



# **Public Board of Directors Meeting**

**28<sup>th</sup> April 2021 at 4pm  
Held Virtually**

**Board of Directors Meeting**  
*Meeting to be held on Wednesday 28<sup>th</sup> April 2021  
at 4pm to 5.30pm by Virtual Meeting*

**A G E N D A**

- |           |   |                     |             |
|-----------|---|---------------------|-------------|
| <b>1.</b> | Welcome and Apologies   | <i>verbal</i>       |             |
| <b>2.</b> | Declarations of Interest  | <i>verbal</i>       |             |
| <b>3.</b> | Minutes of the meeting held on the 27 <sup>th</sup> January 2021                                    | <i>attached</i>     |             |
| <b>4.</b> | Matters arising from the minutes of the previous meeting  | <i>verbal</i>       |             |
| <b>5.</b> | Chairman's Report<br><i>Sir Hugh Taylor</i>   | <i>verbal</i>       |             |
| <b>6.</b> | Chief Executive's Report<br><i>Professor Ian Abbs</i>   | <i>attached</i>     | (BDA/20/15) |
| <b>7.</b> | Covid Symptom Tracker App<br><i>Professor Tim Spector, Professor Seb Ourselin, Dr Claire Steves</i> | <i>Presentation</i> |             |
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- |            |  |                 |             |
|------------|--|-----------------|-------------|
| <b>8.</b>  | Reports from Board Committees for noting: <ul style="list-style-type: none"> <li>a) Audit and Risk Committee: minutes 10<sup>th</sup> February and 17<sup>th</sup> March 2021</li> <li>b) Transformation and Major Programmes Committee: minutes 3<sup>rd</sup> February, 24<sup>th</sup> February, 24<sup>th</sup> March and 7<sup>th</sup> April 2021</li> <li>c) Quality and Performance Committee:             <ul style="list-style-type: none"> <li>i. Minutes 13<sup>th</sup> January and 24<sup>th</sup> February 2021</li> <li>ii. Month 11 Financial Report</li> <li>iii. Balanced Score Card to Month 11</li> </ul> </li> </ul> |                 |             |
| <b>9.</b>  | Register of Documents Signed Under Seal<br><i>Ian Abbs</i>   | <i>attached</i> | (BDA/20/16) |
| <b>10.</b> | Any Other Business   |                 |             |

Arrangements for the next meeting of the Board of Directors meeting due to be held on 28<sup>th</sup> July 2021 at 3:45 pm will be confirmed in due course

## **BOARD OF DIRECTORS**

**Minutes of the meeting held virtually on Wednesday 27<sup>th</sup> January 2020 at 4pm**

**Present:** Sir H Taylor (Chairman)  
Prof I Abbs  
Ms A Bhatia  
Mr P Cleal  
Mr J Findlay  
Dr F Harvey  
Ms J Parrott  
Mr J Pelly  
Prof R Razavi  
Ms J Screamon  
Mr M Shaw  
Dr S Shribman  
Dr P Singh  
Dr S Steddon  
Mr L Tallon  
Mr S Weiner

**In attendance:** Mr E Bradshaw (Secretary)  
Ms S Austin  
Ms B Bryant  
Mr M Carden  
Ms S Clarke  
Ms J Dahlstrom  
Mr S Davies  
Mr R Drummond  
Ms N Felix  
Mr A Gourlay  
Ms A Knowles  
Ms K Moore  
Ms M Ridley  
Mr D Waldron  
Mr N Wright  
Members of the Council of Governors, members of the public and members of staff.

**BOD/21/01 Welcome and Apologies**

The Chairman welcomed participants to the meeting of the Board of Directors (the Board). No apologies had been received.

**BOD/21/02 Declarations of Interest**

There were no declarations of interest.

**BOD/21/03 Minutes of the meeting held on 9<sup>th</sup> December 2020**

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

**BOD/21/04 Matters arising from the minutes of the previous meeting**

There were no matters arising except to acknowledge the proposal to merge with Royal Brompton and Harefield NHS Foundation Trust (RBH) had been approved by the trusts' regulator, NHS Improvement, and would go ahead on 1 February 2021.

**BOD/21/05 Chairman's Report**

The Chairman thanked Trust staff for the professionalism with which they had responded to the second wave of the Covid-19 pandemic. The Trust Care Awards ceremony had preceded the Board meeting and had demonstrated the outstanding care provided across the organisation. The Chairman also praised the Trust staff involved in enabling the merger in the midst of the pandemic, and paid tribute to the RBH Board and senior leadership for their role in the process.

**BOD/21/06 Chief Executive's Report**

The Chief Executive thanked the Trust Board and Council of Governors for the support they had provided during the Covid-19 pandemic. The recipients of the Trust Care Awards were commended for the patient-centred and compassionate care they had provided, and the Chief Executive was proud that a number of Trust staff had been recognised in the New Year Honours List.

The Chief Executive provided an overview of the Trust's response to the second wave of the pandemic, the scale of which had surpassed that of the first, and which had been compounded by seasonal pressures over the winter months. The Trust had seen a significant increase in the number of Covid-19 patients requiring admission, with particular demand for critical care beds. To provide sufficient capacity the Trust had converted a number of clinical areas into critical care units and had prioritised clinical activity to enable the redeployment of staff from clinical and corporate teams into the expanded critical care settings. The Board noted that a high number of its critical care patients had been taken from other trusts across London and South East England.

The response to the pandemic had placed additional demands on staff, and the Trust was continuing to prioritise staff welfare and provide an enhanced wellbeing offer through the 'Showing we care about you' programme. The Trust had adequate and secure supplies of Personal Protective Equipment (PPE) to maintain staff safety. Board members discussed the actions being taken to alleviate pressures on staff, including through psychological support, and the need to give staff time to rest and recover. The invaluable role of the Guy's and St Thomas' Charity in enabling this work was highlighted.

The Trust remained focused on maintaining its core quality, financial and operational performance alongside the response to Covid-19, and the Board's Quality and Performance Committee had spent considerable time monitoring access and outcomes data, for example against the national four-hour A&E standard. The Trust was working hard to balance its response to the pandemic with the continued provision of urgent treatment for patients without Covid, and Board members noted the process for the clinical prioritisation of urgent surgery both for Guy's and St Thomas' patients and patients across South East London. Work was ongoing to

expand capacity for these patients wherever possible, including on both Trust sites and in the independent sector. Further operational updates were provided in relation to outpatients, diagnostics and community services.

The Board received an overview of the Trust's financial performance to 31 December 2020 (month 9), including the financial impact of Covid-19, the main drivers of the variance to plan, and the year-end forecast. NHS England and NHS Improvement (NHSEI) had confirmed that the current financial regime would be extended into the first quarter of the new financial year. Updates were also received about the Trust's cash and capital positions and, in response to questions from the Board, about business planning for 2021/22.

The Trust had continued to progress delivery of its major strategic programmes as far as possible during the pandemic. The merger with RBH would take legal effect from 1 February 2021 and it was reiterated that 'day one' plans would focus on ensuring stability and continuity of the current arrangements. The Board welcomed the update and the opportunities the merger would bring, including for children's heart surgery and science and innovation. An update was also provided on the Electronic Health Record programme which had been named the 'Apollo' programme to convey its scale and ambition. The Board noted that Apollo was in its mobilisation phase and a significant recruitment campaign had recently been launched.

#### **BOD/21/07 Covid-19 Vaccination Programme**

The Board received an update on the Covid-19 vaccination programme. The Trust's objective was to vaccinate as many staff and patients as possible whilst adhering to national advice from the Joint Committee on Vaccination and Immunisation (JCVI). Five vaccination 'pods' were open, with the capacity to deliver 20,000 vaccines per week and the Trust had recently delivered its 50,000<sup>th</sup> vaccine, which was more than any other NHS Trust. The Board noted that the JCVI advice in relation to booking of second doses had changed on 31 December and that the Trust remained compliant with the updated requirements.

Board members discussed the barriers that remained to ensuring all eligible patients and staff received the vaccine and the work that was ongoing to support these individuals. There were a number of ethnic staff groups where take-up of the vaccine was low, and the Board discussed ways in which this issue could be addressed. There was further discussion about how the Trust was working with Primary Care Networks to vaccinate the local population and how 'overlap' between primary and secondary care providers could be prevented.

#### **BOD/21/08 Reports for Noting**

The Board noted the reports.

#### **BOD/21/09 Register of Documents Signed Under Seal**

In line with the Trust's Standing Financial Instructions, the Chairman, Hugh Taylor and Professor Ian Abbs, Chief Executive, are required to sign contract documents on behalf of the Trust, under the Foundation Trust's Seal.

The Board noted the record of documents signed under the Trust seal.

**BOD/21/10 Any Other Business**

There was no other business. Arrangements for the next meeting of the Board of Directors on 28<sup>th</sup> April 2021 will be confirmed in due course.

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST  
BOARD OF DIRECTORS  
WEDNESDAY 28 APRIL 2021**

<b>Title:</b>	<b>Chief Executive's Board of Directors Report</b>
<b>Responsible Director:</b>	<b>Professor Ian Abbs</b>
<b>Contact:</b>	<b>Louise Moore</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 PARTNER
<b>Key Issues Summary:</b>	The Board of Directors to receive an update on the COVID-19 pandemic response and recovery, as well as updates on overall Trust performance, including quality, access and finance. This report will also update on major programmes of work, where key milestones have been achieved since the January Board meeting.
<b>Recommendations:</b>	The BOARD OF DIRECTORS is asked to: 1. Note the report

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

WEDNESDAY 28 APRIL 2021

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

#### 1. Introduction

- 1.1. This is our first public board meeting as an expanded organisation following the merger of Royal Brompton and Harefield NHS Foundation Trust with Guy's and St Thomas' NHS Foundation Trust on 1<sup>st</sup> February 2021. I would like to formally welcome Royal Brompton and Harefield colleagues to the Guy's and St Thomas' family and to use this as an opportunity to reiterate how delighted I am that our two organisations have formally come together so that we can now collectively begin to realise the benefits that this will bring to our patients and staff.
- 1.2. The aim of my report today is to provide you with an overall summary of our collective response to the second wave of the COVID-19 pandemic and our recovery plans as the nation continues its journey along the Government's four step roadmap back to normal life.
- 1.3. In my report, I will also provide you with an important update on our workforce, particularly focusing on staff wellbeing and the recently published national staff survey results. I will also share with you our latest quality, operational and financial performance of the Trust, which reflects the continued efforts and primary focus to treat as many patients as we can safely.
- 1.4. The Trust is also progressing, where possible, our major development and strategic programmes, and in this report I will provide updates where key milestones have been achieved since the January Board meeting.



**NHS CONFIDENTIAL - Board****2. New Appointments at Guy's and St Thomas' NHS Foundation Trust**

- 2.1. I am very pleased to announce that Jay Dungeni has been appointed as the Trust's new deputy Chief Nurse.
- 2.2. Jay will be joining us having been a Deputy Chief Nurse at The Hillingdon Hospitals NHS Foundation Trust and more recently the Corporate Deputy Director of Nursing at Chelsea and Westminster Hospital NHS Foundation Trust.
- 2.3. Jay brings a wealth of professional expertise to Guy's and St Thomas', and his wide ranging experience and passion for quality improvement will ensure we are able to meet the challenges that lie ahead.
- 2.4. We look forward to welcoming him formally when he takes up his post on 4<sup>th</sup> May 2021.

**3. COVID-19 pandemic response and recovery**

- 3.1. Our continued response and journey towards recovering from the COVID-19 pandemic remains the major focus of the Trust's work.
- 3.2. I would like to start by thanking all of the staff working across our hospitals and the community services, for everything that they have done, and will do, in support of our ongoing response and recovery.
- 3.3. The past few months have brought additional challenges and pressures, as we continued our third period of national lockdown and the number of patients admitted into critical care and across our general and acute wards with COVID-19 surpassed that of the first wave, the peak this time being significantly higher and lasting longer throughout the second wave.
- 3.4. At Guy's and St Thomas', COVID-19 admissions peaked in critical care on the 7<sup>th</sup> and 18<sup>th</sup> January 2021 with 170 patients admitted with confirmed COVID-19. An overall peak in critical care admissions was experienced on 27<sup>th</sup> January 2021, when we had a combined total of 204 patients admitted into critical care with COVID-19 and other conditions being treated. In addition, general and acute ward admissions peaked at just under 200 confirmed COVID-19 patients on 14<sup>th</sup> January 2021, with this number reflecting nearly 60% of admissions in these areas.
- 3.5. To ensure the Trust could meet the challenges and demands of the second wave, and building on learning from the first wave the Trust implemented a process to prioritise clinical activity according to clinical need. This allowed significant

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redeployment of staff to the areas where they were needed, particularly into critical care where there was pressure throughout December, January and February. This response required nearly 2000 staff to be redeployed, as well as changes to clinical staffing models across our multidisciplinary teams to deliver care. For example, clinical support teams were created around critical care nursing and medical workforce to undertake specific roles such as proning, mouth care and management of IV support.

- 3.6. The medical wards, as well as those normally devoted to other specialities, were again reconfigured to provide care to COVID-19 positive patients who required hospital admission. The Trust also transformed and converted a number of clinical areas into critical care units to create the necessary increase in Level 3 ITU and Level 2 HDU capacity. The Trust also implemented routine patient testing for COVID-19 and organised patient pathways and bed capacity to ensure all patients who required admission could be kept safe through the separation of COVID-19 and non-COVID-19 patients.
- 3.7. The Trust worked in collaboration with partners across south east London, London and the wider NHS to provide mutual aid to any part of the system that came under intense pressure. This collaborative effort, focused through our south east London Acute Provider Collaborative, also enabled south east London to protect capacity to treat those needing urgent, emergency or other essential care.
- 3.8. Whilst there has been a reduction in the number of patients we have been able to treat, we continue to work incredibly hard with our NHS partners and with the independent sector to create the required capacity to safely treat those needing access to our services.
- 3.9. The Acute Provider Collaborative is also supporting a number of prioritised clinical networks across south east London, including ENT, urology, gynaecology, general surgery, orthopaedics, dental and ophthalmology, to ensure efficient use of NHS resources and equitable patient access to treatment. In addition, this provider collaborative will be a vehicle used across south east London for acute partners to drive transformation, and where we will work collectively towards recovery and implementing the 2021/22 national planning guidance.
- 3.10. The Trust continued to have adequate and secure supplies of Personal Protective Equipment (PPE), as well as all the essential equipment and consumables needed to respond to the second wave of the COVID-19 pandemic, and this remains the case. To ensure the safety of our staff and patients, the Trust continues to encourage all staff to participate in our asymptomatic staff testing programme and requires all staff and patients to comply with social distancing rules, where possible, and to wear PPE in accordance with national guidance at all times.

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- 3.11. The impact of the national lockdown, increased testing and social distancing meant that we began to see a reduction in the number of COVID-19 patients requiring hospital admissions and COVID-19 related admissions have steadily decreased during February and March. This has continued throughout April, and at the time of writing this report (21/04/2021) the Trust had 5 COVID-19 patients admitted (4 patients in critical care and 1 patient admitted to on the ward).
- 3.12. Throughout this period the Trust has continued to deliver the national COVID-19 vaccination programme, and as of 21<sup>st</sup> April 2021, the Trust has delivered over 200,000 vaccines to staff and people across south east London who fall into the current JCVI priority categories. I would like to congratulate our staff for their brilliant work in effectively and safely establishing a number of vaccination hubs across our hospital sites. Through the use of quality improvement techniques we have rapidly enhanced the organisation of these centres, significantly increasing throughput and reducing waiting times.
- 3.13. At the time of writing this report (21/04/2021) the Trust has vaccinated 79% of the Guy's and St Thomas' workforce. The vaccination programme began prior to the Royal Brompton and Harefield becoming part of the Trust and therefore uptake for Royal Brompton and Harefield staff has been reported separately. At the time of writing this report (21/04/2021) Royal Brompton and Harefield have vaccinated 84% of their workforce.
- 3.14. Analysis of the current workforce data indicates that there is significant variability in uptake across different ethnic and staff groups and we know we still have more work to do to increase staff uptake of the vaccine. Our priorities for staff vaccine uptake are to ensure that all Trust staff have access to the COVID-19 vaccine and the information they need to make an informed choice. As an organisation we are continuing to work hard to understand and address the key drivers behind the barriers to vaccine uptake. The Trust Quality and Performance Committee discussed the COVID-19 vaccination programme on 14<sup>th</sup> April 2021 and will remain sighted on its continued delivery. The health and wellbeing of all our staff remains a key priority for the Trust and we will continue to encourage vaccination through tailored support.
- 3.15. The Trust also continues to prioritise and support an enhanced wellbeing offer for our staff through our 'Showing we care about you' programme. This has had a particular focus on ensuring scheduled recovery breaks for individuals and ensuring staff wellbeing needs are embedded and integrated within services. The Trust has also placed a significant focus on providing a period of rest and recuperation for our staff, and this has been achieved by returning areas to normal activity in a phased way and also providing additional staffing to areas that experienced the most pressure during the second wave.
- 3.16. The Trust also continues to provide practical support to staff and services to support mental wellbeing, focused on recognising the demands and pressures that have been placed on them as we responded to the second wave of the pandemic.

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Additionally, the Trust continues to review and update the COVID-19 risk assessments as part of our continuous process to keep our staff safe.

- 3.17. The biggest challenge for our organisation now is to treat patients who were delayed during the pandemic. Therefore, our primary focus is to treat as many patients as is safely possible across all specialities going forward, and since February the Trust has worked incredibly hard to steadily increase diagnostic, outpatient and surgical activity.
- 3.18. Most recently this hard work has been reflected in the recovery of activity throughout April, where we have averaged 71% of business as usual (BAU) levels in elective activity, 85% in outpatients and 93% in diagnostics. The Trust has also seen a reduction in diagnostic waiting times with 14.5% of patients waiting over 6 weeks for a diagnostic test in March compared to 21% in February and down from a peak of 66% in April 2020. The number of patients waiting over 52 weeks for treatment has also started to decrease with a reduction of over 400 patients from the peak in February.
- 3.19. As we look to the year ahead, aligned with the national planning guidance we will focus on supporting the health and wellbeing of staff and take action on recruitment and retention. We will also focus on delivering the NHS COVID vaccination programme and continuing to meet the needs of all our patients, including those with COVID-19. We will build on what we have learned during the pandemic to transform the delivery of services, focusing on the restoration of elective and cancer care and managing the increasing demand on mental health services. This will include maximising our elective activity, restoring full operation of all cancer services and delivering improvements to our maternity services, including in response to the recommendations of the Ockenden Review.
- 3.20. We will actively seek to improve health outcomes and to address health inequalities by transforming community and urgent and emergency care, by working hard to prevent inappropriate attendance at our emergency department (ED), ensuring timely admission to hospital where needed and reducing length of hospital stay whenever possible. As a Trust we will also work collaboratively across systems to deliver national priorities with the aim of better health for everyone, better care for all patients and efficient use of NHS resources.
- 3.21. It is clear that as a Trust, a health system and a nation we are on a journey to recovery that will take a number of years, and it will be through the dedication and collective work we do as the NHS and as a country that we will be able to continue to recover from the devastating impacts of this global pandemic.

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**4. Our 2020 NHS Staff Survey results**

- 4.1. The results from the 2020 National NHS Staff Survey have been published, and it is very reassuring and heartening to report that the majority of our staff told us that their experience of work has been positive, despite the incredibly challenging year that we have collectively faced.
- 4.2. Almost 7,300 (41% of our workforce), completed the survey last year, and staff feedback puts Guy's and St Thomas' above the national average in seven of the 10 themes, equal to the national average in one and below average in two for the hospital category 'Acute, and acute and community trusts'.
- 4.3. It was very positive to note that 91% of our staff agreed that the care of patients/service users is the organisation's top priority, as compared to the national average of 80% - this was the best score nationally. 2020 also saw a positive improvement in our health and wellbeing scores, with 43% of our staff agreeing that Guy's and St Thomas' takes positive action on health and wellbeing, compared to the national average of 32% (a 7% increase on our score in 2019). 75% of our staff also believe that adequate adjustments were made to enable them to carry out their work, compared with 69% in 2019.
- 4.4. We did however score below the national average on two themes. The Trust has more work to do in ensuring a fair and positive work experience for all our workforce, scoring 8.6 out of 10 (compared to the national average of 9.1) for equality, diversity and inclusion. I want to underline our absolute commitment and restless ambition to listening to our staff and taking clear actions that address the issues of equality, diversity and inclusion raised by our staff survey results. In 2020 we launched our 'Positive Action Charter' and a detailed action plan with clear metrics to drive progress. We are currently updating the action plan to take account of the staff survey results.
- 4.5. The Trust scored 7.9 out of 10 (compared to the national average of 8.1) in the theme relating to bullying and harassment, and I would like to make clear our strong stance on protecting our workforce, ensuring everyone feels safe and supported at all times. This priority is being taken forward through our 'Respect Others' culture change programme.
- 4.6. This time the survey also included questions on experiences during the COVID-19 pandemic and nearly 3,000 staff members indicated they had worked in a COVID-19 ward/area during the year. Compared to the national scores for colleagues working in these areas, Guy's and St Thomas' staff had more positive experiences than average in eight of the 10 themes, and reported the best or near-best results for quality of care, safety culture and staff engagement, as well as higher than the national average for health and wellbeing – thanks to our increased and ongoing initiatives to support everyone who works

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- 4.7. The 2020 NHS staff survey was completed prior to Royal Brompton and Harefield becoming part of Guy's and St Thomas' so their results are published separately. The response rate for Royal Brompton and Harefield was 66% (2,513) which was 10% above the national average in their group of 'Acute Specialist Trusts' and 18% above the national response rate of 47%.
- 4.8. The staff survey results for Royal Brompton and Harefield demonstrated a positive experience for most staff, with improvement seen in several areas, including health and wellbeing and safety culture. Morale and staff engagement saw a slight decline, whilst results against the themes of 'Quality of Care' and 'Staff Engagement' were comparable to the national average.
- 4.9. Overall, the 2020 survey results indicate that we are doing well, but they also highlight several areas for improvement. A Trust-wide action plan will be developed in response and the Board will be kept informed on the progress.

