



# **Public Board of Directors Meeting**

**28<sup>th</sup> July 2021 at 4pm  
Held virtually on MS Teams**

## Board of Directors Meeting

*Wednesday 28<sup>th</sup> July 2021  
4pm to 5.30pm, MS Teams*

### A G E N D A

- |    |   |                     |
|----|---|---------------------|
| 1. | Welcome and Apologies   | <i>Verbal</i>       |
| 2. | Declarations of Interest  | <i>Verbal</i>       |
| 3. | Minutes of the previous meeting held on 28 <sup>th</sup> April 2021   | <i>Paper</i>        |
| 4. | Matters Arising   | <i>Verbal</i>       |
| 5. | Chairman's Report<br><i>Sir Hugh Taylor</i>   | <i>Verbal</i>       |
| 6. | Chief Executive's Report<br><i>Professor Ian Abbs</i>   | <i>Paper</i>        |
| 7. | The Next Normal – Emerging stronger from the coronavirus pandemic: How will our people grow in the wake of the pandemic?<br><i>Julie Screaton and Dr Claire Mallinson</i> | <i>Presentation</i> |
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|-----|--|---------------|
| 8.  | Reports from Board Committees for noting:  | <i>Papers</i> |
| 8.1 | Audit and Risk Committee: minutes 12 <sup>th</sup> May 2021  |               |
| 8.2 | Transformation and Major Programmes Committee:<br>minutes 26 <sup>th</sup> May 2021  |               |
| 8.3 | Quality and Performance Committee:<br>a) Minutes 14 <sup>th</sup> April 2021<br>b) Minutes 9 <sup>th</sup> June 2021<br>c) Balanced Scorecard at Month 2 |               |
| 8.4 | Finance, Commercial and Investment Committee:<br>Financial Report at Month 2   |               |
| 8.5 | Royal Brompton and Harefield Clinical Group Board:<br>minutes 6 <sup>th</sup> April 2021   |               |
| 9.  | Register of Documents Signed Under Seal<br><i>Professor Ian Abbs</i>   | <i>Paper</i>  |
| 10. | Any Other Business   | <i>Verbal</i> |

*Arrangements for the next meeting of the Board of Directors meeting due to be held on 20<sup>th</sup> October 2021 will be confirmed in due course*

## **BOARD OF DIRECTORS**

**Minutes of the meeting held virtually on Wednesday 28<sup>th</sup> April 2021 at 4pm**

**Members Present:**

Dr P Singh (Chair)	Ms J Parrott
Prof I Abbs	Mr J Pelly
Ms A Bhatia	Ms J Screaton
Mr P Cleal	Mr M Shaw
Mr J Findlay	Dr S Shribman
Mr S Friend	Dr S Steddon
Dr F Harvey	Mr L Tallon
Baroness S Morgan	Mr S Weiner
Dr J Khan	

**In attendance:**

Mr E Bradshaw (Secretary)	Dr R Grocott-Mason
Ms S Austin	Ms A Knowles
Ms B Bryant	Ms K Moore
Ms J Dahlstrom	Prof S Ourselin – item 7
Mr S Davies	Prof T Spector – item 7
Mr R Drummond	Dr C Steves – item 7
Mr A Gourlay	Mr D Waldron

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

### **1. Welcome and Apologies**

1.1. The Chair welcomed participants to the meeting of the Trust Board of Directors (the Board). Apologies had been received from Sir Hugh Taylor and Professor Reza Razavi.

### **2. Declarations of Interest**

2.1. There were no declarations of interest.

### **3. Minutes of the meeting held on 27<sup>th</sup> January 2021**

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

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

4.1. There were no matters arising.

### **5. Chairman's Report**

5.1. The Chair gave a brief update on a number of recent developments. The King's Health Partners (KHP) Board of Directors had met earlier in the month and had agreed to recruit an independent Chair.

- 5.2. The Board of the South East London Acute Provider Collaborative (APC) had met in March and there had been an encouraging update on the COVID-19 recovery work being undertaken across the system. The importance of the Clinical Senate in overseeing clinical prioritisation and risk was noted.

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

- 6.1. The Chief Executive noted that this was the 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 February 2021. Colleagues from Royal Brompton and Harefield hospitals were formally welcomed and it would now be important to collectively begin to realise the benefits that the merger would bring to the Trust's patients and staff.
- 6.2. Trust staff working across all sites, including at Royal Brompton and Harefield hospitals and in the community were thanked for all they had done to support the Trust's response and recovery and for their commitment, resilience and flexibility during this difficult time. Despite the sad loss of the patients and staff who had died from the virus, Trust staff had provided great care and acted with great compassion.
- 6.3. COVID-19 admissions into critical care had peaked in mid-January 2021, with an overall peak in total critical care admissions later in that month. There had been a significant redeployment of staff to the areas where they were needed and medical wards had been reconfigured as necessary. A process to prioritise non-COVID clinical activity according to clinical need had been implemented, to ensure treatment could be accessed by those who needed it most urgently. The Trust was also proud to have worked collaboratively with its partners across south east London and the wider NHS to provide mutual aid to parts of the system that had come under the most intense pressure. During February and March there had been a significant reduction in the number of COVID-19 patients requiring hospital admissions and these had continued to steadily decrease throughout April. However, the Trust's operations were still being delivered under a 'critical incident' structure.
- 6.4. The Trust had continued to successfully deliver the national COVID-19 vaccination programme and had delivered over 200,000 vaccines to staff and people across south east London who were in the priority categories. Significant proportions of the Trust workforce had also been vaccinated, at the Guy's, St Thomas' and community sites (81%) and across Royal Brompton and Harefield hospitals (84%). There was significant variability in vaccine uptake across different ethnic staff groups and more work was being undertaken to increase overall staff uptake.
- 6.5. The biggest challenge for the Trust is to treat patients whose treatment needed to be delayed during the pandemic, which had led to a significant increase in the number of patients waiting for treatment. Therefore, the Trust's primary focus is to treat as many patients as is safely possible across all specialities going forward. It was noted that, realistically, it would take a number of years to return the waiting lists to pre-COVID levels and to eliminate the number of patients waiting over 52 weeks. It would be important to communicate with patients about waiting times, to explain and manage their expectations.
- 6.6. There had been increasing recovery of activity throughout April, with high levels of 'business as usual' throughput in elective care, outpatients and diagnostics. Restoring the full operation of cancer services was highlighted as a key priority, as was delivering

improvements to maternity services in response to the recommendations of the Ockenden Review and managing the increased demand for mental health services. The Trust was also leading work to assess the long-term effects of COVID-19 on the community.

- 6.7. The results from the 2020 NHS Staff Survey showed that the experience of working at the Trust, including at Royal Brompton and Harefield hospitals, is very positive for most staff. 91% of Guy's and St Thomas' (GSTT) staff had agreed that care of patients was the organisation's top priority; this was the best score nationally. However, the GSTT staff response rate could be improved. It was suggested that some staff were not engaged with digital or online surveys and ways to address this were discussed. The Trust was implementing a 'pulse' approach to get more frequent and up-to-date staff views. The staff survey had also shown that further work was needed in relation to equity in career progression, discrimination and bullying and harassment. A Trust-wide action plan would be developed in response and the Board would be kept informed on the progress.
- 6.8. An update was provided on the work of the Quality and Performance Board Committee, which continues to monitor the Trust's core quality, operational and financial performance, including against national standards. The Board welcomed news that a number of actions were already underway to improve cancer performance, including the purchase of additional robots to deliver robotic surgery options for all tumour groups. Nursing and consultant recruitment had also been increased to support rapid access clinics, and new pathways and diagnostics are being piloted for patients with suspected prostate cancer. The Trust was also working with the independent sector to increase operating theatre capacity. The Trust's financial position remains strong, and projections for the full-year outturn were set out for the Board's consideration.
- 6.9. Short updates were given on three of the Trust's major programmes – those relating to the merger and integration with Royal Brompton and Harefield hospitals, the Epic Electronic Health Record programme, which had been named 'Apollo' in recognition of the scale of the undertaking, and the pathology transformation, for which the new service with SYNLAB commenced on 1 April 2021.

## **7. Covid-19 Symptom Tracker App**

- 7.1. Professors Tim Spector and Sebastien Ourselin and Dr Claire Steves gave a presentation about the COVID Symptom Study app that had been launched at the end of March 2020 to support research into the pandemic. The app had been launched by health science company ZOE with scientific analysis provided by King's College London.
- 7.2. Nearly five million people had contributed information to the app, with 1.5 million people logging their symptoms on a regular basis. The app could track infections across the country and so enable predictions on where the virus was likely to appear. The app was also helping to generate new scientific understanding of the different symptoms the virus causes in different people, including those linked to race and ethnicity. As focus on the pandemic was shifting from the disease to the vaccination programme, contributions to the app were similarly shifting to information about vaccine efficacy. Information from the app was being shared with the government.
- 7.3. Board members agreed that the studies were impressive and showed the importance of enabling clinicians, academics and entrepreneurs to work together. In discussion there were questions around how the data could be used for future research projects, for example about long COVID, and how the app could support future health ambitions, for example reductions in health inequalities. Some Board members reported that they used

the app and had found it intuitive and helpful in supporting them through the pandemic. Board members thanked Professor Spector, Professor Ourselin and Dr Steves for an interesting and informative presentation.

**8. Reports for Noting**

8.1. The Board noted the reports.

**9. Register of Documents Signed Under Seal**

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

**10. Any Other Business**

10.1. The Board noted that the Nominations Committee had unanimously recommended that Dr Sheila Shribman be re-appointed for a 12-month period to June 2022. The Council of Governors would be asked to approve this recommendation at its upcoming meeting at 6pm.

10.2. There was a final question about operating theatre capacity. It was confirmed that, whilst all theatres were still open, the impact of social distancing requirements and the use of personal protective equipment (PPE) meant that capacity was lower than normal.

*Arrangements for the next meeting of the Board of Directors due to be held on 28<sup>th</sup> July 2021 would be confirmed in due course.*

NHS CONFIDENTIAL - Board

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

<b>Title:</b>	<b>Chief Executive's Board of Directors Report</b>
<b>Responsible Director:</b>	<b>Professor Ian Abbs, Chief Executive</b>
<b>Contact:</b>	<b>Louise Moore, Senior Business and Delivery Manager</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>	As we begin to respond to a third wave of the coronavirus pandemic the Board of Directors will receive an update on our continued COVID-19 pandemic response and recovery, as well as an update on overall Trust performance, including quality, access and finance. The report will also include updates from our clinical groups and on major and strategic programmes of work, where key milestones or significant achievements have been made since the April 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 JULY 2021**

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

**1. Introduction**

- 1.1. The aim of my report today is to provide you with a summary of our ongoing response to the COVID-19 pandemic and our recovery plans now that the Government's lockdown restrictions have been lifted and we begin to respond to a third wave of the pandemic.
- 1.2. In my report, I will also provide you with an important update on our workforce, and I will also share with you the latest quality, access and financial performance of the Trust, which reflects the continued efforts of our staff and primary focus to treat as many patients as we can safely.
- 1.3. The report will also include a number of important updates from our clinical groups, as well as updates on our major development and strategic programmes, where key achievements have been made since the April Board meeting.

**2. Secretary of State for Health and Social Care Visit**

- 2.1. We were very pleased to welcome the Rt Hon Sajid Javid MP to St Thomas Hospital on 28<sup>th</sup> June 2021. It was a fantastic visit on his first working day as the new Secretary of State (SoS), where we were able to discuss with him our response to the pandemic and the challenges that lie ahead for the NHS. We were also able to show the SoS around the Emergency Department and COVID-19 vaccination centres, where he met with a number of colleagues and saw first-hand the brilliant care provided at our organisation.



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

- 3.1. Our continued response and journey towards recovering from the COVID-19 pandemic remains a 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, as we respond to the COVID-19 pandemic.
- 3.3. The past few months have brought additional challenges and pressures, and operationally we have continued to focus on supporting our workforce as they seek to recover from the impacts of the pandemic so far, the recovery of non-COVID-19 services and the delivery of the national COVID-19 vaccination programme. However, since the beginning of July we have started to see the numbers of patients presenting with COVID-19 gradually increasing. As of 23<sup>rd</sup> July 2021 there are 21 patients in critical care and 30 patients admitted to our general and acute wards across all of our hospital sites.
- 3.4. Early evidence suggests that we continue to deliver good outcomes for our patients, and to date, our analysis of those presenting with COVID-19 symptoms largely reflects, when compared to previous waves, a lower average age and an overrepresentation of those who are unvaccinated or have only had a single dose of the vaccine. The evidence continues to strongly suggest that the COVID-19 vaccine remains our best defence against the virus and provides strong protection from becoming seriously ill with COVID-19 in most cases.
- 3.5. The Trust continues to focus on its important role in the delivery of the national COVID-19 vaccination programme, and as of 23<sup>rd</sup> July 2021, the Trust has delivered well over 550,000 vaccines to people across south east London. The Trust is now preparing to support south east London to implement the national vaccination booster and flu programme scheduled for later this year.
- 3.6. The health and wellbeing of all our staff remains a key priority for the Trust and we continue to encourage vaccination through tailored support. As of 23<sup>rd</sup> July 2021, the Trust has vaccinated 88% of the Guy's and St Thomas' workforce. We regularly analyse the workforce data, and there continues to be variability in uptake across different ethnic and staff groups. 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 issues behind the barriers to vaccine uptake.
- 3.7. The Trust has adequate and secure supplies of Personal Protective Equipment (PPE), as well as all the essential equipment and consumables needed to respond to a third wave of the COVID-19 pandemic. To ensure the safety of our staff and patients, Public Health England's infection prevention control guidance remains in place across all of our hospital and community sites. Everyone

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accessing or visiting our Trust must wear a face covering and follow social distancing rules. The Trust also encourages all staff to participate in our asymptomatic staff testing programme and continues to review and update the COVID-19 risk assessments, allowing us to maintain the safest possible environment for our patients and staff.

- 3.8. Our 'Showing we care about you' programme supports an enhanced wellbeing offer for our staff and over the past few months the Trust has placed a significant focus on providing a period of rest and recuperation for our staff. Supported by the Charity, the Trust also provides practical support to staff and enhanced services to support mental wellbeing, focused on recognising the demands and pressures that have been placed on our workforce, particularly now as our staff respond to a third wave.
- 3.9. Treating patients whose treatment was delayed during the pandemic continues to be a major focus for our organisation, and our primary goal is to treat as many patients as is safely possible across all specialities going forward. Since the last Board meeting the Trust has worked hard to manage an increasing number of patients presenting for emergency and urgent care. Our A&E has experienced a sharp increase in activity and continuation of high acuity, including a rise in paediatric admissions and patients requiring mental health support. Admissions from A&E are now higher than pre pandemic levels, demonstrating an increased acuity of patients attending A&E. June 2021 was the busiest month the Trust has experienced since the start of the pandemic, and in total we reported nearly 18,000 all type attendances for the month. When compared to attendances recorded in 2019/20, the Trust is now seeing activity equivalent to 98.8% of business as usual levels, with higher acuity of presentations as well as an increase in children and young people attending A&E.
- 3.10. When compared to the same period in 2019 (May to June), this year we have also seen an increase in the age of adult patients being admitted as emergencies. The category aged 80 years or more as a percentage of emergency admissions has risen from 13% to 16% and these admissions have a slightly longer average length of stay in hospital. This again reflects the increasing complexity and acuity of patients presenting to A&E.
- 3.11. The Trust has also placed significant focus on restoring elective services and has steadily increased diagnostic, outpatient and surgical activity. Most recently this hard work has been reflected in the recovery of activity throughout June and early July 2021 where we have averaged 91% of business as usual levels for outpatient activity; 85% of elective admissions and 83% of diagnostic activity. This recovery can be seen in the positive impact on some of the Trust's key waiting time targets. For example, the Trust is currently reporting that in June 89.5% of patients received their diagnostic test within six weeks. This is an improvement on April's performance of 87.9% and a significant improvement compared to 35.4% in May 2020. The number of patients waiting over 52 weeks for treatment has also reduced by 50% in the last four months, with a reduction of over 2,000 patients compared to the March 2021 position.

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- 3.12. The South East London Acute Provider Collaborative, of which the Trust is a founding member, continues to be a primary vehicle to drive this work, supporting prioritised clinical networks across the system, where collectively we have been able to drive transformational change across our system to treat as many patients as possible. The areas of focus include ENT, urology, ophthalmology, general surgery, orthopaedics, dental and gynaecology, and we are using our collective resources to ensure equitable patient access to treatment across our combined geography.
- 3.13. For example, through the leadership of our Integrated and Specialist Medicine Clinical Group, and supported by the South East London Acute Provider Collaborative, work has been undertaken to support ophthalmology and dental services across south east London, both in terms of the recovery of business as usual capacity and in reducing the number of patients waiting for treatment.
- 3.14. Since the creation of the ophthalmology partnership, we have reduced the number of patients experiencing the longest waits across south east London, with a reduction of over 300 patients waiting over 52 weeks and a reduction of over 1,000 patients waiting for day case or outpatient treatment. This has been achieved through strong collaboration between clinical teams which has facilitated the movement of admitted long waiters to sites where there is more capacity. The teams have also made use of the independent sector and worked to redesign pathways, culminating in the creation of diagnostic hubs in modular builds across the system to both aid recovery and support longer term planning.
- 3.15. The dental service has also made significant progress against the recovery of activity and supporting the sector to assure equity of access to all patients across south east London. Collectively we have also been able to increase the number of dental patients seen to 65-70% of pre-COVID-19 activity. Improvements in ventilation and investment in new equipment have also helped support our recovery to business as usual. We have also been able to transfer a number of patients experiencing long waits across south east London to the dental service at Guy's, and this has been appreciated by the patients concerned.
- 3.16. As we move into the second half of 2021, we will continue to respond to the challenges of this pandemic and we will also maintain our focus on recovering services for Non-COVID-19 patients. We will do this through continued collaboration with partners across south east London, London and the wider NHS.

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

- 4.1. The Quality and Performance Committee has met twice since my last board report: 9<sup>th</sup> June 2021 and 14<sup>th</sup> July 2021, and in this time the Quality and Performance Committee's agenda has been restructured along a thematic line to focus on five key themes. These five key themes, including people and culture, infrastructure, quality and safety, operational performance, and financial performance provide the Board with the opportunity to effectively review and monitor key areas that drive quality and performance

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across our organisation. A rotating 'spotlight' approach has also been adopted to explore one of these themes in greater depth at each meeting. The past two meetings have included a spotlight on infrastructure and quality and performance, where the committee provided invaluable advice and oversight to ensure that any issues in these areas are promptly addressed and that risks are appropriately managed to ensure the Trust can continue to provide compassionate high quality care to our patients.

- 4.2. The Quality and Performance Committee continued its important role considering the impact of the COVID-19 pandemic and the organisation's recovery from the pandemic. Since my last Board report the organisation experienced a period of reduced COVID-19 activity, and therefore significant focus and effort was placed in recovering our activity, prioritising care according to clinical need. This has meant a steady increase in outpatient and surgical activity along with increasing presentations and referrals for care.
- 4.3. This change in demand is reflected by our position against a number of the operational performance standards, and as mentioned earlier in my report, throughout June and July we have continued to see improvements. Our most recent position against the operational performance standards was formally reported and discussed at the Quality and Performance Committee on 14<sup>th</sup> July 2021 and reflects our activity and performance in May.
- 4.4. Our May 2021 performance against the national 18-week referral to treatment (RTT) standard was 72.7%. This performance shows an increase when compared with recent months and continues to reflect the organisation's efforts to treat as many patients as we can safely. The number of patients waiting 18 week or more has also decreased when compared to previous months and we have also seen a significant decrease in the number of patients waiting over 52 weeks. 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.
- 4.5. A number of actions are underway to improve cancer performance, these include a Pre-Operative Assessment Clinic (POAC) improvement programme focused on ensuring regular review and adjustments of theatre timetables. A number of sector summits have also taken place for challenged specialties which should support pathway improvements sector-wide and subsequently help to improve our overall cancer performance.
- 4.6. 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 54.2% in May 2021, we saw a decline in performance when compared to previous months and 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.

