

Public Board of Directors Meeting - Full Pack with papers for noting (22/04/2020)

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Board of Directors Meeting

**22nd April 2020 at 4pm
Held Virtually**

Board of Directors Meeting

**Meeting to be held 22nd April 2020
at 4pm by Virtual Meeting**

A G E N D A

1. Apologies
 2. Declarations of Interest *verbal*
 3. Minutes of the meeting held on the 29th January 2020 *attached*
 4. Matters arising from the minutes of the previous meeting *verbal*
 5. Chairman's Report *verbal*
Sir Hugh Taylor
 6. Chief Executive's Report *attached* *(BDA/20/04)*
Ian Abbs
 7. Annual Nursing and Midwifery Report *attached* *(BDA/20/05)*
Eileen Sills
-
8. Reports from Board Committees for noting:
 - a) Audit and Risk Committee: minutes 12th February 2020
 - b) Cancer Services Committee: minutes 5th February 2020
 - c) Strategy and Partnerships Committee: minutes 25th March 2020
 - d) Transformation and Major Programmes Committee: minutes 19th February 2020 and 11th March 2020
 - e) Quality and Performance Committee:
 - i. Minutes 26th February 2020 and 1st April 2020
 - ii. Month 11 Financial Report
 - iii. Balanced Score Card to Month 11
 9. Any Other Business

Arrangements for the next meeting of the Board of Directors meeting due to be held on 22nd July 2020 at 3:45 pm in the Robens Suite, Guy's Hospital will be confirmed in due course

Chair Approved

Public Board of Directors

**Minutes of the meeting held on Wednesday 29th January 2020
in Robens Suite Guy's Hospital**

Present: Sir Hugh Taylor (Chairman)
Dr I Abbs
Mr J Findlay
Mr P Cleal
Dr F Harvey
Ms J Parrott
Mr J Pelly
Prof R Razavi
Ms J Screaton
Mr M Shaw
Dr S Shribman
Dame E Sills
Ms P Singh
Mr S Steddon
Mr S Weiner
Prof J Wendon

Attendance: Ms E Youard (Secretary)
Ms S Bowler
Mr S Davies
Mr A Gourlay
Ms A Knowles

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

Paul Cleal OBE was welcomed to his first Board meeting as recently appointed Non-Executive Director of the Trust.

BOD/20/ Apologies

Apologies had been received from Ms B Bryant, Ms V Cheston, Ms A Dawe and Ms M Ridley.

BOD/20/ Declarations of Interest

The Chairman reminded the Board that he was also Chairman of King's College Hospital (KCH). In addition, the KCH Council of Governors in December 2019 had agreed to co-opt Steve Weiner to the KCH Board for up to 12 months.

BOD/20/01 Minutes of the meeting held on 23rd October 2019

The minutes of the meeting held on 23rd October 2019 were agreed as an accurate record.

BOD/20/ **Matters arising**

There were no matters arising from the minutes.

BOD/20/02 **Chairman's Report**

The Chairman presented his report to the Board. The Chairman paid tribute to the professionalism and outstanding staff response to pressures on services across the Trust and in the wider South East London health and care system. During 2019 the Trust leadership team had supported Trust transition as the Chairman had taken up his role as interim chair of King's College Hospital (KCH), alongside his role at GSTT. Dr Ian Abbs had been appointed as interim Chief Executive following Amanda Pritchard's secondment to NHSE/I. The need for closer joint working between KCH and GSTT has been recognised, facilitated by key joint appointments and demonstrated by a commitment to develop a joint clinical strategy. The Chairman and Chief Executive were participating in progressing the emergent South East London Integrated Care System (ICS), in line with the direction of national policy, and sitting on the Board of King's Health Partners (KHP), focused on the process of seeking re-accreditation of KHP's status as an Academic Health Sciences Centre. These activities reflected the partnership priority of the Trust's strategy, Together We Care. In closing, the Chairman drew attention to numerous examples throughout 2019 of the Trust fulfilling its two other strategic priorities around patients and people.

BOD/20/03 **Chief Executive's Report**

The Board noted the Chief Executive's report, with highlights as follows.

The Chief Executive thanked the Trust's staff and expressed pride in their ability to provide safe, compassionate care, even in the most difficult circumstances, as demonstrated in the team's response to the tragic London Bridge terrorist incident in November 2019.

The Trust had been working proactively on getting plans in place for the Coronavirus outbreak with Public Health England as national network lead on High Consequence Infectious Diseases (HCID).

In December 2019 the High Consequence Infectious Diseases (HCID) centre had treated an individual with monkeypox who had been staying in the South West after contracting the disease while visiting Nigeria

The Trust was extremely busy and experiencing an increase in demand due to winter pressures, with the Emergency Department at St Thomas' experiencing record number of attendances, including days where up to 600 patients were visiting the department. Smooth service delivery had happened over the Christmas and Year period. The Trust had been coping with A&E pressures during January, giving mutual aid to support other South East London providers when called upon. The Quality and Performance Board Committee continues to monitor pressures on services.

The Guardian of Safe Working had reported a significant turnaround in the quality of junior doctor experience in oncology. The National Guardian's Office had published an index as a measure for assessing the speaking up culture in an organisation. The Trust had performed above the national average over the previous three years against the Freedom to Speak Up Index. The Chief Executive thanked the Freedom to Speak Up Guardian for her contribution.

Good progress had been made with reducing the transmission of flu and vaccinating front-line staff, of whom over 14,000 had been vaccinated to date.

Key appointments had been made. The Trust had appointed to a new Executive Director role on the Trust's Board Lawrence Tallon, Deputy Chief Executive. Lawrence would commence working at the Trust on the 1st March 2020. Angela Dawe and Sue Bowler, joint Directors of Integrated Care would be leaving the Trust at the end of March, having successfully led the establishment of our new Integrated Care Strategic Business Unit (SBU). Sarah Austin would be taking up the role on the 27th April 2020. The Chief Executive thanked Angela and Sue for their strong contribution to Guy's and St Thomas' as well as to the South East London health and care system. Sean McCloy had been appointed to the role of Director for the South East London Cancer Alliance from 1st February 2020. Thanks were extended to David Cheeseman who would be taking up his new role as Director of Strategy and Transformation at Barnet, Enfield and Haringey Mental Health NHS Trust after his tireless work to support improved outcomes in cancer in South East London over the past six years. The Cancer Services SBU would be established from 1st April 2020. Sarah Clarke had been appointed Director, previously Trust Director of Operations.

The Information Commissioner's Office (ICO), the UK's independent body which upholds information rights had carried out an audit of Trust arrangements for data protection including cyber security in late January 2020. Initial feedback had been positive.

Procurement processes for pathology and for an electronic health record were ongoing.

Closer joint working with KCH was being put in place. Closer collaboration and strategic alignment was initially focused on a small number of priority areas carrying the greatest opportunity to make progress. To oversee this, a 'Committee in Common' would be established which would report back to the Boards of each organisation

The future success of both Trusts depends on both organisations playing an active role in the new South East London ICS at a local borough level and across. This work should include the development and delivery of specialised services for patients from beyond South East London.

Consultant appointments October – December 2019 were noted.

BOD/20/ Royal Brompton & Harefield / King's Health Partners (KHP) Update

The Board received a presentation on the progress made by KHP partners across the Trust, KCH and King's College London (KCL) who had been working with colleagues at Royal Brompton & Harefield NHS Foundation Trust (RBH) since 2017 to explore ways to work more closely together. Those conversations began following further NHS England consultation at the time regarding the provision of children's congenital heart disease services. During 2018 the vision for the partnership was set out and a feasibility study developed. This was followed by detailed work during 2019 when those plans were fleshed out and the cost of pursuing them reviewed. This had included the cost of capital developments. Clinicians and patients had been involved in developing proposals and this close partnership would continue.

Partners believe that this partnership will enable delivery of the best outcomes for patients with cardiovascular and respiratory disease from before birth into old age. It will enable work across a wide network with partner trusts to deliver care closer to home where appropriate, including working closely with primary and community care colleagues. It will enable partners to better meet the challenge for all NHS organisations of attracting, training and retaining excellent staff. Partners will be enabled to support UK PLC and the life sciences strategy through national leadership on research and innovation, working closely with academic partners.

In achieving the vision, partners will improve services for patients, offering world class care, with rapid adoption of new research and technologies for their benefit, helping to reduce unnecessary variation and improve prevention of cardiorespiratory disease and its progression. Partners will create a national asset that staff will want to join, contributing to a fantastic teams for excellent experience delivering services to patients and families, to receive excellent training and education, and to contribute to the exciting research and innovation portfolio. Achievements in securing this vision already included the appointment of a joint Evelina London and RBHT consultant dedicated to sleep services and the provision of some joint surgical care in specialist cardiac surgery for both children and adults. The Trust was providing critical care microbiology support to the RBH team. Partners had jointly bid for Innovate UK funds to support artificial intelligence developments in diagnostic imaging. In addition, work would continue with wider partners including Imperial College London and Imperial Healthcare NHS Trust, North West London and wider health and care providers, as well as with partners contributing digital and health innovation expertise.

Further developments were likely in the near future and the Board and the Council of Governors would be kept in touch with progress.

BOD/20/ 2020: International Year of the Nurse and Midwife

The World Health Organization had declared 2020 the International Year of the Nurse and the Midwife, celebrating the 200th anniversary of the birth of pioneering nurse Florence Nightingale. This was a special celebration for the Trust since 2020 also marked 160 years since Florence Nightingale established the Nightingale Training School at the old St Thomas' Hospital site, close to where Guy's Hospital currently stands. Commemorative events to be held throughout 2020 were planned.

BOD/20/04 Finance Report

The Board noted an update report on financial performance during the eight months to 30th November 2019 against the financial control total the Trust had agreed to deliver a £8.4M deficit with NHSE/I. If this target was achieved, it could give access to £16.4M of Provider Sustainability Funding (PSF) funding, giving a control total including PSF of £8.1M. At M08, the Trust was £2.5M behind the NHSI control total, achieving a loss of £10.3M. PSF of £9.0M had been accrued. Close joint working with Trust directorates was underway to understand and manage risk for year-end, as well as in business planning for 2020/21.

To the end of M08 the Trust had spent £56.7M against its capital plan. This was below the original phased plan for the year by £3.7M. Work continued to firm up the capital forecast total expenditure of £85.1M.

The Trust was working closely on planning with partners across the South East London ICS to understand South East London-wide risk and work to agree a system-wide control total for 2020/21 rather than by organisation. The aim was to

achieve financial balance across South East London ICS partners, jointly developing a suitable methodology. In addition, the Trust was leading an exercise to collate a London-wide analysis of aggregate opportunities and risk across specialist services from a provider perspective. Such activities would continue into 2020/21 and beyond.

BOD/20/05 Reports from Board Committees for noting

The Board noted the minutes of its various Committees as follows:

- a) Audit and Risk Committee held on November 2019;
- b) Cancer Services Committee held on 16th October 2019 ;
- c) Strategy and Partnerships Committee held on 27th November 2019;
- d) Transformation and Major Programmes Committee held on 11th December 2019; and
- e) Quality and Performance Committee held on 4th December 2019 and 15th January 2020.

BOD/20/06 Register of Documents Signed Under Seal

The Board noted the register of documents signed under Trust seal during the period 1st January to 31st December 2019.


BOD/20/ Any Other Business

There was no other business.

BOD/20/ Date and Time of Next Meeting

The next Board of Directors meeting would be held on 22nd April 2020 at 3:45 pm in the Robens Suite, Guy's Hospital.

(Post meeting note: it has subsequently been arranged that a virtual meeting would be held during the conditions of the Coronavirus outbreak.)

Board of Directors	 Guy's and St Thomas' NHS Foundation Trust	
Chief Executive's Report	22nd April 2020	BDA/20/04

This paper is for:		Sponsor:	Chief Executive	
Decision	<input type="checkbox"/>	Author:	Chief Executive's Office	
Discussion	<input type="checkbox"/>	Reviewed by:		
Noting	x	CEO*	X	
Information	<input type="checkbox"/>	ED*		
		Board Committee*		
		TME*		
		Other*		

1. Introduction

- 1.1 My report to the Board this month has been written in the context of the COVID-19 pandemic. The COVID-19 response is currently the major focus of the Trust's work, as it is for the NHS and the country as a whole. For this reason, the key aim of my report is to provide you with an overall summary of our collective response to the pandemic.
- 1.2 As well as responding to the COVID-19 pandemic, the Trust's Executive Team are working hard to ensure the strategic programmes of work continue to be progressed where possible and I will also update you on the key milestones that have been achieved since the January Board meeting.

2. Covid-19 Response

- 2.1 The Trust has responded with extraordinary courage and determination to this unprecedented challenge and I would like to start by thanking all of the staff working across our services at Guy's and St Thomas', for all that they are doing and will do in the weeks and months ahead to support our response. All of us, whether clinical or non-clinical, are key NHS healthcare workers and are in a vital position to respond to this national and international emergency.
- 2.2 I have seen first-hand the way our staff have responded to the pandemic and have had the opportunity to meet many of our staff to see the brilliant work, and transformational change that has allowed the organisation to respond effectively, safely and strategically to this crisis. The inspiring and collective response I have seen from colleagues over the past few months is just one of the reasons I feel incredibly proud and privileged to lead Guy's and St Thomas' .
- 2.3 Guy's and St Thomas' has been at the forefront of the nation's response to the COVID-19 pandemic, with some of the first suspected and identified cases in the UK being brought to our High Consequence Infectious Disease (HCID) Centre at St Thomas' for isolation and care. The organisation looks significantly different now, and in three months we have transformed our services to become a clinical centre responding to the international pandemic.

- 2.4 At the time of this report (16/04/2020) the Trust's has treated over 1000 admitted patients who have tested positive to COVID-19. Sadly the number of deaths reported within our Trust is 109 and I would like to send my personal condolences to the patients' families and loved ones for their loss during an incredibly challenging time.
- 2.5 Responding to this national pandemic has required the organisation to think differently about how we can deliver care to all of our patients, whilst responding to the increasing demand COVID-19 patients are placing on our hospital and community services.
- 2.6 To ensure the Trust has sufficient critical care capacity to meet the increased demand this virus is placing on our critical care environment, and in particularly ventilator capacity, we have transformed and converted a number of our clinical areas, including our operating theatres and recovery areas into critical care units to increase the number of Level 3 ITU and Level 2 HDU beds available. The medical wards, as well as those normally devoted to other specialities, have also been reconfigured to provide care to COVID-19 positive patients who require hospital level care. To date the Trust has had sufficient capacity to meet the demand being placed on critical care and general and acute medical beds.
- 2.7 Our ability to transform our clinical areas was supported by our Essentia colleagues and our rapid estates transformation could not have been achieved without their support. I would like to thank all of the Essentia staff for their commitment as we rapidly expanded our critical care capacity and for working tirelessly to ensure our clinical teams are provided with safe environments to care for all of our patients.
- 2.8 As our estates transformed, so too did our entire workforce. Our clinical staffing model changed across our medical, nursing and allied health teams, with many of our staff provided additional training to allow safe redeployment into the areas of increased demand. Similarly, many non-clinical staff have also been trained and redeployed to undertake new roles where they are needed most. At Guy's and St Thomas' we pride ourselves on making a difference to every single one of our patients, and to the see staff coming together,

going above and beyond, even in the most difficult of circumstance has allowed us to continue delivering high standards of care to all of our patients who need us during these exceptional circumstances.

- 2.9 The Trust has also completed a significant amount of work to ensure that people whose primary need is not treatment for COVID-19 can access the services they need in as safe a way as possible, and we have the capacity to treat those needing urgent, emergency and other essential care. Whilst there has been a reduction in the number of patients we have been able to provide surgical and diagnostic treatment for in our hospitals, we have established a south east London independent sector hub model to provide arrangements for urgent cancer and benign surgical and diagnostic treatments that cannot be provided in local trusts within the south east London sector. The Trust is also working collaboratively with colleagues across the London region to complete urgent and emergency care when needed, such as cardiac surgery.
- 2.10 We know that fewer people are seeking help for their immediate health needs and we are working with our primary and social care colleagues to ensure the community knows that our organisation is open for business and people should not hesitate to seek medical support when they need to. This includes care for both adults and the many children and their families who depend on care from Evelina London.
- 2.11 Our community services are working hard to see as many patients as possible outside the hospital setting and are providing care to many of our vulnerable patients, keeping them safe and healthy in their home. Our community colleagues are also working with our patients who have been discharged following a diagnosis of coronavirus. We have discharged over 900 patients admitted with coronavirus to date, and, as they recover, the clinical teams in the hospital and in the community are working together to ensure these patients have access to the support and rehabilitation they need as they continue to recover.
- 2.12 A number of our patients continue to require clinical review by our medical, nursing and allied health colleagues and we have transformed our outpatient services to ensure this patient cohort can continue to be safely and effectively treated during this period. We have implemented virtual clinic appointments where possible to ensure we are still able to clinically review as many patients as possible without bringing them into the hospital environment where this can be avoided. We have also set up call centres staffed by clinical teams to ensure we are available to answer any question or concern our patients may have.

- 2.13 Our IT colleagues have been instrumental in establishing the technology and communication tools to facilitate this service delivery change and I would like to thank colleagues for the brilliant work they have done to implement virtual clinics across a number of our services in a short period of time.
- 2.14 IT have also been working incredibly hard to enable our staff to work remotely where possible, and we continue to work hard to ensure that our staff are able to continue working safely to support our response, including from home in many cases.
- 2.15 To ensure the safety of our staff, the Trust has asked all staff in close contact with patients to wear PPE in accordance with national guidance. The Trust has implemented a number of training programmes to ensure staff know which PPE is appropriate to wear in different settings and how to safely put on and remove different types of PPE.
- 2.16 Our procurement and finance department have worked incredibly hard with colleagues across the NHS, Department of Health, Ministry of Defence and the Foreign Commonwealth Office on the national response to secure additional supplies from around the world, including China, for our organisation and the wider NHS. Utilising a combination of our own internally sourced PPE and what has been provided via the NHS Supply chain, the Trust currently has sufficient supply of PPE to protect and ensure the safety of our staff caring for patients in our hospitals and in the community.
- 2.17 We are committed to providing our staff with access to testing and staff, or their household members, who are displaying symptoms of coronavirus, can be tested at the O2 Arena at Greenwich or on site at St Thomas'. The combination of these services provides our staff, or their household members' access to testing on foot, on bike or arriving by car, but not by using public transport. To address the accessibility issues for staff who do not have access to a car we have also implemented a targeted mobile staff testing service.
- 2.18 We are monitoring the number of staff who are away from work as a result of COVID-19, which includes those who are symptomatic, shielded, or who are self-isolating for 2 weeks as a result of a household member displaying symptoms. The number of staff away from work in the symptomatic or self-isolating category has

been steadily reducing from a peak of around 1600 staff in early April to around 600 on April 14th. We have recently seen a slight increase in the numbers of staff away from work who are displaying coronavirus symptoms. This could be as a result of contracting the virus from a household member after a period of isolation. We are investigating this change and comparing trends with other Trusts. We are offering COVID-19 swabbing tests to staff and household members to determine whether a member of staff can safely return to work. So far over 400 people have been tested at the O2 and at St Thomas'.

- 2.19 The health and wellbeing of our staff is incredibly important and it is vital that we continue to care for each other, as well as our patients. Our COVID-19 response has already been running for nearly three months, and there is much more hard work ahead. Many of our staff are doing work that they are not used to, and whilst the work I see from colleagues every day is inspiring, it is important that we recognise the additional pressures this may bring. We are continuing to enhance the support available through our Showing we care about you programme, with a particular focus on looking after the mental wellbeing of staff and we are providing staff with access to psychological support, as well as areas to recharge and unwind.
- 2.20 What has been amazing to see and feel during this period of time, is the generosity of people. We have been absolutely inundated with donations from individuals and various businesses in the UK and across the world. All of the kind donations have contributed to making what is an incredibly challenging time a little easier for our staff and I would like to thank everyone who has donated in some way to our organisation.
- 2.21 The co-ordination of the generous donations to ensure all of our staff are benefiting from the kindness of the wider community has been organised by a number of our clinical and corporate support service staff. I would like to thank these colleagues who have helped to spread the kindness of the wider community amongst the Guy's and St Thomas' family.

3. New appointments at Guy's and St Thomas'

- 3.1 Lawrence Tallon our new Deputy Chief Executive commenced working at the Trust on the 1st March 2020. This is a new Executive Director role on the Trust's Board, and will have responsibility for supporting me and the rest of the executive team to take forward the Trust's ambitious plans. This will involve leading some of

our major change programmes that will improve the way that we deliver care to patients. Lawrence joins us from University Hospitals Birmingham NHS Foundation Trust, where he has been Director of Strategy, Planning and Performance for the past two and a half years. Prior to this, he has held a wide range of healthcare leadership roles, both here in the UK and abroad. His considerable experience, including his time at the Department of Health in the offices of both the Secretary of State for Health and the NHS Chief Executive, leading health system reform in the Middle East, and as Managing Director of the Shelford Group, will stand him in excellent stead as he helps us to take forward our exciting agenda.

- 3.2 Hannah Coffey, Director of Improvement has left the Trust, having significantly contributed to Guy's and St Thomas' over the past six years, initially helping to develop our Fit for the Future programme, before going on to lead the Financial Recovery programme and as Director of Improvement creating a Trust-wide approach to quality improvement and transformation. I would like to thank Hannah for her strong contribution to Guy's and St Thomas'.
- 3.3 Jessica Dahlstrom commenced working at the Trust in the new position of Chief of Staff to support the offices of both the Chairman and Chief Executive on the 9th March 2020. This appointment follows the retirement of Director of Corporate Affairs, Peter Allanson, in September, and we have taken the opportunity to review and extend the role in response to the Trust's growing internal and external agenda. As well as serving as Board Secretary and leading on corporate governance, Jessica will oversee the Board Assurance Framework and work closely with our new Deputy Chief Executive to coordinate and support the leadership of the Trust. Jessica has been the Head of Governance at NHS England and NHS Improvement and has previously worked in a number of roles at the regulator for NHS Foundation Trusts, Monitor, so brings a wealth of experience and expertise to the role. I would like to also take this opportunity to thank Elizabeth Youard for all of her contributions as interim Director of Corporate Affairs and I am grateful to Elizabeth for her continued support.

4. Royal Brompton and Harefield and Guy's and St Thomas' - Letter of Intent

- 4.1 A Letter of Intent has been signed and shared with the Boards and Governors of both organisations. This is the culmination of a number of weeks' hard work between both organisations, and a very positive step into the future. The letter signals our intent to progress a transaction, with the aim that this is completed by April 2021.

All of us at Guy's and St Thomas' look forward to working closely with our colleagues at the Royal Brompton to progress this work and we will continue to provide regular updates to both Boards.

5. NIHR-NHSE/I Academic Health Science Centre

- 5.1 King's Health Partners (KHP) has been successful in its application to be designated as an NIHR-NHSE/I Academic Health Science Centre for a further five years from today, 1 April 2020. The KHP mission is to improve health and wellbeing and to ensure the very best research is put into clinical practice as quickly as possible, locally and globally, and this feels especially important at the current time. Working as one team and coming together with shared purpose will help us to support each other, our teams and our communities and we look forward to continuing our work with KHP as an AHSC.