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

- 5.1. Since my last report to the Board the Quality and Performance Committee has met twice: on 24<sup>th</sup> February 2021 and 14<sup>th</sup> March 2021.
- 5.2. A significant part of these two meetings was spent considering the impact of the COVID-19 pandemic, and the Committee has provided invaluable advice on the organisation's response and recovery from the pandemic. The Committee has also considered and progressed the integration of Royal Brompton and Harefield Clinical Group's core quality, operational and financial performance within the wider Trust performance, and continues to monitor and maintain oversight to ensure that any issues in these areas are promptly addressed and that risks are appropriately addressed to ensure the Trust can continue to provide compassionate high quality care to our patients.
- 5.3. It is important to note that since my last Board report we continued to see increased COVID-19 activity, and we have needed to prioritise activity according to clinical need to meet the demands of our COVID-19 response, whilst also providing care for the most clinically urgent patients. This has meant a significant reduction in outpatient and surgical activity, and we are closely monitoring the impact of this across emergency department (ED), Referral to Treatment (RTT), Cancer and diagnostic performance.

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- 5.4. This change in demand and reduction in certain areas of activity has impacted operational performance standards across the Trust and at the Quality and Performance Committee on 14<sup>th</sup> April 2021, the Trust's operational performance as at February was reported to the committee. It should be noted that the Trust's operational performance standards saw the greatest impact from the pandemic throughout January and February, and more recently, as the number of COVID-19 related admissions reduced and services were safely increased, we have seen significant improvements in our performance against the operational performance standards.
- 5.5. The Trust reported that the monthly ED performance against the maximum 4 hour wait was 92.99%, reflecting our best reported performance against this standard metric throughout 2020/21 and also the second consecutive month where the Trust has been able to see, treat, transfer or discharge at least 92% of patients attending our ED and urgent care centre (UCC) settings within 4 hours of their arrival. The Trust has also started to see an increase in the number of patients attending compared to previous months.
- 5.6. Our February 2021 performance against the national 18-week RTT standard was 68.0%. This performance shows a slight decrease compared with recent months and continues to reflect the pressures the Trust faces as a result of the pandemic. Our reported 18 week backlog for the month also increased when compared to previous months and we also saw an increasing number of patients waiting over 52 weeks, although this number has now started to decrease as reported above. As a consequence of reduced capacity there has been an increase in waiting times for less urgent treatment as patients are booked in order of clinical priority and then according to longest wait.
- 5.7. Our reported performance against the 62 day cancer standard continues to be an area for improvement and remains below the national standard. With a performance of 68.1%, February 2021 was the best performance reported so far this year, however this remains below the 85% target. A number of factors have contributed to this, including the pandemic, but we continue to take steps internally and with Trusts that refer patients to us, to improve this position.
- 5.8. The majority of our submitted 2 week wait performance positions continue to meet the national standard of 93%, and in March, our 2 week wait referrals exceeded pre-pandemic levels for the first time and we are monitoring referral type and volume very closely.
- 5.9. Our performance against the 31 day treatment standard continues to be below the 96% standard, and reflects the ongoing capacity challenges at the treatment stage of our cancer pathways. The majority of waiting time breaches against this standard are for patients who require a first surgical treatment.

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- 5.10. A number of actions are already underway to improve cancer performance, and these include the purchase of additional robots to deliver robotic surgery options for all tumour groups and reduce the number of patients waiting for prostate surgery. We have also increased nursing and consultant recruitment to support rapid access clinics, and we are piloting new pathways and diagnostics for patients with suspected prostate cancer. We are also working with the independent sector to increase operating theatre capacity.
- 5.11. Against the 6-week diagnostic standard in February 2021, 20.5% of our patients had waited more than 6 weeks for their diagnostic test or procedure. This position, while still a long way from the expected standard of 1%, is a further improvement on December and January's performance, but remains significantly behind our pre-pandemic performance.
- 5.12. The Trust's financial position in 2020/21 has remained stable, partly due to the reimbursement of additional expenditure incurred as a result of the pandemic from NHS England and NHS Improvement.
- 5.13. For the first six months of the financial year a retrospective top-up regime was in place, where the Trust reclaimed any expenditure over and above its baseline allocation. From October, a revised arrangement has been in place that gives the Trust a mainly fixed top-up allocation with some variable funding allocated for specific initiatives.
- 5.14. In line with the current financial regime top up funding of £181.6M has been included in the reported position and year to date (YTD) we are reporting a deficit of £3.2M, £5.4M better than plan. The year-end forecast as at February 2021 is that the Trust will record a deficit of £15.7M which if delivered would exceed the planned deficit of £11.7M, by £4.0M. This forecast currently assumes top up funding of £212.5M and whilst further income is anticipated which would significantly improve this position, this is not included in the current forecast.
- 5.15. The main driver of the year to date position is income - there has been significant reduction in income not covered under block contract arrangements and monthly income has reduced when compared to pre-COVID-19 levels. Whilst some will be partly off-set by increases to our block contract income, this does not fully cover our fixed costs. Partly offsetting this, there are also significant underspends across clinical supplies and drugs, and to a lesser extent some pay budgets, due to the impact of reduced clinical activity. Prior to the 2nd wave of COVID-19, NHS clinical activities were starting to increase with some commensurate increases in expenditure. These costs will need to be carefully managed whilst we remain under the block contract regime.



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### 6. Delivery of the Trust's major programmes

#### 6.1. Royal Brompton & Harefield and Guy's and St Thomas'

The Board and Council of Governors at Royal Brompton and Harefield, along with our own Board and governors supported the merger of our two organisations and on 1<sup>st</sup> February 2021, Royal Brompton and Harefield became part of Guy's and St Thomas'. This was a historic moment and provides us with a once in a generation opportunity to bring together our two exceptional organisations, creating a centre of national and international excellence devoted to the treatment of heart and lung disease.

Dr Richard Grocott-Mason has been appointed as the managing director of the Trust's new Royal Brompton and Harefield Clinical Group. Dr Grocott-Mason has been a consultant cardiologist for over 20 years and has held a number of senior roles, including the Medical Director at Royal Brompton and Harefield and more recently the managing director of the RBH-KHP partnership.

In welcoming Dr Grocott-Mason to his managing director role, I would like to take this opportunity to thank Robert Bell who has been instrumental in progressing the merger of our two brilliant organisations. As Robert stands down from his role, I would like to thank Robert for the dedication he has shown and acknowledge his numerous achievements which have greatly benefitted the patients and staff of Royal Brompton and Harefield.

As with any merger, the real work has only just begun, and we are excited about taking our collective steps to bring our organisations together. It will be through working together that, whilst subject to public consultation, we will also be able to deliver a sustainable future for paediatric congenital heart disease services, supporting the decision of the NHS England Board last year.

#### 6.2. Electronic Health Record – Apollo Programme

The EPIC EHR system has been chosen as the provider for a single integrated EHR system across the Trust. EPIC will be extended into Royal Brompton and Harefield and to our partners at King's College Hospital NHS Foundation Trust (KCH). The Apollo Programme, which is our name for the implementation of this, will provide staff with a modern, digital, working experience and allow the Trust to implement and use new tools and high quality data to improve the way we provide care to our patients.

## NHS CONFIDENTIAL - Board

Since the last board meeting we have undertaken a recruitment exercise to ensure we are best placed for the next stage of our digital journey. The Apollo Programme has reached its 80% recruitment target, and continues to build the team required to meet delivery timelines.

The Trust is aiming for a target launch date of April 2023 at Guy's and St Thomas' including Royal Brompton and Harefield, with KCH following shortly thereafter.

### 6.3. Pathology Transformation

With the support of Our Healthier South East London (our local Integrated Care System), Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts participated in a procurement exercise to appoint a new pathology service provider for south east London. This was in response to national guidance issued in 2017.

Last year the Boards of Guy's and St Thomas' and King's College Hospital considered and approved the full business case for the future provision of pathology services in south east London, and SYNLAB were confirmed as our new joint venture partner. SYNLAB is the leading medical diagnostics service provider in Europe, and already supports the delivery of NHS pathology services across the country.

The scope of the new contract includes pathology services at Guy's and St Thomas', King's College Hospital, South London and Maudsley and Oxleas NHS Foundation Trusts, and GP access across south east London.

The service commenced on 1<sup>st</sup> April 2021 and our new partnership with SYNLAB provides us with an exciting opportunity to use our collective expertise and innovative new technology to redefine what best practice looks like.

## 7. Board Committee Meetings

7.1. Since the last public board meeting we have met a number of times as a Board and the following meetings have taken place since January 2021:

- Audit and Risk Committee on 10<sup>th</sup> February 2021 and 17<sup>th</sup> March 2021
- Transformation and Major Programmes Committee on 3<sup>rd</sup> February 2021, 24<sup>th</sup> February 2021, 24<sup>th</sup> March 2021 and

## NHS CONFIDENTIAL - Board

7<sup>th</sup> April 2021

- Quality and Performance Committee on 13<sup>th</sup> January 2021 and 24<sup>th</sup> February 2021

7.2. I have included the minutes from the above mentioned meetings to the end of March 2021 for your information.

**NHS CONFIDENTIAL - Board**
**8. Consultant Appointments from 1 January 2021 – 31 March 2021**

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

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
08/01/2021	Consultant in Colorectal Surgery and Emergency General Surgery	Katie Jane Adams	Newly created post	Approved	No	01/02/2021
21/01/2021	Consultant in Paediatric Diagnostic Radiology	Arlen Lizeth Urquia Moreno	Vacant post	Approved	No	31/08/2021
21/01/2021	Consultant in Paediatric Diagnostic Radiology	Catriona Elizabeth Louise Reid	Vacant post	Approved	No	01/06/2021
04/02/2021	Consultant in Clinical Oncology - With specialist interest in Prostate Cancer	Kirsty Morrison	Newly created post	Approved	No	06/09/2021
05/02/2021	Consultant in Haematology with interest in Myeloid and Haemato-oncology	Hugues de Lavallade	Newly created post	Approved	No	12/04/2021
11/02/2021	Consultant in Head & Neck Surgical Oncology	Aleix Rovira Casas	Newly created post	Approved	No	Start date to be confirmed
11/02/2021	Consultant in Oral, Maxillo-Facial, Head and Neck Surgery	Mustansir Kurban Alibhai	Newly created post	Approved	No	Start date to be confirmed
15/02/2021	Consultant in Paediatric Neurosciences	Saraswathy Whitehorn	Vacant post	Approved	No	06/04/2021
19/02/2021	Consultant in Thoracic Surgery	Leanne Ashrafian	Newly created post	Approved	No	01/04/2021
26/02/2021	Consultant in Cardiology with Special Interest in Electrophysiology and Devices	Una Buckley	Newly created post	Approved	No	29/03/2021
03/03/2021	Consultant in Paediatric Bone and Endocrinology	Appointee to be confirmed	Newly created post	Approved	No	Start date to be confirmed
04/03/2021	Consultant in Neurodevelopmental Paediatrics	Joanne Paula Cryer	Vacant post	Approved	No	Start date to be confirmed
04/03/2021	Consultant in Neurodevelopmental Paediatrics	Anne Mary Doyle	Vacant post	Approved	No	Start date to be confirmed
05/03/2021	Consultant in Acute Internal Medicine & General Medicine	Kerry Anne Layne	Newly created post	Approved	No	Start date to be confirmed
10/03/2021	Consultant in Paediatric Urology	Anu Paul	Vacant post	Approved	No	01/04/2021
12/03/2021	Consultant in Breast Surgery	Georgia Bitsakou	Vacant post	Approved	No	22/04/2021
19/03/2021	Consultant in Neurology with an interest in Peripheral Nerve Disorders	Appointee to be confirmed	Newly created post	Approved	No	Start date to be confirmed
19/03/2021	Consultant in Neurology with an interest in Cognitive Neurology	Appointee to be confirmed	Newly created post	Approved	No	Start date to be confirmed

**NHS CONFIDENTIAL - Board**

<b>Name of post</b>	<b>Appointee</b>	<b>Department</b>	<b>Start Date</b>	<b>End Date</b>
Consultant	Andrew Markey	Dermatology	01/01/2021	31/12/2021
Comments:	Extension			
Consultant	Ljubomir Novakovic	Dermatology	01/01/2021	31/12/2021
Comments:	Extension			
Consultant	Sven Plain	Cardiovascular Imaging	02/01/2021	01/01/2022
Comments:	Extension			
Consultant	Tibor Gyorgy Kovacs	Breast Surgery	04/01/2021	03/01/2022
Comments:	Substantive			
Consultant	Tony Hulse	Paediatric Endocrine	30/01/2021	30/06/2021
Comments:	Substantive			
Consultant	Sarah Payne	Medical Oncology	28/01/2021	27/01/2022
Comments:	Extension			
Consultant	Kalpala Patil	Paediatric Urology	29/02/2021	28/02/2022
Comments:	Extension			
Consultant	Pier Georgio Masci	Cardiovascular Imaging	26/02/2021	25/02/2022
Comments:	Extension			
Consultant	Joseph Curry	Paediatric Surgery	08/03/2021	07/03/2022
Comments:				
Consultant	Charles Twort	Acute Medicine	01/03/2021	07/02/2022
Comments:	Extension			
Consultant	Stergios Douvetzemis	Breast Surgery	01/03/2021	28/02/2022
Comments:	Extension			
Consultant	Patric Calvert	Cardiology	01/01/2021	01/09/2021
Comments:				
Consultant	Helen du P Manage	Dermatology	01/01/2021	31/07/2021
Comments:				

**BOARD OF DIRECTORS  
AUDIT AND RISK COMMITTEE**

**Minutes of the meeting held on Wednesday 10<sup>th</sup> February 2021  
at 1pm, held virtually via Microsoft Teams**

**Present:** Mr J Pelly (Chair)  
Mr P Cleal  
Dr P Singh  
Mr S Weiner

**Attendance:** Mr E Bradshaw (Secretary)  
Mr I Abbs, Chief Executive  
Ms J Dahlstrom, Chief of Staff  
Ms G Daly, Grant Thornton  
Mr S Davies, Director of Finance  
Mr P Dossett, Grant Thornton  
Ms C Eyre, Chief Accountant  
Mr M Flynn, Head of Communications (item 10 only)  
Mr A Gourlay, Director of Essentia  
Mr R Guest, Chief Financial Officer, Royal Brompton and Harefield  
Mr S Lane, Associate Director of Finance - Internal Audit  
Mr D Lawson, Chief Procurement Officer  
Mr K Leakey, Information Governance & Management  
Ms R Liley, Director of Quality & Assurance  
Mr T Mayhew, Deputy Director of Finance, Royal Brompton and Harefield  
Ms K Moore, General Counsel  
Mr K Murphy, Head of Information Security  
Mr S Nandrha, Audit Manager  
Mr M Shaw, Chief Financial Officer  
Mr L Tallon, Deputy Chief Executive

9.a

**1. Welcome and apologies**

The Chair welcomed colleagues including those from the Royal Brompton and Harefield Clinical Group who were attending the Audit and Risk Committee (the Committee) for the first time. Apologies had been received from Simon Friend.

**2. Declarations of Interest**

There were no declarations of interests.

**3. Minutes of the Audit and Risk Committee meeting held on 11<sup>th</sup> November 2020**

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

#### 4. Matters arising from the previous meeting

A summary report on single tender waivers was on the meeting agenda. The Chair noted that work regarding the assurance map was ongoing and would likely be brought back to the meeting in September 2021. Considerations were ongoing about the most appropriate forum for the Trust Board to review the full Board Assurance Framework.

#### 5. Internal Audit Progress Report

The Covid-19 pandemic was continuing to impact on the delivery of the 2020/21 internal audit plan and progress with this remained behind target. Five new audits had recently been completed; the Committee noted that all areas reviewed were found to have effective controls and had been given 'substantial assurance' ratings. The Committee also reviewed progress with the implementation of outstanding recommendations from previous audits.

Committee members noted updates regarding the capacity of the internal audit team and that an additional senior auditor would be recruited. There was debate about the content of the 2021/22 internal audit plan in the context of the Trust's recovery from the Covid-19 pandemic and delivery of its major programmes, including Apollo and Pathology. It was recognised that digital services would require significant audit input going forward. The 2021/22 internal audit plan would be brought to the Committee meeting in May for further consideration and approval.

#### 6. Counter Fraud Progress Report

The Committee received a counter fraud performance summary for the period 1 November 2020 to 31 January 2021. This set out the numbers of referrals, which were broadly in line with previous periods, and the progress made with investigating and resolving these. The Committee noted updates about ongoing prosecutions and two cases where disciplinary action had been taken. The Associate Director of Finance - Internal Audit would provide further information in respect of one case to the Chief Executive outside of the meeting.

**ACTION: SL**

#### 7. External Audit Progress Report

Grant Thornton reported that its 2020/21 audit planning process had commenced. An update was provided on the key planning considerations, including the matter to address the opening stock balances following the previous year's technical qualification. There was further debate about the Trust's compliance with ISA (UK) 540, regarding accounting estimates, and how the Integrated Care System (ICS) financial allocation model might affect the Trust's longer-term sustainability. The treatment of the merger with Royal Brompton and Harefield NHS Foundation Trust and the impact of the merger on the audit work had been discussed between the auditors and the Trust's finance team. The external audit plan would be brought to the following Committee meeting for review.

The Committee noted and discussed a summary of emerging national issues and developments that Grant Thornton considered of relevance to the Trust, including the new Value for Money Code.

## 8. Information Governance and Cyber Security Report

An overview was provided about the principal activities and updates from the work done by the Information Governance, Health Records and Information Security teams during quarter three (Q3) 2020/21. The Committee noted updates relating to Covid-19 vaccination data flows, EU Exit and Data Protection arrangements, and the anticipated level of compliance with the Data Security and Protection Toolkit (DSPT) following the recent merger. Good progress was continuing to be made against the January 2020 Information Commissioner's Office (ICO) audit recommendations, with the final three open actions on track for completion by the end of the financial year. ICO engagement had been closed early in the Q3 following the auditor's satisfaction with the Trust's progress. There had been no data incidents which met the threshold for reporting to the ICO during this period.

Whilst the Committee welcomed news that progress with reducing cyber risk had been made during Q3, concerns were raised about the cyber security risks linked to Joiners, Movers and Leavers and the availability of support for the Trust's Windows 10 systems. The Committee also noted that there had been no breaches of data security within the Trust related to the global cyber malware incident involving the SolarWinds software suite in December 2020. The Committee requested the following actions:

- A short briefing note to summarise the Trust's response to the global SolarWinds cyber incident, and lessons learned, to be developed and sent to the Trust Board;
- An assessment of the Trust's position and plans for management of legacy IT system risks, including legacy IT systems that will not be replaced by Apollo, to be provided at the Committee meeting in May.

**ACTIONS: KM**

Committee members felt that consideration of risks across the Data, Technology and Information (DT&I) directorate needed to be 'forward looking' as well as focused on the impact of any historic underinvestment in information technology. Royal Brompton and Harefield Clinical Group was asked to set out its position with regards to legacy systems at the next Committee meeting.

**ACTION: RG, TM**

## 9. Single Tender Waivers Summary Report

The Committee reviewed a year-on-year comparison of the numbers and values of the single tender waivers in 2019 and 2020. The information had also been split by supplier, directorate and by reason code. The increased numbers in 2020 were partly attributed to Covid-19 related expenditure, in which equipment and enabling works were required to be commissioned at short notice. Committee members queried the underlying risk of single tender waivers and agreed that urgency was only a valid reason in circumstances beyond the Trust's control. Cultural issues were also felt to be a driver of the issue and the Committee emphasised the importance of empowering Executives and clinical group leaders to address this.

An overview was provided of the steps being taken to address high numbers of waivers, including an increased level of challenge to waiver requests and the strengthening of internal controls. As the directorate with most waivers, the Director of Essentia gave an update about the work being done to address this. Whilst the Royal Brompton and Harefield Clinical Group had not analysed waivers in the same way, it was not felt to be a significant issue. An update

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would be brought back to the Committee in around six months' time to showcase what had been done, the impact of this, and with a proposal of targets to support improvement plans.

**ACTION: DL**

## **10. Going Concern Assessment for the 2020/21 Annual Accounts**

In accordance with accounting standards, Trust management are required to consider annually whether it is appropriate for the Financial Statements to be prepared on a going concern basis. The Committee was presented with a number of assurances to support a recommendation that the going concern basis remained appropriate. These assurances included references to the Trust's Balance Sheet and the absence of material uncertainties in respect of past events or for the next 12 months. Committee members sought confirmation that the merger with Royal Brompton and Harefield and the Covid-19 pandemic had been included in these considerations, and there was discussion about the implications on the Trust's future income of a system allocation model and the proposed legislative changes.

### **RESOLVED:**

The Committee approved a proposal that the 2020/21 annual accounts should continue to be prepared on a going concern basis.

## **11. Segmental Reporting - 2020/21 Annual Accounts**

The Committee received an overview of the proposed Segmental Reporting disclosures in the 2020/21 Annual Accounts. Given the recent changes to the Trust's operating model and the early stages of reflecting these changes in the presentation of financial information to the Board, it was proposed that it would be inappropriate to include full segmental reporting disclosures in the 2020/21 financial statements. Instead, disclosures on segmental reporting would take a narrative form for 2020/21, following a similar approach to previous years. The Committee noted that this would ensure the Trust remained compliant with International Financial Reporting Standard 8 (IFRS 8).

Committee members debated the proposals. One view was that the Royal Brompton and Harefield Clinical Group should be split out in the accounts, another that efforts should be made to report segmentally for 2021/22. Input was also received from Grant Thornton, who encouraged the Committee to consider whether segmental reporting added value to the Trust.

### **RESOLVED:**

The Committee approved a proposal that the Trust should not analyse financial information into operating segments in the 20/21 Annual Report and Accounts.

## **12. Year-End Preparation Update**

An update was provided on the preparation for the 2020/21 year-end process. Work was continuing on the stock-count back exercise to avoid another qualified audit opinion for the 2020/21 final accounts, but the team was facing challenges in completing the exercise in light

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of conflicting priorities. The high volume of transactions involving stock meant the countback was a highly complex task. Discussion focused on whether the issue would be sufficiently material to the newly-merged organisation to warrant qualification. There were nuances regarding the Royal Brompton and Harefield stock that also required further consideration. Grant Thornton confirmed that it was working through these technical issues and would provide further advice in due course.

NHS Improvement (NHSI) had released the detailed year-end Annual Report and Accounts timetable on 15 January 2021. The Committee recognised that the merger had resulted in additional challenges to the production of the Annual Report and Accounts, and there was discussion about how the process should be approached. Committee members supported a request for additional time and queried the process for making the year-end estimates on the Royal Brompton and Harefield ledgers.

