risks – included in risk register

Action 13 – Inclusion of Governors on AAC panels – RG-M reported that there will be no inclusion, as this is not current practice across the rest of the Trust.

## 4. Chief Executive's Report

- 4.1. The Chief Executive welcomed Rob Stevens to his first meeting in his capacity as the HLCC CG Interim Head of Workforce (replacing Rob Davies) and presented the Chief Executive report to the Board.
- 4.2. The resignation of the RBH lead for neonatal congenital cardiac surgery and the impending retirement of a senior ACHD surgeon has led to concerns about the resilience of the surgical CHD service. There is a process to appoint 2 locum paediatric congenital heart disease surgeons. Both ACHD teams are meeting together to articulate their vision for the transition and adult service to ensure that the needs of this service are met during this rebuilding process and that we realise the opportunity to do things better than before.
- 4.3. RG-M thanked Prof Andy Menzies-Gow, Director of Respiratory Research and Deputy Medical Director for his very considerable contribution and support to RBH, GSTT and the KHP Partnership. Andy is joining Astra Zeneca as Global Medical Head, Respiratory Biologics at the end of 2022. : Board members deliberated and determined that a very strong and attractive clinical and academic employment package jointly between the Trust and KCL would be required.
- 4.4. Prof Thor Sundt's visit to the cardiac surgical departments as part of the KHP Cardiovascular and respiratory partnership programme had yielded enthusiasm and discussions amongst the surgical teams across sites. A vision for the future of the cardiac surgical service will be presented at the next clinical group board.
- 4.5. Prof B Keavney enquired about the reduction of meal costs and if this will affect the quality of food served. Chris Rivers reported that he is working with the team to achieve this objective.

**Action:** A report on the future vision of cardiac surgical service will be prepared for the next meeting (Mr Mario Petrou - MP)

**Action:** David Shrimpton (DS) to provide a report on non-NHS activities to the next meeting.  
The Chief Executive's report was noted by the Board.

## 5. Vascular Service Overview

- 5.1. Prof Stephen Black gave a presentation on vascular surgery at GSTT touching on (inter alia) the GIRFT review, our clinical practice, metrics comparing the service with other Trusts' vascular services, next steps, and a request of the Clinical Group's senior executive team.
- 5.2. Key challenges facing the service were some individual behaviours and relationships, the need for stable long-term leadership and culture change, as well as ensuring that vascular cases had appropriate access to theatre operating capacity.
- 5.3. A discussion followed about the need for the service to work as a collective unit rather than as a set of individual practices, to have clarity of expectations and standardization of practice.

- 5.4. The Chair thanked Prof Black for the presentation and assured him that the necessary support would be provided to help with the way forward, as this was a high priority.

## **6. Operational Performance**

- 6.1. Robert Craig (RCr) presented the M7 summary report. A single clinical group-wide activity report across all sites and from all the separate systems and platforms is now in place. Although overall activity had increased, it was 5% behind plan in spell-volume terms, partly due to an increase in non-elective demand which had had an adverse impact on the amount of elective activity undertaken.
- 6.2. Although there has been considerable progress in reducing the number of patients on long waits over the past few months, the over 78 weeks' number had seen a recent slight increase due to the NHS BT alert on the limited availability of some blood products, although the alert level had been reduced on 8th November. Our aim is for all waits for admission will be below 78 weeks, thus meeting the national target in March 2023.
- 6.3. A discussion ensued around how best to resolve the causes of backlogs and the measures to be put in place.
- 6.4. The chair thanked RCr for the update.

## **7. Q2 Quality & Safety Report**

- 7.1. Dr Mark Mason (MM) presented the report and highlighted some of the challenges facing the Clinical Group as well as the recent success. It was noted that the performance of Mortality and Morbidity reviews needed improvement, due to the number of incomplete Structured judgement reviews (SJRs) of patients who had died. MM emphasised however that all deaths are reviewed, but the process and delivery for additional SJR had room for improvement.
- 7.2. Jo Carter (JC) reported that Beckett Ward was one of the first to have received full accreditation on 1st November; and the importance attached to this process is due to the monthly audits and how well the teams within the clinical group had engaged. Formal results of possibly bronze or silver awards would be a great achievement for a first-time accreditation.
- 7.3. AB commended JC for the great work done and highlighted how well the clinical group had embraced the accreditation program for quality purposes.

The Board noted the report.

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

The chair of the Risk & Safety Committee presented the minutes from the meeting held on 27<sup>th</sup> September. The Board noted the minutes and report.