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- 4.7. Our submitted 2 week wait performance position for May is 88.3% and is the second time in 2021 where the trust has not achieved the 2 week wait national standard. In May 2021, a total of 1,853 first appointments took place for patients referred on a 2 week wait pathway, and compared to our pre-pandemic average this number of appointments equates to an 84% recovery rate.
- 4.8. At the end of May 2021, 10.9% of patients had waited more than 6 weeks for their diagnostic test at one of our hospital sites. This is a much improved position compared to previous months in 2020/21 and is a 1.7% improvement on the Trust's April 2021 reported position.
- 4.9. The Quality and Performance Committee on 14<sup>th</sup> July also considered a number of recent external reviews. These included a Care Quality Commission (CQC) inspection of the Trust's emergency department in late June 2021. The CQC's verbal feedback had been broadly positive and recognised good flow systems and how the Trust identified safeguarding concerns and followed these up with social services. There were some areas to address, including around documentation, and an improvement plan was being developed by the emergency team.
- 4.10. The Trust has also established a Finance, Commercial and Investment Committee. The main purpose of the committee is to monitor the financial performance of the Trust (both revenue and capital), which was previously undertaken in various other committees, and oversee the management of significant risks and issues. The committee also oversees the development of the Trust's annual financial budgets and its long-term financial model (LTFM). The committee will review and, where appropriate, approve capital and revenue expenditure in accordance with the Standing Financial Instructions (SFIs) and will also oversee the development and implementation of the Trust's Commercial Strategy and assess whether the planned benefits resulting from the commercial activities have been delivered.
- 4.11. The Trust's financial position in 2021/22 has remained stable, and at month 2, a year to date surplus of £1.2M is reported, which is £1.2M better than the required break-even position. This is partly due to the fixed top-up allocation with some variable funding allocated for specific initiatives and additional expenditure incurred as a result of the pandemic from NHS England and NHS Improvement.
- 4.12. For the two months to 31<sup>st</sup> May 2021, the financial impact of COVID-19 has been assessed as £8.5M, which is £2.3M better than plan. The major areas of expenditure are the COVID-19 vaccination programme £3.3M, pathology testing £1.2M, site service support costs £1.5M, patient transport costs £0.7M and increased ITU capacity £0.6M largely relating to our specialised ECMO activities.
- 4.13. COVID-19 and Top Up funding of £44.8M has been recorded comprising £40.5M under the fixed block arrangement and a further

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£4.3M has been accrued in relation to the vaccination and testing programmes.

- 4.14. An assessment of elective performance against 2019/20 levels was undertaken across the south east London Integrate Care System (ICS) using SUS+ (Secondary Uses Service) data as at April 2021 from which the Trust was advised to account for £9.9M of income from the Elective Recovery Fund (ERF). Further work is being undertaken to validate the value calculated and therefore a provision for non-receipt of the income of £6.4M has also been made.

### 5. Key updates from our Clinical Groups

#### 5.1. **Cancer and Surgery**

##### Surgical Vision

The Cancer and Surgery Clinical Group have recently published their surgical vision and this will be used as a vehicle to build on our strong history of surgical, interventional and peri-procedural success, and to further develop our global recognition as a world-leading centre for surgery and peri-operative medicine for years to come. Delivery of this strategy will be made possible by the creation of the Surgical Vision Implementation Board, and allow management of critical delivery requirements and key enablers, including patient centred care, our surgical estates, data, analytics and technology, and commercial ambitions.

##### Head and Neck Cancer Centre

Our Head and Neck Cancer Centre have recently secured a £1.2m donation from a major donor to support the first year's development of the Head and Neck Cancer Centre. Our Head and Neck service is one of the leading centres internationally, treating more patients than anywhere else in the UK and through this philanthropic support we will be able to fast track a number of projects ranging from prevention, early detection and diagnosis, enhancing treatments and living with and beyond head and neck cancer.

#### 5.2. **Cardiovascular, Respiratory and Critical Care**

##### East Wing Refurbishment

A programme of infrastructure and environmental improvements was carried out within critical care in summer 2019. The programme was paused due to winter pressures and the first COVID-19 wave. I am pleased to update the board that the next

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stage of these essential capital works has been approved and to mitigate operational impact the work will be progressed in 2 phases. This work is due to be completed by early October and will enable us to make significant improvements to the facilities and clinical environment on East Wing 2, as well as open an additional two critical care beds.

**5.3. Evelina London**National Children's Accelerator Programme

The Evelina London Clinical Group is part of the national children's hospital accelerator programme looking to improve access to care for children. This national initiative is one of a number of avenues the clinical group is pursuing to improve access to services for those who need it.

Zolgensma / Onasemnogene

Evelina London has formally been confirmed by NHSE as successful in their tender application to be one of four centres nationally to offer this new gene therapy treatment for children with spinal muscular atrophy (SMA). This is the first of a series of gene therapies which are expected to move from research into NICE approved care in coming years particularly for neuromuscular conditions and success in this bid will put Evelina in a strong position when bidding for future services. Evelina London expects to work collaboratively with GOSH through a hub and spoke model to support mutual cross organisational learning and provide highest quality care for children across London. By June four doses of Zolgensma / Onasemnogene had been delivered, with a forecast of 20 doses over the course of 2021/22.

Evelina Expansion

Planning permission for the Triangle Building was submitted to Lambeth Borough Council (LBC) on 23<sup>rd</sup> April 2021. The planning application went live week commencing 10<sup>th</sup> May 2021 and invited public response via LBC's website, the consultation period has now closed with a decision from the council expected in September 2021.

**Integrated and Specialist Medicine**Pulross Rehabilitation Centre

The Clinical Group has successfully completed a temporary move of patients and staff from our Pulross Rehabilitation Centre in Brixton to St Thomas' Hospital and back. In March 2021, following an options appraisal, patients and staff were moved to Edward

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Ward at St Thomas' Hospital to allow us to complete essential capital works in the building. This has enabled us to make significant improvements to the facilities and clinical environment. The works were completed ahead of schedule and following the return of our patients and staff to Pulross on 9<sup>th</sup> June 2021 the feedback has been very positive. This work has been completed alongside several other improvements at Pulross including the introduction of electronic prescribing and integration with the Trust's e-Noting system and I was pleased to officially re-open the unit on 22<sup>nd</sup> June 2021.

### Armed Forces Programme

The Armed Forces Programme has been re-invigorated at the Trust with the appointment of the Armed Forces Senior Project Lead. The programme focuses on number of key areas, including identifying and supporting the veteran and forces families across the patient pathway as they present to the trust. The programme will also work with the veteran, reservists and their families employed in the trust, as well as focusing on increasing training and awareness to support the veterans, reservists, their families as patients and members of the wider local community. The programme will also aim to support the transition and recruiting of ex-service talent into the NHS with mentoring and shadowing initiatives.

## 5.4. Royal Brompton and Harefield Clinical Group

### Royal Brompton Hospital Imaging Centre

The Royal Brompton Hospital Imaging Centre remains on schedule for a building handover date of mid-September 2021. From September, there will be a period of commissioning, and the Imaging Centre is planned to become fully operational in January 2022.

The new centre has been co-designed with clinical teams and will improve access to imaging services, including MRI, CT and x-ray and all the imaging facilities will be housed in a bigger, better space. The centre will be four storeys – two above and two below ground level – and is designed to make movement around the centre easier and more direct for both patients and staff. There will be new access routes between the building and inpatient areas, including from Sydney wing, making the journey to the centre for diagnostics and treatment quick and direct. The building is also future-proofed, which will allow us to adapt and expand if we need to in the future.

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

### 6.1. Monitoring of strategic delivery in 2021/22



## NHS CONFIDENTIAL - Board

In recognition of the impact of the pandemic and the significant changes that have occurred to our operating environment over the past 18 months the Trust has recently updated its 2021-22 objectives. Strategic delivery during 2021/22 will be monitored through a focused set of annual Trust objectives, and these objectives set out the strategic priorities for the year ahead, and are aligned to the Together We Care '3 Ps' of Patients, People and Partnerships. The 2021-22 Trust annual objects are detailed below:

### PATIENTS - to transform our relationships with our patients

- Involve patients, families, carers and the public in the recovery of our services, the delivery of our major programmes and in the day to day delivery of care.
- Meet the ambitious recovery targets for elective care, (including by maximising our theatre capacity), as well as for cancer care and diagnostics, working with our partners to prioritise clinical needs, improve waiting times and ensure equality of access
- Maintain high quality and safe care, including through robust infection prevention and control
- Provide timely care in the right place by the best person, including in the community and virtually where appropriate

### PEOPLE - to care for and support our staff

- Prioritise the rest, recovery and wellbeing of our staff
- Retain our focus on developing an inclusive and compassionate culture in which all staff are able to thrive, with equal opportunities across the organisation
- Develop new ways of working to support the recruitment and retention of staff
- Develop the Trust's College of Healthcare, with our education partners, to make our organisation a great place to learn

### PARTNERSHIPS - to build resilient health and care systems with our partners

- Play a leading role in the development of the Integrated Care Systems and South East London Acute Provider Collaborative
- With partners, lead the response to funding changes, planning and delivery of specialised services in South London and beyond
- With partners, work to improve the health of our local population and reduce health inequalities, developing our role as an 'Anchor Organisation' for the benefit of the communities we serve
- Play a leadership role in healthcare research and development, securing the reaccreditation of our NIHR Biomedical Research Centre and by developing a life sciences hub for South East London and beyond

## NHS CONFIDENTIAL - Board

### ENABLERS

- Progress our Trust Major Programmes: KHP cardiovascular integration, new Trust operating model, pathology transformation, Apollo programme (electronic health record), Evelina Expansion, and the transformation of ambulatory care
- Respond to the changing financial regime, including by improving efficiency, working with partners, and diversifying income through a new commercial strategy and an increased focus on fundraising
- Develop our approach to improvement, transformation and innovation, harnessing technology and building on what worked during the pandemic response

### 6.2. Royal Brompton & Harefield merger with Guy's and St Thomas' NHS Foundation Trust

As we near the 6 month milestone since the merger took place, we continue to progress our shared ambition for heart and lung excellence that builds on our collective strengths and delivers significant benefits to our patients and staff. As we reflect on the considerable progress to date, we also need to ensure that we have a clear path forward for the next 6 to 12 months, and I would like to update the Board on the progress with the integration of services, clinical, academic and non-clinical.

Our shared goal is to ensure that the actions we take progress our ambitions and that these developments complement the work that is already taking place through the strategic review process that is now beginning across many teams.

By April 2022, we will bring together the leadership and management arrangements for our adult cardio-vascular, respiratory and critical care services creating a combined Clinical Group, by merging the existing Clinical Group with the Royal Brompton and Harefield Clinical Group. This single clinical group will work closely with their equivalent services at King's College Hospital, although these will remain accountable to the King's College Hospital Trust Board. These arrangements reflect our exciting vision across King's Health Partners, our Academic Health Sciences Centre, to create a centre of excellence for the treatment of heart and lung disease.

By April 2022, we will also bring together the leadership and management arrangements for our children's cardiac, respiratory and paediatric intensive care services in a single clinical directorate within the Evelina London Women's and Children's Services Clinical Group. The directorate will be led by Joint Clinical Directors, one from the Royal Brompton and one from Evelina London, who will be jointly accountable for these services provided across sites. The Joint Clinical Directors will be appointed soon as part of the preparations for the lead up to April 2022.

These changes will continue to take account of the need for strong site-based management across cardiovascular, respiratory and

## NHS CONFIDENTIAL - Board

critical care services, reflecting our commitment to the principle of 'one service, one team, multiple sites'. They do not imply any service moves in the near future and of course if any service changes were to be proposed further in the future, they would be subject to patient and public involvement in the usual ways.

### 6.3. Estate Strategy

The Trust's Estate Strategy was developed and approved in 2017, and whilst good progress has been made on several of the key strategic projects there have been significant factors that impact on the context for decision making related to estate investments. As a consequence of these changes we have made the important decision to refresh our estate strategy.

The Estate Strategy refresh will undertake a strategic review of the capacity and capability of our enlarged estate, as well as confirming site valuations and exploring viable commercial propositions. The estates will also establish high level Development Control Plans for all our sites identifying investment in new buildings or refurbishment. This refresh will also form the basis for more detailed masterplans in 2022/23 and will address key issues such as place making, site logistics and the Green Plan.

## 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 April 2021:

- Audit and Risk Committee on 12<sup>th</sup> May 2021, 16<sup>th</sup> June 2021 and 23<sup>rd</sup> June 2021
- Transformation and Major Programmes Committee on 26<sup>th</sup> May 2021 and 21<sup>st</sup> July 2021
- Quality and Performance Committee on 9<sup>th</sup> June 2021 and 14<sup>th</sup> July 2021
- Finance, Investment and Commercial Committee on 7<sup>th</sup> July 2021
- Royal Brompton and Harefield Clinical Group Board on 13<sup>th</sup> July 2021

Where the minutes from the above mentioned meetings have been approved at the subsequent meeting of that committee, I have included them for your information.

**NHS CONFIDENTIAL - Board****8. Consultant Appointments from 1<sup>st</sup> April 2021 – 30<sup>th</sup> June 2021**

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

AAC dates	Name of post	Appointee(s)	Post Type	Funded	Jointly Funded	Start date
15/04/2021	Consultant in Gastroenterology with Interest in Hepatology	Sreelakashmi Kotha	Vacant post	Approved	No	01/05/2021
22/04/2021	Consultant in Medical Oncology with specialist interest in Lung Cancer	Spyridon Gennatas	New Post	Approved	No	28/06/2021
23/04/2021	Consultant in Renal & Transplant Surgery	Najma Maple	New Post	Approved	No	June - September 2021
23/04/2021	Consultant in Renal & Transplant Surgery	Petrut Gogalniceanu	New Post	Approved	No	June - September 2021
23/04/2021	Consultant in Renal & Transplant Surgery	Hajiran Sran	New Post	Approved	No	June - September 2021
12/05/2021	Paediatrics	Claire Head Claire Michelle Scott	New Post	Approved	No	01/09/2021
12/05/2021	Paediatrics	Hemavathy Palanyiaya	New Post	Approved	No	01/09/2021
13/05/2021	Consultant in Infectious Diseases and General Medicine	Jennifer Roe	New Post	Approved	No	01/06/2021
28/05/2021	Consultant in Rheumatology	Frances Humby	New Post	Approved	No	29/09/2021
10/06/2021	Consultant in Cancer Genetics	Sabrina Talukdar	Vacant post	Approved	No	06/09/2021
11/06/2021	Consultant in Diagnostic Radiology with an interest in Breast & Gynaecology Radiology	Sultana Alaadin Hasso	New Post	Approved	No	01/08/2021
16/06/2021	Consultant Paediatric Cardiologist with Subspecialty Expertise in Electrophysiology	William Regan	Vacant post	Approved	No	01/10/2021
17/06/2021	Dermatology	Khushboo Sinha	Vacant post	Approved	No	01/08/2021
24/06/2021	Consultant in Vestibular Medicine	Awaiting outcome from Department	New Post	Approved	No	
30/06/2021	Consultant in Neonatology	Eugen Matu	Vacant post	Approved	No	12/07/2021
9/06/2021	Consultant in Acquired Cardiac Surgery, Heart and Lung Retrieval & Transplantation and Mechanical Circulatory Support	Espeed Khoshbin	Vacant post	Approved	No	
4/06/2021	Consultant Respiratory Physician with expertise in Cancer and Interventional Bronchoscopy	Justin Garner	Vacant post	Approved	No	

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Name of post	Appointee	Department	Start Date	End Date
Consultant	Balgopal Eradi	Paediatric Surgery	29/07/2021	28/07/2022
Comments:	Extension			
Consultant	Guy Thwaites	Infectious Diseases	05/06/2021	04/06/2022
Comments:	Extension			
Consultant	Charles Evans	GI surgery / GMS	27/05/2021	17/06/2021
Comments:				
Consultant	Danilo Miskovic	GI surgery / GMS	27/05/2021	26/06/2022
Comments:				
Consultant	Sinead Langan	Dermatology	08/07/2021	07/07/2022
Comments:	Extension			
Consultant	Teresa Castiello	Cardiology (Cardiac MRI)	01/06/2021	31/05/2022
Comments:	Extension			
Consultant	Virginie Meau Petit	Neonatology	10/06/2021	09/06/2022
Comments:	Substantive			
Consultant	Paola Giunti	Dermatology	25/06/2021	28/04/2021
Comments:				
Consultant	Dominik Vogel	Critical Care	12/06/2021	11/06/2022
Comments:	Substantive			
Consultant	Serife Mehmet	Diabetes	30/04/2021	31/03/2022
Comments:	Extension			
Consultant	Julian K C Ma	Oral Medicine	25/06/2021	24/06/2021
Comments:	Extension			

**BOARD OF DIRECTORS  
AUDIT AND RISK COMMITTEE**

**Minutes of the meeting held on Wednesday 12<sup>th</sup> May 2021  
at 1pm, held virtually via Microsoft Teams**

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

**Attendance:** Mr E Bradshaw, Secretary  
Mr I Abbs, Chief Executive  
Ms B Bryant, Chief Digital Information Officer  
Ms R Burnett, Facilitator  
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 Digital Communications and Patient Information  
Mr R Guest, Chief Financial Officer, Royal Brompton and Harefield  
Mr N Halliwell, Grant Thornton  
Ms A Knowles, Director of Communications  
Mr S Lane, Associate Director of Finance - Internal Audit  
Mr K Leakey, Director of Information Governance and Management  
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 M Shaw, Chief Financial Officer  
Ms T Scriven, Head of Corporate Governance Royal Brompton and Harefield  
Mr M Shaw, Chief Financial Officer  
Sir H Taylor, Trust Chair  
Mr D Waldron, Director of Workforce

**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**

No declarations of interests were made by members of the Committee. In respect of item 7 the Trust's Draft 12 Month Accounts:

- Steven Davies, Director of Finance, declared himself to be a Director of Pathology Services Limited (PSL), a wholly-owned subsidiary of the Trust; and
- Martin Shaw, Chief Finance Officer, declared that he was the member representative on the Board of Viapath Analytics LLP.

### **3. Minutes of the previous meeting held on 17<sup>th</sup> March 2021**

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

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

All matters were either on the current meeting agenda or were in hand. The Chair asked Trust management to ensure that all open actions were, where possible, closed down in advance of the next Committee meeting in June.

### **5. Royal Brompton and Harefield Annual Report**

An Annual Report had been prepared for the Royal Brompton and Harefield NHS Foundation Trust (RBHT) for the ten months to 31 January 2021, after which that Trust merged with Guy's and St Thomas' NHS Foundation Trust. The Annual Report, including the Annual Governance Statement, had been through a comprehensive review process involving scrutiny from both executive and non-executive directors from Royal Brompton and Harefield hospitals. Committee members felt the narrative read well and gave a good account of the final period of RBHT prior to the merger. Contributors were thanked for their work. There was discussion about how comparable the exit packages were with previous years and the basis on which RBHT had continued to adopt the going concern basis in preparing the accounts.

The Committee debated which individuals should sign the Report given RBHT had ceased to be a legal entity on 31 January 2021. The NHS Foundation Trust Annual Reporting Manual (ARM) 2020/21 stated that the Chief Executive of the receiving organisation would take on the role of Accounting Officer for the final period and sign off the report and accounts. It was also proposed that Baroness Morgan's former role as Chair of the RBHT Board of Directors was added to the role alongside her role as Trust Deputy Chair. Further clarity about the feasibility of this would be sought outside the meeting.

**ACTION: PM**

Grant Thornton had reviewed and approved the Report in its capacity as external auditor of RBHT. The Committee unanimously endorsed the Report for approval by the Trust Board in June.

### **6. Royal Brompton and Harefield Draft 10 Month Accounts**

The Committee was presented with the draft 10 month financial accounts for RBHT and received an overview of the key points of note and the process by which the accounts had been reviewed. The Committee noted that, whilst there had been no new accounting policies in this financial period, there were additional disclosure requirements mandated by the

Department for Health and Social Care Group Accounting Manual to align with best practice and increase clarity.

Committee members sought clarification on a number of points including the key estimates in the accounts, for example relating to accrued leave. It was confirmed that the treasury functions were yet to be consolidated and that there remained two bank accounts in operation. There were concerns that the complexities of the financial regimes in 2020/21 and the comparison of a ten-month accounting period with the previous twelve-month periods had made it difficult to understand RBHT's underlying financial performance. The timetable for the final approval of the accounts and submission to NHS England and NHS Improvement (NHSEI) was noted.