While the accounts for both organisations would be consolidated, it was considered impractical to ensure that the Annual Report narrative accurately reflected the new single organisation at this late stage in the financial year. Committee members discussed the proposal to add an appendix to the Annual Report, where the bulk of the narrative specific to Royal Brompton and Harefield hospitals for months 11 and 12, would be published.

#### **RESOLVED:**

The Committee approved proposals to:

- Cease prioritising the stock count-back exercise.
- Formally ask NHSI for an extension to the year-end timetable in light of the merger with Royal Brompton and Harefield
- Proceed with the proposed approach for the production and content of the 2020/21 Annual Report.

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### **13. Standing Financial Instructions post GSTT and RBH Merger**

In late January 2020 Committee members had approved in correspondence an updated set of Standing Financial Instructions (SFIs) for the newly-merged organisation ahead of the legal merger date. An overview was provided of the work done to review and update the Trust's existing SFIs, and it was acknowledged that the SFIs would help ensure appropriate governance, best operational practice and to safeguard the Trust's assets. It was agreed that the next review of the SFIs should incorporate the views of the clinical groups, including Royal Brompton and Harefield, and to incorporate feedback on how the changes in the limits had helped the clinical groups.

**ACTION: MS, SD**

#### **RESOLVED:**

The Committee ratified the updated SFIs to reflect the distinct approval limits for the Royal Brompton and Harefield Clinical Group and associated officers, and approved a recommendation to review the SFIs at the Committee in six months' time.

#### 14. Update on the Finance Integration Plan for the GSTT/RBHT Merger

An update was provided on the finance integration plan for the merger with Royal Brompton and Harefield. The plan set out the key milestones that would need to be delivered over the short, medium and longer term to provide high level financial support and information to the newly-merged Trust. The Committee noted that all 'day one must have' milestones in the plan had been completed in advance of the merger date, and all remaining milestones were expected to be delivered with minimal risk. Plans were set out to complete a small number of 'pre day one' milestones that were outstanding as guidance for 2021/22 had been delayed. The Committee also noted the key deliverables over the next six months.

Committee members acknowledged the risk of changing financial ledgers whilst the organisations were integrating. There was debate about the pace at which integration should happen and at which the synergies should be identified and documented, although it was recognised that the plans should be strategic and long-term in their nature. A further update on this matter would be brought to the next Committee meeting.

#### 15. Audit Appointment Powers for Subsidiaries and Joint Ventures

A review had been undertaken of the audit functions of the five companies in which the Trust owned a shareholding of 50% or more. The review had found that the Trust's involvement in auditor appointment was not consistently defined in the company documents. The Trust's powers to appoint auditors for subsidiaries and joint ventures was clarified, and the proposed actions to address the inconsistencies were set out and discussed. Committee members queried the impact of this review on the new arrangement with Synlab and debated the risk of potential differences of opinion about the appointment of auditors with fellow shareholders.

#### RESOLVED:

The Committee approved recommendations to:

- Pursue the inclusion of auditor appointment as a Reserved Matter in Viapath company paperwork.
- Routinely include the auditor appointment as a Reserved Matter for any future joint venture arrangements.
- Update Pathology Services Limited (PSL) and Guy's and St Thomas' Enterprises Limited (GST Enterprises) company paperwork to include auditor appointment and correct the company title.

#### 16. Any Other Business

The Committee agreed that the amendments made to the SFIs in respect of Covid-19 expenditure should no longer be retained. Should there be a need to revert to these arrangements again, the Chief Financial Officer would bring a new proposal to the Committee.

*The next meeting would be held on 17<sup>th</sup> March 2021 at 1pm, with meeting details to follow.*

**BOARD OF DIRECTORS  
AUDIT AND RISK COMMITTEE**

**Minutes of the meeting held on Wednesday 17<sup>th</sup> March 2021  
at 1pm, held virtually via Microsoft Teams**

**Present:** Mr J Pelly (Chair)  
Mr P Cleal  
Mr S Friend  
Dr P Singh – until 2pm  
Mr S Weiner

**Attendance:** Mr E Bradshaw (Secretary)  
Mr I Abbs, Chief Executive  
Mr A Cavanagh, Head of Corporate Finance, Royal Brompton and Harefield  
Ms J Dahlstrom, Chief of Staff  
Ms G Daly, Grant Thornton  
Mr S Davies, Director of Finance  
Mr P Dossett, Grant Thornton  
Ms C Eyre, Chief Accountant  
Mr A Gourlay, Director of Essentia  
Mr R Grocott-Mason, Managing Director, Royal Brompton and Harefield  
Mr R Guest, Chief Financial Officer, Royal Brompton and Harefield  
Mr N Halliwell, Grant Thornton  
Mr P Hutton, Non-Executive Advisor, Royal Brompton and Harefield – item 5  
Mr S Lane, Associate Director of Finance - Internal Audit  
Ms R Liley, Director of Quality and Assurance  
Mr T Mayhew, Deputy Director of Finance, Royal Brompton and Harefield  
Mr P McCleery, Director of Strategy and Corporate Affairs, Royal Brompton and Harefield  
Ms C McMillan, Director of Technology Services  
Mr K Murphy, Head of Information Security  
Mr S Nandrha, Audit Manager  
Mr G Norris, Grant Thornton – item 12  
Mr M Shaw, Chief Financial Officer  
Mr S Spires, TIAA  
Mr L Tallon, Deputy Chief Executive  
Sir H Taylor, Trust Chair  
Mr N Thomas, KPMG – item 10  
Mr P Woolf, Associate Director Innovation & Technology, Royal Brompton and Harefield

**1. Welcome and apologies**

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

**2. Declarations of Interest**

There were no declarations of interests.

### **3. Minutes of the previous meeting held on 10<sup>th</sup> February 2021**

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

### **4. Matters arising from the previous meeting**

All matters were either on the current meeting agenda or were in hand.

### **5. Royal Brompton and Harefield Key Audit Committee Issues, Key Risks & Safety Issues**

The Committee received an overview of the purpose, scope, and responsibilities of the Royal Brompton and Harefield Audit Committee, which had reported into the Royal Brompton and Harefield NHS Foundation Trust Board of Directors, but which had been stood down following the merger on 1 February 2021. A summary of the Audit Committee's meetings over the past 12 months was also provided, along with the key matters from the Audit Committee's engagement with the organisation's external auditors, internal auditors and counter fraud service.

A similar overview was also provided of the Royal Brompton and Harefield Risk and Safety Committee; a forum that would be retained as part of the Royal Brompton and Harefield Clinical Group governance framework. As part of this update the Committee noted how medical equipment and patient safety were managed across the Royal Brompton and Harefield hospitals.

Committee members welcomed the detail and clarity of the insights provided. Whilst there were similarities in how risk had been managed between the two organisations, it was recognised that this presented an opportunity for the Trust to learn from good practice and strengthen its own risk management arrangements. Committee members felt the Trust's clinical groups should adopt similar models for the oversight of risk and safety as were in place at Royal Brompton and Harefield. This led to discussion about how the executive committees within the Royal Brompton and Harefield Clinical Group would fit into the Trust's existing corporate governance framework, and the possible changes to that framework that might ensue over the coming months. The need for commonality of data as soon as possible was highlighted.

### **6. Royal Brompton and Harefield Merger Due Diligence**

An update was provided to the Committee on the progress made in mitigating each of the key risks that had been identified through the merger due diligence and reported to the Trust Board in October and November 2020. No material concerns had been identified during the interim period.

A number of the risks would need monitoring on an ongoing basis and would therefore be assigned risk owners and managed through the Trust's 'business as usual' processes. There was discussion about the estates backlog maintenance risk, which was being addressed

through collaboration between Essentia and the Royal Brompton and Harefield estates team. The Integration Programme PMO would seek a further update on these risks at the end of April, but that, unless requested, a further update on this would not be brought back to the Committee.

The Committee noted that there was an error in the paper and that the risk regarding the HCA Healthcare Agreement should be amended to read: "Whilst we have been advised that, as drafted, these are unlikely to be *enforceable*, we are currently seeking to amend these with HCA."

## **7. Royal Brompton and Harefield Month 10 Main Financial Statements**

Work was in train to generate completion accounts for Royal Brompton and Harefield for the period to 31 January 2021. Though the accounts relate to the period when Royal Brompton and Harefield was an independent foundation trust, they would be submitted when Royal Brompton and Harefield is a Clinical Group of Guy's and St Thomas' NHS Foundation Trust and would therefore go through the same governance process as the Trust's accounts. There was discussion about when the Committee would review and approve the accounts. The financial performance of the Royal Brompton and Harefield Clinical Group in February and March 2021 would be a consolidated part of the Trust's annual accounts submission.

The Royal Brompton and Harefield prior year accounts had been qualified due to the auditors' inability to validate the final inventory balance due to the Covid-19 pandemic. This meant the accounts to 31 January 2021 would also be qualified due to the lack of certainty over the opening balance. The Committee noted the proposal to undertake an audit-attended stocktake at 31 March 2021, with countback to 31 January 2021 to ensure the opening stock figure in the Trust's 2020/21 annual accounts would not cause the accounts to be qualified. Further updates were received about the month 10 outturn, capital expenditure and cash positions, and the known developments after closing the month 10 ledger.

## **8. Review of Accounting Estimates and Update on Merger**

The Committee received an overview of the different approaches to calculating accounting estimates taken by Guy's and St Thomas' and Royal Brompton and Harefield. In order to ensure a single approach was adopted for the 2020/21 annual accounts, recommendations were made in respect of the estate valuation, the annual leave accrual, and general provisions. Work was ongoing to reach similar recommendations for the bad debt provision and general accruals. Grant Thornton confirmed that it endorsed the process that had been adopted to calculate the accounting estimates.

The Committee welcomed the update and felt it reflected the great progress that was being made to integrate financial working practices. Non-Executive Committee members advised that other changes may arise and require consideration before the accounts are finalised in May and so offered their support to the teams involved.

It was also noted that the Trust had submitted a series of draft responses, covering both Guy's and St Thomas' and Royal Brompton and Harefield, to inform Grant Thornton's review of the Trust's accounting estimates as part of the 2020/21 external audit.

**RESOLVED:**

The Committee approved the recommended approaches towards the valuation of the combined Trust estate, the annual leave accrual estimate, and the provision estimates.

**9. Royal Brompton and Harefield Single Tender Waivers**

Between 2019/20 and 2020/21 there had been a small increase in the number, but a large increase in the value, of single tender waivers at Royal Brompton and Harefield NHS Foundation Trust. This was attributed to Covid-19 and the need for the organisation to equip itself at short notice to respond to the pandemic. The main single tender waivers in 2020/21 were for personal protective equipment (PPE) and high cost cystic fibrosis drugs; the contract for the latter had been approved by the Royal Brompton and Harefield Trust Board. There was a discussion about the process that both organisations had followed to source PPE and other key equipment during the first months of the pandemic in 2020.

The Committee noted that the Trust's central procurement department would identify lessons that could be learned from the Royal Brompton and Harefield hospitals to strengthen internal controls and reduce the number of single tender waivers in the coming year. There was discussion about how reporting on these at future Committee meetings could be strengthened, to give Committee members more information about the rationale for the waivers.

**10. Royal Brompton and Harefield Internal Audit Reports**

The Committee received an overview of the internal audit work undertaken by KPMG since its previous report to the Royal Brompton and Harefield Audit Committee. This included a summary of the five completed audits on the 2020/21 internal audit plan, the tracking of recommendations from previous internal audit reports, and the finalisation of the Head of Internal Audit Opinion. One audit, on Equipment Maintenance, had been removed from the audit plan in 2020 due to the duplication with the scope of a separate piece of work to regain ISO accreditation. There were further discussions on how clinical audits across the Royal Brompton and Harefield hospitals had been aligned to the internal audit work.

KPMG was to be replaced as Royal Brompton and Harefield's internal auditors by the Guy's and St Thomas' internal audit team. KPMG had met with the Head of Internal Audit from Guy's and St Thomas' to coordinate a handover of the recommendation tracker and assignment reports. Committee members sought KPMG's view of the key areas of internal audit work for Royal Brompton and Harefield going forward, and thanked KPMG for all its work.

**11. Royal Brompton and Harefield Counter Fraud Report**

Following the merger the responsibility for counter fraud services at Royal Brompton and Harefield had passed from TIAA to the GSTT Counter Fraud team. The Committee received an update on the handover, including the key discussions that had been held between the two teams and the actions that had been agreed.

9.a

The Committee noted the status of the open counter fraud cases at Royal Brompton and Harefield, including the ongoing cost implications for the Trust, and how these would be handled between the various stakeholders until they were officially closed.

## 12. External Audit Plans

Representatives from Grant Thornton presented the proposed external audit plans for the year to 31 January 2021 for Royal Brompton and Harefield NHS Foundation Trust, and for the full 2020/21 financial year for Guy's and St Thomas' NHS Foundation Trust. In talking through the plans, Grant Thornton outlined the key matters impacting on the audit – including new auditing standards and developments across the trusts – the risks that had been identified through the preliminary audit work, and an update on materiality levels. The Committee also noted the proposed fees for each audit.

Whilst the audit plans would be broadly similar, Grant Thornton explained that there would be a number of key differences for the audit of Guy's and St Thomas' due to the merger. The Value for Money audit approach was set out and discussed, and Committee members noted updates about the sequencing of the audits and the work that could be done in parallel.

In discussion Grant Thornton described the technology that it would use during the audits, for example data interrogation tools to analyse journals. There was further consideration of the revised International Standard on Auditing (ISA) 540 which would require additional disclosures in the accounts and greater audit scrutiny of these.

## 13. GSTT Subsidiaries – Fee Proposal and Audit Approach 2020/21

Grant Thornton set out a summary of its proposed approach, timetable and audit fees for auditing each of the Trust's three subsidiary companies: Guy's and St Thomas' Enterprises Limited, Essentia Trading Limited and Pathology Services Limited. The main changes to the audit approach in the previous year were noted and discussed.

## 14. Any Other Business

SSAFA GSTT Care LLP, was formed as a limited liability partnership between the Trust and SSAFA, a British Forces charity, to provide the services required by the Ministry of Defence for British Forces in Germany. The contract concluded in September 2020 and the company is now being wound down in an orderly manner. It was proposed to put the company into voluntary liquidation by the end of April 2021. Should any issues arise in closing the company, or post closure, they will be discussed at the Trust's Executive Commercial Committee and brought to the Audit & Risk Committee if needed.

*The next meeting would be held on 12<sup>th</sup> May 2021 at 1pm, with meeting details to follow.*



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

**Minutes of the meeting held virtually on Wednesday 3<sup>rd</sup> February 2021 at 2pm**

**Present:** Mr S Weiner (Chair)  
Prof I Abbs  
Ms A Bhatia  
Mr P Cleal  
Mr J Findlay  
Dr F Harvey  
Baroness Morgan  
Ms J Parrott  
Mr J Pelly  
Ms J Screaton  
Mr M Shaw  
Dr S Shribman  
Dr P Singh  
Dr S Steddon  
Mr L Tallon  
Sir H Taylor

**In Attendance:** Mr E Bradshaw (Secretary)  
Ms L Allen  
Ms S Austin  
Ms C Berwick  
Ms B Bryant  
Ms R Burnett  
Ms J Dahlstrom  
Mr S Davies  
Mr R Drummond  
Ms V Fairhurst  
Mr S Fasehun  
Mr A Gourlay  
Dr R Grocott-Mason  
Mr R Guest  
Mr T Hulse  
Ms L James  
Ms A Knowles  
Ms R Liley  
Dr A Mazumder  
Ms K Moore  
Ms M Ridley  
Mr M Tee  
Ms S Williamson

9.b

**1. Introductions and Apologies.**

The Chair welcomed colleagues to the meeting. Apologies had been received from Prof R Razavi.

## **2. Declarations of Interest**

There were no declarations of interest.

## **3. Minutes of the previous meeting held on 9<sup>th</sup> December 2020**

The minutes of the previous meeting of the Transformation and Major Programmes Committee (the Committee) were approved as an accurate record.

## **4. Matters arising from the previous meeting**

The Chair confirmed that the Quality and Performance Board Committee would monitor the impact of Brexit. Work on the Trust operating model was ongoing and an update would be brought back to the Committee in not less than six months' time.

## **5. Covid Update**

Operational pressures linked to the Covid-19 pandemic had stabilised over the past week and the number of patients in critical care had started to decrease, but was still very high compared to normal times. The critical care capacity was being reduced and redeployed staff were being released back into their substantive roles. In parallel the Trust was working to increase operating capacity to enable it to deliver greater numbers of P2 surgery and other urgent treatment, although the Committee noted that there was a significant gap between demand for urgent treatment and operating capacity across South East London. An update was provided about the Covid-19 vaccination programme, including the number of vaccinations delivered to date and the supply of vaccines.

## **6. Major Programme Board Overview & Dependency Framework Timelines**

An overview was provided of the portfolio of major programmes including dependencies and progress against key milestones. There were no change control requests from any of the programmes, although a number were in the process of reviewing and revising their plans. Updates would be brought to the Committee once these had been completed. Committee members noted the significant interdependencies between programmes which would need to be managed through an ongoing joined-up approach between the Major Programmes Office and programme teams.

Committee members agreed that the paper highlighted the amount of work being done to progress the Trust's strategic agenda, despite the operational pressures caused by the pandemic. Consideration was given to the resources that would be needed to deliver the strategic agenda over the coming years, and how oversight of activities, for example specialised commissioning, should transition between the Trust's strategy and partnerships function to its transformation and major programmes function.

## **7. RBH-GSTT Merger Update and Integration Planning**

The merger with Royal Brompton and Harefield NHS Foundation Trust (RBH) had formally taken effect on 1 February 2021. The Committee was updated on the 'day one' transition arrangements, where the focus was to ensure continuity and stability in order to safely manage the operational pressures of Covid and urgent treatment, and to ensure robust governance.

RBH had now been established as a clinical group within the Trust; consideration was given to the draft terms of reference for the RBH Clinical Group Board which would be circulated in correspondence to the full Trust Board for approval.

The emerging plans for post-merger integration and benefits realisation were set out; these covered areas including workforce, technology, estates, and clinical standards. Committee members emphasised the need to drive change at pace, and as a single team, to deliver the merger and partnership vision. It would be important to document the synergy benefits to avoid ambiguity. Further discussion focused on how RBH would interface with the Trust's Cardio-Respiratory and Critical Care Clinical Group, and the need to incorporate RBH into the Trust's pathology programme.

The Committee noted that the merger programme was in the process of being brought together with King's Health Partners (KHP) cardiovascular into a single programme, for which the GSTT Deputy Chief Executive would be the Senior Responsible Owner. A full plan for 2021 and beyond would be shared with the Committee in due course.

## **8. Apollo Programme General Update**

The Committee noted that the Full Business Case for the Epic Electronic Health Record (EHR) at RBH had been presented and approved at the Apollo Programme Board on 12 January, would be reviewed by the GSTT Transformation and Major Programmes Executive (TMPE) on 18 February and would subsequently be brought for approval to the Committee.

The programme was currently in phase zero of the plan and focused on the set up of programme governance, planning and a large recruitment campaign, the response to which had been very positive. Committee members discussed the steps being taken to ensure the Trust recruited a diverse programme team and gave sufficient opportunities to candidates from BAME backgrounds. The Committee received further updates in respect of the programme governance structure and progress at King's College Hospital NHS Foundation Trust (KCH), which would also implement Epic. Committee members welcomed proposals to seek external assurance that appropriate gateways had been planned, in line with best practice programme methodology. There was further discussion about the level of patient and public engagement in the programme and the capital funding position.

## **9. Our Healthier South East London: Pathology Transformation Update**

The programme was entering a new phase, with focus on delivering the key transformation activities to enable achievement of the critical path and transition to the new arrangements. The Committee noted that the programme team was fully-resourced and all workstreams were delivering to plan. The upcoming milestones were set out and the Committee was informed that its approval would be sought for a number of reasons for example the hub lease arrangement, ahead of the scheduled 'go live' date of 1 April 2021.

In discussion it was confirmed that, whilst Synlab would take operational control on 1 April, little would change on that date and the associated clinical risk had been assessed as low. Committee members noted the risks and issues set out in the paper and queried whether these required resolution in advance of the go live date. It was acknowledged that there remained a considerable amount of work to do in the interim period. There was further discussion about the NHS Improvement review of Synlab's buy-in to the joint venture, the long-term benefit of the programme and the role of RBH in the programme.

## **10. Update on the Progress against the Grant Thornton Review of the Evelina Phase 1+ Programme**

In 2019 Grant Thornton had undertaken an independent review of the delivery of the Evelina Phase 1+ Programme and had made a number of recommendations, including in respect of governance, resources and procurement. A number of changes had subsequently been made in both the Evelina programme and how programmes across the Trust were run more generally.

The Committee discussed the extent to which the issues identified were systemic or localised to Evelina programme. A proposal was made that the paper should be taken to the Trust's Audit and Risk Board Committee (ARC) for further consideration. The Chairs of the Committee and the ARC would discuss this and advise relevant parties accordingly.

**ACTION: SW, JP**

## **11. Evelina London Expansion Programme Progress Update**

There had been a number of changes in the programme timescales affecting submission of the Outline Business Case and the delivery of the Day Surgery Centre. The programme scope had been widened to include paediatric oncology and its associated impact on the Trust's estate. Revised governance and programme management arrangements were being implemented.

Amongst the key risks and mitigations the Committee noted that the funding route remained unclear, but was subject to ongoing discussions with relevant government departments. The Committee noted that NHS England and NHS Improvement (NHSEI) continued to be supportive of the Trust's plans, but members queried what contingency planning was being done. It was requested that the paper brought to the next Committee meeting clearly set out an alternative plan in the event that efforts to secure funding were unsuccessful.

**ACTION: MR**

## **12. Capital & Estate Development Update & Theatre Maintenance Programme**

At the current time the Trust was prioritising capital investments that supported its Covid-19 response and recovery, as well as its future resilience. Theatre maintenance works were in progress or had been completed at 11 of the Trust's 46 theatres (excluding those at RBH) and second phase of works were planned for a further 13 theatres before April 2021, when it was assumed activity levels would start to return to pre-Covid levels. The Committee noted that, if required, works could be carried out to an appropriate conclusion to bring theatres back into service before April. Committee members discussed the future plans for the theatre maintenance programme to improve the quality and resilience of the theatres estate, including the possible extension of the work across the Royal Brompton and Harefield hospitals.

