



Public Board of Directors Meeting

**20th October 2021 at 4pm
Held virtually on MS Teams**

Board of Directors Meeting
Meeting to be held on Wednesday 20th October 2021
at 4pm to 5.30pm, virtually via MS Teams

A G E N D A

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|--|---------------------|
| 1. Welcome and Apologies | <i>Verbal</i> |
| 2. Declarations of Interest | <i>Verbal</i> |
| 3. Minutes of the previous meeting held on 28 th July 2021 | <i>Paper</i> |
| 4. Matters Arising | <i>Verbal</i> |
| 5. Chairman's Report
<i>Sir Hugh Taylor</i> | <i>Verbal</i> |
| 6. Chief Executive's Report
<i>Professor Ian Abbs</i> | <i>Paper</i> |
| 7. Freedom to Speak Up Annual Update
<i>Eve Bignall</i> | <i>Paper</i> |
| 8. Sustainability Update Report
<i>James Saunders/Amy Butterworth-Fernandes</i> | <i>Presentation</i> |

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| 9. Reports from Board Committees for noting: | <i>Papers</i> |
| 9.1 Audit and Risk Committee: | |
| a) Minutes 16 th June 2021 | |
| b) Minutes 23 rd June 2021 | |
| 9.2 Quality and Performance Committee: | |
| a) Minutes 9 th June 2021 | |
| b) Minutes 14 th July 2021 | |
| c) Minutes 8 th September 2021 | |
| d) Financial Report at Month 5 | |
| 9.3 Royal Brompton and Harefield Clinical Group Board: | |
| a) Minutes from 13 th July 2021 | |
| 9.4 Strategy and Partnerships Committee: | |
| a) Minutes from 30 th June 2021 | |
| 9.5 Transformation and Major Programmes Committee: | |
| a) Minutes 21 st July 2021 | |
| b) Minutes 3 rd September 2021 | |
| 10. Register of Documents Signed Under Seal
<i>Professor Ian Abbs</i> | <i>Paper</i> |
| 11. Any Other Business | <i>Verbal</i> |

Arrangements for the next meeting of the Board of Directors meeting due to be held on 26th January 2022 will be confirmed in due course

BOARD OF DIRECTORS

Wednesday 28th July 2021, 4pm – 5.30pm
Held virtually via MS Teams

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

In attendance: Mr E Bradshaw (Secretary) Mr A Gourlay
Ms S Austin Dr R Grocott-Mason
Ms S Clarke Ms A Knowles
Mr S Davies Ms C Mallinson – item 7
Mr R Drummond Ms K Moore
Mr B Falk Ms M Ridley
Mr R Godfrey – item 7

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

1. Welcome and Apologies

- 1.1. The Chair welcomed attendees to the meeting of the Trust Board of Directors (the Board). No apologies had been received from Board members.

2. Declarations of Interest

- 2.1. There were no declarations of interest.

3. Minutes of the meeting held on 28th April 2021

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

4. Matters arising from the previous meeting

- 4.1. There were no matters arising.

5. Chairman's Report

- 5.1. The quarterly Trust Care Awards ceremony had taken place prior to the Board meeting. This had, once again, demonstrated the excellent patient care that was being provided across the organisation. The Chair congratulated all award winners on behalf of the Board.

- 5.2. The Rt. Hon Professor Lord Ajay Kakkar PC had been appointed as the new Independent Chair of King's Health Partners (KHP) Board. In this role Lord Kakkar will provide leadership to the KHP Board as it oversees the delivery of King's Health Partners five-year plan 'Delivering better health for all through high impact innovation'. The Trust looks forward to welcoming Lord Kakkar for a visit to Guy's and St Thomas' very soon.

6. Chief Executive's Report

- 6.1. On 28 June 2021 the Trust had the pleasure of welcoming the Rt. Hon Sajid Javid MP to St Thomas' Hospital on his first day as new Secretary of State for Health and Social Care. This had provided an opportunity to discuss the Trust's response to the COVID-19 pandemic and the challenges that lie ahead for the NHS. The Chief Executive thanked staff for their help in showing the Secretary of State around the emergency department and vaccination centres, where he saw first-hand the high standard of care provided at the Trust.
- 6.2. The COVID-19 pandemic response and recovery continued to be a major focus of the Trust's work. Since early July 2021 the number of patients presenting at the Trust's hospitals with the virus had gradually increased. Analysis had showed that these patients were of a lower average age compared to previous waves of the pandemic and that there was an overrepresentation of individuals who had not yet received both doses of the COVID-19 vaccine. Plans were being made for the expansion of critical care capacity, should it become necessary. The Trust was continuing to deliver the national vaccination programme and had administered over 550,000 vaccines to people across south east London. Around 88% of the Trust's staff had been vaccinated, although this aggregated figure masked variances across different ethnic groups. The Trust was relentlessly working to identify and address barriers to further uptake. Preventative measures to control the virus remained in place to protect patients, staff and visitors, including the use of face coverings and social distancing, whilst the asymptomatic staff testing programme, using lateral flow tests, remained in operation. The Trust was now preparing to implement the national vaccination booster and flu programme scheduled for later this year.
- 6.3. Ongoing support was being given to the Trust's workforce as they sought to recover from the impacts of the pandemic so far. The 'Showing we care about you' programme was an enhanced wellbeing offer for Trust staff and the Trust had promoted periods of rest and recuperation, including encouraging all staff to take annual leave. The invaluable contribution from Guy's and St Thomas' Foundation to support the staff wellbeing offer was highlighted. Staff absence levels, and the reasons for this, were being closely monitored to ensure actions could be taken to minimise any adverse operational impact.
- 6.4. Since the last Board meeting the Trust's emergency department had experienced a sharp increase in activity, including a rise in paediatric admissions and patients requiring mental health support. Board members welcomed news that additional capacity for patients requiring mental health support had been procured, and discussed when the positive impact of this might be seen. There was also consideration of the extent to which emergency attendances were caused by possible difficulties in accessing primary care. An update was provided about the Care Quality Commission's (CQC) inspection of the emergency department in late June, verbal feedback from which had been broadly positive.
- 6.5. The Board noted the Trust's objective to safely treat as many patients as possible across all specialities, whilst ensuring clinical prioritisation of cases. There was a significant focus on restoring elective services; diagnostic, outpatient and surgical activity had steadily increased and was reflected in the recovery of activity throughout June and early July 2021. The Board was pleased to hear that the number of patients waiting over 52 weeks for treatment had

reduced by 50% in the last four months. The South East London Acute Provider Collaborative, of which the Trust was a founding member, continued to help to drive this work forward.

- 6.6. The Trust's performance against the 62-day cancer standard continued to be an area for improvement and remained below the national standard. A number of factors had contributed to this, including the pandemic, but actions were underway to improve this position including a pre-operative assessment clinic improvement programme. A number of sector summits had also taken place for challenged specialties to support pathway improvements sector-wide, and subsequently help to improve the overall cancer performance.
- 6.7. Within the past year the Trust had implemented a new clinical group operating model, and the Board received updates from representatives from each of the Trust's clinical groups. In particular, Board members noted that:
- The Cancer and Surgery Clinical Group had marked World Head and Neck Cancer Day on 27 July with the launch of Guy's Head and Neck Cancer Centre. The development of the Centre had been made possible thanks to the generous support of Charles Wilson and Dr Rowena Olegario of Wilson + Olegario Philanthropy. The Centre aims to speed up the diagnosis for head and neck cancer patients and improve the ways they are treated for their condition by minimising side-effects, maximising treatment effectiveness and reducing rates of recurrence. It would also provide patient education and support services to improve the quality of life for those living with head and neck cancer;
 - Evelina London had been formally confirmed by NHS England as successful in their tender application to be one of four centres nationally to offer Zolgensma / Onasemnogene – a new gene therapy treatment for children with spinal muscular atrophy (SMA). By June four doses of this medication had been delivered, with a forecast of 20 doses over the course of 2021/22; and
 - The Royal Brompton Hospital's new Imaging Centre remained on track to open in early 2022.
- 6.8. The Trust's financial position in 2021/22 had remained stable and at month 2 a year to date surplus of £1.2m was reported, which was £1.2m better than the planned break-even position. This was 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.
- 6.9. In recognition of the impact of the pandemic and the significant changes that have occurred in the operating environment over the past 18 months the Trust had recently updated its 2021/22 objectives. Strategic delivery during 2021/22 would be monitored through a focused set of annual objectives which would set out the strategic priorities for the year ahead and be aligned to the Together We Care '3 Ps' of Patients, People and Partnerships. A key enabler of delivery would be to progress the Trust's six Major Programmes: cardiovascular integration; the new Trust operating model; pathology transformation; the Apollo programme (the new electronic health record); Evelina expansion; and the transformation of ambulatory care.
- 6.10. August would mark the six-month milestone since the merger with Royal Brompton and Harefield, and the Trust was continuing to progress its shared ambition for heart and lung excellence to deliver significant benefits to patients and staff. An update was provided on the progress with the integration of clinical, academic and non-clinical services and the changes that would be made by April 2022. These changes would continue to take account of the need for strong site-based management across cardiovascular, respiratory and critical care services, reflecting the Trust's commitment to the principle of 'one service, one team, multiple sites'.

7. The Next Normal – Emerging stronger from the coronavirus pandemic: How will our people grow in the wake of the pandemic?

- 7.1. The Trust's workforce is its greatest resource as only through healthy, motivated and skilled staff could clinical excellence be achieved. Learning and education had therefore been established as a primary pillar of the Trust's People Strategy established in 2019. The Board received a presentation from the Chief People Officer and the Director of Medical Education about the impact of COVID-19 on learning and education and how the Trust would recover from the pandemic to achieve its strategic goals.
- 7.2. An overview was provided about the learning environment at the Trust, including the physical facilities available, the numbers of educators and learners, together with the key principles of how the best learning environment could be strengthened. Work was underway to establish the Guy's and St Thomas' College of Healthcare, which would act as an umbrella for all education at the Trust to maximise its potential as a learning organisation. The pandemic had led to the widespread disruption of education and professional training, including reduced teaching due to the redeployment of educators, the postponement of exams and cessation of physical attendance at workshops and symposia, conferences, clinical attachments and visiting fellowships. Conversely, COVID-19 had also created opportunities, not least by helping accelerate the acceptance of new technology to enhance teaching and learning.
- 7.3. The presentation set out a series of aspirations and Board members requested details of the methodologies that were being used to evaluate both delivery and the impact of learning. Short, medium and long-term performance indicators, with associated timeframes, were suggested to help workstreams move forward at pace, as well as benchmarking data.
- 7.4. The Board welcomed plans to widen access to the learning environment across south east London. It was agreed that this could help support the organisational objective to improve workforce diversity, and some Board members suggested further avenues that could be explored for this purpose, including additional work with schools and youth councils. There was further discussion about how the Trust was supporting 'catch-up' for individuals who missed learning due to the pandemic, the value of apprenticeships, the importance of promoting digital literacy and the need to nurture and support educators. The Board thanked the presenters and their teams for their work and agreed that the presentation had reinforced the value of education and learning across all areas of the organisation.

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. There was no other business.

Arrangements for the next meeting of the Board of Directors due to be held on 20th October 2021 would be confirmed in due course.

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 20 OCTOBER 2021**

Title:	Chief Executive's Board of Directors Report
Responsible Director:	Professor Ian Abbs, Chief Executive Officer and Chief Medical Officer
Contact:	Louise Moore, Senior Business and Delivery Manager
Purpose:	Chief Executive's Board of Directors Report
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY TO CARE FOR AND SUPPORT OUR STAFF TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	As we respond to increasing operational pressures the Board of Directors will receive an update on our continued COVID-19 pandemic response and recovery, as well as our response to increased urgent and emergency demand and 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 July Board meeting.
Recommendations:	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 20 OCTOBER 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 also how we are managing the increasing demand for urgent and emergency care and our collective effort to reduce the number of patients waiting for diagnosis or treatment.
- 1.2. In my report, I will provide you with an important update on our workforce, and I will share the latest quality, access and financial performance of the Trust, which reflects the continued efforts of our staff 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 July Board meeting.

2. Visits

- 2.1. We were very pleased to welcome the Prime Minister to the Simulation and Interactive Learning (SaIL) Centre at St Thomas' Hospital on 8th September 2021. It was a fantastic visit and the Prime Minister met with staff to discuss our response to the pandemic and the challenges that lie ahead for the NHS before being interviewed by BBC Health Editor Hugh Pym.

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3. New appointments at Guy's and St Thomas' NHS foundation Trust

3.1. Appointment of Steven Davies as Chief Financial Officer

I am very pleased to announce that Steven Davies has been appointed as the Trust's new Chief Financial Officer with effect from 1st January 2022.

Steven joined the Trust in 2018 as Finance Director, during which time he has led the finance department and financial management for our organisation. Steven has extensive experience of NHS revenue and capital, major projects, change management, contracts, partnerships and commercial activities.

Steven's NHS career began when he joined the national finance graduate scheme in September 2000 and he has worked for a variety of NHS organisations, including Moorfields Eye Hospital NHS Foundation Trust where he was Chief Financial Officer and Deputy Chief Executive.

Steven brings a wealth of experience and skill to this important Board position as we navigate the many challenges ahead, and the breadth and depth of his experience across the NHS will ensure the continued strong financial leadership of our organisation.

Steven will succeed Martin Shaw, who will retire following an incredible 38 years working at the Trust and in our predecessor organisations.

Martin is one of the longest serving board directors at Guy's and St Thomas' and has been instrumental in ensuring the financial stability of our organisation over the past 25 years, and also our reputation for exceptional financial management. Martin's extraordinary leadership has enabled us to make fantastic investments, greatly benefiting our patients, staff, and the wider communities we serve.

On behalf of the Board I would like to thank Martin for his exceptional service to the Guy's and St Thomas' family and wish him every happiness in his retirement.

3.2. Appointment of Dr Amanda Begley as Director of the Centre for Innovation Transformation and Improvement.

I am also delighted to announce that Dr Amanda Begley has been appointed as Director of the Centre for Innovation Transformation and Improvement (CITI) and will be joining us in November.

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Amanda brings a wealth of experience to this position, including time as Head of Innovation for NHS London. Since 2010, she has been Director of Innovation and Implementation at University College London Partners (UCLP). In addition to her role at UCLP, since 2015, she has been National Director at the NHS Innovation Accelerator and since 2019, she has been Director of Strategy and Partnerships at the Health Data Research UK Hub for Cancer (DATA-CAN).

We look forward to welcoming Amanda when she formally takes up her post in early November 2021.

3.3. Appointment of Miss Dorothy Kufeji as Guardian of Safe Working

I am very pleased to announce that Dorothy Kufeji has commenced her appointment as the new Guardian of Safe Working for the Trust.

Dorothy is a Consultant Neonatal and Paediatric Surgeon and has worked at the Trust for 20 years. She brings with her a wealth of experience, skill and expertise to this important role, having previously held a number of senior management and leadership positions in medical education and training, including Training Programme Director for Paediatric Surgery and within the Royal College of Surgeons.

On behalf of the Board I would like to welcome Dorothy to her new role.

4. Black History Month

- 4.1. Throughout October, our multicultural staff network (formally BAME network) are holding a number of events in recognition of Black History Month, and the national theme this year is 'Proud to be'. The campaign aims to make Black History Month 2021 personal and unique to individuals, families and communities, focusing on how we're all making new history in our own ways. The Trust has also extended the theme to cover truth, reconciliation and change, with external and internal experts addressing topics such as equality, diversity and inclusion, health and wellbeing, and celebrating culture and development.
5. Black history is extremely important within the NHS, especially here at Guy's and St Thomas' where 48% of our staff identify as being from a Black or ethnic heritage. Our Trust serves two of the most diverse boroughs in England, and we have staff representing 116 different nationalities, with 120 different languages spoken.
6. The Trust continues to take positive and proactive action to address equality, diversity and inclusion across our organisation, focusing on programmes of work to improve opportunities for career progression, remove discrimination and build cultural

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competence, capability and confidence across all levels of management.

7. We are incredibly proud of our diversity, and we know that there is a lot more to do to create an organisation that feels truly inclusive and fair. Our strength lies in our ability to learn and bring our different perspectives and experiences together for the benefit of our patients and staff.

8. **Delivering healthcare across the Trust**

8.1. 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, over the coming months.

8.2. Across the Trust, our primary focus is the safe care of our patients and this comes from the compassionate care of our staff. The past few months have brought additional challenges and pressures to our workforce and we are absolutely committed to ensuring the health and wellbeing of our staff.

8.3. The Trust has placed significant focus on investing in our workforce, and where necessary we are working to recruit to our vacancies as quickly as possible and, more importantly, to focus on how we can retain our staff. This is especially true in a number of areas that are experiencing increased demand and additional pressures, including critical care and maternity.

8.4. Our 'Showing we care about you' programme supports an enhanced wellbeing offer for our staff, including additional services to support mental and physical wellbeing, focused on recognising the recent demands and pressures that have been placed on our workforce.

8.5. I am proud to share with the Board that our 'Showing we care about you' programme has recently been assessed as part of the London Mayor's Office Healthy Workplace Award and received the Excellence level of accreditation. This programme is central to our people strategy and provides a comprehensive and varied package of support and benefits open to all employees to support their professional, personal and family lives.

8.6. The Trust remains rightly focused on its important role in delivering the national COVID-19 vaccination programme and has begun delivery of the national COVID-19 vaccination booster programme for JCVI permissible cohorts.

8.7. 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. As of 15th October 2021, the Trust has delivered well

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over 700,000 COVID-19 vaccines to people across south east London, including over 15,000 booster vaccinations.

- 8.8. The Trust continues to encourage vaccination through tailored support and as of 15th October 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 working hard to understand and address the key issues behind the barriers to vaccine uptake and continue to work with social care on the mandatory vaccination requirements for care homes.
- 8.9. In conjunction with the national COVID-19 vaccination booster programme, and in preparation for winter, the Trust has recently commenced delivering the annual flu vaccine programme. The Trust has already delivered over 7,500 flu vaccines and the Board will be regularly updated on the delivery of this programme over the coming months.
- 8.10. To ensure the safety of our staff and patients, Public Health England's infection prevention and control guidance remains in place across all of our hospital and community sites. Everyone accessing or visiting our Trust must wear a face covering and follow social distancing rules.
- 8.11. 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.
- 8.12. Operationally we have been responding to significant increases in demand for both urgent and emergency care in our adult and children's services, while continuing to work extremely hard to recover non-COVID-19 services by treating as many patients as we can safely.
- 8.13. We have started to see COVID-19 pressures easing, and we expect the third wave of the pandemic will reflect a lower, more sustained period of activity. The Trust continues to have 40 - 50 patients with COVID-19 admitted across our hospital sites, and as of 15th October 2021 there are 20 patients in critical care and 23 patients admitted to our general and acute wards across all of our hospital sites.
- 8.14. The evidence suggests that we continue to deliver good outcomes for our patients, and to date, the national data from the Intensive Care National Audit & Research Centre (ICNARC) shows that the Trust has the best COVID-19 critical care survival rates in the country. These patient outcomes are a testament to the compassionate high quality care provided by all our staff working across the Trust.

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- 8.15. Treating patients whose treatment was delayed during the pandemic continues to be a major focus for our organisation. Our primary goal has centred on treating as many patients as we can as safely as we can across all specialities. Most recently this work has been reflected in the recovery of activity throughout August and September 2021 where we have averaged 88% of business as usual levels for outpatient activity; 80% of elective admissions and 102% of diagnostic activity. Delivery of this activity has had a positive impact on some of the Trust's key waiting time targets.
- 8.16. In September the Trust reported 83.8% of patients had received their diagnostic test within six weeks. This is a significant improvement compared to 35.4% performance in May 2020. Further, the number of patients waiting over 52 weeks for treatment has also reduced by 46% in the last four months. This equates to a reduction of over 1,400 long waiting patients compared to the May 2021 position.
- 8.17. The Trust has also worked hard to manage an increasing number of patients presenting to urgent and emergency care services. Our A&E continues to experience sharp increases in activity across all patient cohorts with daily attendances exceeding 600 per day at times throughout the last month.
- 8.18. Paediatric services have been under considerable pressure at times and the department supported a high number of patients requiring mental health support. Attendances to the children's emergency department reached peak levels across 3 separate months this year setting records as our busiest ever.
- 8.19. Admissions from A&E continue to be higher than pre pandemic levels, demonstrating a continued increase in acuity of patients accessing our urgent and emergency care services. September 2021 was the busiest month the Trust has experienced since the start of the pandemic. 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 more than 97% of business as usual levels.
- 8.20. As we continue to respond to the challenges of the pandemic and recovery of services for other patients, we continue to work in close collaboration with our partners across south east and north west London, as well as the wider NHS.

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

- 9.1. The Quality and Performance Committee has met twice since my last Board report: on 8th September 2021 and 13th October 2021. The committee's agenda is structured to focus on five key themes - people and culture, infrastructure, quality and safety, operational performance, and financial performance – which allow the Board to review and monitor key areas that drive quality and performance across our organisation. A rotating 'spotlight' approach allows the Board to explore one of these themes in

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greater depth at each meeting. The past two meetings have focused on operational performance and people and culture, ensuring appropriate oversight and risk management.

- 9.2. Our most recent position against the operational performance standards was formally reported and discussed at the Quality and Performance Committee on 13th October 2021 and reflects our activity and performance across June and July.
- 9.3. We continue to prioritise care according to clinical need, and we have seen a steady increase in outpatient and surgical activity along with a significant increase in new referrals.
- 9.4. Our July performance against the national 18-week referral to treatment (RTT) standard was 73.2%. This performance shows a static trend 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 continues to be much lower than in previous months and the number of patients waiting over 52 weeks for treatment continues to decrease month on month.
- 9.5. A number of actions are underway to improve our performance against the cancer access standards. Our reported 62 day cancer performance in June 2021 was 56.0% which was a slight improvement when compared to previous months. A number of factors have contributed to this position, including the pandemic, and we continue to do everything possible to improve both our internal performance and to work with the Trusts that refer patients to us to ensure all patients are diagnosed and treated as quickly as possible.
- 9.6. Cancer referral rates have increased to pre-pandemic, or above pre-pandemic, levels for most tumour groups as 'missing' patients present for diagnosis and treatment. In June, our performance against the 2 week wait cancer standard was 87.4%, against the national standard of 93%. The Trust continues to work hard to increase capacity in key specialities over the next few months.
- 9.7. At the end of July 2021, 89.6% of patients received their diagnostic test within 6 weeks at one of our hospital sites. This is a slightly improved position compared to previous months in 2020/21 with 10.4% of patients waiting over 6 weeks which is above the national target of 1%.
- 9.8. The Trust's Finance, Commercial and Investment Committee monitors the Trust's financial performance, both in terms of revenue and capital.
- 9.9. The Trust's financial position in 2021/22 has remained stable, and at the end of August (month 5), the Trust is break-even against a year to date surplus plan of £4.6M.