Grant Thornton, RBHT's external auditor, provided an overview about the progress of the audit work currently being undertaken and the particular areas of risk that were anticipated. There had been a delay in commencing the audit due to the late receipt of key working papers, although there was optimism that the delays could be caught up. The delay meant that the Committee would be unable to review the accounts and recommend to the Trust Board that the RBHT accounts should be approved.

#### **RESOLVED:**

The Committee delegated authority to John Pelly and Simon Friend to complete the scrutiny of the RBHT 10 month accounts and make a recommendation to the Trust Board regarding the approval of the annual report and accounts, subject to confirmation from Grant Thornton that the audit was satisfactory. It was further agreed that the Committee would reconvene to discuss anything of particular significance that may arise over the course of this process.

### **7. Guy's and St Thomas' Draft 12 Month Accounts**

The Trust's 2020/21 full-year accounts include two months of consolidated financial transactions from the Royal Brompton and Harefield Clinical Group. As these transactions had been recorded on different ledgers, NHSEI had granted the Trust a two-week extension to the submission deadline. The Committee noted that the external auditor opinion on the accounts would be qualified due to the 2019/20 qualification regarding the closing stock balance, and discussed the proposed qualification wording.

The Committee received an update on a number of features of the accounts, including the impact upon the accounts from the merger, which would be accounted for as a transfer by absorption, and the Viapath and valuation transaction. At 31 March 2021, Pathology Services Limited (PSL, a wholly-owned subsidiary of the Trust) had sold part of its investment in the Viapath group of companies to Synlab. The Committee discussed how the Trust's remaining investment had been valued in the accounts; Grant Thornton indicated the Trust's approach was unlikely to be problematic, but that it would review the accounting treatment. Grant Thornton provided a further update about the progress of the external audit work. The Trust's audit would be completed in June and a report brought back to the Committee for approval.

As with agenda item 6, Committee members felt that the complexities of the financial regimes in 2020/21 and a year where two months of the data were consolidated with another organisation previous made it more difficult to gauge the true underlying financial position of



the Trust. This led to discussion about how understanding of the position could be improved to support the Trust's decision-making going forward. The Trust's finance team was thanked for the enormous amount of work that had gone into producing the accounts in context of the merger with RBHT and the COVID-19 pandemic.

## **8. Covid Cost Reimbursement Review**

The Committee was reminded that the financial regime in place during 2020/21 had been based on block contracts and 'top-up' payments to ensure NHS organisations had sufficient funding to respond to the COVID-19 pandemic. NHSEI had engaged consultants to audit the reported COVID-19 revenue expenditure and capital expenditure claims for a sample of NHS trusts, including Guy's and St Thomas', to ensure they were compliant with NHSEI guidance.

An overview was provided about the audit, undertaken by Deloitte, including the areas tested, the main findings and the Trust's response to these. The Committee noted that Deloitte had not identified any issues of which the Trust was unaware, and that some of the findings had been proactively raised by the Trust prior to audit testing. The Trust was committed to following due process and welcomed the report and agreed to act on the recommendations where this had not already happened.

In discussion Committee members asked whether the report was likely to be published. This would be a national decision for NHSEI or others. It was noted that Royal Brompton and Harefield had also been part of the audit sample, and had received a first draft of a similar report from PwC which was being reviewed for factual accuracy. This would be brought to the Committee in June.

**ACTION: RG**

## **9. Data, Technology and Information:**

### **9.1. Information Governance, Health Records & Information Security – 2020/21 Annual Report**

The Committee received an overview of the principal activities of the Information Governance, Health Records and Information Security teams during 2020/21, including:

- There were no incidents at Guy's and St Thomas' which met the threshold for reporting to the Information Commissioner (ICO) during 2020/21. One incident was reported by RBHT prior to merger, although no formal action was taken as a result;
- Good progress was made throughout the year against the 31 audit actions raised by the ICO in January 2020. A follow-up review by the ICO concluded satisfactory progress was being made, and the engagement was formally closed in Quarter 3;
- The timescales for responding to statutory disclosures under General Data Protection Regulations and the Freedom of Information Act were impacted in-year, largely arising from prioritisation of COVID-19 activities; and
- The 2020/21 Data Security and Protection Toolkit (DSPT) submission is due by end June 2021, and will include the Royal Brompton & Harefield Clinical Group. The outcome will be reported to the Committee when available.

The Committee was pleased with the transparency and detail of how risks relating to cyber security were being reported, particularly with regard to system vulnerability patching. However, it was agreed that greater focus should now be put on mitigating actions, with clear deadlines for delivery and measurement of their effectiveness in reducing the level of risk. There was some concern regarding the increasing numbers of phishing emails being received by staff and the Committee discussed the impact this was having on the Trust and its partners, and the steps that were being taken to raise awareness and educate staff about these risks. It was agreed that any mitigating actions would need to include colleagues from Royal Brompton and Harefield hospitals.

The Committee noted a forward look to the key activities and areas of focus in 2021/22. One of these would be to work closely with the Apollo Programme to support the data migration strategy for information from existing systems at both Guy's and St Thomas' and Royal Brompton and Harefield hospitals.

### **9.2. Legacy IT System Risk Update**

There are a significant number of the Trust's IT systems and hardware devices that are out of support or at the end of life, and which can increase the risk of cyber-attack. Through capital planning a significant financial investment has been made to remedy this position through programmes of work to fully replace or upgrade particular systems and technologies. This plan and investment is specifically targeted at enabling the deployment of Epic. The Committee was provided with an overview of actions being taken across a number of areas including email, Windows 10, the data centre, joiners, movers and leavers, as well as the key risks relating to legacy IT systems and hardware.

The Committee recognised that the substantial financial investment into the Epic readiness activities was the biggest mitigating factor to cyber security risk and would lead to a significant reduction in the level of risk over the next two years, prior to Epic go-live. Committee members felt it was important that the Trust's clinical leaders understood the extent and the potential clinical impacts of the risk, and agreed that bi-annual updates should be brought to the Committee for consideration.

### **10. Internal Audit Progress Report and Annual Opinion 2020/21**

A total of 28 audit reviews had been due for completion in 2020/21, of which 25 had either been completed or were very close to completion and the others in train. The Committee received overviews of the findings of the four audit reports that had been issued since the previous meeting of the Committee, three of which had been given ratings of 'substantial assurance'. One audit had been given 'limited assurance' and the Committee discussed the reasons for this and the remedial actions under way. Committee members highlighted the importance of ensuring that management took full ownership of implementing the audit recommendations.

The draft reports for two audits, Community Services Mobile Working Business Case and RBH Data Security Protection Toolkit 2019/20 had been issued but not finalised, and would be provided at the next Committee meeting. Updates were also provided about the wider work of the internal audit team, for example in providing advisory and consultancy support across the

Trust, and the work that was currently in train. The Committee reviewed the annual Head of Internal Audit opinion for 2020/21, which would be incorporated into the Annual Governance Statement in the Annual Report and Accounts.

### **11. Counter Fraud Annual Report**

The Committee received an update on the work of the Counter Fraud team during 2020/21 against the work plan that had been agreed by the Committee in June 2020. This included reactive investigations as well as undertaking fraud risk assessments and providing fraud awareness sessions. The Committee reviewed the Trust's draft Fraud Functional Standard Return (FFSR) which set out the NHS Counter Fraud Authority requirements and the Trust's assessment of how these had been met during the year. The submission date for the FFSR was 31 May 2021. It was noted that a higher proportion of fraud cases at Royal Brompton and Harefield hospitals were referred to the Crown Prosecution Service than at the Trust and that, going forward, it would be important to understand the reasons for this and ensure consistent application of the Trust's fraud policies.

#### **RESOLVED:**

The Committee approved the submission of the Fraud Functional Standard Return.

### **12. GSTT Annual Report (including Annual Governance Statement)**

Work was ongoing to complete the narrative sections of the 2020/21 Annual Report, including the Annual Governance Statement (AGS), which the Trust Board would be asked to review and approve in June. There remained some gaps in the narrative that management were working to fill. The Committee noted that, in light of pressures on the NHS as a result of COVID-19, some annual report requirements for 2020-21 had been relaxed. As a result, this year's document had been slimmed down and does not include a detailed section covering operational and financial performance and there is also no requirement for a quality report within the Annual Report. The Chief Executive felt that the Trust's research activities could be given greater prominence in the narrative.

An overview was provided about the process for compiling the Annual Governance Statement (AGS), which was largely built on the model statement in the NHS Improvement (NHSI) Foundation Trust Annual Reporting Manual. Committee members were assured that the systems in place to manage risk were adequate and that no further assurances are required in the AGS. It was proposed that more detail should be given on the work of the Trust's Board Committees in the following year's AGS. Committee members also felt that, in light of earlier discussions, the section on 'Managing risks to data security' should be reviewed and updated.

**ACTION: KL, EB**

### **13. External Audit Progress Report**

An overview of progress with the external audits of both the Trust and RBHT had been discussed as part of items 6 and 7, above.

#### **14. Update on Finance Integration and Finance 2020**

The Committee noted updates on two significant finance projects that were currently underway: the Finance Integration project, which aims to fully merge the finance team at the Trust with the team at Royal Brompton and Harefield hospitals, and the Finance 2020 project, which is implementing a new finance system.

The Finance Integration project was running to plan and to time. There had been some delays in respect of the Finance 2020 project, associated with data migration load exercises and the system integration testing. A go/no decision would be taken by 10 June, ahead of a planned 'go live' date of 1 July.

#### **15. SSAFA GSTT Care LLP Members Voluntary Liquidation**

The Committee noted that the Trust has, with SSAFA, the armed forces charity, successfully provided services for Ministry of Defence staff and dependent families of the British Forces in Germany until the end of September 2020. Following completion of the contract, the joint venture was now being entered into voluntary liquidation, and the Committee noted the documentation by which members have authorised the company being put into voluntary liquidation.

#### **16. Any Other Business**

There was no other business.

*The next meeting would be held on 16<sup>th</sup> June 2021 at 1pm, with meeting details to follow.*

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

**Wednesday 26<sup>th</sup> May 2021  
2pm to 5pm, held virtually on MS Teams**

<b>Members Present:</b>	Mr S Weiner – Chair	Mr J Pelly
	Prof I Abbs	Prof R Razavi – from 3pm
	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 – from 3pm	Mr L Tallon
	Ms J Parrott	Sir H Taylor
<b>In attendance:</b>	Mr E Bradshaw – Secretary	Mr R Guest
	Ms L Allen	Mr B Horner – item 8
	Ms C Berwick	Mr T Hulse
	Mr C Breen – item 9	Mr A Jackson – item 9
	Ms B Bryant	Ms L James
	Ms R Burnett	Ms A Knowles
	Ms S Clarke	Ms R Liley
	Ms C Cooper – item 9	Mr P McCleery – until 3pm
	Ms J Dahlstrom	Ms K Moore
	Mr S Davies	Mr I Playford
	Mr R Drummond	Ms M Ridley
	Mr S Filler – item 8	Ms H Salisbury – item 8
	Mr A Gourlay	Mr R Tolley – until 4pm
	Dr R Grocott-Mason	Ms S Williamson – item 11

**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 7 April 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 and review of action tracker**

All matters arising from previous meetings of the Committee would be addressed through items on the meeting agenda. The Committee noted the register of contracts signed under Chairman's Action.

## **5. Major Programmes Risk Management**

The Major Programmes Office (MPO) had been working with the Trust's corporate risk function and major programme Senior Responsible Owners (SROs) and their teams to establish a consolidated portfolio risk register. It was clarified that programme teams were responsible for identifying, reporting and managing programme risk; strategic risk was reported and managed through the Board Assurance Framework (BAF) and operational risk was managed within clinical groups. The programme risks classified as either 'high' or 'very high' after mitigating controls had been applied were set out for the Committee's consideration. Any risks that could not be adequately mitigated would be brought to the Board with a request for variation to the programme's timing or scope.

Committee members thanked those involved for the detail of the reporting and were pleased that the MPO had concluded that the programmes were managing risk well. It was suggested that the highest-rated risks should be incorporated into the programme updates going forward. The Committee discussed the distribution of risks across the major programmes and noted that most of the highest-rated risks related to either the Evelina Expansion Programme or the Pathology Programme. Particular attention was given to the one 'cross-portfolio' risk and how this was being managed. This led to discussion about the need to ensure sufficient senior capacity to oversee and deliver the programmes. The Trust was working with a faculty from the Saïd Business School to ensure it was embedding best practice in programme delivery through a development course which will run over the next year.

## **6. 2021/22 Financial Planning Update**

The Committee had previously approved a draft revenue budget for 2021/22 and had subsequently received planning guidance from NHS England and NHS Improvement (NHSEI) for the first six months of the financial year. The financial regime would broadly be a continuation of the block payment scheme in 2020/21 with some changes including the establishment of an elective recovery fund. An overview was provided about how the South East London Integrated Care System (ICS), in collaboration with Trust Finance Directors, proposed allocating the system funding. Whilst this process had not yet concluded, it was likely that the Trust would break even in 2021/22 – although there was still some uncertainty about the impact of a future financial regime after September 2021.

The Trust's finance team was thanked for its work in a complex operating environment. Committee members sought clarification on some of the key assumptions used in the funding allocation process, including around efficiency requirements, and considered how the process of working collaboratively with other trusts and the ICS had helped to grow working relationships and build trust between the different organisations.

An update was received on the Trust's capital allocation for 2021/22 and how this had been split between Guy's and St Thomas' sites and the Royal Brompton and Harefield Clinical Group. The Committee noted that there had been internal requests for capital far in excess of the allocation, partly due to slippage in capital schemes as a result of the pandemic response in the prior year, increased maintenance requirements across the estate and the continued ambitions of the organisation. Work was being done with

executives to further prioritise the capital schemes and eliminate the oversubscription, although this was proving challenging due to existing commitments. It was noted that the capital allocation was the main constraint on capital expenditure in year rather than levels of Trust cash reserves. Prioritisation would be supported in-year by management of slippage in expenditure and through seeking alternative funding sources.

## **7. Royal Brompton and Harefield Imaging Centre**

The current configuration of imaging facilities at the Royal Brompton Hospital had necessitated the development of a new Imaging Centre to provide patients with quicker and easier access to these facilities and to help the Trust to increasingly consolidate multiple outpatient appointments into a single hospital visit. This would significantly improve the patient experience. An overview was provided of the planned development including the broad structure and the state-of-the-art equipment it would house, together with the timetable for completion and current status of the work, which was on track to be delivered to time and to budget. Focus was now shifting to preparations for opening the Centre, which was anticipated to be fully operational from January 2022. The key risks were set out for the Committee's consideration.

There was strong support for the work from Committee members, who agreed that the Centre would deliver considerable patient benefits. There were questions about planned utilisation rates and it was noted that the Centre would be used for private patients as well as research. It would be important to establish new ways of working in advance of the opening date.

## **8. Apollo Programme**

Recruitment to the Programme was going well, and a considerable number of new Programme staff would join the organisation in June. Discussions between the Trust and King's College Hospital NHS Foundation Trust (KCH) in recent weeks had helped provide clarity on the Programme governance structures going forward, central to which would be a joint Apollo Oversight Group co-chaired by the two Chief Executives. A decision was needed about whether Royal Brompton and Harefield hospitals would join the Pathology Programme as this would have implications for the design of the Epic system. Work was progressing on the technology workstreams and demonstrations of the Epic system would be offered to Trust Non-Executive Directors. In discussion, Committee members emphasised the importance of retaining key members of the Programme team and the need for data privacy under the General Data Protection Regulations (GDPR). The Trust was working closely with NHS Digital to mitigate ransomware risks.

Representatives from Boston Consulting Group (BCG) provided an overview about the external assurance work they had been contracted to undertake, which was based on a series of 'gateway review' checkpoints. BCG had concluded that the Trust's delivery of the Programme was on track with no significant concerns to note and with good progress having been made in a number of areas and strong links established with clinical staff. The Programme team had accepted all of BCG's recommendations. The Committee felt it would be important to communicate effectively with staff to continue to build awareness of the Programme, the need for all staff to help drive the work forward, and its operational impact. Committee members discussed the link between the Programme and primary care and considered whether input from GPs should be sought during the design stage. There was further discussion about how Artificial Intelligence (AI) and robotics could help inform the system design.

The Trust's patient and public engagement (PPE) team explained how the patient-public voice had informed the Apollo Programme to date, the objectives of the PPE plan and how the patient-public would remain central to decision-making within the Programme. Representatives from Epic had stated the PPE in the Programme was the most comprehensive they had seen. The Committee welcomed the work done and approved the further work planned as the Programme moved into 'steady state'. Committee members gave feedback to help shape the next phases of the PPE plan, including to ensure that the engagement should be with ethnic groups that are representative of the population the Trust serves. The need for strong links between the Programme and primary care were again emphasised. There was a suggestion that the PPE team should consider the possibility of publishing the findings.

## **9. Contract for Data Analytics Interim Data Platform**

Clinical analytics is the science of collating and using existing data, collected by numerous systems for various purposes, and using automation to identify patterns and connections that might not otherwise be apparent. The insights generated are used to inform clinical decision-making at individual patient and cohort levels and to support evidence-based improvement and innovation. It is a fundamental enabler in the transformation of healthcare delivery. A significant proportion of the Trust's capability in this area, including infrastructure and skills training, is currently provided through a collaboration agreement with Health Catalyst.

The Committee noted the current arrangements in place and was taken through the strategic and financial rationale for extending the agreement with Health Catalyst, and the scope of what such an agreement would cover. The primary benefits would be to clinical quality and research and innovation, although the Programme would lead to both cost reductions and increased commercial revenue streams and was likely to breakeven over its term. The Trust's Medical Director set out the interdependencies with the Epic system and how the Programme would relate to all clinical groups including Royal Brompton and Harefield. A formal procurement process had been undertaken which had identified Health Catalyst as the preferred provider.

The Committee gave strong support to the proposal and for the way that it would help underpin safety, quality and innovation across the Trust. There was discussion about how the agreement would help support the work of the clinical groups, the importance of training staff to use the systems and interpret the data, and how this represented an opportunity to improve the culture of how data was used at the Trust before Epic was implemented. Committee members also felt it would be important to use this data with partner organisations across SEL.

There were further considerations of the financial case and about the affordability of the Programme.

### **RESOLVED:**

The Committee agreed that the agreement with Health Catalyst should be renewed on the terms set out in the business case.

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



The new pathology service contract had commenced on 1 April 2021 and the Programme was now focused on delivery of transformation. The Committee noted the work of the Transition and Transformation Board over recent weeks, the ongoing activity across a number of the key workstreams and received a high-level overview of the Programme transformation plan which highlighted the upcoming milestones. A significant amount of communications had already taken place to support the new partnership, with further activity planned.

The Trust, together with KCH, are contractually obligated to have a fully developed and formed Pathology Business Unit (PBU) by October 2021. The PBU would manage the contract jointly and facilitate trust-to-trust collaboration. Significant work had been done to establish the PBU and processes were in train to appoint the PBU Managing Director and Medical Director, although the Committee noted there were still risks to meeting the October deadline. Committee members discussed the Royal Brompton and Harefield Clinical Group's potential involvement in the Programme and the status of the associated staff consultation.

## **11. Evelina Expansion Programme**

### **11.1 Evelina Expansion Programme – Mace Project Advisory Services**

Following a formal Official Journal of the European Union (OJEU) procurement process, the Transformation and Major Programmes Board Committee had agreed in September 2020 to appoint Mace as the preferred provider of Project Advisory Services for the Evelina Expansion Programme, but had noted that the appointment and confirmation of the fee was subject to further negotiation on the scope and resources required through to the end of the design and build programme in 2027. Mace's initial fee estimate had risen as the scope of the work and the resources required had become apparent over the past six months, and the Committee noted the work that Essentia had done to benchmark and test the reasonableness of the revised fee which compared well against contracts of similar complexity.

The Committee discussed the affordability of the fee and whether it would provide value for money. Members sought clarification about how lessons had been learned from other work Mace had done at the Trust, and what assurances had been received that appropriately-senior Mace staff would undertake the work. The Committee noted that, in light of the ongoing risks around Programme funding, the contract had a break clause.