The Director of Finance provided an update on the availability of capital funding, including forecast full-year spend against the plan. It was confirmed that, as the Trust would not exceed its capital limit in 2020/21, work was being done to identify what capital investments could be brought forward from 2021/22. Work was also being undertaken to refresh the Trust's long-term financial model (LTFM) to help guide affordability considerations, and the Committee would be given sight of this model in due course.

## **13. Royal Street Update and Longstop Date Extension**

The Committee was reminded of the background to the Royal Street development, including the approvals that had been provided by the Trust Board in 2020 and the conditional

Agreement for Lease (AFL) that had been signed with Guy's and St Thomas' Charity and their developers, Stanhope/Baupost. The Trust had agreed a condition under the AFL that it would confirm that regulatory approval had been achieved for this lease arrangement by 27 February 2021 at the latest – this was known as the 'longstop date'.

The development of Royal Street was described as a critical part of the Trust's future strategy in the context of increasing sector-wide collaboration and planning, the integration of services with the RBH, and as part of a South London Life Sciences district. Committee members noted that there remained considerable uncertainty about whether the Trust would get sufficient capital departmental expenditure limit (CDEL) cover to enable the scheme to proceed. The AFL longstop date would therefore need to be extended, and the Trust would need to underwrite costs associated with securing planning approval for its part of the project to mitigate further delay to the project if it is to proceed.

The project team was encouraged to consider alternative scenarios should sufficient funding be unavailable. Discussion focused on affordability in the context of changing rental costs and the correspondence that had been exchanged with the Trust's regulator, NHS Improvement. It was agreed that the business case, that had been approved the previous year, should be refreshed and a Senior Responsible Owner (SRO) identified and named.

**ACTION: AG, IA**

**RESOLVED:**

The Committee agreed to:

- Authorise the Chairman and Chief Executive to agree the terms for extending the AFL longstop date for a period of 12 months or such later date at which planning consent is granted; and
- Grant approval for the cap on the Trust's liability for development costs (subject to validation that they have been legitimately incurred) to be increased from £2.45m to £5.5m.

**14. Cancer Wards & Teenage and Young Adults Unit Full Business Case**

The creation of three new adult cancer wards and a new Teenage and Young Adults Unit (TYA) at Guy's Hospital was a key priority for the Trust as it would provide a modern and dignified environment to care for the growing number of cancer patients. The Full Business Case for the project had been approved in principle by the Trust's Investment Portfolio Board in January 2021 and was now presented for the review and approval of the Committee. It was explained that the preferred chosen contractor was Interserve Ltd who were selected following a quality and cost assessment and their previous experience in healthcare.

The Committee discussed the business case and noted the benefits of the project, including an increased overall bed base for cancer at Guy's, an increased thoracic bed allocation and dedicated facilities for a Teenage and Young Adult Unit with ambulatory as well as inpatient beds. Committee members scrutinised and queried aspects of the tender process which led to a discussion about the total forecast cost of the project, the contractual basis that the Trust would enter into, and the risk of cost overruns. It was confirmed that a contingency had been built into the cost breakdown. There was a further discussion about the timescales and how ambitious this was.

**RESOLVED:**

The Committee approved the Full Business Case and funding requirement to proceed to completion for all works and approved the award of the construction contract to Interserve Ltd.

### **15. Orthopaedics Managed Service and Centre of Excellence**

The Committee received an update on developments between the Trust and Johnson & Johnson Managed Services in relation to the Deed of Variation (DOV) that was being drafted following fundamental changes to the Centre of Excellence design, funding, and patient activity volumes over the previous three years. The Committee noted the key commercial issues in the DOV and, in light of the revised forecast costs for the project, there was discussion about whether the project continued to provide value for money.

The signing of the DOV had been delayed from January to April 2021, but mitigations were being identified to ensure the building could be operational in February 2024 as originally planned. The Committee would be asked to review and approve an Outline Business Case and Full Business Case in due course, and as part of this would receive an updated financial model for the scheme. Committee members emphasised the need to ensure colleagues from the Cancer and Surgery Clinical Group were fully involved in this work and that the project should integrate all aspects of surgery strategy and delivery. The move to high volume hubs across the Integrated Care System (ICS) was also noted for context.

It was agreed that a sub-group of the Committee would be convened to look at the scheme in greater detail before the business case came back to the full Committee for approval.

**ACTION: JF**

### **16. Joint GSTT & KCL MRI Facility – Phase 1 Plus**

GSTT and King's College London (KCL) urgently require additional Magnetic Resonance Imaging (MRI) capacity to maintain patient pathway and recovery performance, both to meet longer-term requirements and to enable the provision of contingency support between the GSTT and KCL imaging teams, and to deliver on our research ambitions. Phase one of this work had been approved in December 2019, since when the Trust had secured a research grant from the Office of Life Sciences (OLS), the conditions of which mandated 70% of the funding to be spent by December 2021 (extended for Covid-19).

In this context, the Committee received a business case for the development of a Joint Imaging Facility to increase adult MRI scanning capacity at the Trust, specifically at St Thomas' Hospital, and build on the Trust's partnership with KCL. The Committee noted that there were significant reputational risks for both organisations associated with the non-delivery of the OLS funded scanner, which would impact any future bids. Committee members welcomed the paper and there was widespread support for the proposals made. It was also noted that any further developments on the St Thomas' campus would require additional power through new sub-stations.

#### **RESOLVED:**

The Committee approved incremental funding of £1.78m to complete 'Phase 1 Plus' of the development which extends the approved Phase 1 case to include the build, purchase and installation of the OLS AI Enabled MRI Scanner.

### **17. Strategic Risks and Board Assurance Framework update**

The Committee was responsible for three of the strategic risks on the Trust's Board Assurance Framework (BAF). These risks, together with the assessment of the sufficiency and adequacy of the controls and of the current assurance levels, had been updated and reviewed by the Trust's executive management. These updates were reviewed by Committee members, who discussed the proposed increased level of assurance in respect of risk 3 (regarding estates

improvement), and requested that further narrative was added to the potential causes of risk 13 (major programmes) to reflect the number of programmes and projects that were in train.

The Committee noted that, going forward, updates on the relevant BAF risks would be brought to the Committee every quarter. It was agreed that the summary of the risk relating to the Apollo programme (set out in Appendix A) would be updated in the next iteration of the paper.

**ACTION: BB, CB**

**18. Date and Time of Next Meeting**

The Committee was next due to meet on Wednesday 7 April 2021 at 2pm. Arrangements would be confirmed in due course.

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

**Minutes of the meeting held virtually on Wednesday 24<sup>th</sup> February 2021 at 4.15pm**

<b>Members Present:</b>	Mr S Weiner – Chair	Prof R Razavi
	Prof I Abbs	Ms J Screaton
	Ms A Bhatia	Mr M Shaw
	Mr P Cleal	Dr S Shribman
	Mr J Findlay	Dr P Singh
	Mr S Friend	Dr S Steddon
	Ms J Parrott	Mr L Tallon
	Mr J Pelly	Sir H Taylor
<b>In attendance:</b>	Mr E Bradshaw – Secretary	Mr R Drummond
	Ms L Allen	Mr A Gourlay
	Ms C Berwick	Mr R Grocott-Mason
	Ms B Bryant	Mr R Guest
	Ms R Burnett	Ms L James
	Ms J Dahlstrom	Ms A Knowles
	Mr S Davies	Ms R Liley

**1. Introductions and Apologies.**

The Chair welcomed colleagues to the meeting. Apologies had been received from Javed Khan, Sally Morgan and Felicity Harvey.

**2. Declarations of Interest**

There were no declarations of interest.

**3. Minutes of the previous meeting held on 3 February 2021**

The minutes of the previous meeting of the Transformation and Major Programmes Committee (the Committee) were approved as an accurate record.

**4. Matters arising from the previous meeting**

A paper on the Royal Brompton and Harefield Imaging Centre would be brought to the Committee meeting in May for noting.

**5. Royal Brompton & Harefield Apollo Participation & Full Business Case**

The merger between the Trust and Royal Brompton and Harefield hospitals was based on a shared vision to create a world-leading heart and lung institute. A single electronic health record (EHR) was highlighted as a key enabler of this vision and one of the main tools to accelerate integration between the two organisations. The strategic rationale for Epic had



been fully endorsed by Royal Brompton and Harefield executive committees, but the Royal Brompton and Harefield Board of Directors had not considered it appropriate to sign off the financial business case so close to the merger date of 1 February 2021.

The Committee noted the benefits of implementing the Epic platform at Royal Brompton and Harefield, including for patient safety and patient interaction as well as creating opportunities for research and innovation. These benefits would be realised through strong clinical engagement and strong clinical leadership, and it was noted that clinicians from Royal Brompton and Harefield hospitals had shown particular enthusiasm for a single EHR, rather than multiple systems, across the newly-merged Trust. There was discussion about how and by whom the benefits of Epic would be tracked, whilst the importance of not double-counting synergies across the organisation was emphasised. Committee members recognised the degree of behavioural change that would be required by the new system.

The cost implications of the business case were set out, together with the overall financial benefits to give a net cost to the programme. Committee members queried the capital cost profile and it was confirmed that Trust's modelling showed that the programme could be absorbed under the Trust's long-term capital model, even allowing for anticipated Capital Departmental Expenditure Limit (CDEL) constraints.

The Committee noted updates on the Apollo delivery plans. Royal Brompton and Harefield would be included in all the programme governance structures including representation on the overarching deployment team. There would also be a full-time implementation lead specifically for Royal Brompton and Harefield. The next steps would include delivery assurance across the programme and a significant recruitment campaign. The need for strong communications was noted.

#### **RESOLVED:**

The Committee approved the Full Business Case for Epic for the Royal Brompton and Harefield Clinical Group.

9.b

### **6. Our Healthier South East London: Pathology Transformation Update**

The Committee noted a general update about the Pathology programme and the key areas of recent activity, together with the upcoming milestones. The programme was currently in its transition phase and a go/no-go process would test the readiness of the programme for service commencement on 1 April 2021, with a recommendation being made to the Committee in March.

### **7. Pathology Transformation – Hub Lease**

The Target Operating Model for the Pathology programme included a new hub and spoke 'essential services laboratories' at hospital sites. The Committee received an overview of the two properties currently under consideration for the location of the hub, including the space of each, the lease period and the fit-out and ongoing operational costs. There was consideration of the implications of both options for creating or freeing up space on the Trust's wider estate. The Heads of Terms, which set out the core commercial terms of the lease, had been reviewed for both properties and were acceptable to the Trust.

Synlab had requested that the Trust was named as guarantor of the lease in the event of a material default of the joint venture; this arrangement was new and had not been included in the Full Business Case approved by the Trust Boards in September 2020. The Committee noted the guarantee options associated with both properties and discussed the respective

merits of each. The Committee noted that, whilst the guarantor arrangements would increase the financial risk to the Trust, these risks would only crystallise after the indemnity from Synlab has been exhausted.

**RESOLVED:**

The Committee approved the recommendation for the Trust to act as guarantor for the hub lease in the event of material default by the joint venture.

The Committee agreed that the SEL Pathology contractual documentation set be executed, and that delegation to sign all relevant documents should be given to the Chief Executive and relevant officers, with appropriate instruction issued to Trust subsidiary companies and member representatives where required.

**8. Pathology Transformation – Governance and Appointment of Member Representatives**

Following signature of the completion agreement in November 2020 the Pathology programme entered a new phase, with activities focused on transition to the new arrangements in April 2021 and achievement of the critical path. The Committee noted that the Pathology programme was underpinned by a complex governance model, and that both the Trust and King's College Hospital NHS Foundation Trust were required to nominate member representatives to be named in the final contract due to be signed at the beginning of March 2021. Member representatives would fulfil the role of ownership of the Joint Venture.

There had been extensive engagement with Viapath to ensure they were sighted on the emerging ownership structure. It was agreed that member representatives on the Joint Venture should receive advice on declarations and conflicts of interest. Committee members queried how the proposed governance arrangements would ensure there was sufficient focus on research and development, given its importance in driving innovation transformation. There was further consideration of how the programme fit inside the Cancer and Surgery Clinical Group and the role of the Clinical and Academic Senate to gain a wide clinical linkage into the South East London system.

**RESOLVED:**

The Committee approved the proposed Joint Venture Member Representatives.

**9. Any Other Business**

There was no other business.

The Committee was next due to meet on Wednesday 24 March 2021 at 4pm. Arrangements would be confirmed in due course.

9.b

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

**Minutes of the meeting held virtually on Wednesday 24<sup>th</sup> March 2021 at 3.30pm**

<b>Members Present:</b>	Mr S Weiner – Chair	Mr J Pelly
	Prof I Abbs	Prof R Razavi
	Ms A Bhatia	Ms J Screaton
	Mr P Cleal	Mr M Shaw
	Mr J Findlay	Dr S Shribman
	Mr S Friend	Dr P Singh
	Dr F Harvey	Dr S Steddon
	Baroness S Morgan	Mr L Tallon
	Ms J Parrott	Sir H Taylor

<b>In attendance:</b>	Mr E Bradshaw – Secretary	Mr S Davies
	Ms C Berwick	Mr R Drummond
	Ms B Bryant	Mr A Gourlay
	Ms R Burnett	Dr R Grocott-Mason
	Ms S Clarke	Mr R Guest
	Mr R Craig	Ms L James
	Ms J Dahlstrom	Ms A Knowles

**1. Introductions and Apologies.**

The Chair welcomed colleagues to the meeting. No apologies had been received.

**2. Declarations of Interest**

There were no declarations of interest.

**3. Minutes of the previous meeting held on 24 February 2021**

The minutes of the previous meeting of the Transformation and Major Programmes Committee (the Committee) were approved as an accurate record with one amendment required: the addition of Laura James' name to the list of attendees.

**4. Matters arising from the previous meeting**

All matters arising would be dealt with through items on the agenda and at the following meeting to be held on 7 April.

**5. Business Planning Update**

The operational challenges caused by the pandemic and the continuation of the current financial regime had led the Trust to pause its 2021/22 internal planning process until there

was greater clarity around funding levels. The Committee agreed, however, that it was important to review and approve an opening revenue budget for 2021/22 and then to review and refresh this during the resumption of business planning in quarter one (Q1), once national planning guidance had been released.

The Committee noted the planning assumptions in the budgets, including the levels of inflation and efficiencies. Whilst there were two separate budgeting processes across the Trust and at Royal Brompton and Harefield hospitals the assumptions were broadly similar and in line with the expectations in the Long Term Plan. The two processes would be harmonised during Q1 and future updates to the Committee would be aggregated where possible. The Committee discussed the planned efficiencies and productivities and the importance of keeping focused on synergies. It was noted that a national Elective Incentive Scheme, intended to encourage and reward systems for activity recovery, was being established.

A capital envelope for 2021/22 had been set for South East London ICS and included Royal Brompton and Harefield. Through dialogue with the ICS finance team this had been broken down into organisational allocations. The Trust was required to submit its capital plan by 12 April so a prioritisation process, coordinated by the Trust's Investment Portfolio Board, would shortly commence. The Committee noted the risks in the capital plan and that additional Capital Departmental Expenditure Limit (CDEL) cover would be required for the Apollo and the Evelina Expansion programmes.

#### **RESOLVED:**

The Committee approved the opening revenue budgets and, subject to notified CDEL, the proposed capital envelopes for Guy's and St Thomas' and Royal Brompton and Harefield.

### **6. Restoration of Elective Activity post-Covid-19 & Longer Term Theatres Recovery**

During the first and second wave of the Covid-19 pandemic the Trust had reduced elective activity and prioritised clinical treatment in order to divert resources to support Covid-19 patients. This had generated a significant increase in the elective waiting list, particularly for routine, non-cancer treatments. The Trust was now working to identify the resources that would be needed to reduce the waiting list to its pre-Covid level for both adults and children.

The first stage of work had been focused on theatres and theatre staffing. The Committee received an overview of the current situation and noted the applied assumptions around future demand growth, capacity and utilisation. This had generated a series of 'no regrets' recommendations including the need for ongoing capacity in the independent sector, an increase in on-site capacity and an investment in workforce. Whilst these would reduce the backlog to the pre-Covid level, there remained a longer term deficit between demand and capacity.

The Committee welcomed the work and there was full support for the recommendations made, subject to support from system partners and clarification that the Trust would be reimbursed for additional activity undertaken, to support the investments being made. The need to move with pace, particularly around the recruitment activities, was emphasised. The model would be regularly refreshed and future iterations would incorporate similar analysis that was being done at Royal Brompton and Harefield hospitals and consideration of demand and capacity across the Integrated Care System (ICS). The Committee also advised that this work needed to be aligned with related workstreams, including the Estates Strategy, the Orthopaedic Centre of Excellence, the Surgical Strategy and the Commercial Strategy amongst others.

**RESOLVED:**

The Committee approved recommendations to expand theatre nursing staff and the anaesthetic workforce, to expand theatre capacity within HCA sites and to continue with existing contracts for insourcing/outsourcing arrangements in key, challenged specialties.

**7. Change Control Note for Apollo**

At its previous meeting the Committee had approved the full business case for the implementation of Epic at the Royal Brompton and Harefield hospitals. It remained the ambition of both the Trust and King's College Hospital NHS Foundation Trust (KCH) to extend the programme to KCH, a move that would require a formal change control note to the contract between the Trust and Epic.

Over recent weeks the Trust had tried, but had ultimately been unable to utilise capital underspends across the NHS to fund the extension of the programme to KCH. Whilst this was disappointing the Committee noted that the business case for KCH would still be progressed through the relevant channels, that KCH would still contribute to the design of the programme, and that joint governance at a Board level would be needed from August 2021.

**8. Joint Thoracic Oncology Service RBH and RMH MoU Partnership**

Royal Brompton and Harefield and the Royal Marsden hospitals had, for a number of years, successfully delivered a joint adult thoracic oncology service in Chelsea. There was scope to develop this further, into a fully-integrated, high-quality centre underpinned by strong academic research and pioneering clinical advances. A formal Partnership Agreement was being developed between Royal Brompton and Harefield Clinical Group and Royal Marsden for the delivery and oversight of the joint service and would be considered by the Royal Brompton and Harefield Clinical Group Board in April 2021.

The Committee noted the proposed scope of the Agreement and the benefits, including the improvements to the services, that such a development could bring. The thoracic surgical teams and lung cancer services at Royal Brompton and Harefield and Guy's operate in different Cancer Networks, and analysis previously undertaken by Royal Brompton and Harefield and Kings Health Partners (KHP) established that there would be little advantage in amalgamating these services. NHS England had made the provision of ongoing support for services in North West London a condition of its endorsement of the merger between the Trust and Royal Brompton and Harefield and was supportive of the partnership. Committee members fully supported the proposals, which would bring stability and continuity to the Royal Brompton and Harefield's operations and provide a platform for a continuing relationship with Royal Marsden and sites in Chelsea which would be important going forward.

**9. Any Other Business**

The Committee was advised that a business case for Windows 10 would be brought to the following meeting.

*The Committee was next due to meet on Wednesday 7 April 2021. Arrangements would be confirmed in due course.*

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

**Minutes of the meeting held virtually on Wednesday 7<sup>th</sup> April 2021 at 3pm to 5pm**

**Members Present:**

Mr S Weiner – Chair	Mr J Pelly
Prof I Abbs	Prof R Razavi
Ms A Bhatia	Ms J Screation
Mr P Cleal	Mr M Shaw
Mr J Findlay	Dr S Shribman
Mr S Friend	Dr P Singh
Dr F Harvey	Dr S Steddon
Baroness S Morgan	Mr L Tallon
Ms J Parrott	Sir H Taylor

**In attendance:**

Ms J Dahlstrom – Secretary	Mr S Davies
Ms L Allen	Mr R Drummond
Ms C Berwick	Mr A Gourlay
Ms B Bryant	Dr R Grocott-Mason
Ms R Burnett	Mr R Guest
Ms S Clarke	Ms L James
Mr R Craig	Ms A Knowles
	Ms S Woolcock

**1. Introductions and Apologies.**

The Chair welcomed colleagues to the meeting. No apologies had been received.

**2. Declarations of Interest**

There were no declarations of interest.

**3. Minutes of the previous meeting held on 24 March 2021**

The minutes of the previous meeting of the Transformation and Major Programmes Committee (the Committee) were approved as an accurate record.

**4. Matters arising from the previous meeting, action tracker and items agreed in correspondence**

The Committee had approved a recommendation to commence the new Pathology service on 1<sup>st</sup> April 2021 in correspondence on 19<sup>th</sup> March.

**5. Major Programmes Office Update Report**

The Committee received an update on the steps being taken to improve the way in which the Trust delivered its portfolio of major programmes. Over the last six months, the Trust had been

developing and embedding a number of initiatives to improve the delivery of the Trust's most strategically important major programmes. The Major Programmes Office (MPO) was mobilised in September 2020 as part of putting in place the required infrastructure to coordinate and assure delivery of the major programme portfolio. In parallel, major programme teams had been recruiting and on boarding the required skills and resources, and SRO letters have been drafted by the CEO and the SROs setting out their responsibilities.

Progress had been made against the initial six month plan shared with the Committee last year. The proposed set of priorities for the next 6 months was outlined, and it was noted that the most significant areas of focus in the next phase would be working collectively with programme teams to develop and document baselines, in terms of objectives, milestones and costs and benefits, for each of the major programmes. The development programme for the delivery of major programmes, led by Dr Paul Chapman, a Senior Fellow at the Saïd Business School, University of Oxford, would also be rolled out.

The Committee welcomed the report, the progress made and the development programme. The question of executive bandwidth was discussed. It was noted that a small number of targeted additional executive appointments could be required and this would be discussed with the Remuneration Committee. The importance of understanding and managing interdependencies was highlighted. The report would be expanded to include further detail on top interdependencies.

**ACTION: CB**

## **6. Our Healthier South East London: Pathology Transformation Update**

The Committee received an update on the pathology transformation programme and it was noted that services had commenced on 1 April. There had been a clear and comprehensive communication and engagement plan and day one contract management arrangements had been agreed in advance. There had been no issues with the commencement. The majority of the contracts, including the hub lease, had been signed, although negotiations were still ongoing regarding the laboratory information management system (LIMS) agreement.