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- 9.10. The Trust continues to be supported by a 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.
- 9.11. In August, the financial impact of COVID-19 has been assessed as £5.3M. The major areas of expenditure are the COVID-19 vaccination programme £1.6M, pathology testing £0.8M, site service support costs £0.5M, patient transport costs £0.5M and increased ITU capacity £0.6M, largely relating to our specialised ECMO activities.
- 9.12. Year to date, the financial impact of COVID-19 has been assessed as £23.7M. The major areas of expenditure are the COVID-19 vaccination programme £9.8M, pathology testing £3.8M, site service support costs £3M, patient transport costs £1.7M and increased ITU capacity £1.3M largely relating to our specialised ECMO activities.
- 9.13. Year to date, COVID-19 and Top Up funding of £115.1M has been recorded comprising £101.3M under the fixed block arrangement and a further £13.7M has been accrued in relation to the vaccination and testing programmes.
- 9.14. The Trust is continuing to spend to its capital plan for the year. At the end of month 5 £51.2M has been recorded against the phased plan.

10. Key updates from our Clinical Groups

10.1. **Cancer and Surgery Clinical Group**

Queen Mary Sidcup Theatres

Two new theatres at Queen Mary's Hospital, Sidcup opened in September to provide additional surgical capacity for South East London patients. The new operating theatres will be run by Dartford and Gravesham NHS Trust with anaesthetic support provided by Guy's and St Thomas'. These theatres will enable surgical teams from Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust and Lewisham and Greenwich NHS Trust to carry out high volume, low complexity procedures and the first specialities to use the facility are general surgery and gynaecology.

This is the first time Guy's and St Thomas', King's and Lewisham and Greenwich Trusts, working through the South East London Acute Provider Collaborative, have come together to provide services in this way and provides a high volume low complexity hub for South East London to support waiting list reduction following the pandemic.

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Robotic Surgery

Earlier this year the Trust purchased two new robots to support access for more patients to minimally invasive surgery. Using this technology allows patients to recover far more quickly than after open surgery. We are now the largest robotic surgical centre in the UK having been the first UK Trust to offer robotic surgery in 2004.

We have our first Da Vinci robot at the St Thomas' site which allows us to offer robotic surgery to our colorectal and gynaecology cancer patients and the teams have already carried out more than 100 cases. We also have more robotic access at the Guy's site which is helping us reduce our cancer waits for prostate patients as part of our covid recovery.

Cancer strategy

Following on from the success of the Surgical Strategy, which was approved by the Strategy and Partnerships Committee in June 2021, the development of a new Cancer Strategy is underway. A series of successful virtual workshops have been held, from which a draft of the vision statement, priorities and enablers has been developed. These are undergoing further testing and iteration in preparation to seek Board approval at the December Strategy and Partnerships Committee meeting. As anticipated, there are points of overlap and interdependency between the Cancer and Surgical strategies; these are being explored further to ensure a coherent vision.

10.2. Cardiovascular, Respiratory and Critical Care Clinical Group

Cardiac Pathway Improvement Programme

The Trust is taking a key role in the Cardiac Pathway Improvement Programme (CPIP), which is one of several national pathway improvement programmes. The programme aims to bring together national initiatives (GIRFT, Long Term Plan, Cardiac priorities) under a single programme that achieves "better cardiac health and healthcare outcomes for all" through a whole pathway approach.

Procurement award

The South London Cardiac Operational Delivery Network, hosted by the Trust and NHS Supply Chain, won a GO award (recognising excellence in public procurement) in the category of Best Procurement delivery: health and social care, for its clinically-led Percutaneous Coronary Intervention (PCI) procurement project. Medical leadership, supported by robust data analysis, enabled

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the team to achieve the lowest device prices seen in the NHS without compromising on quality.

10.3. Evelina London Women's and Children's Clinical Group

Evelina London Hospital Expansion

The Expansion Programme has achieved two significant milestones in recent months: On the 5th October the Triangle Building was granted planning permission from London Borough of Lambeth with unanimous support from the Committee. The new building will be joined to the existing, award-winning children's hospital which opened in 2005. And in early September, we submitted a comprehensive Outline Business Case to NHSE/I for review.

New Chief Midwife appointed

Gina Brockwell has been appointed as the Trust's first Chief Midwife. Gina is currently Director of Midwifery at Kingston Hospital NHS Foundation Trust and Co-Chair of the South West London Local Maternity and Neonatal System. Gina will provide excellent leadership for both the service and the midwifery team, and we look forward to welcoming her in January 2022.

GMC Survey Results

In the recent General Medical Council (GMC) national training survey the paediatric cardiology department at Evelina London was ranked amongst the top three departments nationally for overall experience for junior doctors.

Evelina London Children's Charity

Our supporters have been busy undertaking amazing feats to raise money: this includes swimmers from our South Thames Retrieval Service (STRS) who swam the channel on 5th September and raised over £30k, and the 150 brave abseilers who took the plunge off St Thomas' Hospital on 10th/11th September to raise over £110k.

10.4. Integrated and Specialist Medicine Clinical Group

Establishment of a multi-agency long term condition team

A multi-agency long term condition team has been established for North Lambeth, sponsored by NHS England through the Ambition Connections Experiment Leadership programme.

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Team members from across primary, secondary, community and social care will come together to better understand population health data so they can improve support for local people with multiple long term conditions. The team will work with a coach who will help them work together across organisational boundaries. They will explore how they can provide joined up care for this complex group, optimising medication and working with others including social prescribers to support care within the community.

Long COVID pathway

Following the publication of the NHS Plan for Long COVID in June 2021 we have been working closely with local partners, including patients, primary care, King's College Hospital and South London and Maudsley NHS Foundation Trusts and voluntary groups to develop and deliver a holistic model of care for patients with Long COVID in Lambeth and Southwark. This model will build on the successful King's Health Partners multi-disciplinary Long COVID assessment clinics and provide a joined up, bespoke model of care for people living with Long COVID, including providing personalised assessment and intervention options to support recovery physically, psychologically and socially.

10.5. Royal Brompton and Harefield Clinical Group

Royal Brompton Hospital Imaging Centre

Construction of our new £50m Diagnostic Centre at the Royal Brompton Hospital site has continued on budget and largely on schedule, with only a slight recent delay due to water pipe damage. From mid-November, it is expected that there will be a period of commissioning with the Imaging Centre becoming fully operational in early 2022.

The new centre has been co-designed with clinical teams and will improve access to imaging services all of which 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 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.

Opening of the Healing Garden at Harefield Hospital

The grounds and gardens on our Harefield Hospital site have been transformed over the past year. A major fundraising effort

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enabled the opening of a new Healing Garden in September. Two lakes on site have also been reclaimed, providing important wellbeing space for patients and staff to use for walks and picnics.

11. Delivery of the Trust's strategic and major programmes

11.1. KHP Cardiovascular and Respiratory Partnership

As we near nine months since the merger with Royal Brompton and Harefield, work to integrate teams and services within our expanded Trust are progressing very positively. Corporate and support service functions, such as finance, procurement and HR teams, have been getting to know each other and identifying strengths and opportunities for improvement. The first tranche of 'strategic reviews' are completing – a process designed to support teams to combine and enhance functions, with a focus on transformation and getting maximum benefit from the merger. Engagement and briefing sessions are being held, as well as visioning workshops, focussed on transformation.

In parallel, work is well underway to bring together the leadership and governance arrangements for our children's cardiac, respiratory and intensive care services into a single clinical directorate within the Evelina London Women's and Children's Services Clinical Group. Work is also progressing to integrate the leadership and governance of the adult Cardiovascular, Pulmonary Medicine and Critical Care Clinical Group and the Royal Brompton and Harefield Clinical Group. Ensuring strong site based management as part of a 'one team, multiple sites' principle is integral to the plans. A Memorandum of Understanding is also in development to support closer working between adult cardiovascular services with the equivalent services at King's College Hospital (these will remain accountable to the King's College Hospital NHS Foundation Trust Board).

This post-merger integration and transformation work is continuing to support and drive delivery of the shared King's Health Partners clinical-academic vision for heart and lung care, education and research. Of specific note are the first six appointments that have been made through a new streamlined process for Royal Brompton and Harefield colleagues to join the King's College London academic community, with more in the pipeline. Over the summer and early autumn, hundreds of colleagues have attended learning events, including innovative learning sessions on COVID-19 to share best practice across the partnership and wider clinical networks. We are also working with partners to make the most of our combined strengths to attract investment in experimental and translational cardiorespiratory research, including through our NIHR funded infrastructure such as our Clinical Research Facilities and Biomedical Research Centre.

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11.2. Working as part of Integrated Care Systems

The Trust continues to be engaged in the development of the new Integrated Care Systems. This includes our role locally in 'place' as a community and integrated care services provider in south east London, through provision of a wide range of secondary services in south east and north west London where we are working collaboratively with other providers to ensure speedy diagnosis and treatment as well as a specialist provider offering services across very wide geographies, including nationally.

11.3. Specialised Commissioning

On the 27th November 2020 NHSEI published 'Integrating Care: next steps to building strong and effective integrated care systems across England'. This set out a number of significant changes to the funding, planning and delivery of specialised services.

Strategic commissioning, decision making and accountability for specialised services will be led and integrated at the appropriate population level and that may be an ICS, multi-ICS or at a national level. All specialised services, as prescribed in regulations, will continue to be subject to consistent national service specifications and evidence-based policies determining treatment eligibility.

Clinical networks and provider collaborations will drive quality improvement, service change and transformation across specialised services and non-specialised services. Funding of specialised services will shift from provider-based allocations to population-based budgets, supporting the connection of services back to 'place' with some limited piloting from April 2022.

Many colleagues within the Trust are working with partners nationally, across London, with the Integrated Care systems and those regions, who refer many patients into our services, as well as with clinical teams, to plan for these changes.

11.4. Commitments to advance Health and Wellbeing

The Trust commitments to advance health and wellbeing are being developed, setting out our bold ambitions to significantly contribute to improved health equity and the long-term wellbeing and resilience of individuals and local communities. These ambitions, which are being developed with colleagues from across the organisation, are rooted in the Trust strategy 'Together We Care' which sets out our vision 'to advance health and wellbeing, as a local, national and international leader in clinical care, education and research'.

Our focus and thinking covers four themes: developing our role as an Anchor Organisation; our approach to population health management and reducing health inequalities; providing integrated, holistic care in the right place at the right time; and investing

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in the health and wellbeing of our staff, as a key population. We will be engaging and working with partners and stakeholders in the development of this very important work.

12. Board committee meetings and supporting information

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

- Audit and Risk Committee: 15th September
- Quality and Performance Committee: 14th July 2021 and 8th September 2021, 13th October 2021
- Strategy and Partnerships Committee: 6th October 2021
- Transformation and Major Programmes Committee: 21st July 2021, 3rd September 2021 and 29th September
- Royal Brompton and Harefield Clinical Group Board: 13th July 2021 and 12th October

I have included the minutes from the board committee meetings where they have been approved at the subsequent meeting of that committee. The following minutes have been included in for information:

- Audit and Risk Committee: 16th June 2021 and 23rd June 2021
- Quality and Performance Committee: 9th June 2021, 14th July 2021 and 8th September 2021
- Strategy and Partnerships Committee: 30th June 2021
- Transformation and Major Programmes Committee: 21st July 2021 and 3rd September 2021
- Royal Brompton and Harefield Clinical Group Board: 13th July 2021

The Trust is also near completion of a programme of work to redevelop the Trust's balanced scorecard into an Integrated Performance Summary Report for the Board. The Integrated Performance Summary Report will be published as soon as final data checks have been completed.

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13. Consultant Appointments from 1st July 2021 – 30th September 2021

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

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
08/07/2021	Consultant in Diagnostic Radiology with an interest in Acute and Gastrointestinal Radiology	Carla Joana de Sa Goncalves	Newly created post	Approved	No	1/08/2021
08/07/2021	Consultant in Oncology Diagnostic Radiology	Rachael Manning	Vacant Post	Approved	No	1/07/2022
15/07/2021	Consultant in Ageing and Health	Grace Walker Jomana Fikree	Vacant Post x2	Approved	No	1/09/2021
22/07/2021	Consultant in Cardiology – Bexley Community Services	Carl Shakespeare	Vacant Post	Approved	No	01/08/2021
29/07/2021	Consultant Gynaecologist	Osama Naji Tilottama Nandy	Newly created post	Approved	No	01/12/2021 01/09/2021
05/08/2021	Consultant Gynaecologist	Savithri Rajkumar	Vacant Post	Approved	No	10/11/2021
06/08/2021	Consultant in Palliative Medicine	Dominique Louise Wakefield	Newly created post	Approved	No	01/09/2021
20/08/2021	Consultant in Adult Critical Care/Intensive Care	Michael Slattery (Perm) Robert Gatherer (Locum) Rebecca Lewis (Locum)	Vacant Post	Approved	No	TBC
03/09/2021	Consultant in Sleep Medicine/Respiratory Medicine	Imran Meurling	Newly created post	Approved	No	01/12/2021
09/09/2021	Consultant in Vascular Surgery	Taha Khan	Vacant post	Approved	No	Jan-22
10/09/2021	Consultant in General Genetics	Angela Cristina Dias	Newly created post	Approved	No	TBC
16/09/2021	Consultant in Anaesthesia	Danny Wong Wilson Fandino Aarti Bapat James Arlidge Ade Owolabi Melissa Baldwin Fahd Amir	Newly created post	Approved	No	TBC
17/09/2021	Consultant Gynaecologist with special interest in Early Pregnancy and Emergency Gynaecology	Archana Vasireddy	Newly created post	Approved	No	Feb-22
22/09/2021	Consultant in Community Paediatrics	Diana Howlett Rachel Massey	Newly created post	Approved	No	February 2022 March 2022
30/09/2021	Consultant in Oncology with Special Interest in Urology	Danielle Crawley	Newly created post	Approved	No	TBC

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Name of post	Appointee	Department	Start Date	End Date
Consultant	Praveen Anand	Pain Management	07.07.2021	06.06.2022
Comments:				
Consultant	Paul Hughes	Urology	01.09.2021	31.08.2022
Comments:				
Consultant	Cynthia Yu Wai Man	Ophthalmology		
Comments:	Extension			
Consultant	Sinead Langan	Dermatology	08.07.2021	07.07.2022
Comments:	Extension			
Consultant	Virginie Meau Petit	Neonatology	10.07.2021	09.07.2022
Comments:	Substantive			
Consultant	Kasim Behranwala	Breast Surgery	05.08.2021	04.08.2022
Comments:				
Consultant	Peter Wright	Occupational Health	26.07.2021	25.07.2022
Comments:	Extension			
Consultant	Patrick Calvert	Cardiology	01.09.2021	01.09.2022
Comments:	Extension			
Consultant	Anna Chaloupka	Cardiology	27.09.2021	26.09.2022
Comments:	Extension			
Consultant	Naveed Mudalagiri	Cardiology	09.09.2021	08.09.2022
Comments:	Extension			
Consultant	Sivanantham Sasikumar	Respiratory	27.09.2021	14.06.2022
Comments:				
Consultant	Heather Milburn	Respiratory	27.09.2021	27.09.2022
Comments:	Substantive			
Consultant	John Hulse	Paediatric Endocrine	01.07.2021	31.12.2021
Comments:	Extension			
Consultant	Annemiek De Ruiten	HIV	30.09.2021	29.09.2022
Comments:	Extension			
Consultant	Mireya Castro Verde	Paediatric Cardiology	01/07/2021	
Comments:	Locum Consultant			
Consultant	David Fernando Garcia Salazar	Anaesthetics	01/07/2021	
Comments:	Locum Consultant			
Consultant	Matthew O'Conner	Cardiac Electrophysiology	01/07/2021	
Comments:	Locum Consultant			
Consultant	Sachin Mehta	Anaesthetics	12/07/2021	
Comments:	Locum Consultant			
Consultant	Espeed Khoshbin	Respiratory Medicine	02/08/2021	
Comments:	Substantive Consultant			
Consultant	Christophet Skeoch	Anaesthetics	03/08/2021	
Comments:	Substantive Consultant			

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Consultant	Chiara Bucciarelli-Ducci	Cardiovascular Magnetic Resonance (CMR)	01/09/2021	
Comments:	Substantive Consultant			
Consultant	Massimo Griselli	Cardio-thoracic Surgery	01/09/2021	
Comments:	Locum Consultant			

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 20 OCTOBER 2021**

Title:	Freedom to Speak Up (Whistleblowing) Annual Report
Responsible Director:	Julie Screaton (Chief People Officer)
Contact:	Eve Bignell (Deputy Freedom to Speak up Guardian)

Purpose:	The aim of this paper is to update the Board on the case numbers and themes raised through the speaking up service over the last 12 months, to share the learning and areas for improvement including the priorities for the next 12 months.
Strategic priority reference:	TO CARE FOR AND SUPPORT OUR STAFF
Key Issues Summary:	<ul style="list-style-type: none"> • This paper only refers to the Speak Up service delivered to Guy's and St Thomas' excluding the Royal Brompton and Harefield hospitals. • There is a Trust Strategic Review underway which includes, a review of current resourcing and governance and a proposal for a new model for Freedom to Speak Up across the whole organisation. • From October 2020 to September 2021 the speaking up service has dealt with 234 cases. This is a slight increase from the previous 12 month total of 222 cases. • The GSTT speak up service sees significantly more cases than our comparators however this should be seen as a positive that there is good awareness of the service. • This reporting period covers the COVID-19 pandemic in which an increase in staff safety concerns (9%) continues to be higher than pre-pandemic levels. Concerns align with those reported by the National Guardians office which include concerns regarding PPE and social distancing measures.

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	<ul style="list-style-type: none"> • Speaking up Service user feedback shows that 84% report a positive or very positive experience, a small increase from last year. • The 2020 staff survey results demonstrate a positive response with a marginal dip (<1%) in staff feeling secure rising concerns about unsafe practice and the confidence that the organisation would address concerns. GSTT remains above the national average for all the Speak Up indicators. • The number of speaking up Advocates has increased by 25% to over 200 staff volunteers and continues to grow. • The speaking up Advocates represent the diversity demographics of the organisation. • New training from Health Education England and The National Guardian's Office will soon be available to all staff through the Education training system TrustOLE.
Recommendations:	<p>The BOARD OF DIRECTORS is asked to:</p> <p>Note the report from the Freedom to Speak up Guardians and to continue its support of the initiative.</p>

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 20 OCTOBER 2021
FREEDOM TO SPEAK UP (WHISTLEBLOWING) ANNUAL REPORT
PRESENTED BY EVE BIGNELL

1. Background and introduction

This is the fifth annual report to the GSTT Board by the Freedom to Speak Up Guardians. The Guardian now reports to the Board twice a year: in April to the Quality and Performance Committee with a mid-year update, and then with an annual report to the Public Board in September. This report covers the year from October 2020 to September 2021.

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

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

1.1 Royal Brompton & Harefield Hospitals

Following the merger of Guy's & St Thomas' and Royal Brompton & Harefield hospitals the Speak Up service is part of a Trust wide Strategic Review. Currently there is Freedom to Speak Up Guardian support across all services in the Trust however until a combined model of support is agreed, this paper only refers to the Speak Up service delivered to Guy's and St Thomas' excluding the Royal Brompton and Harefield hospitals.

2. Performance

This report covers the 12 months from October 2020 to September 2021 in which the Guardians have had 234 cases.

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In last year's annual board report it published that the service dealt with 226 cases (July 2019-June 2020) the service has seen a slight increase to 234 cases (October 2020 to Sept 2021).

Nationally, over 20,000 speak up cases were brought to Freedom to Speak up Guardians for the 2020/21 financial year, seeing a 25% increase in cases from the previous year.

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

53% of the contacts at GSTT were made through the confidential email account, 40% were made directly to the Guardians via email and telephone, 5% were made through Speaking Up Advocates and the final 2% were made to the Trust Executives.

Cases have come from a broad section of the Trust and across all occupational groups, with nurses and nursing assistants making up the largest group (36%), followed by administration and clerical staff (24%), allied health professionals (14%) and then doctors (9%).

The cases are grouped by theme and, once again, the breakdown of personal relationships and alleged poor behaviour including bullying and harassment are behind many of the cases (43%). The human resource category is the second largest (13%) this include themes of perceived lack of fairness in recruitment practices and staff seeking advice and support on matters relating to sickness management, flexible working, annual leave and performance management.

This reporting period covers the continuing COVID-19 pandemic in which staff safety concerns (9%) remain higher than pre-pandemic level were seen. These included concerns regarding PPE and social distancing measures in the Trust. Concerns were addressed promptly with support from the executive, Health and safety and Infection Control teams. Similar themes have been reported nationally by other Guardians through pulse surveys undertaken by the National Guardians Office.¹

8% of cases relate to patient safety and the quality of care; this covers concerns over clinical rotas, staff competency, safe staffing levels, compliance, and clarity of trust policies as well as COVID-19 related themes. These concerns were immediately escalated to the directorate management teams or the relevant Executive Director for action.

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2.1 Freedom to Speak Up cases

All contacts to the Freedom to Speak Up Guardian are logged on a confidential database and themed in line with the National Guardians office recording issues guidance. This data does not include contacts with the Speak Up Advocates. A breakdown of contacts can be seen below in line with the 6 monthly reporting rhythm with the exception of the three months from July to September 2020 (Q2 2020-21) as reported in October 2020.

Theme	July-Dec 16	Jan-Jun 17	July-Dec 17	Jan-Jun 18	July-Dec 18	Jan-Jun 19	July-Dec 19	Jan-Jun 20	July-Sept 20	Oct-Mar 21	Apr - Sept 21
Behaviour/relationship	7	10	24	11	27	33	30	28	14	33	31
Bullying/ Harassment	0	3	4	9	16	17	25	13	4	20	17
Culture	3	1	1	0	0	0	0	2	7	5	6
Environment	0	0	2	0	1	3	1	3	1	0	1
Fraud	0	1	1	2	1	0	0	0	1	1	0
HR	2	6	10	12	19	29	16	15	5	20	11
Patient Complaint	0	2	0	0	0	0	0	2	0	0	0
Patient safety/quality	4	2	14	4	24	9	12	10	2	17	1
Query- non speak up	5	0	1	2	0	1	0	4	1	6	9
Query- Speak up	1	3	1	2	6	6	7	3	4	11	8
Staff safety	1	3	2	1	6	2	2	21	10	13	7
System/process	4	5	3	6	10	5	4	16	0	1	11
Unknown	1	0	1	1	1	2	8	4	0	2	3
Total	28	36	64	50	111	107	105	121	49	129	105

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

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2.2 Speaking up service user feedback

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

'I am very happy with the outcome of this matter. At least all my colleagues and I are safe and sound. Please continue to support all the frontline staff.'

'Thank you very much again for your time today. It really made me feel my voice was heard, and that I was not alone.'

'I felt safe discussing my concerns and heard. I received an email the following day with positive suggestions and put in touch with people more senior that I could talk to. It was such a relief to speak to her'

'I had a very fast response to my email and when I was seen I felt I was listened to and it was a big relief due to the stress I was under.'

'I had very a prompt reply to my queries and I was given the help and support I needed - thank you.'

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

'Need to have more power to implement change. Now it's just a paper exercise with whistle blowers becoming victims.'