6. Information Commissioner's Office Audit

- 6.1 An audit by the Information Commissioner's Office (ICO) was carried out in January and focused on three key areas of control. The Trust provided 150 pieces of documentary evidence, including policies, operating procedures, standards, governance arrangements, meeting papers and minutes. Over 50 telephone or face-to-face interviews were held with staff from clinical and business teams. The inspection also included site visits to clinical and non-clinical areas. The results were positive. In two areas - cyber security and business continuity - the finding was a reasonable level of assurance, and in area three - personal data breach management - the finding was a high level of assurance. The ICO identified 31 recommendations for Trust consideration and action. The Information Governance team, working with colleagues across the Trust, has agreed an overarching action plan to address these during the next 12 months.

7. Quality and Performance Committee

- 7.1 The Quality and Performance Committee met on 26th February and 1st April. It has continued to review the exceptional pressures on the Trust, including the consequences of this, such as careful management and risk assessment of patients on waiting lists. The overall A&E performance against the access standard for January was 82.77%, against a plan to reach 91%. Focus was being given to enhancing service availability

in the Urgent Care Centre. The Trust's benchmark performance remains amongst the top quartile nationally. Overall volumes of patients are lower than in 2018/19 but there has been an increase in the numbers of patients arriving by ambulance and in the level of acuity of the patients presenting.

- 7.2 Until early March, intensive work was continuing to treat all patients waiting over 52 weeks before the end of March. However, a decision was made in the first week of March to treat our COVID-19 pandemic response as a critical site incident, and this resulted in the difficult decision to stop all non-essential activity, including treatment for many of these patients.
- 7.3 Similarly, considerable work was taking place across south east London to improve performance against the cancer access standards by partners in the South East London Accountable Cancer Network. By April, in a response to the COVID-19 pandemic, the focus has turned to utilising capacity at London Bridge Hospital and in the HCA facilities in the Guy's Cancer Centre. This is enabling the most urgent elective activity, such as urgent cancer surgery, to continue for patients across south east London.
- 7.4 The Quality and Performance Committee on 1st April recognised that the whole Trust response to the COVID-19 pandemic had been exceptional, enabling both hospital and community services to respond effectively to the needs of patients both with, and without coronavirus. Large numbers of clinical and non-clinical staff have been redeployed to meet service requirements and physical changes have been to the hospital environment to ensure we can respond safely to the pandemic.

8. Strategy and Partnerships Committee

- 8.1 The Committee met on 25th March 2020. It received an annual update on progress against the Trust's fundraising strategy. The update covered Trust-specific fundraising campaigns to raise support and income for Guy's Cancer, the Evelina London and restricted as well as unrestricted funds. In addition to Guy's and St Thomas' Charity's funding on application, its annual endowment funds key initiatives in the Trust and the Charity has released £1 million from its Charitable Fund to support the Trust's COVID-19 response, particularly wellbeing initiatives for staff.

8.2 The Committee continued to note positive progress in the delivery of strategic goals and deliverables against key areas in the Trust strategy, Together We Care, in the first half of 2019/20, measured through a balanced score card.

9. Transformation and Major Programmes Committee

9.1 The Committee met on 19th February and 11th March. The Committee is monitoring key decision-making and delivery and business cases, against the Estates Development Plan including an adjusted approach to the development of the 'Triangle site' for the expansion of Evelina London Children's Hospital. The committee also supported continued investment in digital transformation in readiness for the EHR deployment.

9.2 The Transformation and Major Programmes Committee, in partnership with the Quality and Performance Committee, continues to consider ongoing work to increase theatre capacity to support the Trust's increasing clinical workload and create resilience through a planned theatre maintenance programme.


10. Consultant Appointments from 1st January 2020 - 31st March 2020

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

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
09.01.2020	CON580 - Consultant Dermatologist	Dr Elaine Agius Dr Eleni Peta Anthony Dr Emma Jane Howard	Replacement	Approved	N/A	Pending SD 23.03.2020 04.05.2020
10.01.2020	CON574 - Consultants in Histopathology with a special interest in Gynaecological Pathology and Diagnostic Cytopathology (1 post) or special interest in Diagnostic Cytopathology and Lung/Breast Histopathology (2 posts)	Dr Martina Tessie Munonyara Dr Anu Malhotra	New	Approved	N/A	Pending SD 25.02.2020

15.01.2020	CON589 - Endocrine Consultant - edward harvey save date	Dr Anastasia Alcock Dr Sylvester Gomes	Replacement	Approved	N/A	Offered SD 01.03.2020 01.03.2020
16.01.2020	CON591 - Consultant Urological Surgeon - Stone and BPH	No successful candidates	Replacement	Approved	N/A	N/A
16.01.2020	CON592 - Consultant in Urological Surgery - BPH and cancer management	No successful candidates	Replacement	Approved		N/A
17.01.2020	CON576 - Consultant in Dental & Maxillofacial Radiology	Dr Niall Terence O' Neill	Replacement	Approved	N/A	01.02.2020
24.01.2020	CON578 - Consultant in Haematology - Lymphoid Malignancy	Dr Ellen Mary Gleeson	Replacement	Approved	N/A	Pending SD
24.01.2020	CON578-A - Consultant Haematologist - Lymphoid Malignancy	Dr Richard Dillon	Replacement	Approved	N/A	Pending SD
24.01.2020	CON593 - Consultant in Haematology	Dr Nita Prasannan	Replacement	Approved	N/A	02.03.2020
30.01.2020	CON588 - Consultant in Paediatric Endocrinology	Dr Hima Bindu Avatapalle	Replacement	Approved	N/A	01.06.2020
30.01.2020	CON601 - Consultant in Paediatric Allergy	Dr Sophie Flammarion	Replacement	Approved	N/A	Pending SD
31.01.2020	CON583 - Consultant in Oral & Maxillofacial Pathology	Dr Lisette Hannah Claire Collins	Replacement	Approved	N/A	17.02.2020
06.02.2020	CON585 - Consultant in Clinical Oncology - With specialist interest in Lung Oncology	Dr Michael Skwarski	Replacement	Approved	N/A	01.06.2020
06.02.2020	CON596 - Consultant in Clinical Oncology - With specialist interest in Breast Oncology	Dr Chin Lim	Replacement	Approved	N/A	Pending SD
07.02.2020	CON599 Consultant in Infectious Diseases and General Internal Medicine	Dr Helen Mary Winslow Dr Geraldine Anne O'Hara	Replacement	Approved	N/A	Pending SD 02.03.2020
13.02.2020	CON587 Consultant in Medical Oncology (GI and Acute Oncology Care)	Dr Julien de Naurois	Replacement	Approved	N/A	01.03.2020
14.02.2020	CON590 Consultant in Plastic Surgery with a specialist interest in Innovation	Dr Nadine Haram	Replacement	Approved	N/A	Pending SD
27.02.2020	CON595 Consultant Haematologist with a specialist interest in Thrombosis	Dr Alexander Thomas Cohen	Replacement	Approved	N/A	01.03.2020

28.02.2020	CON606 Consultants in Anaesthesia	Dr Andrea Falvo Dr Jamie Gerard McCanny	Replacement	Approved	N/A	04.06.2020 18.03.2020
05.03.2020	CON609 - Consultant Gynaecological Oncologist	No successful candidates	Replacement	Approved	N/A	N/A
06.03.2020	CON611 - Consultant in Adult Allergy	Dr Annette Wagner Dr Olympia Tsilochristou	Replacement	Approved	N/A	Pending SD Pending SD
11.03.2020	CON610 - Consultant Primary and Secondary Cleft Lip and Palate Surgeon for the South Thames Cleft Service	Dr David Roger Grimes	Replacement	Approved	N/A	01.06.2020
12.03.2020	CON603 - Consultant in Pain Management	Dr Jonathan Royds	Replacement	Approved	N/A	20.04.2020
26.03.2020	CON612 Consultant in Paediatric ENT	Dr Liliana Assenova Jablenska	Replacement	Approved	N/A	01.06.2020

Board of Directors		
Annual Workforce Staffing Report	22nd April 2020	BDA/20/05

This paper is for:		Sponsor:	Chief Nurse - Dame Eileen Sills (DBE)	
		Author:	Catherine-Anne Wilkins Head of Nursing, Workforce	
Decision		x	Reviewed by:	Dame Eileen Sills
Discussion			CEO*	
Noting			ED*	x
Information			Board Committee*	x
			TME*	
			Other*	x
				Chief Nurse
				Nursing and Midwifery

1.0 Introduction

- 1.1 The purpose of this report is to provide assurance to the Nursing and Midwifery Executive Committee that the Trust Nursing and Midwifery staffing levels are compliant with Developing Workforce Safeguards (NHSI October 2018) which incorporate the National Quality Board Standards, for safe Nursing and Midwifery staffing at Guy's and St Thomas'. The Committee is asked to approve the Nursing and Midwifery staffing levels for 2020/2021. The report also provides an overview of the national landscape affecting the supply and retention of Nurses and Midwives, a review of the internal key performance indicators over the past 12 months, the process and outcomes of the annual review of the Nursing and Midwifery establishments and priorities for 2020/2021.

2.0 Key Headlines

- All nursing establishments at Guy's and St Thomas' (GSTT) have been reviewed and safety critical posts have been identified.
- The Nursing and Midwifery vacancy rate was 13.6% at the end of January 2020 which is an overall increase in vacancy driven principally by an establishment increase of 8.7% since January 2019. There has been growth across a number of services and this is projected to increase in the following year. Notably, significant growth is predicted in theatres, with an increase in capacity (circa 16 theatres) due to be commissioned and built in the next 1-5 years.
- 456.86WTE additional Nurses and Midwives are in post compared to December 2018. The growth has been across all Directorates/Strategic Business Units (SBU), although some have ongoing challenges in attracting and retaining staff.
- Voluntary annual turnover has decreased throughout the year and is now 13.3%.
- All Directorates/SBUs have completed the annual nursing establishment review during October and November 2019 which has identified a need for 40.66 WTE additional staff across all Directorates/SBUs to ensure safe staffing of the clinical areas. The requirements are at bands 3, 5 and 6 and are due to growth in services and consistent changes in acuity and/or dependency of patients. This represents a 0.6% increase in the overall Nursing establishment. There are a number of other posts which are currently going through the business planning cycle and these are outlined in appendix 1. These are correct at the date of writing this report, however, they are likely to change before the end of the business planning schedule.
- As part of the annual establishment review process, all inpatient areas completed a Safer Nursing Care Tool (SNCT ©) audit for 30 days through September 2019. This is mandated by the Developing Workforce Safeguards (2018) and is used to inform the establishment review, alongside professional judgement, to establish safe staffing in the clinical areas. The audit is to be completed twice yearly and will be repeated in April 2020.

- Although extensive recruitment activities continue, the supply of Nurses and Midwives remains a challenge particularly in acute medicine, specifically older persons care, theatres and gastro intestinal medicine. There also continues to be a growing requirement for experienced Nurses and those with advanced skills.
- SafeCare continues to be used across all inpatient areas in both adults and paediatrics. The use of the technology enables oversight of the Nurse staffing levels across the Trust in real time, and supports decision making where it is necessary to move staff to support patient safety in other areas. SafeCare also allows the Trust's clinical teams to adjust nursing staffing based on patient acuity and dependency. Any shortfall or additional need is met by temporary staff either through the Trust Bank service or via an agency.
- Should the additional Nursing posts be approved, all areas will have the appropriate establishments to be safely staffed.
- Agency spend has increased overall throughout 2019 and is on average 4.3% of the total pay bill over the year to date.
- The Nursing workforce has commenced a radical programme of workforce transformation which has seen the start of the introduction of the Nursing Associate role, with the first 123 funded trainees.
- The Trust is fully compliant with 7/9 NQB Standards and partially compliant on 2/9. Details are in appendix 2. This is the same position as in 2019 and although there has been a steady improvement in the position within the two partially compliant standards (mandatory training & education and equality and diversity at all levels of the organisation), neither are yet at a fully compliant position.
- The Trust has engaged with NHS Improvement/England (NHSI/E) and the Shelford Group to update the SNCT© for Adult Inpatient areas. This was a significant undertaking involving 10 wards over a 6 week period in November/December 2019. This included a ward quality audit, 480 hours of activity follows along with the assessment of each patient's activities of daily living (ADL) scores and their SNCT© score twice daily. The results will be available during the spring 2020.

3.0 National Context

- 3.1 The NHS and the political landscape within the UK continues to go through an unprecedented period of change. There continues to be a number of factors which may affect our ability to recruit and retain our Nursing and Midwifery workforce at Guy's and St Thomas' in the future. The main factors are outlined below:
- Brexit – The UK has now officially left the European Union. There are no immediate changes in place in terms of immigration, however, the issue of supply of nurses from within EU countries remains uncertain and will depend on the immigration rules. There is cautious optimism that there will be a change to the current immigration rules which may positively influence recruitment.
 - It is difficult to ascertain the exact number of Nursing and Midwifery vacancies nationally, however, across the healthcare sector there are reports of approximately 44,000 Nursing and Midwifery vacancies. This continues to rise year on year.
 - Pre-registration standards for nursing have been significantly changed by the Nursing and Midwifery Council (NMC) and the first cohort of students undergoing the new curriculum commenced in September 2019. Midwifery pre-registration standards have been published and the Higher Education Institutes (HEI's) are undergoing the NMC course validation process. This will not affect this year's intake of student Midwives for Guy's and St Thomas'.

- Two key actions are required to support the implementation of the new standards a) train existing and new mentors to support students undergoing the revised curriculum and b) transforming the way clinical teams work together to maximise the benefits of the new training. The Midwifery teams will be undertaking a similar review in light of the changes in the NMC pre-registration Midwifery standards.
- The first wave of Nursing Associates from the national pilot sites obtained their NMC registration in January of 2019. The Nursing Associate role has now been recognised as a registered profession in law.
- Changes in other parts of the NHS clinical workforce also continue to impact the profession; predominantly the reduction in junior doctors, requiring a greater number of nurses to work at an advanced and specialist level.
- The Interim People plan, launched in early 2019, set out the challenges and an ambitious plan for the NHS workforce as a whole. Nursing was mentioned as the profession with the greatest challenge and specifically addressed the need to reconsider monies for continuing professional development. This was recognised as a key requirement in order to retain the current workforce and ensure they had the required knowledge, skills and expertise to deliver care of the highest quality to our patients in a world of continuing advance in medicine and technology supporting healthcare. The full plan is due for publication in early 2020.
- In response to the Interim People Plan, South East London Integrated Care System (ICS) launched their draft 5 year Strategy Delivery document in late 2019, focusing on addressing local health inequalities and improving public health by working as a full healthcare system. Key priorities within this which will impact nursing include the continued development of integrated community based care, reducing the pressure on urgent and emergency care, improving outcomes for planned care and major health conditions.
- The Government has committed to training a further 50,000 nurses (18,000 of which are already trained with the aspiration is to retain them within the NHS). In addition the government announced that all student nurses on new and continuing courses from September 2020 will receive a payment of at least £5,000 a year which they will not have to pay back. There may be a further £3,000 available for eligible students in including a) mental health programmes b) child care allowance and c) areas of the county which has seen a decrease in nursing students.
- The Government also announced that every nurse and midwife will receive £1,000 over three years to support their continuing professional development. However, the Trust will lose the direct and indirect CPD funding to support, for example, critical care courses. This money will now be routed through the new 'Peoples Boards' that are being established. It is currently unclear what process will be followed and when and if we will have access. Access to the individual personal budgets needs to be worked through and an investment plan submitted to Health Education England to secure the full years monies.

4.0 Review of Nursing and Midwifery Workforce Metrics at Guy's and St Thomas' in 2019

- 4.1 2019 commenced with a Nursing and Midwifery budgeted establishment of 6512.87 WTE, with 5704.63 WTE staff in post. As of the end of January 2020, the Nursing and Midwifery budgeted establishment was 7129.89 WTE with 6161.49 WTE staff in post. The 8.7% rise in

establishment was driven by growth in services across many Directorates/Strategic Business Units (SBU) and the unprecedented demand for emergency services through the Emergency pathway.

4.2 Despite there being an additional 456.86WTE staff in post, the vacancy rate has continued to rise. In 2017 there was a vision to have a waiting list of Nurses and Midwives by 2020. Had the establishment remained constant since January 2017, this vision would have been realised by the start of 2020. However, since January 2017, there has been a 15.3% growth in establishment and a 14.2% growth in staff in post, which demonstrates that despite best efforts and the sustained focus on both recruitment and retention, demand is outstripping supply. At the end of January 2020, the Nursing and Midwifery vacancy rate was 13.6%. Table 1 demonstrates the fluctuations in vacancy rate over the past 12 months. Table 2 sets out the growth in both the establishment and the staff in post since January 2017.

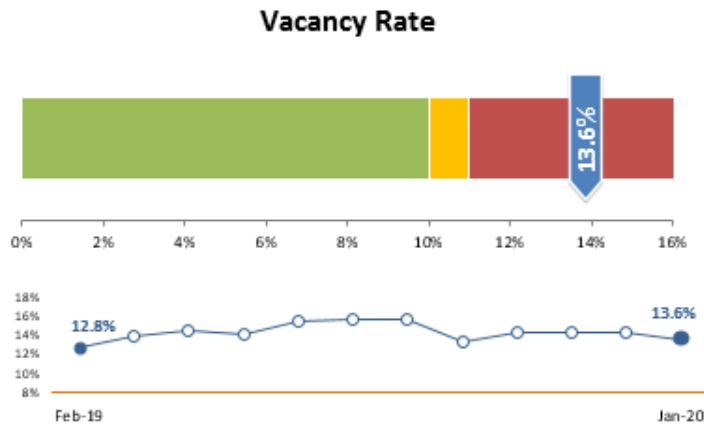


Table 1 (Source: Workforce Intelligence)

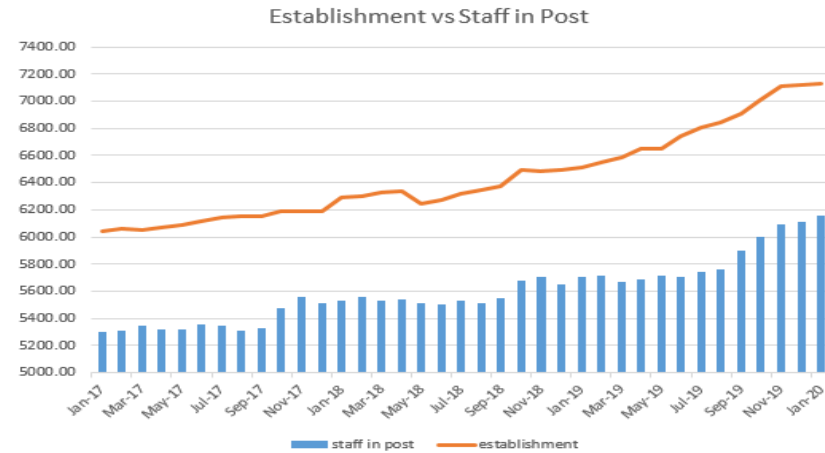


Table 2 (Source: Workforce Intelligence)

4.3 Recruitment has continued to be a focus throughout 2019 and as already outlined, this has been successful with an additional 456.86WTE staff in post.

- The Band 5 assessment centre process was thoroughly reviewed in 2019, resulting in changes to the interview questions and the situational judgement test. The process continues to be successful in yielding good numbers of high quality candidates. The Trust has engaged with NHSI/E on an initiative aimed at reducing the Health Care support Worker Vacancy Rate. This has included the

development of an action plan. Some of the local initiatives include a review of the coding of our Nursing Assistants to streamline the number of occupational codes to enable greater visibility of this valuable workforce at Trust level, a review of the Band 2 assessment centre process with a number of recommendations to be implemented in 2020 and a review of the training and development opportunities offered to ensure a seamless career pathway through to Registered Nursing Associate and Registered Nurse/Midwife.

- The Trust Open days continue to be very popular with in excess of 300 potential candidates attending each one. The majority of people attending the open days are newly qualified Nurses, therefore, the workforce team also ran an EXPO in June 2019, aimed at attracting experienced Nurses to the organisation. The day offered an educational component along with an opportunity for Directorates/SBUs to showcase their areas and opportunities, followed by interviews in the afternoon for those attendees who wished to take up a post at GSTT. The day had over 40 attendees with 17 being successfully interviewed for posts.
- The Trust's Nursing and Midwifery Facebook page continues to grow in popularity and reach and has been very active with both recruitment and retention focused stories and videos throughout 2019.
- As a Trust, we have not actively recruited internationally for some time, however given the current vacancy gap, particularly in theatres, there is consideration being given to recruiting overseas specifically for trained theatre nurses. A business case has been approved to commence the process.

4.4 **Turnover** of staff has remained relatively steady throughout the year although, as happened in 2018, there has been a decrease towards the end of the year which is a positive sign. As at the end of January 2020, the annual turnover was 13.3% which is a 1.4% reduction over the past 12 months. There has been a continued focus on retention and there are a number of initiatives to support staff in their health and wellbeing / development and career opportunities with one stop career shops, internal transfer policy, HALT campaign, Nightingale Nurse and Midwifery award, Nurse in charge and leadership development courses.

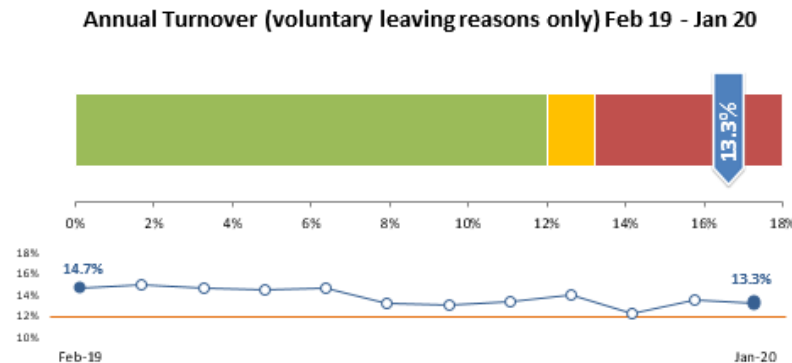


Table 3 (Source: Workforce Intelligence)

- The Trust Corporate Retention Group, led by HR, continues to co-ordinate the response to retention issues across the organisation for the entirety of the workforce. The CNO Workforce Team are key members and led the Nursing and Midwifery element of initiatives.
- As in previous years there have been several Nursing and Midwifery focused conferences throughout the year. These include two Nursing Assistant Conferences, the Nightingale Conference and also a Community Nursing Conference. All were designed to celebrate Nursing at Guy's and St Thomas' and to promote learning and the sharing of good practice and have received excellent feedback.

4.6 Throughout 2019, staff **sickness** within the Nursing and Midwifery workforce has remained steady ranging from 3.5% to 4.8%. (Table 4 below).