The transformation plan for the services had been discussed and approved by the Transition and Transformation Board, subject to the mitigating actions agreed. The plan focuses on delivering key areas of transformation including the new Target Operating Model and LIMS, a clinically led partnership and research and innovation activities. The Committee noted the work ongoing with Royal Brompton and Harefield on bringing pathology systems together. A discussion took place on clinical leadership and the importance of collaborative working on seamless pathways was emphasised. Detail on the research and innovation plan would be presented at the next meeting.

**ACTION: SS**

Pathology performance issues would be discussed at the Quality & Performance Committee going forward.

## **7. Evelina London Expansion Programme Progress Update**

The Committee received a paper requesting approval to re-baseline the Evelina London Expansion Programme (the Programme), for the purpose of reporting and programmatic control.

In May 2020, Evelina London submitted a Pre-Consultation Outline Business Case (P-OBC) which included a request for the capital elements of the Expansion Programme and a funding

strategy for these. Since then, the size requirement for the Triangle building, a core aspect of the Programme, had changed as a result of a number of factors including the need to allow more flexibility for future growth and the need to accommodate a large volume of high-tech facilities. There had been a number of other changes which impacted the Programme including the Trust's merger with Royal Brompton and Harefield (RBH) and changes to options for outpatient services. The cost of the fit-out was unlikely to be similarly affected by the need to revise costs upwards. However, an additional cost pressure could arise depending on the solution found for the location of outpatient services.

The Committee was therefore asked to approve the proposed Programme capital cost baseline for future reporting and change control. An additional 10% risk allowance had been included. The Committee noted the time and cost risk estimates set out in the paper and the potential implications should children's cancer services need to be added into the scope of the Programme.

**RESOLVED:**

The Committee approved the recommendations as set out in the paper. The Committee also it was content for the Chair to take Chairman's action in relation to the cost for relocating the Simulation and Interactive Learning centre.

**8. Update on the Integration Programme (RBH-KHP Partnership and post-merger GSTT / RBH integration)**

The Committee received an update on the governance arrangements and delivery planning for the Integration Programme following the merger with Royal Brompton and Harefield and on the intent to accelerate integration with KHP cardiovascular services. Following the merger on 1 February 2021, oversight of the post-merger integration work and the RBH-KHP Partnership Programme has been brought together with the Deputy Chief Executive Officer as the Trust's SRO for both programmes of work. The process of bringing together the governance arrangements into an integrated programme was ongoing and a newly formed Integration Programme Board would be the key executive group for oversight of this work.

The importance of moving as quickly as possible to realise the benefits and deliver the vision of the merger was highlighted. The priority areas, which included research, operating model, estates planning and private patients, were outlined. Detailed papers in each of these areas would be brought back to the Committee over the coming calendar year.

The communications and stakeholder strategy was discussed. To date, the focus on communications had been internal but external engagement was now taken place and further work was ongoing on the development of key messages including on benefits and synergies.

**9. Trust Operating Model**

An update was provided on the implementation of the new Trust operating model. This came into effect formally from 1st January 2021 with the addition of Royal Brompton and Harefield as the fifth Clinical Group post-merger on 1 February 2021. The operating model, based on large Clinical Groups, was designed to enable the organisation to manage its increasing size and complexity. Delegation of operational responsibilities to senior Clinical Group leadership teams would increase flexibility within a Trust wide framework of strategy and governance.

The development phase of the programme had seen significant work completed including the establishment and 'standing up' of the Clinical Groups and key leadership appointments into



the new Clinical Groups. A new Trust-wide Scheme of Delegation had been agreed, updated Standing Financial Instructions had been approved and revised governance models had been developed. A self-assessment tool was being completed by the Clinical Groups to assess and understand their current maturity, acknowledging some Clinical Groups had been functioning for some time and others were new.

The rapid development of an Integrated Performance Report covering the key domains of quality, operational performance, workforce and finance had been commissioned to enable accurate and timely flows of information at directorate, Clinical Group and Board levels and would be based on best practice nationally. This report would support the oversight role of the Quality & Performance Committee.

A discussion took place on how the Trust operating model might involve and the Committee noted that there was no requirement for the Clinical Groups to operate in an identical way. The Committee welcomed the proposals to develop an Integrated Performance Report and highlighted the importance of linking quality and operational performance through clinical effectiveness. The Trust-level meeting frequency and reporting procedures would evolve over time as the governance framework was refined. The importance of coordination on business intelligence was important so that duplication could be avoided. The Committee discussed the emerging data strategy and emphasised the need to this to be a user-driven strategy. A Data Committee had been established to oversee the process of developing a strategy.

#### **10. Quarterly Capital and Estate Development Programme Update & Theatre Maintenance Programme**

The Committee received the quarterly update on key capital and estate development programmes, the theatre maintenance programme and an update on water and fire safety assurance. Further updates on some of the programmes, including the Royal Street development, were provided in the meeting. The Trust would continue to work with the developers of Royal Street to ensure the commercial building now being proposed would be suitable for occupancy by the Trust in future. The delay to the replacement of cladding on the Cancer Centre was considered and it was noted that further 'burn tests' were expected to be carried out to satisfy Building Control, which had a 6-8 month waiting list for the tests. An explanation was provided for the delay which had occurred to the reopening of theatres subject to maintenance work. The Committee received confirmation that the Trust was compliant with statutory requirements for theatres in spite of the fact that there was still maintenance work outstanding. Updates on compliance with statutory requirements would be reported to the Quality & Performance Committee.

**ACTION: AG**

#### **11. Queen Mary Hospital, Sidcup Theatres Full Business Case**

A Full Business Case (FBC) was presented for additional theatre capacity at Queen Mary Hospital (QMH). It was noted that both the Trust and the South East London Integrated Care System (SEL) required additional theatre capacity, and the preferred option was to lease two recommissioned theatres at QMH Sidcup from mid-August 2021.

On Thursday 4 March, the Investment Portfolio Board approved the FBC and the required capital investment to proceed with the project. Oxleas NHS Foundation Trust was funding the theatre redevelopment and the Trust would enter into a lease contract to rent the theatre space, recovery and ward space and a rolling annual service level agreement with Dartford and Gravesham NHS Trust (DGT) who would manage the day to day running of these theatres. The capital requirement set out in the business case was for the theatre equipment.

The specialties hosted would be General Surgery and Gynaecology as these were two of the six specialties prioritised by the London Region for elective recovery as a result of Covid-19. The theatres could also be a resource for other South East London providers to support their elective surgery recovery due to Covid-19, and the Trust would be the host provider for other SEL trusts. A discussion took place on the financial implications for SEL in both revenue and capital terms.

**RESOLVED:**

The Committee approved the proposal set out in the paper.

**12. Windows 10 Business Case**

The Committee noted that the Trust had an urgent requirement to update the Windows 10 environment as the support for the current version (1709) ended in October 2020.

The paper recommended that the Trust should employ a strategy that would ensure Windows 10 upgrades in future were carried out incrementally, at minimum costs and ultimately managed as business as usual. Resources for this had now been put in place. To enhance the adoption of the Electronic Health Record, there was also a recommendation for the Trust to implement Single Sign On (SSO) capability, which would increase workflow efficiency for clinical staff members.

The business case included a revenue and a capital requirement, however, the revenue required had already been incorporated in DT&I plans. The planned go-live date was April 2013. There would therefore be an ongoing risk until that date of running with an out-of-date version of the Windows 10 environment, and mitigations had been put in place for this. The Audit and Risk Committee would continue to receive updates on cybersecurity risk.

Royal Brompton and Harefield was not included in this business case as its environment was up to date.

**RESOLVED:**

The Committee approved the Windows 10 business case.

**13. Apollo Programme Recruitment and Readiness Update – For Noting**

The Committee noted the paper and received an update on recruitment. Further updates on Apollo, including on the external assurance work being undertaken by Boston Consulting Group (BCG), would be brought to the Committee meeting in May. It was agreed that representatives from BCG would join the relevant part of that meeting.

**14. Any Other Business**

There was no other business.

*The Committee was next due to meet on Wednesday 26<sup>th</sup> May 2021. Arrangements would be confirmed in due course.*

**BOARD OF DIRECTORS  
QUALITY AND PERFORMANCE COMMITTEE**

**Minutes of the Meeting held on Wednesday 13<sup>th</sup> January 2021  
held virtually via MS Teams at 2.30pm to 5pm**

**Present:** Dr P Singh, Chair  
 Prof I Abbs  
 Ms A Bhatia  
 Mr P Cleal  
 Mr J Findlay  
 Dr F Harvey  
 Mr J Pelly  
 Prof R Razavi  
 Mr M Shaw  
 Dr S Shribman  
 Dr S Steddon  
 Mr L Tallon  
 Sir H Taylor – until 4.30pm  
 Mr D Waldron – on behalf of Ms J Screaton  
 Mr S Weiner

**In Attendance:** Mr E Bradshaw, Secretary  
 Ms S Allen – item 6 only  
 Ms B Bryant  
 Ms S Clarke – until 4.30pm  
 Ms M Da Costa  
 Ms J Dahlstrom  
 Mr S Davies  
 Mr R Drummond  
 Mr D Furmedge – item 6 only  
 Mr A Gourlay  
 Ms S Hanna – until 4pm  
 Ms K A Harwood – item 6 only  
 Ms A Knowles  
 Ms R Liley  
 Ms C Mackay  
 Ms M McEvoy  
 Ms S Noonan  
 Ms S Wilding – on behalf of Ms S Austin – until 4.30pm  
 Mr N Wright

**9.c**

**1. Welcome and Introductions**

The Chair welcomed colleagues to the meeting and asked the Chief Executive to say a few words of introduction. 2020 had been a difficult year, the situation remained very challenging, and the Chief Executive was grateful for the support of the Trust Board. Despite the challenges, great progress had been made with a number of the Trust’s strategic ambitions including the merger with Royal Brompton & Harefield NHS Foundation Trust (RBH).

## **2. Apologies**

Apologies had been received from Ms J Screamton, Ms Sarah Austin and Ms Janet Powell.

## **3. Declarations of Interest**

There were no declarations of interest.

## **4. Minutes of the previous meeting**

The minutes of the meeting of the Quality and Performance Committee (the Committee) held on 25<sup>th</sup> November 2020 were approved as a true record.

## **5. Matters Arising**

The Committee was informed that, as the matter was still ongoing, a full closure report on the internal Covid-19 outbreaks on the Trust's wards would be presented to the next meeting of the Committee in February. A detailed report on Equality, Diversity and Inclusion, including relevant KPIs, would be brought to the same meeting.

The Director of Operations would provide clarification to the Public Board of Directors on 27 January about the Board's responsibilities and accountabilities for delivery of the Covid-19 vaccination programme.

## **6. Staff Story Presentation**

The Trust's Patient Experience team presented two accounts of patient care provided by the Trust during the Covid-19 pandemic. Both stories demonstrated the Trust's staff's ability to deliver outstanding care during difficult times.

The first account was about a patient who died following admission to GSTT and included the provision of substantial support to the patient's family, up to and including the point of death. The second account was about a patient with learning difficulties who was admitted to GSTT with Covid-19 and had a 'Do not attempt cardiopulmonary resuscitation' (DNACPR) order placed on their record, but recovered and was able to leave hospital and return home.

The Committee thanked the presenters and reflected on the two accounts. Committee members agreed that the stories reminded them about the purpose of the meeting and helped to give perspective to the ensuing discussions. Specific queries were raised about the DNACPR order and the 'best interests' meeting referred to in the second account.

## **7. Topics of Note**

Operational pressures had been growing due to a rising number of Covid-positive cases. The Trust had been offering mutual aid to neighbouring trusts in South East London to help even out the demands across the system. Surge bed plans had been activated at both St Thomas' and Guy's hospitals and the Trust was continuing to expand its critical care capacity, including utilising space in the Evelina London children's hospital. Staff across the Trust were being redeployed and retrained where necessary to support this expansion. Increasing demand for

the Trust's extracorporeal membrane oxygenation (ECMO) service was anticipated going forward. The Emergency Department was coping well and there had been a reduction in emergency attendances from patients with non-Covid conditions.

There had been recent indications that whilst the rate of infections across London was starting to reduce, the rates of infection in other parts of the country were accelerating and Trusts nationally may soon need support from London Trusts. It was therefore likely that the operational pressures would continue for several months.

In discussion, Committee members discussed the role of the Nightingale Hospital as a step-down facility; it was confirmed that the Trust had not yet sent any patients there. The Committee noted that the supply of personal protective equipment (PPE), drugs and other clinical supplies remained stable and was not currently a cause for concern. There was further discussion about patient outcomes, including length of stay, and patient profiles, including age, ethnicity and their presenting conditions. RBH had had a high number of patients on ECMO support, but was considered to be coping well. Committee members agreed that it was important that RBH continued to support patients across the North West London system.

Committee members noted that there had been a significant increase in staff absence due to Covid-19 in December, which exacerbated pressures caused by increased admissions. Committee members were advised that their proposals about expediting the second vaccinations for Trust staff could not be enacted due to national direction to schedule all second vaccinations 12 weeks after the first, without exception. This mandate had required the Trust to reschedule a large number of appointments, which had been a significant administrative burden.

The Trust had taken a targeted approach to cancelling non-Covid-19 treatment, but was now only able to provide the most urgent life-saving services. A significant amount of work had been done to prioritise cancer and other critical services, such as cardiac surgery, by taking a sector-wide approach across South East London and by working closely with RBH. Whilst the Trust continued to try to increase elective capacity on its own sites, two additional theatres would be provided by HCA Healthcare. Committee members noted that the capacity in the independent sector in London to support recovery was below that available in the first wave of Covid.

The vaccination programme was continuing to go well. The Trust had opened four vaccination pods and had delivered the highest number of vaccinations anywhere in the country. The programme had been very well-received by patients and staff, and no supply issues had been experienced to date. Whilst Trust staff were being offered the vaccine, there were high levels of staff anxiety. Committee members discussed the practical steps that could be taken to address this, including the importance of communications. The Committee noted the breakdown of vaccinated staff by directorate; these figures would be broken down by ethnicity and circulated to the Board.

#### **ACTION: AB**

The Chief Nurse informed the Committee that staffing was the limiting factor for the further expansion of critical care capacity. Normal (pre-Covid) ratios of one critical care nurse to one patient (1:1) had moved to 1:2 or in some cases 1:2.5, albeit with support from other nurses. Dialogue was being maintained with NHS England and NHS Improvement (NHSEI) around developments in this area. There had been significant variance between ratios in the day and at night, but work was being done to balance this more evenly. Committee members recognised the need to ensure wards across the Trust were safely staffed.

The Committee noted updates on Minnie Kidd House and the Pulross Centre. It was reported that small outbreaks of Covid-19 were continuing on some Trust wards, for example Blundell

Ward at Guy's Hospital, and that learnings were being taken where these occurred. The importance of protecting green pathway patients was emphasised.

The Director of Essentia provided a number of updates regarding aspects of the Trust's estates, including staff absence, clinical waste, staff accommodation, customer services, patient transport and security. Regular meetings were being held to ensure the resilience of the oxygen supply, demand for which was steadily increasing. Similarly, the Trust was taking steps to closely monitor water quality with participation from the Infection Prevention and Control team. The Trust's fire safety team had been involved in the surge capacity planning and had provided practical advice regarding the expansion of critical care.

The Committee welcomed the reductions in the overall staff and Nursing and Midwifery vacancy rates between November 2019 and November 2020 and noted the ongoing work to recruit to vacant posts. An update was provided on the ways in which the Trust was supporting staff wellbeing, including the provision of hotel accommodation and free parking. The workforce team was currently focused on supporting the establishment of the Covid-19 vaccination programme, including ensuring the necessary recruitment processes, checks, and training are all in place. The Committee requested that an update on the impact of Brexit on the Trust's European health workers and the Trust's recruitment rates was provided at the next meeting in February.

**ACTION: DW**

The Chief Digital Information Officer outlined how the Data, Technology and Information team had been supporting the Covid-19 response through the establishment of a booking system and supporting the vaccination pods. The Committee noted an update about the Apollo programme and the significant recruitment campaign that had commenced in early January.

As part of the Quality and Assurance update the Committee noted the work being undertaken with colleagues from the Care Quality Commission (CQC) around the registration and transition of RBH to the Trust and the need for the CQC to receive documented assurance that services will be run effectively from 1 February 2021.

The Committee was updated on the numbers of serious incidents logged in 2020/21, which included a second never event, regarding a wrong site block, in December 2020. For comparison, the Trust had recorded ten never events in 2019/20. It was noted that the Trust's serious incident figures were favourable in comparison to its peers within the Shelford Group.

Finally, the Committee was advised that Donna Ockenden's *Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust* had been published on 11 December 2020, following an in-depth review of 250 maternity cases at that Trust. The report recommended that all maternity services, including GSTT, must meet seven Immediate and Essential Actions (EIA). The Committee noted the Trust's assessment of compliance with the EIAs; a formal response to the Ockenden Assessment and Assurance template would be brought to the next Committee meeting in February.

**ACTION: RL**

## **8. Patient Safety Insights Report**

A key strategic aim of the NHS Patient Safety Strategy is to improve understanding of safety by triangulating intelligence from multiple sources of quality and patient safety information. It is important that the Trust proactively utilises data and intelligence to learn from excellent practice and where care could be improved, identify areas requiring attention or improvement, capture themes and trends, to get a better understanding of what good looks like and where support to achieve this is required.

An overview was provided of each of the types of data available within the organisation, for example incident reporting, complaints, quality visits and CQC insights reports, together with how the data is collated and triangulated to inform continuous improvement.

The Committee noted the quality improvement work that was being undertaken across the Trust following the collation and triangulation process, for example around surgical safety and the use of checklists for all invasive procedures. Improvement work into different key areas was ongoing and would be monitored via the Serious Incident Advisory Group and the Patient Safety Action Group.

## **9. Haematology Update**

An Invited Service Review (ISR) was jointly commissioned by the Trust and King's College Hospital NHS Foundation Trust (KCH) and carried out by the Royal College of Physicians in March 2020. Committee members were pleased that the Trust had accepted in full the ISR's recommendations, including the further development of an Institute of Haematology. The review had also noted a number of areas of good practice.

A Board-to-Board between the Trust and KCH had been held in December 2020 to communicate the headline findings. The Committee noted the actions that had been undertaken to ensure a rapid response to the recommendations, together with the plan for the next 18 months. An oversight group was formed early in the New Year and a revitalised Programme Board will convene in April 2021. It will have representation from both Trust Chief Executives and responsibility for overseeing completion of the 18-month plan. It had not yet been confirmed whether the Programme Board would be a Board or an Executive group, and there remained further work to establish the formal arrangements for this.

## **10. Financial Report for Month 8 – April to November 2020**

An overview of the financial position to 30 November 2020 was provided. Committee members were reminded this was the second month of the revised 2020/21 financial regime based on a block contract. The main drivers of the positive variance to plan were noted, together with an assessment of the financial impact of the Covid-19 pandemic.

The full-year forecast for 2020/21 was set out together with the key supporting assumptions around expenditure from recently-agreed investments and the receipt of top-up funding, which continued to be subject to audit by NHSEI. It was noted that, whilst Covid-19 related spending had dipped in the autumn it had risen in December and was expected to rise further in the final quarter of the financial year. It was confirmed that there was no indication of system overspend across South East London.

The Trust had been informed of its 2020/21 capital limit which would necessitate a reassessment of the current capital commitments, some of which may need to be paused. The cash position remained strong. The Committee noted that a light-touch business planning exercise was being undertaken through the clinical groups. This was mainly focused on activity planning in the context of the growing backlog, and the resources that would be needed to address that. There was no new information about the nature of the 2021/22 national financial regime.

9.c

**11. Reports for Noting**

The Committee noted the reports.

**12. Any Other Business**

There was no other business.

**13. Date and Time of Next Meeting**

Wednesday 24<sup>th</sup> February 2021, with details of timing and arrangements to follow.



**BOARD OF DIRECTORS  
QUALITY AND PERFORMANCE COMMITTEE**

**Minutes of the Meeting held on Wednesday 24<sup>th</sup> February 2021  
held virtually via MS Teams at 1pm – 4pm**

<b>Members Present:</b>	Dr P Singh, Chair	Prof R Razavi
	Prof I Abbs	Mr M Shaw
	Ms A Bhatia – until 3.30pm	Dr S Shribman
	Mr P Cleal	Dr S Steddon – until 3.30pm
	Mr J Findlay – until 3.30pm	Mr L Tallon
	Mr S Friend	Sir H Taylor
	Dr F Harvey	Mr D Waldron – for Ms J Screaton
	Dr J Khan – until 2.15pm	Mr S Weiner
	Mr J Pelly	
<b>In attendance:</b>	Mr E Bradshaw – Secretary	Ms K Harding
	Ms S Austin – until 2pm	Ms N Khazaezadeh – item 9
	Ms B Bryant	Ms A Knowles
	Ms R Burnett	Ms A Knox
	Ms S Clarke – until 3.30pm	Ms R Liley
	Ms M Da Costa	Ms C Mackay
	Ms J Dahlstrom	Mr C Martin – item 11
	Mr S Davies	Dr M Mason
	Mr R Drummond	Ms M McEvoy
	Mr B Falk	Ms C McMillan
	Ms J Godden	Ms S Noonan
	Mr A Gourlay	Ms J Powell
	Mr R Grocott-Mason	Mr N Rees
	Ms S Hanna	Mr N Wigglesworth – item 8

9.c

### **1. Welcome and Introductions**

The Chair welcomed colleagues to the meeting, including those joining for the first time: Simon Friend, Javed Khan, Joy Godden, Richard Grocott-Mason, and Mark Mason.

### **2. Apologies**

Apologies had been received from Sally Morgan and Julie Screaton.

### **3. Declarations of Interest**

There were no declarations of interest.

### **4. Minutes of the previous meeting**

The minutes of the meeting of the Quality and Performance Committee (the Committee) held on 13 January 2021 were approved as a true record.

## 5. Matters Arising

All the matters arising from the previous meeting would be picked up by items on the agenda.

## 6. Topics of Note

Updates were provided about a number of ongoing matters in the Integrated Care and Specialist Medicine Clinical Group, including Minnie Kidd House and the Pulross Centre. The Crisis Assessment Unit had opened in the Trust's emergency department on 8 February and was being resourced collaboratively with South London and Maudsley NHS Foundation Trust.