#### **RESOLVED:**

The Committee agreed that authority should be delegated to the Chairman and Chief Executive to sign the contract documents for the appointment of Mace.

### **11.2 Evelina Expansion Programme – Request for Drawdown of Capital Funding**

The Committee noted that a number of projects were required to enable the vacant possession of St Thomas' House during November 2021 and its subsequent demolition. These projects were on the Programme's critical path and needed to be undertaken without delay to maintain overall timelines for the Expansion Programme, as delays past November would impact the start of construction on the Triangle Site and drive additional costs to the overall Programme expenditure.

The Committee noted the enabling projects which needed to proceed to procurement and delivery between April and June 2021, together with the estimated costs. The projects included the relocation of the King's College London Student Accommodation and Library. The Committee noted the challenges associated with the relocation of the Trust's Simulation and Interactive Learning Centre (SaLL). Four main options had been identified to address this and were set out for the Committee's consideration.

#### **RESOLVED:**

The Committee:

- Approved the drawdown of a maximum of £10m with a contingency variance of 5% for the Enabling Projects;
- Authorised the Trust Chairman and Chief Executive to approve contracts to deliver these works within budgeted sum to maintain the schedule for vacant possession of St Thomas's House; and
- Approved the direct award of a contract (subject to receipt of a detailed cost estimate) to Morgan Sindall for the relocation of SaLL to East Wing, whilst noting the waiver of procurement rules due to site logistical considerations.

#### **12. Cardiovascular and Respiratory Partnership Programme Update**

Updates were provided about progress with the Integration Programme across a number of different areas, including organisational form and governance, estates, paediatric care, academic partnerships and commercial. The Committee noted the intention to move to four clinical groups by April 2022, with children's services from the Royal Brompton and Harefield Clinical Group integrating with the Evelina Clinical Group, and adult cardio-respiratory and critical care services integrating with the Royal Brompton and Harefield Clinical Group.

It would be important to avoid overwhelming staff during the integration process, and the Committee recognised the risk of undoing the success of the merger with pushing too hard on the pace of integration. A possible third wave of the COVID-19 pandemic would also need to be taken into consideration. An overview was provided about the plan and objectives for the Board seminar that was being arranged for July 2021 for an in-depth review of progress and the next steps for integration.

#### **13. Outpatient and Ambulatory Transformation Update**

The Chief Nurse had been confirmed as the Senior Responsible Owner (SRO) for the Ambulatory Programme and was taking time to understand the work that had happened to date, the current governance arrangements and the programme vision. Focus would be needed on defining the pathway of exactly how the vision would be realised and in ensuring the transformation was built on patient-led design. There were significant linkages between the Programme and other major programmes, particularly Apollo, and also with primary care. The Chief Nurse gave her view that whilst additional space was needed, the success of the Programme was not dependent on Royal Street. Committee members gave strong support to the Programme and noted that written updates would be provided on the workstreams currently under way at the next Committee meeting.

#### **14. Estate Strategy Refresh Proposal**

The Trust Estates Strategy had been developed in 2017. Whilst good progress had been made on many of the key strategic projects, including the Evelina Expansion programme, the Orthopaedic Centre and Royal Street, recent developments had significantly changed the context for decision making related to estates investment, for example the merger with Royal Brompton and Harefield, the emerging statutory powers of integrated care systems and financial capital constraints in light of the COVID-19 pandemic. As such it was proposed that the Strategy was reviewed and refreshed.

The approach to refreshing the Strategy was set out, together with an assessment of the resources needed and the proposed timetable. It would be important for this work to take into account, but not to duplicate, programme work with estates implications. Committee members endorsed the proposal as set out and noted that the Royal Brompton and Harefield Clinical Group would be fully incorporated into the work. There was broad support for a Board-level briefing that was being arranged for June 2021 to facilitate an exchange of information about the estate at Guy's and St Thomas' and the Royal Brompton and Harefield hospitals, thereby familiarising directors with the key estate issues at each of the four acute sites.

#### **15. 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. Committee members reviewed and approved the proposed updates.

#### **16. Any Other Business**

There was no other business.

*The Committee was next due to meet on Wednesday 21<sup>st</sup> July 2021. Arrangements would be confirmed in due course.*

**BOARD OF DIRECTORS  
QUALITY AND PERFORMANCE COMMITTEE**

**Minutes of the meeting on Wednesday 14<sup>th</sup> April 2021  
held virtually via MS Teams at 12pm – 3pm**

<b>Members Present:</b>	Dr P Singh, Chair Prof I Abbs Ms A Bhatia Mr J Findlay Mr S Friend Dr F Harvey Dr J Khan Mr J Pelly	Prof R Razavi Mr M Shaw Dr S Shribman Dr S Steddon Sir H Taylor Mr D Waldron – for Ms J Screaton Mr S Weiner
<b>In attendance:</b>	Mr E Bradshaw – Secretary Ms S Austin Ms E Bignell – item 7 Ms R Burnett Ms S Clarke Ms M Da Costa Ms J Dahlstrom Mr S Davies Mr R Drummond Mr B Falk Ms J Godden Mr A Gourlay Mr R Grocott-Mason Ms S Hanna	Ms K Harding Ms S Ibrahim Ms K Jessel – for item 7 Ms A Knowles Ms R Liley Dr M Mason Ms M McEvoy Ms C McMillan Ms K Moore Ms S Noonan Ms J Parrott – for item 9 Mr N Rees – for item 8 Ms M Sadik – for item 7

**1. Welcome and Introductions**

The Chair welcomed colleagues to the meeting.

**2. Apologies**

Apologies had been received from Paul Cleal, Sally Morgan, Julie Screaton and Lawrence Tallon.

**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 24 February 2021 were approved as a true record, subject to one correction required on page 4 regarding a misspelling of the word 'response'.

## **5. Matters Arising and Action Tracker**

Two proposals for contract awards had been circulated to, and approved by, Committee members in correspondence. These were regarding Prosthetic and Orthotic Services and the contract for the supply of artificial intelligence based Federated Learning and Interoperability Platform (FLIP) and an Artificial Intelligence Deployment Engine (AIDE).

An update was provided about each action from the Committee's previous meetings that remained open. Many would be resolved in agenda items scheduled for the following Committee meeting in June.

The Director of Corporate Affairs explained that a new thematic and more streamlined approach to reporting into the Committee was being developed, and that the first example of this, People and Culture, was on the meeting agenda. Members were encouraged to provide feedback on this paper after the meeting. A project to replace the Balanced Scorecard with a new Integrated Performance Report (IPR) was running concurrently and would be incorporated into the new approach to reporting. The IPR would set out performance data both on an aggregated Trust level and for each clinical group.

## **6. Topics of Note**

The Trust's operational position had stabilised, with reductions in the numbers of patients in critical care and on extracorporeal membrane oxygenation (ECMO) support, and few new admissions of patients with Covid. The staff vaccination programme was progressing well and the Trust had recently started to administer the Moderna vaccine. In a limited number of cases patients had cancelled their vaccination appointments due to the negative publicity about the Astra-Zeneca vaccine.

The Committee reviewed the Balanced Scorecard and discussed the Trust's operational performance. Figures from the Royal Brompton and Harefield Clinical Group had been incorporated into some sections of the Balanced Scorecard, including RTT and diagnostics, which had led to an increase in the Trust's overall waiting list. Additional theatre capacity had been stood up to support the recovery of the elective backlog that had built up during the pandemic.

The number of cancer referrals had been steadily increasing over recent months. The Trust's ability to reduce the 62-day backlog was being limited by treatment capacity, the need to treat patients in order of clinical priority and the need to offer treatment capacity equitably across the sector. Other factors, such as self-isolation requirements, patient engagement and late referrals from other trusts were continuing to influence the size of the Trust's cancer backlog. The Committee considered the actions that were in train and which could be undertaken to improve performance. It was agreed that issues with late referrals from other trusts would be addressed most effectively at a system level and should be a focus for the Acute Provider Collaborative (APC).

The Committee noted that across South East London (SEL) clinical oversight has been in place through a Clinical Senate to ensure equity of access across the sector and to provide mutual aid to providers where required to treat the most urgent patients. The Committee requested an update was brought to its next meeting in June about the work undertaken by the Clinical Senate, the clinical prioritisation process, and where the responsibilities and accountabilities for this process sit.

**ACTION: SC, JF**

A summary was provided of the guidance issued by NHS England and NHS Improvement for the 2021/22 Planning Round. An ongoing focus on staff wellbeing had been built into the planning assumptions regarding the scale and pace of recovery. There would be a significant focus on reducing inequalities. No operational targets had been specified in the guidance and at the current time providers had been asked to set trajectories themselves. There was discussion about how the Trust would approach this exercise; it was agreed that the full elimination of the patients who had waited over 52 weeks for treatment was likely to take a number of years – although the timeframe would vary by specialty. Committee members queried whether there were any financial penalties attached to activity or performance levels, and agreed that the Trust needed to be flexible with its full estate, including at Royal Brompton and Harefield hospitals, to maximise capacity and productivity. There was debate about the possible options to support elective recovery, including possible restrictions on access to enable the Trust to deliver greater volumes of the highly specialised work that other trusts were unable to do.

The Chief Nurse was pleased to report that patient numbers in critical care had reduced, that bed capacity was back within its pre-Covid 19 footprint, and that nurse to patient ratios in critical care were back at normal levels. The Pulross Community Rehabilitation unit had been successfully relocated to Edward Ward at St Thomas' Hospital to facilitate fire safety works in the existing Pulross unit. It was expected that this situation would remain in place until mid-June, and all patients had been spoken to individually and received a letter detailing the reason for the relocation and duration. The Committee noted further updates about the ongoing work to create a new three year Nursing and Midwifery Strategy for 2022-25 and senior personnel changes in the Chief Nurse's Office.

A brief overview was provided of the process to provide the Committee with assurance about how the Trust's estate and infrastructure was compliant with statutory requirements. The Committee noted the governance framework in place within Essentia to oversee the identification and management of estate-related risk and the progress being made with the programme to improve and expand the operating theatre estate over the next four years. There would be a fuller discussion of this as part of the new thematic 'Infrastructure' report at the Committee meeting in June. It was requested that the report also incorporated updates on the state of the wards across the Trust, the backlog maintenance position and the Trust's environmental footprint.

**ACTION: AG**

Further updates were received in respect of telephony and the security service, which had been taken back in-house on 1 April. There was discussion about the groups of Trust staff who were not yet being paid rates aligned to the London Living Wage and plans to address this.

The Committee noted and discussed key headlines relating to the Trust's main data, technology and information (DT&I) programmes and developments in the Royal Brompton and Harefield Clinical Group, including its progress with the staff vaccination programme. The Medical Director gave an overview of the work of the Trust Quality Improvement & Clinical Audit Committee (TQIaC) during the Covid-19 pandemic and its future plans for 2021-22. The Committee noted that changes were being made to the Trust Risk and Assurance Committee (TRAC), an executive forum that oversees the management of clinical risk. TRAC was expanding its remit to oversee non-clinical risk and to ensure that the management of risk remains appropriate in the new clinical group operating model. The TRAC terms of reference were being updated and would be enacted over the coming months.

Representatives from the Integrated and Specialist Medicine and Evelina London Clinical Groups presented the Committee with brief updates on developments with their strategic planning and priority areas over the coming years, and their main concerns and issues. A

specific update was received regarding the sad case of a child in the Paediatric Intensive Care Unit (PICU) whose situation had been the subject of recent legal decisions and media interest.

## **7. People and Culture Update**

The Committee received an overview of the staff survey results as at 1 September 2020 for GSTT and, separately, for the Royal Brompton and Harefield hospitals. The key points from each set of results were highlighted. Committee members welcomed the overall results, which showed that the experience of working at both organisations is very positive for most staff. It was highlighted that GSTT had achieved the highest score nationally for staff agreeing that the care of patients/service users is the organisation's top priority. Whilst it was recognised that further work was needed in relation to equality, diversity and inclusion (EDI) and bullying and harassment, it would also be important to retain attention on the areas in which the Trust scored well. Committee members spent time discussing the actions, both ongoing and planned, to address the key issues. To increase the pace of change the Trust had started to review its programme of work in partnership with a specialist EDI consultancy, to ensure it is aligned with leading practice and the range of national and regional initiatives that were emerging.

Further updates were received in respect of the progress against equality, diversity and inclusion (EDI) actions under each of the Trust's five positive action charter pledges and the work taking place to accelerate the pace of change in this important area. The Committee also noted the Trust had published an ethnicity pay gap report for the first time, which showed that the Trust has significant ethnicity pay gaps in both the medical and non-medical workforce. The possible reasons for this were discussed, and it was noted that the actions for addressing the pay gap are aligned with those set out in the EDI report. It was acknowledged that additional resources may be needed to push forward progress with the EDI agenda.

An update was provided on the percentages of Trust staff that had received the Covid-19 vaccination in total, by ethnic group and by staff group, to highlight the areas where uptake had been low. Whilst the numbers were improving and similar to the position nationally, it would be important to continue to seek to understand the reasons why some staff were refusing the vaccine and take actions to support staff to make an informed choice about the vaccination. There had been some instances of patients querying whether the Trust staff treating them had had the vaccine.

The last 12 months had taken a significant toll on the Trust's staff, and addressing their wellbeing would be at the centre of the Trust's recovery planning and provide a clear focus for the people priorities in 2021-22. The Trust's people strategy had been refreshed following the second wave of the pandemic, and a staff recovery wellbeing plan had been launched in early February and had been positively received across the Trust. Committee members discussed how the Trust was learning lessons in this area from other organisations, particularly those with a similar ethnic staff make-up. There was further discussion about encouraging staff to apply for clinical excellence awards and how to improve junior doctor morale. The importance of monitoring the impact of initiatives was noted and, although it was recognised that it could be difficult to connect actions to outcomes, the Trust's workforce team was continuing to explore ways to improve how this was being done. It was requested that the next People and Culture paper to the Committee include more data and indicate where initiatives were Trust-wide and where they sat in clinical groups.

**ACTION: DW**

## **8. Staff Recovery Presentation**

The experiences of a typical staff nurse who had worked at the Trust over the past year were narrated to the Committee. The nurse had been redeployed into critical care in both waves of the Covid-19 pandemic and described what she saw and the emotions she felt working in both the Covid and non-Covid parts of the unit. It was evident that, whilst this work had a considerable impact upon her mental health, the psychological support provided by the Trust, particularly in wave two, had been invaluable. The nurse felt as though the experience as a whole – whilst incredibly challenging – had been amongst the most rewarding of her career.

The Trust's lead psychologist for staff health and wellbeing provided an overview of the key actions that the Trust had taken to support its workforce through what was, for many, a traumatic time. The key learnings from wave one that informed the approach to wave two were set out, for example keeping the dedicated staff support mailbox open so that staff could request support and ensuring a flexible approach to rostering and returning redeployed staff to their usual areas of work. Committee members welcomed the presentation and thanked those involved for their input.

## **9. Acute Provider Collaborative**

In December 2020, the Acute Provider Collaborative (APC) leadership had commissioned a Task and Finish Group to advise on the future purpose, priorities, function and form of the APC. Since then, interviews with key stakeholders had been undertaken, the white paper had been published and the three provider Chief Executives had met to discuss interim reports. The Committee received the draft position statement which set out the purpose of the APC, the services that had been identified as its priorities, the functions that will be delegated to the APC and its proposed organisational form. The position statement would be taken to the APC Committee-in-Common for review on 6 May.

There was debate about the role of individual trusts within the APC and of the APC within the Integrated Care System (ICS) more broadly. It was recognised that this was a complex area of work, that national policy in this area is only emerging, and that the report reflected work in progress. The Committee agreed that the APC should focus on the main things that matter to patients, which would help the Trust deal with the risks and issues discussed earlier in the meeting, for example around waiting list management. Members remained committed to the notion of the Trust continuing to seek a leadership role in system developments. It was agreed that a further iteration of the document would be brought back to the Board in due course, and would draw out the specific implications for the Trust for further discussion.

**ACTION: JD**

## **10. Finance Report (Month 11)**

The financial performance and position to the end of February 2021 (month 11) was presented to the Committee, which noted that the information included figures from the Royal Brompton and Harefield Clinical Group for the first time.

The year-to-date deficit position was slightly better than plan, whereas the current forecast year-end outturn was behind plan, partly due to an increase in the accrual for outstanding annual leave. The top-up funding had largely been confirmed and was seen as secure, but the reported position did not include further income that was anticipated which would significantly improve the outturn. Further updates were received on the capital and cash positions.



**11. Reports for noting**

The Committee noted the reports.

**12. Any Other Business**

A brief update was received in respect of the record turnover recorded by Essentia Trading Limited in 2020/21. There was no other business.

*Date and Time of Next Meeting: Wednesday 9<sup>th</sup> June 2021; timing and arrangements to follow*

**BOARD OF DIRECTORS  
QUALITY AND PERFORMANCE COMMITTEE**

**Minutes of the meeting on Wednesday 9<sup>th</sup> June 2021  
held virtually via MS Teams at 1pm – 4pm**

<b>Members Present:</b>	Dr P Singh, Chair Prof I Abbs Ms A Bhatia Mr J Findlay Mr S Friend Dr J Khan	Mr J Pelly Prof R Razavi Dr S Shribman Dr S Steddon Sir H Taylor Mr D Waldron – for Ms J Screaton
<b>In attendance:</b>	Mr E Bradshaw – Secretary Ms S Allen – item 9 Ms S Austin – until 3pm Ms S Clarke Ms M Da Costa Ms J Dahlstrom Mr S Davies Ms L Dopson – item 9 Mr P Dossett – item 6 Mr R Drummond Mr B Falk Mr A Gourlay Mr R Guest – item 6 Mr N Halliwell – item 6 Ms S Hanna	Ms K Harding Ms S Ibrahim Ms A Knowles Ms R Liley Mr C Martin Mr T Mayhew – item 6 Ms M McEvoy – from 2pm Mr P McCleery Ms C McMillan Mr P Mitchell – item 8 Ms L Moore Mr A Parrott – from 2pm Ms B Pratt Mr N Price – item 11 Mr N Wright

**1. Welcome and Introductions**

The Chair welcomed colleagues to the meeting.

**2. Apologies**

Apologies had been received from Paul Cleal, Felicity Harvey, Steve Weiner, Martin Shaw, Lawrence Tallon, Julie Screaton, Joy Godden, Beverley Bryant and Richard Grocott-Mason.

**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 14<sup>th</sup> April 2021 were approved as a true record.

## **5. Matters Arising and Action Tracker**

Many of the actions on the action log would be covered as part of the meeting. Following the meeting, Corporate Affairs would identify what actions remained outstanding and follow these up with their owners. A tender report for the refurbishment of dental chairs at Guy's Hospital had been circulated and approved in correspondence by the Committee on 21<sup>st</sup> May 2021.

## **6. Royal Brompton and Harefield Foundation Trust – Annual Report and Accounts**

The NHS Foundation Trust Annual Reporting Manual 2020/21 states that, where a foundation trust ceases to exist during a financial year, the Board of the receiving body – in this case, Guy's and St Thomas' – assumes responsibility for signing-off the trust's final period annual report and accounts. In this context, the final Royal Brompton & Harefield NHS Foundation Trust (RBHFT) Annual Report and Accounts, for the ten months to 31 January 2021, was presented to the Committee for approval.

RBHFT's external auditors, Grant Thornton, provided an overview of the work they had undertaken; this led to a discussion about some of the audit findings including the treatment of assets under construction. An update on the audit progress was also provided. Whilst the final submission deadline of the Annual Report and Accounts to NHS Improvement was 15 June, an issue had recently arisen regarding the appropriateness of expenditure accruals at a number of NHS trusts across the country. The implications of this for the RBHFT accounts were still being established; although it was unlikely to impact the accounts, it had led to a delay in the external audit work and the audit had not yet been completed. This meant that, despite the work done by the Trust's Audit and Risk Committee to review and scrutinise the document, the Committee could not yet approve the full Annual Report and Accounts.

### **RESOLVED:**

The Committee agreed to:

- Approve the management representation letter to Grant Thornton; and
- Delegate authority to Sir Hugh Taylor, Professor Ian Abbs, John Pelly and Simon Friend to approve the accounts on behalf of the Trust Board.