'Problems persist'

2.3 Organisational data

2.3.1 Annual staff survey

The annual Trust staff survey contain a questions on speaking up. The 2020 results once again demonstrated an increase in the understanding of how to raise a concern about unsafe clinical practice. There was a slight dip in whether staff feel secure raising concerns about unsafe practice and in confidence that the organisation would address concerns which may reflect the increased

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uncertainty during the pandemic. The organisation remains above the national average in all these measures.

	2014	2015	2016	2017	2018	2019	2020	National score
If you were concerned about unsafe clinical practice, would you know how to report it?	89.0%	95.0%	95.0%	94.0%	95.0%	95.0%	95.4%	94.6%
I would feel secure raising concerns about unsafe practice	72.0%	74.0%	76.0%	76.0%	76.1%	77.5%	77.1%	71.8%
I am confident that my organisation would address my concerns	61.0%	67.0%	68.1%	67.5%	67.1%	67.7%	67.4%	59.1%

2.3.2 Freedom to Speak up Index

The Freedom to Speak up Index, published by the National Guardian's Office, was introduced in 2019 to help trusts understand how their staff perceive the speaking up culture. The Freedom to Speak up Index uses a simple average of four indicators from the annual staff survey as outlined below.

The data below demonstrates that GSTT performs higher than the national average for our benchmarking group (combined Acute and community) and the index has slightly increased from last year. The top index score within our benchmarking group is 83.3%.

	2015	2016	2017	2018	2019	2020
% of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly	65.0%	65.7%	66.7%	68.3%	68.3%	67.5%
% of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents	91.0%	90.2%	90.0%	90.0%	89.8%	89.6%

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% of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it	95.0%	95.0%	94.0%	95.0%	95.3%	95.4%
% of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice	74.0%	76.0%	76.4%	76.1%	77.5%	77.1%
GSTT FTSU index	81.3%	81.7%	81.8%	82.4%	82.7%	82.4%
National FTSU index average for Combined Acute and Community Trusts	76.0%	76.6%	76.9%	77.9%	78.7%	79.4%

The National Guardian's Office have recently stopped publishing the Freedom to Speak up index as an ongoing measure however we will continue to share underlying indicators from the Annual staff survey.

3. Examples of patient safety/quality of care cases

Case 1

Concerns were raised independently by three members of staff about specialist treatment that was proposed for a patient known to a member of the clinical team. The concerns related to whether this was appropriate treatment for the patient, whether this treatment was available to other patients with similar conditions and whether correct processes were followed. The concerns were raised to the Quality Assurance Team as well as members of the Trust Executive.

All aspects of this case were considered and an external expert was commissioned to look at the clinical aspects of this patient's case as well as examples of previous patients' treatments.

The immediate concern was that the patient received to correct treatment which was confirmed by the external specialist. There followed a review of the historic cases to gain assurance that the triage process was fit for purpose and finally the individual members of staff's actions were reviewed.

The whistle-blowers were kept informed of the progress and each aspect of the concerns were investigated fully. At no point was it found that any patients had received the wrong treatment.

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Case 2

A member of staff in the community raised a concern about the process being followed to quickly discharge patients and free up hospital beds during the COVID-19 pandemic. The community team were reduced in numbers due to some staff being redeployed into the hospital. The concern was that the community teams were not able to decline referrals which at times included patients they would not see in normal circumstances. The concern also emphasised the stress on staff and the exhaustion exhibited by colleagues which again raised concern for patient safety. Being signposted to wellbeing services was hard when staff did not have the time to utilise the services on offer.

The concern was escalated to senior managers who acknowledged they were not aware of the extent of unplanned (and possibly unpaid) overtime that was happening. A four point plan was immediately put in place with 1. An immediate action meet staff and involve them in the changes needed to recover from the COVID-29 pandemic pathways and 2. To acknowledge the work the staff were undertaking, their professionalism and to recognise the personal cost. 3. Within a week to communicate back to staff the outcome of the Datixes (incident forms) raised and finally 4. To investigate the level of unpaid/unplanned overtime and shift patterns, including support to staff welfare.

Assurance was given to the member of staff that their concerns has been heard and were being addressed.

4. Learning and Improvement

4.1 Speak Up Advocates

In April 2020 the National Guardian's Office issued guidance for Guardians on introducing and managing networks of staff volunteers. Their role is to raise the awareness of the Speak Up service, support colleagues by listening to concerns, signpost to appropriate services or escalate the concerns to the Guardian for investigation. Guy's & St Thomas' established their network of Speak Up Advocates when the service first started five years ago.

Throughout 2020 Guy's & St Thomas' had a team of around 160 volunteer Speak Up Advocates trained by the Guardian and supported through regular virtual forums and annual development days. Following a campaign to raise awareness in April 2021 we now have increase this by 25% to a team of over 200 Advocates which is still growing. Training for new Advocates continues to be delivered virtually and is delivered monthly.

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The Advocate forum continues to be held monthly and is also open to the [ED&I] Inclusion Agents. As well as regular Advocate forums, for training, questions & answers and example case studies, the Guardian set up local networks in each of the Clinical and Non-clinical Groups and encouraged Advocates to maintain these networks to provide local support and encouragement for the work they do with Speaking Up. Advocates are also encouraged to know their local Inclusion Agents and Wellbeing Champions to ensure staff who speak up through these routes feel supported and have a positive experience.

4.2 Speak up month 2021

This year's national initiative for speaking up month is 'Speak Up, Listen Up, Follow Up'. It was decided to postpone Speak Up month until November this was for a number of reasons including staffing within the Speak Up service as well as operational pressures in October and an extensive 'Black History Month' programme of events for staff. The events in November will include the introduction of new training modules for all staff developed by Health Education England and The National Guardian's Office. Joint training events with Kings College Hospital and we plan to have local events and stalls to increase the awareness of Speaking up. Finally we will be seeking pledges from staff to speak up when something doesn't look right, to listen to staff and thank them for raising concerns and to follow up and feedback when someone shares a concern. These pledges will be shared on our Showing we care by Speaking Up pages on GTi.

5. Priorities for the year ahead

As part of the Trust's Strategic Review we will plan to combine the Speak Up services at Guy's and St Thomas' and Royal Brompton and Harefield. There is a request to increase the Guardian resource as part of the Strategic Review to meet the increasing demand for the service and to build dedicated support for each of the clinical and non-Clinical Groups.

Continue to support the Clinical Group Operational model, working with and report to each of the Group Boards.

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

Continue to support the establishment of a speaking up advocates and inclusion agent's network. For SBU and directorate leadership teams these roles provide a valuable avenue for staff voice's to be heard so that services can continually improve to meet staff needs.

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6. Conclusion

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

Public Board

20th October 2021

James Saunders
Director of Performance &
Improvement, Essentia

Amy Butterworth Fernandes,
Trust Sustainability Manager



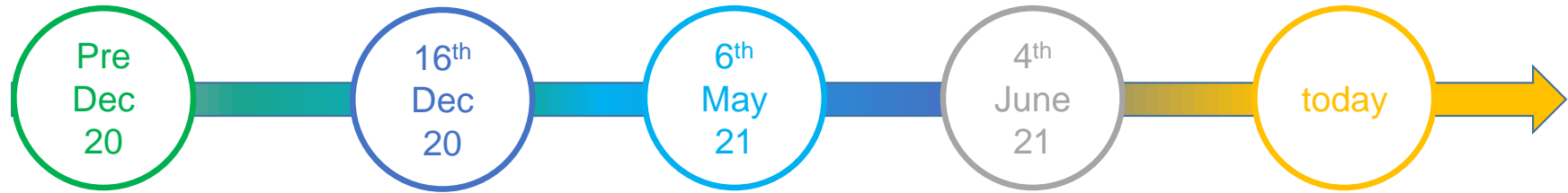


Our mission:

To be at the forefront of delivering sustainable healthcare, not just for today's patients but tomorrow's too, by actively protecting the environment the Trust depends on.



Sustainability strategy timeline



Development

Internal & external consultation, sector research & communications

Sign-off

Strategy and Partnerships Board Committee

Leadership

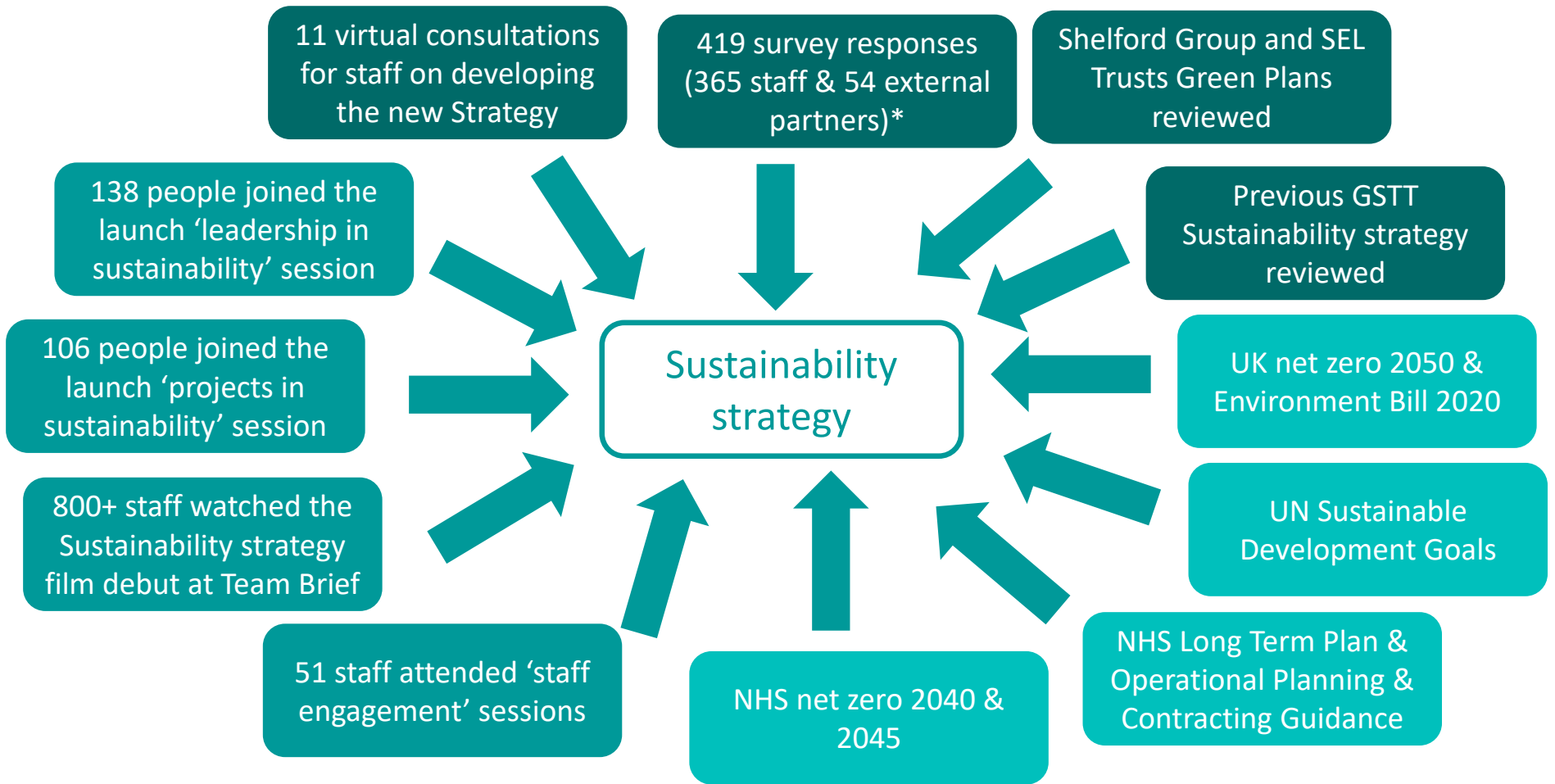
Sustainability Steering Committee

Launch

Governance & leadership; Team brief; Projects & progress
Staff engagement sessions

Implementation

Ongoing project development, implementation and analysis



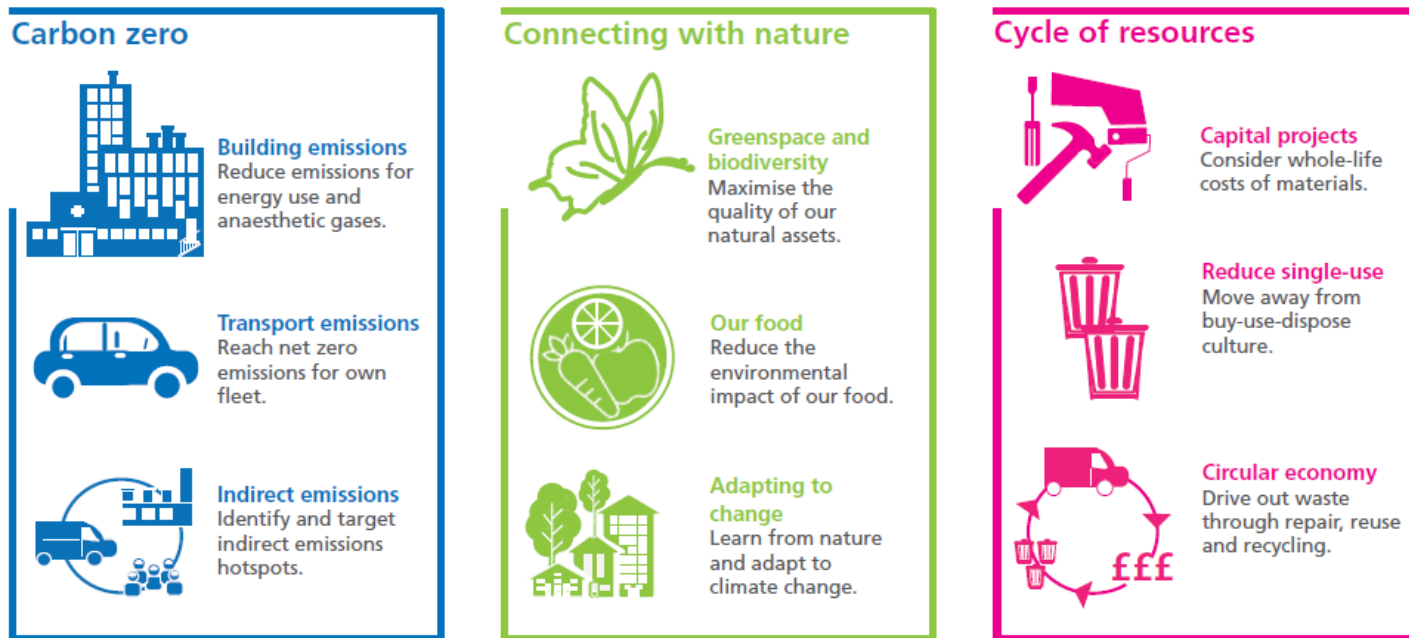
Staff & stakeholder consultation and NHS best practice *Councils, business improvement districts and Kings Health Partners consulted with individually
 Government & sector mandates
 Launch



Strategic themes and areas

We will focus our environmental sustainability work in areas where we believe we can make the biggest difference, and where we can measure and evidence progress against our baseline year of 2018-19, whenever possible.

Our ambitious mission requires dedication, focus and innovation across three themes, nine areas and two enablers that outline where we are headed and what we intend to achieve.



Our people: Are active players in delivering our strategic areas.

Our approach: Steers our progress through clear leadership and governance.

Phase 1 priority commitments (first 2 years of implementation 2021-2023)

1. Building emissions	% reduced carbon-equivalent emissions from anaesthetic gases % purchased renewable electricity	●
2. Transport emissions	% of electric or hybrid vehicles in our transport fleet	●
3. Indirect emissions	% inter-site deliveries transported by cargo bikes or electric vehicles	●
4. Greenspace and biodiversity	Extent, type and quality of our natural capital assets	●
5. Our food	% food waste in wards	●
6. Adapting to change	Number of hospital entrance areas protected from air pollution	●
7. Capital Projects	Number of credits secured under 'Project waste management' for reuse and recycling of materials	●
8. Reduce single-use	% reduction of single-use catering plastic items bought	●
9. Circular economy	% of sharps containers used	●
Our people	Number of environmentally-focused staff benefits	●
Our approach	Social value award criteria in new tenders	●
	Joined up approach for delivering sustainability initiatives in SE London ICS	●

● Direct link to NHS Operational Planning and contracting guidance & Long Term Plan

● Links with NHS net zero, Environment Bill 2020, GSTT CIPs & Climate Change Adaptation requirements of a Trust Green Plan



Sustainability Steering Committee overview

Our approach: Steers our progress through clear leadership and governance

- Enable the Trust to achieve its Sustainability strategy mission by holding us accountable and ensuring the Strategy's 'Areas' and 'Enablers', and associated 'priority commitments', are implemented and subject to scrutiny;
- Support Trust leaders to meet Sustainability strategy commitments by embedding these into Trust systems, work streams and processes;
- Provide leadership by 'owning' one strategic 'Area' or 'Enabler' and setting tone and energy needed for coordinating grassroots resource to collect data, set baselines, action projects and enable practice or process change for that 'Area' or 'Enabler'.

Current Sustainability Steering Committee

Current members:

- 
 - Director of Performance and Improvement, Essentia (Chair) and Owner: Building emissions
- 
 - Associate Chief Nurse, Director of Nursing Workforce & Education; Owner: Transport emissions
- 
 - Site Director for Community, Essentia; Owner: Our food
- 
 - Director of Estate Development, Essentia; Owner: Adapting to change
- 
 - Director of Design and Development, Essentia; Owner: Capital projects
- 
 - Clinical Director, Acute and general medicine, emergency care; Owner: Reduce single-use
- 
 - Deputy Chief Nurse; Owner: Circular economy
- Associate Director, Workforce; Owner: Our people
- Chief Procurement Officer; Owner: Our approach and Indirect emissions



Projects update

Guy's and St Thomas'
Sustainability strategy 2021-2031
Our roadmap to sustainable healthcare

Carbon zero

Building emissions, Transport emissions & Indirect emissions:

- ‘Green electricity’ tariff will be in place from April 2022
- Reduction in use of Desflurane anaesthetic gas (TAP working group)
- Trust vehicle fleet review (281 fleet vehicles + grey fleet (592) and salary sacrifice (138) – full fleet electrification is technically possible by 2030, opportunity to re-mode & downsize
- Plan & build infrastructure: development of Trust EV charging infrastructure strategy
- River boat pilot for deliveries along the Thames from Dartford
- Supporting our district nurses to cycle to patient visits: Mawbey Brough Health Centre pilot launched in Oct 21
- In 2021: 50 Dr Bike sessions for staff, improved ‘cycle content’ on Trust web and secure storage opened for 150 bicycles at Guy’s (total 1225)



Connecting with nature



Adapting to change:

- Green screen along Westminster Bridge Road and Lambeth Palace road: ivy pollution barrier & 'edible hedge' along ramp down from Gassiot House: added biodiversity benefit and colour along western perimeter

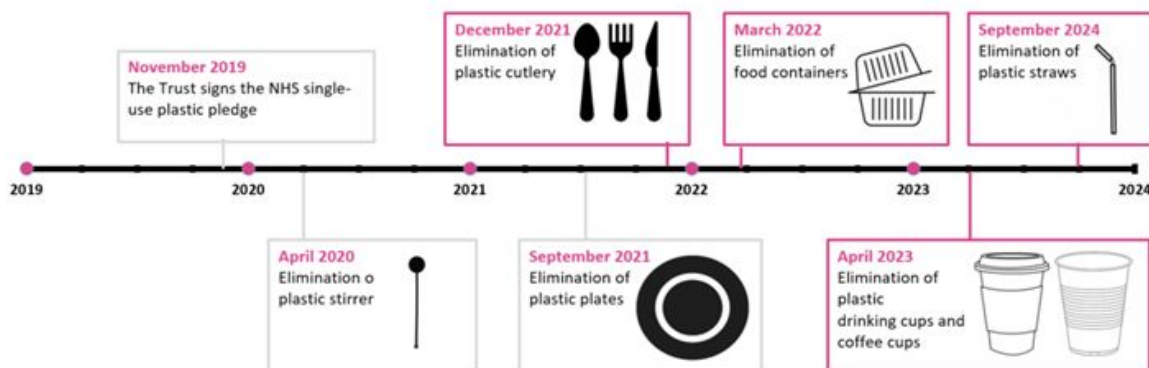
Our food:

- Positive change through data
- Pilot at Dorcas ward & Guy's chiller room
- Understand food waste (where, what and how much) so can make recommendations to reduce waste



Cycle of resources

Reduce single-use & Circular economy:



- ‘Plastics pledge working group’: over 11 million single-use plastic catering items procured annually (excluding those used by retailers): stirrers & plates eliminated
 - Ongoing reductions will be achieved by manual ‘masking’ of catalogue items (short-term), identifying product switches and new contracts e.g. stationery
- ‘Reusable sharps working group’: 68,872 plastic containers are incinerated annually releasing 122 tonnes of CO₂
 - Reusable sharps pilot to begin in Nov 21 in 5 clinical areas: financial, environmental and health & safety benefits anticipated



Our people are active players in delivering our strategic areas

Priority commitment: Number of environmentally-focused staff benefits

- Active body: cycling services and facilities
- Healthy mind: outdoor and green space
- Salary sacrifice schemes: 'greener' cars

Our approach steers our progress through clear leadership and governance

Priority commitment: social value award criteria in new tenders

- Invitation to Tender for Office Supplies in June 2021:
 - Evaluation criteria includes social value (20%)
 - Air quality
 - Carbon footprint
 - Mapping: systems and tools



Next steps

Guy's and St Thomas'
Sustainability strategy 2021-2031
Our roadmap to sustainable healthcare

Connecting with nature

Adapting to change: Learn from nature and adapt to climate change



- Addressing contrasting arrival experience from Great Maze Pond
- Improving biodiversity, reducing particulates and providing a more welcoming arrival
- Map 'greening opportunities' by Dec 21, complete concept public realm design and costing by Apr 22, secure funding and implement by Dec 22





With thanks to our supporters:



Thank you

To download our full Sustainability strategy please visit

<https://www.guysandstthomas.nhs.uk>

and search for 'sustainability'

Please email us with any more questions or suggestions sustainability@gstt.nhs.uk



Guy's and St Thomas'
Sustainability strategy 2021-2031
Our roadmap to sustainable healthcare

**BOARD OF DIRECTORS
AUDIT AND RISK COMMITTEE**

**Minutes of the meeting held on Wednesday 16th June 2021
at 1pm, held virtually via Microsoft Teams**

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

Attendance: Mr E Bradshaw, Secretary
Mr I Abbs, Chief Executive
Mr S Bailey, Transition Director
Ms J Dahlstrom, Chief of Staff
Ms G Daly, Grant Thornton
Mr S Davies, Director of Finance
Mr P Dossett, Grant Thornton
Ms C Eyre, Chief Accountant
Mr A Gourlay, Director of Essentia
Mr R Guest, Chief Financial Officer, Royal Brompton and Harefield
Mr N Halliwell, Grant Thornton – item 5
Ms A Knowles, Director of Communications
Mr S Lane, Associate Director of Finance - Internal Audit
Mr D Lawson, Chief Procurement Officer
Mr T Mayhew, Deputy Director of Finance, Royal Brompton and Harefield
Ms V Macleod, Financial Controller
Mr K Murphy, Head of Information Security
Mr S Nandrha, Audit Manager
Mr M Shaw, Chief Financial Officer
Sir H Taylor, Trust Chair

9.1

1. Welcome and apologies

The Chair welcomed colleagues to the Audit and Risk Committee (the Committee). Apologies had been received from Priya Singh. The Chair also noted the absence of the Trust's Governance Support Manager, Ria Burnett, and wished her a quick recovery on behalf of the Committee.