## **9. Update on Integrated Risk Register**

Sharon Ibrahim (SI), Head of Assurance, gave an update on the clinical group risk register of which progress was hampered by IT technicalities. Challenges encountered were the inaccessibility of the data portal and the fact that current risk assessments by the RBH & HH directorates had to be manually uploaded by the Trust's central teams. Progress had thus been slow, compounded by the cultural change needed to adopt fully the new process of identifying, managing and being responsible / accountable for risks.

The Board noted the summary report.

**ACTION: The Chair requested that a combined clinical Group Risk register be presented at the next CGB - Mark Mason**

## **10. Month 7 Finance Report**

- 10.1. The Month 7 Finance Report was presented by Trevor Mayhew. The contents of the report had already been scrutinised by the Finance & Performance Committee.
- 10.2. It was noted that the entire clinical group was now on a cost and volume basis for their NHS income. The YTD deficit is (£18.4m) which is (£12.9m) worse than planned. Around £11m increase in income was due to an in-month change for Cardiovascular directorate pass through devices, which we

believe to be erroneous and will be corrected in M8. In addition, there is an under-recovery of income for activity recorded in AGfA which will also be corrected in later month. With both of these adjustments reflected, a more realistic YTD M7 reported deficit would be (£28m), £22.5m worse than planned.

- 10.3. The main drivers for this were the impact of having (£21.0m) of Trust block contract income on a cost and volume basis within the Clinical Group, of which (£14m) related to VV ECMO and Critical care, and (£3.6m) to lung transplant. There is also a (£7.25m) short fall on areas covered by the elective recovery fund
- 10.4. The shortfall in STH Cardiovascular income at STH was due to capacity issues around beds and because plans are still based on 2019/20 outturn with an uplift of 4% - Cardiovascular directorate delivered a very high level of weekend waiting list in 2019/20, which it is unable to match in 2022/23. The M7 shortfall for elective and daycase activity at Harefield was equally offset by overperformance on emergency activity.
- 10.5. The in-month underlying position of a £2.3m shortfall from unidentified CIP schemes formed part of the £3.9m ytd annual unidentified CIP targets. Identified schemes have been delivering to plan whilst annually £2.0m are non-recurrent. Reduction in CIP shortfall can be achieved by awaiting a central decision to use a portion of the reduced independent sector expenditure delivered by the cardiovascular directorate.
- 10.6. Opportunities around SPRINT for additional funding from SE Region critical care retrieval service might help bridge some gap as well as income from private patient
- 10.7. A driving factor for our bottom- line performance of £1.5m ytd is the pressure from the provision for bad debts which is a prudent estimate: in reality, actual write offs have historically been minimal. We continue to work with the Kuwait Health Office to secure payment of their long-term debt.

An estimated contribution between £15m to £20m for private patients expected this year will overall have a favourable impact on our bottom line.

The Board noted the report.

#### **11. Finance & Performance Committee Report and Minutes – 26 September 2022**

The Chair of the Finance & Performance Committee (Simon Friend) presented the minutes of the previous meeting and highlighted the following points:

- M7 Financial Performance Report
- Innovation update
- Productivity update
- 2023/24 Business Plan
- Internal Audit Reports

The internal audit reports presented at the committee were not satisfactory and need to be addressed.

The Board noted the minutes and verbal report.

#### **12. Apollo programme**

The Director of Operations (Ben Falk) gave an update report on the ongoing preparations to implement the Apollo programme, touching on the risks and concerns raised via the clinical group liaison group. It was noted that 27th April 2023 has now been earmarked as the go-live date for Apollo.

BF highlighted the following:

- Activity post go-live – all clinical groups were required to submit their plans post go-live, including planned activity at 50% of normal levels in weeks one and two.
- Clinic template builds – this is currently a manual process which will bring additional pressure to busy operational teams with ongoing discussions to minimise the risk on existing staff and workforce.
- Training – will be provided as a hybrid model (online and F2F) with dates to be released in the next couple of weeks. Issues have been flagged such as the timing of training for administrative staff between 4.00pm and 8.00pm. Discussions centred around clinical staff trying to fit training into consultant job plans and what clinics to be cancelled in lieu of training
- Digital champions & specialist training – a good number of staff had been identified to be specialist trainers

- Dragon Medical One (DMO) dictation – this is an integral part of EPIC that is already available go-live, and all clinical staff are being encouraged to use the system.
- Impact on current roles – the business case assumes savings will be made with an anticipated reduction or repurposing of c. 80 WTEs.