There had been a reduction in the number of Covid-positive patients presenting at the Trust and rates of the virus were falling across the system. However, the Trust had not seen the reduction in critical care patients that it had anticipated in its recovery trajectory. Consequently, whilst the Trust has good bed capacity, continued demand for critical care meant that there had been limited opportunity to open and resource operating theatres for non-Covid-19 patients requiring urgent elective treatment. The Committee noted the key points on the Trust's balanced scorecard, and discussed the numbers of patients waiting a year or more for elective treatment and the performance against the four-hour standard. Committee members were pleased that the Trust had been able to provide considerable mutual aid to other hospitals and was now working collaboratively to repatriate patients without destabilising smaller critical care units to ensure all could begin to increase elective capacity.

The Covid-19 vaccination programme was continuing to go well although the Committee noted that work was still needed to validate the numbers of staff who had received the vaccine. There remained a disparity in take-up of the vaccine between different ethnic groups of staff which Committee members noted was an issue both regionally and nationally. There was considerable debate about the possible reasons why some staff were declining to be vaccinated; the Trust was continuing to work to understand this and provide information to staff in relation to their concerns.

The number of undated overdue follow-ups and open referrals remain a significant risk to the Trust, and had increased following the second wave of Covid-19 and the pause in non-urgent elective work. The Committee noted the patient benefits that would arise from reducing these numbers and received an update about the key actions being taken to address this, which included efforts to improve data quality. A material reduction in the numbers of open referrals was needed prior to the transition to the Epic system.

The Trust was operating in a much more complex environment with an increased level of clinical risk. The backlog of patients requiring cancer treatment was increasing, but at a slower pace than during the first wave of Covid-19. There was discussion about how the Trust approached the clinical assessment of patients and how it prioritised treatment based on this. The Trust was exploring all possible options, including the independent sector, to increase operating capacity for greater throughput of elective work, but this was proving difficult. Consequently, focus was being given to standing up as much capacity as possible across the Trust sites and at King's College Hospital.

The Director of Essentia provided an update on the estates and facilities developments since the previous meeting. This included an overview of how the Trust was meeting the challenges of increased volumes of clinical waste and the requirement for increased supplies of oxygen. The Committee noted that work was underway to agree the backlog investment for 2021/22 by prioritising the high risk and statutory compliance areas and requesting resources to strengthen the systems and processes within engineering to enable a planned preventative approach to maintaining the estate.

The Chief Nurse's update focused on staffing levels and the mitigations that were being taken in respect of lower ratios of nursing staff to patients in critical care. As the bed base in critical care had started to reduce, the redeployment of staff from critical care to their 'home' units had commenced, predominantly to theatres to enable the recommencement of scheduled surgery. The existing Nursing and Midwifery accreditation programme would be revitalised to provide a robust ward to board assurance programme across all clinical areas and would be owned by the clinical groups.

The Trust was making good progress with the majority of its quality priorities, despite the challenges and pressures caused by the pandemic. The Committee noted updates regarding the recent review of the processes for reporting and reviewing deaths and the matters discussed in the Trust Risk and Assurance Committee. The Quality and Assurance team had been meeting regularly with colleagues from Royal Brompton and Harefield hospitals to align quality governance processes, with mutual site visits planned.

The key workforce metrics were presented. The staff vacancy rate was increasing, although still compared favourably with other trusts. The Committee discussed the actions being taken to address this, including efforts to recruit internationally. Committee members emphasised the need to recruit quickly into key clinical positions as workforce was a key determinant of the pace at which the Trust would recover from the pandemic. A fuller update on plans for workforce would be brought back to the following meeting.

**ACTION: DW**

Sickness absence rates were reducing to levels more consistent with those seen before the second wave of Covid-19. Updates were received in respect of the impact of Brexit on freedom of movement, which the Committee noted was likely to have minimal impact on Trust staff.

There had been a number of developments across the Data, Technology and Information (DT&I) directorate in recent weeks, including the technical and tactical improvements to support 'day one' collaboration with Royal Brompton and Harefield and continued support to the Covid-19 vaccination programme. An exercise had been undertaken to re-examine the portfolio of ongoing IT projects to test whether any could be stopped or paused. In addition, all new IT projects would be temporarily paused until 1 May 2021, when it was anticipated operational pressures may have eased.

9.c

## **7. Royal Brompton and Harefield Clinical Quality Report**

An overview was provided of clinical quality at the Royal Brompton and Harefield hospitals at month 10 (January 2021). This covered infection prevention and control (IPC), incident management and reporting, staffing metrics, operational performance metrics and patient and public feedback and engagement. Committee members welcomed the opportunity to see the data used by the Royal Brompton and Harefield Clinical Group and considered how this could be incorporated into the established Trust reporting.

## **8. Nosocomial COVID-19 Infection During Wave 2**

The Committee received an update on the number of Covid-19 outbreaks by Trust site since 1 September 2020 and the number of inpatient deaths that were potentially the result of nosocomial infection. The Committee noted the extreme vulnerability of all those who had died and expressed condolences to the patients' families.

All outbreaks had been subject to root-cause investigations and it was likely they would also be subject to review by the Coroner. The steps taken in response to these findings, together with further recommendations to prevent nosocomial transmission, were presented to and discussed by the Committee. In many aspects the Trust's response to the IPC risks caused by the pandemic had exceeded the safeguards set out in national guidance. The Trust had not been flagged as an outlier for nosocomial infections across the London healthcare system.

It was recommended that a number of clinical areas at Guy's Hospital should be upgraded in light of the additional learning about environmental factors which could improve infection prevention and control. Committee members agreed that work should be undertaken to determine next steps and necessary investment to commence this work. There would be a further discussion about the Trust's estate at the following Committee meeting.

**ACTION: AG, AB, JF**

The Chair noted that this was Neil Wigglesworth's (the Trust's joint Director of Infection, Prevention and Control) last Committee meeting before he left the Trust. The Committee thanked him for his work and the considerable impact that he and his team had on the safety and welfare of patients, and wished him well in his new role.

## **9. Ockenden Maternity Services Review**

The Ockenden report had been published in December 2020 following an independent review of maternity services at Shrewsbury and Telford Hospitals NHS Trust. NHS England and NHS Improvement (NHSEI) had directed all maternity providers in England to implement the twelve urgent clinical priorities from the seven Immediate and Essential Actions (IEAs) required for the wider NHS to bring forward lasting improvements across all maternity services. The Trust also had to complete the maternity services assessment assurance tool to log its position in relation to these requirements and a number of other areas of maternity provision.

The Committee noted the Trust's assessment of its progress, including the IEAs where further work was still required. The next steps were set out for the Committee's consideration, including the submission of the assessment tool to NHSEI and the review process, which would include a visit from an NHSEI nursing and midwifery team.

Committee members discussed whether there were further steps that could be taken alongside the requirements of the Ockenden Report, either internally or across the local system, that could help to improve the quality of the Trust's maternity services. It was agreed that good barometers of assurance were the willingness of the Trust's midwives to report and escalate concerns, and the staff satisfaction figures within the maternity department. It was requested that future reports to the Committee include these updates where appropriate.

**ACTION: SH**

**RESOLVED:**

The Committee approved the Trust's response to the Ockenden Maternity Services Review.

## **10. Gender Pay Gap Report**

The Equality Act 2010 requires the Trust to publish its gender pay gap data within 12 months of the 'snapshot date' of 31 March each year. The Committee welcomed news that there had been a decrease in the gap at 31 March 2020 compared to the figures reported in 2019, and that two primary drivers for the gap had been identified.

Explanation was provided about how the Trust continues to scrutinise its gender pay gap data and use the insights to develop initiatives to reduce the inequalities. This had included identifying and addressing any inequalities in career opportunities between male and female staff, and ensuring that the Trust's senior management group reflects the diversity of the wider organisation and patient population. The Committee noted that there were plans to include ethnicity pay gap data into this report in the future.

It was agreed that, whilst useful, it was hard to look at information on the gender pay gap separately from other indicators of equality, diversity and inclusion (EDI). It was therefore agreed that the key findings from the report should be incorporated into the wider review of EDI that would be brought to the next Committee meeting. It was also requested that the gender pay gap data was split by pay band in the future.

**ACTION: DW**

Committee members were invited to send questions to the Director of Workforce to drive a more comprehensive discussion on EDI at the next meeting

### **11. Board Assurance Framework Update**

The Committee has responsibility for oversight of seven of the strategic risks on the Trust's Board Assurance Framework (BAF). These risks, together with the assessment of the sufficiency and adequacy of the controls and of the current assurance levels, had been reviewed by executive management and proposed updates were presented for the Committee's consideration.

The Committee reviewed the proposed updates and noted the updated assessment levels. Committee members noted that risks 2a (Quality and Safety) and 2b (Health and Safety) had 'limited' and 'partial' assurance respectively, and requested that an update on the management of both risks was brought to the next Committee meeting for noting.

**ACTION: CM**

The Committee noted the plan for the quarterly reporting of the seven strategic risks going forward. The Trust Board would use its forthcoming away day to look at the full set of strategic risks on the BAF in more detail, and work was being started to incorporate relevant aspects of the Royal Brompton and Harefield BAF into the Trust BAF.

### **12. Financial Report for Month 10**

The Committee received an overview of the Trust's financial performance to 31 January 2021 (month 10), including the financial impact of Covid-19, the main drivers of the variance to plan, and the year-end forecast. The audit of the Trust's submissions for the first six months had been completed, and whilst the findings of the draft report were awaited, no material issues had been raised by NHSEI. From month 11, the financial data from the Royal Brompton and Harefield Clinical Group would be incorporated into the Trust's overall figures and therefore into the Committee's financial update.

Further updates were received about the Trust's cash and capital positions, where dialogue was ongoing with NHSEI regarding the Trust's final 2020/21 Capital Departmental Expenditure Limit (CDEL). There would be further consideration of the Trust's longer-term capital plan at the Board away day. Internal business planning work was ongoing, although the financial

regime for 2021/22 remained unclear, so Committee members advised taking a prudent view for the financial plan given the number of unknowns.

### **13. Staff Story Presentation**

The planned staff story would be presented at the next Committee meeting. The Director of Workforce gave a short overview of the staff wellbeing and recovery plan had been published on the Trust's external website earlier in February. The plan detailed the Trust's workforce recovery guidance, as well as a focused offering of wellbeing support for staff as the Trust moves out of the second wave of Covid-19. It was designed to give staff time for a break, for reflection and to support each other, feel valued and create a Trust-wide culture of wellbeing and mutual support. The plan was applicable to all staff and directorates.

Committee members welcomed the programme. It was requested that an update be brought back to the Committee in due course that included indicators of staff uptake of the wellbeing support.

**ACTION: DW**

### **14. Reports for noting**

The Committee noted the reports.

### **15. Any Other Business**

There was no other business.

*Date and Time of Next Meeting: Wednesday 14th April 2021 timing and arrangements to follow*

**9.c**

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST  
QUALITY AND PERFORMANCE COMMITTEE  
WEDNESDAY 14 APRIL 2021**

<b>Title:</b>	<b>Finance Report for the eleven months to 28<sup>th</sup> February 2021</b>
<b>Responsible Director:</b>	<b>Steven Davies, Director of Finance</b>
<b>Contact:</b>	<a href="mailto:Steven.Davies@gstt.nhs.uk">Steven.Davies@gstt.nhs.uk</a>

<b>Purpose:</b>	To update on the financial position of the Trust for the eleven months to February 2021
<b>Strategic priority reference:</b>	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• The reported position includes the results of the Brompton and Harefield Clinical Group effective 1<sup>st</sup> February 2021.</li> <li>• Performance to February is a deficit of £184.8M, which includes COVID-19 impacts of £90.6M. The top-up funding adjustment of £181.6M results in a YTD deficit of £3.2M, £5.4M better than plan.</li> <li>• The current forecast, a deficit of £15.7M would be £4.0M worse than the planned deficit of £11.7M</li> <li>• The reported position includes an increase in the accrual for outstanding annual leave of £15.5M. Whilst further income is anticipated which would significantly improve this position, this is not included in the current forecast.</li> <li>• The expectation is that the Trust and the system as a whole will need to achieve financial balance.</li> </ul>
<b>Recommendations:</b>	<p>The COMMITTEE is asked to:</p> <ol style="list-style-type: none"> <li>1. Discuss and note the content of this report.</li> </ol>

NHS CONFIDENTIAL - Board

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST  
QUALITY AND PERFORMANCE COMMITTEE  
WEDNESDAY 14 APRIL 2021**

**FINANCE REPORT FOR THE ELEVEN MONTHS TO 28<sup>TH</sup> FEBRUARY 2021**

**PRESENTED BY Steven Davies, Director of Finance**

**1. Introduction**

1.1. This paper updates the Committee on performance and the required top up funding for the period covering the eleven months to 28<sup>th</sup> February 2021. The reported position incorporates the results of the Brompton and Harefield Clinical Group effective 1<sup>st</sup> February 2021.

**2. Financial Performance Summary**

- 2.1. Against the baseline plan (excluding COVID-19 impact) which is a deficit of £70.2M for the eleven months to 28<sup>th</sup> February, a deficit of £94.2M has been recorded which is £24.0M worse than plan. Within the reported position is £15.6M of “out of envelope expenditure” associated with the vaccination and testing programmes and out-sourcing to the independent sector where these cost are reimbursed via the top up mechanism below.
- 2.2. The financial impact of COVID-19 has been assessed as £90.6M increasing the deficit to £184.8M. In line with the current finance regime Top up funding of £181.6M has been included in the reported position to report a year to date (YTD) deficit of £3.2M, £5.4M better than plan.
- 2.3. The year-end forecast as at February 2021 is that the Trust will record a deficit of £15.7M which if delivered would exceed the planned deficit of £11.7M, by £4.0M. This forecast currently assumes Top up funding of £212.5M.



	YTD Plan £m	YTD Actual £m	YTD Variance £m	Annual Plan £m	Forecast Out-turn £m	Forecast Variance £m
I&E Baseline Plan	(70.2)	(94.2)	(24.0)	(87.4)	(131.5)	(44.1)
COVID-19 Impact Assessment	(30.0)	(90.6)	(60.6)	(36.0)	(96.6)	(60.6)
<b>Sub Total pre top up funding</b>	<b>(100.2)</b>	<b>(184.8)</b>	<b>(84.6)</b>	<b>(123.4)</b>	<b>(228.1)</b>	<b>(104.7)</b>
Top up funding adjustment	91.6	181.6	90.0	111.7	212.5	101.8
<b>Performance incl. top up</b>	<b>(8.6)</b>	<b>(3.2)</b>	<b>5.4</b>	<b>(11.7)</b>	<b>(15.7)</b>	<b>(4.0)</b>
DODA	(11.8)	(11.4)	0.4	(12.9)	(12.4)	0.5
Capital Donations	5.7	2.2	(3.5)	6.1	2.5	(3.6)
<b>Total Surplus \ (Deficit)</b>	<b>(14.6)</b>	<b>(12.4)</b>	<b>2.2</b>	<b>(18.5)</b>	<b>(25.6)</b>	<b>(7.1)</b>

### 3. February Performance

3.1. The in-month performance, excluding COVID-19 impacts and before top up funding was a deficit of £27.7M, which is £10.0M worse than plan. Among the significant drivers are the following:

- Shortfall in payments by NHSE against the agreed block contract.
- Expenditure associated with the vaccination and testing programmes and the outsourcing of clinical care, these are partly off-set by an increase in the Top up income that has been accrued.
- Expenditure previously attributed to capital has been reviewed and re-categorised as revenue expenditure.
- Under-funding through the block contract arrangements for non-clinical activities previously paid directly by NHSE and local CCGs.
- Continued underperformance against income streams relating to private patient activities and other operating income.
- A review of exiting reserves and provisions, enabling those no longer required to be released.

**NHS CONFIDENTIAL - Board**

3.2. COVID-19 impacts of £8.4M were accounted for in February, these included:

- £1.5 M existing workforce additional shifts
- £1.3 M increased ITU capacity
- £1.2M expand NHS workforce
- £0.9M backfill for higher sickness
- £0.8M Increased accrual for annual leave owed to staff
- £0.7M enhanced patient transport services
- £0.6M antibody \ virus testing
- £0.5M supply chain hub
- £0.5M Other

#### 4. YTD Financial Performance excluding COVID-19 impact (Baseline Plan)

4.1. The £94.2M deficit excluding the impact of COVID-19 as shown in the table above is £24.0M worse than plan.

4.2. The main drivers of the year to date position is income driven

- Under-funding through the block contract arrangements for non-clinical activities previously paid directly by NHSE and local CCGs.
- Shortfall in payments by NHSE against the agreed block contract.
- Income streams from commercial activities continue to show significant underperformance.

4.3. There are significant underspends across clinical supplies and drugs and to a lesser extent some pay budgets due to the impact of reduced clinical activity. Prior to the 2<sup>nd</sup> wave of COVID-19 NHS clinical activities were starting to increase with some commensurate increases in expenditure. These will need to be carefully managed whilst we remain under the block contract regime.

4.4. An increase in the level of accrued annual leave owed to staff of £15.5M. Whilst not reflected in current performance it is expected that additional income will be received to mitigate this increase.

## NHS CONFIDENTIAL - Board

### 5. YTD Coronavirus (COVID-19) Assessment

5.1. The £90.6M assessed as being the financial impact of COVID-19 predominantly relates to increases in pay and non-pay expenditure.

5.2. The Trust has provided estimates of the financial impact of COVID-19 in our monthly finance in year monitoring return. The main components of which are:

- £15.4M Increased accrual for annual leave owed to staff
- £11.2M PPE procured locally
- £9.1M Existing staff working additional shifts
- £8.7M increased ITU capacity
- £5.5M Testing – outside of envelope categories
- £5.9M Enhanced patient transport services
- £6.2M Workforce expansion – GSTT \ KCL \ KHP
- £4.8M Backfill for higher sickness absence
- £3.9M Workforce expansion – Students
- £3.3M Accommodation
- £3.3M Accommodation, tax implications
- £3.5M segregation of patient pathways
- £3.1M CEVA supply chain \ laundry
- £2.0M Increased decontamination costs
- £4.7M Other

### 6. Top Up Funding

6.1. The £181.6M of top up funding, noted in 2.2, has largely been confirmed and is viewed as secure. Included within the reported position is £6.0M associated with the vaccination and testing programmes which remains subject to validation and £9.9M from the use of independent sector providers where costs incurred are also be validated.

6.2. The audit of the Trust's submissions to NHSI\E which commenced at the end of November has now been completed although the final report for the Trust to comment upon is awaited.

## 7. Year End Forecast

7.1. The year-end forecast as at February 2021 is that the Trust will record a deficit of £15.7M, which if delivered would exceed its planned deficit of £11.7M, by £4.0M. This forecast currently assumes Top up funding of £212.5M.

7.2. At the time of writing this report confirmation was awaited from NHSE as to the agreed forecast position regarding use of the independent sector. An assessment of this expenditure has been included in the current forecast but should the Trust be required to change this value, an off-setting adjustment will also be made against the Top up funding.

7.3. The current forecast deficit of £15.7M includes an increase in the accrual for annual leave owing to staff of £15.5M. Guidance from NHSE states "there is an intention to provide some funding towards this annual leave accrual movement in recognition of the likely need to backfill".

7.4. A notification received on the 12<sup>th</sup> March indicated an interim payment would be made of £10.1M which equates to 80% of the increased accrual as at month ten. Updating this to the month eleven accrual increase of £15.5M would result in a payment to be received of £12.4M. This has not been included in the current forecast.

7.5. The current forecast assumes the Trust will receive Top up funding of £212.5M of which £26.3M is to compensate the Trust for expenditure incurred in using the independent sector and the vaccination and testing programmes. These costs are subject to validation.

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7.6. Despite the close proximity to the end of the financial year there remains a high level of uncertainty with regard to the final year end forecast. This is primarily driven by the level of funding that may yet be received from Commissioners, the current assumptions regarding provisions and outstanding debt and the confirmation of Top up funding to be received.

### 8. Cash and Capital

8.1. **Cash:** The cash position at the end of February is £426.5M, this is an increase of £102.6M from last month and includes £80.0M within the Brompton and Harefield Clinical Group.

8.2. **Capital:** £86.3M of capital expenditure was recorded to the end of February of which £18.7M relates to COVID-19 projects. Due to delays in receiving approval, the Trust has proceeded at risk on a number of COVID-19 capital projects.

### 9. Recommendations

9.1. The Committee is asked to:

- Note the assessment of the YTD financial impact of COVID-19 of £90.6M in achieving a deficit of £184.8M.
- Note the required top up funding of £181.6M to achieve a YTD deficit of £3.2M.
- Note the current forecast to achieve a deficit of £15.7M, which would be £4.0M worse than plan.
- Note the potential additional income in respect of the increased annual leave accrual as noted in 7.4
- Note current limitations that are being placed on capital and the requirement to obtain approval for all COVID-19 projects.

## KEY MESSAGES - 2020-21 - MONTH 11

### 1. Performance against base line plan – in month and YTD

- A deficit in February of £27.7M is £10.0M worse than the planned base-line deficit of £17.7M; the YTD deficit of £94.2M is £24.1M worse than the planned base line deficit of £70.2M.

### 2. COVID-19 Financial Impacts

- An assessment of the financial impact of COVID-19 for February was £8.4M this includes an increase to the A/L accrual of £1.1M, YTD COVID-19 impacts are £90.6M.

### 3. Top Up Funding

- The Trust has accounted for income in respect of Top Up Funding of £181.6M. This includes additional income to compensate the Trust for "out of envelope" expenditure in relation to Testing and Vaccination programmes and the use of Independent Sector Providers to increase elective activity.

### 4. Summary Position

- In February a deficit of £5.7M has been achieved which is £2.5M worse than plan and a YTD deficit of £3.2M which is £5.3m better than plan.

### 5. COVID-19 Financial Impacts

- The financial impact of COVID-19 has been assessed at £90.6M. This comprises £0.2M of income being deferred relating to research activities and increased expenditure of £90.4M. February impacts saw an increase of £8.4M.

### 6. Cash position

- Our cash position remains strong at £426.5M at the end of February, an increase of £102.6M from the previous month, of which £80.0M relates to RBH clinical group

### 7. Capital – performance

- To the end of month eleven the Trust has spent £86.3M of capital. This comprises £65.3M on existing schemes where the Trust is working to a control total for this financial year of £78m; £18.7M on COVID-19 schemes where new funding is anticipated and £2.3M on schemes funded by donations.