## **7. Topics of Note**

The paper summarised the topics that would be covered in each of the ensuing papers on the meeting agenda. Committee members were reminded that the previous approach to 'Topics of Note' had been phased out and had been replaced by a set of thematic papers. At each subsequent Committee meeting, one such paper would be the 'spotlight' paper and given additional agenda time to understand the issues, risks and ongoing work in that particular area in greater depth. Once fully-developed, the new Integrated Performance Report would help to focus the Committee's attention on the areas of most significance.

## **8. Estates Assurance & Improvement Plan Report**

The Committee received an overview about how the Trust took assurance that its estate was compliant with relevant statutory legislation and its approach to identifying and managing estates risks and issues. During 2020 the Trust Board had been sighted on the main estates issues, including ventilation and water quality. Updates were now provided on the sources of assurance about compliance with these. In some areas, for example fire safety, the

governance arrangements had been strengthened to improve representation from clinical groups and clarify escalation lines. The Committee also noted an updated table of assurance assessments across a number of key disciplines, which showed that there are no areas where the Trust is in breach of its statutory obligations.

Committee members agreed that there appeared to be a sensible and balanced approach to managing estates risks and issues. There was discussion about how the risks to compliance were being managed to prevent them from having an adverse operational impact, and that it was important that the Trust had sight of any post-mitigation residual risk. Consideration was given to how changes in standards or legislation following the COVID-19 pandemic, in areas such as ventilation, may require the Trust to invest to remain compliant and could therefore represent a cost pressure.

The Committee noted that the Trust was investing significant funds in improving the condition of the estate, but that the level of backlog maintenance was significant, and that restrictions on capital funds would require prioritisation. An executive review of the capital programme had been undertaken in May 2021 to establish the priorities within the capital expenditure limit advised by the ICS. The Committee agreed that financing for essential backlog maintenance should be protected and not reduced by new capital schemes, and that the Trust needed visibility of risks that it could not adequately mitigate due to these capital restrictions.

The Committee was advised of the improvements planned to address the infrastructure on the Guy's and St Thomas' sites which included environmental issues raised by Infection Prevention and Control and operational colleagues in critical care, inpatient areas and the maintenance and improvement of the operating theatres. This led to a discussion about how the Trust was managing the environmental footprint across its whole estate and the need to protect decant facilities to mitigate the risk of planned and unplanned loss of capacity.

Essentia had moved to a site-based structure to better manage the environmental and infrastructure risks on the Trust's sites. Work was under way to integrate the Royal Brompton and Harefield hospitals into the Essentia management and reporting structure. The Committee agreed it would be helpful to look at what lessons could be learned from the Royal Brompton and Harefield Clinical Group. The Trust was also continuing to collaborate with partners across the Integrated Care System (ICS), including King's College Hospital NHS Foundation Trust and Lewisham and Greenwich NHS Trust.

The Committee felt it had been helpful to understand the breadth of the estate and that it would be important to be able to measure the operational impact of the investment in the estate. Confirmation was given that a similar report focusing on the Royal Brompton and Harefield estate would be brought to the Committee within the next 12 months.

## **9. Patient Story Presentation**

The Head of Patient Experience presented a story about a female patient who had attended the Cancer Centres at both Guy's Hospital and Queen Mary's Hospital in Sidcup for treatment during COVID-19. The patient reflected on what it was like to have treatment at this time and spoke about:

- Attending treatment without a friend or family member;
- The areas of excellent practice, including the attitude of staff and communication;
- The areas for improvement, including appointment scheduling, the frequency of contact with specialist nurses, and encouraging patients to use the helpline; and
- Her overall experience and impressions of care.

The Head of Nursing for Oncology provided some insights about the situation from a staff perspective and set out what the Trust had done to address some of the concerns raised.

In discussion Committee members agreed that it was helpful to reflect on the differences in a patient's experience between the cancer centres, whilst recognising the need for consistency across both the Trust and, wherever possible, across the ICS. It was helpful to understand the things that patients found important and so which would be beneficial during any future waves of the pandemic. With constrained workforce numbers there was discussion about the digital tools that could be used to support patients, particularly before the new Electronic Health Record system was rolled-out.

## **10. Operational Performance**

In recent years the Trust had seen an increase in the numbers and acuity of people with mental health problems presenting at its hospitals, and had utilised its own workforce and partners to provide appropriate care and treatment to these individuals. An overview was provided of a recent review to ensure this treatment, including the use of restraint and rapid tranquilisation processes, was meeting legislation and best practice. The Committee noted the report's recommendations and that external support would be sourced to help implement them. Committee members recognised this was a complex area of treatment that was likely to grow in the future and gave strong support to the work. It would be important to share the learnings across South East London. South London and Maudsley NHS Foundation Trust had been involved in the review and the Committee discussed the role of that trust and the extent to which its staff should be based on Trust sites.

The Chief Operating Officer reported that the Trust had seen an increase in the number of positive COVID-19 cases attending its hospitals. The need to maintain multiple pathways for patients had reduced the Trust's flexibility to place admitted patients and put pressure on the bed stock. There had been significant increases in emergency attendances in recent weeks, including for those with major issues or requiring resuscitation. May 2021 had been the Evelina's busiest month for emergency paediatric attendances although this had not, and was not expected to, significantly increased admissions. The Committee welcomed a number of pieces of good news, including:

- The Trust was ahead of its trajectory for treating patients waiting over 52 weeks;
- All patients on the waiting list in South East London had now been assigned a clinical priority level, to ensure capacity and demand could be balanced across the ICS; and
- Cancer treatment levels had reached pre-pandemic levels.

An overview was provided about the role of the independent sector in supporting the Trust's operational recovery. The Trust had used the capacity on offer from such providers during the pandemic, particularly HCA at London Bridge. Whilst this had benefited patients there was now a need to revisit the operational rationale to assess whether continued use of the independent sector was required. In doing so the Committee reviewed the future operational need, the impact on the Trust's demand, and the associated financial arrangements – whilst noting that additional income was likely to be available from the elective recovery fund. Committee members concluded that the theatre maintenance programme and infection, prevention and control requirements had led to significant lost capacity, and that retention of independent sector capacity would help the Trust to recover its waiting list position both for cancer and long-waiting routine patients. This would, however, be kept under continual review. It was agreed that data tracking the utilisation rates of all theatres should be brought back to the Committee to help support future discussions in this area.

**ACTION: JF, SC**

There was further discussion about how the Trust was monitoring patients' conditions over time, the work being done to validate the data to ensure it was reliable and could support the Trust's decision-making, and the importance of managing demand across the Acute Provider Collaborative, whilst taking a multi-agency approach to demand modelling with commissioners and primary care about the likely demand trends. Finally, the Committee congratulated the Trust's vaccination programme team for its impressive work to date and for administering its four hundred thousandth COVID-19 vaccine.

#### **RESOLVED:**

The Committee approved the recommendation to utilise up to four theatres at HCA London Bridge until at least March 2022.

### **11. Quality and Safety**

The Medical Director gave updates across a number of areas including the support being given to junior doctors during the pandemic, the annual appraisal cycle for 2021/2022 and the ongoing work to recruit a new Guardian of Safe Working. A number of actions had been taken following the Care Quality Commission (CQC) inspections of Nuclear Medicine and Radiotherapy in April 2021, including the establishment of a working group to review Trust's and Royal Brompton and Harefield's policies in line with statutory and regulatory requirements. The Committee approved the draft 2020/21 Quality Account which, due to the pandemic, was a reduced version and separate from the Annual Accounts. The Committee also noted the draft quality priorities for 2021/22.

The Chief Nurse's Office had decided to restart the 'Listening to You' visit programme to departments and services. This would provide Non-Executive Directors and governors with the opportunity to learn more about the Trust's services and speak to staff and patients where permitted. Committee members were pleased that the patient experience bi-annual report showed that performance remained strong.

The Committee received the Infection, Prevention and Control (IPC) Annual Report for 2020/21, central to which was how the Directorate of Infection had played a leading role in the Trust's response to the COVID-19 pandemic. The Committee noted that no CQUINS or external objectives had been set for 2020/21 because of the pandemic, but that the Trust had continued to report mandatory data about other healthcare-associated infections to Public Health England during this time. A comparison of the number of cases of infections and Surgical Site Infection (SSI) incidence by specialty between 2019/20 and 2020/21 were set out for consideration. Further updates including on water and ventilation, decontamination, and mandatory training were provided, along with the areas of focus and key risks for 2021/22. The Committee noted that the Report did not include Royal Brompton and Harefield hospitals.

There was support for the recommendations made. The Committee thanked the IPC team for their work during a very difficult year and endorsed the proposal to re-appoint Dr Nicholas Price as co-Director of IPC (DIPC) for 2021/22. The Committee noted an update on the hospital onset of COVID-19 and welcomed this as detailed, thorough and comprehensive. An assessment of the process to discharge patients to care homes in the first wave of the pandemic, against guidance available at the time, would be brought back to the Committee later in the year for further consideration.

**ACTION: AB, NP**

The Committee noted updates from the Data, Technology and Information (DT&I) directorate, including around the clinical priority areas and the service performance update.

## **12. People and Culture**

The Committee noted and discussed updates across a number of areas including:

- The Respect Others Programme, which aims to promote a compassionate and inclusive working environment to ensure all staff feel valued and safe at all times;
- The Equality, Diversity and Inclusion (EDI) programme, where collaboration with an external EDI consultancy would result in more comprehensive data being presented to the Committee to assess how the Trust was driving a step change in its approach to developing an inclusive culture across the Trust; and
- The staff COVID-19 vaccination programme, where the latest data was noted and key groups where take-up remained low, despite the ongoing work to support all staff to make an informed choice, were highlighted.

Committee members requested that the next People and Culture report included details of senior staff leaving the Trust, including consequences and proposed actions.

**ACTION: DW**

## **13. Financial Update to Month One**

The financial performance and for the merged organisation to the end of April 2021 (month one) was presented to the Committee, which noted that a more detailed financial planning update had been presented to the Transformation and Major Programmes Committee in May to support the consideration of the capital resource prioritisation work. The key reasons for the variances to plan were set out and noted by the Committee. Further updates were received on the capital and cash positions.

The business planning process was close to being concluded, with a small number of final decisions needed. This would provide Trust directorates with certainty about their budgets for the remainder of the year. The Committee was reminded that a new Finance and Commercial Board Committee was being set up and would meet for the first time on 7<sup>th</sup> July. As such, a briefer in-year financial update would come to this Committee, although financial considerations would be incorporated into other updates received.

## **14. Supplementary Information**

The Committee noted the reports.

## **15. Any Other Business**

On behalf of the Committee the Chair congratulated Dr Camilla Kingdon, a consultant neonatologist at the Trust, who had become the new President of the Royal College of Paediatrics and Child Health.

It was confirmed that Quality and Safety would be the 'spotlight' paper at the next meeting, to which colleagues from the Care Quality Commission (CQC) had been invited.

*Date and Time of Next Meeting: Wednesday 9<sup>th</sup> June 2021; timing and arrangements to follow*

Previously, a number of indicators have been suspended due to Covid.  
This situation is now changing and indicators are being reinstated as the information becomes available again at source.

The below list shows the status of indicators which have previously been suspended and details plans to reinstate them in the future.

	Indicator	Indicator Name	Updates
1.3 Infection control and cleanliness	301	MRSA bacteraemia (Trust-attributable)	
	302L	C-Diff acquisitions resulting from lapse in care	Now available and included In the scorecard.
	302T	C-Diff acquisitions (Trust-attributable)	
1.4 Screening on admission	9936	VTE screening (externally reported)	Now available and included In the scorecard.
2.1 Clinical best practice	ICNARC-STH	Critical care mortality indicator - STH+VHDU	Data has not been provided by the department.
	ICNARC-Guys	Critical care mortality indicator - Guy's CCU	
2.5 Child Health	CMI041	National Child Measurement Program - % coverage reception year	The recording trial was planned for April now the schools are reopened, however data has not yet been provided by the department.
	CMI042	National Child Measurement Program - % coverage year 6	
	NEW4	% children receiving wheelchair within 18 weeks from referral	Metric has been reinstated and data is available on a quarterly basis.
3.1 Admitted care	310	Single sex compliance - breaches (all types)	National return is still paused and there has been no response on internal data availability.
4.4 Diagnostic access	FFF19	Turnaround time - inpatient MRI within 24 hours	Now available and included In the scorecard.
	FFF20	Turnaround time - inpatient CT within 24 hours	
	FFF21	Turnaround time - inpatient Ultrasound within 24 hours	
4.8 Theatre management	502	Cancelled patients not admitted within 28 days (in arrears)	Data has not been provided by the department.
6.1 Overall financial position	MRRT	Finance Use of Resources	Under review.
	LQRT	Liquidity ratio (in days)	
	D SCT	Capital service cover	
	FIN01T	Overall underlying financial surplus/(deficit)	
	CSHT	Cash flow	
	CAPT	Capital spend vs plan (year-to-date variance)	
	VRPT	Variance from Plan (year to date)	
UNPT	Underlying Performance		
6.3 Fit for the Future programme	CIPSTC	Cost improvement plans (CIPs) - var to plan YTD	
6.7 Essentia - Cleaning Services	ES112	Cleaning audit score 2007 standards (Community)	Now available and included In the scorecard.



Performance Framework - Balanced Scorecard

May-2021



		May-21
	<b>Trust Level</b>	<b>3</b>
Domains	Safe	3
	Effective	3
	Caring	3
	Responsive	4
	Well-led	3
	Enablers	3


Previous PF Levels											
Apr-21	Mar-21	Feb-21	Jan-21	Dec-20	Nov-20	Oct-20	Sep-20	Aug-20	Jul-20	Jun-20	
3	3	3	3	3	3	3	3	3	3	3	
2	3	3	4	3	3	3	2	2	2	3	
3	3	3	3	3	3	3	3	3	3	3	
3	3	3	3	4	3	3	3	3	3	3	
3	3	3	3	3	3	3	3	4	4	4	
2	2	2	2	2	1	1	1	1	1	1	
2	3	3	3	3	3	3	3	3	3	3	

	<b>Safe</b>	Level	3	No of levels in Domain	1- Low	2	3	4	5	6 - High
					8	2	1	2	0	3

		Reporting Period						PF Levels		Monthly Performance			
		Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	Apr-21	May-21	Trend		
<b>1.1 Incident reporting</b>	Total incidents reported	Latest Mth	1	2,949		≥2,513	2,566		1	1	2,608	2,949	
	Never Events	Latest Mth	6	1		0	1.1		1	6	0	1	
	Incidents resulting in unexpected death	Latest Mth	4	7		≤4.0	5.8		1	4	3	7	
	Incidents resulting in severe harm	Latest Mth	3	6		≤4.9	4.3		1	3	4	6	
<b>1.2 Harm-free care</b>	Pressure ulcer acquisitions (category 2 and above) attributable to Trust	Latest Mth	1	3		≤5	5.8		1	1	5	3	
	Incidence of falls per 1000 bed days	Latest Mth	2	5.3		≤5.2	4.7	TICDAC	2	2	5.4	5.3	
	MRSA bacteraemia (Trust-attributable)	Latest Mth	6	1		0	0.6	TICDAC	1	6	0	1	
	C-Diff acquisitions resulting from lapse in care	Latest Mth	1	0		0	0.0	TICDAC	1	1	0	0	
<b>1.3 Infection control and cleanliness</b>	C-Diff acquisitions (Trust-attributable)	Latest Mth	1	2		≤4	2.1	TICDAC	1	1	4	2	
	Anti-microbial stewardship	Latest Mth	-	-		≥85%	89.0%	TICDAC	-	-	-	-	
	VTE screening (externally reported)	Latest Mth	1	95.6%		≥95%	96.9%		1	1	95.7%	95.6%	
	Dementia screening (patients aged over 75)	Latest Mth	4	76.5%		≥90%	71.9%		5	4	74.8%	76.5%	
<b>1.5 Mortality indicators</b>	Hospital standardised mortality ratio (HSMR) - most recent score	Latest Mth	-	-		≤90	72.9		-	-	-	-	
	Standardised healthcare mortality index (SHMI) - most recent score	Latest Mth	-	-		≤90	72.5		-	-	-	-	
<b>1.6 Safe Staffing</b>	Ratio of actual to planned hours	Latest Mth	n/a	79.7%		-	99%		n/a	n/a	76.7%	79.7%	
	% Initial Case Conference Attendance	Latest Mth	6	85.7%		≥95%	94.0%	Vuln Pers	1	6	95.8%	85.7%	
<b>1.7 Safeguarding</b>	% Review Case Conference Attendance	Latest Mth	1	96.9%		≥95%	95.1%	Vuln Pers	2	1	93.0%	96.9%	
	% of Staff having supervision in timeframe - HV	Latest Mth	2	93.0%		≥95%	94.9%	Vuln Pers	1	2	98.0%	93.0%	
	% of Staff having supervision in timeframe - SN	Latest Mth	1	95.0%		≥95%	98.9%	Vuln Pers	1	1	100.0%	95.0%	
	Number of children not seen by practitioner/not followed up as per plan	Latest Mth	1	0		0	2	Vuln Pers	1	1	0	0	

		Effective	Level	3	No of levels in Domain	1- Low	2	3	4	5	6 - High		
						10	2	3	4	1	4		
			Reporting Period			PF Levels		Monthly Performance					
			Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	Apr-21	May-21	Trend	
2.1 Clinical best practice	Emergency readmissions (within 28 days - in arrears)		Previous Mth	1	5.2%		≤5.9%	5.9%		1	-	5.2%	-
	Emergency readmissions (within 14 days - in arrears)		Previous Mth	2	3.3%		≤3.8%	3.9%		2	-	3.3%	-
	Critical care unplanned readmissions within 48 hours		Latest Mth	-	-		≤1.3%	0.7%		-	-	-	-
	Critical care mortality indicator - STH+VHDU		Prev Qtr	-	-		TBD			-	-	-	-
2.3 Maternity	Critical care mortality indicator - Guy's CCU		Prev Qtr	-	-		TBD			-	-	-	-
	PICU readmissions within 48 hours		Latest Mth	1	1		≤2	4		4	1	5	1
	End of life care - % of deaths supported by Priorities for Care		Latest Mth	-	-		≥25%	50%		-	-	-	-
	% of 3rd/4th degree perineal tears from vaginal delivery		Latest Mth	1	1.0%		≤3.1%	2%	Maternity	1	1	1.2%	1.0%
2.4 CQUINs	Stillbirths as a percentage of total births		Latest Mth	1	0.3%		≤0.6%	0%	Maternity	1	1	0.4%	0.3%
	% APGAR <7 at 5 minutes		Latest Mth	3	2.0%		≤1.8%	2%	Maternity	1	3	1.0%	2.0%
	% Caesarean sections		Latest Mth	1	11.2%		≤28%	35.9%	Maternity	1	1	15.6%	11.2%
	Induced labour rates		Latest Mth	1	28.1%		≤28.4%	28.4%	Maternity	1	1	26.3%	28.1%
2.5 Child Health	Pregnancy related diabetes		Latest Mth	2	10.4%		≤10%	9%	Maternity	5	2	13.5%	10.4%
	Bookings by ten weeks		Latest Mth	1	63.6%		≥50%		Maternity	1	1	71.7%	63.6%
	National and local CQUINs (CSU/Local CCG commissioned)		Latest Qtr	3	88.0%		100%			3	3	88.0%	88.0%
	Highly specialised services CQUINs (NHS England commissioned)		Latest Qtr	1	100.0%		100%			1	1	100.0%	100.0%
2.6 Integrated Care	Health Visiting - New Birth Visits within 14 days		Latest Mth	1	97.5%		≥95%	96.1%	Evelina	1	1	97.7%	97.5%
	% infants whose breastfeeding status is known at 6-8 weeks		Latest Mth	6	82.8%		≥95%	65.0%	Evelina	6	6	84.7%	82.8%
	% infants breastfeeding at 6-8 weeks		Latest Mth	3	71.7%		≥75%	56.2%	Evelina	3	3	72.9%	71.7%
	% Health Review 1 (15-months)		Latest Mth	4	80.1%		≥85%	95.8%	Evelina	2	4	84.5%	80.1%
2.7 Overdue follow ups	% Health Review 1 (12-months)		Latest Mth	6	75.5%		≥85%	93.1%	Evelina	6	6	70.8%	75.5%
	% Health Review 2 (30-months)		Latest Mth	6	67.6%		≥85%	91.3%	Evelina	6	6	68.2%	67.6%
	% ASQ3 Completed in Health Review 2		Latest Mth	5	88.2%		≥95%	68.4%	Evelina	4	5	90.3%	88.2%
	National Child Measurement Program - % coverage reception year		Latest Mth	-	-		≥85%	84.0%	Evelina	-	-	-	-
			Latest Mth	-	-		≥85%	80.5%	Evelina	-	-	-	-
			Latest Qtr	-	-		100%	-	Evelina	1	-	-	-
			Latest Mth	1	48.8%		≥40%	37.4%		1	1	41.3%	48.8%
			Latest Mth	6	7.0%		≥99%	99.2%		6	6	7.0%	7.0%
			Latest Qtr	-	-		≥87%	87.0%		-	-	-	-
			Latest Mth	n/a	373,253		-	-		n/a	n/a	-	373,253
			Latest Mth	6	92,324		34,037	77,942		6	6	-	92,324

