



# **Board of Directors Public Meeting**

**29<sup>th</sup> January 2020 at 3:45 pm  
Robens Suite, Guy's Hospital**

**Board of Directors  
Public Meeting**

*Meeting to be held 29<sup>th</sup> January 2020  
at 3:45 pm in Robens Suite Guy's Hospital*

**A G E N D A**

1. Care Awards
  2. Apologies
  3. Declarations of Interest *verbal*
  4. Minutes of the meeting held on the 23<sup>rd</sup> October 2019 *attached*
  5. Matters arising from the minutes of the previous meeting *verbal*
  6. Chairman's Report *attached* *(BDA/20/01)*  
*Sir Hugh Taylor*
  7. Chief Executive's Report *attached* *(BDA/20/02)*  
*Ian Abbs*
  8. Royal Brompton & Harefield / King's Health Partners update *Presentation*  
*Jackie Parrott*
  9. 2020: International Year of the Nurse and Midwife *Presentation*  
*Eileen Sills*
  10. Financial Report *attached* *(BDA/20/03)*  
*Steve Davies*
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11. Reports from Board Committees for noting:
    - a) Audit and Risk Committee: minutes 20<sup>th</sup> November 2019
    - b) Cancer Services Committee: minutes 16<sup>th</sup> October 2019
    - c) Strategy and Partnerships Committee: minutes 27<sup>th</sup> November 2019
    - d) Transformation and Major Programmes Committee: minutes 11<sup>th</sup> December 2019
    - e) Quality and Performance Committee:
      - i. Minutes 4<sup>th</sup> December 2019 and 15<sup>th</sup> January 2020
      - ii. Balanced Score Card to November 2019
  12. Register of Documents Signed Under Seal *attached* *(BDA/20/04)*  
*Ian Abbs*
  13. Any Other Business

The next Board of Directors meeting will be held on 22<sup>nd</sup> April 2020 at 3:45 pm in the Robens Suite, Guy's Hospital

Chair Approved

**Public Board of Directors**

**Minutes of the meeting held on Wednesday 23<sup>rd</sup> October 2019  
in Robens Suite Guy's Hospital**

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**Present:** Sir Hugh Taylor (Chairman)  
Dr I Abbs  
Mr J Findlay  
Dr F Harvey  
Ms G Niles  
Ms J Parrott  
Mr J Pelly  
Prof R Razavi  
Ms J Screamon  
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 B Bryant  
Mr S Davies  
Ms A Dawe  
Mr R Drummond  
Mr A Gourlay  
Ms A Knowles  
Ms M Ridley

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

**BOD/19/ Apologies**

Apologies had been received from Ms S Bowler, Ms V Cheston, Ms H Coffey and Mr D Waldron.

**BOD/19/ Declarations of Interest**

The Chairman reminded the Board that he was also Chairman of King's College Hospital and no other declarations of interest were made.

**BOD/19/18 Minutes of the meeting held on 24<sup>th</sup> July 2019**

The Minutes of the meeting held on 24<sup>th</sup> July 2019 were accepted as an accurate record.

**BOD/19/ Matters arising**

There were no matters arising.

**BOD/19/ Chairman's Report**

The Chairman extended a welcome to Beverley Bryant, Joint Chief Digital Information Officer across the Trust and GSTT, and Professor Jules Wendon at KCH who would also be working across both Trusts in partnership with Jackie Parrott Chief Strategy Officer. The introduction of these joint roles was an indication of closer joint working between the Trusts alongside wider local partnership working. The Chairman and Chief Executive were both engaged in dialogue with local partners about the development of an integrated system of health and social care across South East London and its implications. The Chairman had attended a meeting of KHP joint boards in September where an excellent progress update had been given on developments in neurosciences as well as the Women's and Children's Institute.