2. Declarations of Interest

No declarations of interests were made by members of the Committee.

3. Minutes of the previous meeting held on 12th May 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

A number of actions had been reviewed and closed since the previous Committee meeting. Updates were provided on the remaining open actions and it was agreed that these could also be closed.

5. Royal Brompton and Harefield Final Audit Findings Report

The external audit of the Royal Brompton and Harefield NHS Foundation Trust's financial accounts to 31 January 2021 had been completed by Grant Thornton and the accounts had been submitted to NHS Improvement by the deadline of 15 June. There had been no changes in the final Annual Report and Accounts to the version that the Trust's Quality and Performance Committee had reviewed on 9 June.

Representatives from Grant Thornton gave an overview of the audit findings and the associated recommendations, the Trust's progress in implementing the prior year recommendations, and the audit adjustments. The Committee reviewed the draft audit opinion which had been qualified as a result of inventory balances and also included an emphasis of matter in relation to the absorption of the Trust by Guy's and St Thomas' on 1 February 2021. The management letter sent by the Royal Brompton and Harefield to Grant Thornton was noted. Committee members passed on their thanks to the finance team from the Royal Brompton and Harefield Clinical Group for their hard work in unusual and difficult circumstances.

6. Guy's and St Thomas' 2020/21 Accounts Update

NHS England and NHS Improvement (NHSEI) had granted the Trust an extension to the submission deadline for its full-year accounts until 29 June. The accounts had previously been presented to the Committee at its meeting on 12 May. There had been some minor amendments to correct typographical errors and, on the advice of Grant Thornton, to provide additional detail regarding the disclosure of accounting policies, whilst the remuneration notes in the annual report had now been completed. Key areas of the remaining audit work included the valuation of Viapath and checking that the Royal Brompton and Harefield Clinical Group's finances from February and March 2021 had been appropriately incorporated into the Trust's full-year statements. This meant that there was some potential for further changes to emerge. An updated set of accounts would be presented to an additional Committee meeting the following week.

7. Guy's and St Thomas' External Audit Findings Report

Representatives from Grant Thornton presented an update on the external audit of the Trust's 2020/21 full-year accounts. No material changes to the financial statements or matters of significance had been identified, but there remained a number of outstanding matters that required resolution, including the audit testing of the valuation of land and buildings and expenditure accruals.

The accounts had been subject to an enhanced audit, which was described as a series of additional checks on areas of accounting judgement linked to a national issue regarding overstated expenditure accruals. The auditors confirmed that no issues had been identified at the Trust in this area. No significant weaknesses had been identified as part of the auditors' value for money work. A full annual auditors' report would be provided by the September deadline.

The Committee thanked all those involved for their hard work; it was testament to the finance team's efforts that there were no significant issues despite the challenge and complex circumstances. It was recognised that the outstanding work was procedural rather than judgemental. Committee members queried the valuation of land in the accounts following the merger with Royal Brompton and Harefield, and asked further questions about the enhanced testing process. The forward timetable was discussed. The outstanding work meant that the Committee was unable to formally sign-off the accounts in the meeting, but an additional Committee meeting would be arranged for the following week to review the final Annual Report and Accounts.

ACTION: EB

8. Guy's and St Thomas' Annual Report

The Committee had reviewed a draft of the Annual Report narrative at its meeting on 12 May, since when there had been some minor updates made, including following feedback from Grant Thornton. The narrative was now almost complete and an updated version would be circulated to the full Trust Board on Friday 18 June for comment, ahead of a final review and approval by the Committee the following week.

9. Provider Licence Self-Certifications

As a foundation trust, Guy's and St Thomas' is required to comply with the conditions of the NHS Provider Licence, which helps ensure that healthcare services benefit patients. The Licence has 28 conditions of which the Trust is required to self-certify whether or not it is compliant with three: G6(3), CoS7(3) and FT4(8). There is a further requirement to ensure that appropriate training has been provided to governors.

The Committee received an overview of each condition, together with the requirement and a proposal for how the Trust should respond, and a summary of the rationale supporting each proposal. The link between the paper and the Annual Governance Statement was set out. It was recommended that the Trust declared that it was compliant with each condition and that appropriate training had been provided to governors.

In discussion the Committee considered the disclosures that should be made alongside the self-certifications. There was consideration of whether external capital funding restraints meant that the Trust did not have the required resources to deliver its services, but the Committee concluded that this did not inhibit the Trust from declaring compliance with condition CoS7. Committee members discussed the concept of commissioner requested services and the broader systems and processes in place to enable the Board to sign-off compliance more easily – including how this work linked to the corporate risk register. The Committee noted that, once signed, condition G6(3) would be published on the Trust website by 30 June 2021.

3

Audit & Risk Committee – Meeting Minutes, 16th June 2021

RESOLVED:

The Committee:

- Agreed with the recommendations for declaring compliance with each licence condition and for the training of governors; and
- Delegated authority to the Trust Chair and Chief Executive to sign the self-certifications on behalf of the Trust Board.

10. Royal Brompton and Harefield Covid Cost Reimbursement Review

NHSEI had selected Royal Brompton and Harefield NHS Foundation Trust (RBHFT) for a COVID-19 cost reimbursement review of both retrospective top-up and capital Public Dividend Capital (PDC) claims during the first half of 2020/21. The review had been undertaken by PwC and had now concluded. The scope and findings of the report were set out for the Committee's consideration. The report had not highlighted any areas of concern regarding the COVID capital funded requests, but a number of areas within the income and expenditure position had been identified for further examination. The report had been shared with NHSEI but no feedback had yet been received from them. The Royal Brompton and Harefield Clinical Group had not identified a material risk of retrospective top-up being clawed-back by NHSEI, and no provision had been made in the M10 accounts. It was confirmed that the report had been provided to Grant Thornton as part of the external audit work.

11. Single Tender Waivers: Part Year Summary Report (Q1 2021)

The Committee received an analysis of the single tender waivers between January and April 2021, together with a year-on-year comparison. Whilst the number of waivers in this period was approximately the same as in previous years, the value had significantly reduced compared to the same periods in 2020 and 2019. The Committee was pleased that there had been a significant increase in the value of waiver requests that had been rejected, which reflected the impact of new process controls to increase the level of challenge. Further analysis of the waivers including by reason code and by directorate, were noted and discussed.

The procurement team had set a target cap of 600 waivers for the full calendar year which equated to a 30% reduction compared to 2020, although a small increase compared to 2019. Committee members discussed how appropriate the figure was. The target excluded data from Royal Brompton and Harefield Clinical Group, but this which would be incorporated into the next report. Committee members noted that consistency was needed across the Trust and the Royal Brompton and Harefield Clinical Group about what constituted a waiver. It would be important to ensure that waivers were only used when absolutely necessary, for example for genuinely urgent situations.

RESOLVED:

The Committee approved a target cap of 600 waivers for the full calendar year (2021).

12. Update on Finance Integration and Finance 2020

Audit & Risk Committee – Meeting Minutes, 16th June 2021

Updates were received on two significant finance-related projects that were currently underway: the Finance Integration project, which aims to fully merge the Royal Brompton and Harefield Clinical Group finance team into the GSTT finance team, and the Finance 2020 project which is implementing a new finance system. Work had been done to identify the projected synergies of bringing together the two finance teams, but these synergies had not yet been devolved into the individual functions. It was becoming increasingly difficult to operate with two finance systems.

The Committee noted that the go-live date on the Finance 2020 project would be delayed due to the current level of risk, linked to data migration, business documents, user numbers and training. A revised project plan was being prepared and a revised timeline of October 2021 was proposed. The Committee discussed the feasibility of this and the likely impact if it was not met. It was agreed that the project would only go live when everything was ready and that, if needed, extra time would be taken to ensure all necessary user acceptance testing was undertaken.

13. Internal Audit Plan 2021/22

The Trust's Internal Audit team was a shared in-house service that also provides internal audit and counter fraud services to South London and Maudsley NHS Foundation Trust and counter fraud services to Hillingdon Hospital NHS Foundation Trust. The Committee received an overview of the team's resources and the number of audits that had been delivered in the previous five years – most of which were on core financial systems and workforce.

An overview was provided about the draft 2021/22 internal audit plan, including the multiple considerations involved in developing this, spanning legislative/ regulatory requirements, national NHS guidance, the Trust's strategic objectives, operational processes and the risk management framework. Meetings had also been held with executive directors. The merger with Royal Brompton and Harefield NHS Foundation Trust meant there was a need for internal audit to fully understand of the processes in place within the RBH Clinical Group, particularly given that there are different finance and HR systems. In developing the plan, the Internal Audit team had reviewed the plans from RBHFT's previous internal auditors KPMG. It was the responsibility of the Trust's Quality and Performance Board Committee to determine whether the clinical audit plan was fit for purpose.

The Committee reviewed the draft plan; there were suggestions around areas that Committee members felt should be included or given more prominence, for example cyber security, ransomware and the alignment of policies and procedures. It would also be important to review infrastructure deliverables ahead of the implementation of Epic. Committee members stressed the importance of ensuring that all risks on the corporate risk register were properly addressed over an internal audit cycle. It was agreed that a report would be presented to the next meeting to show what the Internal Audit team would look to cover over the next two to three years for this reason.

ACTION: SL

RESOLVED:

The Committee approved the draft internal audit plan for 2021/22, subject to updates following feedback received from Committee members.

5

Audit & Risk Committee – Meeting Minutes, 16th June 2021

14. Counter Fraud Work Plan 2021/22

The Committee received the draft 2021/22 Counter Fraud Work Plan for review and approval. This was focused focus on the inherent fraud and bribery risks and on identifying specific areas deemed most susceptible to fraud or bribery at the Trust, including cyber, contracts and procurement, recruitment and payroll. The Plan had an additional 30 reactive days compared with the same Plan in 2020/21, in anticipation of an increase in referrals resulting from the merger with the Royal Brompton and Harefield NHS Foundation Trust.

The Committee debated whether 30 days was adequate given the size of the Royal Brompton and Harefield Clinical Group, and considered how the total Work Plan had been split between proactive and reactive work. No additional resource had been taken on to support delivery of this increased workload, but the Head of Internal Audit explained that there was sufficient flexibility in how the team's workload was managed and allocated across GSTT and two other trusts it worked with to enable this to be absorbed into the current team. Committee members sought clarification on the tools that the team used, for example data interrogation techniques.

RESOLVED:

The Committee approved the Counter Fraud Work Plan for 2021/22.

15. Counter Fraud Policy Update

National counter fraud standards, as set by the NHS Counter Fraud Authority (CFA), require all NHS providers to have a Counter Fraud Policy. The Trust's Counter Fraud and Bribery Policy had been developed in September 2019 and a draft updated Policy was presented to the Committee for review and approval. The Committee noted and discussed the updates that had been made to the draft Policy. It was reported that the Internal Audit team had an outstanding query with the Trust's HR team about whether, following the merger, any further consultation was required before this Policy could be changed, launched and implemented across the Trust. The Policy did not reference Non-Executive Directors or governors; the Head of Internal Audit would consider this omission and make any amendments required.

ACTION: SL

RESOLVED:

The Committee approved the Counter Fraud and Bribery Policy and agreed that this could be launched subject to further advice from HR.

16. Board Assurance Framework Update

It was important that the Board Assurance Framework (BAF) reflects the key strategic risks, controls and sources of assurance from across the organisation, including from the Royal Brompton and Harefield Clinical Group. The Committee noted an overview of the process for updating the BAF at an executive level, with input from the clinical groups, and presenting the relevant updates for review and approval at Board Committee meetings. The process would be incorporated into the new risk management policy for the merged organisation, which would

6

Audit & Risk Committee – Meeting Minutes, 16th June 2021

be brought to the Committee in September 2021 for review and approval. The Committee noted its responsibility to review the adequacy and effectiveness of the Board assurance systems and processes, and were pleased at news that a recent internal audit had given 'substantial assurance' that the BAF had been developed and maintained in accordance with national guidelines and was functioning effectively.

17. Any Other Business

An update was provided about the business rates relief claim against local authorities that a number of trusts, including the Trust, had joined in late 2019. On solicitors' advice, the Trust had withdrawn from the claim and would not incur any legal costs as a result. All legal proceedings had now been concluded. The Committee noted this was a satisfactory resolution and had been discussed with the NHSEI Chief Financial Officer. The communications approach was discussed.

The next meeting would be held on 23rd June 2021, with meeting details to follow.

**BOARD OF DIRECTORS
AUDIT AND RISK COMMITTEE**

**Minutes of the meeting held on Wednesday 23rd June 2021
at 1pm, held virtually via Microsoft Teams**

Members 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 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
Ms B Jegede, Corporate Governance Manager
Ms A Knowles, Director of Communications
Mr S Lane, Associate Director of Finance - Internal Audit
Mr T Mayhew, Deputy Director of Finance, Royal Brompton and Harefield
Ms V McLeod, Financial Controller
Mr M Shaw, Chief Financial Officer

9.1

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.

3. GSTT 2020/21 Accounts Update

The Trust's draft annual accounts for 2020-21 had been presented to the Committee on 12 May, and a progress update provided at its meeting on 16 June. The Committee was told that there had been no significant adjustments made to the accounts, but noted the minor changes and the remaining areas of audit work, which included the valuation of Viapath and its associated disclosures.

The external audit, at that point of time, was not near completion, and the Committee would consequently be unable to review and approve the final accounts. It was therefore requested that delegated authority for this approval was given to the Chief Executive and Chief Financial

Officer. Committee members stressed the need to finish the audit work and sign-off the accounts as soon as possible in order to meet the submission deadline of 29 June and all statutory regulations.

The Value for Money audit was a new requirement for 2020/21 and would take longer to complete. Concluding this work would indicate that the auditors could certify the audit as closed. An update would be brought to the next Committee meeting in September.

RESOLVED:

The Committee agreed that delegated authority should be given to the Trust Chief Executive and Chief Financial Officer to:

- Approve the submission of the final Annual Report and Accounts to NHS Improvement.
- Sign off the relevant statements required by NHS Improvement.

4. GSTT External Audit Findings Report

Representatives from Grant Thornton outlined the key findings of the audit to date and provided more detail around the remaining audit work, including the numbers of enquiries that were outstanding and still in progress. The Value for Money work was focused on governance, financial sustainability and the three Es: economy, efficiency and effectiveness. No significant weaknesses had been identified in any of these areas to date.

In discussion Grant Thornton confirmed that the primary reason for the audit delays was the increase in work linked to the merger with Royal Brompton and Harefield rather than the COVID-19 pandemic. Committee members sought an update on the national issue regarding expenditure accruals that had been highlighted at the previous meeting, and were pleased that the auditors had not identified this issue in the Trust's accounts.

There was debate about the feasibility of meeting the Annual Report and Accounts submission deadline of 29 June. It would be important that this deadline was met; however, whilst the Trust's finance team and the Grant Thornton team were working hard, Committee members noted there was a small risk that the deadline would be missed.

5. GSTT 2020/21 Annual Report and Accounts

The Committee reviewed a copy of the draft Annual Report narrative; this had been circulated to executive and non-executive directors of the Trust on Friday 18 June, and a number of comments had been received and were being reviewed and addressed by the Trust's Communications team. There was discussion around some of the minor gaps that remained in the narrative including staffing numbers, pension figures and the fair pay multiple. The Trust's communications and finance teams were thanked for all their hard work in this process to date.

The Committee noted the process of laying the Annual Report and Accounts before Parliament and agreed that, as this would take place after the Parliamentary recess, the Trust would need to work through the implications of the timing for the Annual Public Meeting.

ACTION: AK

2

Audit & Risk Committee – Meeting Minutes, 23 June 2021

There were further discussions about the timing of the completion of the Value for Money audit work and the role of the Committee in reviewing this before the Annual Report and Accounts were laid before Parliament. The governance processes involved in signing this off would need to be considered.

ACTION: CE, EB

6. Any Other Business

It was agreed that the date of the next meeting would be moved from 1st to 15th September and that a note confirming this would be circulated to Committee members and attendees.

ACTION: EB

The next meeting would be held on 15th September 2021, with meeting details to follow.

BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE

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

Members Present:	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
In attendance:	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

9.2

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 14th 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 21st 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 7th July. As such, a briefer in-year financial update would come to this Committee, although financial considerations would be incorporated into other updates received.

9.2

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 9th June 2021; timing and arrangements to follow

**BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 14th July 2021, 1pm – 4.30pm
held virtually via MS Teams**

Members Present:	Dr P Singh – Chair 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 Mr L Tallon – item 7 Sir H Taylor Mr D Waldron – for Ms J Screaton
In attendance:	Mr E Bradshaw – Secretary Ms S Allen – item 5 Mr M Carden Ms M Da Costa Mr S Davies Mr R Drummond Ms A Fogarty – to item 7 Ms S Gibbard – to item 7 Ms J Godden Mr A Gourlay Dr R Grocott-Mason Ms S Hanna Dr A Hashtroudi Ms N Khazaezadeh	Ms R Liley Ms C Mackay Mr C Martin Dr M Mason Ms M McEvoy Ms C McMillan Mr P Mitchell Ms L Moore Ms S Noonan Mr A Parrott Ms L Reiff-Zall – item 5 Dr A Rigg Ms S Wilding

9.2

1. Welcome, Introductions and Apologies

- 1.1. The Chair welcomed colleagues to the meeting. Apologies had been received from Ian Abbs, Paul Cleal and Steve Weiner.

2. Declarations of Interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting

- 3.1. The minutes of the meeting of the Quality and Performance Committee (the Committee) held on 9th June 2021 were approved as a true record.

4. Matters Arising and Action Tracker

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

5. Patient Story Presentation

- 5.1. The Committee heard a recording of a patient describing his experience at the Trust following orthopaedic surgery. Although the surgery itself had gone well, the patient did not have regular access to pain relief during his recovery and staff had not been responsive enough when he explained he was susceptible to gout and that this was exacerbating his pain. Representatives from the Cancer and Surgery Clinical Group's nursing team acknowledged that the level of care had fallen below expectations and told the Committee about the work the orthopaedic team had undertaken to address issues identified and promote a culture focused on good patient experience. In addition, a number of initiatives had been undertaken by the acute pain team to support nursing staff in developing their skills and knowledge around pain management.
- 5.2. The Committee welcomed the story and the proactive and reactive work that had followed the incident, including the lessons that had been shared with other clinical groups. The importance of pain management in every aspect of the Trust's treatment, from surgery to end of life care, was emphasised. Co-morbidities should be identified through pre-operative processes to enable patients' pain to be managed more effectively. This meant that active communication between clinical teams was essential. The patient and Patient Experience team were thanked for presenting the story.

6. Feedback from Trust Site Visits

- 6.1. A structured programme of site visits was being arranged for Trust governors and Non-Executive Directors to provide an insight into how services were being run and enable closer engagement with staff and patients across the organisation. The visits would cover both clinical and non-clinical areas and would include the Royal Brompton and Harefield hospitals.
- 6.2. The Committee Chair recounted the main observations from a series of visits she had recently undertaken with the Trust's nursing leadership team. Staff and patients had been eager to share their experiences of the Trust and the Chair had been impressed with how well-received the nursing leadership had been in all the areas they had visited. It was evident that staff were tired, but felt well-supported. Areas for attention and improvement included staff facilities and the impact for patients and staff of providing care for the increasing numbers of patients with mental health conditions. These would be picked up in future updates to the Committee.

ACTION: AG, SA

7. Quality & Safety Update

- 7.1. The Committee received an overview of the Trust's quality assurance and improvement activity during 2021-21. The Trust had reported 79 serious incidents across the year, and the process of managing these was outlined. The incidents were triangulated with other information about quality of care from across the organisation to identify areas for improvement, whilst trends and themes from the incidents were reviewed at both a clinical directorate level and at a Trust level to identify lessons learned that would be shared internally. The Trust had also reported four never events, none of which had caused serious harm. In discussion it was agreed that further work would be undertaken to help identify whether there was a link between never events and any protected characteristics, including exploring the options for comparison with peer organisations.

ACTION: RL

- 7.2. Further updates were received on the Trust's compliance with the Duty of Candour and its approach to Learning from Deaths. The Committee supported the ambition to have no overdue complaints across the organisation and were pleased that there was a clear plan in place, including process mapping and oversight, to achieve this. Committee members agreed that it was important to maintain close dialogue with the complainant during the process; to track complaints by protected characteristic to identify trends, including ethnicity, to identify trends; and to ensure the Trust was also tracking compliments to ensure it understood what it was doing well. The ongoing quality improvement work to respond to emerging themes or issues was summarised; this included an overview of how the Trust was responding to incidents where patients had experienced delays in treatment due to administration errors.
- 7.3. The new Trust Operating Model would enable clinical services to be managed closer to the front line, where operational decisions could be taken more quickly and easily. Representatives from each clinical group presented the Committee with updates about the quality improvement successes and challenges during 2020-21 and the main quality risks within that group. The Committee welcomed the insight provided.
- 7.4. The outcomes of a number of recent external reviews were set out for consideration. 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 had 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. An external review had also been undertaken into the quality of care, patient safety culture and clinical governance at Minnie Kidd House. As a result of the findings significant learning was being spread across the clinical group and more widely through the Trust's Vulnerable Persons Assurance Committee. The future of the unit remained under discussion with stakeholders. The formal written CQC report had not yet been received.

- **Maternity Update**

- 7.5. Representatives from the Evelina London – Women's and Children's Clinical Group presented the Committee with updates on the most important matters in maternity services, including how the Trust was compliant with national maternity safety standards. The Committee approved the Trust's self-assessment of compliance in meeting the essential and immediate actions and clinical priorities from the Ockenden Review. The evidence to support this assessment had been reviewed in full by the Evelina London Clinical Group Medical Director and Board, and had also been shared with the Trust's commissioners and the Local Maternity System. There was discussion about the challenges that the Trust faced in maintaining compliance with the standards, for example in medical workforce and the remaining gaps that would need to be addressed before the deadlines set by NHS England and NHS Improvement (NHSEI).
- 7.6. The NHS Resolution Maternity Safety Actions had been paused during the COVID-19 pandemic and re-launched on 1 October 2020. The Board compliance submission was due on 22 July 2021 and required assurance on the ten standards with multiple sub-actions. The outcome of the submission was linked to the recovery of a percentage of the Trust's contribution to the Clinical Negligence Scheme for Trusts (CNST). There had been considerable progress made against these ten CNST standards, and the Committee noted the evidence that had been presented to support the Trust's assessment that it was compliant with the ten maternity safety actions.

- 7.7. In discussion the Committee explored the extent to which the Trust had identified learnings from recent CQC inspections of maternity units across the country. It was likely that recruitment challenges into maternity posts would continue given the specialised nature of the work, but the Trust was exploring how these challenges could be alleviated both internally and externally to maintain an agile and flexible workforce with the right skill mix. The Committee thanked the Evelina London and Chief Nurse's teams responsible for the huge amount of work that had been understood to produce the compliance requirements.