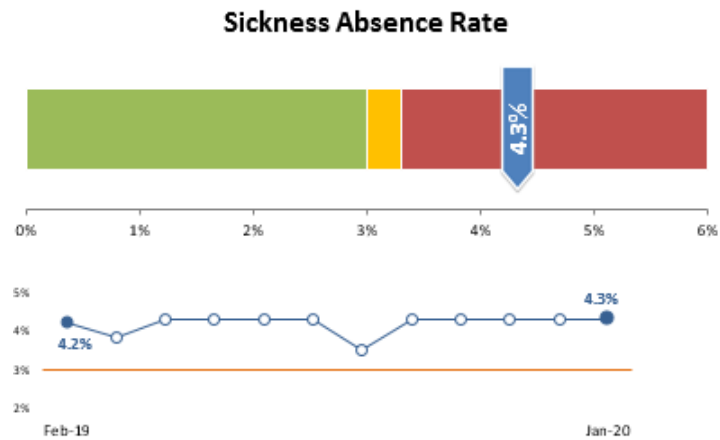


Table 4 (Source: Workforce Intelligence)

As part of the establishment review process, all Directorates/SBUs were challenged on their sickness rates as appropriate and assurance provided regarding adherence to the sickness policy.

4.7 Whilst there has been a focus on recruitment and retention of staff to ensure an adequate supply, it is important to note that the level of care required by patients and therefore the demand for Nurses and Midwives is continuing to increase. Guy's and St Thomas' **acuity and dependency data**, collected between 2012 to present, assessed using the nationally recognised Safer Nursing Care Tool can be seen in Table 5 below:

Summary table showing Acuity % increase from 2012 - 2019					
Years	Acuity Rating - 0	Acuity Rating - 1a	Acuity Rating - 1b	Acuity Rating - 2	Acuity Rating - 3
2012	77373	42277	64115	4757	39
2013	72982	49688	74813	3124	34
2014	71181	49151	89007	8289	320
2015	121143	87001	149659	21433	332
2016	123655	78534	167789	17386	113
2017	127027	97534	218653	21183	263
2018	93518	118513	308074	28255	122
2019	92044	127891	315741	28893	1265
2012 – 2019 % Increase	18.96%	202.51%	392.46%	507.38%	3143.59%

Table 5 (Source: Workforce Intelligence)

The acuity and dependency data from 2019 continues to demonstrate a shift from the lowest levels of acuity and dependency (Level 0) towards the more complex levels. There has been a notable rise in patients requiring Level 1b and Level 3 care throughout this year with a moderate rise in Level 1a and a plateau in Level 2. The levels indicate and support the feedback from the clinical areas that patients are more acutely unwell requiring increased levels of nursing, medical and support care (Level 1a and Level 3) alongside an increase in the number of patients with complex conditions who are dependent on others to support their activities of daily living (Level 1b). Patients requiring level 2 care (high dependency care requirements) continue to receive care on inpatient ward areas where historically they would have been cared for in a high dependency unit. The plateau in this level is potentially due to improved data scoring with an education initiative in 2018, now accurately capturing these patients in the general ward areas. The increase in the number of Level 3 patients is likely to be twofold:

- a) The result of recording patient acuity more frequently and therefore capturing patients requiring intensive levels of support prior to being moved to critical care areas
- b) Incorrect classification of patients as Level 3 in a number of areas in the Trust - this was addressed at the time with intensive education support and is no longer an issue

As outlined in the headlines, the Trust has supported the Shelford Group and NHSI to review and refresh the Adult Inpatient Safer Nursing Care tool (SNCT ©). With the launch of the new tool, anticipated to be during 2020, there will also be further education for staff in all inpatient areas to ensure consistency and reliability of patient acuity and dependency scoring.

- 4.8 The **Neighbourhood Nursing** (Buurtzorg) test and learn of a self-management model is being implemented over the next 3 years within District Nursing in the Boroughs of Southwark and Lambeth. The early evaluation was very positive, particularly from the patients, staff and referrers feeling highly satisfied with the continuity and proactive care approach.

We are on plan with the ongoing roll out of the model, with 5 teams transitioning and 2 teams preparing for their transition. Formal staff consultation has been completed with regard to changes to job descriptions and regular communications with staff continue to support them through the changes which at times, have been challenging. An E learning package is being developed to support the roll out and business support is working closely with administrators and Neighbourhood Nursing teams to identify tasks which can be supported by the business support team. A Primary care GP champion has been appointed.

Challenges include Estates where we need to find suitable office bases to allow staff a 20 minute walk to visits and cost pressures associated with new bases, which requires a business case. Evaluation partners have been procured to support an evaluation of the service over a 3 year period – this is a Consortium led by Ipsos Mori, in partnership with Kingston University and The Strategy Unit. Ethics approval was granted in February 2020.

- 4.9 The target for **agency** spend in the Trust is 3.3%. This has been achieved in some months however, there has been an overall rise in agency spend throughout the year. Trust wide details are provided in Tables 6 and 7. The main drivers for use of temporary staff continue to be vacancies, covering short notice absence, requirements for enhanced care – both for patients with mental health needs and for other reasons (Table 8) and meeting demand for increased acuity and surge in services. Temporary spend is challenged through the Directorate/SBU Performance Review Meetings (PRM).

A team to provide enhanced care for patients with mental health needs has been designed, agreed and is in the process of being recruited to. This will commence with a small team, initially working across the Emergency Floor as a proof of concept before being expanded. There is also ongoing work with South London and Maudsley Trust (SLAM) to develop a standardised approach to enhanced care and to review risk assessment procedures with the aim of developing standardised practice across the sector.

Trust wide N&M Agency Spend in %

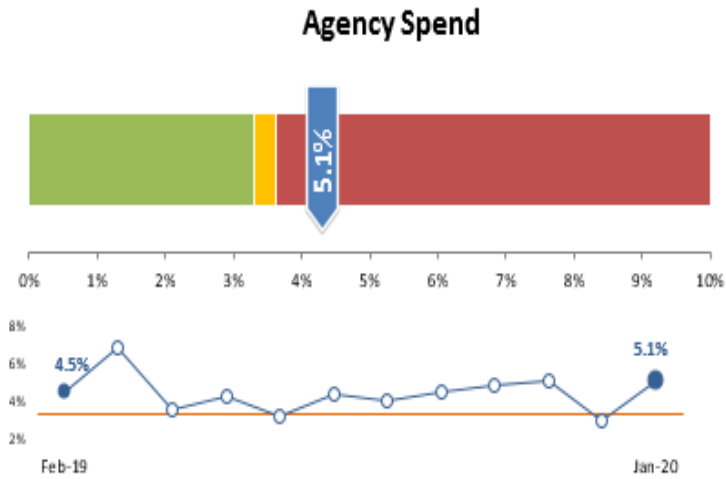


Table 6 (Source Workforce Intelligence)

Trust wide N&M Bank and Agency usage in WTE

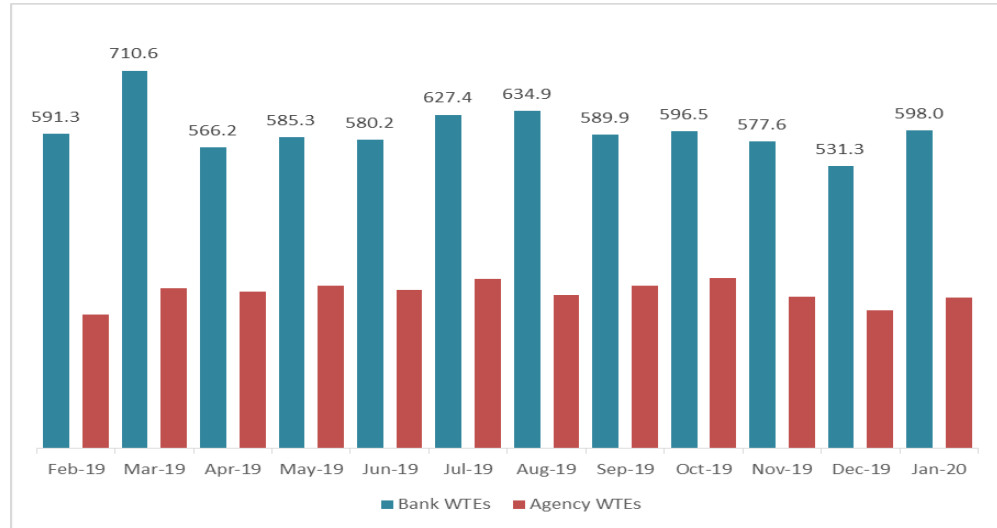


Table 7 (Source Workforce Intelligence)

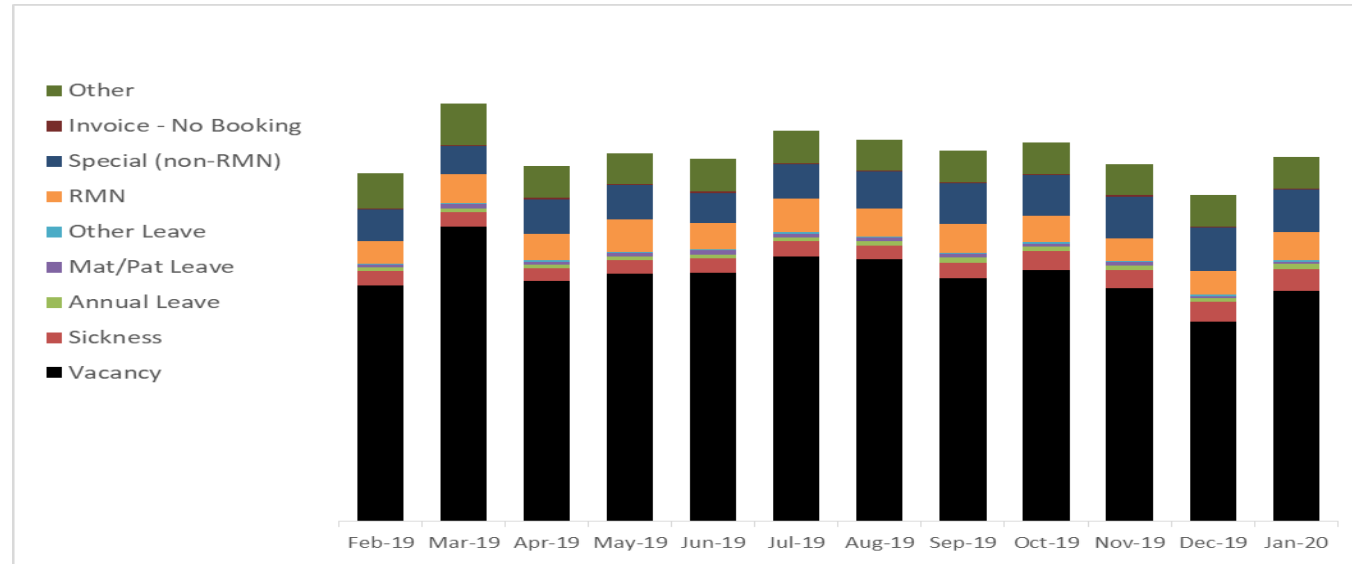


Table 8 (Source Workforce Intelligence)

4.10 The Trust remains committed to expanding the **Nursing Associate role** across all clinical Directorates/SBUs, over the next 3 – 5 years. There are currently 123 funded Apprentice Nursing Associate posts across a number of clinical services and the first Apprentice Nursing Associates (ANAs) commenced in December 2018. Recruitment is almost complete with 115 apprentices currently undergoing training (as of the end of January). Of these, 10 staff converted from the Assistant Practitioner Foundation Degree onto the ANA course with a requirement to complete a bespoke 18 month programme. These staff will be the first group to qualify as Registered Nursing Associates at Guy’s & St Thomas’ by August 2020.

To support the implementation of this role and enhance the experience for both the learner and supporting clinical services, these posts have been cohorted within a small number of services - community, cardiovascular, acute medicine, oncology and theatres and anaesthetics. A Nursing Associate Partnership between Guy’s and St Thomas’ South London and Maudsley and London South Bank University (LSBU) was formed to provide the apprenticeship course and enable the students from both Trusts to gain a breadth of placement experience across the four areas of practice: adult, child, mental health and learning disabilities.

Given there is no national salary support for this role, it will be difficult to scale up using the apprenticeship model, therefore the Trust has now commenced a further partnership with Coventry University London to provide a self-funded direct student entry route commencing September 2020. The Nursing & Midwifery Council commended Guy's & St Thomas' partnership with Coventry for its true partnership working and its breadth of placement opportunities offered to Nursing Associate students at GSTT. Through business planning, a number of our directorates have asked for funding to support 52 apprentices to ensure we can still offer this route to our existing Nursing Assistants who meet the academic criteria and wish to pursue this option.

- 4.11 The programme of **workforce redesign** and scoping required to expand the rollout of Nursing Associates across the whole organisation, is led by the Workforce Transformation Team and overseen at the monthly Workforce Transformation Board, which commenced in August 2019. As part of this work, each Directorate/SBU has completed a workforce redesign document providing a 5 year workforce plan (until 2024), giving projected numbers for Nursing Associates as part of their annual establishment review. Over 300 new trainee Nursing Associate positions are required which will be provided through both the apprenticeship and self-funded route. Desktop simulation sessions with some of the ward clinical teams have tested these figures enabling the creation of a generic skill mix for a standard ward setting. This will, in many areas, see an increase in the Registered Nurse band 6 requirement and reduction in band 5 requirement (where many of the current and ongoing vacancies sit) - as well as incorporate the band 4 Nursing Associate role. All clinical areas will benchmark against this template using further simulation sessions whilst enabling the current workforce to design and lead the change within their clinical area. Each clinical areas skill mix will be matched against the acuity of the patient population producing appropriate variation in establishments.

To support this implementation, an overview of Trust wide understanding of the Nursing Associate role was gained through surveys and informal interviews with the Nursing Associates. This has informed and influenced future work and promotional events required.

The workforce redesign requires Trust wide engagement in collaboration with Organisational Development and Workforce teams, the methodology thus far has included: a) a survey to test the understand the current workforce understanding of the Nursing Associate role, b) focus groups to enhance engagement and co-design role definitions for bands 2 – band 7 incorporating the Future Nurse Standards of proficiency for Registered Nurses and the Nursing Associate role and c) desk top simulations sessions.

- 4.12 Throughout 2019, there has been a continued focus on **effective rostering**, and challenge boards continue to be effective in engaging with the frontline clinical teams in order to improve the Key Performance Indicators (KPIs) but also the experience of staff in terms of work life balance and their well-being. The Trust's performance over the past 12 months is set out in Table 9 below. Improvements can be seen in roster lead time, with a consistent achievement of the KPI target. There has been a decrease in the number of overall owed hours and these are expected to reduce further once a glitch in the software is rectified in the next system upgrade, due in 2020. The improvements are as a result of the continued focus on rosters through the challenge boards and the intensive support provided by the e-roster team to the areas to cleanse and update the rosters in order to reflect the actual position. Additional rosters have also been added throughout the year and all student nurses and Nursing Associates are also now visible on their rosters.

All nursing areas	10th Sep - 7th Oct	8th Oct - 4th Nov	5th Nov - 2nd Dec	3rd - 30th Dec	31st Dec - 27th Jan	28th Jan - 24th Feb	25th Feb- 24th Mar	25th March -21st Apr	22nd April - 19th May	20th May - 16th June	17th June - 14th July	15th July - 11th August	12Aug -8th Sep	9thSep - 6thOct	7th Oct - 3rd Nov	4th Nov - 1st Dec	2nd Dec - 29th Dec	30th Dec - 26th Jan
Planned Hours	583,188	588,827	589,675	590,355	600,409	633,300	641,701	639,480	641,592	646,070	711,507	652,685	655,325	665,526	670,407	691,499	407,694	619,744
Actual Hours	539,042	541,510	551,757	521,209	538,871	576,540	572,925	568,448	580,969	581,757	696,731	583,265	565,353	589,519	873,659	613,806	326,340	505,186
Actual CHPPD	8.6	8.8	8.9	9.3	9.6	10.1	10.2	11.0	9.8	9.8	11.7	11.8	11.4	16.6	8.9	11.5	11.1	9.1
Required CHPPD	8.3	8.3	8.3	8.3	8.3	8.3	8.0	8.1	8.4	8.3	7.3	8.4	8.6	6.8	6.4	7.2	7.1	7.4
Additional Duties (No of shifts over budget)	4,918	5,007	4,972	4,629	5,015	5,100	5,022	5,412	5,830	5,626	5,756	5,812	5,844	6,132	5,726	5,486	2,450	5,075
Overall Owed Hours (Net Hours)	149,592	115,128	163,134	172,017	158,745	132,208	91,888	97,569	96,125	103,004	113,245	119,384	117,139	138,948	118,325	106,178	127,675	128,273
Annual Leave % - Target 11-17%	11.7%	11.6%	11.2%	13.4%	12.7%	13.9%	16.6%	14.6%	11.5%	12.3%	11.5%	13.9%	17.5%	10.3%	11.3%	10.3%	14.0%	14.4%
Total Unavailability % - Headroom/up lift Allowance - Target 24%	25.9%	26.0%	24.7%	26.3%	25.6%	26.2%	28.0%	27.0%	23.9%	24.3%	23.4%	23.0%	28.3%	25.1%	27.1%	25.8%	23.4%	28.8%
Roster Approval (Full) Lead Time Days - Target 42 days	31	24	34	38	65	48	40	42	40	42	46	45	43	42	42	43	44	44

Table 9 September 2018 to January 2020 (Source: Workforce Intelligence)

4.13 Improving the governance of **Advanced Practice** in Nursing and Midwifery has been progressing throughout the year. An Advanced Practice steering group has been established to oversee and develop job descriptions, a clinical supervision model, a methodology to evaluate learner experience and developing an operational guidance for the workforce development of advanced practice. There are 6 staff who are commencing on the Apprenticeship Advanced Practice Masters programme and 14 commencing or continuing on the traditional Advanced Practice Masters programme.

4.14 Under the leadership of the Nightingale Academy, a programme is underway to increase the capacity and output of Nurse led **research**.

There are also approximately 150 research delivery Nurses/Midwives employed throughout the Trust; some are employed within Research and Development (R&D) and some in the Directorates/SBUs. There are also a significant number of research practitioners in patient facing roles (such as Research Associates, Assistants, Coordinators & Facilitators) working alongside research Nurses and Midwives.

Over the last year:

Two nurses were appointed on to the NIHR Senior Nurse and Midwife Research Leader's Programme; they are working under the leadership of the Nightingale Academy to develop research capability through the creation of a Nursing and Midwifery Research vision to support the overall R&D strategy. The positions are a 3 year secondment.

In relation to Research Delivery workforce, a vision and workforce plan has been developed, a number of work streams have been progressed:

- An Accountability Framework for Research Delivery staff has been developed and agreed with all key stakeholders, this sets standards for support, supervision and training for research delivery staff that are applicable across the diverse working models in use across the Trust research teams. This will be submitted for approval and adoption through R&D Board.
- A clinical competency workbook for Research Practitioners has been developed; this will be piloted in February 2020 alongside a complimentary qualitative research project in collaboration with Kings College London (KCL) Faculty of Life Sciences and Medicine to evaluate its utility and effectiveness.
- An informal consultation process has been completed to standardise job titles and job descriptions of Clinical Research Practitioners this will allow accurate profiling for mandatory training which has previously been identified as a risk.
- Nationally, a project is underway for Clinical Research Practitioners to be registered with the Academy of Healthcare Science. Work this year enhances our readiness for this transition.
- In collaboration with KCL, and in conjunction with the Learning Innovation team, an e-learning programme for research nurses and other delivery staff is being developed, this will improve access to research specific training with a practical focus, and compliment the on-going introductory and development training that has been well evaluated through the year.

- A working group has been established to develop a set of research delivery Standard Operating Procedure templates, available for adaptation by research teams.

4.15 Following the NHSI report in 2019 which looked at the **Workforce Race Equality Standard** data for Nurses, Midwives and Health Visitors, a review of career progression of Nursing and Midwifery staff was undertaken. GSTT has a higher proportion of Nursing and Midwifery staff from Black, Asian and minority ethnic (BAME) backgrounds, 40% compared to the national average of 20%. The representation of BAME staff at GSTT in 2018 was approximately 50% higher than the national average across bands 5-8a. At band 8b and above it falls in line with the national average (Table 10 below).

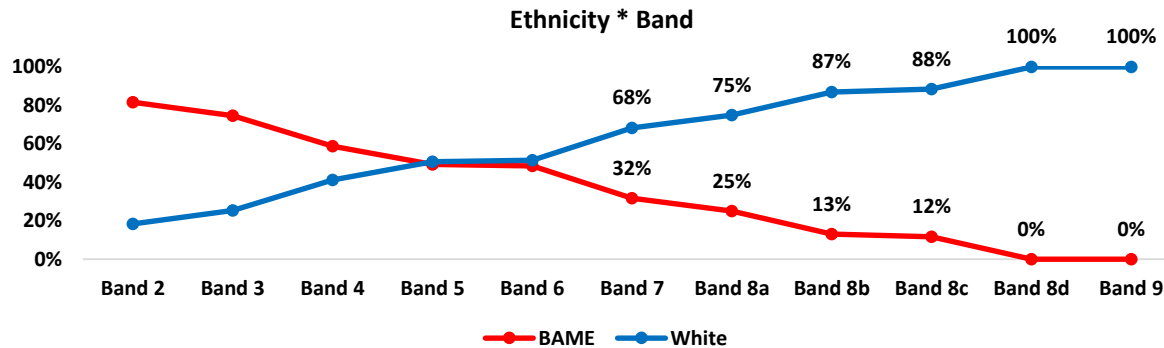


Table 10 - Representation of BAME nursing and midwifery staff at GSTT

Targeted interventions for this staff group are needed to complement the Corporate Strategy to deliver our collective commitment to increase BAME representation at senior Nursing and Midwifery positions at GSTT.

A number of actions have taken place to date:

- The ‘conversation’ across Nursing and Midwifery about equality, diversity and inclusion has gathered pace, larger discussions have been had at the Nightingale Academy Conference and Safe in our hands (monthly Trust wide nursing and midwifery forum). The focus has been on diversity and personal stories and we have been challenged by colleagues - they want us to be bold and they are mandating us to act.
- We have undertaken a survey of 290 Nurses and Midwives to look at their perception of professional development opportunities at GSTT.

- Held Hackathons to explore the meaning of support for professional development at a deeper level. We have held two events and have a further event planned. At future events, we will co-produce resources which will enable leaders, colleagues and individuals to give support to professional development. The outcomes of the Hackathons will form the finalised strategy.
- Allies are in important part of the social movement toward an inclusive community, this requires ongoing work.

It is important to acknowledge that GSTT has 5 BAME colleagues at band 8c which is favourable in contrast to some Trusts and it is also worth noting that colleagues who have worked at GSTT in senior Nursing and Midwifery leadership roles have progressed into a Chief Nurse role and national roles representing Nursing and Midwifery. That said, there is much work to be done to ensure the senior Nursing and Midwifery team is representative of the entirety of the workforce and the local community. Next steps include undertaking engagement exercises led by the BAME community of Nurses and Midwives, supported by the Nightingale Academy. A number of BAME colleagues are also representing the Trust to develop a national strategy.