		Caring	Level	3	No of levels in Domain	1- Low	2	3	4	5	6 - High		
						6	2	3	4	0	6		
			Reporting Period			PF Levels		Monthly Performance					
			Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	Apr-21	May-21	Trend	
3.1 Admitted care	Overall inpatient patient experience score		Latest Mth	-	-		≥89%	89.5%	PRMs	-	-	-	-
	Single sex compliance - breaches (all types)		Latest Mth	-	-		0	18	PRMs	-	-	-	-
	Friends and Family test - Response rate		Latest Mth	6	7.4%		≥25%	19.9%	PRMs	6	6	5.7%	7.4%
3.2 A&E care	Friends and Family test - % Recommended		Latest Mth	2	96.0%		≥97%	95.4%	PRMs	2	2	95.3%	96.0%
	Friends and Family test - % Not Recommended		Latest Mth	6	3.0%		≤1%	1.6%	PRMs	1	6	0.8%	3.0%
	Friends and Family test (A&E) - Response rate		Latest Mth	3	16.1%		≥18%	20.5%	PRMs	2	3	17.7%	16.1%
3.3 Maternity care	Friends and Family test (A&E)		Latest Mth	-	-		-	-	PRMs	-	-	-	-
	Friends and Family test - % Not Recommended (A&E)		Latest Mth	1	4.6%		≤6.4%	1.6%	PRMs	1	1	4.7%	4.6%
	Friends and Family test (Maternity) - Response rate overall		Latest Mth	6	0.5%		≥22.0%	14.9%	PRMs	6	6	0.0%	0.5%
3.4 Outpatient care	Friends and Family test - % Recommended (Maternity)		Latest Mth	1	100.0%		≥92%	94.0%	PRMs	1	1	-	100.0%
	Friends and Family test - % Not Recommended (Maternity)		Latest Mth	-	-		≤3%	1.7%	PRMs	-	-	-	-
	Friends and Family test - % Recommended (Outpatients)		Latest Mth	2	91.1%		≥93%	92.2%	PRMs	2	2	91.8%	91.1%
3.5 Community care	Friends and Family test - % Not Recommended (Outpatients)		Latest Mth	6	4.0%		≤3%	3.4%	PRMs	6	6	3.4%	4.0%
	Friends and Family test (Community) - Response rate		Latest Mth	6	0.3%		≤6	5.1%	PRMs	6	6	0.2%	0.3%
	Friends and Family test - % Recommended (Community)		Latest Mth	1	100.0%		≥96%	96.8%	PRMs	1	1	100.0%	100.0%
3.6 Patient Transport	Friends and Family test (Community) - % Not Recommended (Community)		Latest Mth	1	0.0%		≤1%	1.0%	PRMs	1	1	0.0%	0.0%
	Friends and Family test (Transport) - Response rate		Latest Mth	6	2.9%		≥5%	4.1%	PRMs	6	6	3.8%	2.9%
	Friends and Family test - % Recommended (Transport)		Latest Mth	1	97.6%		≥92.0%	92.5%	PRMs	1	1	95.2%	97.6%
			Latest Mth	1	0.5%		≤2%	2.3%	PRMs	1	1	1.6%	0.5%

 <b>Responsive</b>		Level	4	No of levels in Domain	1- Low	2	3	4	5	6 - High			
					9	4	2	2	2	13			
		Reporting Period				PF Levels		Monthly Performance					
		Reporting Period	Level	Actual	Trajectory	Target	Last year Avq	Overseeing Committee	Apr-21	May-21	Trend		
<b>4.1 A&amp;E access</b>	A&E stays less than 4 hours (type 1 2 3)	Latest Mth	2	88.3%		≥95%	84.5%	A&E AB	1	2	90.9%	88.3%	
	A&E stays less than 4 hours (type 1)	Latest Mth	4	84.5%		≥95%	79.3%	A&E AB	3	4	87.8%	84.5%	
	Urgent Care Centre Guy's performance	Latest Mth	1	100.0%		100%	99.9%	A&E AB	1	1	100.0%	100.0%	
	Urgent Care Centre STH performance	Latest Mth	5	97.6%		100%	91.6%	A&E AB	4	5	98.6%	97.6%	
	RTT - Incomplete pathways < 18 weeks (unadjusted)	Latest Mth	6	72.7%		≥92%	84.0%	ECAB	2	6	68.6%	72.12%	
<b>4.2 Elective treatment access - referral to treatment (RTT) performance</b>	RTT - Incomplete pathways over 52 weeks	Latest Mth	6	2,677		0	98	ECAB	6	6	3,295	2,677	
	RTT - Total incomplete pathways	Latest Mth	1	67,198		78,909	77,346	ECAB	1	1	68,070	67,198	
	RTT - Incomplete pathways over 18 weeks	Latest Mth	3	18,734		11,600	12,370	ECAB	6	3	20,746	18,734	
	RTT - Non-admitted patients <18 weeks (unadjusted)	Latest Mth	6	79.7%		≥95%	89.7%	ECAB	6	6	79.9%	79.7%	
	RTT - Admitted patients < 18 weeks (unadjusted)	Latest Mth	6	65.5%		≥90%	78.6%	ECAB	6	6	61.5%	65.5%	
<b>4.3 Cancer access</b>	RTT - Treatments over 52 weeks (unadjusted)	Latest Mth	6	742		0	73	ECAB	6	6	774	742	
	Cancer - 2 week wait	Previous Mth	1	93.5%		≥93%	93.8%	Cancer AB	1	-	93.5%	-	
	Cancer - breast symptomatic referrals <2 wks	Previous Mth	1	97.6%		≥93%	99.3%	Cancer AB	1	-	97.6%	-	
	Cancer - 31 day first treatments	Previous Mth	2	95.2%		≥96%	95.3%	Cancer AB	2	-	95.2%	-	
	Cancer - 31 day subs treatments - surgical	Previous Mth	6	85.6%		≥94%	92.6%	Cancer AB	6	-	85.6%	-	
	Cancer - secondary chemotherapy <31 days	Previous Mth	1	96.4%		≥98%	99.5%	Cancer AB	1	-	96.4%	-	
	Cancer - secondary radiotherapy <31 days	Previous Mth	1	97.4%		≥94%	98.6%	Cancer AB	1	-	97.4%	-	
	Cancer - 62 day urgent GP referrals	Previous Mth	6	62.9%		≥85%	67.9%	Cancer AB	6	-	62.9%	-	
	Cancer - internal 62-day referrals	Previous Mth	6	73.5%		≥85%	80.0%	Cancer AB	6	-	73.5%	-	
	Cancer - 62 day screening	Previous Mth	6	37.5%		≥90%	60.8%	Cancer AB	6	-	37.5%	-	
<b>4.4 Diagnostic access</b>	Diagnostic waits - % over 6 weeks	Latest Mth	6	10.1%		≤1%	9.6%		6	6	12.1%	10.1%	
	Turnaround time - inpatient MRI within 24 hours	Latest Mth	-	-		≥80%	63.8%		-	-	-	-	
	Turnaround time - inpatient CT within 24 hours	Latest Mth	-	-		≥80%	84.6%		-	-	-	-	
	Turnaround time - inpatient Ultrasound within 24 hours	Latest Mth	-	-		≥80%	76.5%		-	-	-	-	
<b>4.5 Bed capacity and management</b>	Discharges before noon	Latest Mth	5	18.7%		≥25%	19.2%		5	5	18.6%	18.7%	
	Number of patients readmitted to @Home - within 30 days of discharge	Latest Mth	3	27		≤24.9	24.9		1	3	24	27	
	Emergency readmissions within 30 days (Lambeth and Southwark) - in arrears	Latest Mth	6	497		≤356	356		6	6	446	497	
<b>4.6 Outpatient management</b>	DToC total delayed days (in arrears)	Previous Mth	-	-		≤685	923		-	-	-	-	
	Appointments re-scheduled by hospital <6 weeks	Year To Date	1	3.5%		≤4%	5.2%		1	1	1.9%	3.5%	
	Follow-up ratio - adj cons appointments (in arrears)	Previous Mth	6	2.6		≤2.1	2.3		6	-	2.6	-	
	Non-attendance rate (new appointments)	Latest Mth	1	10.4%		≤11%	11.6%		1	1	9.2%	10.4%	
<b>4.7 Complaints management</b>	Non-attendance rate (follow-up appointments)	Latest Mth	4	13.7%		≤11.7%	11.3%		2	4	11.6%	13.7%	
	Complaints opened in month (Trust total)	Latest Mth	n/a	114		-	153		n/a	n/a	124	114	
	Complaints re-opened in month (Trust total)	Latest Mth	n/a	5		-	3		n/a	n/a	2	5	
	Complaints CLOSED in month (total Trust)	Latest Mth	n/a	123		-	145		n/a	n/a	80	123	
<b>4.8 Theatre management</b>	Daycase rate - basket (in arrears)	Previous Mth	2	84.5%		≥85%	87.8%		2	-	84.5%	-	
	Gross Cancellation Rate (in arrears)	Previous Mth	1	5.2%		≤7%	7.1%		1	-	5.2%	-	
	Cancelled patients not admitted within 28 days (in arrears)	Previous Mth	-	-		0	14		-	-	-	-	
	Patients cancelled on day (in arrears)	Previous Mth	-	-		≤0.8%	1.8%		-	-	-	-	

		Well Led		Level 3		No of levels in Domain					
						1- Low	2	3	4	5	6 - High
						3	1	2	0	0	5
		Reporting Period					PF Levels		Monthly Performance		
		Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	Apr-21	May-21	Trend
5.1 External assessments	Overall governance rating (Monitor, in arrears)	Previous Mth	n/a	Green		Green	Green		n/a	n/a	Green
	Care Quality Commission (CQC) risk assessment	-	n/a	6		≥5	6		n/a	n/a	0
5.2 Staff experience	Staff Friends and Family - recommend as place to work	Previous Qtr	-	-		≥71.1%	77.0%	DOPC	-	-	-
	Overall vacancy rate	Latest Mth	6	13.5%		≤10%	11.3%	DOPC	5	6	11.5%
5.3 Workforce indicators	Agency staff (% of paybill)	Latest Mth	1	2.3%		≤3.3	3.1%	DOPC	1	1	1.5%
	Voluntary annual turnover rate	Latest Mth	6	14.8%		≤12%	12.2%	DOPC	6	6	14.7%
	Sickness and absence rate	Latest Mth	4	3.6%		≤3.0%	3.5%	DOPC	5	4	3.7%
	PDR compliance (non-medical staff)	Latest Mth	6	80.8%		≥95%	82.7%	DOPC	6	6	78.6%
	Mandatory training compliance	Latest Mth	2	89.1%		≥95%	87.5%	DOPC	3	2	88.9%
	Transformed relationships with our patients & the populations we serve	2018/19	6	45.0%		≥90%	-		6	6	45.0%
5.4 Together We Care	Consistently Excellent Care	2018/19	2	80.0%		≥90%	-		2	2	80.0%
	Securing our finances for the future	2019/20	2	88.0%		≥90%	-		2	2	88.0%
	World class clinical and academic services - cardiovascular	2019/20	1	100.0%		≥90%	-		1	1	100.0%
	World class clinical and academic services - Cancer	2019/20	4	67.0%		≥90%	-		4	4	67.0%
	World Class clinical and academic services - Children's	2019/20	2	80.0%		≥90%	-		2	2	80.0%
	World-leading advanced therapeutics, experimental medicine and medical technology	2019/20	3	71.0%		≥90%	-		3	3	71.0%
	Integrated local services	2019/20	1	100.0%		≥90%	-		1	1	100.0%
	Strong operational performance	See Responsive Domain									-
	Capacity & Demand alignment	2019/20	2	83.0%		≥90%	-		2	2	83.0%
	Digital strategy	Goals and deliverables to be reviewed with new CDIO									-
Data & Analytics	2019/20	6	0.0%		≥90%	-		6	6	0.0%	

		Enablers	Level	3	No of levels in Domain	1- Low	2	3	4	5	6 - High		
						18	1	1	0	1	7		
			Reporting Period				PF Levels		Monthly Performance				
			Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	Apr-21	May-21	Trend	
6.1 Overall financial position	Finance Use of Resources		Latest Mth	-	-		≤2	2.3		-	-		
	Liquidity ratio (in days)		Latest Mth	-	-	10.38	≥0	19.0		-	-		
	Capital service cover		Latest Mth	-	-		≥2,59	0.8		-	-		
	Overall underlying financial surplus/(deficit)		Latest Mth	-	-		≥£11m	-£1.4		-	-		
	Cash flow		Latest Mth	-	-		≥£143m	£144.1		-	-		
	Capital spend vs plan (year-to-date variance)		Year To Date	-	-		+/- 15%	86.8%		-	-		
	Variance from Plan (year to date)		Year To Date	-	-		≥0	0.12%		-	-		
6.2 Activity levels (magic numbers)	Underlying Performance		Latest Mth	-	-		≥0.6%	-1.90%		-	-		
	Elective activity vs profiled plan - cumulative variance (month in arrears)		Year To Date (previous mth)	1			≥0%	-3.6%		1	-		
	New patients seen vs plan (all categories, in arrears)		Mthly Var	1	0		≥0	-839		1	-		
	External cons referrals		Latest Mth	6	1,883		2,579	2,345		6	6		
	GP referrals		Latest Mth	6	10,776		17,292	16,468		6	6		
	6.3 Fit for the Future programme	Cost improvement plans (CIPs) - var to plan YTD		Year To Date (previous mth)	-	-		≥£0m	-£6.28		-	-	
		6.4 Data quality and clinical coding	Community data completeness - % contacts outcomed	Latest Mth	1	97.1%		≥95%	97.7%		1	1	
NHS number coverage	Latest Mth		1	99.5%		≥98%	98.8%		1	1			
Clinical coding - diagnostic depth (in arrears)	Previous Mth		1	6.0		≥4.5	5.9		1	-			
6.5 Essentia - Building and Engineering	P2 Compliance rectification within 4 hours (Acute)	Latest Mth	1	74.2%		≥70%			1	1			
	Lift Availability (Acute)	Latest Mth	1	99.0%		≥95%			1	1			
	P1 Compliance response within 20 mins (Acute)	Latest Mth	1	76.8%		≥70%			1	1			
	Pre planned maintenance compliance (Community)	Latest Mth	1	97.7%		≥85%			1	1			
6.6 Essentia - Patient experience	Reactive maintenance compliance (Community)	Latest Mth	6	85.6%		≥95%			1	6			
	Inpatient food quality survey	Latest Mth	1	67.2%		≥60%			1	1			
	Transport Friends and Family Test; Likelihood to recommend the service	Latest Mth	1	94.8%		≥90%			1	1			
	Inpatient survey ward cleanliness	Latest Mth	1	99.9%		≥80%			1	1			
6.7 Essentia - Cleaning Services	Cleaning audit score 2007 standards (Acute)	Latest Mth	1	98.6%		≥90%			1	1			
	2007 NPSA score (Acute)	Latest Mth	1	98.7%		≥97%			1	1			
	Cleaning audit score 2007 standards (Community)	Latest Mth	1	100.0%		≥95%			1	1			
	Essentia Facilities Service Desk Calls Answered	Latest Mth	3	93.0%		≥95%			3	3			
6.9 Essentia - Customer Services	Calls Answered > 30 Seconds	Latest Mth	5	68.5%		≥85%			4	5			
	Total Call Answered (GSTT External)	Latest Mth	1	91.8%		≥90%			1	1			
	Total Call Answered (GSTT Internal)	Latest Mth	1	88.8%		≥85%			1	1			
	Average instrument turnaround time (hrs)	Latest Mth	1	9.1		≤12 hrs			1	1			
6.10 Essentia - Sterile Services	Non-conformance in sterilisation	Latest Mth	2	0.04%		≤0,040%			1	2			
	6.11 Essentia - Transport Services	Inward Journey; patients arriving 45 mins prior to appointment	Latest Mth	6	65.2%		≥95%			6	6		
Inward Journey; patients arriving 60 mins prior to appointment		Latest Mth	6	75.9%		100%			6	6			
Outward Journey; patients picked up within 30 mins		Latest Mth	6	37.4%		≥95%			6	6			
Outward Journey; patients picked up within 60 mins		Latest Mth	6	69.0%		100%			6	6			

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

NHS CONFIDENTIAL - Management

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**  
**FINANCE, COMMERCIAL AND INVESTMENT COMMITTEE**  
**WEDNESDAY 07 JULY 2021**

<b>Title:</b>	<b>Financial Position 2021/22 – Month 2</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 two months to 31 <sup>st</sup> May 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>• A revenue business plan has been set which covers the first six months of this financial year.</li> <li>• The current plan assumes additional funding will be secured to achieve a break-even position.</li> <li>• Performance to May 2021 is a surplus of £1.2M against a planned break-even position.</li> <li>• The expectation is that the Trust and the system as a whole will need to achieve financial balance.</li> <li>• Significant excess capital demand will need to be tightly managed or alternative funding identified.</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 - Management**



**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST  
FINANCE, COMMERCIAL AND INVESTMENT COMMITTEE**

**WEDNESDAY 07 JULY 2021**

**FINANCE REPORT FOR THE TWO MONTHS TO 31<sup>ST</sup> MAY 2021**

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

**1. Introduction**

1.1. This paper updates the Committee on performance for the period covering the two months to 31<sup>st</sup> May 2021.

**2. Financial Performance Summary**

2.1. The financial impact of COVID-19 and the vaccination programme has been assessed as £8.5M, which is £2.3M better than plan. Expenditure of £4.3M relates to the vaccination and additional testing programmes and is recovered via additional Top Up funding.

2.2. COVID and Top Up funding of £44.8M has been recorded comprising £40.5M under the fixed block arrangement and a further £4.3M has been accrued in relation to the vaccination and testing programmes.

2.3. An assessment of elective performance against 2019/20 levels was undertaken across the South East London ICS using SUS+ (Secondary Uses Service) data as at April 2021 from which the Trust was instructed to account for £9.9M of income from the Elective Recovery Fund (ERF). Further work is being undertaken to validate the value calculated and given the level of uncertainty regarding the funding that may be available for allocation a provision for non-receipt of the income of £6.4M has also been made.

*Financial Position 2021/22 – Month 2 – Finance, Commercial & Investment Committee, 7<sup>th</sup> July 2021*

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**NHS CONFIDENTIAL - Management**

2.4. The remaining performance excluding the factors noted above is a deficit of £38.6M for the two months to 31<sup>st</sup> May 2021, which is £9.1M worse than plan. The reported position includes continued use of the independent sector for NHS activity which will be offset by the additional ERF income, shortfalls against expected block contract payments and an inclusion within revenue of expenditure previously classified as capital. Private patient activity within the RBH clinical group continues to perform better than plan and some expenditure underspends across the Trust in relation to NHS activity helped in part to mitigate those overspends.