### 8. Forecast and Actions Required

- The current forecast is a deficit against the baseline plan of £131.5M and COVID impacts of £96.6M which is a total deficit of £228.1M

- The current forecast assumes receipt of £212.5M of top up funding which if received would reduce the total deficit to £15.7M

- A year end deficit of £15.7M if achieved which would be £4.0M worse than plan

- Additional funding in respect of the increased accrual for outstanding annual leave has not been included in the current forecast

## FINANCIAL PERFORMANCE HIGHLIGHTS - 2020-21 - MONTH 11



### ACTUAL

- MONTH SURPLUS \ (DEFICIT): (Including Top Up Funding)	(£5.7m)	- £22.7M deficit against the baseline plan and £7.9M in COVID-19 costs - £30.4M of Top Up Funding has been accounted for made up of revised block funding arrangement of £20.0M, £1.2M Vaccination Programme costs and £9.2M for Independent Sector Costs
- YEAR-TO-DATE SURPLUS \ (DEFICIT): (Including Top Up Funding)	(£3.2m)	- £94.2M deficit against the baseline plan and £90.6M of impacts from COVID-19 - £181.6M of Top Up Funding has been accounted for
- CASH:	£426.5m	- an increase of £102.6M from last month (RBH £80.0M) and an increase of £207.3M from last year (RBH £80.0M) - the underlying cash position of £283.4M reflects receipt of advanced income, accrued PDC expenditure and accrued COVID revenue costs

### FORECAST

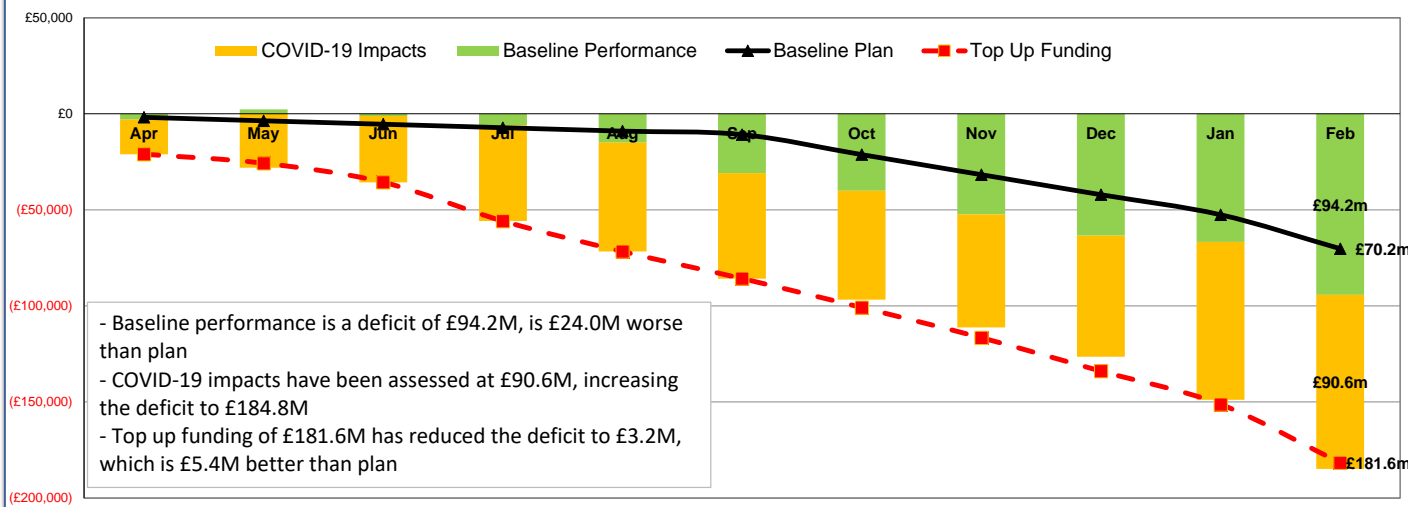
- YEAR-TO-GO: SURPLUS \ (DEFICIT)	(£15.7m)	- to meet the current Trust Forecast of an £15.7M deficit a further deficit of £12.4m is forecast over the remaining month - the current forecast is in line with this
- CASH:	£372.2m	- assumes a reduction of £54.3M from the YTD position - no block contract payment will be received in March, currently paid in advance



**FINANCIAL PERFORMANCE:  
FEB ACTUAL - MONTH 11 YTD - FORECAST - FY 2020-21**

Summary Performance - Month 11 - FY2020/21									
	TOTAL - Current Month			TOTAL - YTD			TOTAL - Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
<b>I&amp;E Baseline Plan</b>	<b>(£17,681)</b>	<b>(£27,661)</b>	<b>(£9,981)</b>	<b>(£70,182)</b>	<b>(£94,250)</b>	<b>(£24,067)</b>	<b>(£87,395)</b>	<b>(£131,521)</b>	<b>(£44,126)</b>
COVID-19 - Impact Assessment	(£6,000)	(£8,395)	(£2,395)	(£30,000)	(£90,607)	(£60,607)	(£36,000)	(£96,618)	(£60,618)
<b>Sub Total</b>	<b>(£23,681)</b>	<b>(£36,057)</b>	<b>(£12,376)</b>	<b>(£100,182)</b>	<b>(£184,856)</b>	<b>(£84,674)</b>	<b>(£123,395)</b>	<b>(£228,140)</b>	<b>(£104,745)</b>
Top Up Funding	£20,558	£30,405	£9,848	£91,625	£181,626	£90,001	£111,697	£212,481	£100,784
<b>Plan including Top Up</b>	<b>(£3,123)</b>	<b>(£5,651)</b>	<b>(£2,528)</b>	<b>(£8,558)</b>	<b>(£3,230)</b>	<b>£5,327</b>	<b>(£11,697)</b>	<b>(£15,658)</b>	<b>(£3,961)</b>
Depreciation on Donated Assets (DODA)	(£1,162)	(£1,238)	(£76)	(£11,790)	(£11,372)	£418	(£12,948)	(£12,463)	£485
<b>UNDERLYING SURPLUS \ (DEFICIT)</b>	<b>(£4,285)</b>	<b>(£6,889)</b>	<b>(£2,604)</b>	<b>(£20,347)</b>	<b>(£14,602)</b>	<b>£5,745</b>	<b>(£24,645)</b>	<b>(£28,121)</b>	<b>(£3,476)</b>
Capital Donations	£417	£707	£290	£5,715	£2,200	(£3,515)	£6,132	£2,539	(£3,593)
<b>TOTAL SURPLUS \ (DEFICIT)</b>	<b>(£3,868)</b>	<b>(£6,182)</b>	<b>(£2,314)</b>	<b>(£14,632)</b>	<b>(£12,402)</b>	<b>£2,230</b>	<b>(£18,513)</b>	<b>(£25,582)</b>	<b>(£7,069)</b>

**Cumulative Performance -v- Baseline Plan and COVID-19 Impacts**





**FINANCIAL PERFORMANCE:  
FEB ACTUAL - FY 2020-21**

**Current Month Performance - Month 11 - FY2020/21**

	<u>RBH</u>			<u>GSTT</u>			<u>TOTAL - Current Month</u>		
	<u>Plan</u>	<u>Actual</u>	<u>Variance</u>	<u>Plan</u>	<u>Actual</u>	<u>Variance</u>	<u>Plan</u>	<u>Actual</u>	<u>Variance</u>
<b>I&amp;E Baseline Plan</b>	<b>(£6,642)</b>	<b>(£4,968)</b>	<b>£1,674</b>	<b>(£11,039)</b>	<b>(£22,693)</b>	<b>(£11,654)</b>	<b>(£17,681)</b>	<b>(£27,661)</b>	<b>(£9,981)</b>
COVID-19 - Impact Assessment	£0	(£507)	(£507)	(£6,000)	(£7,888)	(£1,888)	(£6,000)	(£8,395)	(£2,395)
<b>Sub Total</b>	<b>(£6,642)</b>	<b>(£5,475)</b>	<b>£1,167</b>	<b>(£17,039)</b>	<b>(£30,581)</b>	<b>(£13,543)</b>	<b>(£23,681)</b>	<b>(£36,057)</b>	<b>(£12,376)</b>
Top Up Funding	£4,878	£4,878	£0	£15,680	£25,528	£9,848	£20,558	£30,405	£9,848
<b>Plan including Top Up</b>	<b>(£1,764)</b>	<b>(£597)</b>	<b>£1,167</b>	<b>(£1,359)</b>	<b>(£5,054)</b>	<b>(£3,695)</b>	<b>(£3,123)</b>	<b>(£5,651)</b>	<b>(£2,528)</b>
Depreciation on Donated Assets (DODA)	(£137)	(£137)	(£0)	(£1,025)	(£1,101)	(£76)	(£1,162)	(£1,238)	(£76)
<b>UNDERLYING SURPLUS \ (DEFICIT)</b>	<b>(£1,901)</b>	<b>(£734)</b>	<b>£1,167</b>	<b>(£2,384)</b>	<b>(£6,154)</b>	<b>(£3,771)</b>	<b>(£4,285)</b>	<b>(£6,889)</b>	<b>(£2,604)</b>
Capital Donations	£0	£348	£348	£417	£359	(£58)	£417	£707	£290
<b>TOTAL SURPLUS \ (DEFICIT)</b>	<b>(£1,901)</b>	<b>(£386)</b>	<b>£1,515</b>	<b>(£1,967)</b>	<b>(£5,796)</b>	<b>(£3,829)</b>	<b>(£3,868)</b>	<b>(£6,182)</b>	<b>(£2,314)</b>

## FINANCIAL PERFORMANCE: MONTH 11 YTD- FY 2020-21



Year to Date Performance - Month 11 - FY2020/21									
	<u>RBH</u>			<u>GSTT</u>			<u>TOTAL - YTD</u>		
	<u>Plan</u>	<u>Actual</u>	<u>Variance</u>	<u>Plan</u>	<u>Actual</u>	<u>Variance</u>	<u>Plan</u>	<u>Actual</u>	<u>Variance</u>
<b>I&amp;E Baseline Plan</b>	<b>(£6,642)</b>	<b>(£4,968)</b>	<b>£1,674</b>	<b>(£63,540)</b>	<b>(£89,281)</b>	<b>(£25,741)</b>	<b>(£70,182)</b>	<b>(£94,250)</b>	<b>(£24,067)</b>
COVID-19 - Impact Assessment	£0	(£507)	(£507)	(£30,000)	(£90,100)	(£60,100)	(£30,000)	(£90,607)	(£60,607)
<b>Sub Total</b>	<b>(£6,642)</b>	<b>(£5,475)</b>	<b>£1,167</b>	<b>(£93,540)</b>	<b>(£179,381)</b>	<b>(£85,841)</b>	<b>(£100,182)</b>	<b>(£184,856)</b>	<b>(£84,674)</b>
Top Up Funding	£4,878	£4,878	£0	£86,747	£176,749	£90,001	£91,625	£181,626	£90,001
<b>Plan including Top Up</b>	<b>(£1,764)</b>	<b>(£597)</b>	<b>£1,167</b>	<b>(£6,793)</b>	<b>(£2,633)</b>	<b>£4,161</b>	<b>(£8,558)</b>	<b>(£3,230)</b>	<b>£5,327</b>
Depreciation on Donated Assets (DODA)	(£137)	(£137)	(£0)	(£11,653)	(£11,235)	£418	(£11,790)	(£11,372)	£418
<b>UNDERLYING SURPLUS \ (DEFICIT)</b>	<b>(£1,901)</b>	<b>(£734)</b>	<b>£1,167</b>	<b>(£18,446)</b>	<b>(£13,868)</b>	<b>£4,578</b>	<b>(£20,347)</b>	<b>(£14,602)</b>	<b>£5,745</b>
Capital Donations	£0	£348	£348	£5,715	£1,852	(£3,864)	£5,715	£2,200	(£3,515)
<b>TOTAL SURPLUS \ (DEFICIT)</b>	<b>(£1,901)</b>	<b>(£386)</b>	<b>£1,515</b>	<b>(£12,731)</b>	<b>(£12,016)</b>	<b>£715</b>	<b>(£14,632)</b>	<b>(£12,402)</b>	<b>£2,230</b>

**FINANCIAL PERFORMANCE:  
FORECAST - FY 2020-21**



**Forecast Performance - Month 11 - FY2020/21**

	<u>RBH</u>			<u>GSTT</u>			<u>TOTAL - Forecast</u>		
	<u>Plan</u>	<u>Actual</u>	<u>Variance</u>	<u>Plan</u>	<u>Actual</u>	<u>Variance</u>	<u>Plan</u>	<u>Actual</u>	<u>Variance</u>
<b>I&amp;E Baseline Plan</b>	<b>(£13,301)</b>	<b>(£15,871)</b>	<b>(£2,570)</b>	<b>(£74,094)</b>	<b>(£115,651)</b>	<b>(£41,556)</b>	<b>(£87,395)</b>	<b>(£131,521)</b>	<b>(£44,126)</b>
COVID-19 - Impact Assessment	£0	(£1,014)	(£1,014)	<b>(£36,000)</b>	<b>(£95,605)</b>	<b>(£59,605)</b>	(£36,000)	(£96,618)	(£60,618)
<b>Sub Total</b>	<b>(£13,301)</b>	<b>(£16,884)</b>	<b>(£3,584)</b>	<b>(£110,094)</b>	<b>(£211,255)</b>	<b>(£101,161)</b>	<b>(£123,395)</b>	<b>(£228,140)</b>	<b>(£104,745)</b>
Top Up Funding	£9,756	£9,756	£0	£101,942	£202,726	£100,784	£111,697	£212,481	£100,784
<b>Plan including Top Up</b>	<b>(£3,545)</b>	<b>(£7,129)</b>	<b>(£3,584)</b>	<b>(£8,152)</b>	<b>(£8,530)</b>	<b>(£377)</b>	<b>(£11,697)</b>	<b>(£15,658)</b>	<b>(£3,961)</b>
Depreciation on Donated Assets (DODA)	(£270)	(£268)	£2	(£12,678)	(£12,195)	£483	(£12,948)	(£12,463)	£485
<b>UNDERLYING SURPLUS \ (DEFICIT)</b>	<b>(£3,815)</b>	<b>(£7,397)</b>	<b>(£3,582)</b>	<b>(£20,830)</b>	<b>(£20,724)</b>	<b>£106)</b>	<b>(£24,645)</b>	<b>(£28,121)</b>	<b>(£3,476)</b>
Capital Donations	£0	£348	£348	£6,132	£2,190	(£3,942)	£6,132	£2,539	(£3,593)
<b>TOTAL SURPLUS \ (DEFICIT)</b>	<b>(£3,815)</b>	<b>(£7,048)</b>	<b>(£3,233)</b>	<b>(£14,698)</b>	<b>(£18,534)</b>	<b>(£3,836)</b>	<b>(£18,513)</b>	<b>(£25,582)</b>	<b>(£7,069)</b>

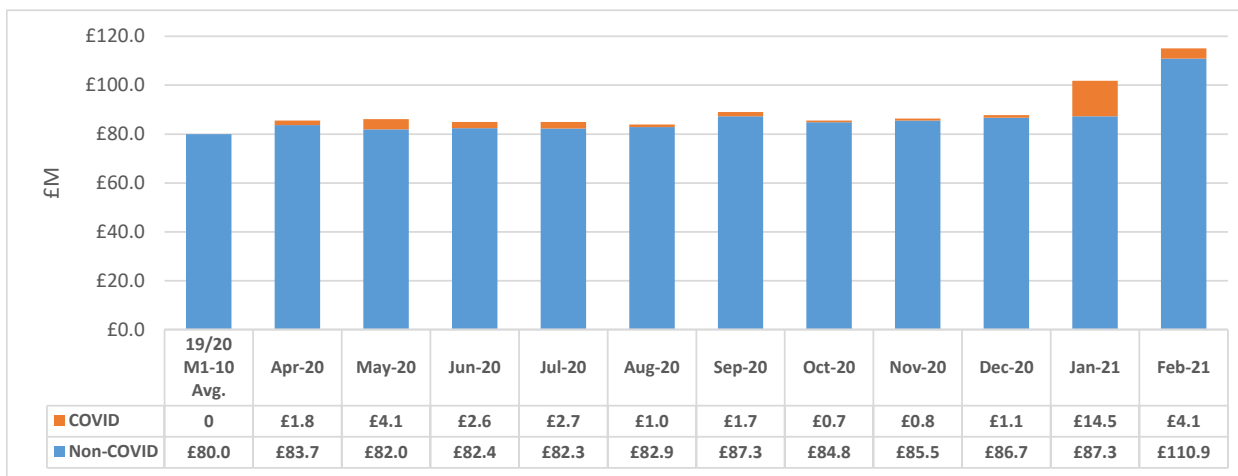
## FINANCIAL PERFORMANCE: INCOME (excluding Block Contracts) - PRIOR YEAR MONTH 11 AND CURRENT YTD

	2019/20 MONTH 1-10 AVERAGE	2020/21 MONTH 1-11 AVERAGE	
TOTAL % Reduction vs PY Average	£35.2m	£29.8m (15.2%)	The following income streams comprise 20% of the overall Trust income, based upon 19/20 levels and exclude income from Commissioners that are now under block contract arrangements.
<i>Of which.....</i>			
Clinical - <b>Cost &amp; Volume Contracts</b> % Reduction vs PY Average	£9.6m	£8.3m (14.3%)	Local Authorities, non English commissioners and out of area treatments, the Trust remains on C&V contracts
Private Patients % Reduction vs PY Average	£5.7m	£2.4m (56.8%)	
Research - NIHR % Reduction vs PY Average	£3.7m	£4.1m 8.9%	Income no longer fully deferred following NHSE Advice
Education & Training - HEE % Reduction vs PY Average	£6.6m	£6.3m (3.4%)	Prior year includes ad-hoc non-recurrent funding; reduction made against previous block levels.
Overseas Visitors % Reduction vs PY Average	£0.8m	£0.3m (54.8%)	
Clinical Excellence Awards % Reduction vs PY Average	£0.6m	£0.2m (59.5%)	Now included as part of the clinical block payment (M6-9 Accrued)
Non Patient Care - Other NHS bodies % Reduction vs PY Average	£2.5m	£1.8m (27.2%)	Major reductions are across Hosted Services, Essentia Community Services and Commercial activities
Other Operating Income % Reduction vs PY Average	£10.4m	£9.7m (6.7%)	Includes Hosted services and various ad-hoc income streams
Rental Revenue - Operating Leases % Reduction vs PY Average	£1.1m	£0.7m (36.2%)	Prior year benefits in 19/20 and 20/21 reductions in rental income from commercial partners

## FINANCIAL PERFORMANCE: PAY AND NON PAY EXPENDITURE RUN RATES - 2019/20 and 2020/21



### PAY EXPENDITURE (RBH Clinical Group included from Feb-21)



### COVID-19 Expenditure

Expenditure has been identified and attributed to COVID-19 where:

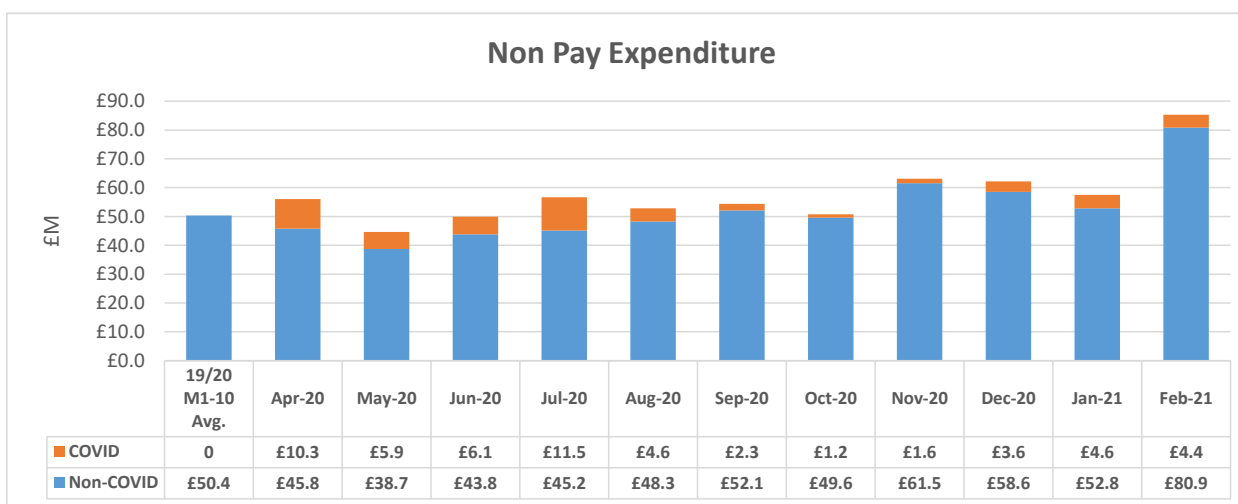
- it is attributable to the COVID-19 response
  - it is in excess of the baseline budget
- The graphs show the period in which the cost was identified and recorded.

The increase in pay expenditure noted in Jan relates to the increased A/L accrual

Non pay expenditure included significant estates work in April, in July an accrual in respect of a potential tax liability.

Other significant areas of expenditure included PPE, supply chain and patient transport.

### NON PAY EXPENDITURE (RBH Clinical Group included from Feb-21)



### Non COVID-19 Expenditure

Pay expenditure now exceeds budget by £3.3M, but represents a £4.9M pm (6.2%) increase from last year.

Pay awards, the FYE of planned growth from 19/20 the main drivers; also reductions in temporary staffing.

Non pay expenditure is under spent against budget due to the reduced activity and represents a £0.4M (0.8%) reduction from last year. Clinical supplies at £1.3M is the main driver. Expenditure previously charged to capital is the main driver of recent increases.