5.0 Midwifery - Birthrate Plus®

- 5.1 Birthrate Plus® (BR+) is a nationally recognised tool to calculate Midwifery staffing levels. The methodology underpinning the tool is: the total Midwifery time required to care for women, on a one-to-one basis, throughout established labour. The principles underpinning the BR+ methodology are consistent with the recommendations in the National Institute of Clinical Excellence (NICE) safe staffing guideline for Midwives in maternity settings, and have been endorsed by the Royal College of Midwives (RCM) and Royal College of Obstetricians and Gynaecologists (RCOG).

Traditionally, Trusts have commissioned BR+ every 2 - 3 yearly. Guy's and St Thomas' undertook a full BR+ Midwifery workforce review in December 2018. The findings from this review are summarised in the table below and are based upon a birth rate of 6461. The birth rate for 2019 has remained relatively consistent with 6402, demonstrating a reduction of 49 births in total. This number does need to be interpreted with a degree of caution as there is month by month variation and in January 2020 the Trust had 50 more births than expected.

The table below summarises the BR+ findings and provides a comparison against the current funded establishment across the Maternity service. The findings from December 2018 suggest that we are 3.28 WTE above the required staffing levels and within the recommended registered/unregistered ratios. There have been some minor changes to the Midwifery establishment in recent months to support Midwifery Degree Apprentice scheme with two band 3 WTE posts being used to support this initiative. It is therefore suggested that the current establishment meets the needs of safe staffing.

Comparison of Birthrate Plus results and findings to current establishment.

Birthrate Plus Clinical Midwifery recommendations	WTE	Total Current Establishment	Difference	Qualified Bands 5/6/7 WTE	Unqualified Bands 3 & 2 WTE	Ratio Qualified / Unqualified
Birth Centres	99.55	92.74	-6.81	79.53	13.21	83/17
MAU	21.45	19.65	-1.8	15.65	4.00	75/25
Antenatal ward	13.74	17.46	3.72	13.3	4.16	69/31
Postnatal ward	62.91	53.54	-9.37	38.15	15.39	60/40
Community	59.02	63.00	3.98	59	4.00	93/7
Antenatal OPD services	21.80	35.36	13.56	32.56	2.80	92/8
Total	278.47	281.75	3.28	238.19	43.56	82/18

5.2 Whilst the Trust is assured of safe staffing levels, there is a national ambition to increase the numbers of woman receiving continuity of carer. In order to drive the Better Birth ambitions, the draft 2019/20 NHS Standard Contract introduced a standard for the proportion of women who receive continuity of carer during their maternity episode. It has been proposed that there is a gradual upward trend in this standard, in line with the published national trajectory, raising the threshold from 35% by March 2020 to 51% by March 2021. It is also proposed that the definition of the standard, reflecting the requirement for women to experience continuity across the whole pathway, rather than simply to be booked onto a continuity of carer pathway.

GSTT has implemented a model, whereby a number of Midwives hold a caseload that provides continuity of carer. Of the total number of bookings, 15% of women receive continuity of carer (in and out of area), of these, 27% are from the local population. The Local Maternity System (LMS) will receive funding from the National Maternity Transformation Programme to fund the Better Birth programmes and it has been indicated that South East Maternity Services will be focus on monetary support to improve and achieve the continuity of carer standard. At GSTT, it is anticipated that we will need to undertake workforce remodelling of the community teams to achieve this within the designated timeframes. There will be a request to the LMS that the Central Maternity Transformation Fund is utilised to fund additional Midwifery posts to help facilitate the 'lifting and shifting' of some hospital based resource to community teams to ensure the continuity of care target is achieved, but importantly that safe staffing is maintained during the transition. It is estimated that an additional 8 WTE

Midwives will be required to support the transition required to achieve the standard. Therefore, a request for circa £250K will be put forward to the LMS. This is consistent with peer organisations across the LMS.

6.0 Annual Establishment Reviews

- 6.1 The Annual Nursing and Midwifery Establishment Reviews were undertaken throughout the autumn of 2019. These were led by the Deputy Chief Nurse, Head of Nursing for Workforce and the Director of Nursing for the area.
- 6.2 Each Directorate/SBU was represented by their Ward Sisters, Matrons and Heads of Nursing. General Managers, HR Business Partners and Finance Managers were also invited and attended where possible. The template for the reviews had been updated for the review process to focus on key areas for discussion whilst also ensuring that the requirements of the review were included (an example is set out in Appendix 2). The template was circulated in advance of the meeting to the Directorates with pre-populated data sets and the Directorates/SBUs were then asked to complete the relevant sections. Data packs which included 12 months' worth of key workforce data including:
- All workforce data including Vacancy, Turnover, Sickness, Mandatory Training, PDR Compliance, Agency Spend
 - Roster KPIs
 - Red Flags raised
 - Enhanced Care (Use of specials) data
 - Workforce profiles (including diversity data)
- 6.3 At the review meetings the completed review template was discussed in detail enabling all Directorates/SBUs to highlight any areas of concern and to provide examples of innovation and good practice. Requests to increase an establishment were scrutinised and discussed at length. Any increased requests were categorised as:
1. Patient Safety – to ensure safe staffing of inpatient or outpatient areas
 2. Service development or expansion
 3. Repurposing of existing budget
- 6.4 The number of additional posts requested from the establishment reviews to provide safe staffing of areas is 40.66 WTE. This represents a total growth of 0.6% of the total establishment.

As outlined above, posts that have been identified as part of service development e.g. increasing Advanced Nurse Practitioner or Clinical Nurse Specialist roles to mitigate reduction of junior doctors are currently going through the business planning cycle. There have been a number of iterations in line with the business planning process and the need for financial prudence. This process is not yet complete and

therefore the number of posts requested as part of business planning have been set out in Appendix 1 but are subject to change and modification.

Table 11 outlines the safe staffing requests.

Area	Safe Staffing Request	Rationale
Sarah Swift Ward	Band 5 - 5.76 WTE Band 6 – 1.7 WTE	The acuity and dependency of patients on Sarah Swift Ward has increased and this was supported in the SNCT audit in September.
Cardiac Cath Labs	Band 5 – 5 WTE	Increased activity and requirement through the Cardiac Cath Labs for GA procedures. High bank / agency spend and poor staff engagement/morale; (ii) unable to ensure running of all labs throughout the week, affecting inpatient and elective waiting times; (iii) unable to cover GA lists in Lab 5 with recovery and maintain PAC clinics. This is currently being covered by bank.
Luke Ward	Band 3 – 0.3 WTE Band 5 – 3 WTE	The acuity on Luke Ward has increased as per SNCT and their current establishment. The demand for Vascular Bay beds has increased, therefore a revision of patient allocation has been reviewed and with additional training the venouslysis patients have moved to the ward. This in turn has increased the ward acuity. We have used a number of temporary staff to support the enhanced care, therefore the addition to the establishment would mean this could be done within the establishment rather than using temporary staff.
Alan Apley Ward	Band 5 – 3 WTE	To permanently recruit to sufficient staff to cover the flex beds.

Dorcas Ward	Band 3 – 2.2 WTE Band 5 – 10.4 WTE	Increased thoracic surgery, including increasing numbers of patients having nurse led discharge. Increased acuity and dependency of patients due to earlier discharge from critical care areas. Increase supported by SNCT audit in September 2019.
Esther Ward	Band 3 – 1.8 WTE	To support increased acuity and dependency of end of life care patients.
Acute Admissions Ward	Band 3 – 5 WTE Band 5 – 2.5 WTE	This is to support current levels of activity and open the flex bay 24/7 and support NQN also SDEC also convert 3 x Band 5 - 6 Maintaining safety and improving current safe levels of staffing. Supporting direct GP referral process and ED transfers.
TOTAL	40.66 WTE	

Table 11 Safe staffing requests

Table 12 below demonstrates the breakdown of the safe staffing requirements by Band of staff	Safe Staffing Requirements
Band 2	0
Band 3	15.06 WTE
Band 4	0
Band 5	23.9 WTE
Band 6	1.7 WTE
Band 7	0
Band 8a	0
TOTAL	40.66 WTE
% increase	0.6%

Table 12 (Source – Workforce Team)

6.5 Discussions at the reviews also included the following:

- Opportunities for new roles including Band 4 Nursing Associates
- Service expansions/developments
- Quality data triangulation with safe staffing
- Where concerns had been identified e.g. sickness, agency spend, Directorates/SBUs were asked for assurance pertaining to their management plans

6.6 The reviews confirmed that, with the additional posts outlined, all areas will be safely staffed. Temporary staff are utilised, where appropriate, to cover vacancies and also to provide additional staff to maintain patient safety in the areas where the acuity and/or dependency of patients has increased.

7.0 Challenges to Nursing and Midwifery Workforce at Guy's and St Thomas' in 2020/21

7.1 The biggest challenges facing the Nursing and Midwifery Workforce at GSTT are similar to those set out in previous years and are as follows;

- The increasing complexity of the patient population and being able to meet this need with a skilled, stable workforce
- The continued growth in services, requiring a constant focus on finding creative ways to recruit and retain – specifically within the Theatre areas and the emergency pathway.
- Safely staffing across a 24 hour period, whilst supporting flexible working.
- The impact of the reduction of trainees, namely junior doctors and the increasing requirement for nurses to take on extended roles.
- Cost of living and working in London, with affordable housing the biggest challenge for nurses and midwives moving to and remaining in the capital. Also competitors in London in both the public and private sector essentially “outbidding” each other in terms of offers to new recruits.
- Re-shaping of the workforce in order to successfully integrate the role of the Nursing Associate and the requirements of the Registered Nurse pre-registration curriculum and the impact on the Registered Nurse role in the future.
- Continued loss of CPD funding which inhibits the ability to support staff with their ongoing professional development requirements and also developments which will enhance service provision, although as set out in the Interim People Plan, this should be addressed in the full People Plan when it is published.
- Growth of commercial opportunities will require staff investment to maintain a high quality private offering for patients.

- Increase in the number of presentations by mental health patients which requires a different nursing skill set to appropriately care for all their needs.

8.0 Priorities for 2020/2021

- To continue to work towards the goal of having a waiting list of nurses and midwives looking to join the Trust by maintaining the focus on innovations with recruitment and retention of staff.
- To continue with the workforce transformation strategy in order to implement and embed the Nursing Associate role within Guy's and St Thomas' and prepare for the registered nurse role of the future following NMC changes to the pre-registration curriculum.
- To increase the numbers of pre-registration nurses and midwives to enable us to "grow and develop" our own skilled workforce.
- To continue to develop the 6 monthly Directorate/SBU establishment reviews to provide assurance on safe staffing in line with service growth to meet patient demand and align with the business planning process.
- To continue the roll out of the Neighbourhood Nursing model for our Community services.
- Through the Roster Challenge Boards, to continue to have improvements in roster KPIs improving the work life balance of our staff
- To reduce agency spend and work towards consistently achieving the target of 3.3%.
- Successfully recruit to the vacancies in theatres, supported by international recruitment

Appendix 1

Business planning intentions as at 25th February 2020
Attached as PDF

APPENDIX 2

Annual Establishment Reviews
Template attached as PDF

APPENDIX 3

National Quality Board Standards

Expectation 1	COMPLIANCE	EVIDENCE	ACTIONS
RIGHT STAFF			
1.1 Evidence based workforce planning	YES	Annual establishment reviews in line with Developing Workforce Safeguards, NICE Guidance for safe staffing, Safer Nursing Care tool for acuity monitoring, NMC guidance on standards, NHSI Workforce Standards, NQB Resources for Safe Staffing. All areas use PWC calculator for headroom calculations	
1.2 Professional Judgement	YES	Professional judgment is applied alongside the recognised workforce planning tools This is particularly relevant when considering skill mix in areas and new roles	
1.3 Compare staffing with peers	YES	Using and reporting CHPPD as per NHSI requirements. The Trust is part of the Shelford Group. Using Model Hospital for benchmarking – particularly for CHPPD and this has been included in monthly board report at Trust level and at more granular level in the nursing and midwifery establishment reviews	
Expectation 2			
RIGHT SKILLS			

<p>2.1 Mandatory training, development and education</p>	<p>Partial - mandatory training provision is in place but attendance is not 100%.</p>	<p>Headroom calculated as part of establishments within recommended range, mandatory training available and can be booked through trust OLE. Education Council has delegated authority from NMEC and has directorate representation. All Ward/Department leaders have supervisory time allocated within the establishment</p>	<p>Directorate compliance with mandatory training is monitored through the DMT and PRM's and is also discussed at annual establishment reviews. Trust target is 95% - current rate is xx% PDR Rate has continued to improve in 2019 – current rate is xxx% from 81.3%% at the same time last year</p>
<p>2.2 Working as a multi-professional team</p>	<p>YES</p>	<p>Commitment to investing in new roles e.g. in Acute Medicine and review of Advanced Practice roles. Introduction of Nursing Associate role Review of Band 2-4 has included looking at Essentia roles and considering where there may be blurring of boundaries</p>	
<p>2.3 Recruitment and Retention</p>	<p>PARTIAL - Equality and Diversity at all levels of the organisation</p>	<p>New model of recruitment for Band 2's and 5's with key success indicators. Flexible working encouraged and strategies being developed to support this going forward. Corporate retention group with nursing membership and new strategies for retention. CNO workforce team and ET and D involved in local schools careers fairs to inspire the next generation Ensure all Band 8a and above recruitment episodes have BME representation on interview panel with E,D & I focused questions</p>	<p>Unconscious bias training, improved data collection Ensuring BME representation at interviews – mandatory for 8a and above but where possible should always endeavour at all levels</p>
<p>Expectation 3</p>			

RIGHT PLACE AND TIME			
3.1 Productive working and eliminating waste	YES	Nightingale Academy and NPIC has innovative approach to standardising aspects of care, new pathways in place to support emergency care pathway, use of SAFER. All SI reviews consider safe staffing as an element of investigation. Workforce team now receive all Datix relating to safe staffing	
3.2 Efficient deployment and flexibility	YES	Launch of SafeCare in Autumn of 2017 supports real-time decision making for directorates, site team and senior leaders in the organisation. All inpatient areas (non-critical care) have SafeCare in place. Maternity use for Red flags and staff check-in only. Revised Roster policy in place Challenge Boards for all directorates held regularly throughout the year	
3.3 Efficient employment and minimising agency	YES	GSTT has own bank in place who consistently have a fill rate of 85+%. Paying substantive staff to grade still in place and agency rates lower than in 2017. Review of bank rates with peers currently underway	

Nursing & Midwifery Annual Establishment Review – 2019

Section 1 - Update on actions from 2018 Establishment Review and 2019 Mid Year Review

Please outline below the actions that were agreed as part of the last Nurse Staffing Review and provide and update regarding the progress of each action.

Action	Area/Whom Responsible	Update

Section 2 – Please identify all clinical areas within your directorate

Area / Ward	Type of area e.g. Inpatient/ Outpatient	Service Days i.e.24/7, Mon-Fri

7.a

Section 3 – Funded Establishment

Please complete for each Ward/Department what the current budgeted establishment is and outline any concerns if this is not deemed to meet service need:

Ward/ Department	Registered Nurse Budget wte	Unregistered Nurse Budget wte	Total	Does this meet service needs – Yes/No	September SNCT Audit Result	Does this match your scorecard and HealthRoster

Please also complete the following information for the last 6 months:

Ward/Dept	Current Vacancy Rate	Current 12 month Turnover	Current PDR Rate	Current Mandatory Training Rate	Current Sickness Rate	Comments

Check your data pack which gives you the above data for 12 months – this will be discussed at your review.

Section 4 – Care Hours per Patient Day CHPPD & Planned vs Actual Staffing

Please review the last 6 months information regarding CHPPD and comment on any trends noted.

Ward/Dept	CHPPD	Benchmarked CHPPD (Peer)

Section 5 - Use of Enhanced Care for patient requiring 1:1 care

Please review the last 6 months use of enhanced care hours

Do staff consistently use the Enhanced Care Assessment to support their decision making for both stepping up and down of enhanced care – Yes/No (highlight as appropriate)

Section 6 – Activity impacting staffing

Ward/Dept	All Flexible workers have had FW agreement reviewed in last 12 months and uploaded to HR portal? Yes/No	Roster Lead Time compliant over last 3 months – Yes/No	Annual leave within agreed parameters 12 months– Yes/No	Comments

7.a

Consider any trends/changes in activity over the past 6 months which have impacted on nurse staffing eg: weekend/evening clinic or theatre opening, use of flex beds

Section 7 – Red Flags & Datix related to Nursing/Midwifery Staffing

Ward/Dept	Number of Red Flags	All Red Flags Resolved – Yes/No	Number of Datix relating to safe Staffing	Comments

Section 8 – Succession Planning

- Has the age profile of your workforce recently been reviewed?
- Are there any areas of risk in key workforce groups?

- Do you have clear succession plans in place for any key workforce groups and if not what factors are impacting this?

Section 9 – Safe and Effective Deployment of Staff

Please review from your data pack:

Section 10 – ANA - Widening Participation

For discussion at Establishment Review as per separate documents

Section 11 – ACP - Widening Participation

Area	Number of CNS/ ANPs	Banding/Skill Mix of CNS/ ANP's	Do all meet Job Spec for role – Y/N	Clinical Supervision in last 6 months	Development/ Changes	Comments

7.a

Key questions to consider:

- What do you think your workforce needs to look like in the future to be sustainable and how will you integrate new roles?
- What numbers of CNS/ANP as a Directorate do you think you will need to recruit each year to reach your future planned skill mix? Is there a recognised training programme you use/plan to use?
- Is there funding agreed for training and salary cost?
- Is there an agreement and capacity to provide the appropriate level of clinical supervision for ACP role development within your directorate'?
- Is there a department/directorate ACP Governance policy in place? (for example is there a joint approach between nursing and medicine).

Section 12 – Quality & Performance

Please review your last 6 months of quality reports:

Ward/Dept	No of Falls with Harm	No of Pressure Ulcers (admitted)	No of Pressure Ulcers (developed)	FFT - Patient	FFT- Staff

Ward/Dept	No of Complaints	No of Serious Incidents	NMC Cases	Medicine Errors	SI's/Never Events

Section 13 – Local / National Recommendations

Are there any local or National Recommendations related to staffing in your area of practice? If so please identify below and discuss compliance with this.

Type of Recommendation eg NICE guidance	Area of Practice	Compliant? Yes/No

Section 14 – 6 month Action Plan going forward (to be completed at Review meeting)

Ward/Dept	Action	Responsibility	By When

Section 15 – Notes/Actions from Annual Establishment Review Meeting

I confirm that the data given here is correct at the time of May/June 2019 Bi-Annual Establishment Reviews.

Signed name:

Printed name:

Title:

7.a

**Board of Directors
Audit Committee**

**Minutes of the meeting held on Wednesday 12th February 2020
at 1pm in the River Room, St Thomas' Hospital**

Present: Mr J Pelly (Chair)
Mr S Weiner

Attendance:

Ms E Youard, Director of Corporate Affairs (Secretary)
Dr I Abbs, Chief Executive
Mr S Davies, Director of Finance
Ms G Daly – Grant Thornton
Mr P Dossett - Grant Thornton
Ms C Eyre, Chief Accountant
Mr A Gourlay, Director of Essentia
Mr S Lane, Associate Director of Finance - Internal Audit
Mr D Lawson, Chief Procurement Officer (for item on Single Tender Waivers)
Mr K Leakey, Acting Deputy Director, CDIO – representing Ms B Bryant
Ms R Liley, Director of Quality & Assurance (for item on Draft Annual Governance Statement)
Ms E McKeown, Grant Thornton
Mr S Nandrha, Audit Manager
Ms J Screator, Chief People Officer
Mr M Shaw, Chief Financial Officer
Dr P Singh, Deputy Chief Executive

1. Apologies

Apologies had been received from Ms B Bryant, represented at the meeting by Mr K Leakey, Mr J Findlay, and Sir Hugh Taylor.

2. Minutes of the Audit Committee meeting held on 20th November 2019

The minutes of the meeting held on 20th November 2019 were approved as a true record.

3. Matters Arising

The Internal Audit report to this meeting had fulfilled the requests made at the 20th November meeting for a list of rejected tender waivers and an update on staff expense claims. The Trust's Commercial portfolio was being actively reviewed across the Trust Board Committees.

4. ICO Audit Update

The Committee received a spoken update on the outcome of the consensual audit by the Information Commissioner's Office (ICO) carried out in January 2020. The audit's scope had been the Trust's processing of personal (patient and staff) data. The audit purpose was to

provide the Information Commissioner and the Trust with assurance ratings of the extent to which the Trust complies with data protection legislation, including General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

The audit had focused on three key areas of control. The Trust had provided the ICO with 150 pieces of documentary evidence, including policies, operating procedures, standards, governance arrangements, meeting papers and minutes. Over 50 telephone or face-to-face interviews were held with staff from clinical and business teams. The inspection had also included site visits to clinical and non-clinical areas. The results had been positive. In two areas - cyber security and business continuity - the finding was a reasonable level of assurance, and in area 3 - personal data breach management - the finding was a high level of assurance. The ICO had identified 31 recommendations for Trust consideration and action. The Information Governance team, working with colleagues across the Trust, had agreed an overarching action plan to address these during the next 12 months.

The Committee commended the Information Governance team for the outcome of the audit and the Trust effort that had contributed to this positive report. Future reporting of the follow up activities should be reported through the Quality and Performance Committee.

5. Draft Annual Governance Statement 2019/20

The Committee noted the draft Governance Statement for 2019/20 as it stood, with some details due after the end of the financial year. It was agreed that the assurance given by the CQC's 2019 Well Led and 2020 ICO audit findings should be clearly highlighted. The Board would be looking at its risk appetite in due course. The Audit and Risk Committee Chairman would feed in detailed comments. The Committee would review the final version before sign-off.

6. Orthopaedic Managed Service: Inventory Write-Off

A write-off issue had arisen from non-moving/obsolete inventory which had transferred to J&J under a managed service. However, the stock had been identified as obsolete and liability remained with the Trust. This write-off had not been anticipated at the outset of the Orthopaedic Managed Service in May 2017 and had not been factored into the business case. The Committee recommended that a decision about the Trust write-off of expired orthopaedic stock and potential expiry risk of further orthopaedic stock should be referred to the next Quality and Performance Committee meeting as an in-year decision. As further actions, the external auditor would report back on the control issues and would discuss what this means in terms of audit testing of stock values. It was indicated that the Trust typically has low levels of non-moving inventory within the Omnicell stock system. Outside the Omnicell system, the position on stock held was less clear. The Finance Department would assess how to implement lessons learnt about income and expenditure considerations at contract commencement, and the need to put a process in place to test for visibility and accountability of stock. The Commercial Directorate would consider the commercial lessons learnt. A further report would be brought to a future Audit Committee.