2.5. A year to date surplus of £1.2M is reported, which is £1.2M better than the required break-even position.

	YTD Plan £m	YTD Actual £m	YTD Variance £m
COVID-19 \ vaccination costs	(10.8)	(8.5)	2.3
COVID Funding	19.9	20.1	0.2
Top Up funding	20.4	20.4	0.0
Top Up funding – out of envelope costs	0.0	4.3	4.3
ERF Accrued income	0.0	9.9	9.9
ERF Provision	0.0	(6.4)	(6.4)
Other I&E excl. COVID-19	(29.5)	(38.6)	(9.1)
<b>Control Total Performance</b>	<b>0.0</b>	<b>1.2</b>	<b>1.2</b>
DODA	(2.2)	(2.3)	(0.1)
Capital Donations	1.0	0.4	(0.6)
<b>Total Surplus \ (Deficit)</b>	<b>(1.2)</b>	<b>(0.7)</b>	<b>(0.5)</b>

Financial Position 2021/22 – Month 2 – Finance, Commercial & Investment Committee, 7<sup>th</sup> July 2021



**NHS CONFIDENTIAL - Management**

**3. Current Month Performance: a surplus of £1.4M**

3.1. COVID-19 and vaccination programme costs of £4.4M, were incurred in the current month. Vaccination costs of £1.9M are recoverable by additional Top Up funding, COVID related costs of £2.5M are £1.7M less than plan and comprise the following:

- £0.7M increased pathology testing services, some of which are recovered by Top Up funding
- £0.7M increased non clinical staff support and non-pay expenditure across the estates departments
- £0.3M enhanced patient transport services
- £0.2M increased ITU capacity, predominantly ECMO costs across the RBH clinical group.

3.2. COVID and Top Up funding of £22.7M has been recorded in May comprising £20.3M under the fixed block arrangement and a further £2.4M has been accrued in relation to the vaccination and testing programmes.

3.3. As noted in 2.3 above £9.9M of ERF income has been accrued and a provision of £6.4M has been made.

3.4. Other drivers of current month performance have resulted in a deficit of £20.4M which is £2.7M worse than plan, the most significant include:

- An inclusion in revenue of expenditure previously capitalised of £6.7M, which is £6.2M worse than the equally phased plan.
- Expenditure of £2.5M in relation to the use of the independent sector has been recorded which is £2.0M worse than plan. This is largely off-set by the ERF income that has been recognised.
- Private patient activity across the RBH clinical group performed favourably in May and was £0.5M better than plan. This is not so across the rest of the Trust where a number of commercial income streams have continued to underperform against their current plans.
- Benefits secured from prior year transactions of £2.0M.
- The distribution of £1.6M of reserves to offset agreed costs within budgets.

**NHS CONFIDENTIAL - Management**

- Across the Trust there continues to be an overall underspend against clinical supplies budgets reflecting lower than planned levels of clinical activity.

**4. Year to Date Performance: a surplus of £2.1M**

4.1. COVID-19 and vaccination programme costs of £8.5M have been incurred to date. Vaccination costs of £3.3M are recoverable by additional Top Up funding, COVID related costs of £5.2M are £1.7M less than plan and comprise the following:

- £1.5M increased non clinical staff support and non-pay expenditure across the estates departments
- £1.2M increased pathology testing services, which has been matched by additional funding
- £0.7 M enhanced patient transport services
- £0.6M increased ITU capacity, predominantly ECMO costs across the RBH clinical group

4.2. COVID and Top Up funding of £44.8M has been recorded to date comprising £40.5M under the fixed block arrangement and a further £4.3M has been accrued in relation to the vaccination and testing programmes.

4.3. As noted in 2.3 above £9.9M of ERF income has been accrued and a provision of £6.4M has been made.

4.4. The YTD performance excluding COVID-19 expenditure was a deficit of £38.6M, which is £9.1M worse than plan. Among the significant drivers are the following:

- An inclusion in revenue of expenditure previously capitalised of £6.7M, which is £6.2M worse than the equally phased plan.
- Expenditure of £4.7M in relation to the use of the independent sector has been recorded which is £3.7M worse than plan. This is largely off-set by the ERF income that has been recognised.
- Private patient activity across the RBH clinical group continued to perform favourably in May and is now £1.5M better than plan. This is not so across the rest of the Trust where a number of commercial income streams have continued to underperform against their current plans.

## NHS CONFIDENTIAL - Management

- Across the Trust there continues to be an overall underspend against clinical supplies budgets of £2.0M reflecting lower than planned levels of clinical activity, drug budgets are £1.0M overspend largely within Cancer services which may attract additional funding.

## 5. Cash and Capital

5.1. **Cash:** the cash position at the end of May is £278.4M, this is an increase of £31.1M from last month.

5.2. **Capital:** £15.7M of capital expenditure was recorded to the end of May which is £5.2M less than the current equally phased plan of £20.5M.

## 6. Recommendations

6.1. The Committee is asked to:

- Note that the Trust will continue to seek a review of the block payment and baseline budget calculations.
- Note the assessment of the financial impact of COVID-19 expenditure of £5.2M in achieving a surplus of £1.2M.
- Note that £9.9M of ERF income has been accrued into the reported position and due to uncertainty around this transaction that a provision of £6.4M has been made.
- Note current constraints that have been placed on capital investments and the need to manage the excess capital demand.

## KEY MESSAGES - 2021-22 - MONTH 02



### 1. Control Total Performance – current month and YTD

- A surplus in May of £1.4M which is £1.4M better the control total; the YTD surplus of £1.2M is £1.2M better than the control total

### 2. Main Drivers of the YTD position

- Expenditure attributed to COVID and the vaccination programme is £8.5M which is significantly below planned levels; the major areas of expenditure are the vaccination programme £3.3M, pathology testing £1.2M (partly re-imbursed by top up funding), site service support costs £1.5M, patient transport costs £0.7M and increased ITU capacity £0.6M largely relating to ECMO activities.

- COVID funding of £20.1M and Top Up funding of £20.4M has been received under the block payment arrangements.

- Further Top Up funding of £4.3M has been accrued in respect of the costs incurred in the vaccination and testing programmes.

- Elective Recovery Fund (ERF) income of £9.9M has been accrued; further work is required to validate the calculation made and the given the uncertainty around the full allocation being available a provision of £6.4M has been made.

- Other I&E impacts, not included above are a deficit of £38.6M which is £9.1M worse than plan. The main drivers include expenditure previously capitalised of £6.7M and the use of the independent sector of £4.7M, off-setting these is private patient activity within the RBH CG and underspends against clinical supplies budgets.

### 3. Cash position

- Our cash position remains strong at £278.4M at the end of May this is an increase of £31.1M from the previous month.

### 4. Capital – performance

- The Trust has spent £15.3M of capital, comprising £9.5M on schemes at GSTT and £5.8M for the RBH Clinical Group. When compared to the currently agreed control total, based on the agreed CDEL Limit for this financial year of £123.0M expenditure is £5.2M less than an equally phased plan.

## FINANCIAL PERFORMANCE HIGHLIGHTS - 2021-22 - MONTH 02



### ACTUAL

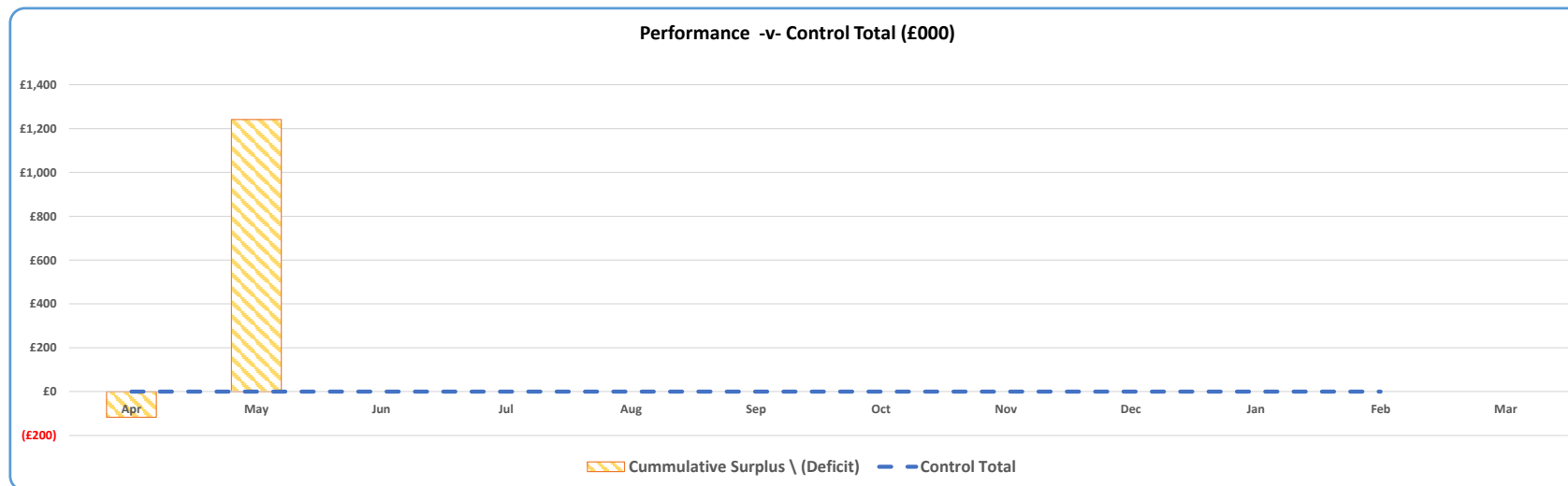
- |                                     |         |  |
|-------------------------------------|---------|--|
| - MONTH SURPLUS \ (DEFICIT):        | £1.4m   | - £1.4M Surplus is £1.4M better than the control total.  |
| - YEAR-TO-DATE SURPLUS \ (DEFICIT): | £1.2m   | - £1.2M surplus is £1.2M better than the control total.  |
| - CASH:                             | £278.4m | - an increase of £31.1M from last month<br>- the underlying cash position is £273.6M after adjusting for accrued PDC expenditure |

**FINANCIAL PERFORMANCE:  
MAY ACTUAL - MONTH 02 - YTD - FY 2021-22**



**Summary Performance £000**

	Current Month			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
COVID-19 \ Vaccination expenditure	(£4,120)	(£2,468)	£1,652	(£10,806)	(£8,488)	£2,318
COVID Funding	£11,536	£10,053	(£1,483)	£19,860	£20,103	£243
Top Up Funding	£10,223	£10,223	£0	£20,447	£20,447	£0
Top Up Funding - out of envelope	£0	£2,377	£2,377	£0	£4,269	£4,269
Elective Recovery Fund (accrued income)	£0	£9,900	£9,900	£0	£9,900	£9,900
Elective Recovery Fund (provision@65%)	£0	(£6,435)	(£6,435)	£0	(£6,435)	(£6,435)
I&E excluding COVID-19	(£17,639)	(£22,292)	(£4,653)	(£29,501)	(£38,555)	(£9,054)
<b>Control Total Surplus \ (Deficit)</b>	<b>(£0)</b>	<b>£1,358</b>	<b>£1,358</b>	<b>£0</b>	<b>£1,241</b>	<b>£1,241</b>
DODA	(£1,005)	(£1,125)	(£120)	(£2,244)	(£2,364)	(£120)
Capital Donations	£363	£412	£50	£1,033	£407	(£626)
<b>TOTAL SURPLUS \ (DEFICIT)</b>	<b>(£642)</b>	<b>£645</b>	<b>£1,288</b>	<b>(£1,210)</b>	<b>(£715)</b>	<b>£495</b>



**FINANCIAL PERFORMANCE:  
MAY ACTUAL - FY 2021-22**


Current Month (May 2021)									
	RBH CG			GSTT			TOTAL TRUST		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
COVID-19 \ Vaccination expenditure	£721	(£498)	(£1,219)	(£4,841)	(£1,970)	£2,871	(£4,120)	(£2,468)	£1,652
COVID Funding	£4,158	£2,553	(£1,605)	£7,378	£7,500	£122	£11,536	£10,053	(£1,483)
Top Up Funding	£3,144	£3,144	£0	£7,079	£7,079	£0	£10,223	£10,223	£0
Top Up Funding - out of envelope	£0	£0	£0	£0	£2,377	£2,377	£0	£2,377	£2,377
Elective Recovery Fund (accrued income)	£0	£0	£0	£0	£9,900	£9,900	£0	£9,900	£9,900
Elective Recovery Fund (provision@65%)	£0	£0	£0	£0	(£6,435)	(£6,435)	£0	(£6,435)	(£6,435)
I&E excluding COVID-19	(£8,023)	(£4,580)	£3,443	(£9,616)	(£17,711)	(£8,096)	(£17,639)	(£22,292)	(£4,653)
<b>Control Total Surplus \ (Deficit)</b>	<b>£0</b>	<b>£619</b>	<b>£619</b>	<b>(£0)</b>	<b>£739</b>	<b>£739</b>	<b>(£0)</b>	<b>£1,358</b>	<b>£1,358</b>
DODA	(£20)	(£140)	(£120)	(£985)	(£985)	£0	(£1,005)	(£1,125)	(£120)
Capital Donations	(£54)	£0	£54	£417	£412	(£4)	£363	£412	£50
<b>TOTAL SURPLUS \ (DEFICIT)</b>	<b>(£74)</b>	<b>£479</b>	<b>£553</b>	<b>(£568)</b>	<b>£167</b>	<b>£735</b>	<b>(£642)</b>	<b>£645</b>	<b>£1,288</b>

**FINANCIAL PERFORMANCE:  
MONTH 02 ACTUAL - FY 2021-22**


Year to Date (May 2021)									
	RBH CG			GSTT			TOTAL TRUST		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
COVID-19 \ Vaccination expenditure	£0	(£963)	(£963)	(£10,806)	(£7,525)	£3,282	(£10,806)	(£8,488)	£2,318
COVID Funding	£5,104	£5,103	(£1)	£14,756	£14,999	£244	£19,860	£20,103	£243
Top Up Funding	£6,290	£6,290	£0	£14,157	£14,157	£0	£20,447	£20,447	£0
Top Up Funding - out of envelope	£0	£0	£0	£0	£4,269	£4,269	£0	£4,269	£4,269
Elective Recovery Fund (accrued income)	£0	£0	£0	£0	£9,900	£9,900	£0	£9,900	£9,900
Elective Recovery Fund (provision@65%)	£0	£0	£0	£0	(£6,435)	(£6,435)	£0	(£6,435)	(£6,435)
I&E excluding COVID-19	(£11,394)	(£7,973)	£3,421	(£18,107)	(£30,582)	(£12,475)	(£29,501)	(£38,555)	(£9,054)
<b>Control Total Surplus \ (Deficit)</b>	<b>£0</b>	<b>£2,457</b>	<b>£2,457</b>	<b>£0</b>	<b>(£1,216)</b>	<b>(£1,216)</b>	<b>£0</b>	<b>£1,241</b>	<b>£1,241</b>
DODA	(£274)	(£394)	(£120)	(£1,970)	(£1,970)	(£0)	(£2,244)	(£2,364)	(£120)
Capital Donations	£200	(£5)	(£205)	£833	£412	(£421)	£1,033	£407	(£626)
<b>TOTAL SURPLUS \ (DEFICIT)</b>	<b>(£74)</b>	<b>£2,058</b>	<b>£2,132</b>	<b>(£1,136)</b>	<b>(£2,773)</b>	<b>(£1,637)</b>	<b>(£1,210)</b>	<b>(£715)</b>	<b>£495</b>

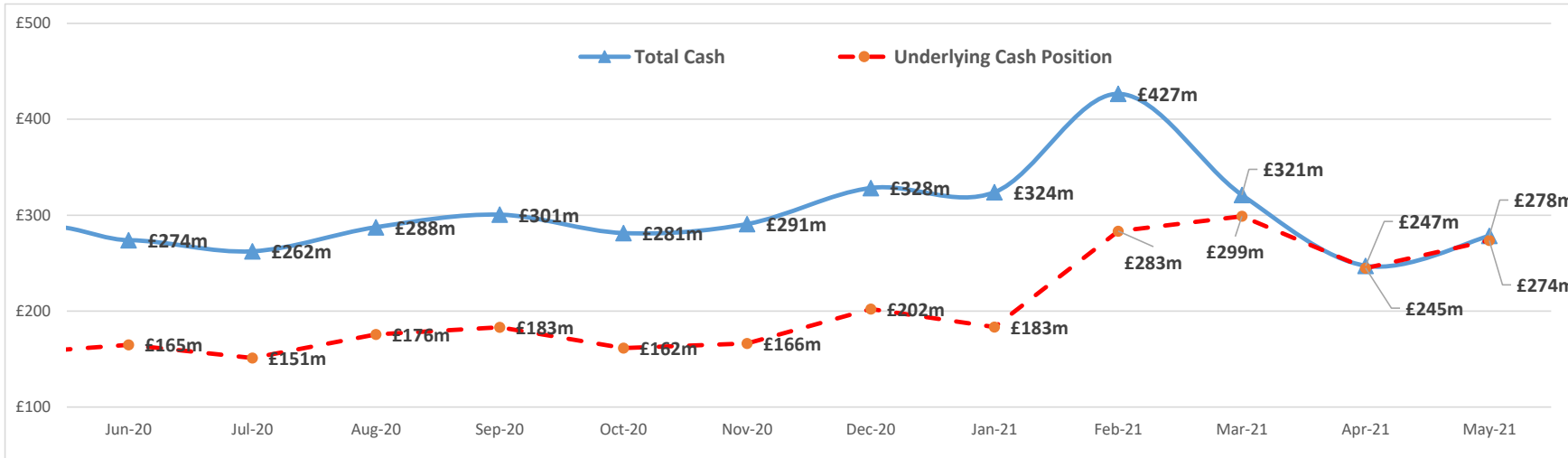


## FINANCIAL PERFORMANCE: CASH AND CAPITAL - YTD



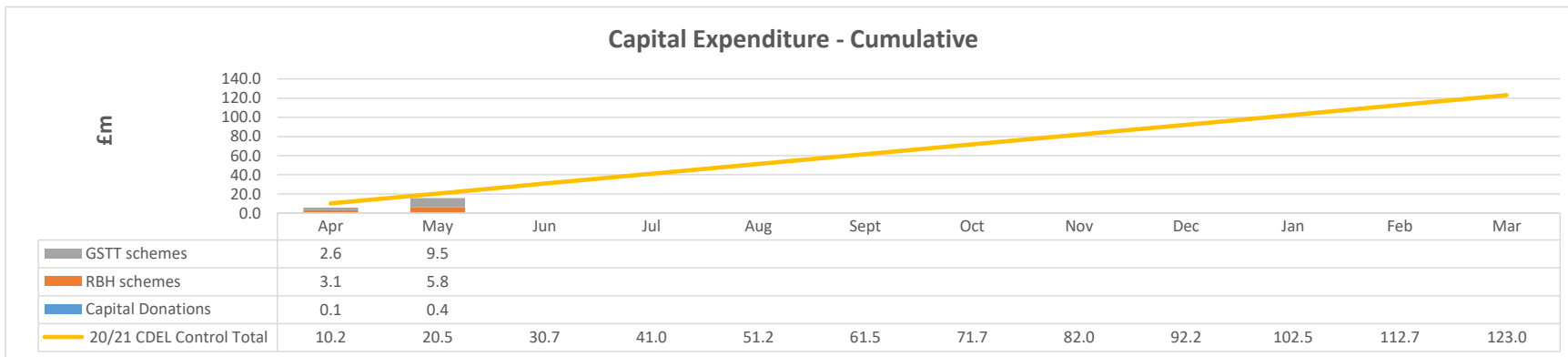
### CASH

Cash of £278.4M, an increase of £31.0M from last month. The underlying cash position adjusts for: two months accrued expenditure for PDC of £4.8M.