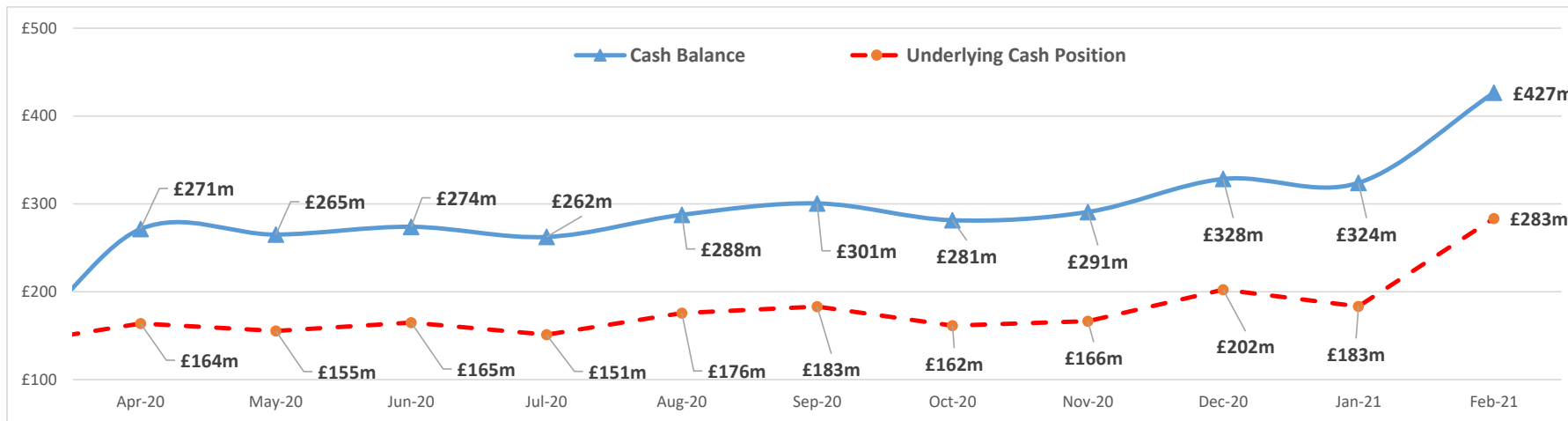


# FINANCIAL PERFORMANCE: CASH AND CAPITAL - YTD

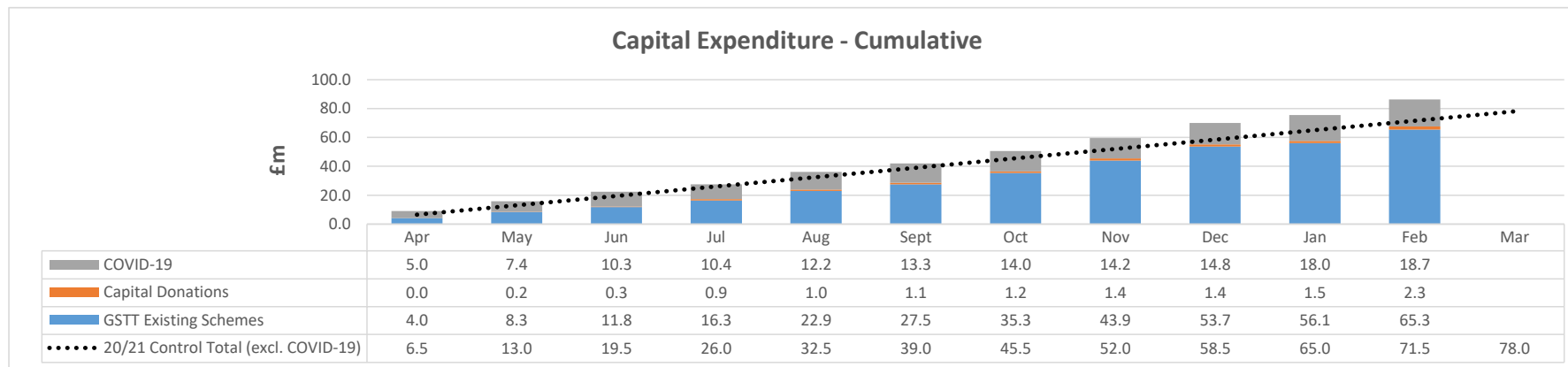


## CASH

Underlying cash position adjusts for: one month advanced payment of the block contract income £112.3M, accrued PDC of £8.5M, accrued COVID costs of £3.3M. Cash position of RBH Clinical Group £80.0M at February 2021.



## CAPITAL



**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST  
QUALITY AND PERFORMANCE COMMITTEE  
WEDNESDAY 14 APRIL 2021**

<b>Title:</b>	<b>Topics of Note – Appendix 2: Trust Balanced Scorecard – February 2021</b>
<b>Responsible Director:</b>	<b>Jon Findlay, Chief Operating Officer and Deputy Chief Executive</b>
<b>Contact:</b>	<b>Scott West, Director of Performance &amp; Information</b>

<b>Purpose:</b>	This report provides a formatted summary of quality and performance, across all management levels within the Trust.													
<b>Strategic priority reference:</b>	TO TREAT AS MANY PATIENTS AS WE CAN SAFELY													
<b>Key issues summary:</b>	<p>Of specific note for discussion are the following metrics within the Responsive domain:</p> <table border="1" data-bbox="936 853 1709 1088"> <tr> <td>4.1 A&amp;E access</td> <td>4.1.1 A&amp;E stays less than 4 hours (type 1,2,3)</td> </tr> <tr> <td rowspan="4">4.2 Elective Treatment Access</td> <td>4.2.1 RTT – Incomplete pathways &lt;18 weeks</td> </tr> <tr> <td>4.2.2 RTT – Incomplete pathways over 52 weeks</td> </tr> <tr> <td>4.2.3 RTT – Incomplete pathways over 52 weeks</td> </tr> <tr> <td>4.2.4 RTT – Incomplete pathways over 18 weeks</td> </tr> <tr> <td rowspan="3">4.3 Cancer Access</td> <td>4.3.1 Cancer – 2 week wait</td> </tr> <tr> <td>4.3.2 Cancer – 31 day first treatment</td> </tr> <tr> <td>4.3.7 Cancer – 62 day Urgent GP referrals</td> </tr> <tr> <td>4.4 Diagnostic Access</td> <td>4.4.1 Diagnostic waits - % over 6 weeks</td> </tr> </table> <p>Each of these metrics are explained more detail within the Topics of Note – Appendix 1: Operational Performance Update.</p>	4.1 A&E access	4.1.1 A&E stays less than 4 hours (type 1,2,3)	4.2 Elective Treatment Access	4.2.1 RTT – Incomplete pathways <18 weeks	4.2.2 RTT – Incomplete pathways over 52 weeks	4.2.3 RTT – Incomplete pathways over 52 weeks	4.2.4 RTT – Incomplete pathways over 18 weeks	4.3 Cancer Access	4.3.1 Cancer – 2 week wait	4.3.2 Cancer – 31 day first treatment	4.3.7 Cancer – 62 day Urgent GP referrals	4.4 Diagnostic Access	4.4.1 Diagnostic waits - % over 6 weeks
4.1 A&E access	4.1.1 A&E stays less than 4 hours (type 1,2,3)													
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	4.3.7 Cancer – 62 day Urgent GP referrals													
4.4 Diagnostic Access	4.4.1 Diagnostic waits - % over 6 weeks													
<b>Recommendations:</b>	The COMMITTEE is asked to note the issues highlighted.													

**WEDNESDAY 14 APRIL 2021**





Responsive		Level	4	No of levels in Domain	1 - Low	2	3	4	5	6 - High	
					6	4	4	3	1	15	
Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels		Monthly Performance		
							Jan-21	Feb-21	Jan-21	Feb-21	Trend
4.1 A&E access	A&E stays less than 4 hours (type 1 2 3)	92.0%	90.0%	≥95%	84.5%	A&E AB	2	1	88.6%	92.0%	
	A&E stays less than 4 hours (type 1)	89.6%	90.0%	≥85%	78.3%	A&E AB	4	2	85.5%	89.6%	
	Urgent Care Centre Guy's performance	100.0%	100%	100%	99.9%	A&E AB	1	1	100.0%	100.0%	
4.2 Elective treatment access - referral to treatment (RTT) performance	Urgent Care Centre STH performance	99.6%	100%	100%	91.6%	A&E AB	5	2	97.3%	99.6%	
	RTT - Incomplete pathways < 18 weeks (unadjusted)	67.4%	86.0%	≥92%	84.0%	ECAB	2	6	68.5%	67.4%	
	RTT - Incomplete pathways over 52 weeks	3,960	26	0	98	ECAB	6	6	3,384	3,960	
4.3 Cancer access	RTT - Total incomplete pathways	60,791	79,071	78,909	77,346	ECAB	1	1	60,835	60,791	
	RTT - Incomplete pathways > 18 weeks	19,825	11,070	11,600	12,370	ECAB	6	3	19,654	19,825	
	RTT - Non-admitted patients < 18 weeks (unadjusted)	81.1%		≥95%	89.7%	ECAB	6	6	83.0%	81.1%	
4.4 Diagnostic access	RTT - Admitted patients < 18 weeks (unadjusted)	77.9%		≥90%	78.6%	ECAB	2	6	89.1%	77.9%	
	RTT - Treatments over 52 weeks (unadjusted)	433		0	73	ECAB	6	6	243	433	
	Cancer - 2 week wait	91.7%		≥93%	93.8%	Cancer AB	2	-	91.7%	-	
4.5 Bed capacity and management	Cancer - breast symptomatic referrals < 2 wks	94.7%		≥93%	99.3%	Cancer AB	1	-	94.7%	-	
	Cancer - 31 day first treatments	88.7%		≥96%	95.3%	Cancer AB	5	-	88.7%	-	
	Cancer - 31 day subs treatments - surgical	72.8%		≥94%	92.6%	Cancer AB	6	-	72.8%	-	
4.6 Outpatient management	Cancer - secondary chemotherapy < 31 days	95.5%		≥98%	99.5%	Cancer AB	3	-	95.5%	-	
	Cancer - secondary radiotherapy < 31 days	96.4%		≥94%	98.6%	Cancer AB	1	-	96.4%	-	
	Cancer - 62 day urgent GP referrals	58.8%	83.3%	≥85%	67.9%	Cancer AB	6	3	58.8%	83.3%	
4.7 Complaints management	Cancer - internal 62-day referrals	74.0%	85.7%	≥85%	80.0%	Cancer AB	6	-	74.0%	-	
	Cancer - 62 day screening	60.0%		≥90%	60.8%	Cancer AB	6	-	60.0%	-	
	Diagnostic waits - % over 6 weeks	21.0%	1.2%	≤1%	9.6%		6	6	28.8%	21.0%	
4.8 Theatre management	Turnaround time - inpatient MRI within 24 hours	-	-	≥80%	63.8%		-	-	-	-	
	Turnaround time - inpatient CT within 24 hours	-	-	≥80%	84.6%		-	-	-	-	
	Turnaround time - inpatient Ultrasound within 24 hours	-	-	≥80%	76.5%		-	-	-	-	
5.1 External assessments	Patients with LOS ≥ 21 days (total)	201		≤134			3	6	150	201	
	Discharges before noon	15.2%		≥25%	19.2%		6	6	14.8%	15.2%	
	Number of patients readmitted to @Home - within 30 days of discharge	27		≤24.9	24.9		1	3	18	27	
5.2 Staff experience	Emergency readmissions within 30 days (Lambeth and Southwark) - in arrears	395		≤356	356		6	3	470	395	
	DTC total delayed days (in arrears)	-		≤685	923		-	-	-	-	
	Appointments re-scheduled by hospital < 6 weeks	4.8%		≤4%	5.2%		6	6	4.8%	4.8%	
5.3 Workforce indicators	Follow-up ratio - adj cons appointments (in arrears)	2.4		≤2.1	2.3		4	-	2.4	-	
	Non-attendance rate (new appointments)	11.8%		≤11%	11.6%		3	2	12.8%	11.8%	
	Non-attendance rate (all appointments)	13.8%		≤11.7%	11.3%		3	4	16.3%	13.8%	
5.4 Together We Care	Complaints opened in month (Trust total)	n/a	108	-	153		n/a	n/a	78	108	
	Complaints re-opened in month (Trust total)	n/a	-	-	3		n/a	n/a	1	-	
	Complaints CLOSED in month (total Trust)	79		145			n/a	n/a	109	79	
6.1 Overall financial position	Daycase rate - basket (in arrears)	80.3%		≥85%	87.8%		4	-	80.3%	-	
	Cross Cancellation Rate (in arrears)	6.1%		≤7%	7.1%		1	-	6.1%	-	
	Cancelled patients not admitted within 28 days (in arrears)	-		0	14		-	-	-	-	
6.2 Activity levels (magic numbers)	Patients cancelled on day (in arrears)	1.2%		≤0.8%	1.8%		4	-	1.2%	-	
	Goals and deliverables to be reviewed with new CDO	0.0%		≥90%	-		6	6	0.0%	0.0%	
	Overall underlying financial surplus/deficit	£0.0m		≥£11m	£14.1		2	4	£3.5m	£0.0m	

Well Led		Level	3	No of levels in Domain	1 - Low	2	3	4	5	6 - High	
					4	2	1	0	0	5	
Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels		Monthly Performance		
							Jan-21	Feb-21	Jan-21	Feb-21	Trend
5.1 External assessments	Overall governance rating (Monitor, in arrears)	n/a	Green	Green	Green		n/a	n/a	Green	Green	
	Care Quality Commission (CQC) risk assessment	6	-	≥5	5		n/a	n/a	6	6	
	Staff Friends and Family - recommend as place to work	-		≥71.1%	77.0%	DOPC	-	-	-	-	
5.2 Staff experience	Staff Friends and Family - recommend for care or treatment	-		≥80%	93.0%	DOPC	-	-	-	-	
	Overall vacancy rate	12.5%		≤10%	11.3%	DOPC	6	6	12.1%	12.5%	
	Agency staff (% of payroll)	1.9%		≤3.3	3.1%	DOPC	1	1	1.8%	1.9%	
5.3 Workforce indicators	Voluntary annual turnover rate	1		≤12%	12.2%	DOPC	1	1	0.9%	1.3%	
	Sickness and absence rate	4.2%		≤3.0%	3.5%	DOPC	6	6	4.1%	4.2%	
	PDR compliance (non-medical staff)	80.2%		≥90%	82.7%	DOPC	6	6	78.6%	80.2%	
5.4 Together We Care	Mandatory training compliance	88.9%		≥95%	87.5%	DOPC	2	3	89.4%	88.9%	
	Transformed relationships with our patients & the populations we serve	45.0%		≥90%	-		6	6	45.0%	45%	
	Consistently Excellent Care	80.0%		≥90%	-		2	2	80.0%	80.0%	
6.1 Overall financial position	Securing our finances for the future	2019/20	2	≥90%	-		2	2	88.8%	98.0%	
	World class clinical and academic services - cardiovascular	2019/20	1	100.0%	≥90%	-	1	1	100.0%	100.0%	
	World class clinical and academic services - Cancer	2019/20	4	67.0%	≥90%	-	4	4	67.0%	67.0%	
6.2 Activity levels (magic numbers)	World Class Clinical and Academic Services - Children's	2019/20	2	80.0%	≥90%	-	2	2	80.0%	80.0%	
	World-leading advanced therapeutics, experimental medicine and medical technology	2019/20	3	71.0%	≥90%	-	3	3	71.0%	71.0%	
	Integrated local services	2019/20	1	100.0%	≥90%	-	1	1	100.0%	100.0%	
6.3 Fit for the Future programme	Strong operational performance	See Responsive Domain		-	-		-	-	-	-	
	Capacity & Demand alignment	2019/20	2	83.0%	≥90%	-	2	2	83.0%	83.0%	
	Digital strategy	2019/20	6	0.0%	≥90%	-	6	6	0.0%	0.0%	

Enablers		Level	3	No of levels in Domain	1 - Low	2	3	4	5	6 - High	
					16	1	0	0	1	9	
Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels		Monthly Performance		
							Jan-21	Feb-21	Jan-21	Feb-21	Trend
6.1 Overall financial position	Finance Use of Resources	0.0		≤2	2.3		-	-	0.0	0.0	
	Liquidity ratio (in days)	0.0	10.38	≥0	19.0		-	-	0.0	0.0	
	Capital services cover	-		≥2.59	0.8		-	-	0.00	0.00	
6.2 Activity levels (magic numbers)	Overall underlying financial surplus/deficit	£0.0m		≥£11m	£14.1		-	-	£0.0	£0.0	
	Cash flow	£0.0m		≥£143m	£144.1		-	-	£0.0	£0.0	
	Capital spend vs plan (year-to-date variance)	0.0%		+/- 15%	86.8%		-	-	0.0%	0.0%	
6.3 Fit for the Future programme	Variance from Plan (year to date)	0.00%		≥0	0.12%		-	-	0.00%	0.00%	
	Underlying Performance	0.0%		≥0.6%	-1.90%		-	-	0.0%	0.0%	
	Year To Date	-44.4%		≥0%	-3.6%		6	-	-44.4%	-	
6.4 Data quality and clinical coding	Elective activity vs profiled plan - cumulative variance (month in arrears)	-10,861		≥0	-839		6	-	-10,861	-	
	New patients seen vs plan (all categories, in arrears)	1,437		2,579	2,345		6	6	1,614	1,437	
	External cons referrals	8,191		17,292	16,468		6	6	8,656	8,191	
6.5 Essentia - Building and Engineering	GP referrals	0		≥£0m	£68.28		-	-	0.0	0.0	
	Cost improvement plans (CIPs) - var to plan YTD	97.1%		≥95%	97.7%		1	1	96.8%	97.1%	
	Community data completeness - % contacts outcomed	99.3%		≥98%	98.8%		1	1	99.3%	99.3%	
6.6 Essentia - Patient experience	Clinical coding - diagnostic depth (in arrears)	7.0		≥4.5	5.9		1	-	7.0	-	
	P2 Compliance rectification within 4 hours (Acute)	62.2%		≥70%			3	5	67.1%	62.2%	
	Lift Availability (Acute)	99.0%		≥95%			1	1	98.0%	99.0%	
6.7 Essentia - Cleaning Services	P1 Compliance response within 20 mins (Acute)	99.9%		≥70%			1	1	85.3%	90.9%	
	Pre planned maintenance compliance (Community)	99.7%		≥85%			1	1	99.7%	99.7%	
	Reactive maintenance compliance (Community)	94.4%		≥95%			1	2	96.5%	94.4%	
6.8 Essentia - Customer Services	Inpatient food quality survey	65.6%		≥60%			1	1	65.6%	65.6%	
	Transport Friends and Family Test: Likelihood to recommend the service	94.3%		≥90%			1	1	96.4%	94.3%	
	Inpatient survey ward cleanliness	99.4%		≥90%			1	1	99.5%	99.4%	
6.9 Essentia - Sterile Services	Cleaning audit score 2007 standards (Acute)	98.4%		≥90%			1	1	98.0%	98.4%	
	2007 NPSA score (Acute)	98.6%		≥97%			1	1	97.6%	98.6%	
	Cleaning audit score 2007 standards (Community)	0.0%		≥95%			4	6	0.0%	0.0%	
6.10 Essentia - Transport Services	Essentia Facilities Service Desk Calls Answered	83.0%		≥95%			4	6	89.6%	83.0%	
	Calls Answered > 30 Seconds	94.5%		≥85%			2	1	84.1%	94.5%	
	Total Call Answered (GSTT External)	96.5%		≥90%			1	1	93.5%	96.5%	
6.11 Essentia - Transport Services	Total Call Answered (GSTT Internal)	94.6%		≥85%			1	1	89.9%	94.6%	
	Average instrument turnaround time (hrs)	5.0		≤12 hrs			1	1	5.80	4.96	
	Non-conformance in sterilisation	0.03%		≤0.040%			1	1	0.03%	0.03%	
6.11 Essentia - Transport Services	Inward Journey: patients arriving 45 prior to appointment	67.2%		≥85%			6	6	67.8%	67.2%	
	Inward Journey: patients arriving 60 mins prior to appointment	78.2%		100%			6	6	78.3%	78.2%	
	Outward Journey: patients picked up within 30 mins	50.5%		≥95%			6	6	51.8%	50.5%	
6.11 Essentia - Transport Services	Outward Journey: patients picked up within 60 mins	78.2%		100%			6	6	78.5%	78.2%	

Targets and/or Performance framework levels not yet approved

Overseeing Committee Key: DOPC Developing Our People Committee, A&EAB A&E Action Board, ECAB Elective Care Action Board, CAB Cancer Action Board

9.c

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST  
BOARD OF DIRECTORS  
WEDNESDAY 28 APRIL 2021**

<b>Title:</b>	Documents Signed under Trust Seal, 1 January 2021 to 31 March 2021
<b>Responsible Director:</b>	Ian Abbs, Chief Executive
<b>Contact:</b>	<b>Ian Abbs, Chief Executive</b>
<b>Purpose:</b>	For information
<b>Strategic priority reference:</b>	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
<b>Key Issues Summary:</b>	In line with the Trust's Standing Financial Instructions, the Chairman, Hugh Taylor and Professor Ian Abbs, Chief Executive are required to sign contract documents on behalf of the Trust, under the Foundation Trust's Seal.
<b>Recommendations:</b>	The BOARD OF DIRECTORS is asked to: 1. Note the record of documents signed under Trust seal.

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

**WEDNESDAY 28 APRIL 2021**

**DOCUMENTS SIGNED UNDER TRUST SEAL  
1 JANUARY 2021 TO 31 MARCH 2021**

**PRESENTED FOR INFORMATION**

**1. Introduction**

In line with the Trust's Standing Financial Instructions, Professor Ian Abbs, Chief Executive and Lawrence Tallon, Deputy Chief Executive, signed document number 949, and Hugh Taylor, Chairman and Professor Ian Abbs, Chief Executive signed document numbers 950 to 952 on behalf of the Trust, under the Foundation Trust's Seal during 1 January 2021 and 31 March 2021.

**2. Recommendation**

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

Number	Description	Date
949	Evelina London expansion: Triangle fit out NEC3 PSC contract to provide multi-disciplinary design services in relation to the Evelina Expansion project at St Thomas' Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) NBBJ Ltd.	27.01.21
950	Lease of Clean Room and Office Space forming Part of the 15 <sup>th</sup> Floor, Tower Wing, Guy's Hospital, Great Maze Pond, London, SE1 9RT between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Quell Therapeutics Limited.	17.02.21
951	Lease of an office building at Friars Court, 41- 43 Blackfriars Road and 2 -16 Meymott Street, London between (1) Jupiter Friars Ltd and (2) Viapath Services LLP and (3) Synlab Limited and (4) Guy's and St Thomas' NHS Foundation Trust.	21.03.21
952	Form of Agreement NEC3 Engineering and Construction Contract between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Marcon Construction for the provision of works relating to the maintenance work of up to 13 theatres at both St Thomas' Hospital and Guy's Hospital, St Thomas' Hospital, 249 Westminster Bridge Road, London SE1 7EH and Guy's Hospital, Great Maze Pond, London SE1 9RT.	21.03.21