7. Register on the use of External Auditors for non-audit services

The Committee received an update on the register of the use of external auditors for non-audit services in the financial year to date. To remain within National Audit Office and Financial Reporting Council guidance, the amount paid by the Trust group of companies to the external auditors for non-audit services in any one year should not exceed 70% of the total fee for all audit work carried out. There had been only one non-audit service requested of the external auditors. This work was now complete and the total cost was well within the fee limit. The findings and recommendations from the report on Evelina 1+ programme

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would be presented at the next Audit Committee meeting. The policy would be highlighted to management. The Grant Thornton team would discuss with the Finance team any further implications for Trust policy arising from recent National Audit Office guidance.

8. 2019/20 Year End Accounts Update

The Committee noted specific issues arising related to the production of the 2019/20 year end accounts and Annual Report which would require Board approval. The Committee noted: the plan to request consent for disclosures in the Remuneration Report; an additional paragraph which would be included in the Statement of Accounting Officer's Responsibilities with respect to awareness of audit information; the new accounting disclosure requirements for 2019/20 with regards to IFRS 16 Leasing Standard; and the application of IFRIC 12 with regards to a service concession following the opening of the Orthopaedic Centre of Excellence Phase 1B. Further feedback on the implications of IFRS 16 for Royal Street was requested.

Technical advice on an alternative valuation method for property and land was under active consideration within the Finance department. The Grant Thornton team was taking external advice. Consistency against previous work would be checked.

The Committee confirmed that the accounts should be prepared on a going concern basis. Disclosures on segmental reporting should be on the same aggregate basis as for the prior year. Further thought would be given to the definition of a segment and its controls, to meet an audit standard, recognising the relevance of this point as the Trust was planning an extended number of Strategic Business Units (SBUs). The Committee requested that the advantages and disadvantages of segmental reporting should be examined within the next six months.

9. Standing Financial Instructions (SFI) Amendments

Proposed changes to Standing Financial Instructions (SFIs) were agreed, following on from the previous amendment in November 2018 to reflect the respective controls allocated to the Chief Financial Officer and Director of Finance post-holders. The Committee agreed further clarification of controls, and some further changes to the Scheme of Delegation with respect to the Director of Finance post.

The Finance department would reflect on the delegated limits and bring modified SFIs back, reflecting on how limits could be raised in step with the expanded organisation and the extended number of Strategic Business Units (SBUs). Delegation authority allocated to the Chief Digital Information Officer should be incorporated into proposals. Reflecting on the SFIs could help with consideration around how reporting by segments might work. A conclusion and recommendations should be brought back to the Audit Committee shortly.

10. Internal Audit Progress Report

The Committee received an overview of the Internal Audit department's progress against plan and a summary of the work finalised since the November meeting. The original plan for the year had included 26 areas for review. Four projects had been brought forward from the 2018/19 plan bringing the total target for the year to 30 projects, plus one additional piece of work requested by the Chief Nurse. To date, seventeen reports had been finalised. Of the six reports finalised since the November meeting, three had been assessed as substantial assurance and three limited assurance. The three reports with limited assurance were discussed in more detail.

Following on from the Internal Audit report, there was more work to be done on reimbursement of staff expenses, finding better efficiency from technological solutions. In some specific areas, greater clarity was required around reimbursements from NHS and research monies and KCL grants.

The Trust's compliance with HMRC rules on Off-Payroll Working Arrangements (IR35) required further work to tighten the process, with joint leadership from the Finance and Workforce departments.

On Non-Competitive Procurement (Single Tender Waiver), cases above EU limits and SFI limits had been reviewed. There was recognition of the need for a smoother procurement process flow to accommodate a greater level of forward planning. To support greater understanding of Trust policy, a mandatory training module had been created to secure better compliance with SFIs.

11. NHS Counter Fraud Authority Self Review Tool (SRT)

The Committee noted the draft Self Review Tool assessment against standards set by the NHS Counter Fraud Authority (NHSCFA - previously NHS Protect) in their document "Standards for NHS Providers 2020-21 Fraud, Bribery and Corruption January 2020". Authorisation was given for sign off by the Chair in advance of the deadline, likely to be 31st March 2020. The Trust submission would incorporate an enquiry to find out how scores would be moderated.

12. Counter Fraud Progress Report and Benchmarking Data

The Committee noted the performance summary for counter fraud for the period 1st November 2019 to 31st January 2020. It received a report on the engagement needed with the NHS Counter Fraud Authority (NHSCFA). The NHSCFA had released national benchmarking performance data for all commissioners and providers. The benchmarking report identified a total of 222 sanctions being delivered across the whole of England, with 28 of these delivered by acute Trusts with more than £1bn budget. GSTT accounted for 3 of these sanctions and was just above the average for the group.

The Committee discussed and supported correspondence to the NHSCFA setting out an alternative proposed way forward with regards to the NHSCFA's intention to implement phase 3 of the national proactive exercise on procurement fraud.

Nominees for the fraud champions initiative were agreed: Chair of the Audit and Risk Committee; Trust Chief Finance Officer; Head of Internal Audit and the Freedom to Speak Up Guardian.

13. External Audit Plan 2020 including fee change letter

The Committee noted Grant Thornton's 2020 external audit plan. Additional requirements from the Financial Reporting Council (FRC) and National Audit Office had driven up audit costs including for the analytical review of subsidiary companies. The additional costs related to additional work to improve audit quality, extra audit challenge on plant, property and equipment, and the introduction of new accounting standards, with specific lease-related work involved. More consideration of the value of the Trust's land and buildings would need to happen. The National Audit Office was consulting on revisions to the Code of Audit Practice for audit work in the public sector, to apply from 2020/21. Subject to confirmation, change would entail change in relation to the value for money arrangements, with a draft Code requiring auditors to comment on three specific value for money criteria. A quality accounts review would continue.

4

20200212 A&R Committee Minutes Draft – Chair Approved

14. Consideration of Audit Exemption for Trust's Subsidiaries

An appraisal of the options for the audit of the Trust's subsidiaries had been carried out as a consequence of the proposed external audit fee increase. Audit exemption for the Trust's subsidiaries through the award of a guarantee under s479C of the Companies Act 2006 would not be pursued. It was agreed that the Trust should accept the increased Grant Thornton fee and notify the Directors of Trust subsidiaries.

15. Any Other Business

There was no other business.

16. Date and Time of the Next Meeting

The next meeting would be held on 13th May 2020 at 1 pm in the River Room, Gassiot House, St Thomas' Hospital.

(Post meeting note: this meeting arrangement would be reviewed in the context of the Coronavirus pandemic)

**Board of Directors
Cancer Services Committee**

**Minutes of the meeting held on Wednesday 5th February 2020
at 1.00pm in the Burfoot Court Room, Guy's Hospital**

- Present:** Dr Felicity Harvey – Non-Executive Director (Chair)
 Dr Sheila Shribman – Non-Executive Director
 Mr Paul Cleal - Non-Executive Director
 Sir Hugh Taylor – Trust Chair
 Mr Jon Findlay – Chief Operating Officer
- Attendance:** Dr Maj Kazmi – Chief of Cancer Services, Guy's Cancer
 Prof Peter Parker – Co-Director, KHP Comprehensive Cancer Centre
 Mr Geoff Koffman – Chief of Surgery
 Ms Mairead Griffin – Director of Nursing, Guy's Cancer
 Ms Sarah Clarke – Director of Operations
 Dr Anne Rigg – Clinical Director, Oncology
 Mr Sean McCloy – Director of Operations, ACN
 Prof Claire Harrison – Clinical Director, Haematology
 Ms Alice Jenner – Strategy and Planning Manager, Guy's Cancer
 Dr Mieke Van Hemelrijk – Reader in Cancer Epidemiology, KCL
 Mr Daniel Waldron – HR Director
 Ms Catherine Hart – Director of Fundraising
 Ms Betula Nelson - Governor
 Ms Annabel Fiddian-Green – Governor
 Mr John Powell – Governor
 Ms Ruth Lily – Director of Quality and Assurance, GSTT
 Mr Ben Falk – Deputy Director of Operations, KCH
 Dr Kate Haire – Clinical Director, SEL ACN
 Mr JP Jeannon – Clinical Director, Surgical Oncology, GSTT
 Prof Tony Ng - Joint Head of School of Cancer & Pharmaceutical Sciences
 Ms Jackie Parrott – Chief Strategy Officer
 Prof Arnie Purushotham - Co-Director, KHP Comprehensive Cancer Centre
 Mr Ash Kothari – Consultant Breast Surgeon
 Dr Danny Ruta – AI Lead
 Dr Sarah Wilson – Consultant Oncologist
 Dr Tom Charlton – Chief SpR
 Ms Louisa Stockman Vine – General Manager, Surgical Oncology
 Ms Justine States– Project Manager, SEL ACN
 Dr Stephen Keevil – Head of Medical Physics
- Apologies:** Dr Ian Abbs – Chief Executive and Chief Medical Officer
 Dr Simon Steddon – Medical Director
 Mr Steven Davies – Director of Finance
 Ms Marian Ridley – Director, Evelina
 Ms Kate Barlow – Programme Director, Haematology Institute
 Ms Julie Baker – Macmillan Lead Cancer Nurse, LGT
 Prof Reza Rezavi – Non Executive Director
 Ms Juliet King – Clinical lead – thoracic surgery

8.b

1. Welcome and Introductions

The Chair welcomed members of the Committee and those in attendance. The Chair noted changes to the membership since the last meeting, formally noting thanks to David Cheesman for his work with the Committee, and congratulating Sean McCloy on his appointment as Director for the South East London Cancer Alliance, and Sarah Clarke on her appointment as Director of the Cancer Services Strategic Business Unit at GSTT which formally comes into being on 1st April.

2. Minutes of the previous meeting held on 16th October and action log

The minutes from the previous Cancer Services Committee held on 16th October were agreed as accurate. The action log was noted by the Chair. Ms Sarah Clarke highlighted that the Breast pathway deep dive was on the agenda, and that the surgical strategy was not on the agenda this time as a strategy workshop was planned for later this month. Sector diagnostics provision had been discussed at the ACN Members Board in October. It was agreed that the three providers would pay for capacity for remainder of 2019/20.

Dr Sheila Shribman provided an update on the Children's Cancer report, which had been received at the public NHSE/I Board, recommending co-location of Paediatric Oncology and Paediatric Intensive Care. Current services were to continue for the next six months whilst the options are further appraised. Mr Jon Findlay queried Evelina representation on the committee. Ms Sarah Clarke explained that the Committee would be reviewed with the launch of the Strategic Business Unit and that Evelina representation would be considered.

ACTION: SC to consider Evelina representation as part of the forthcoming review of this Committee.

3. Deep dive into breast pathway

Mr Sean McCloy updated the committee on actions since the previous presentations on the lung and prostate deep dives. Performance had remained strong at Lewisham and Greenwich NHS Trust. Joint Consultant posts and new Patient Navigators had been appointed across the Alliance. There were ongoing challenges with CT capacity and PET access and reporting that were being addressed in conjunction with Alliance Medical. At GSTT the joint clinic pilot in prostate continued and was to be optimised using learning from other sites.

A deep dive review of the breast pathway was presented. Mr Sean McCloy described how breast cancer is one of the most common cancers and currently SEL does not meet the 62 day target. One year survival rates had improved from below to above the England average.

Pathway flows varied across South East London with a high proportion of patients referred from Lewisham and referrals from King's College Hospital coming via the Plastics team.

For internal pathways the longest delays occur between triple assessment and DTT. There are multiple MDMs on both compliant and breach pathways and many patients require further diagnostics beyond the triple assessment.

For the UHL-GSTT Breast pathway, fewer patients were getting triple assessment and there was delay to MDM. There was a high number of repeat MDMs.

For the Denmark Hill-GSTT pathway, ITT was late for breach pathway and this was not fully recovered by day of treatment. Patients in this pathway are still having sentinel lymph node biopsy at Denmark Hill before surgery at GSTT which is a variance to the GSTT pathway to plastics and the SEL pathway for these patients. Work to bring this practice in line was ongoing.

At GSTT there was a higher than expected number of MDMs on the pathway. For compliant pathways, more patients were discussed at the next meeting of the twice-weekly MDM. For breach pathways there was a 1-2 week wait for discussion. Mr Ash Kothari explained that information for MDMs was often missing, so discussion was deferred. In addition, there were a higher number of patients on complex pathways at GSTT and including trials patients, complex breast conservation. Nationally, there is work underway on streamlining MDMs. At the recent Breast Away Day there was agreement to set up a working group to focus on this issue.

The following recommendations were endorsed by the Committee:

- The SEL Cancer Alliance Breast tumour group should review the agreed timed pathways to meet the 62 day target.
- All Trusts should focus on providing triple assessment to all appropriate women.
- GSTT needs to review the current MDM processes to reduce the percentage of patients going through multiple MDMs before reaching a decision to treat.
- GSTT should review how complex diagnostics are booked beyond the triple assessment.
- GSTT should review the genetics pathway and timelines for patients on a suspected breast cancer pathway.

The Committee agreed that in future these deep dives would be presented to the ACN Members board and this Committee would receive a highlight report on progress on urology, thoracic and breast pathways following the deep dive action plans.

ACTION: Highlight report on urology, thoracic and breast action plans to be presented in future.

4. Integrated Quality and Performance Report

Dr Maj Kazmi, Chief of Cancer Services, presented highlights from the report. The focus in future would be on research and development, cancer education and the development of a global health network for cancer. An away day was planned for 20th March, bringing together clinical colleagues from GSTT and KCH. Dr Felicity Harvey requested that more time be allocated to this report in future meetings.

5. South East London Accountable Cancer Network

20200205 Cancer Services Board Committee Meeting Minutes Draft

Dr Kate Haire summarised the ACN report, noting that the Q3 assurance of the programme had been included. The appointment of Mr Sean McCloy as Director, Ms Smitha Nathan as Senior Programme Manager, and Ms Jannike Nordlund as Patient and Public Involvement Lead were highlighted. An Early Diagnosis Lead was being appointed and GP sessions were being funded.

Funding would be available between now and 2024 for the development of Rapid Diagnostic Centres. The Committee felt that this was an opportunity for radical change in the diagnostic process in South East London. This was suggested as an agenda item for the next meeting. Dr Sheila Shribman noted the importance of engaging primary care colleagues in this discussion.

6. Guy's Cancer AI Evaluation Unit

Dr Danny Ruta presented the proposal for the AI Evaluation Unit that would be presented to the GSTT Charity. Interesting research had already been undertaken at GSTT, evaluating a clinical decision tool.

The charitable funding would enable key individuals to be recruited to set up an evaluation unit. The Committee felt that it was important to highlight the role of the network and the benefits the unit and the technologies would have for primary care and patients from across South East London.

The Committee endorsed the bid being presented to the GSTT Charity.

7. Real World Evidence Strategy

Dr Mieke van Hemelrijck described how the RWE strategy was progressing well across the key workstreams. The Guy's Cancer Cohort was due to be presented at an AI Data Conference in May. The team were working with colleagues across GSTT and KCL, particularly around data infrastructure. Good progress was being made on data linkage and a solution for collecting routine PROMS data.

8. KHP Haematology Institute – progress report on OBC development

Report submitted for information only

9. Guy's Cancer Surgical Oncology strategy

Report submitted for information only

10. Any other business

The next meeting would be in June 2020, although the date had not yet been confirmed.

**BOARD OF DIRECTORS
STRATEGY AND PARTNERSHIPS COMMITTEE**

**Minutes of the Wednesday 25th March 2020 meeting
held by conference call 2.00 pm to 2.45 pm**

Present: Dr F Harvey – Chair
Dr I Abbs
Mr P Cleal
Mr R Drummond
Mr J Findlay
Mr J Pelly
Prof R Razavi
Mr M Shaw
Dr S Shribman
Dame Eileen Sills
Dr P Singh
Dr S Steddon
Sir Hugh Taylor
Mr S Weiner

In attendance: Ms E Youard - Secretary
Ms S Austin
Ms B Bryant
Mr S Davies
Mr A Gourlay

1. Welcome and Introductions

The Trust Chairman welcomed all members of the Board Committee to its first virtual meeting during the Covid-19 pandemic. The Trust Board would maintain its framework and business of Board meetings, continuing to report in the public domain. The next public Board meeting to be held on 22nd April would be held in virtual form. Engagement with the Council of Governors would also run through virtual channels. All business would be appropriately streamlined in the circumstances to free up management capacity to prioritise Covid-19 related activities. The Board thanked Dr Ian Abbs and Jon Findlay for leading the Trust's operations through the outbreak.

2. Apologies

Apologies were received from Ms A Dawe, Ms S Bowler, Ms A Knowles, Ms R Liley, Ms J Parrott, Ms M Ridley, Ms J Sreaton, Mr L Tallon and Professor J Wendon.

3. Declarations of Interest

Ms Sarah Austin participated in the meeting prior to joining the Trust. Ms Austin recorded that she was at the time of the meeting a Board member of Solent NHS Trust.

4. Minutes of previous meeting held on 27th November 2019

The minutes were approved as an accurate record.

5. Matters arising from the previous meeting

Follow up discussion on the Trust commercial strategy would be arranged.

6. King's Global Health Partnerships Briefing

The Committee received a briefing on the work of King's Global Health Partnerships, an initiative of King's Health Partners (KHP). King's Global Health Partnerships (KGHP) works with health facilities, academic institutions and governments to strengthen health systems and improve the quality of care in four countries: Somaliland, Sierra Leone, the Democratic Republic of Congo and Zambia. It brings together health, academic and international development expertise from King's College London, the UK's National Health Service (NHS) and our international partners to: educate, train and support healthcare workers; strengthen healthcare and training institutions; and enhance national health policies and systems. KGHP connects UK and African health professionals, providing training, mentoring and hands-on support; and undertakes collaborative research to inform policy and practice. Partners are supported with access to funding, networks and development opportunities. There was potential for Trust staff to be involved in global volunteering once the Covid-19 situation resolved.

7. Strategic Connections – Verbal Updates from NED Committee Chairs

The Committee noted the key points that had been covered at the other Board sub-committees, identifying ways in which the Board Committees were pursuing strategic trends. Topics recently covered had included strategic developments and investments in property and IT to enable strategic transformation. Digital investment had been scaled up to enable remote working, for example facilitating virtual outpatient services, radiology reporting from home, and digitally connected integrated care. The Committees had looked at the positive assurance gained following the Information Commissioner's Office's extensive audit of Trust arrangements for safeguarding personal information. The Audit Committee had covered the preparation of 2019/20 annual accounts. The Cancer Services Committee continued to carry out deep dives into the care of patients in particular tumour groups.

8. Fundraising Strategy Update

The Committee noted an annual update on progress against the Trust's fundraising strategy. The update covered Trust-specific fundraising campaigns to raise support and income for Guy's Cancer, the Evelina London and restricted as well as unrestricted funds. Wider fundraising initiatives jointly supported by KHP partners focus on KHP priorities: cardiovascular, children and young people's mental health, and haematology. The Trust fundraising strategy sets a target to increase fundraised income to over £17M per year by 2022/23. In 2019/20 the fundraising team was confident of raising nearly £8M. In addition to Guy's and St Thomas' Charity's funding on application, its annual endowment funds key initiatives in the Trust and the Charity had offered to release £1m of funding from the Charitable Fund to the Trust to support its COVID-19 response, to assist staff wellbeing in particular.

9. Strategy into Action – Strategic goals and deliverables update

Work had continued on the development of success statements and tracking indicators to enable monitoring of the impact of the Trust's strategy to 2023, Together We Care. Subject to some detailed follow up, the level of progress reported was noted. There were two suggestions, that the tracking could convey some prioritisation, and that the success factors for integrated care could refer to the importance of health promotion and prevention.

10. Report on R&D Contracts over £1m

The Committee noted research and development contracts signed and grant applications approved during the period November 2019 – March 2020. Future reports of such activities would be submitted to the Committee on a six monthly basis.

11. BAF Risks Assigned to Strategy & Partnerships Committee

Four principal risks in the Board Assurance Framework had been assigned to the Committee: the commercial strategy and ambitions; research delivery and research industry partnerships; the complex strategic agenda and partnerships; national policy and legislation, including Brexit. The Committee agreed that it was assured, noting the need to enhance the Trust's commercial strategy and diversification of income from commercial sources.

12. Any Other Business

There was no other business.

13. Date of next meeting

Wednesday 24th June 2020 in the Burfoot Court Room, Guy's Hospital.

Board of Directors
Transformation and Major Programmes Committee

Minutes of the meeting held on Wednesday, 19th February 2020
at 14:00 hours in the Burfoot Court Room, Guy's Hospital

Present: Mr S Weiner (Chair)
Dr I Abbs
Mr P Cleal
Dr F Harvey
Mr J Findlay
Ms J Parrott
Prof R Rezavi
Ms J Screaton
Mr M Shaw
Dr S Shribman
Dame E Sills

Attendance: Ms E Youard (Secretary)
Ms S Bowler
Ms B Bryant
Ms V Cheston
Mr S Davies
Mr A Gourlay
Mr T Hulse
Ms L James
Ms A Knowles

Mr G McAllister and Ms J Shaw attended the meeting as contributors to items.

1. Apologies

There were apologies from Ms A Dawe, Ms M Ridley, Dr P Singh, Dr S Steddon, Sir H Taylor and Professor J Wendon.

2. Declarations of Interests

There were none.

3. Minutes of the previous meeting held on 11th December 2019

The minutes were agreed as an accurate record.

4. Capital and Estates Programme Update

The Committee noted an update report setting out progress on both the Estates Development Plan and the current capital programme; proposals in relation to theatre maintenance and plans to procure short term operating theatre capacity to support the plan; and progress on neighbouring developments to Trust sites.

The Committee was pleased to receive an update on progress on the evaluation of initial tenders for the development of the Triangle site for the Evelina Expansion. Following a process in December 2019, feedback on the strengths and weaknesses of the initial tenders was provided to the bidders at the end of January 2020, with updates provided to the Estates Committee and Evelina Expansion Board. Bidders had been invited to submit final tenders in March with a recommendation on a Preferred Bidder being made in April 2020. The announcement by NHS E/I on closer working with Royal Brompton and Harefield NHS Foundation Trust suggested capital funding for Evelina Expansion being made available as Public Dividend Capital. The adopted process for developer procurement should allow for the development to be carried out using Public Dividend Capital rather than 'Income Strip' financing, subject to confirmation as the preferred funding model. It was anticipated that the Board would be reviewing the Evelina Expansion business case together with the Triangle site business case in May 2020.

Positive progress has been made with the Guy's and St Thomas' Charity and Stanhope and Baupost on the Royal Street development, with documents to be signed under delegated Board authority shortly. The NHS Director of Finance recognised that the transaction would be material, with CDEL expenditure to be off-set by the proceeds of the planned redevelopment of the Gassiot House site. Plans were being finalised to fund building fit-out with a substantial grant from the Guy's and St Thomas' Charity, together with further commercial financing facilitated by the Charity. Royal Street would be a landmark building offering digitally enabled ambulatory patient, research and corporate facilities.