RESOLVED:

- 7.8. The Committee agreed that, based on the evidence provided, the Trust met the standards and achievement of the ten maternity safety actions.

- **Annual Nursing and Midwifery Establishment Review Report**

- 7.9. The Committee received an overview of how the Trust had established that its nursing and midwifery staffing levels were compliant with the National Quality Board Standards for safe sustainable and productive staffing. Clinical Group nursing teams had undertaken establishment reviews in all inpatient areas using a Safer Nursing Care Tool after which review meetings had taken place to review the findings, highlight any areas of concern and provide examples of innovation and good practice. Any requests for increased staffing were then considered. The review had concluded that a small number of additional staff were required to enable the safe staffing of anticipated future activity. Recruitment was already in progress for all but one of these posts. The Committee noted that Royal Brompton and Harefield Clinical Group was excluded from this analysis, but would be included in future.

- **Integrated Performance Report**

- 7.10. To ensure performance is monitored and managed effectively at all levels within the new Trust Operating Model, and to provide ongoing assurance to the Committee, a new Integrated Performance Report (IPR) had been developed and would be in operation from the next Committee meeting. The IPR used the existing Balanced Scorecard metrics as its foundation, was aligned to the Trust's Board Assurance Framework and would provide up-to-date information across the safe, effective, caring, responsive, people and use of resources/enablers domains, to ensure alignment with regulatory oversight metrics. The Committee noted that the IPR would enable the visualisation of data at all levels of the organisation, including by clinical group, to support performance management and assurance processes. It would help strengthen the line of sight between clinical speciality and the Board, thereby supporting timely decision-making and ensuring issues and risks could be identified and addressed quickly. Committee members welcomed the update and looked forward to seeing the report at the following meeting, with members cautioning against having too broad a report to ensure the key risks and issues did not get lost.

8. People & Culture Update

- 8.1. An update was provided on the Trust's progress against the five outcomes set out in the Positive Action Charter that had been launched the previous summer, including the NHS Workforce Race Equality Standard (WRES) and the NHS Workforce Disability Equality Standard (WDES) measures for 2020/21. The Committee noted the good progress that had been made, and that the majority of interventions and programmes were now well-established. It was also pleasing to see the data broken down by clinical group.

However, there remained areas where further targeted improvement work was needed; for example, the Trust was not yet seeing consistent improvement against the key Equality, Diversity and Inclusion (EDI) outcomes set out in the WRES and model employer goals. In particular, Committee members were concerned about the ratio of black and minority ethnic (BAME) staff entering the formal disciplinary process compared to white staff and assurance was received about the remedial work that was being done to address the position.

- 8.2. A further update was provided about the work with external consultants to support the refresh of the Trust's EDI strategy and ensure the approach continued to be evidence-based and aligned with best practice. The Trust had been proactive in seeking out and engaging in external programmes that supported the five Positive Action Charter pledges and complemented internal initiatives. The level of analysis was welcomed by Committee members.
- 8.3. The level of staff engagement in the Trust's wellbeing initiatives remained high and feedback was consistently positive. Closer working was underway with Evelina, Essentia and community staff to ensure the corporate messages were consistent and staff groups could access the right support. Work was also underway to review the availability and quality of staff rest areas across the acute and community sites and plan for possible 'hybrid' post-pandemic working patterns. In light of the impact of the pandemic close monitoring was being undertaken of turnover data, but this did not currently indicate an increase in the number of leavers. The staff vaccination programme was continuing to go well.

- **Health and Safety Annual Report 2020-21**

- 8.4. The Committee received an overview of the arrangements in place to fulfil the Trust's statutory health and safety obligations and its approach to managing risk to its employees, partners, customers and visiting members of the general public during 2020-21. The health and safety workplan for the year had been impacted by the COVID-19 pandemic and new and emerging risks created as a result of the pandemic response, for example respiratory protection. Summaries of risks and mitigations relating to body fluid exposure, manual handling and lone working were set out. The Committee noted that issues and risks regarding fire safety and water management fell under separate governance arrangements and were covered in reports issued by Essentia. Committee members thanked the team for the comprehensive report and the work that had gone into keeping staff and patients safe.

9. Operational Performance Update

- 9.1. There were ongoing emergency pressures at the Trust and a continuing focus on the treatment of patients with mental health conditions in the emergency department. Discussions were continuing with South London and Maudsley NHS Foundation Trust and the Trust was also exploring other options to increase capacity to support these most vulnerable patients.
- 9.2. Demand for the Trust's cancer services was increasing but capacity continued to be limited due to theatre capacity and staff absence as a result of the pandemic. This meant that cancer access performance remained below the national standard. It had also meant that the overall elective waiting list was increasing, although the Committee welcomed news that the number of over 52-week waiters was reducing ahead of trajectory. Staff absences had led to some appointments being cancelled, however the Committee was pleased to hear that the Trust was encouraging staff to take annual

leave to support their wellbeing. NHS England and NHS Improvement (NHSEI) had recently informed the Trust that the threshold to access the elective recovery fund had been changed, from 85% of 2019-20 activity levels to 95% and that this would apply retrospectively. Concern was expressed about the timing of the change particularly given the likely financial and operational impact, including on the Trust's use of capacity in the independent sector.

- 9.3. Whilst the Trust was still in the COVID-19 'recovery' phase, there had been an increase in the number of patients with the virus being admitted to hospital and also into critical care, both across Guy's and St Thomas' and Royal Brompton and Harefield hospitals, although these numbers remained small compared to the second wave earlier in the year. Committee members celebrated news that the Trust had delivered its 500,000th vaccination and noted that a programme of vaccine boosters would start in September.

10. Infrastructure Update

- 10.1. An update was received about the key developments in the Data, Technology and Information (DT&I) directorate. Going forward DT&I staff would update the Committee on the directorate's response to clinical safety and risk, for example open risks which had both a clinical safety risk and an IT mitigation action, or DT&I risks that could have a clinical safety impact.
- 10.2. The Committee received an overview of key operational updates relating to the Trust's estate. After a lengthy period of engagement, agreement had been reached with Transport for London to allow the Trust's patient transport vehicles to use bus lanes. This was welcomed as it would significantly improve the quality of the transport service for patients. Considerable effort had been invested to reach this significant milestone and the Committee congratulated the team and noted particular thanks to the former Lead Governor, Devon Allison, whose perseverance had been key.
- 10.3. There had been a recent power outage at St Thomas' Hospital which affected a quarter of Lambeth Wing for around 48 hours and was due to water ingress into one of the power risers. The engineering team was carrying out an investigation to minimise the risk of any similar failure. The Trust fire team was testing evacuation plans with ward staff and would supplement this increased awareness with a new fire warden training package. A more structured approach to prioritise the mitigation of fire risks was being implemented.

11. Finance Update

- 11.1. The new Finance, Commercial and Investment Committee had met for the first time on 7 July, and had looked at the month two financial outturn in detail. Early month three figures indicated that the trends were continuing and that the financial position remained stable. Recent changes to the elective recovery fund were likely to reduce the amount of income available to the Trust and alter the Trust's full-year forecast. There were no immediate concerns regarding the capital position. It was confirmed that the Finance, Commercial and Investment Committee would meet quarterly and that regular in-year updates would continue to be brought to the Quality and Performance Committee.

12. Supporting Information

- 12.1. The Committee noted the reports.

13. Any Other Business

13.1. There was no other business.

The next meeting would be held on Wednesday 8th September 2021 with details to follow.

**BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 8th September 2021, 1pm – 4.15pm
held virtually via MS Teams**

Members Present:	Dr P Singh – Chair	Mr J Pelly
	Prof Ian Abbs – to 2.10pm	Prof R Razavi
	Ms A Bhatia	Mr M Shaw
	Mr P Cleal	Dr S Steddon
	Mr S Friend	Mr L Tallon
	Dr F Harvey	Ms D Willis – for Ms J Screaton
In attendance:	Mr E Bradshaw – Secretary	Dr R Grocott-Mason
	Ms Y Akande	Ms S Hanna
	Ms J Allen – to item 5	Ms S Ibrahim
	Ms S Allen – to item 5	Mr M Kinirons
	Mr J Bradbury	Ms A Knowles
	Ms R Burnett	Ms R Liley
	Ms S Clarke	Ms C Mackay – to 3.15pm
	Ms J Dahlstrom	Cllr M Masters
	Mr S Davies	Mr C Martin
	Mr D Eaton – to item 5	Ms C McMillan
	Ms S Franklin – to 3.30pm	Mr P Mitchell
	Ms J Furley – to 2.40pm	Ms S Noonan – to 2.40pm
	Ms J Godden	Mr A Parrott
	Mr A Gourlay	Ms D Saunders

9.2

1. Welcome, Introductions and Apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Quality and Performance Committee (the Committee) including Stella Franklin from the Care Quality Commission and two new governor representatives, John Bradbury and Councillor Marianna Masters. Apologies had been received from Jon Findlay, Javed Khan, Julie Screaton, Sheila Shribman, Hugh Taylor and Steve Weiner.

2. Declarations of Interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting held on 14th July 2021

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

4. Matters Arising and Action Tracker

- 4.1. The action log was reviewed and progress with the open actions noted.

5. Patient Story Presentation

- 5.1. The Committee heard about the experiences of a patient who had been treated for throat cancer at the Trust. The patient had a mental health condition which meant she had needed additional support to alleviate her fears and distress at each stage of the pathway. The role of the Mental Health Clinical Nurse Specialist (CNS) was highlighted as of particular benefit to the patient. The Committee was told about how the CNS post had been established and the benefits that it had brought in terms of patient outcomes. The Committee was also told about the radiotherapy received by the patient and was shown the mask she used as part of her treatment.
- 5.2. Committee members thanked colleagues for bringing this story to their attention and for the work they had done to ensure the patient's experience had been such a positive one. There was discussion about how the Trust could work more collaboratively with mental health professionals and whether this type of role needed to be replicated in other parts of the organisation. It was recognised that the different clinical groups may require different approaches to benefit their patients and help deliver greater equity of outcomes.

6. Feedback from Trust Site Visits

- 6.1. Simon Friend and the Chief Nurse, on behalf of Steve Weiner, gave the Committee an overview of the site visits they had recently undertaken, including their general reflections, the areas of good practice they had identified and areas where improvements could be made. Whilst many of the staff encountered on the visits had been enthusiastic, the challenging conditions and stretched resources had led to heightened levels of stress amongst many staffing groups. Other issues highlighted for further consideration included the ventilation systems, the extent of paper-based procedures and general space constraints. Committee members agreed that the Trust needed to be continually looking to improve the condition of the estate and requested that the digital infrastructure report in November outline how the Apollo Programme would support the Trust to move away from paper-based systems.

ACTION: Clare McMillan

- 6.2. The site visit programme would be extended to governors in the coming weeks, but that it was important to move ahead slowly to avoid overwhelming clinical areas.

7. Operational Performance Update

- 7.1. The overall number of patients with actual or suspected coronavirus being admitted into both general and acute beds, and into critical care, was currently relatively static. The majority of patients being admitted were young, unvaccinated adults. The Trust's main challenge was providing sufficient capacity for patients needing Extra Corporeal Membrane Oxygenation (ECMO), although nurse staffing levels in critical care were also becoming more pressing as a result of sickness, maternity leave and issues accessing bank staff.
- 7.2. Performance against the emergency care standard had declined since the start of 2021/22, primarily as a result of staffing gaps which had affected the Trust's ability to admit or discharge patients in a timely manner. An increased number of attendances and high acuity patients had placed additional demand on the Emergency Department, and there had been some additional staffing pressures following the rotation of junior doctors in August. Paediatric attendances in July had been the highest on record, at around 12% higher than the equivalent period in 2019. The overall pressures in the hospital services were considerable and there was debate about whether this was a 'perfect storm' of circumstances that would subside in time, or whether these conditions

would become a 'new normal'. Committee members agreed that, operationally, the coming autumn and winter were likely to be extremely challenging.

- 7.3. The actions being taken in response included further recruitment and the review and refresh of existing performance improvement plans. The Trust had also designated September a 'Support and Safety Month': a Trust-wide response to the increasing demand on services. A number of Same Day Emergency Care Pathways were also being established; these would be accessible to NHS 111 and local GPs with the aim of reducing the overall attendances in the Emergency Department. Schemes to anticipate and alleviate winter pressures would start in October.
- 7.4. NHS England had announced ten new metrics that would replace the current four-hour waiting time standard as a means to evaluate urgent and emergency care systems across England. Six of these metrics would need to be monitored and reported by the Trust although none had yet been assigned a national target, and work was under way to ensure the Trust could measure performance against each by mid-September 2021. Committee members expressed concern that the upgrade of the Symphony system, which was vital to allow the Trust to report accurately against all metrics, was unlikely to be completed until April 2022. The risks of being unable to report were considered and could be mitigated by expediting the upgrade of Symphony or implementing possible interim solutions. This would be raised with representatives from the Data, Technology and Information directorate.

ACTION: Jo Furley

- 7.5. The Committee received the new Integrated Performance Report (IPR), which had replaced the Balanced Scorecard. The IPR would be produced on a monthly basis to update the Trust Board, Executive team, Clinical Groups and other stakeholders about performance across all core domains. The Committee's attention was drawn to a number of indicators, including the percentage of cancer referrals seen within two weeks where performance remained below the national standard, and which was an ongoing area of focus for the Trust. Committee members were pleased that the number of patients waiting more than 52 weeks for treatment was continuing to fall and welcomed news that the first high volume surgical 'hub' for south east London had opened earlier in the day at Queen Mary's Hospital in Sidcup. This would provide gynaecological and general surgery services for all providers in the region. Overall, the IPR was well-received by Committee members who felt it was clear and comprehensive. There was discussion about the Trust's plans to increase capacity on-site, with recognition that workforce was a key limiting factor of any such ambitions, particularly as staffing issues were affecting all NHS providers.
- 7.6. There had been an increasing demand for patients attending the Emergency Department with mental health issues, and mental health remained the primary reason for 12-hour breaches. The Care Quality Commission (CQC) had undertaken an unannounced inspection of this in June 2021, the findings from which had been largely positive, but with some clear opportunities for improvement. There was broad agreement that the reduction of the time mental health patients spent in the Emergency Department must be a priority. Trust teams were working in collaboration with partner organisations to improve the care of these patients and address the issues raised by CQC. This would include utilisation of a 20-bed rapid assessment mental health unit being established for the benefit of all providers in south east London.

8. Quality & Safety Update

- **Safeguarding Adults and Safeguarding Children Annual Reports 2020/21**

- 8.1. The Chief Nurse presented the Safeguarding Adults and Safeguarding Children Annual Reports to give the Committee assurance that the Trust was meeting its statutory and regulatory

obligations. The key points of each were highlighted for the Committee's attention, including the impact of the COVID-19 pandemic on the numbers of safeguarding referrals the Trust had received, the ways in which the Trust was adapting its practices to changes in local and national policy, and the ongoing work to respond to emerging risks. Committee members noted that safeguarding policies and compliance reporting across Guy's and St Thomas' and Royal Brompton and Harefield hospitals were being aligned, and training compliance had remained strong despite the pandemic. There was discussion about how the number of referrals received had correlated with periods of lockdown and the easing of restrictions.

- 8.2. With respect to safeguarding the welfare of children, performance against key performance indicators (KPIs) had been good, with some variation in areas such as supervision compliance, attendance at child protection case conferences and follow up of high risk domestic abuse cases. During COVID-19 pathways and processes had been reviewed to enhance safeguarding work, and the majority of training had been delivered online. Interagency working remained a priority. The Trust had participated in a number of reviews including Child Safeguarding Practice Reviews (CSPRs), case reviews and audits, some of which had focused on young people who had died or been significantly harmed as a result of youth violence. Committee members sought clarification about how vulnerable children are initially identified and when they start to come to the Trust's attention. This led to debate about the extent to which the Trust could intervene earlier in the future.
- 8.3. In response to questions from the Committee it was confirmed that racial equality frameworks were not yet fully embedded in all aspects of safeguarding. A large proportion of the Trust's safeguarding approach was developed collaboratively with system partners, including Higher Education England (HEE). There was discussion about the Trust's role in supporting refugees from Afghanistan, and about safeguarding in similarly vulnerable communities.

- **Guardian of Safe Working Report**

- 8.4. Since February 2020 there had been a requirement for NHS trusts to implement the terms and conditions of the 2019 Junior Doctor Framework Agreement. Overall compliance with this, including with safe working hours, was monitored internally by the Guardian of Safe Working. Dorothy Kufeji had been appointed as the Trust's new Guardian of Safe Working and the Committee gave its thanks to the former postholder, Dr Camilla Kingdon, for the work she had done whilst in the role.
- 8.5. Some 450 new junior doctors had joined the Trust as part of the August 2021 rotation, 147 of whom were locally-employed doctors. The Committee received updates on the exception reporting rates and progress with the 'Improving the Junior Doctors' Working Lives' Programme, which included the completion of structural improvements to the junior doctors' mess on the St Thomas' site.
- 8.6. The results of the 2021 General Medical Council's (GMC) National Training Survey had recently been published. This was a key way in which the GMC monitors the quality of postgraduate medical education and training in the UK. Overall the Trust had ranked favourably across a number of domains with some areas, for example the Trust induction, in need of improvement. Committee members asked how many hours junior doctors were currently working on average, and whether the Trust was compliant with national guidelines. It was suggested that junior doctors were reluctant to report exceptions because they felt a professional duty to keep patients safe and services running. Trust executives had not previously been aware of all the issues highlighted by these results, so in that regard had welcomed the survey as a helpful tool to identify further opportunities for improvement. The Committee agreed to continue to support initiatives to improve

junior doctor working conditions, particularly for those services where targeted interventions might be required as a result of the National Training Survey results.

- **Quality & Safety Update Report**

- 8.7. The Committee received the regular quality and safety update report which highlighted a number of areas where the Trust was seeking to implement improvements following themes that had emerged from serious incidents. The Committee noted that three never events that had been recorded to date in 2021/22, none of which had led to any lasting harm to the patients concerned. A new approach to managing complaints was being trialled in two of the Trust's clinical groups. Early findings indicated that the approach was helping to reduce the number of overdue complaints and improve the flow of complaints going forward.
- 8.8. The Committee's attention was drawn to the Learning from Deaths update which had been submitted as part of agenda item 13. The Committee members welcomed news that the Trust, excluding data from Royal Brompton and Harefield, had been ranked in the top five trusts nationally in both the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI), and that these indices had remained relatively consistent over time, indicating little change in the overall mortality pattern at the Trust.

9. People & Culture Update

- 9.1. On 11 November new government regulations come into force that require staff working in care homes to evidence that they have had two doses of an approved COVID-19 vaccine or that they are covered by a specified exemption. These regulations would affect 988 Trust staff, primarily in integrated local services, therapies and rehabilitation and Essentia patient transport teams, of whom 82% had been fully-vaccinated. After 11 November, any of these individuals who remain unvaccinated, or whose vaccine status is unknown, will be denied entry to care homes and be unable to carry out their duties. In exceptional cases, where unvaccinated staff could not be redeployed to a role where vaccination is not required, the regulations may provide that this is a fair reason for dismissal. All affected staff had been advised of the new regulations.
- 9.2. The Committee agreed that maintaining both staff in post and current activity levels was vital due to the difficulties all trusts were already facing recruiting to vacant posts. It was also vital that staff were treated fairly and consistently. It was therefore proposed that, wherever possible, affected staff should be redeployed. In response to questions from the Committee, there was a discussion about the approaches the Trust was taking to recruitment.
- 9.3. The Committee received an update on the number of Trust staff who have received a COVID-19 vaccination. It was noted that, whilst uptake had increased since the previous month, it continued to vary significantly across different ethnic groups, for example with only 62% of black Caribbean staff receiving the vaccine compared to 96% of white British. The ongoing initiatives to encourage more staff to get vaccinated were noted.

10. Infrastructure Update

- 10.1. The Director of Essentia provided a number of updates regarding activity relating to the Trust's estate. The Trust had been working with King's College London (KCL) to address ongoing water ingress issues into Counting House at Guy's following recent torrential rain, with full resolution likely to take up to six months. The engineering team was continuing to deliver a challenging theatre maintenance programme and had successfully refurbished two operating theatres on both

the Guy's and St Thomas' sites during August. Good progress was also being made to prepare for the arrival of modular decant theatres which would be located near Nuffield House at Guy's. Non-Executive Directors asked again about the feasibility of creating additional decant theatres, and it was agreed that further consideration would be given to this and an update given at the next Committee meeting.

ACTION: Alastair Gourlay

10.2. Lewisham and Greenwich NHS Trust (LGT) had asked Essentia for interim estates and facilities support until a permanent Director of Estates and Facilities was appointed. The Committee acknowledged the benefits of such an arrangement and it was confirmed that the risks relating to the LGT estate remained with them. A joint proposal was being developed and would be presented to the Committee in October and the LGT Board in November.

10.3. The Committee received an update about the Digital, Technology and Information (DT&I) risks that had clinical safety implications. This included a list of the IT systems that would be 'retired' as the Epic electronic health record system was implemented. The Committee sought reassurance on the Trust's plans to keep the necessary systems fully operational prior to the Epic implementation. The resilience of the Data Warehouse serving community services and hosted by North East London Commissioning Support Unit's data centre was identified as a particular risk. This led to discussion about how the risks were being mitigated. Further details would be brought back to a subsequent meeting of the Committee.

ACTION: Claire McMillan

11. Finance Update – Month 4

11.1. A revenue business plan had been developed which covered the first six months of this financial year and originally delivered a surplus of £5.5 million. Discussions were now ongoing about the assumptions used, including in relation to income and expenditure for elective recovery. On the basis of current assumptions, the Trust now expected to deliver a breakeven position rather than a surplus.

11.2. The threshold to access the elective recovery fund had been changed, from 85% to 95% of 2019-20 activity levels. The Committee sought clarification on how the Trust's elective activity compared to peer trusts in the Shelford Group and discussed the importance of knowing where activity could be increased. Linked to this, further work was planned to analyse the Trust's theatre utilisation and how this could be improved.

11.3. Discussions were ongoing regarding reimbursement to the Trust for the delivery of the vaccine programme, including future booster programmes. The Committee noted further updates regarding the Trust's positive liquidity position and the capital allocation, which meant that schemes would need to be prioritised or alternative funding identified.

• Royal Brompton and Harefield – Credit Note

11.4. In autumn 2020, Royal Brompton and Harefield NHS Foundation Trust (RBHFT) submitted a forecast to NHS England and Improvement (NHSE/I) of lost income due to COVID-19, principally relating to Private Patients and Research. In February 2021, income of £15.461m was received from NHSE/I, referred to as 'Funding for Lost Income'. As part of the completion of the final accounts for RBHFT, which showed a significant improvement against the forecast, it was agreed by NHSE/I to reduce the Funding for Lost Income to £5.611m. The cash had been reclaimed by NHSE/I and a credit note for £9.850m now needed to be raised internally to NHSE/I. This would be a technical adjustment to allow the income reduction to be matched in the financial ledger.