**Action: The Board requested a further update would be given at the next clinical board meeting.**

**13. Cardiac device procurement**

Piers McCleery reported that the recommendation for the award of the contract following the procurement had been ratified by the Trust board three weeks previously. However NHS England is not yet ready to issue the preliminary award letters to the suppliers, hence it is likely that the contract start date would be a week or two later in January. Internal planning is under way to ensure that the £22m of added value funding accruing to the clinical group over the next five years is fully optimised. Of this £22m, £10m is allocated to a programme of 5-6 cath lab replacement schemes, £1.3m is assigned to research, £1.5m for training, £1.8m on process improvement (to be linked to the clinical group's transformation programme) with £750k for specific recruitment and retention initiatives.

The Chair thanked PMcC for the update.

**14. Recommendations of the Advisory Appointments Committee (AAC)**

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

- Dr Maria Monteagudo Vela as Consultant in Acquired Cardiac Surgery, Heart & Lung Retrieval & Transplantation and Mechanical Circulatory Support
- Dr Mohamed Osman as Consultant in Acquired Cardiac Surgery, Heart & Lung Retrieval & Transplantation and Mechanical Circulatory Support
- Dr Mark Edsell as Consultant in Adult Cardiothoracic Anaesthesia
- Dr Stefan Braunecker as Consultant in Adult Cardiothoracic Anaesthesia
- Dr Kavita Dave as Consultant in Respiratory and Transplant Medicine

**15. Any other business**

Janet Hogben requested that transport be arranged to ferry staff to Harefield for the next board meeting. (Note post meeting – the next Board meeting has now been moved from Harefield to RBH due to the unavailability of the room due to Apollo training requirements).

In response to Leah Mansfield, governor representative, who enquired about the state of electrical systems and wi-fi at Harefield Hospital, RCr reported that the wi-fi issue had been rectified and that the electrical issue was due to the fact there was no more additional electrical capacity available, rectification of which is now being prepared as a capital scheme to be undertaken hopefully within the next two to three years.

**16. Date of next meeting**

The date of the next meeting of the HLCC Clinical Group Board will be held on Tuesday 17th January 2023 at 9.30am in the RBH Boardroom, Chelsea wing.



## Board

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**WEDNESDAY 25 JANUARY 2023**

<b>Title:</b>	Documents Signed under Trust Seal, 27 October 2022 to 18 January 2023
<b>Responsible Director:</b>	Ian Abbs, Chief Executive
<b>Contact:</b>	<b>Ian Abbs, Chief Executive</b>
<b>Purpose:</b>	For information
<b>Strategic priority reference:</b>	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
<b>Key Issues Summary:</b>	In line with the Trust's Standing Financial Instructions, the Chairman, Charles Alexander and Professor Ian Abbs, Chief Executive are required to sign contract documents on behalf of the Trust, under the Foundation Trust's Seal.
<b>Recommendations:</b>	The BOARD OF DIRECTORS is asked to: 1. Note the record of documents signed under Trust Seal.

*Documents signed under Trust Seal – Board of Directors, 25 January 2023*

**Board**

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST  
BOARD OF DIRECTORS  
WEDNESDAY 25 JANUARY 2023**

**DOCUMENTS SIGNED UNDER TRUST SEAL  
27 OCTOBER 2022 TO 18 JANUARY 2023  
PRESENTED FOR INFORMATION**

**1. Introduction**

In line with the Trust's Standing Financial Instructions, Professor Ian Abbs, Chief Executive and Charles Alexander, Chairman signed document numbers 1026 to 1029 under the Foundation Trust's Seal during 27 October 2022 and 18 January 2023.

**2. Recommendation**

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

<b>Number</b>	<b>Description</b>	<b>Date</b>
1026	Surrender of lease between (1) European Society for Blood and Marrow Transplantation) and (2) Guy's and St Thomas' NHS Foundation Trust of Part 4 <sup>th</sup> Floor, Tabard House, Guy's Hospital. Term ends 16 June 2023	18/01/23
1027	Variation of a deed of easement relating to land adjoining Minnie Kidd House. Trust owned.	18/01/23
1028	Lease for land to facilitate the patient transport service at Unit B, Tower Bridge Business Park, Mandela Way between (1) The King's Most Excellent Majesty in Right of His Duchy of Lancaster and (2) Guy's and St Thomas' NHS Foundation Trust.	18/01/23
1029	Lease between (1) South London and Maudsley NHS Foundation Trust and (2) Guy's and St Thomas' Foundation Trust to facilitate the Trust service Adults with Learning Disabilities (AWLD) in Part of the First Floor, Old Town Hall, Catford	18/01/23

*Documents signed under Trust Seal – Board of Directors, 25 January 2023*