The Committee noted the proposed operating theatre maintenance programme as at February 2020. This had been prepared in parallel with plans to find enhanced theatre capacity which would be discussed with the Quality and Performance Committee. The Trust has only been able to complete statutory requirements and reactive maintenance because of clinical operational pressures. Resources were currently being deployed to progress a business case, procurement and installation of temporary theatres; plan with the Trust's Director of Operations and appropriate sequence for making theatres available for maintenance; and develop a detailed maintenance plan. It was proposed that the revenue costs associated with delivering the maintenance would be included in the Essentia business plan for 2020/21. Any capital implications would be subject to a business case presented at executive level during March 2020.

Projects in planning were noted. Specific projects highlighted were:

- St Thomas' Education Centre Development which was now moving forward under KCL management and a coordinated leadership team which aims to appoint a contractor to begin work on site during 2020;
- Stage 3 proposals for replacement of the Cancer Centre's rain screen panels made of Aluminium Composite Material. Technical proposals had been submitted to NHSE/I for approval and funding authority from DHSC had been sought; and
- Evelina London Childrens' Hospital (ELCH) 1 plus. Work to provide a new Cardiac ward and High Dependency Unit on the 6th floor, and new imaging and MRI on the 1st floor were both progressing. Both projects were expected to be complete and ready for operational use in April 2020, with contract challenges to be addressed through careful contractual dialogue.

5. DT&I Portfolio Update Report

The Committee noted that in Quarter 3 2019/20 the Data, Technology and Information directorate had carried out a detailed analysis of the digital portfolio against the Trust's strategic priorities. This analysis had resulted in the streamlining of the portfolio from two-hundred and five (205) projects down to an approved fifty-six (56). Seventeen (17) projects had been stopped, ten (10) removed or consolidated and two new projects accepted into the portfolio. The portfolio had been mapped against strategic themes, and a delivery plan identified, with online project tracking including identification of resource constraints. For new work intake, a new Digital Demand Board

(DDB) chaired by the Chief Clinical Information Officer and consisting of the Electronic Health Record (EHR) procurement team would be established so that all new requests aligned to the Trust's EHR strategy. Executive level governance arrangements were also being revised and renewed to reflect a more integrated approach to working across the business and embed changed delivery, with a focus on user-centred design.

To keep momentum and focus on EHR dependencies, it was anticipated that a series of large business cases would be presented to the Board over the next six months. A refreshed DT&I capital plan is in development which consists of the required investment for digital. This plan is currently forecasted at £135m of capital over the next five years with a focus on the EHR and the necessary technology refresh. The plan consisted of the interim investment needed to uplift and deliver the clinical / operational solutions needed to support interim transformation prior to the EHR delivery. The Committee supported this approach.

6. BAF Risks Assigned to Transformation & Major Programmes Committee

The Committee noted an update on the risks for which it had oversight. The Estates Committee was due to convene to review the principal risk with regards to estates improvement. The three other principal risks assigned to Transformation & Major Programmes Committee had been updated since November 2019: risk relating to data, technology and information; to workforce supply and leadership; and governance and assurance of the commercial portfolio. Cyber security risk had been subject to thorough diagnosis, and partnership risk had been subject to financial risk around partnership working. During March, the Board would review the Board Assurance Framework in totality, looking at all risks from a cross-cutting perspective.

7. Any Other Business

There was no other business.

The Committee would next meet on 11th March 2020 at 2pm to 5pm in the Burfoot Court Room, Guys Hospital.

8.d

**Board of Directors
Transformation and Major Programmes Committee**

**Minutes of the meeting held on Wednesday, 11th March 2020
at 14:00 hours in the Burfoot Court Room, Guy's Hospital**

Present: Mr S Weiner (Chair)
Dr I Abbs
Mr P Cleal
Dr F Harvey
Mr J Findlay
Ms J Parrott
Prof R Rezavi
Ms J Screaton
Mr M Shaw
Dr S Shribman
Dr S Steddon
Mr L Tallon
Sir H Taylor

Attendance: Ms E Youard (Secretary)
Ms B Bryant
Ms V Cheston
Mr S Davies
Mr A Gourlay
Ms L James
Ms A Knowles
Ms M McEvoy
Ms S Lalor McTague (for Commercial Department)
Ms M Ridley
Mr P Ward (for Estates Development items)

1. Apologies

There were apologies from Ms S Bowler, Ms A Dawe, Dame E Sills, Dr P Singh, Mr T Hulse and Professor J Wendon.

Mr L Tallon and Ms J Dahlstrom were welcomed to their first meetings.

2. Declarations of Interests

There were none.

3. Minutes of the previous meeting held on 19th February 2020

The minutes were agreed as an accurate record.

8.d

4. Key Decisions Schedule (Estates) and Forward Plan 2020/21

The Committee noted that the Trust's estates development plan had been progressing well. The main decisions and approvals obtained included the start of the Triangle site developer procurement and the Outline Business Case for the lease on Royal Street and the conditional agreement to lease. The current expectations were that during 2020/21, six full business cases and three outline business cases would be presented to Trust Board Committee meetings. The investment strategy would be subject to Trust assurance processes. An indicative decision-making timeline was noted. This was subject to conditions favourable for the Trust. Timelines would be affected by factors outside Trust control, including financing, regulatory approval and stakeholder engagement.

5. Theatre Maintenance Proposal Update

The Committee noted an update on the proposed operating theatre maintenance programme previously discussed in February 2020. An approach had been further prepared in parallel with plans to find enhanced theatre capacity which had been discussed with the Quality and Performance Committee. The Trust was committed to the planned maintenance of existing theatre stock and the steps necessary to enable it to progress and provide resilience in the theatre estate. There was support for making use of the additional theatre capacity being identified to support the development of a planned maintenance plan. It was intended that over a period - possibly three years – this would deliver an improved routine level of maintenance. This programme would need to be appropriately balanced with meeting clinical activity targets. Opportunities should be taken up as they presented.

6. Triangle Site Development Update

In recognition of the development of a non-regulatory Outline Business Case due in May 2020, the Committee supported an adjusted approach to the development of the Triangle site for the Evelina expansion. The policy context had changed since the Board had agreed in June 2019 to commence a procurement process for shell and core building financed through income strip lease sale. Spoken advice from NHSE/I and its stated position at the 30th January NHSE/I Board meeting suggested that the Triangle Site development and business case should progress on the assumption of Public Dividend Capital (PDC) funding. Risks to the regulatory Outline Business Case in December 2020 under preparation were noted, with mitigation to continue.

It was agreed that the Outline Business Case should be prepared on an assumption that PDC would be the funding source, removing the strip income lease mechanisms assumptions that the Board had previously approved. The governance of the Triangle site programme should be brought together as soon as possible, eliminating the current distinction between the shell and core programme within estates development and the separate fit out programme. Ownership of the St Thomas House decant project was to be clarified by May. The Committee supported Lawrence Tallon leading work that aligned with the Trust's joint strategic priorities in partnership with RBH-KHP, establishing the best and quickest ways to meet procurement, regulatory approval and legal requirements.

7. Any Other Business

There was no other business.

8. Date and Time of the Next Meeting

The Committee was next due to meet on 10th June 2020 at 2pm to 5pm in the Robens Suite, Guys Hospital. The arrangements for this meeting would be kept under review..

8.d

**BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE**

**Minutes of the Meeting held on Wednesday 26th February 2020
at 1.30pm, Burfoot Court Room Guy's Hospital London SE1**

Present: Dr F Harvey (Chair)

Dr I Abbs
Mr J Findlay
Prof R Razavi
Mr M Shaw
Dr S Shribman
Dame Eileen Sills
Dr P Singh
Dr S Steddon
Sir Hugh Taylor
Mr D Waldron
Mr S Weiner

Attendance: Ms E Youard, Secretary
Mr S Copping (for Body Fluid Exposures Sharps Safety Item only)
Ms M Da Costa
Mr S Davies
Ms J Grace (for Assisted Conception Unit Item only)
Mr A Hashtroudi (for Staff Health and Wellbeing Offer Item only)
Ms A Knowles
Ms R Liley
Ms A Lynch
Ms M McEvoy
Mr C McMillan (on behalf of Beverley Bryant)
Ms J Powell
Ms J Shaw (on behalf of Alastair Gourlay)

Observer: Fardeen Choudhury
Cosmo Manancourt-Adolphe

QPC/19/26 Apologies

Apologies were received from Ms B Bryant, Mr P Cleal, Mr A Gourlay, Ms S Hanna, Ms S Noonan, Ms J Parrott and Mr J Pelly.

QPC/19/27 Declarations of Interest

There were no declarations of interest

QPC/19/28 Minutes of the previous meeting held on 15th January 2020

The minutes of the meeting held on 15th January 2020 were approved as a true record.

QPC/19/29 Matters Arising

There were no matters arising from the minutes.

QPC/19/31 Financial Report for Month 10 – April to January 2020

At Month 10 the Trust had declared to NHSE/I that it expected to achieve the agreed control total, a deficit of £8.4M. Against the NHSE/I Control Total, a deficit of £12.6M for the ten months to 31st January, the deficit of £12.4M was £0.2M better than the NHSE/I Control Total. Provider Sustainability Funding of £12.6M had been included into the reported position, £10.7M of which reflected achievement of the Quarter Three control total and £1.9M dependent upon achieving the Quarter Four control total.

QPC/19/30 Topics of Note

The Committee noted an overview of important quality and performance issues and developments arising Trust-wide since the last meeting. Detailed areas were picked up as follows.

On 18 Week Referral to Treatment (RTT) performance, in December the position for 18 Week RTT performance was 83%, a reduction on previous months and below the Trust's revised recovery trajectory of 85.3%. In January an external validation company started to assist Trust teams with waiting list validation across 20,000 pathways. Against the 62 day cancer access standard, performance had gradually deteriorated since August. The December 2019 overall performance was 64.3%, and the year to date position was 68.8%. The Cancer Services Committee had discussed the factors contributing to the deterioration, noting the capacity gaps affecting the urology service in particular. More work was to be done South East London-wide working with partners within the South East London Accountable Cancer Network.

Performance against the diagnostic operational standard declined in December to 5.47%, compared to November's performance of 4.88% and remained behind trajectory, again for capacity-related reasons. Services with high volumes of diagnostic breaches had action plans in place with recovery trajectories, including insourcing and outsourcing to enhance capacity such as access to endoscopies.

The overall performance A&E performance against the access standard for January was 82.77%, below the 91% trajectory. Focus was being given to enhancing service availability in the Urgent Care Centre. A&E performance had not been affected by people presenting with symptoms of coronavirus at the time of the meeting. A community screening process was in place and a pod was shortly to be installed for people presenting at the St Thomas' site. Plans for online information and support would be implemented.

Following an 11% increase in the number of formal complaints submitted, work with directorates was underway to ensure steps were taken to contact complainants by telephone at the point of receipt, to talk through next steps. Work was also underway within Trust call centres and departments to enable patients to get through to Trust services and departments without difficulty. The increase in the number of complaints appeared to be increasing in line with activity. The rate of complaints per 1,000 contacts had remained the same while

both activity and complaints numbers increase. The number of complainants contacting the Trust dissatisfied with their complaint response remained very low at 3-4% per quarter meaning that the quality of responses remains high.

The flu vaccination campaign was nearing its conclusion, due to end in March 2020 due. Over 15,000 vaccines had been given. Of the Trust staff vaccinated 77.6% were classified as front line Health Care Workers. There was a variation in uptake across directorates which would be analysed for lessons learnt.

The Trust had been placed above the national average in all categories of the Patient Led Assessments of the Care Environment (PLACE) assessment. It benchmarked favourably against Shelford Group peers. More than 30 patient assessors, including families, visitors and patient advocates, visited Guy's Hospital, St Thomas' Hospital, Lambeth Community Care Centre, Minnie Kidd House in Balham and Pulross Intermediate Care Centre in Brixton to carry out the assessment in 2019.

The Committee noted progress within the digital programme on the Contact Centre project; the CPIS / Symphony ED upgrade; on home-based radiology; on the Trust-wide rollout of digital letters; and Phase 3 e-Noting which was successfully rolled out into the Evelina Children's Hospital in January 2020.

Covid-19 (previously Wuhan Novel Coronavirus)

The Committee noted an update on Covid-19. The virus was expected to translate into a pandemic because it was a virus strain able to infect people, readily transmissible and capable of causing illness in a high proportion of those infected. The pandemic outbreak may last a number of months with possible additional waves to follow. The global pattern was being closely noted. The Trust had put in place a significant organisational response in line with guidance from the NHS, Department of Health and Social Care and Public Health England, to identify, assess and test individuals meeting the case definition as national network lead on High Consequence Infectious Diseases (HCID). An assessment hub staffed 8 am – 8 pm was being installed on the St Thomas' site.

Service planning and capital investment was underway to prepare suitable treatment areas for patients testing positive for Covid-19. The impact on Trust operational performance was being assessed.

The Committee thanked all the Chief Nurse, HCID and Infection Control as well as all Trust team members for the significant efforts underway to plan and prepare for a Covid-19 pandemic.

Assisted Conception Unit Update

Since September 2019, comprehensive work had been carried out on a number of different aspects of the operating model and model of care in the Assisted Conception Unit (ACU). The Committee received a progress update on work underway, which had been led by a multidisciplinary Trust executive team working in partnership with the ACU clinical leaders. Dialogue and work continued in collaboration with the Human Fertilisation and Embryology Authority (HFEA). The ACU's governance structure had been refreshed and standing operating procedures reviewed. Substantial work had been carried out on balancing demand and activity, to enable careful waiting list management

and manageable clinical workloads. Complaints and risk reports were in the process of being addressed. Teams had been engaged in workshops to encourage an open culture. Key vacancies had been filled, and non-clinical support staff structures were being revisited. Improvement initiatives were in the process of being carefully sustained.

The Committee commended the continued effort to lead and maintain improvement initiatives across the ACU team. It expressed interest in broader indicators which might highlight appropriate interventions services in parallel circumstances. There was interest in exploring wider planning lessons which could be applied to respond particular requirements of specialist services experiencing rapid referrals growth.

Trust-wide Recovery Actions for 52 weeks

The Committee noted the activities in progress to try to meet the Trust-wide trajectory of reducing patients waiting over 52 weeks to zero by March 2020. The specialties with the highest number of 52 week breaches were: upper gastrointestinal, colorectal, cleft, and gynaecology and urogynaecology. A recovery plan with risk mitigation was in place and being closely monitored. Action was underway identify suitable theatre capacity and to deal with the impact of the pensions tax issue, two key factors affecting performance. The executive team was discussing progress against the 52 week wait trajectory target with the NHSE/I national and London regional office. As a revised position, the Trust expected to deliver by the end of March with between 40 - 60 patients remaining waiting. 52 patients had exercised their choice to remain waiting for treatment at the Trust. It remained a priority to ensure that patients were appointed and treated where treatment was due before the end of March. If elective activity had to be cancelled because of the coronavirus outbreak, expectations would have to change.

Workforce Performance Report

The Committee received an update on performance against workforce indicators, including the Trust's overall vacancy rate; the level of agency staff as a percentage of its pay bill; the voluntary annual turnover rate; sickness absence rate; PDR compliance for non-medical staff; and compliance with mandatory training requirements. All factors were affected by the Trust's growth in size.

A Respect Others culture change programme had been introduced to bring a renewed focus on values. The Committee sought further information about the broad and local level of ownership including at directorate level in support of equality, diversity and inclusion (EDI) goals, and improving the experience of black, Asian and minority ethnic (BAME) staff. The Board sought further visibility of the analysis and progress being made.

There had been an increase in workforce cases being taken to Employment Tribunals (ETs) – from 8 in November 2018 to 15 in November 2019 - following the removal of ET fees where previously a claimant had to pay to lodge a claim. The Workforce Team was leading a focus on a just culture for improved employee relations, reduced bullying and harassment and resolving issues informally over formal disciplinary interventions, where appropriate.

Focus was being given to reducing the level of over-payments for staff who are leaving or whose pay is changing. Action is taken a combination of training, monitoring and support for directorate leads, with regular reviews to ensure that accountability is in place.

The Committee reviewed nursing vacancy rates, noting the variability across specific directorates and the increase in numbers of posts. The Trust target rate is 10%. The nursing vacancy rate in December 2019 was 14.3% and 12.1% after excluding unregistered nursing staff. Particular focus was being given to supporting any areas where there was a combination of sickness absence and vacancies.

Patient Transport Update

Following the successful transition of the renal dialysis patient transport service to the in-house team, focus had now turned to the remainder of the service comprising outpatients and on the day bookings. The original plan, as previously reported to the Quality and Performance Committee, was to put in place new contractual arrangements from 1st June 2020. However, this timescale had slipped due to a number of factors, the most significant being scoping the potential to incorporate patient transport across South East London ICS under one operating model. Contract dialogue continued.

ICO Audit

An audit by the Information Commissioner's Office (ICO) was carried out in January, following extensive examination of the Trust's safeguarding of personal information. This involved the submission of over 150 pieces of evidence in the form of policies, procedures and guidelines, along with on-site interviews of clinical and business colleagues. The exercise additionally entailed in-depth examination of patient privacy arrangements in the Neonatal Intensive Care Unit, the physical data security measures at St Thomas' Data Centre and in the Tech Zone at Guy's. The audit focused on three key 'areas of control', with the following assurance outcomes: (1) Cyber Security - Reasonable level of assurance; (2) Business Continuity - Reasonable level of assurance; and (3) Personal Data Breach Management - High level of assurance. The Information Governance team had compiled a detailed action plan to address the specific recommendations with assigned owners and target dates. The ICO would conduct a follow-up 'desk-top' review of progress against this plan within 6-12 months of audit completion. Routine progress updates would be routed through the Trust executive's Information Governance Committee and the Trust Audit and Risk Committee. The Committee thanked the Information Governance team for its considerable work with the ICO on the audit, and in implementing the findings.

QPC/19/32 Management of Body Fluid Exposures Sharps Safety

The Committee received a report on the Trust programme of activity to develop and implement safe working practices around the introduction of safer sharps. Procurement reports indicate a compliance rate of over 90% with the use of safe sharps across the Trust. To satisfy the regulatory requirements and the Health and Safety Executive detailed risk assessments had been developed where non-safe sharps are used for clinical reasons. The number of needlestick incidents reported each year remains constant. To make progress, the Health and Safety team would undertake a more detailed

analysis of workplace incidents in 2020 using a human factors approach and use this data to target specific interventions.

QPC/19/34 Staff Mental Health and Wellbeing Offer

The Committee noted the provision of mental health and wellbeing support for staff. Both reactive and preventative resources were available for staff. These interventions, along with overall mental wellbeing, are evaluated on a regular basis. The Trust's track record of investing in health and wellbeing initiatives, included the psychological wellbeing of staff. Over the past 8 years it had supported the development of a considerable portfolio of health and wellbeing initiatives with considerable focus on psychological wellbeing. The offer to staff includes measures which are proactive – such as psychoeducation and trauma response and reactive – such as counselling; CBT; and access to a psychiatrist. The approach is increasingly to shift resources to be proactive. A letter of appreciation to the Guy's and St Thomas' Charity as relied upon funder of these initiatives would be prepared.

QPC/19/35 Clinical Harm Review – Over 52 weeks Standard Operating Procedure

The Committee noted that the Trust was implementing a clinical harm review process that would ensure that all current patients waiting 52 weeks and above will have a clinical harm review (CHR). Two processes were to be applied: (a) a Clinical Harm Review (CHR) for any RTT pathway open over 52 weeks; and (b) 52 week breach Root Cause Analysis (RCA) for any RTT pathway closed over 52 weeks. An equally systematic approach and process could be taken to enhance the existing review process around 62 day breaches in cancer care. The Standard Operating Procedure drawn up for undertaking non cancer clinical harm review and 52 week breach root cause analysis was approved.

QPC/19/36 Theatre Capacity Increase Options Overview

The Committee received a summary of current - and previously considered - options for increasing the Trust's theatre capacity available. The purpose of this stocktake was to address the risk of inadequate theatre capacity to meet demand. This Trust level risk, previously rated 16, had now been upgraded to risk rating 20 on the corporate risk register. Action to address the capacity shortfall need was highlighted in the context of Trust commitment to the achieving zero 52 week waiters by the end of March 2020 and the clinical risk of extending waits for cancer patients. It was acknowledged that viable short to medium term options to increase theatre capacity are limited. The paper summarised for discussion and debate and at high level options with progress over a number of dates, and an appraisal against key criteria.

A number of short to medium term options were prioritised, with a list of the most feasible in the next 6-12 months. There is a need to look at better efficiency and getting 52 week waits down in the short term. The options reviewed included reallocation of capacity from less pressured to most pressured specialties which was a new option, focused directing resource to directorates facing the greatest problem, taking an organisational approach. The theatre efficiency and utilisation programme in progress was noted, Substantive 6 day working as a new option had been discussed internally, learning from pilot work in the Evelina Children's Hospital. The Trust Management Executive had supported implementation of reallocation of

capacity from less pressured to most pressured specialties. Reallocation would be for the short-term period but to operate at scale, radical choices would need to be made. Proceeding would be carried out carefully and thoughtfully, to secure engagement.

The Committee sought a statement on intentions, with mitigations. Efforts would be made to create clarity and communicate well across Directorates, including highlighting good practice which had already been implemented across specialties. The next step would be a move to enact change over 6-8 months, holding regular reviews. Taking a campus view, implementation would need to involve work across Directorates and Corporate teams.

QPC/19/37 Proposed Disinvestment in Southwark 0-19 Universal Children's Services

The Committee received a report on the role of Southwark universal children's services, the disinvestment proposed by Southwark Local Authority in 2020/21 to the value of £363,000 (5%) and the implications of the proposed disinvestment from safety, quality, workforce and strategic perspectives. The Committee recognised that the proactive prevention and early intervention of health is in line with the NHS Long Term Plan and of strategic importance of these services to Evelina London, as a fully comprehensive provider of children's community healthcare, a key pillar of the Trust strategy to improve local community services. The Evelina London team would continue to assess the service consequences of commissioner funding plans, working closely with local partners.

QPC/19/38 Transfer of Women's Services to Evelina London SBU

The Committee supported the proposal to bring forward the transfer of the Women's Services Directorate to the Evelina London Strategic Business Unit to take effect from 1st March 2020. The transfer of the Women's Services clinical directorate to the Evelina London SBU had been agreed in principle by the Trust Management Executive in November 2019. It was originally proposed that this transfer should occur from April 2020, with gynae-oncology services simultaneously transferring to the Surgical Oncology clinical directorate as part of the newly established Cancer SBU. Bringing the transfer forward by one month was agreed in the light of the strategic rationale for the integration of women's and children's services; the excellent progress that had been made in building a shared sense of direction and ownership of these leadership challenges; the significant risks being managed by the women's services' management team; and a wider transition of responsibilities at Trust leadership level. The Committee considered the significance for the Evelina London team of working at scale and in strategic partnership, taking account of the renewed governance arrangements and the need for the Evelina London Board membership to fit its new context.

QPC/19/39 Reports for Noting

The Committee noted the following reports:

Learning from Deaths - Q3 - Oct to Dec 2019 Update Report

The Committee received an overview of the Trust's current reporting progress in line with the National Learning from Deaths programme October – December 2019.