**BOD/19/19 Chief Executive's Report**

The Chief Executive introduced and the Board noted the Chief Executive's report first report to the Board. The Chief Executive was honoured to be standing in as Chief Executive, having previously occupied the role of Chief Medical Officer. Simon Steddon had assumed the statutory role of Medical Director. A note of thanks to Peter Allanson was given, marking Peter's recent retirement after many years as Trust Secretary. Elizabeth Youard was welcomed to the role of interim Director of Corporate Affairs

The Trust was actively preparing contingency plans in the event of UK's exit from the EU without a transition agreement. Its commitment to supporting staff and patients throughout this period continued. The staff flu vaccination programme had commenced in early October, with a focus on vaccinating front-line staff, an initiative of considerable scale because of the number of staff in the Trust.

61% of NHS trusts in England had launched the NHS rainbow badges scheme or were planning to roll it out using a special toolkit developed by Evelina London. More than 4,000 staff at the Trust were wearing the badge, with 90% positive feedback from patients. The badges promote a message of inclusion and are a sign that the wearer is someone you can talk to about issues of sexuality and gender identity.

A new dialysis satellite unit had opened at St Thomas' in July, on the 50th anniversary of the life-saving treatment being provided by the hospital. The new nurse-led unit offers four dialysis stations in a purpose-built setting.

The Trust was working with national and regional regulators on pre-winter planning discussion. Operational performance pressures continued. A high priority was being given to planning to mitigate the number of patients waiting 52 weeks or more before treatment. Directorates with the largest 52 week waiting lists were GMS (Upper GI, Gastroenterology and Colorectal), Paediatric Cleft and Paediatric Spinal. Detailed waiting list monitoring from the viewpoint of clinical urgency and need took place on a weekly basis, with active local clinical ownership, including assessments of patients at risk of possible harm. Options to improve available capacity over the next few years were being reviewed. This work posed challenges in finding suitable solutions in terms of operating environments, possible extra clinician availability and potential for additional opening times. Refurbishment of the critical care environment in readiness

for the winter was in progress. Teams were working extremely hard to meet standards for access to services, treating record numbers of patients.

The Trust was working with partners to find suitable wider solutions to provide equitable care for mental health patients including those from outside the local catchment area. There had been excellent joint working around finding suitable care for patients with complex mental health with a good psychiatric liaison team operating 24 hours a day. On Mental Health Day on 10th October 2019 the Trust launched its new mental health strategy which set out the ways in which the Trust will improve mental health care and support for patients and staff over the next three years. However, mental health admissions had increased over the period by comparison to the same period in 2018/19 and there was a notable increase in cases involving children with complex needs particularly given the constrained numbers of psychiatric intensive care beds for children and adolescents.

Staff who had gone the extra mile developing innovative new services and providing exceptional care for our patients received recognition at NHS Lambeth Clinical Commissioning Group's prestigious Lammy Awards on Wednesday 4 September. Amongst those recognised, Angela Dawe, joint director of integrated care at Guy's and St Thomas', received a Lifetime Achievement Award.

#### **BOD/19/20 Patient and Public Engagement Annual Report**

The Board noted the Trust's the fifth Patient and Public Engagement (PPE) Annual Report since the inception of the Trust's first PPE Strategy in 2014. The level of progress made in implementing the first year of the Trust's Patient and Public Engagement Strategy (2018/21) was noted. The PPE Strategy's objectives had been revised for stronger alignment with the priorities of the Trust's overarching strategy Together We Care as well as the Trust's strategic transformation programmes.

The report set out the findings of the fifth annual PPE audit, which monitors the Trust's compliance with the statutory 'duty to involve' patients. All projects which triggered the duty to involve had met or were on track to meet requirements. Priority focus was being given to ensuring PPE activity supports the implementation of the Trust's digital strategy, Care Redesign programmes, along with key strategic partnerships, such as the collaboration between Royal Brompton Hospital and King's Health Partners. The PPE team continued to implement the Foundation Trust Membership Engagement Plan. Wider teams were placing emphasis on PPE in initiatives, for example the Essentia teams in working with Trust Governors on promoting patient access initiatives.

The PPE audit evaluates any changes made as a result of patient participation. The 2019/20 annual PPE audit would make this request more prominent. Board members sought and would welcome further demonstrations of patient engagement and involvement from the outset of all projects in the future, with a greater emphasis on use of co-design methodologies for involving patients.