RESOLVED:

11.5. The Committee agreed to approve the credit note as proposed.

12. Strategic Risks and Board Assurance Framework Update

12.1. The Committee was advised of the proposed updates that had been made to the strategic risks overseen by the Committee. One major development since the previous Board Assurance Framework (BAF) update was that the Trust Operations Board had been stood up following waves one and two of the COVID-19 pandemic, and would take more oversight of these risks at an executive level going forward. A key update in Health and Safety risk was the new risk escalated to the Corporate Risk Register relating to fire safety.

RESOLVED:

12.2. The Committee approved the proposed updates to the BAF.

13. Supporting Information

13.1. The Committee noted the reports.

14. Any Other Business

14.1. There was no other business.

The next meeting would be held on Wednesday 13th October 2021 with details to follow.

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
QUALITY AND PERFORMANCE BOARD COMMITTEE
WEDNESDAY 13 OCTOBER 2021**

Title:	Finance Report for the five months to 31 st August 2021
Responsible Director:	Steven Davies, Director of Finance
Contact:	Steven.Davies@gstt.nhs.uk
Purpose:	To update on the financial position of the Trust for the five months to 31 st August 2021
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<ul style="list-style-type: none"> • A revenue business plan has been set which covers the first six months of this financial year. • The plan has been revised from delivering a break-even position to a surplus of £5.5M. • The revised plan now assumes a level of income will be received and expenditure incurred in respect of elective recovery. • Performance to August 2021 is a break-even position against the YTD planned surplus of £4.6M. • The current forecast is a break-even position against the revised plan of a £5.5M surplus • Significant excess capital demand will need to be tightly managed or alternative funding identified. • An updated financial plan will be notified for H2.
Recommendations:	<p>The COMMITTEE is asked to:</p> <ol style="list-style-type: none"> 1. Discuss and note the content of this report.

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

WEDNESDAY 13 OCTOBER 2021

FINANCE REPORT FOR THE FIVE MONTHS TO 31ST AUGUST 2021

PRESENTED BY Steven Davies, Director of Finance

1. Introduction

1.1. This paper updates the Committee on performance for the period covering the five months to 31st August 2021 and the year end forecast to the 31st March 2022.

2. Financial Performance Summary

2.1. The revenue plan has been re-set from the original target of delivering a control total level break-even position to a surplus of £5.5M. This followed an assessment of early performance with regards to elective recovery and the plan has been re-set to receive £21.2M of Elective Recovery Funding (ERF) with an expenditure plan of £15.7M, net £5.5M and both are phased over the first half of the financial year.

2.2. Whilst the threshold to access the ERF has been increased it is clear that the Trust will need to continue to access the independent sector during the H2 and the cost of undertaking this is included within the current forecast along with an assumption around an increase in funding to sustain this.

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2.3. A year to date break-even position is reported, which is £4.6M worse than plan, the current forecast is also to achieve a break-even position which would be £5.5M worse than the planned £5.5M surplus.

	YTD Plan £m	YTD Actual £m	YTD Variance £m	Annual Plan £m	Forecast £m	Forecast Variance £m
COVID \ vaccination costs	(25.8)	(23.7)	2.1	(65.8)	(56.2)	9.6
COVID Funding	50.3	50.3	0.0	120.6	120.6	0.0
Top Up funding	51.1	51.1	0.0	122.7	122.7	0.0
Top Up funding – out of envelope costs	0.0	13.7	13.7	0.0	34.5	34.5
ERF Accrued income	17.7	20.8	3.1	21.2	30.8	9.6
Other I&E excl. COVID	(88.7)	(112.2)	(23.5)	(193.2)	(252.4)	(59.2)
Control Total Performance	4.6	0.0	(4.6)	5.5	0.0	5.5
DODA	(5.6)	(5.7)	(0.1)	(13.4)	(13.7)	(0.3)
Capital Donations	2.6	2.2	(0.4)	6.2	6.4	0.2
Impairment	0.0	0.0	0.0	0.0	(10.0)	(10.0)
Total Surplus \ (Deficit)	1.6	3.5	(5.1)	(1.7)	(17.4)	(15.7)

3. Current Month Performance: a deficit of £5.3M, £6.2M worse than plan

3.1. COVID and vaccination programme costs of £5.3M, were incurred in the current month. Vaccination costs of £1.6M are recoverable by additional Top Up funding, COVID related costs of £3.7M are £0.5M less than plan and include the following:

- £0.8M increased laboratory testing \ swabbing services, costs recovered via additional Top Up funding
- £0.6M increased ITU capacity, predominantly ECMO costs across the RBH clinical group.
- £0.5M enhanced patient transport services
- £0.5M increased security and cleaning requirements
- £0.4M PPE and procurement costs

3.2. COVID and Top Up funding of £22.8M has been recorded in August comprising £20.3M under the fixed block arrangement and a further £2.5M in relation to the vaccination and testing programmes.

3.3. Further ERF income of £1.2M has been accrued but this is £2.3M less than plan.

3.4. Other drivers of current month performance have resulted in a deficit of £24.0M which is £5.4M worse than plan, the most significant include:

- The five Clinical Groups recorded a deficit of £5.7M in August which was £2.5M better than plan.
- Non clinical support services and corporate departments were £2.4M worse than plan
- Other current month variances were £5.5M worse than plan, they include shortfalls in payments received against clinical income contracts as well as those not under block arrangements, these have been partly off-set by the release of some central reserves and reductions in the provisions made in respect of invoices now paid.

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4. Year to Date Performance: break-even, £4.6M worse than plan

4.1. COVID and vaccination programme costs of £23.7M have been incurred to date. Vaccination costs of £9.8M are recoverable by additional Top Up funding, COVID related costs of £13.9M are £11.9M less than plan and include the following:

- £3.8M increased laboratory testing \ swabbing services, costs recovered via additional Top Up funding
- £3.0M increased security and cleaning requirements
- £1.7M enhanced patient transport services
- £1.3M increased ITU capacity, predominantly ECMO costs across the RBH clinical group
- £0.6M PPE and procurement costs

4.2. COVID and Top Up funding of £115.0M has been recorded to date comprising £101.3M under the fixed block arrangement and a further £13.7M in relation to the vaccination and testing programmes.

4.3. ERF income of £20.8M has been reported, which is £3.2M more than plan, no provision for risk of non-payment has been made.

4.4. Other drivers of YTD performance have resulted in a deficit of £112.2M which is £23.5M worse than plan, the most significant include:

- Inclusion in revenue of expenditure previously capitalised of £26.8M, which is £24.3M more than plan.
- The five Clinical Groups have recorded a YTD deficit of £20.4M which is £7.6M better than plan.
- Non clinical support services and corporate departments are £6.5M worse than plan.
- Other YTD variances are £0.3M worse than plan, they include shortfalls in payments received against clinical income contracts as well as those not under block arrangements and on-going use of the independent sector to maintain elective activity. These have been partly off-set by the release of some central reserves and reductions in the provisions made in respect of invoices now paid.

5. Year End Forecast: a break-even position is forecast, which would be £5.5M worse than plan

5.1. COVID and vaccination programme costs of £56.2M are forecast. Vaccination costs of £25.2M are forecast to March 2022, the programme having now been extended beyond November 2021 and will be recoverable by additional Top Up funding, COVID related costs of £31.0M are forecast which would be £34.7M less than plan and include the following:

- £9.3M increased laboratory testing \ swabbing services, costs recovered via additional Top Up funding
- £6.6M increased security and cleaning requirements
- £3.8 M enhanced patient transport services
- £3.5M increased ITU capacity, predominantly ECMO costs across the RBH clinical group
- £1.7M PPE and procurement costs

5.2. COVID and Top Up funding of £277.8M is forecast comprising £243.3M under the fixed block arrangement and a further £34.5M in relation to the vaccination and testing programmes.

5.3. ERF income of £30.8M is forecast which, £10.0M more than has been notified. The additional income is being assumed to off-set additional costs associated with the independent sector continuing into H2.

5.4. Other drivers of performance have resulted in a forecast deficit of £252.4M which is £59.2M worse than plan, the most significant include:

- The forecast includes expenditure previously capitalised of £26.8M, which is be £20.9M worse than plan.
- The five Clinical Groups are forecasting a deficit of £89.9M which would be £15.0M worse than plan.
- Non clinical support services and corporate departments are forecasting to be £16.4M worse than plan.
- Continued use of the independent sector through H2 drives a forecast overspend of £8.5M.
- Other variances are forecast to be £6.9M worse than plan, they include shortfalls in payments received against clinical income contracts as well as those not under block arrangements. These have been partly off-set by the release of some central reserves and reductions in the provisions made in respect of invoices now paid.

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5.5. The £10.0M impairment charge that is forecast relates to the RBH Clinical Group's Imaging Centre and falls outside of the control total assessment.

6. Year End Forecast Change: a break-even position is forecast, no change from last month.

6.1. The year end forecast is to achieve a break-even position which is unchanged from last month. Significant assumptions included within the current forecast include the following:

- Continuation of the use of the independent sector through H2 and an increase in ERF of £10.0M above that currently confirmed is achieved.
- Continuation of the vaccination programme to March 2022 and that the increased costs of £6.5M are recovered by the extended programme.
- That cost pressures can be contained within the reserves currently available.
- Sufficient new funding is secured in respect of the recently announced pay award.
- That the forecast of Clinical Groups and corporate departments will improve by £10.0M from that currently forecast.
- That any changes to the current plan in H2 in respect of current income levels and efficiency requirements can be achieved.

7. Cash and Capital

- 7.1. **Cash:** the cash position at the end of August is £322.0M which is an increase of £23.3M from last month. The main driver of the in-month increase is the receipt of COVID top up funding and ERF where any associated expenditure was incurred in Q1.
- 7.2. **Capital:** £51.2M of capital expenditure was recorded to the end of August which after adjusting for capital donations of £2.4M this reduces to £48.8M of NHS capital which is £2.4M less than the current equally phased plan of £51.2M.

8. Recommendations

- 8.1. The Committee is asked to:
- Note that the Trust has achieved a YTD break even position which is £4.6M better than plan.
 - Note the current forecast to achieve a break even position but that this would be £5.5M worse than plan.
 - Note that whilst £20.8M of ERF income has been accrued into the reported position, the current forecast assumes that a further £10.0M will be made available.
 - Note the inclusion of a £10.0M impairment in respect of the RBH CG Imaging Centre
 - Note that the Trust will continue to seek a review of the block payment and baseline budget calculations.
 - Note that the plan will be updated for the 2nd half of this financial year and that this may present a risk when considered against the current forecast levels of funding.
 - Note current constraints that have been placed on capital investments and the need to manage the excess capital demand.
 - The separation of a number of the tables previously provided within the Supporting Papers section are now shown under Appendix A.

KEY MESSAGES - 2021-22 - MONTH 05

1. Control Total Performance – current month and YTD

- A deficit in August of £5.3M which is £6.2M worse than the control total; the YTD breakeven position is £4.6M worse than the control total

2. Main Drivers of the YTD position

- COVID and vaccination programme costs of £23.7M have been incurred to date. Vaccination costs of £9.8M are recoverable by additional Top Up funding, COVID related costs of £13.9M are £11.9M less than plan and include: £3.8M increased laboratory testing and swabbing services, £3.0M increased non clinical staff support and non-pay expenditure across the estates departments, £1.7 M enhanced patient transport services and £1.3M increased ITU capacity, predominantly ECMO costs across the RBH clinical group.

- COVID and Top Up funding of £115.0M has been recorded to date comprising £101.3M under the fixed block arrangement and a further £13.7M has been accrued in relation to the vaccination and testing programmes.

- Elective Recovery Fund (ERF) income of £20.8M has been reported which is £3.2M more than plan; whilst work continues to validate the calculation undertaken no provision has been made for any potential non payment.

- Other drivers of YTD performance have resulted in a deficit of £112.2M which is £23.5M worse than plan. The most significant include: inclusion in revenue of expenditure previously capitalised of £26.8M, which is £24.3M worse than plan, the five Clinical Groups have recorded a YTD deficit of £20.4M which is £7.6M better than plan, non clinical support services and corporate departments are £6.5M worse than plan. Other YTD variances are £0.3M worse than plan, they include shortfalls in payments received against clinical income contracts as well as those not under block arrangements and on-going use of the independent sector to maintain elective activity. These have been partly off-set by the release of some central reserves and reductions in the provisions made in respect of invoices now paid.

3. Control Total Performance – Forecast

- A break even position is forecast which is £5.5M adv to plan, to achieve this the following assumptions have been made:

- Continuation of the use of the independent sector through H2 and an increase in ERF of £10.0M above that currently confirmed is achieved.
- Continuation of the vaccination programme to March 2022 and that increased costs of £6.5M are recovered by the extended programme.
- That any changes to the current plan in H2 in respect of current income levels and efficiency requirements can be achieved.
- That cost pressures can be contained within the reserves currently available
- Sufficient new funding is secured in respect of the recently announced pay award.
- That the forecast of Clinical Groups and corporate departments will improve by £10.0M from that currently forecast

4. Cash position

- Our cash position remains strong at £322.0M at the end of Aug this is an increase of £23.3M from the previous month, partly driven by RBH CG receiving funding for COVID costs in Q1 and 20/21 payments

5. Capital – performance

- The Trust has spent £48.9M of NHS capital comprising £35.6M on schemes at GSTT and £13.3M 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 £2.4M less than an equally phased plan.

FINANCIAL PERFORMANCE HIGHLIGHTS - 2021-22 - MONTH 05



ACTUAL

- MONTH SURPLUS \ (DEFICIT): (£5.3m) - £5.3M Deficit is £6.2M worse than the control total.
- YEAR-TO-DATE SURPLUS \ (DEFICIT): £0.0m - a breakeven position is £4.6M worse than the control total
- CASH: £322.0m - an increase of £23.3M from last month

FORECAST

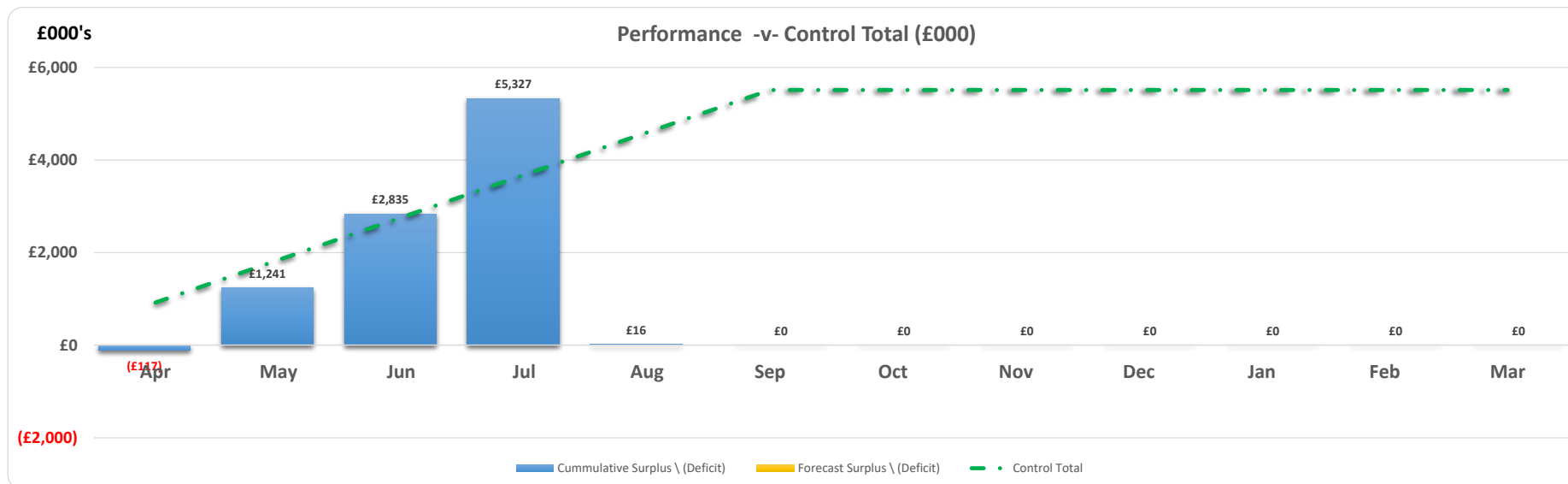
- YEAR-TO-GO: SURPLUS \ (DEFICIT) (£0.0m) - to achieve the current Trust Forecast of a breakeven position, it is assumed that an overall break even position will be achieved across the remaining months

**FINANCIAL PERFORMANCE:
AUGUST ACTUAL - MONTH 05 - YTD - FORECAST- FY 2021-22**



Summary Performance £000

	Current Month			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
COVID \ Vaccination expenditure	(£4,248)	(£5,343)	(£1,096)	(£25,785)	(£23,705)	£2,080	(£65,761)	(£56,253)	£9,508
COVID Funding	£10,051	£10,051	£0	£50,256	£50,256	£1	£120,614	£120,615	£2
Top Up Funding	£10,224	£10,224	(£0)	£51,119	£51,118	(£0)	£122,685	£122,685	£0
Top Up Funding - out of envelope	£0	£2,529	£2,529	£0	£13,674	£13,674	£0	£34,546	£34,546
ERF - Income	£3,533	£1,236	(£2,297)	£17,667	£20,845	£3,178	£21,200	£30,845	£9,645
I&E excluding COVID	(£18,642)	(£24,008)	(£5,366)	(£88,663)	(£112,173)	(£23,510)	(£193,226)	(£252,439)	(£59,213)
Control Total Surplus \ (Deficit)	£919	(£5,311)	(£6,230)	£4,593	£16	(£4,577)	£5,512	£0	(£5,512)
DODA	(£1,122)	(£1,125)	(£3)	(£5,608)	(£5,738)	(£130)	(£13,460)	(£13,771)	(£312)
Capital Donations	£517	£254	(£262)	£2,583	£2,197	(£386)	£6,200	£6,356	£156
Impairment	£0	£0	£0	£0	£0	£0	£0	(£10,000)	(£10,000)
TOTAL SURPLUS \ (DEFICIT)	£314	(£6,181)	(£6,495)	£1,569	(£3,524)	(£5,093)	(£1,748)	(£17,415)	(£15,668)

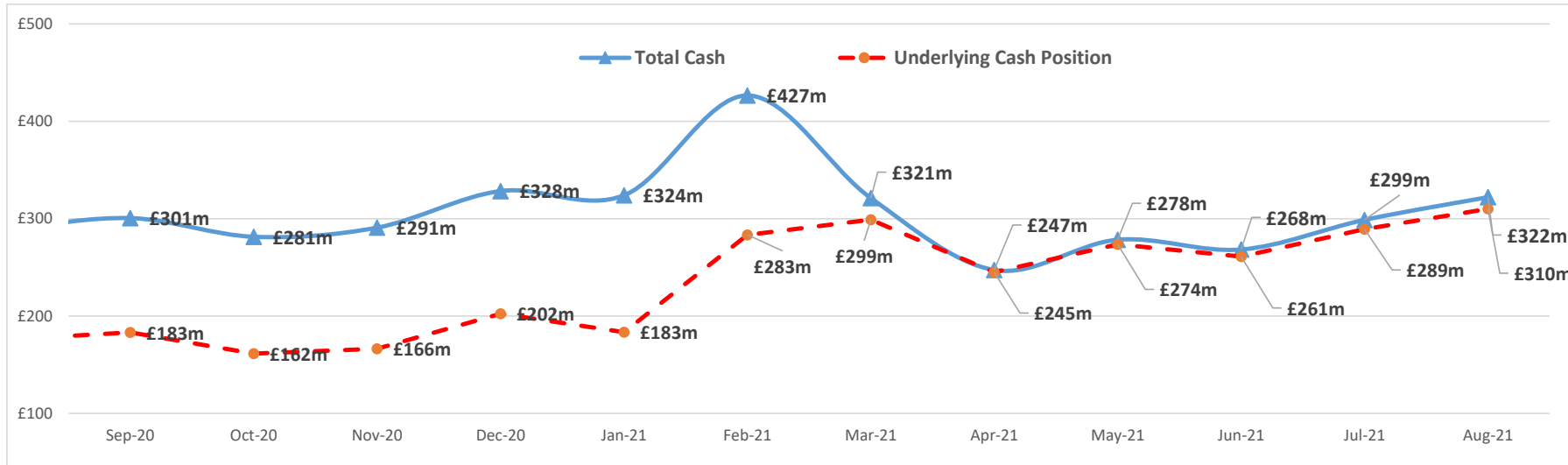


FINANCIAL PERFORMANCE: CASH AND CAPITAL - YTD



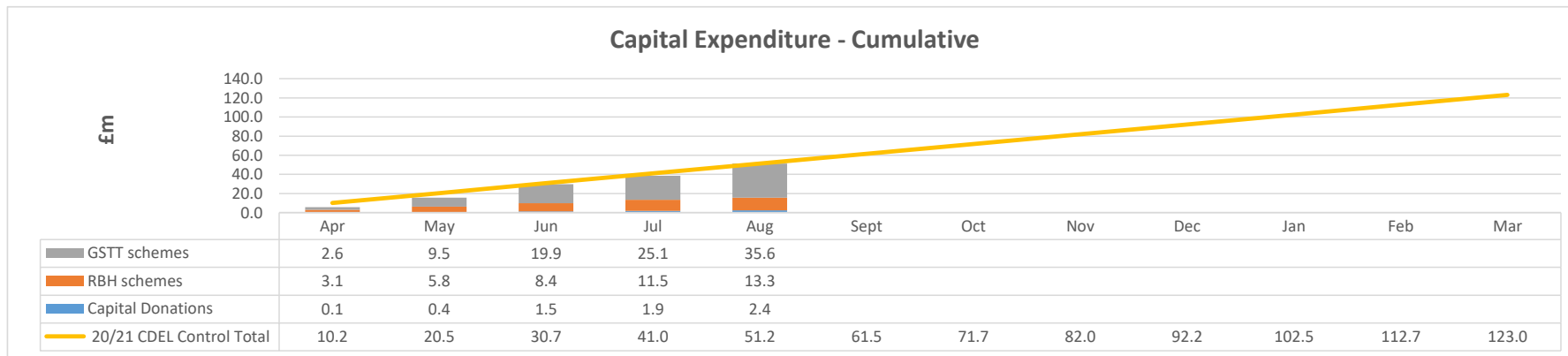
CASH

Cash of £322.0M, an increase of £23.3M from last month. The underlying cash position adjusts for: five months accrued expenditure for PDC of £12.0M.