Nursing and Midwifery Staffing Levels - December 2019 Update Report

The Committee received a December 2019 overview of the nursing and midwifery workforce in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing.

Trust Quality Priorities - Q3 - Oct to Dec 2019 Update Report

The Committee received a report on progress towards achieving the Trust's quality priorities for 2019/20.

Trust Risk and Assurance Committee - Q3 - Oct to Dec 2019 Update Report

The Committee noted the key activities of the Trust Risk and Assurance Committee (TRAC) for October to December 2019.

QPC/19/40 Any Other Business

There was no other business.

QPC/19/41 Date and Time of Next Meeting

The next meeting of the Quality and Performance Committee would take place on 1st April 2020 from 11am to 5pm in the Burfoot Court Room, Guy's Hospital.

(Post meeting note: this meeting has subsequently been reorganised to meet in virtual form in the context of the Coronavirus pandemic.)

**BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE**

**Minutes of the Meeting held on Wednesday 1st April 2020
held by conference call 1.30 pm to 2.30 pm**

Present: Dr P Singh (Chair)

Dr I Abbs
Mr P Cleal (part meeting)
Mr J Findlay
Ms J Parrott
Mr J Pelly
Prof R Razavi
Ms J Screatton
Mr M Shaw
Dr S Shribman
Dame Eileen Sills
Dr S Steddon
Mr L Tallon
Sir Hugh Taylor
Mr S Weiner

Attendance: Ms E Youard, Secretary
Ms M Da Costa
Ms J Dahlstrom
Mr S Davies
Mr A Gourlay
Ms A Knowles
Ms R Liley
Mr G McAllister (on behalf of Ms B Bryant)
Ms M McEvoy

Observer: Professor Jonathan Cohen

QPC/20/01 Apologies

Apologies were received from Ms S Austin, Ms B Bryant, Ms S Hanna, Dr F Harvey, Ms T Lynch, Ms S Noonan, Ms M Ridley, Mr D Waldron and Professor J Wendon.

QPC/20/02 Declarations of Interest

There were no declarations of interest

QPC/20/03 Minutes of the previous meeting held on 26th February 2020

The minutes of the meeting held on 26th February 2020 were approved as a true record.

QPC/20/04 Matters Arising

Observers from the Trust management trainee scheme had attended the 26th February meeting under a shadowing scheme. In the circumstances of the Covid-19 outbreak the forward plan for trainees to observe the Committee had had to be suspended. The initiative would be picked up again in the future.

QPC/20/06 Topics of Note – Covid-19

The Committee noted an overview of important quality and performance issues and developments arising Trust-wide linked to the Covid-19 outbreak which had overtaken business as usual since the last meeting.

The Trust had treated the earliest Covid-19 patients initially treated in the High Consequence Infectious Disease (HCID) unit when the UK was in the 'contain' phase of the national plan. The Trust had been fully prepared to meet national guidance as it developed. A decision had been made in the first week of March to treat the pandemic response as a critical site incident, which entailed standing up a command structure and associated governance arrangements. The whole Trust team response had been exceptional, enabling adaptation of the normal hospital and community operating model and routine to accommodate Covid and non-Covid patients. Large numbers of clinical and non-clinical staff had been redeployed appropriately to meet service requirements. Physical changes had been made to the operating environment, with investment into an enabling and appropriate infrastructure.

An early decision had been taken to stop all non-essential elective activity. Support from the London Bridge Hospital and HCA in facilities in Guy's Cancer Centre had assisted and enabled the most urgent elective activity, such as urgent cancer surgery. The South East London Cancer Alliance was co-ordinating the process for planned care. Outpatient activity had been scaled down to around 20% normal levels. Most of the remaining outpatient activity was being offered remotely, through the rapid roll out of consultations by video and phone contact. A clinical review of the care of patients who had not attended appointments had started to ensure follow up was appropriately managed. A plan for every patient had been developed.

The Trust was coping well with the current volume of suspected or confirmed Covid patients. Many patients' outcomes were good. Around 50% patients were being discharged home from inpatient wards in 9 - 14 days. The critical care mortality rate benchmarked well. The normal learning from deaths process had been paused but the supplementary role of the medical examiner was being used. Reporting of deaths followed a national process and national criteria. Learning from care was underway.

The Trust had been providing safe levels of PPE to staff, in line with guidance, at all stages. There had been guidance changes, and this had been stressful for staff. On 30 March, due to increasing incidence of the virus in the population, the Trust moved to a position where all staff in close contact with patients are to use PPE, including surgical masks, on the basis that any patient may be potentially infected with Covid-19. Working with partners, the Trust had been highly proactive in sourcing supplies internationally and in the UK, especially with regards to ventilators. A differential supply chain into community services had been established. The supply of key drugs was under close scrutiny.

8.e

There had been an enormous amount of work in Trust integrated care services, joining up partners and building on relationships established over years. Clinicians were concerned to make sure there was vigilant monitoring around dips in the normal numbers of presentations, adults and children, who should still be accessing emergency services when acutely unwell. The Trust had ensured it had the capacity to treat patients who were in need of urgent services, and was tracking deferred activity.

The women's and children's services, now combined under the integrated Evelina Strategic Business Unit, had risen to the challenge. The importance of maternity services and the new-born in the care system at this difficult time was highlighted.

There had been higher than usual staff sickness absence because of staff either unwell themselves with suspected Covid-19, or self-isolating because of symptomatic household members. On average across all staff groups the sickness absence rate was 1 in 10. The Trust was able to maintain services through daily oversight of rota management. Testing for symptomatic staff and their household members was being rolled out locally. The development of a testing strategy for both the Covid-19 viral illness and antibody resistance was being nationally led.

The Trust was supporting partners at the Nightingale Hospital London, South East London partner trusts and organisations, and trusts from outside South East London.

Tracking of risks specific to Covid-19 was in place.

A comprehensive package was available to support our staff with their health and well-being. Practical resources including hotel accommodation, free car parking and help with groceries in a hospital 'supermarket'. Expert support for staff psychological well-being would remain a major focus during the pandemic response and its aftermath. Significant offers of help and donations from partners had been reaching the Trust.

The Committee thanked the Trust's staff for responding with extraordinary courage and determination to this unprecedented challenge and maintaining safe services for patients.

QPC/20/07 Financial Report for Month 11 – April 2019 to February 2020

The Trust had declared to NHSE/I in its month eleven financial return that it expected to achieve the agreed control total, a deficit of £8.4M. Against the NHSE/I Control Total which is a deficit of £15.2M for the eleven months to 29th February, the deficit of £15.0M was £0.2M better than the NHSE/I Control Total. Provider Sustainability Funding of £14.5M had been included into the reported position, £10.7M of which reflected achievement of the quarter three control total and £3.8M of which was dependent upon achieving the quarter four control total. At that time the potential financial impact of Covid-19 was just emerging, had not been fully assessed and was subject to discussion with NHSE/I.

8.e

QPC/20/08 Board Assurance Framework 2019/20

The status of the Board Assurance Framework, updated during March 2020, together with the Corporate Risk Register position as of February 2020 was noted. A more in-depth review of the Board Assurance Framework would be carried out later in the year.

QPC/20/09 Any Other Business

King's Health Partners had been successful in its application to be designated as an NIHR-NHSE/I Academic Health Science Centre for a further five years from 1st April 2020.

Collaboration was underway between the Trust, KCL, the University of Oxford and Oxford University Hospitals, an initiative that would potentially enhance ventilator capacity.

The Board thanked the Trust Executive team for its leadership of the Trust through the Covid-19 pandemic.

QPC/20/10 Date and Time of Next Meeting

Wednesday 27th May 2020, with details of timing and arrangements to follow.

Board of Directors	 Guy's and St Thomas' NHS Foundation Trust
Financial Report for the eleven months to 29th February 2020	22nd April 2020

This paper is for:		Sponsor:	Martin Shaw
Decision	<input type="checkbox"/>	Author:	Peter Parr, Steven Davies
Discussion	<input checked="" type="checkbox"/>	Reviewed by:	
Noting	<input checked="" type="checkbox"/>	CEO*	
Information	<input type="checkbox"/>	ED*	
		Board Committee*	
		TME*	
		Other*	

* *Specify*

1. Introduction \ Context

- 1.1 The Trust has agreed a financial control total with NHSI to deliver a deficit of £8.4M, if this is achieved it could provide access to £16.4M of Provider Sustainability Funding (PSF), giving a control total including PSF of £8.1M. The Trust has set an internal plan to achieve a break-even position which if achieved would also attract PSF of £16.4M.
- 1.2 The NHSI plan also assumes Depreciation on Donated Assets (DODA) of £13.1M and Capital Donations of £5.0M, giving rise to an overall planned deficit of £12K. The plan assumed a back-phasing of CIP delivery into the latter part of the year as the remaining efficiency requirements are addressed.
- 1.3 This paper updates the Board of Directors on performance against the Internal Plan and the Control Total for the period covering the eleven months to 29th February 2020.
- 1.4 The key messages pertaining to the reported position are contained on page one of the attached finance report.

2. Financial performance Summary.

- 2.1 The Trust has declared to NHSI in its month eleven financial return that it expects to achieve the agreed control total, a deficit of £8.4M. At that time the potential financial impact of COVID-19 was just emerging and had not been fully assessed.
- 2.2 Against the internal plan which is a deficit of £7.5M for the eleven months to 29th February, a deficit of £15.0M has been recorded, £7.5M worse than the internal plan.
- 2.3 Against the NHSI Control Total which is a deficit of £15.2M for the eleven months to 29th February, the deficit of £15.0M is £0.2M better than the NHSI Control Total. PSF of £14.5M has been included into the reported position, £10.7M of which reflects achievement of the quarter three control total and £3.8M is dependent upon achieving the quarter four control total.

	Annual Plan £m	YTD Plan £m	YTD Actual £m	YTD Variance £m
Internal Plan	0.0	(7.5)	(15.0)	(7.5)
NHSI Control Total (excluding PSF)	(8.4)	(15.2)	(15.0)	0.2
Current Year PSF	16.4	14.5	14.5	0.0
NHSI Control Total (including PSF)	8.1	(0.7)	(0.5)	0.2
DODA	(13.1)	(12.0)	(11.4)	0.6
Capital Donations	5.0	4.6	2.4	(2.2)
Prior Year PSF	0.0	0.0	0.9	0.9
Profit on Disposal	0.0	0.0	0.0	0.0
Total Surplus \ (Deficit)	0.0	(8.1)	(8.5)	(0.4)

3. Coronavirus (COVID-19) Update

- 3.1 The Trust has provided estimates of the financial impact of Coronavirus (COVID-19) to our Regulator via our STP. The latest submission (19th March 2020) estimated additional revenue expenditure and income reductions of £0.6M to the end of February. Validation of the actual impact which is included within the YTD reported position is being undertaken.
- 3.2 Indications have been given that the Trust will be funded for these additional costs and the impact of any reduced income in preparing for the required response

4. Request to the Board of Directors

The Board of Directors is asked to:

- Note that in achieving a loss of £15.0M, the Trust is £7.5M behind its internal plan.
- Note that in achieving a loss of £15.0M, the Trust is £0.2M ahead of the NHSI control total.
- Note that PSF of £14.5M has been reported, £10.7M of which is secured.
- Note the current estimate of the financial impact of Coronavirus submitted to our Regulator.
- Note the key messages in the accompanying finance report

Appendices

Month 11 – Finance Report Key Messages

KEY MESSAGES - 2019-20 - MONTH 11



1. Performance against internal plan – in month and YTD

- A deficit in February of £2.6m is £0.7m behind the internal plan and the YTD deficit of £15.0m is £7.5m behind the internal plan.

2. Performance against control total – in month and YTD

- A deficit in February of £2.6m is £40k ahead of the control total and the YTD deficit of £15.0m is £0.2M ahead of the control total.

3. Main drivers of position

- YTD the planned back-phasing of CIP plans has derived a favourable benefit of £1.0m, this will reduce by £1.0M pm going forward
- Planned CIPs and Efficiency Growth have under-delivered by £5.5m
- Further CIPs and Efficiency Growth of £13.4m are required to achieve a balanced plan with a YTD impact of £12.3m
- Benefits from the balance sheet, prior year income and reductions in provisions are running ahead of plan
- The clinical income position remains strong although a lot of this is driven by pass through drugs and devices, which in turn is driving over spends against expenditure budgets. The impact of Coronavirus had yet to significantly impact income.
- The Trust has provided estimates of the financial impact of Coronavirus (COVID-19) to our regulators via our STP. The latest submission (19th March 2020) estimated additional revenue expenditure and income reductions of £0.6m to the end of February. Validation of the actual impact within the YTD reported position is being undertaken.

5. Cash position and likely forecast

- Our cash position remains strong at £159m at the end of February, a reduction of £6.0m in the current month. The forecast of £160m is a reduction of £5.0m when compared to last month.

6. Capital – performance

- To the end of month 11 the Trust has spent £76.7m against its capital plan. This is below the original phased plan for the year by £13.9m; on a straight-line forecast basis this will result in total expenditure of £83.7m, compared to the current forecast of £85.2m. Work continues to firm up the forecast.
- In response to a national request to reduce our original £100m plan for the year by 20%, the trust commenced a risk based prioritisation exercise. Although the national requirement to reduce our capital plan has recently been removed, the trust is continuing with the prioritisation exercise to ensure our agreed capital schemes remain the highest priority areas and sufficient funding remains in place.

FINANCIAL PERFORMANCE HIGHLIGHTS - 2019-20 - MONTH 11



ACTUAL

- MONTH SURPLUS \ (DEFICIT):	(£2.6m)	- £0.7m behind the Internal Plan, £40k ahead of the NHSI Control Total
- YEAR-TO-DATE SURPLUS \ (DEFICIT):	(£15.0m)	- £7.5m behind the Internal Plan, £0.2m ahead of the NHSI Control Total
- CASH:	£159.0m	- £64m better than plan
- USE OF RESOURCES	1	- in line with plan

FORECAST

- YEAR-TO-GO: SURPLUS \ (DEFICIT)	£6.6m	- to meet the NHSI Control Total a further surplus of £6.6m is required
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FINANCIAL PERFORMANCE: FEBRUARY ACTUAL - MONTH 11 - YTD - FY 2019-20

	MONTH 11	YEAR-TO-DATE
* ADJUSTED INCOME % Growth vs. PY (+Ve = Increased Income)	£129.1m 1.3%	£1,419.1m 6.4%
** CONTRIBUTION MARGIN % Ch vs. PY (+Ve = Increased Margin)	13.9% (4.6%)	16.8% (0.4%)
OVERHEADS £ Ch vs. PY (-Ve = Increase in Overheads)	£21.8m £1.2m	£259.5m (£14.8m)
SURPLUS \ (DEFICIT) £ Ch vs. PY (+Ve = Improvement)	(£2.6m) (£3.8m)	(£15.0m) (£7.6m)
<hr/>		
CONTROL TOTAL - PLAN	(£2.7m)	(£15.2m)
INTERNAL PLAN	(£2.0m)	(£7.5m)

* ADJUSTED INCOME: Total Income less Capital Donations, PSF, Hosted Services and one-off technical adjustments

** CONTRIBUTION MARGIN: the surplus of Adjusted Income over Direct \ Variable costs expressed as a %

FINANCIAL PERFORMANCE: MONTH 11 YTD - SBU PERFORMANCE



	GSTT YEAR-TO-DATE	EVELINA LONDON	INTEGRATED CARE	CANCER SERVICES
ADJUSTED INCOME % Growth vs. PY (+Ve = Increased Income)	£1,419.1m 6.4%	£211.7m 10.2%	£176.9m 8.1%	£209.1m 16.3%
CONTRIBUTION MARGIN % Ch vs. PY (+Ve = Increased Margin)	16.8% (0.4%)	20.6% 1.5%	10.5% 0.0%	18.0% 1.4%
OVERHEADS £ Ch vs. PY (-Ve = Increase in Overheads)	£259.5m (£14.8m)	£34.3m (£0.7m)	£30.6m (£0.6m)	£32.0m (£1.0m)
SURPLUS \ (DEFICIT) £ Ch vs. PY (+Ve = Improvement)	(£15.0m) (£7.6m)	£9.3m £6.2m	(£12.1m) £0.8m	£5.6m £6.8m
CONTROL TOTAL - PLAN	(£15.2m)	£10.6m	(£6.3m)	£7.0m
INTERNAL PLAN	(£7.5m)			

Of which.....

This section will be refined further as the report is developed over the next few months and reviewed with the SBU's. When fully implemented it will incorporate the new clinical structure.

FINANCIAL PERFORMANCE: INCOME - MONTH 11 - YTD

	MONTH 11	YEAR-TO-DATE
ADJUSTED INCOME	£129.1m	£1,419.1m
% Growth vs. PY	1.3%	6.4%
<i>Of which.....</i>		
Elective Patient	£19.6m	£219.1m
% Growth vs PY	9.2%	8.1%
Non Elective Patient	£13.4m	£151.3m
% Growth vs PY	9.8%	14.6%
Outpatient	£25.9m	£284.1m
% Growth vs PY	12.2%	12.5%
Drugs & Devices	£13.3m	£151.9m
% Growth vs PY	19.5%	13.2%
Community Services	£8.2m	£90.9m
% Growth vs PY	1.5%	1.1%
Research	£4.2m	£51.0m
% Growth vs PY	(34.6%)	(0.8%)
Education	£5.9m	£63.8m
% Growth vs PY	(19.1%)	2.0%

FINANCIAL PERFORMANCE: OVERHEADS - YTD



	YEAR-TO-DATE	YEAR-TO-DATE Vs. Prior Year *	2018-19 FY
OVERHEADS	£259.5m	(£14.8m)	£271.9m
% Income	18.3%	0.1%	18.7%
<i>Of which.....</i>			
CEO	£10.5m	£0.4m	£12.3m
Chief Nurse	£5.7m	(£2.3m)	£3.8m
COO	£6.7m	(£0.6m)	£7.0m
Essentia	£74.3m	(£3.7m)	£80.0m
Finance & Procurement	£16.7m	(£3.5m)	£13.3m
CDIO	£31.3m	(£1.3m)	£32.4m
Medical Director	£24.0m	(£0.3m)	£26.3m
Workforce	£10.2m	(£0.5m)	£10.6m
Depreciation, PDC, Finance Costs, VAT, Other	£80.2m	(£2.9m)	£86.2m

* Negative figures denote an increase in overheads when compared to the Prior Year

This report will further refined after engagement with the appropriate Executive Directors

FINANCIAL PERFORMANCE: YEAR-TO-GO FORECAST



	YEAR-TO-DATE	YEAR-TO-GO	FY PLAN
* ADJUSTED INCOME % Growth vs. PY (+Ve = Increased Income)	£1,419.1m 6.4%	£109.1m 53.4%	£1,528.2m 8.7%
** CONTRIBUTION MARGIN % Ch vs. PY (+Ve = Increased Margin)	16.8% (0.4%)	19.7% (8.7%)	17.0% (0.8%)
OVERHEADS £ Ch vs. PY (-Ve = Increase in Overheads)	£259.5m (£14.8m)	£16.2m (£0.1m)	£275.7m (£14.9m)
SURPLUS \ (DEFICIT) £ Ch vs. PY (+Ve = Improvement)	(£15.0m) (£7.6m)	£6.6m £2.5m	(£8.4m) (£5.1m)
CONTROL TOTAL - PLAN	(£15.2m)	£6.9m	(£8.4m)
INTERNAL PLAN	(£7.5m)	£7.5m	£0.0m

* ADJUSTED INCOME: Total Income less Capital Donations, PSF, Hosted Services and one-off technical adjustments

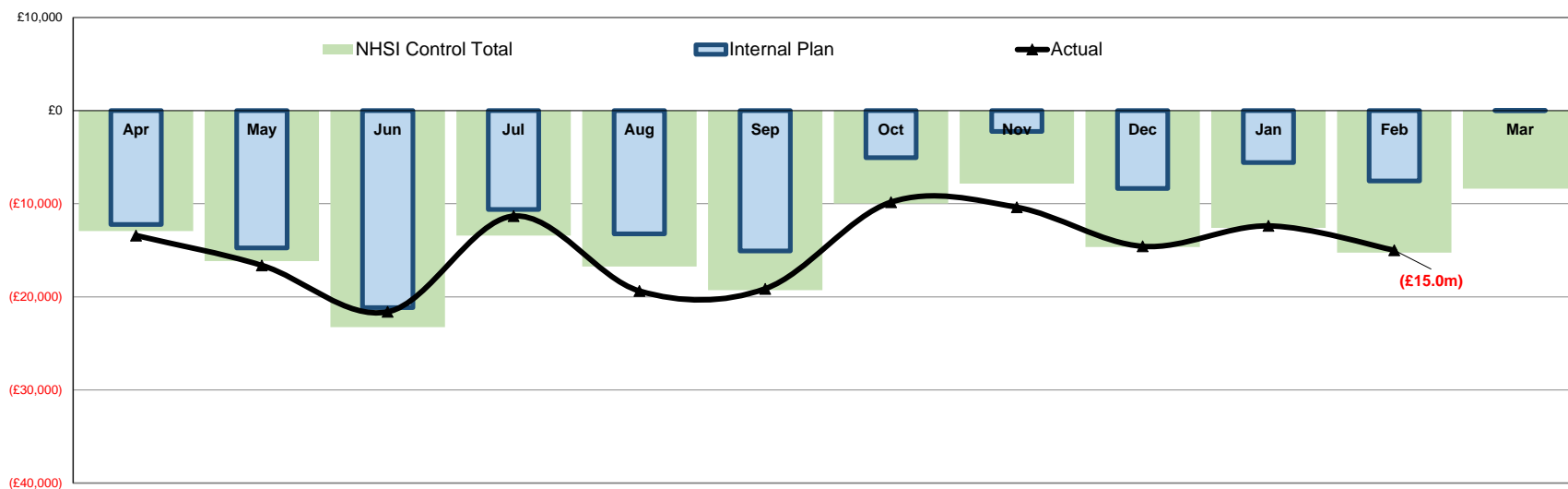
** CONTRIBUTION MARGIN: the surplus of Adjusted Income over Direct \ Variable costs expressed as a %