#### **BOD/19/21 Integrated Care Strategic Business Unit Six months in – an update on progress**

The Board noted a report on the scope and content of the progressive agenda being promoted by the Trust's Integrated Care Strategic Business Unit (SBU) across Lambeth and Southwark. Progress internal to the SBU had been made on recruitment; governance; organisational development; and improvement and transformation. SBU leads were working collaboratively in close partnership with local

authority to promote networks of care and to focus on population level health surveillance and management. An evaluation of progress at six months was underway, and feedback would be used to help inform service improvement

Key areas for external partnership and relationship development in the first six months had been the Adult Community Services Provider Network (ACSPN); Lambeth Together; Partnership Southwark and Primary Care Networks. The SE London Community Based Care Programme Board (CBC) had been reconvened with new terms of reference and membership which included the four local community providers. The network had shaped the SE London response to the “integrated community based care” elements of the Long Term Plan: crisis response and reablement; anticipatory care; and care home support. Lambeth Together and Partnership Southwark are the local place based arrangements in the emerging South East London Integrated Care System. In Lambeth, nine Primary Care Networks had been established, based around neighbourhood geographies. There were two Primary Care Networks (PCNs) in Southwark, covering the north and south of the borough. PCNs are new arrangements for place-based care and would be the basis for partnership working in primary care; partnership events had been held between Trust and GP leads, with care being taken to provide resources and support with GP recruitment. Neighbourhood nursing teams were being rolled out alongside PCNs.

The Board was interested in how the new partnerships and SBU teams would balance the focus on local borough-specific initiatives set against wider cross-boundary needs for patients from wider catchment areas needing complex care pathways on discharge from hospital, for example patients needing neuro-rehabilitation support. How partners were making the most of the opportunity to use data and analytics carefully to support and target population-level priorities for health promotion and making improvements health inequalities was discussed. Complementary work in children’s services was underway. There were challenges around the pace of changes needed, affordability, and particularly around the recruitment and retention of staff but the level of and direction of change which had been brought about was significant and positive. The Board thanked the SBU team for their work.

#### **BOD/19/22 Month 6 Finance Report**

The Board noted that the Trust had declared to NHSI in its month six financial return that it expected to achieve the agreed 2019/20 control total target deficit of £8.4M. Against the NHSI control total target, is a deficit of £19.3M for the six months to 30th September, position was £0.1M better than the target. Provider Sustainability Funding of £5.8M had been included in the reported position, reflecting achievement of the quarter two control total. The Trust was planning to achieve greater efficiencies in the second half of the year and to bring in more income.

A capital prioritisation exercise had taken place to ensure that resources were sufficiently targeted on preparing the right capital schemes. Capital investment would help provide infrastructure solutions to barriers to access to services for patients on waiting lists. Work would continue to overcome constraints in the availability of capital in order to bring about investment in new capacity, for instance operating theatres and imaging facilities.

The report was noted.

**BOD/19/ Reports from Board Committees for noting**

The Board noted the minutes of its various Committees. Those minutes still in draft were subject to amendment.

**BOD/19/ Any Other Business**

The Chair recognised that Girda Niles was attending her last meeting as a Non-Executive Director, having reached the end of her second term of office. Girda was thanked for her input into the Board and for her particular contribution to the development of integrated services, as well as her advocacy of workforce, staff coaching and development.

**BOD/19/ Date and Time of Next Meeting**

It was noted that the next Board of Directors meeting would be held on 22nd January 2020 – at 3:45pm in Shepherds Hall, St Thomas Hospital

*Post meeting note:* The January meeting date was subsequently changed from 22nd to 29th January 2020 for the Board and Council of Governors meetings in the Robens Suite.

<b>Board of Directors</b>	 <b>Guy's and St Thomas'</b> NHS Foundation Trust	
<b>Chairman's Board Report</b>	<b>29 January 2020</b>	<b>BDA/20/01</b>

This paper is for:		Sponsor:	<b>Hugh Taylor</b>
Decision	<input type="checkbox"/>	Author:	<b>Hugh Taylor</b>
Discussion	<input type="checkbox"/>	Reviewed by:	
Noting	<input checked="" type="checkbox"/>	CEO*	<input type="checkbox"/>
Information	<input type="checkbox"/>	ED*	<input type="checkbox"/>
		Board Committee*	<input type="checkbox"/>
		TME*	<input type="checkbox"/>
		Other	<input type="checkbox"/>



As we head into what promises to be a challenging and potentially hugely significant year for the Trust, as developments affecting both our day to day operations and our future strategy come to a head, it is worth reflecting on some of the highlights of the past year.