CAPITAL

YTD expenditure, excluding capital donations is £48.8M which is £2.4M less than the CDEL control total when phased on a straight-line basis



ROYAL BROMPTON & HAREFIELD CLINICAL GROUP BOARD

13 July 2021 at 11.00 – 13.00

Via MS-Teams

MINUTES

- PRESENT:** Baroness Morgan of Huyton (Chair)*, GSTT Deputy Chair and NED
 Simon Friend*, GSTT NED
 Dr Felicity Harvey*, GSTT NED
 Avey Bhatia*, GSTT Chief Nurse, Executive Member
 Lawrence Tallon*, GSTT Deputy Chief Executive, Executive Member
 Dr 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
 Prof. Peter Hutton, Non-executive Advisor, Clinical Group
 Prof. Bernard Keavney, Non-executive Advisor, Clinical Group
 Ian Playford, Non-executive Advisor, Clinical Group
 * *voting rights*
- OBSERVERS:** Rt Hon Michael Mates, GSTT Associate Governor
 Cllr John Hensley, GSTT Governor (Partnerships)
- IN ATTENDANCE:** Ben Falk, Director of Operations/ Interim Managing Director, Cardiovascular, Respiratory & Critical Care Group, GSTT
 Jo Carter, **Interim** Director of Nursing Cardiovascular, Respiratory and Critical Care Clinical Group, GSTT
 Richard Leach, Interim Medical Director, Cardiovascular, Respiratory & Critical Care Clinical Group, GSTT
 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
 Piers McCleery, Director of Strategy & Corporate Affairs, Clinical Group
 Ross Ellis, Hospital Director, Royal Brompton Hospital
 Penny Agent, Director of Allied Clinical Sciences
 Prof Andy Menzies-Gow, Director of Lung Division
 Lyndon Bridgewater, Associate Director of Research
 Derval Russell, Hospital Director, Harefield Hospital
 Sharon Ibrahim, Head of Assurance, Clinical Group
 Eve Mainoo, EA to the Managing Director, Clinical Group
 Marie Symonds Dubska, Sister/ Rotation Programme Lead, HH}
 Susan Gilmour, Clinical Nurse Specialist in Heart Failure, RBH}
 Pedro Sousa, Senior Staff Nurse, RBH} Nursing Healthcare Management Programme
 Diane Frall, Sister, PICU, RBH}
 Joana Pereira, Deputy Sister, RBH}
- APOLOGIES:** Mark Batten, Non-executive Advisor, Clinical Group
 Janet Hogben, Non-executive Advisor, Clinical Group
- SECRETARY:** Board Secretary (Minutes)

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

Due notice had been given and the meeting reported as quorate. Apologies had been received from both Janet Hogben and Mark Batten, both Non-Executive Advisors.
The Chair (BSM) welcomed all present and in attendance.

2. Declarations of interest

Prof Bernard Keavney informed the meeting of his current active role within the Manchester BRC bid.

3. Minutes of the Meeting held on 6 April 2021

The minutes of the first meeting of the RB&H Clinical Group Board were agreed as an accurate record. The actions on the Schedule of Actions were noted, although the action relating to the Trust and Clinical Group operating model was to be considered more fully in the Part 2 session.

4. Managing Director's Report

The RB&H Clinical Group Managing Director (RG-M) began his report by thanking and congratulating all staff for their excellent ongoing efforts carried out on behalf of our patients.

On covid-19:

- RG-M reported that as we head towards the relaxation of mandatory restrictions on 19 July, community Covid case numbers were on the rise; however, more positively, there had been a weakening of link between case numbers and severe illness from the successful vaccination programme. At RBH there were currently 9 covid patients on ECMO, mostly relatively young, and all people who have not yet received the second covid-19 vaccine.
- The Chief Operating Officer (JMcG) confirmed that although the community case rates have been rising, hospital admissions are low. A potential surge is expected in August, which should be readily manageable. GSTT's Chief Nurse (AB) cited the huge impact that the increasing case numbers had had on GSTT's A& E department and on mental health teams. GSTT's Critical Care Director (RL) confirmed both how busy the Trust is and also the extent of the challenges presented by patients with non-covid diseases that had neither been adequately treated over the past two years nor diagnosed in good time.

On recovering pre-covid levels of elective activity:

- RG-M noted that by the end of July, approximately 15 beds will be recommissioned in Fulham Wing to treat respiratory inpatients, with capacity for bronchoscopy procedures becoming available during Q2. Planning has begun for replacing and upgrading the cath labs on each site that have been out of action: a temporary cath lab is now in operation at Harefield and expected to continue until early 2022.
- JMcG also reported that theatre 6 at RBH was scheduled to re-open, now that international recruitment had enabled us to reach sufficient levels of theatre nurse staffing. Activity levels increased and RTT times have also improved, and long delays to treatment have reduced considerably.

On the integration of RB&H within GSTT:

- RG-M reported that strategic reviews are set to begin in August in three tranches, as part of the two integration processes - that of GSTT's Adult Cardiovascular, Respiratory & Critical Care clinical group with the RB&H Clinical Group, and that of RB&H's Children's services with Evelina Children's services - by April 2022.
- With regard to the Apollo programme, the Chief Innovation and Technology Officer (DL) confirmed that progress has been made in terms of recruitment, with nearly all of the programme roles within RB&H now filled, and noted that the principal design phase would be launched in September.

The Managing Director's report was noted by the Board.

5. Research update

Prof Andy Menzies-Gow (AM-G) and Lyndon Bridgewater (LB) gave a presentation on activities over the past financial year within Research, including a comparison on the numbers of patients recruited into research studies in FY21-22 vs previous years, broken down by age and gender. 123 grant application submissions were made during 2020/21 totalling £21.5m, with 32 grants being awarded to RB&H to the value of £4.4m. Asked if patient ethnicity is measured as well, LB stated that this depended on whether this was of particular interest to the study's sponsor, as it is not yet one of the wider set of metrics being captured.

AM-G updated the Board on the Trust's stage 1 submission in the application process for the award of a NIHR Biomedical Research Centre programme grant. The second stage will occur between August – December 2022. Having lost our official NIHR CRF (clinical research facility) badging in October 2019, we are now preparing a submission for September to incorporate our CRF (housed in the Fulham Wing) within the wider GSTT CRF, in order to regain official NIHR badging. RB&H will be transferring into the South London CRN (clinical research network) in October.

Approval from the Board was sought for the following grant awards:

- NIHR Health Technology Assessment Award - £1.96m
- NIHR Artificial Intelligence Award - £1.32m
- British Heart Foundation (BHF) programme award (years 2-5) - £1.01m (total award value £1.27m)

The Board approved these awards, and thanked AM-G and LB for their positive update.

6. Innovation Update

Piers McCleery (PM) presented an overview of innovation activities at RB&H. These are driven chiefly by a desire for clinical service improvement, both 'top-down' through the Darwin programme and 'bottom-up' through individual clinicians' 'bright ideas'. Connections now being made into GSTT's innovation infrastructure and 'ecosystem', which should enable quicker, more professional development from concept through prototype to go-live. It will be important too to have enough of the right conduits between RB&H and the GSTT 'ecosystem'.

BSM asked how closer interaction with GSTT would improve the innovation process: PM cited one of RB&H's clinical nurse specialists whose past 2-3 innovative ideas have taken a lot of time and effort to patent / derive royalties from, whose latest idea is now being moved into prototyping quickly and expertly via GSTT's Innovation team. Ian Playford (IP) references his own innovation experience and asked for to hear more about RB&H's process offline – Lawrence Tallon (LT), GSTT Deputy Chief Executive, asked to join this conversation.

Dr Mark Mason (MM), RB&H Medical Director, commented on the importance of striking the balance in innovation partnerships - smaller start-ups can have great ideas but often fail to execute, whereas larger corporations have the resources and also experience to make ideas work.

The Board noted the report for suggestions.

7. Report on the Risk & Safety Committee

Members were updated on the matters considered by the Risk & Safety Committee meeting held on 6 July 2021 by the Chair of the Committee, Prof Peter Hutton (PH).

Key items scrutinised by the Committee were:

- Quality Presentation on the Home Intravenous (IV) Therapy service
- Risk Review Report
- Learning from Deaths
- Serious Incident Summary
- M11 Clinical Quality Report
- Quality Priorities for 2021-2022
- Presentation of Annual reports

He congratulated the Darwin and Quality teams on the Home Intravenous Therapy service which had grown rapidly during the pandemic. Each stage of its development had had very good safety planning and safety analysis. PH also reported that the Brexit strategy risk has been taken off the risk register as a single item and reduced to ongoing risks as opposed to the overall Brexit.

PH pointed out that the Clinical Group has now got five medical examiners and a lead medical examiner with good interaction with colleagues elsewhere in GSTT. At the invitation of the Committee Chair, Kate Harding, Deputy Medical Director at GSTT, had attended and given positive feedback on the content of the Serious Incident report, while also identifying how RB&H and Clinical Groups could further align their practices and reporting.

PH also reported that during the first two waves of the covid pandemic, Libby Haxby, former Clinical lead in Risk, had set up a supporting clinical decision-making group with regard to ECMO patients of which Prof Bernard Keavney is a regular member and he an alternate. This group assisted clinicians with difficult clinical decisions, and this assistance had been well-received. PH thanked Prof Keavney and Libby Haxby and confirmed that Dr Jerry Mitchell will be chairing in the interim.

Month 1-2 Clinical Quality Report

The Month 1-2 Clinical Quality Report was presented by Joy Godden (JG), Nurse Director. The contents of the report had been scrutinised by the Risk & Safety Committee at its previous meeting. JG reported that the recent rise in C difficile cases this year reflected a national rise and the changes in the usage of antibiotics last year. Sepsis remains an ongoing focus, and although it is challenging to maintaining this focus alongside all the other clinical priorities over a sustained period, an improvement in reporting has occurred. Patient feedback is monitored closely: there has been a debate around how the word 'urgent' is viewed and understood differently by patients and by both clinical and non-clinical teams.

JMcG reported that RTT (patients receiving treatment within 18 weeks) had risen from a low of 60% last June to almost 80% this May and should be at 92% by the end of this calendar year. The reduction of 52-week wait breaches has been better than expected in May and June, and if the current rate of reduction is maintained all 52 week wait breaches could be resolved by March 2022.

AB confirmed that there has been an overall national trend increase in infections other than Covid rates: the instance of five cases of VTE without evidence of cross infection indicate that the robustness of antimicrobial stewardship continues to be critically important.

The Board considered the Clinical Quality Report Months 1 and 2 and approved its publication on the RB&H clinical group website.

8. Report on the Finance & Performance Committee

Richard Guest (RG), RB&H Clinical Group CFO, updated the Board on matters considered at the Finance & Performance Committee meetings held on 24 May and 29 June 2021.

RG notified the Board that the submission of the two sets of annual reports and accounts (i.e ten months as RB&H FT and a two months' contribution to the GSTT full year accounts) had now been concluded; he thanked the RB&H Finance team for their hard work in carrying out the two sets of accounts within the tight timescale.

Month 2 Finance Report

RG presented the Month 2 Finance Report, which had been scrutinised by the Finance & Performance Committee at its previous meeting. An in-month surplus of £0.5m was recorded, with a favourable variance of £0.5m against a break-even plan and a favourable variance of £1.5m against the original phased plan (which had assumed a £1.0m in month deficit). The YTD surplus is £2.1m, a favourable variance of £2.2m against a break-even plan and a favourable variance of £4.3m vs the original phased plan, driven by PP activity being ahead of plan and by a lower level of non-pay costs. Our cash position is good with £42.2m in the bank.

The Clinical Group's NHSE income will continue on a block contract basis for H2 although an increased efficiency requirement is expected to be factored into the block contract. A 2% CIP target has been put into the annual plan with £7.2m of the planned £7.9m being already identified.

Write-offs

The paper was noted. Following due consideration, the Board approved the debt write-offs.

9. Update on the People Committee

IP presented the minutes of the first meeting of this committee on behalf of its chair, Janet Hogben and highlighted the following:

- Integrating health and well-being as a culture through the organization
- Levels of staff vaccination – currently 90% of staff
- Diversity and Inclusion – how to support this agenda and its work around the hospital, and the number of groups set up to support various of staff
- Innovation – appraisal and objectives setting becoming more integrated and adaptable to people's needs around well-being
- On-going learning through the Learning Management System
- A faster, more seamless recruitment process through the Recruit Now talent attraction tool for advertising vacancies instead of posting jobs on bland websites
- Recognition and thanks for the team sending out 4000 'Thank you' bags sent out to staff in and around the hospital

The Chair thanked IP for the update.

10. Recommendations of the Advisory Appointments Committee

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

- Dr Justin Garner – Consultant in Respiratory Physician with expertise in Cancer and Interventional Bronchoscopy
- Mr Espeed Khashbin – Consultant in Heart and Lung Transplantation, Mechanical Circulatory Support and Acquired Cardiac Surgery

MM also gave a background update on the recruitment of two locum consultant surgeons in congenital heart disease, with an expected start date early autumn.

11. Any other business

RG-M announced the departure of Jo Thomas, Director of Communications and Public Affairs at the end of July and expressed his considerable gratitude for her contributions for nearly 20 years at the RB&H. BSM as Chair also expressed her thanks for Jo's support during her tenure.

12. Date of next meeting

The date of the next meeting of the RB&H Clinical Group Board will be Tuesday 12 October 2021 at 11.00 – 14.00.

**BOARD OF DIRECTORS
STRATEGY AND PARTNERSHIPS BOARD COMMITTEE**

**Minutes of the meeting on Wednesday 30th June 2021
Held virtually at 9am**

Members Present:	Sir H Taylor, Chair	Mr J Pelly
	Ms A Bhatia	Ms J Screation
	Mr J Findlay	Dr P Singh
	Baroness S Morgan	Dr S Shribman
	Ms J Parrott	Mr S Weiner
In attendance:	Mr E Bradshaw – Secretary	Mr A Gourlay
	Ms S Austin	Ms A Knowles
	Ms K Blake – item 10	Ms K Thomas – item 5
	Ms S Clarke	Ms M Tolhurst – item 5
	Ms J Dahlstrom	Prof C Wolfe – item 10
	Mr S Davies	

1. Welcome and introductions

The Chair welcomed colleagues to the meeting of the Strategy and Partnerships Committee (the Committee).

2. Apologies

Apologies had been received from Mr P Cleal, Mr S Friend, Dr F Harvey, Dr J Khan, Prof R Razavi, Prof I Abbs, Mr L Tallon, Mr M Shaw and Dr S Steddon.

3. Declarations of Interest

There were no declarations of interest.

4. Minutes of previous meeting held on 16th December 2020, review of action log and matters arising

The minutes of the previous meeting were approved as an accurate record. All actions were in hand.

The Chairman explained that from the next meeting the Strategy and Partnerships Committee would be converted into a more generic 'Board in Committee'; this would continue to receive agenda items related to the Trust's strategies and partnerships,

but would also provide time for Board development and more in-depth consideration of key ongoing matters.

A short update was provided on the development of the Integrated Care System (ICS) in light of the proposed legislative changes. The ICS Lead and Non-Executive Chair were engaging with organisations across South East London to seek views on the operating model and governance of a future ICS. The Committee discussed what the Trust's role in the ICS would be, how an ICS Partnership Board would work and how the financial flows might operate. Whilst it was acknowledged that much of this work was still in a design phase, greater clarity on the role and responsibilities of the ICS would be needed before any plans could be finalised.

5. Surgical Vision: Our Surgical Strategy

Since October 2020 the Surgical Strategy programme team had worked with teams across the Trust to develop a consolidated Surgical Strategy for the next five years. The Strategy had been widely tested with staff and patients and centred on the delivery of six key strategic priorities that underpinned the Trust's vision for surgical services across pre-, peri- and post-operative care. The Strategy had been designed as an overarching framework for service development and improvement; it would also support the Trust's recovery from the COVID-19 pandemic and help preparations for a possible third wave of the virus. Implementation planning was due to take place during summer 2021, at which point the reporting line would move to Transformation and Major Programmes and the Senior Responsible Owner would change from the Chief Strategy Officer to the Chief Operating Officer.

There was strong support for the Strategy from Committee members. The Strategy would be led by the Cancer and Surgery Clinical Group, but was relevant to all clinical groups and therefore would need joint ownership and a collaborative approach to implementation. It was confirmed that the Royal Brompton and Harefield Clinical Group was supportive of the vision and would also be involved in its implementation. There was overlap between this work and the Outpatient and Ambulatory Transformation Programme, and that there was likely to be an opportunity to share resources across the two areas of work. Some Committee members felt that the Strategy needed to be more closely linked to the life sciences agenda and also that more consideration should be given to how surgical outcomes, theatre utilisation and theatre productivity would be measured and used to target improvement support. Future reports to the Board should include these areas.

ACTION: KT, MT

Max Tolhurst was leaving the Trust and the Committee formally thanked him for the major contribution he had made over a number of years.

RESOLVED:

The Committee approved the Surgical Strategy.

6. Trust Objectives: Review of Achievements 2020/21 and Agreeing Objectives for 2021/22

At its meeting in July 2020 the Committee had agreed a set of organisational objectives for the remainder of 2020/21; these were aligned to the 'Together We Care' strategy and the imperatives arising from the COVID response and recovery. The Committee received an update about the delivery of these objectives, including the areas where good progress had been made, where progress had been slower or delayed, and key areas of risk. The Committee also received an overview of delivery of the 'Together We Care' strategy at the midpoint of the five-year period (2018-2023) to which it related. The Committee noted that there had been material progress made against all strategic objectives over the past three years, particularly in the Partnerships priority, as well as in the 'investing in our staff' component of the People priority. There had been less progress in placing patients as partners in their health and care, in part due to the impact of the pandemic, and on the enabling strategies.

The Committee agreed that strategic delivery during 2021/22 would be monitored in a different way to previous years, through a set of annual Trust objectives which would be based on 'Together We Care' and the strategic priorities for the year ahead. The objectives would be tracked by the Trust's Strategy team and allocated to a Board Committee for monitoring; this would help the Trust to become more responsive to monitoring delivery and taking action where objectives were not being met.

A set of 15 objectives were set out for the Committee's consideration and were agreed by Committee members to be broadly focused on the right areas. The Committee suggested adding an objective or specific reference to the Trust's operating theatres, given how pivotal these were to the Trust's COVID recovery. There was also a need to refine the wording in the first objective to reflect a greater aspiration into patient engagement. Objective 14 should make reference to technology beyond the Apollo programme. The Committee welcomed the proposed simplification of reporting and thanked the Trust's Strategy team for its work in this area.

RESOLVED:

The Committee approved the Trust's strategic objectives for 2021/22, subject to consideration of the amendments proposed in the meeting.

7. Our People Strategy Update

The Trust's People Strategy had been published in April 2019 and refreshed in November 2020 to take account of the NHS People Plan and learning from the first wave of the COVID-19 pandemic. A further re-prioritisation of the year two priorities had been undertaken in March 2021 following the second wave of the pandemic. A new governance structure had been implemented to oversee delivery of the Strategy, including a new process for monitoring and oversight at an executive level. In recent months there had been a move towards collaboration on workforce issues at an ICS level, including around back office functions and a 'one employer' approach to reduce

competition for staff between NHS organisations. The NHS People Plan was being reviewed and was expected to be more focused on staff health and wellbeing and equality, diversity and inclusion (EDI).

The Committee welcomed the update and agreed that supporting staff wellbeing was of critical importance for the organisation. There was some anxiety around the Trust about a possible third wave of the pandemic and the potential upheaval that this could bring, for example further redeployment of staff. There needed to be clear ways to evidence whether the Strategy had been successful, encompassing both quantifiable metrics and soft intelligence from staff. Whilst the national staff survey was helpful, a quarterly 'pulse' survey was being introduced to provide a more immediate view of this. Non-Executive Committee members reported that they had not yet gone back on-site to speak to staff and so had been unable to triangulate workforce reports. The Chief Nurse's Office was finalising a programme of site visits for Non-Executive Directors and governors which would help address this. However, it was acknowledged that whilst the site visits were important, a lot of Trust staff worked off-site, for example in community services or away from frontline areas, so it would be important to engage with these groups as well.

8. Trust's Role in Improving Population Health and Reducing Health Inequalities, Including as an Anchor Organisation

At its away day in September 2020 the Trust Board had agreed that a statement of the Trust's wider social purpose should be developed, with a focus on its commitment as an Anchor Organisation. A stocktake had been undertaken to review existing and potential work under each of the NHS anchor domains described by the Health Foundation and it was proposed that the commitment statement should encompass the Trust's role in improving population health and reducing health inequalities, including:

- Developing our role as an Anchor Organisation;
- Population health management, including reducing health inequalities;
- Integrated, holistic care in the right place at the right time; and
- Investing in the health and wellbeing of our people as a key population.

The work that the Trust was doing and planned to do to fulfil this aspiration was set out. The Trust was delivering in all of the Health Foundation domains, both through business as usual and through specific programmes, supported by strong partnership working. It was also suggested that the Trust could take a particular role in attracting investment into the local area as a leader in innovation and technology.

There was strong support for this work – and specifically for framing the commitment statement in the way proposed from Committee members. The likelihood of success in this area would be increased both by local collaboration and by wider sharing of best practice, and so Committee members emphasised the need to ensure the work was developed with ICS partners. The Trust was already looking at examples of how

other organisations, both from in the NHS and across the public sector, had approached this. There was discussion of how the Trust could lead and influence work to reduce health inequalities across the ICS. Certain groups within the population were being disadvantaged in ways that were not always obvious, and the Trust needed to develop a better understanding of how to ensure people from local communities could access services. It would be important to ensure the voluntary sector was involved in this work.

9. Update on Specialised Services Developments

The Committee had last received an update on potential changes to specialised services in December 2020, since when there had been further developments in light of the health white paper and emerging national guidance. The Committee was informed of how these potential changes were being considered at a national, regional and ICS level and how this work was being taken forward, with indicative timetables where relevant. The NHS England London region had established a monthly meeting to manage the transition. The Committee noted the ongoing uncertainty about the future financial model and recognised this would have implications for specialised services income, which represented a significant proportion of the Trust's total revenue. Further work was needed to ensure that there were no unintended financial consequences to the Trust or its partners as a result of the potential changes.

Committee members reported it was helpful to see the update and the direction of travel. It would be important to ensure consideration of future changes was done on a multi-ICS level, incorporating South East London, South West London, Kent, Surrey and Sussex, whilst linking in with colleagues from the Royal Brompton and Harefield Clinical Group. There was discussion about the resources that could be made available to support the work, about the governance structures that would need to be established, and the possible review and reclassification of what was categorised as 'specialist' work. The Board would revisit this topic as it continued to evolve.

9.4

10. Research and Development Update

The Committee received updates on a number of strategic matters relating to the development and delivery of the future research agenda across the Trust and in partnership with King's College London (KCL). These updates included confirmation that the Trust had submitted a Pre-Qualifying Questionnaire for the National Institute for Health Research (NIHR) Biomedical Research Centre (BRC) designation and funding competition, the award for which would run to 2027. Invitations to submit a full application would be issued in early August 2021 with submissions due in October.

Discussions were also taking place regarding the management and development of a bid for a second designation and funding competition, the NIHR Clinical Research Facilities (CRF) for Experimental Medicine. Any submission would need to take into account opportunities presented through the merger with Royal Brompton and Harefield and its experimental medicine portfolio, the expansion of the Evelina Children's Hospital and the established Advanced Therapies Accelerator.

The Committee acknowledged the estates and space requirements to support these two bids and other initiatives such as the ongoing COVID-19 and clinical research. It was also noted that the Trust's research and development department and the functions it supports were fully funded by income from third parties and that recent events had created a significant cost pressure for the department which had created a potential requirement for financial support. Committee members felt that, in considering any future financial support, it would be important for the Board to have a full picture of the Trust's research agenda and related work, including in haematology.