**CONTROL TOTAL PERFORMANCE:
FEBRUARY ACTUAL - MONTH 11 YTD - FY 2019-20**

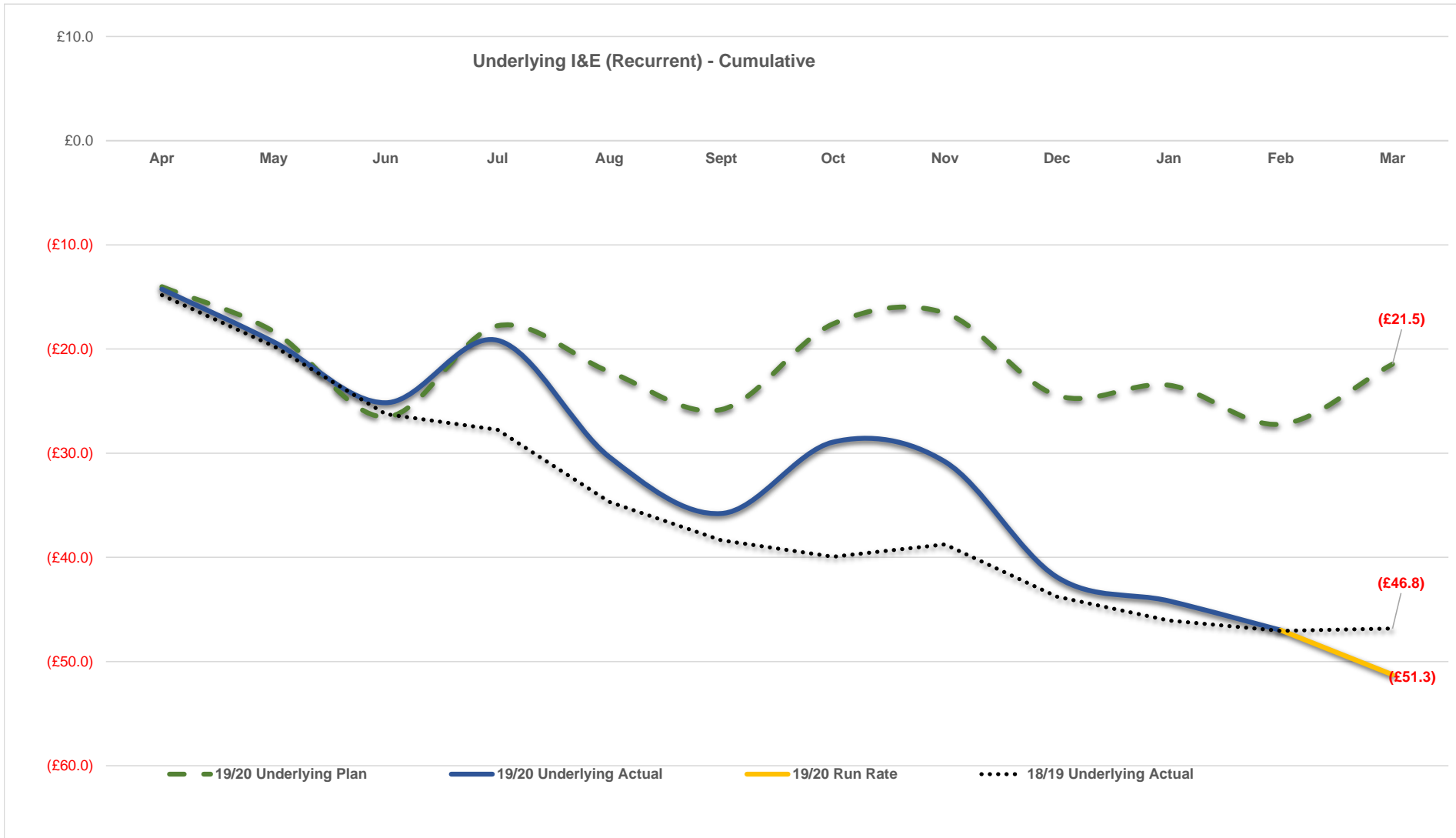


£000's	FEBRUARY			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
Internal Plan	(£1,960)	(£2,620)	(£660)	(£7,547)	(£14,998)	(£7,451)
Control Total Reserve Adjustment	(£700)	£0	£700	(£7,700)	£0	£7,700
NHSI Control Total (excluding PSF)	(£2,660)	(£2,620)	£40	(£15,247)	(£14,998)	£249
PSF - Current Year	£1,918	£1,918	£0	£14,522	£14,522	£0
NHSI Control Total (including PSF)	(£742)	(£702)	£40	(£725)	(£476)	£249
Depreciation on Donated Assets (DODA)	(£1,088)	(£1,020)	£68	(£11,971)	(£11,382)	£589
UNDERLYING SURPLUS \ (DEFICIT)	(£1,830)	(£1,722)	£108	(£12,697)	(£11,858)	£838
Capital Donations	£417	(£289)	(£705)	£4,583	£2,432	(£2,152)
PSF - Prior Year	£0	£0	£0	£0	£917	£917
TOTAL SURPLUS \ (DEFICIT)	(£1,413)	(£1,991)	(£578)	(£8,113)	(£8,490)	(£377)

Cumulative Performance -v- Internal Plan \ NHSI Control Total (excluding PSF)



FINANCIAL PERFORMANCE: UNDERLYING (Recurrent) I&E MONTHLY \ CUMMULATIVE



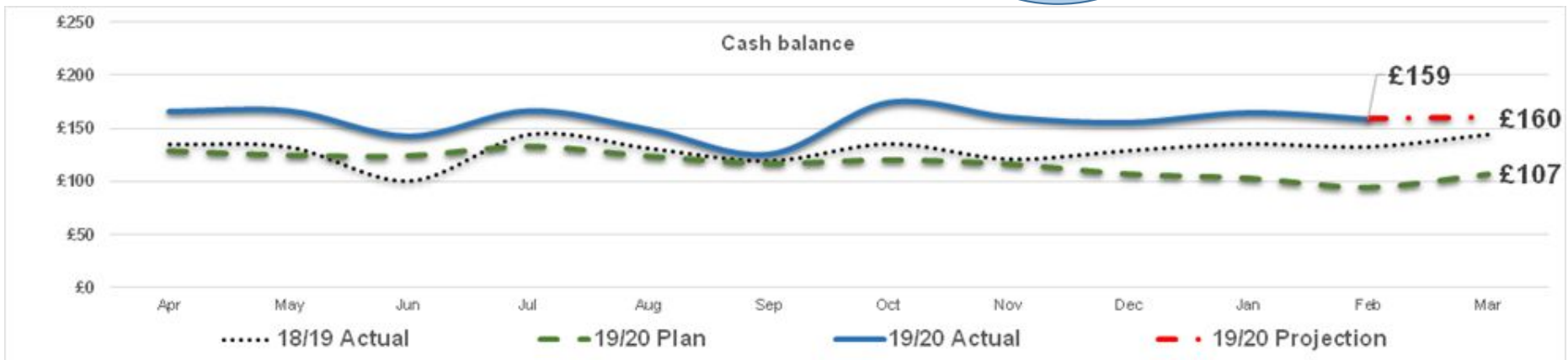
This section will be refined further as the report is developed over the next few months

FINANCIAL PERFORMANCE: CASH AND CAPITAL - YTD - FORECAST



CASH

£159m

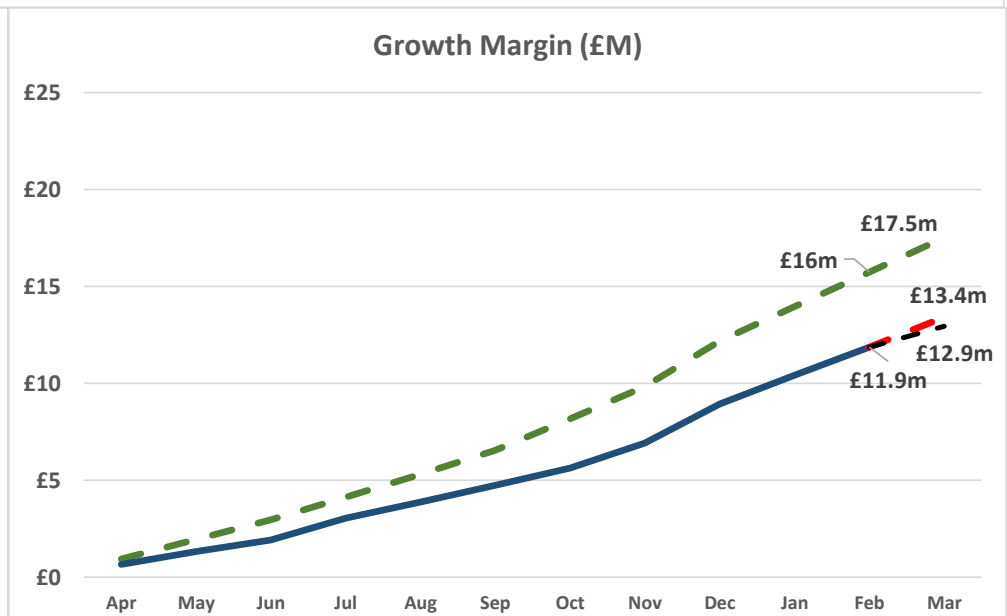
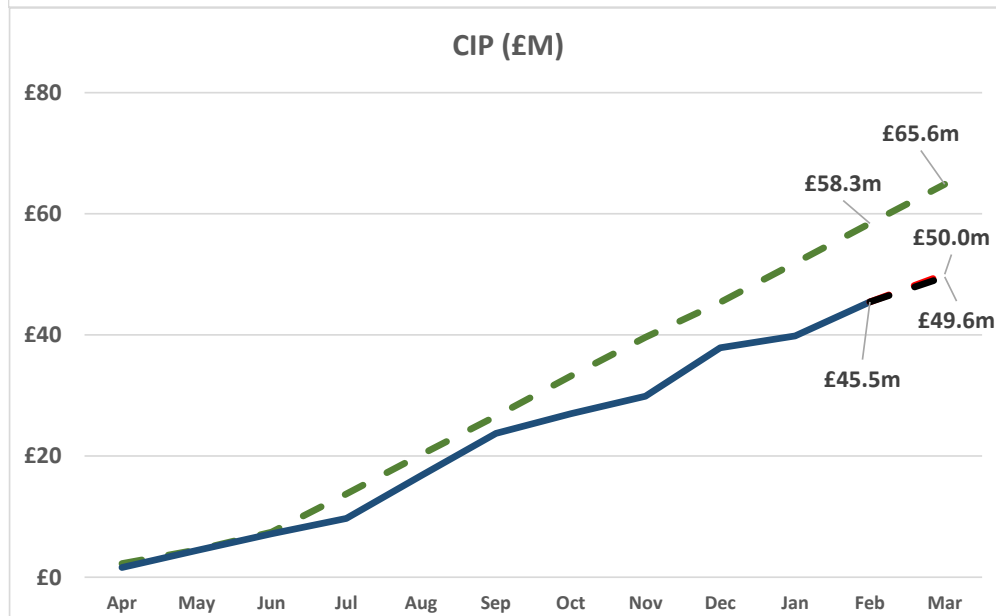
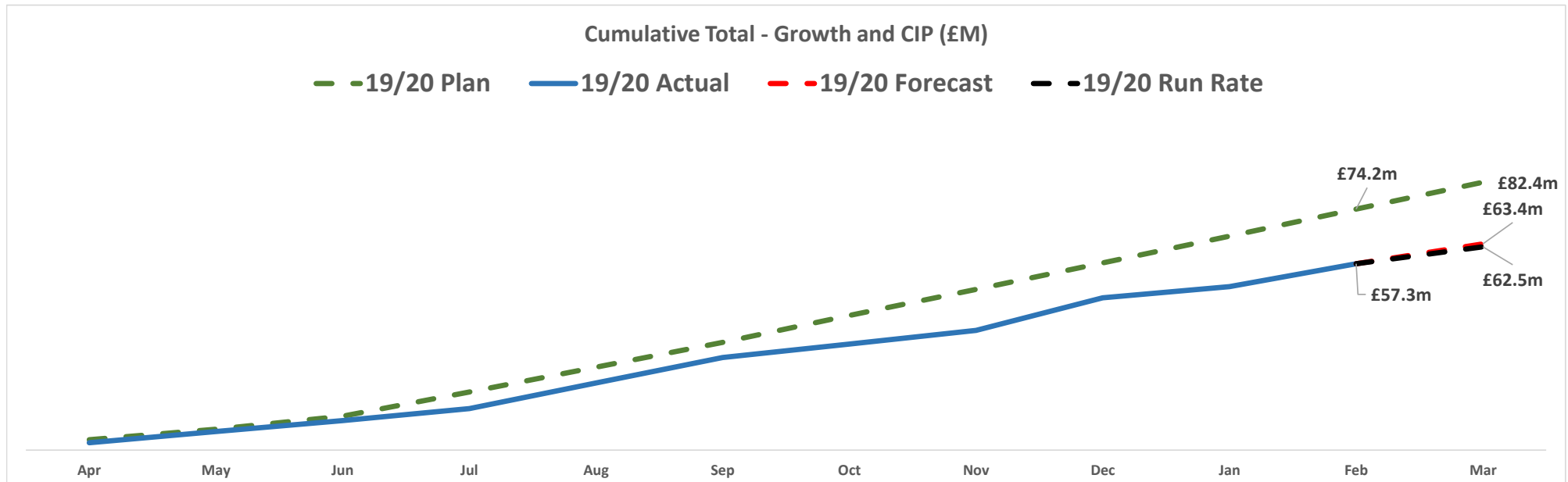


CAPITAL - YTD - FORECAST

<p>19-20 Capital Spend YTD</p> <p>£76.7m</p>	<p>18-19 Capital Spend YTD</p> <p>£74.1m</p>	<p>19-20 Year-To-Go Forecast</p> <p>£8.4m</p>	<p>18-19 Year-To-Go</p> <p>£8.3m</p>
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FINANCIAL PERFORMANCE: EFFICIENCY PROGRAMME - YTD - FORECAST



FINANCIAL PERFORMANCE:

Single Oversight Framework - Finance Score - YTD

Area of review	Key Highlights	Single Oversight Framework Score		
		Month 11 Plan	Month 11 Plan	
OVERALL Weighted Risk Rating	<ul style="list-style-type: none"> ◆ The overall Weighted Risk Rating is calculated as an average of the five metrics below, each having an equal weighting. However, if an individual metric is rated as four, then the highest rating that can be achieved is a three ▼ YTD: the Weighted Risk rating is calculated as 1.4 which rounds to a one which is in line with the planned rating of a one 	1	1	
Financial sustainability	Capital service Capacity 20%	<ul style="list-style-type: none"> ◆ The degree to which generated income covers financial obligation ◆ YTD: cover of +1.8 is achieved against a plan of +1.9 and is rated a two 	2	2
	Liquidity (days) 20%	<ul style="list-style-type: none"> ◆ Days of operating costs held in cash or cash equivalent forms, including available credit ◆ YTD: 19.18 days cover is achieved against a plan of 10.38 days and is rated a one 	1	1
Financial efficiency	I& E Margin 20%	<ul style="list-style-type: none"> ◆ I&E surplus or deficit \ total revenue ◆ YTD: a margin of 0% has been achieved against a plan of 0% and is rated two 	2	2
Financial controls	Distance from financial plan 20%	<ul style="list-style-type: none"> ◆ I&E surplus or deficit in comparison to the planed surplus \ deficit ◆ YTD: a margin of 0.0% has been achieved against a plan of 0.0% and is rated one 	1	1
	Agency spend 20%	<ul style="list-style-type: none"> ◆ Distance from providers cap ◆ YTD: 1% below the agency ceiling (£0.2M), against a plan to be 8% below 	1	1

Performance Framework - Balanced Scorecard

February-2020

		Previous PF Levels										
		Jan-20	Dec-19	Nov-19	Oct-19	Sep-19	Aug-19	Jul-19	Jun-19	May-19	Apr-19	Mar-19
Trust Level	3	3	3	3	3	3	3	3	3	3	3	3
Domains	Safe	3	3	2	3	3	2	3	2	2	3	3
	Effective	2	3	3	3	3	3	3	3	3	3	3
	Caring	3	3	4	4	3	3	4	4	3	3	3
	Responsive	4	3	3	3	3	3	4	3	3	3	3
	Well-led	3	1	2	2	2	2	2	2	2	2	2
	Enablers	3	3	3	3	3	3	3	3	3	3	2

Missing data

Safe

Level **3**

No of levels in Domain

1-Low	2	3	4	5	6-High	
	8	0	1	1	0	4

Reporting Period	Reporting Period					PF Levels		Monthly Performance			
	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	Jan-20	Feb-20	Jan-20	Feb-20	Trend
1.1 Incident reporting	Total incidents reported										
Latest Mth	n/a	2,511		2,513	2,513		n/a	n/a	2,748	2,511	
Latest Mth	1	0		0	0.8		6	1	1	0	
Latest Mth	6	10		44.0	4.1		6	6	11	10	
Latest Mth	6	9		44.9	4.9		1	6	3	9	
Latest Mth	6	13		55	4.4		1	6	3	13	
Latest Mth	1	5.2		5.2	5.2	TICDAC	1	1	2.6	5.2	
Latest Mth	-	-		0	0.3	TICDAC	6	-	1	-	
Latest Mth	-	-		0	0.0	TICDAC	1	-	0	-	
Latest Mth	-	-		54	1.8	TICDAC	1	-	0	-	
Latest Mth	-	-		>85%	88.4%	TICDAC	1	-	-	-	
Latest Mth	1	96.6%		>95%	84.6%		1	1	96.5%	96.6%	
Latest Mth	6	64.6%		>90%	74.4%		6	6	68.0%	64.6%	
Latest Mth	1	72.9		90	73.1		1	1	74.0	72.9	
Latest Mth	1	75.3		90	70.7		1	1	74.9	75.3	
Latest Mth	n/a	96.9%		99%			n/a	n/a	97.2%	96.9%	
Latest Mth	4	90.3%		>95%	84.0%	Vuln Pers	6	4	80.3%	90.3%	
Latest Mth	1	97.6%		>95%	95.1%	Vuln Pers	1	1	95.7%	97.6%	
Latest Mth	1	95.2%		>95%	94.5%	Vuln Pers	4	1	90.5%	95.2%	
Latest Mth	1	97.0%		>95%	98.9%	Vuln Pers	2	1	94.5%	97.0%	
Latest Mth	3	2		0	2	Vuln Pers	2	3	1	2	

Effective

Level **2**

No of levels in Domain

1-Low	2	3	4	5	6-High	
	15	2	2	3	0	3

Reporting Period	Reporting Period					PF Levels		Monthly Performance			
	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	Jan-20	Feb-20	Jan-20	Feb-20	Trend
2.1 Clinical best practice	Emergency readmissions (within 28 days - in arrears)										
Previous Mth	2	6.1%		≤5.9%	6.0%		2	-	6.1%	-	
Previous Mth	2	3.9%		≤3.3%	3.9%		2	-	3.9%	-	
Previous Mth	4	1.5%		≤1.3%	1.0%		1	4	0.8%	1.5%	
Prev Qtr		20.20		TBD					20.20	20.20	
Prev Qtr		11.30		TBD					11.30	11.30	
Latest Mth	4	5		≤2	4		1	4	2	5	
Latest Mth	1	38.0%		≥25%	43%		1	1	44.0%	38.0%	
Latest Mth	1	2.8%		≤3.1%		Maternity	3	1	3.9%	2.8%	
Latest Mth	1	0.4%		≤0.6%		Maternity	1	1	0.3%	0.4%	
Latest Mth	3	2.0%		≤1.8%		Maternity	5	3	2.5%	2.0%	
Latest Mth	1	21.9%		≤28%	33.1%	Maternity	5	1	35.6%	21.9%	
Latest Mth	1	23.9%		≤28.4%		Maternity	1	1	23.5%	23.9%	
Latest Mth	1	3.7%		≤10%		Maternity	1	1	3.4%	3.7%	
Latest Qtr	1	58.0%		≥50%		Maternity	1	1	54.2%	58.0%	
Latest Qtr	3	88.0%		100%			3	3	88.0%	88.0%	
Latest Qtr	1	100.0%		100%			1	1	100.0%	100.0%	
Latest Mth	1	96.9%		≥95%	96.1%	Evelina	2	1	94.7%	96.9%	
Latest Mth	6	77.6%		≥95%	65.0%	Evelina	6	6	78.8%	77.6%	
Latest Mth	6	66.5%		≥75%	56.2%	Evelina	6	6	66.3%	66.5%	
Latest Mth	1	97.6%		≥85%	95.8%	Evelina	1	1	97.8%	97.6%	
Latest Mth	1	90.7%		≥85%	93.1%	Evelina	1	1	91.5%	90.7%	
Latest Mth	1	91.5%		≥95%	91.2%	Evelina	1	1	88.4%	91.5%	
Latest Mth	6	72.1%		≥95%	68.4%	Evelina	6	6	60.4%	72.1%	
Latest Mth	1	74.0%		≥85%	84.0%	Evelina	1	1	65.0%	74.0%	
Latest Mth	1	71.5%	35%	≥85%	80.5%	Evelina	1	1	61.8%	71.5%	
Latest Qtr				100%		Evelina	6	6	84.0%		
Latest Mth	1	40.1%		≥40%	37.4%		2	1	38.3%	40.1%	
Latest Mth	4	94.0%		≥99%	99.2%		5	4	92.0%	94.0%	
Latest Qtr				≥87%	87.0%						
Latest Mth	n/a	367,242					n/a	n/a	372,348	367,242	
Latest Mth	6	73,702	39,250	34,037	77,942		6	6	63,305	73,702	

Caring

Level **3**

No of levels in Domain

1-Low	2	3	4	5	6-High	
	7	4	2	1	1	4

Reporting Period	Reporting Period					PF Levels		Monthly Performance			
	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	Jan-20	Feb-20	Jan-20	Feb-20	Trend
3.1 Admitted care	Overall inpatient patient experience score										
Latest Mth	1	89.4%		≥89%	89.1%	PRMs	1	1	89.5%	89.4%	
Latest Mth	2	2		0	20	PRMs	3	2	6	2	
Latest Mth	6	19.9%		≥25%	19.9%	PRMs	6	6	20.0%	19.9%	
Latest Mth	2	96.1%		≥97%	95.4%	PRMs	2	2	95.5%	96.1%	
Latest Mth	3	1.2%		≤1%	1.6%	PRMs	6	3	1.5%	1.2%	
Latest Mth	1	19.4%		≥18%	19.8%	PRMs	1	1	20.6%	19.4%	
Latest Mth	3	85.7%		≥88%	85.6%	PRMs	4	3	83.6%	85.7%	
Latest Mth	5	7.1%		≤6.4%	6.4%	PRMs	6	5	8.2%	7.1%	
Latest Mth	6	13.0%		≥22.0%	18.0%	PRMs	6	6	14.0%	13.0%	
Latest Mth	1	95.9%		≥92%	91.5%	PRMs	2	1	91.7%	95.9%	
Latest Mth	1	1.8%		≤3%	2.6%	PRMs	2	1	3.0%	1.8%	
Latest Mth	2	91.7%		≥93%	92.1%	PRMs	2	2	92.1%	91.7%	
Latest Mth	6	3.4%		≤3%	3.6%	PRMs	4	6	3.2%	3.4%	
Latest Mth	6	5.1%		≥6	6.9%	PRMs	4	6	5.5%	5.1%	
Latest Mth	1	98.3%		≥96%	97.6%	PRMs	1	1	97.6%	98.3%	
Latest Mth	1	0.0%		≤1%	0.9%	PRMs	1	1	0.8%	0.0%	
Latest Mth	1	5.1%		≥5%	3.7%	PRMs	1	1	5.4%	5.1%	
Latest Mth	2	90.7%		≥92.0%	94.0%	PRMs	6	2	93.9%	90.7%	
Latest Mth	4	2.5%		≤2%	2.9%	PRMs	1	4	1.8%	2.5%	

8.e