### CAPITAL

YTD expenditure, excluding capital donations is £15.3M which is £5.2M less than the CDEL control total when phased on a straight-line basis



## ROYAL BROMPTON & HAREFIELD CLINICAL GROUP BOARD

6 April 2021 at 11.00 – 13.00

Via Virtual Conferencing

### MINUTES

- PRESENT:** Sally Morgan\*, Baroness Morgan of Huyton (Chair), GSTT Deputy Chair and NED  
Simon Friend\*, GSTT NED  
Dr Felicity Harvey\*, GSTT NED  
Avey Bhatia\*, GSTT Chief Nurse, Executive Member  
Lawrence Tallon\*, GSTT Deputy Chief Executive, Executive Member  
Dr Grocott-Mason, Managing Director, Clinical Group, Executive Member  
Lis Allen, Director of Human Resources, Clinical Group, Executive Member  
Robert Craig, Director of Development & Partnerships, Clinical Group, Executive Member  
Joy Godden, Nurse Director & Director of Clinical Governance, Clinical Group, Exec Member  
Richard Guest, Chief Financial Officer, Clinical Group, Executive Member  
Nicholas Hunt, Director of Commissioning & Service Dev, Clinical Group, Exec Member  
Dr Mark Mason, Medical Director, Clinical Group, Executive Member  
Jan McGuinness, Chief Operating Officer, Clinical Group, Executive Member  
Luc Bardin, Non-executive Advisor, Clinical Group  
Mark Batten, Non-executive Advisor, Clinical Group  
Prof. Peter Hutton, Non-executive Advisor, Clinical Group  
Prof. Bernard Keavney, Non-executive Advisor, Clinical Group  
Janet Pamment, Non-executive Advisor, Clinical Group  
Ian Playford, Non-executive Advisor, Clinical Group  
*\* voting rights*
- OBSERVERS:** Rt Hon Michael Mates, GSTT Associate Governor  
Cllr John Hensley, GSTT Governor (Partnerships)
- IN ATTENDANCE:** Denis Lafitte, Chief Innovation and Technology Officer, Clinical Group  
David Shrimpton, Managing Director Private Patients, Clinical Group  
Jo Thomas, Director of Communications and Public Affairs, Clinical Group  
Ross Ellis, Hospital Director, Royal Brompton Hospital  
Derval Russell, Hospital Director, Harefield Hospital  
Sharon Ibrahim, Head of Assurance, Clinical Group  
Eve Mainoo, EA to the Managing Director, Clinical Group
- APOLOGIES:** None
- SECRETARY:** Truda Scriven, Board Secretary (Minutes)

### OPENING THE MEETING

1. The Chair welcomed all present to the first meeting of the Clinical Group Board of Royal Brompton & Harefield (RB&H) Hospitals in our new organisation as part of Guy's & St Thomas' NHS FT (GSTT). She paid tribute to former CEO, Bob Bell, welcomed Dr Richard Grocott-Mason to his first meeting as Managing Director of the new Clinical Group and marked the significance of the newly merged Trust. As a clinical group board, the meetings would be conducted in private, but with two GSTT governors observing by invitation. All members had received a copy of the terms of reference, schedule of delegations and SFIs from the GSTT Board of Directors.
2. Due notice had been given and the meeting reported quorate.
3. There were no apologies for absence.
4. There were no new declarations of interest or declarations in conflict with the agenda.

5. The minutes of the final meeting of RBHT Board held on 26 January 2021, were **confirmed** as a correct record by those who had been in attendance.

### MANAGING DIRECTOR'S REPORT

6. The Managing Director's Report had been circulated and was presented by Dr Richard Grocott-Mason. The report covered key operational matters since the merger with GSTT on 1 February 2021. Before moving to the body of his report, the Managing Director wished to pay tribute to RB&H staff. In addition to the Covid pandemic, staff had been through a TUPE process and a merger with GSTT. Their efforts and hard work during this extraordinary year, continuing to provide excellent outcomes for our patients, were remarkable.
7. The merger was completed successfully on 1 February 2021. Led by Dr Ian Abbs, RB&H colleagues had been warmly welcomed by GSTT and there had been no major issues. Work was on-going to establish new working relationships between the RB&H Clinical Group and the rest of GSTT.
8. As part of the transition from a Foundation Trust to a clinical group some changes had been made to the Executive meeting structures. A diagram had been circulated which illustrated the organisational relationship between the executive management group, the senior leadership team and the divisional structures. This clinical group board is the main route of assurance to the GSTT Board. Executives from RB&H were actively engaged in the other GSTT Board and Executive committees.
9. A programme of integration between the corporate and clinical teams from RB&H and GSTT had commenced. In some areas this integration would include the clinical teams at KCH, most notably in cardiovascular. Strategic reviews of services would begin after the initial post-merger phase. An integration board had been established, chaired by Lawrence Tallon. In addition to overseeing the integration of 'bilateral' corporate functions, it was the forum where partners from GSTT, KCH and KCL could oversee progress towards delivery of the whole partnership project. The work already done towards clinical-academic integration would provide an excellent foundation on which to build our ambition of a 'single service, multiple site' model.
10. Members considered and raised questions on the following areas which were covered in detail in the report:
  - Covid-19 Pandemic response – activity and outcomes
  - Elective recovery programme
  - The successful staff vaccination programme
  - Academic update
  - Royal Brompton & Harefield Imaging Centre update
  - Relevant GSTT Transformation & Major programmes
  - Leveraging Technology
11. In summarising his report, Dr Richard Grocott-Mason stated that there had been many changes within RB&H over the past year, and the Clinical Group had not yet settled into a new 'equilibrium', either within the new organisational structure, or in terms of recovery to the new steady state of activity. However, progress had been good; the new executive management structure was in place and priorities were becoming clearer.
12. It was **agreed** that a full report be prepared for the next meeting which addressed the various aspects of the new target operating model being put in place, and the process and project team(s) which would facilitate its delivery.  
**ACTION:** Lawrence Tallon, GSTT Deputy Director and Lis Allen, CG Director of HR.
13. The Managing Director was thanked for his excellent report which was **noted**.

### PARTNERSHIP WITH THE ROYAL MARSDEN HOSPITAL

14. The paper was introduced by Robert Craig, Director of Development and Partnerships. The Royal Brompton and the Royal Marsden hospitals successfully delivered a joint, adult thoracic oncology service

over many years. The service had developed informally, largely through the strong working relationships between physicians, surgeons, oncologists, radiologists and pathologists of both organisations. The intention was now to formally recognise the excellent relationship through a partnership agreement for the delivery and oversight of the joint service. This was particularly important in the post-merger environment and as the NHS landscape was changing.

15. The proposal was considered and had been supported by the Trust's Strategy & Partnerships Executive on 25 February 2021 and Major Programmes Committee on 24 March 2021.
16. The RB&H Clinical Group Board of Guy's and St Thomas' NHSFT strongly supports ongoing collaboration with The Royal Marsden NHSFT, and welcomes the development of a formal partnership agreement for the proposed Joint Thoracic Oncology Service. In endorsing the agreement, it encourages both partners to engage fully during the forthcoming Planning Period and bring forward for scrutiny and approval the Business Plan for the joint service – and any associated cases for investment.

**ACTION:** Robert Craig, Director of Development & Partnerships, Clinical Group

### RISK & SAFETY COMMITTEE

17. Members were updated on the matters considered by the Risk & Safety Committee meeting held on 1 April 2021 by the Chair of the Committee, Prof Peter Hutton.
18. Key items scrutinised by the Committee were:
  - Risk Review Report
  - Learning from Deaths
  - Serious Incident Summary
  - M11 Clinical Quality Report
19. At the invitation of the Committee Chair, Dr Priya Singh, Chair of GSTT Quality & Performance Committee and John Pelly, Chair of GSTT Audit & Risk Committee had been in attendance at the meeting. Both had given positive feedback on the content and conduct of the meeting.

#### *Terms of Reference*

20. The terms of reference for the Risk & Safety Committee had been revised to reflect its position as an assurance and advisory committee of the Clinical Group Board. The Committee had considered and agreed the revisions. The Board **approved** the terms of reference.

#### *Month 11 Clinical Quality Report*

21. The Month 11 Clinical Quality Report was presented by Joy Godden, Nurse Director. The contents of the report had been scrutinised by the Risk & Safety Committee at its previous meeting.
22. Nurse staffing items were highlighted by Joy Godden including the strength of expertise which assisted the expanded clinical care during the pandemic. Learning from nurse reallocation and upskilling through electronic training had taken place.
23. Members were pleased to note that Royal Brompton & Harefield Hospitals were awarded a Health Service Journal Partnership Award for work with digital health start-up NuvoAir to improve the lives of people with cystic fibrosis (CF). A patient platform had been designed with a clinician-facing portal to be used to self-monitor lung function, archive data and share this with patients' clinical teams during virtual consultations. The results could then be shared with the specialist CF clinical team at Royal Brompton Hospital during virtual consultations, replacing the need for some outpatient appointments.
24. The close management of the risk of RTT 52-week breaches and patient treatment prioritisation was **noted** by the Board.
25. The Board considered the Clinical Quality Report Month 11 and **approved** the publication on the Clinical Group's website and to external commissioning partners as appropriate.

## PEOPLE COMMITTEE

26. The terms of reference of the People Committee reflected its position as an assurance and advisory committee of the Clinical Group Board. The Board **approved** the terms of reference.
27. The Committee Chair provided some background on her intentions for the role and remit of the People Committee. As it was a new committee, there would be an in-year review of its operation.

## FINANCE & PERFORMANCE COMMITTEE

28. Members were updated on the matters considered by the Finance & Performance Committee meeting held on 30 March 2021 by the Chair of the Committee, Mark Batten.

### *Terms of Reference*

29. The terms of reference for the Finance & Performance Committee had been revised to reflect its position as an assurance and advisory committee of the Clinical Group Board. It was noted that the remit of the committee now covered operational and strategic performance measures following the merger with GSTT. The Committee had considered and agreed the revisions. The Board **approved** the terms of reference.

### *Month 11 Finance Report*

30. The Month 11 Finance Report was presented by Richard Guest, Chief Financial Officer. The contents of the report had been scrutinised by the Finance & Performance Committee at its previous meeting.
31. The in-month deficit was (£0.4m) against a planned deficit of (£1.9m), an in-month favourable variance of £1.5m.
32. The total estimated increase in the annual leave accrual was estimated at £7.7m in this financial year. The additional day's leave recently agreed for all staff would likely increase the full year figure and the M12 accrual by £850k. There had been an interim payment from the centre of £3.9m towards the increased annual leave accrual in March, with an expectation that there may be a further allocation later.
33. Private Patients generated £0.7m income in-month, against a plan target of £1.95m, an adverse variance of £1.25m. This was consistent with the underlying position following the prioritisation of all beds for NHS patients.
34. The cash position of £80.0m was £15.0m favourable compared to plan.
35. The provision for bad debts had been increased to match the GSTT's more prudent accrual measure.
36. Other items in the detailed report which was **noted** were:
  - Key Financial Risks
  - Budget Variance Report and Analysis
  - Activity & Costed Activity Levels
  - Cash flow and Balance Sheet

## PEOPLE

### *Staff Survey*

37. The Clinical Group staff survey results for 2020 were presented by Lis Allen, Director of HR. The results reflected the RB&HH organisational structure as at 1 September 2020.
38. The response rate of 66% (2,513) was 10% above the national average of 56% for our hospital category (Acute Specialist Trust) and over 18% higher than the national response rate of 47%.

39. The results demonstrated that the staff experience was positive for most people, which was notable given the challenges over the course of 2020 of working and living through the pandemic and a TUPE consultation.
40. The paper identified the ongoing areas that would continue to be developed:
- Staff Health & Wellbeing
  - Incidents of Bullying & Harassment and Violence against staff
  - Appraisal and Manager capability to develop staff
  - Morale and Engagement (Organisational Health & empowering our people).
  - Staff contribution to evolution and changes in own work area so they have input to the process and changes and are engaged.
41. Members **noted** the number of elements already underway or established to contribute to this programme of work and **approved** the continued strategy and additional focus following this year's survey results.

#### *Staff Health and Wellbeing*

42. A report was presented which demonstrated the challenges to retaining our current workforce and their expertise. Similar challenges were also faced when attracting talent globally. A strategic approach to the creation and delivery of meaningful staff health and wellbeing provision was necessary, including:
- A task and finish group would be created to establish a wellbeing centre on each site
  - An engagement programme would create a network of wellbeing champions
  - Funding for the resurfacing of the tennis court at Harefield and purchasing of sports equipment
  - To complete the delivery of all elements of the Care for the Carers programme
43. The Clinical Group Wellbeing Strategy, including its components and enablers i.e. Leadership Capability, Psychological Services and Occupational Health, would be monitored by the Clinical Group People Committee and brought to the Clinical Group Board bi-annually for review.

#### *Gender Pay Gap Report 2020*

44. Gender pay gap legislation required all employers with 250 or more staff to publish their gender pay gap as at 31 March 2020. The Clinical Group employed over 3,800 staff in a range of roles, including administrative, medical, allied health and managerial positions. The Agenda for Change national job evaluation framework determined pay bandings which provided a clear process of paying employees equally for the same or equivalent work. The results of the gender pay gap analysis were reported.
45. The continuing strategy and plan were **agreed** and would be reviewed at each Clinical Group Board meeting. It was noted that the success of the strategy would be measured by the results of the 2021 and 2022 gender pay gap responses (data due in 2023 and 2024).
46. The Clinical Group Board was committed to ensuring an equitable workforce and, supported by its People Committee, would ensure work towards achieving it continued.

#### **RECOMMENDATIONS OF ADVISORY APPOINTMENTS COMMITTEE**

47. A meeting of the Advisory Appointments Committee, constituted under Statutory Instruments 2005 No.701 National Health Service (Appointment of Consultants) Regulations 2005 to make a recommendation on the appointment of a Consultant in Critical Care, was held on 28 January 2021. This post was a replacement post based at Harefield Hospital.
48. Dr Hatem Soliman Aboumarie (the appointee) had wide experience in all aspects of critical care for adult cardiac surgery, transplantation and mechanical circulatory support (including VADs and ECMO), thoracic surgery and interventional cardiology.

49. The recommendation of the Advisory Appointments Committee to appoint Dr Hatem Soliman Aboumarie was **approved**.
50. It was stated that the Clinical Group consultant appointment process would be a good juncture to integrate with that of the GSTT. This was **agreed** and would be taken forward.  
**ACTION:** Lis Allen, Director of HR, to progress and update the Board at its 12 October 2021 meeting.

#### **ANY OTHER BUSINESS**

51. Gill Raikes MBE, Chief Executive of the Royal Brompton & Harefield Hospitals Charity, was leaving the Charity on 9 April 2021. The valuable contribution and support of RB&HH made by Gill was warmly recognised by members.
52. Feedback on the meeting and papers was welcomed by the Chair.
53. There was no further business.

#### **DATE OF THE NEXT MEETING**

54. The date of the next meeting was Tuesday 13 July 2021 at 11.00 – 14.00.

NHS CONFIDENTIAL - Board

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

<b>Title:</b>	Documents Signed under Trust Seal, 1 April 2021 to 31 July 2021
<b>Responsible Director:</b>	<b>Ian Abbs, Chief Executive</b>
<b>Contact:</b>	Ian Abbs, Chief Executive
<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, Sir 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.



**NHS CONFIDENTIAL - Board**



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

**WEDNESDAY 28 JULY 2021**

**DOCUMENTS SIGNED UNDER TRUST SEAL, 1 APRIL 2021 TO 31 JULY 2021**

**PRESENTED FOR INFORMATION**

**1. Introduction**

In line with the Trust's Standing Financial Instructions, Professor Ian Abbs, Chief Executive and Hugh Taylor, Chairman signed document numbers 953 to 959, Hugh Taylor with Lawrence Tallon, Deputy Chief Executive signed document number 960, Professor Ian Abbs and Lawrence Tallon signed document number 971, Hugh Taylor and Professor Ian Abbs signed document numbers 961 to 970 and 972 to 974 under the Foundation Trust's Seal during 1 April 2021 and 31 July 2021.

**2. Recommendation**

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

**NHS CONFIDENTIAL - Board**

<b>Number</b>	<b>Description</b>	<b>Date</b>
953	Lease of St Barnabas Institute, 120-121 Townley Road, London between (1) The South London Church Fund and Southwark Diocesan Board of Finance and (2) Guy's and St Thomas' NHS Foundation Trust.	07.04.21
954	Retrospective Licence for Alterations relating to St Barnabas Institute, 120-121 Townley Road, London between The South London Church Fund and Southwark Diocesan Board of Finance and (2) Guy's and St Thomas' NHS Foundation Trust.	07.04.21
955	Lease of first floor (rear) office, 151 Sydney Street, London SW3 between (1) Royal Brompton and Harefield Hospitals Charity and (2) Guy's and St Thomas' NHS Foundation Trust.	07.04.21
956	Licence to run cables relating to 151, Sydney Street and 250A King's Road, London SW3 between (1) Royal Brompton and Harefield Hospitals Charity and (2) Guy's and St Thomas' NHS Foundation Trust.	07.04.21
957	Lease relating to part ground floor and basement, 250 King's Road, London between (1) Royal Brompton and Harefield Hospitals Charity and (2) Guy's and St Thomas' NHS Foundation Trust.	07.04.21
958	Lease relating to part first floor, 250A King's Road, London between (1) Royal Brompton and Harefield Hospitals Charity and (2) Guy's and St Thomas' NHS Foundation Trust.	07.04.21
959	Members Agreement in relation to Collaborative Procurement Partnerships LLP	07.04.21

**NHS CONFIDENTIAL - Board**

Number	Description	Date
	between (1) Surrey and Borders Partnership NHS Foundation Trust (2) West Suffolk NHS Foundation Trust (3) Leeds and York Partnership NHS Foundation Trust (4) Guy's and St Thomas' NHS Foundation Trust and (5) Collaborative Procurement Partnership LLP.	
960	Lease of Unit 1, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Select Service Partner Limited.	27.04.21
961	Rent Deposit Deed relating to Unit 12, Chelsea Farmer's Market, London SW3 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Watermelon House Limited.	11.05.21
962	Lease of Unit 9b, Chelsea Farmer's Market, London SW3 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) By-Pass Nurseries Limited and (3) Justin Francis Quintus Fenwick QC.	11.05.21
963	Lease of Unit 12, Chelsea Farmer's Market, London SW3 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Watermelon House Limited.	11.05.21
964	Lease of Room 1/041 office 1/0005 Chaucer Centre, Canterbury Road, Morden in the London Borough of Merton between (1) The Mayor and Burgesses of the London Borough of Merton (Landlord) and (2) Guy's and St Thomas' NHS Foundation Trust (Tenant).	18.05.21

**NHS CONFIDENTIAL - Board**

<b>Number</b>	<b>Description</b>	<b>Date</b>
965	Memorandum of Understanding between (1) Guy's and St Thomas' Foundation and (2) SB Royal Holdings Limited and (3) Guy's and St Thomas' NHS Foundation Trust in relation to the planning and design of the Royal Street development as a mixed-use scheme.	25.05.21
966	Supplemental Agreement for the Royal Street development between (1) SB Royal Holdings Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	25.05.21
967	Third Supplemental Lease of premises in North Wing of St Thomas', London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Yeliz Mustafa.	01.06.21
968	Supplemental Lease of Part of 10 <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) Cell Therapy Catapult Limited.	01.06.21
969	Lease of Unit 9a, Chelsea Farmers Market, London SW3 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Angelo Castagno and Rosario Castagno (trading as Angelo and Rosario's Tailoring).	01.06.21
970	Lease of Unit 5, Chelsea Farmers Market, London SW3 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Andrew Saville-Edells (trading as Pete Pavilion).	01.06.21
971	Licence for Alterations and permission to change use relating to works to premises at	28.06.21

**NHS CONFIDENTIAL - Board**

Number	Description	Date
	Nuffield House, Newcomen Street, London SE1 between (1) Guy's and St Thomas' Foundation as trustee of The Guy's and St Thomas' Endowed Charity and (2) Guy's and St Thomas' NHS Foundation Trust.	
972	Memorandum of Agreement to appoint the contractor to provide the works in respect of the refurbishment of the maternity unit's Early Pregnancy and Gynaecology Unit (EPAGU) on the 8 <sup>th</sup> floor of North Wing, St Thomas' Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Storm Building Limited.	29.06.21
973	Consultant's Collateral Warranty relating to the works comprising the provision of an adaptable building at the Triangle Site, St Thomas' Hospital, Lambeth Palace Road, London SE1 7EH between (1) Hawkins Brown Design Limited and (2) Guy's and St Thomas' NHS Foundation Trust and (3) Bouygues (U.K.) Limited.	29.06.21
974	NEC4 Engineering and Construction contract for the provision of works relating to internal reconfiguration of defined parts of 4 <sup>th</sup> and 3 <sup>rd</sup> floors of Bermondsey Wing, Guy's Hospital, to provide new clinical facilities for three adult cancer wards and one TYA (Teenage and Young Adult Unit) at Guy's Hospital, Great Maze Pond, London SE1 9RT between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Tilbury Douglas Construction Limited.	29.06.21