11. Board Assurance Framework Risks

The Strategy and Partnerships Board Committee (S&P) has responsibility for six of the strategic risks on the Trust's Board Assurance Framework (BAF). Proposed updates had been made to three of these risks following the Board's consideration of the Government's white paper on health and care at its away day in March 2021, as well as the implications of the merger with the Royal Brompton and Harefield and the standing up of the new Trust operating model. It was proposed that a fourth risk, regarding exit from the European Union, was removed from the BAF.

The Committee reviewed the proposed updates and discussed the sufficiency of the controls and levels of assurance in place. Of the remaining two risks, an update on the Research Delivery and Research Industry Partnerships risk would be brought to the following Committee meeting, whilst Committee members proposed that the risk around the Commercial strategy and ambitions moved to the new Finance, Commercial and Investment Committee.

ACTION: EB

Committee members asked that risk 10a, regarding National policy and legislation, was split into two separate risks focused on legislation and specialised services.

ACTION: JP, AW

RESOLVED:

The Committee approved the proposed changes to the BAF.

12. Reflections from Trust Board Committees

The Non-Executive Chairs of the Quality and Performance, Audit and Risk, and Transformation and Major Programmes Board Committees gave a brief overview about the key matters that had been discussed in recent meetings. The Committee noted that a Stocktake on the King's Health Partners (KHP) Cardiovascular and Respiratory Partnership Programme integration was planned for the following week.

13. Any Other Business

The Chair thanked those members of staff who had been involved in welcoming the new Secretary of State to St Thomas' Hospital earlier in the week.

The Committee noted that in August the Trust would open two refurbished theatres at Queen Mary's Hospital in Sidcup. These would be available for use by the Trust and its system partners.

Date of next meeting: Wednesday 6th October 2021, arrangements to be confirmed

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

**Wednesday 21st July 2021
 3pm to 4.40pm, held virtually on MS Teams**

Members Present:	Mr S Weiner – Chair	Ms J Parrott
	Prof I Abbs	Mr J Pelly
	Mr P Cleal	Dr S Shribman
	Mr J Findlay	Dr P Singh
	Mr S Friend – from 4pm	Dr S Steddon
	Dr F Harvey	Mr L Tallon
	Baroness S Morgan	Sir H Taylor
	In attendance:	Mr E Bradshaw – Secretary
	Ms L Allen	Ms L James
	Ms C Berwick	Ms B Jegede
	Ms B Bryant	Ms A Knowles
	Ms A Carter Roberts	Ms R Liley
	Mr S Davies	Mr I Playford
	Mr R Drummond	Ms M Ridley
	Mr A Gourlay	Mr M Tolhurst – item 6
	Dr R Grocott-Mason	Ms S Williamson

1. Introductions and Apologies

- 1.1. The Chair welcomed colleagues to the meeting. Apologies had been received from Avey Bhatia, Reza Razavi, Julie Screatton and Martin Shaw.

2. Declarations of Interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting held on 26 May 2021

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

4. Matters arising and review of action tracker

- 4.1. All matters arising from previous meetings of the Committee would be addressed through items on the meeting agenda. There were no outstanding actions on the action log.

- 4.2. The Chief Executive presented the Board with an update on the operational situation. Hospital admissions due to coronavirus remained relatively low, but it was likely that they would rise over the coming weeks and there would be more demand for critical care beds. The Trust's emergency department was under pressure from high attendances and increasing levels of staff absence due to self-isolation. Action plans were being developed in response. The Committee supported the approach to encourage staff to take annual leave during this time. The vaccination programme was continuing to go well and was likely to continue for at least another 12 months. The Trust had recently administered its 500,000th vaccine. Committee members agreed it was important to be aware of the operational pressures as they discussed the Trust's strategic programmes.

5. Quarterly Capital and Estate Development Programme Update

- 5.1. The Director of Essentia presented a high-level summary of the key capital and estates developments that were significant in scale and required attention from the Board. In particular, the Committee noted positive developments regarding the Imaging Centre at St Thomas' Hospital, being developed in collaboration with King's College London. Good progress was also being made with the refresh of the Estates Strategy, which had received input from all clinical groups.
- 5.2. Committee members noted that the St Thomas' Hospital estate was under significant space pressure and discussed ways in which this could be alleviated, including possible options regarding the future of Gassiot House. Other opportunities to lease more space had arisen within the converted arches behind Beckett House. In considering future space requirements it would be important to work closely with the Ambulatory Programme team, as they design new models of care, and to look at capacity across the whole organisation.

6. Nuffield Decant Theatres – Full Business Case

- 6.1. The theatre maintenance programme would require several theatres to be taken out of use at the same time, leading to a loss of capacity. The Trust had an increasing demand for theatre capacity which meant moving activity to alternative theatres was not possible. The Committee received a business case to create two additional temporary decant theatres on the Guy's site, the provision of which would mean little or no loss of activity during the ongoing and future planned theatre maintenance work.
- 6.2. There was strong support from Committee members for the additional theatre space to maintain activity levels, and the project team was encouraged to move with pace to complete the work. Consideration was given to the temporary nature of the theatres, whether their initial lease could be extended, and also whether the Trust should be more ambitious in the number of additional theatres that were created. A feasibility study had been commissioned to explore whether more theatres could be built on the same site, although it was noted that the Trust's 2021-22 capital plan had not incorporated any such developments.

RESOLVED:

- 6.3. The Committee approved the full business case and agreed that the contract to build two modular theatres should be awarded to ModuleCo Ltd.

7. Guy's Cancer Centre Cladding Update

- 7.1. An overview was provided about the need to replace some of the cladding on the Guy's Cancer Centre following the tragic Grenfell fire. Delays to the commencement of these works, as a result of changes to the way that the work would be carried out had been discussed at previous meetings of the Committee. It was important to note that continued assurance had been received from all relevant agencies, including the London Fire Brigade, that the Cancer Centre building remained safe to occupy. It was reported that work was unlikely to start before September 2021, with a knock-on delay in the project completion date. A reporting plan had been agreed with the NHS England and NHS Improvement (NHSEI) regional team to keep them up-to-date with developments. It was noted that the cost of the revised scope of work would be greater than the funding received from NHSEI, and that this would therefore create a capital cost pressure in the year.

8. Orthopaedics Centre Update

- 8.1. An update was received on the negotiations with Johnson & Johnson for phase three of the Orthopaedics Centre of Excellence, which would provide a hub for education and training and a dedicated clinical space for orthopaedic work and research to improve clinical outcomes for patients. Planning permission for the Centre had been received from Southwark Council, but not yet from London Fire Brigade, which was impacting the programme timetable. The longstop date had therefore been extended to 10 September 2021. The Committee was pleased that good progress had been made and that most major issues had been agreed in principle by the two parties. The Committee agreed that a further update was needed before 10 September.

ACTION: JF, EB

9. Major Programmes Office Update

- 9.1. The Major Programmes Office (MPO) had been working with programme teams to develop and document baselines for each of the major programmes, including objectives, scope, timelines, costs, and benefits. These areas would be aligned to the annex in the Senior Responsible Owner (SRO) mandate letter to ensure consistency across the programmes. Two major programmes would present their baselines for agreement at this Committee meeting and other major programme baselines would follow in subsequent meetings.
- 9.2. The programme baselines would be a key reference point for monitoring delivery against plan, with any changes being documented and escalated through the major programme change control process. This would provide assurance to the Committee that proposed or necessary changes were being discussed and managed and that the impact of these had been considered and assessed at a portfolio level. Standardised reporting templates were also being developed to facilitate reporting against the baseline; these would be more focused on key risks and issues and would drive greater consistency in how information was reported to the Committee. The MPO was also continuing to support programme teams to track and manage

dependencies across the portfolio, which had been identified, reviewed and updated with programme teams in MPO one-to-ones and in Programme Director workshops. The highest priority dependencies were set out for the Committee's review.

- 9.3. The Committee welcomed the work that had been done to refine the programme management processes. Some Committee members, however, remained concerned about a possible lack of senior capacity to deliver the major programmes as well as the many other transformation activities across the Trust, including the Imaging Centre at St Thomas' Hospital, the Orthopaedics Centre at Guy's Hospital and the Surgical Strategy implementation, which also required significant senior attention. The Deputy Chief Executive and Chair of TMP Executive Committee informed the Committee that work was underway to quantify the time being spent on all significant programmes and this would form a set of recommendations to bring back to the Committee.

10. Pathology Programme Transformation Update and Baseline

- 10.1. The focus of the Programme in recent weeks had been on the delivery of transformation, with a significant amount of activity to progress work in relation to the Bexley, Greenwich and Lewisham (BGL) and the King's College Hospital NHS Foundation Trust (KCH) phlebotomy transfers. A deep dive with each workstream was being conducted to review the planning and implementation of transformation activity. The clinical leadership structure was continuing to develop with four Clinical Strategic roles now in place across Tissue Sciences, Haematology, Infection Sciences, and Chemistry/ Immunology, and the recruitment for Clinical Strategic Leads for Genomics, Primary Care and Research and Innovation had begun. The Committee reviewed the Programme baseline which highlighted the considerable financial and non-financial benefits that would accrue over the life of the contract.
- 10.2. The Programme SRO and his team were thanked for their work on a difficult and complex Programme. It was suggested that Trust Non-Executive Directors should visit the Synlab hub in person, once restrictions linked to the COVID-19 pandemic had eased. Committee members sought more detail about the Programme's clinical leadership structure and the future branding of the joint venture.
- 10.3. There was a discussion about the approach to the management of blood transfusion across the Trust and King's College Hospital, and alignment with the Apollo programme 'go live' dates for the new electronic health record. The aim was to have a single end-to-end laboratory information management system (LIMS) prior to the first 'go live' in April 2023. Consideration was given to the consultation that would be required with staff at Royal Brompton and Harefield regarding the possible transfer of their employment to Synlab, and the impact of this on the Apollo Programme design phase that was due to start on 7 September. The potential of Royal Brompton and Harefield staff not being part of the design stage for the LIMS was highlighted as a risk. The complexity of a three-way dependency between the major programmes of Apollo, Pathology and the KHP Cardiovascular and Respiratory Partnership Programme was noted, and assurance given from the relevant SROs that the right conversations were happening. Clarity on the timetable would be brought to the next Committee meeting.

ACTION: SS, RGM, BB, LT

RESOLVED:

10.4. The Committee approved the Pathology Programme baseline.

11. Evelina London Expansion Programme Baseline

11.1. The Programme team had worked with the MPO to develop the Programme baseline, and good progress was being made with all areas of the baseline criteria. The Committee acknowledged the multiple complex risks and dependencies which may impact delivery and which were being proactively mitigated, whilst an assurance partner was being sought to support the end-to-end delivery of the Programme scope. It was confirmed that the estates implications of a potential relocation of paediatric cancer services, subject to the outcome of the NHSE review and subsequent public consultation, was within the Programme scope, but that capital costs linked to any move of these services ahead of the completion of the Triangle Site was not in the baseline cost envelope and would be subject to separate discussions with NHSEI as part of the NHSE review.

11.2. The Committee reviewed the baseline and looked ahead to the timing of the Outline Business Case that was anticipated later in the year. Discussion moved onto the Programme funding and updates were received from some Committee members about discussions that had been held with key external stakeholders. It was recognised that whilst there had been positive steps forward, funding remained the biggest risk to delivery.

RESOLVED:

11.3. The Committee approved the Evelina Expansion Programme baseline.

12. Outpatient and Ambulatory Transformation Programme Update

12.1. The Programme SRO was starting to build the Programme baseline, and had met a number of people from across the Trust to get input into possible aims and objectives for this purpose. A full written report on each of the workstreams in train had been well-received by the Transformation and Major Programmes Executive Committee the previous month, and progress with these workstreams was continuing to go well. The Programme governance was being established and interviews for a Programme Director would be held in the near future. The Committee welcomed the update and recorded a concern about the availability of resources required to deliver the Programme.

13. KHP Cardiovascular and Respiratory Partnership Programme Update

13.1. NHS Improvement Transactions Guidance requires the Trust to make a corporate governance statement within six months of the merger with Royal Brompton and Harefield. This process helps the Board to ensure that appropriate corporate governance arrangements have been established to manage and oversee the new organisation. The template for the corporate governance statement is condition FT4 of the NHS Provider Licence which contains a number of governance requirements that the Trust must confirm have been met, whilst setting out any risks and mitigating actions.

- 13.2. The Committee reviewed the proposed corporate governance statement and agreed that it was a good representation of the arrangements in place and demonstrated that the Royal Brompton and Harefield Clinical Group was a well-governed part of the Trust. The corporate governance arrangements would continue to evolve and there would be further integration between the clinical groups up to April 2022.

RESOLVED:

- 13.3. The Committee approved the corporate governance statement and agreed it should be submitted to NHS Improvement.

14. Apollo Programme Update

- 14.1. The Apollo Programme to implement a new electronic health record was currently in 'phase zero' of the plan and focused on the set-up of Programme governance, planning and a large recruitment campaign. An overview on each of these areas was provided to the Committee, which noted that the recruitment campaign was going well, with a new Operational Lead now in post to direct the work across Royal Brompton and Harefield and King's College Hospital. Staff from across the organisation were already being involved in the Programme, with good clinical input noted. The design phase would start on 7 September 2021 with 'launchpad' sessions and rapid decision groups planned.

- 14.2. Representatives from Boston Consulting Group (BCG) had attended the previous Committee meeting to give an overview of the external assurance of the Programme that they were undertaking. There would be four further assurance checkpoints: Initial Design (November 2022); Testing (July 2022); Staff training (November 2022) and Go-live (February 2023). The Committee would continue to receive sight of the BCG assurance work going forward. The Chief Digital Information Officer gave an update on the status of King's College Hospital in procuring the electronic health record system for their sites and how these timelines dovetailed with those of the Trust.

15. Any Other Business

- 15.1. There was no other business.

*The Committee was next due to meet on Wednesday 29th September 2021.
Arrangements would be confirmed in due course.*

(Post meeting note: it has subsequently been arranged that an additional meeting of the Committee would be held on Friday 3rd September 2021.)

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

**Friday 3rd September 2021, 11am to 12pm
held virtually on MS Teams**

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

In attendance:	Mr E Bradshaw – Secretary	Ms A Knowles
	Ms L Allen	Ms K Moore
	Ms C Berwick	Ms A Ogunlaja
	Mr D Bevan	Mr A Parrott
	Mr R Bray	Mr I Playford
	Dr E Chevretton	Ms M Ridley
	Ms J Dahlstrom	Mr B Scarisbrick
	Mr A Gourlay	Ms S Williamson

1. Introductions and apologies

- 1.1. The Chair welcomed colleagues to the meeting. Apologies had been received from Paul Cleal, Sally Morgan and Simon Steddon.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting held on 21st July 2021

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

4. Matters arising and review of action tracker

- 4.1. The action regarding the Pathology Programme would be addressed at the next meeting of the Committee on 29th September.
- 4.2. The London Fire Brigade had advised the Trust that parts of the Orthopaedics Centre of Excellence would need to be redesigned to ensure compliance with fire regulations. The longstop date of 10th September would therefore need to be further extended and the Trust was in discussions with Johnson & Johnson Managed Services about this. Committee

members acknowledged the need to ensure compliance with regulations to keep patients, staff and visitors safe, but expressed disappointment that this would delay the planned increase in theatre capacity. Possible ways for this delay to be mitigated were discussed, and there was also consideration of how this situation had arisen. A further update would be provided at the next meeting of the Committee.

ACTION: JF

5. Evelina Expansion Programme – Outline Business Case

- 5.1. The submission date for the Programme's Outline Business Case (OBC) to NHS England and Improvement (NHSE/I) for onward progression to HM Treasury had been brought forward to September 2021 from January 2022. The key points of the OBC were set out for the Committee's consideration. These included the total end-to-end cost of the scheme and a breakdown of the main cost components, the sources of investment that had been identified, and the progress with delivery of the enabling projects. A briefing for Trust non-executive directors had been held the previous month and feedback received in this session had been incorporated into the OBC. In line with Department of Health and Social Care requirements the Trust had considered a broad number of options and assessed these using the Comprehensive Investment Appraisal process to select a preferred option.
- 5.2. The Trust had worked with Mace, the Programme's capital project advisors, to develop a Programme Plan that would enable delivery of a new building on the Triangle Site co-located with the existing Evelina London building by mid-2027. This timeline was subject to regulatory approval of the OBC as soon as practically possible and the approval of the Full Business Case (FBC) by August 2024. In delivering the Programme the Trust had received further support from Mace's consultancy arm to satisfy HM Treasury's requirement for a comprehensive and robust procurement plan, and a two-stage design and build hybrid approach would be adopted.
- 5.3. There was unanimous support from the Committee for the OBC which was described as an excellent piece of work; one that clearly demonstrated the risks to the Programme and how these would be appropriately mitigated. The Programme was presented not just as a building development, but as a wider transformation of pathways in children's services both internally and across the health sector. It was suggested that the strategic case for expansion had been strengthened by the COVID-19 pandemic and the merger with Royal Brompton and Harefield.
- 5.4. There was considerable discussion regarding the procurement risks, particularly potential cost inflation of building materials and the level of reliance that could therefore be placed on cost estimates at this stage. Further clarity was sought on how these risks had been incorporated into the OBC. It was explained that whilst there would always be some uncertainty, early engagement with the main contractors could help to manage this, and that cost inflation scenarios had been tested using the Trust's long term financial model. The Committee was reassured that support in developing cost estimates had been received from Mace and advice had been provided by Addleshaw Goddard.
- 5.5. There was further debate amongst Committee members regarding:
 - The political and macro-economic factors that were relevant to the Programme, and how these were being handled by the Trust;
 - The importance of Essentia and the Evelina Clinical Group to work closely on the Programme going forward, and how this could be strengthened;
 - How the Programme would be governed, with specific reference to how the change control process would operate; and
 - The importance of technology in delivering the Programme benefits including the interdependencies with the Apollo Programme and the need for clinical engagement.

9.5

5.6. The Programme team were thanked for their work in developing the OBC.

RESOLVED:

5.7. The Committee approved the OBC.

6. Any Other Business

6.1. There was no other business.

The Committee was next due to meet on Wednesday 29th September 2021. Arrangements would be confirmed in due course.

Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 20 OCTOBER 2021

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

Documents signed under Trust Seal – Board of Directors, 20 October 2021

Board

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

WEDNESDAY 20 OCTOBER 2021

**DOCUMENTS SIGNED UNDER TRUST SEAL
1 AUGUST 2021 TO 1 OCTOBER 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 975 to 995, under the Foundation Trust's Seal during 1 August 2021 and 1 October 2021.

Documents signed under Trust Seal – Board of Directors, 20 October 2021

Board**2. Recommendation**

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

Number	Description	Date
975	Deed of Variation supplemental to a Deed of Payment and Enforcement dated 27 February 2020 relation the overage agreement relating to the development of the Trust Building at Royal Street and Upper Marsh, London between (1) Guy's and St Thomas' Foundation (as a Trustee of the Guy's and St Thomas' Endowed Charity) and (2) Guy's and St Thomas' NHS Foundation Trust.	02.08.21
976	Overage Agreement relating to the development of the Trust Building at Royal Street and Upper Marsh, London between (1) Guy's and St Thomas' Foundation (as a Trustee of the Guy's and St Thomas' Endowed Charity) and (2) SB Royal Holdings Limited and (3) Baupost Group, L.L.C and (4) Guy's and St Thomas' NHS Foundation Trust.	02.08.21
977	Licence for Alterations relating to Unit 12, Chelsea Farmers Market, London SW3 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Watermelon House Limited.	02.08.21
978	Agreement for the Grant of Two Leases of Café Unit and Unit 1 at St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) WH Smith Hospitals Limited.	02.08.21

Documents signed under Trust Seal – Board of Directors, 20 October 2021

Board

979	Agreement for Lease and Surrender of Unit 3, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust (Landlord) and (2) WH Smith Travel Limited (Surrendering Party) and (3) WH Smith Hospitals Limited (Tenant).	02.08.21
980	Lease of Unit 1 and Storage Area, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) WH Smith Trading Limited (Trading as M&S Simply Food).	02.08.21
981	Lease of Café Unit, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) WH Smith Trading Limited (Trading as Cafe).	02.08.21
982	Lease of Unit 3 and Storage Area, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) WH Smith Trading Limited (Trading as WH Smith).	02.08.21
983	Licence for Alterations (for works inside and outside the Premises) relating to Unit 1, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) WH Smith Hospitals Limited.	02.08.21
984	Licence for Alterations (for works inside and outside the Premises) relating to Café Unit, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) WH Smith Hospitals Limited.	02.08.21
985	Licence for Alterations (for works inside and outside the Premises) relating to Unit 3, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's	02.08.21

Documents signed under Trust Seal – Board of Directors, 20 October 2021

Board

	and St Thomas' NHS Foundation Trust and (2) WH Smith Hospitals Limited.	
986	Deed of Surrender relating to Unit 3, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) WH Smith Travel Limited.	02.08.21
987	Deed of Surrender relating to Unit 2, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) AMT Coffee Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	02.08.21
988	Underlease part of GP Surgery, 12-13 Blondin Way, London SE16 6AE between (1) Dr Patrick Holden, Dr Noel Baxter, Dr Pamela Marrinan and Dr Kersten O'Connor and (2) Guy's and St Thomas' NHS Foundation Trust.	02.08.21
989	Lease of vending machine space at Ground Floor, Southwark and Bermondsey Wings, Guy's Hospital, Great Maze Pond, London SE1 9RT between (1) Guy's and St Thomas' NHS Foundation Trust and (2) WH Smith Travel Limited.	02.08.21
990	Deed of Variation to Managed Services Agreement relating to the provision of managed orthopaedic theatre facilities warehouse location between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Johnson and Johnson (Finance) Ltd.	24.08.21
991	Lease of Naum Gabo fountain, St Thomas' Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Guy's and St Thomas' Foundation as trustee of the Guy's and St Thomas' Endowed Charity.	21.09.21
992	Deed of Variation made pursuant to (inter-alia) Section 106 and Section 106A of the Town and Country Planning Act 1990 (as amended) and other powers so enabling	21.09.21

Documents signed under Trust Seal – Board of Directors, 20 October 2021

Board

	re: Chelsea Farmers Market, 125 – 135 Sydney Street, London SW3 6NR PP/21/0220 between (1) The Mayor and Burgesses of the Royal Borough of Kensington and Chelsea and (2) Transport for London and (3) Guy's and St Thomas' NHS Foundation Trust and (4) HSBC UK Bank PLC.	
993	Licence to Underlet relating to Ground Floor and Part Basement of 121 Sydney Street, London SW3 6NR between (1) Guy's and St Thomas' NHS Foundation Trust and (2) By-Pass Nurseries Limited and (3) Mezcalito Chelsea Limited and (4) Justin Francis Quintus Fenwick QC.	28.09.21
994	Licence to Underlet relating to 119 Sydney Street and the Garden of 121 Sydney Street, London SW3 6NR between (1) Guy's and St Thomas' NHS Foundation Trust and (2) By-Pass Nurseries Limited and (3) Mezcalito Chelsea Limited and (4) Justin Francis Quintus Fenwick QC.	28.09.21
995	Deed of Variation of appointment for project advisory services relating to Evelina Expansion Project between (1) Guy's and St Thomas' NHS Foundation Trust and (2) MACE Limited.	28.09.21