I should begin by paying tribute to the outstanding response of staff across the Trust to the pressures we have been facing in the run up to Christmas and over the New Year period. The whole system, in London and nationally, has been under huge pressure. That we have been able to manage the demand on our services, including the higher levels of acuity we are seeing on a sustained basis, as well as we have and to provide support wherever possible to other organisations, is a tribute to the professionalism of our teams across the board. Over recent weeks I have been visiting our hospital sites at night, with our Chief Executive and other senior colleagues. What stands out above all is the quality of our staff and their values. I have been able to see at first hand clear evidence of that restless drive to keep improving the way they work - and the conditions in which they work and care for our patients - which is the key to delivering consistently high quality care.

From a personal perspective, 2019 brought a new challenge. From 1 March, with the support of the Board and the Council of Governors, I was appointed by NHSE/I to become the interim chair of King's College Hospital (KCH), alongside my role here. In practice I look to spend around 2 ½ days a week at each Trust. At a number of external – and increasingly internal – meetings I am, in effect, representing both Trusts. A key driver in my appointment to the KCH role was an explicit recognition of the need to support even closer working between the two Trusts; and I am delighted that we have been able to make positive progress in that respect, through some key joint appointments at Board level and a joint commitment to align our clinical strategies, supported by a Committee in Common. Subsequently Amanda Pritchard's secondment to the role of Chief Operating Officer at NHSE/1 from 1 August led to the appointment of Ian Abbs as our Chief Executive; and there have been further changes to the senior executive team as a result.

I would like to take this opportunity of formally paying tribute to my colleagues for the magnificent way the leadership team – non-executives and executives alike – have risen to the challenge that these changes at Chair

and Chief Executive level have posed, ensuring that the transition has been as smooth as possible from the perspective of the Board and the wider Trust. Ian and I could certainly not have had better support over this period.

Alongside these developments we have been engaged in progressing the emergent South East London Integrated Care System (ICS), in line with the direction of national policy. It is very good news that Richard Douglas has been appointed as Chair of the ICS. He and I have already met for a preliminary discussion. Amanda when she was here, Ian and I have been engaged with other colleagues across the system in the early stages of shaping the ICS. That now needs to be translated into a transparent governance structure and agreement on a focussed set of priorities where partnership working at ICS level can make a real difference to the health of the local population and the quality of services that we provide.

Last year also saw continued progress across King's Health Partners; and the Board of KHP on which Ian and I both sit is currently focussed on the process of seeking re-accreditation of our status as an Academic Health Sciences Centre: a distinction which is integral to our future strategy both as a Trust and as a partnership. One of the key strands of work with KHP has been on the developing partnership with the Royal Brompton and Harefield (RBH). With Ian and other colleagues I have been deeply engaged in that process; and we will be receiving a report on the latest, potentially significant, developments at the Board meeting.

These and other system developments reflecting the changing NHS landscape, emphasise the centrality of the partnerships theme in Together We Care, our Trust strategy, alongside our ambitions to make further improvements for our patients and for the people who work across our organisation in so many different – and changing – roles.

I have, of course, been privileged to witness and participate in numerous examples of the Trust's commitment to it patients and people in 2019: too many to numerate here. Some of the highlights for me were:

- the deeply moving service for Diana Crawshaw, who did so much to lead and progress our work on patient engagement in the operation and development of our cancer services. Her warmth, generosity and wisdom were an encouragement – and a stimulus – to us all. It was a privilege to celebrate her life and her commitment with her family and so many colleagues.
- the launch of our new Integrated Care SBU which, coming on the back of the award of an ‘outstanding’ rating by the CQC to our adult community services, marked both the culmination of all the hard work our teams have invested in integrating community services into the Trust and enhancing their profile, but also the beginning of a new phase of working in partnership across Lambeth and Southwark to improve the care we, with other organisations, provide to our local population.
- the succession of events to celebrate the 150<sup>th</sup> anniversary of the founding the Evelina Children’s Hospital, giving us the opportunity to recognise and celebrate the outstanding work of the current Evelina community and hospital teams for children and their families locally and across South East England.
- our public commitment to the London Living Wage for all our staff, including over time all staff who work for our contractors.
- the TOHETI ‘showcase’ event, where a succession of teams presented compelling evidence of how services for patients had been improved through the combination of new imaging modalities and changes to working practices and processes. This example of leading edge science and technology combined with systematic quality improvement methodologies in the pursuit of better patient care, is just one of many that are being taken forward across the Trust. This commitment to innovation and improvement is the life-blood of any Trust seeking to combine academic and clinical excellence in the interests of its patients; and

I genuinely believe the Trust is outstandingly well placed to deliver on that commitment, in partnership with our University, Charity and commercial colleagues in the coming years.

- and, finally, the generally highly positive outcome to our CQC inspection in the summer which included the award of a rating 'outstanding' for the 'Well Led' dimension of our rating, reflecting the high quality of leadership at all levels in our organisation – as well, of course, as pointers for further improvement.

As I move in to my 10<sup>th</sup> year as Chairman of this great organisation I feel privileged to be associated with its history, with the people who have made it and who continue to make it such an outstanding example of public service, and with its local population – in which I have been numbered for nearly 40 years – in all its rich diversity and complexity. Nothing ever stands still. But, whatever 2020 and the next decade brings, I am sure this organisation has a great future: one that will honour the legacy on which we are building – and to which so many current as well as former colleagues have contributed.

<b>Board of Directors</b>	 <b>Guy's and St Thomas'</b> NHS Foundation Trust	
<b>Chief Executive's Report</b>	<b>29<sup>th</sup> January 2020</b>	<b>BDA/20/02</b>

This paper is for:		Sponsor:	<b>Chief Executive</b>
Decision	<input type="checkbox"/>	Author:	<b>Director of Corporate Affairs</b>
Discussion	<input type="checkbox"/>	Reviewed by:	
Noting	<input checked="" type="checkbox"/>	CEO*	X
Information	<input type="checkbox"/>	ED*	
		Board Committee*	
		TME*	
		Other*	

## 1. Introduction

- 1.1 This is my second Board meeting as Chief Executive and the first of 2020, and indeed a new decade. The start of a new year provides us with the chance to reflect on the year that has gone and to think about the opportunities and challenges that lie ahead.
- 1.2 2019 was a very busy year. I am proud of the way we have responded and supported each other, sometimes in the most challenging of circumstances.
- 1.3 The tragic terrorist attack at London Bridge at the end of November saw people coming together, calmly and professionally from all parts of our organisation, to support and care for our patients as we managed the Trust's response to the major incident. The effects of tragedies like this are felt widely across London and further afield, so we must look after and continue to support one another during these challenging times. The way our staff responded to the incident makes me proud as Chief Executive. I would like to thank our staff for their ability to provide safe, compassionate care, even in the most difficult circumstances.
- 1.4 The Trust remains extremely busy and we are experiencing an increase in demand due to winter pressures. Our Emergency Department at St Thomas' is experiencing record number of attendances, including days where we see up to 600 patients. In November we saw the highest number of emergency admissions in a single day. To respond to this, on average the Emergency Department team has to assess and treat, admit or discharge one patient approximately every three minutes.
- 1.5 The organisation continues to work to support the flow of patients through the Emergency Department and the wider hospital to ensure every patient is provided with care at the right time and in the right place. I would like to recognise and extend my thanks to the hardworking staff across our organisation, who work collaboratively to mitigate operational pressures every day and provide high quality compassionate care.
- 1.6 The Trust has appointed Lawrence Tallon as our new Deputy Chief Executive. Lawrence will commence working at the Trust on the 1<sup>st</sup> 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.

- 1.7 Angela Dawe and Sue Bowler, joint Directors of Integrated Care will be leaving the Trust at the end of March this year, having successfully led the establishment of our new Integrated Care Strategic Business Unit (SBU). Sarah Austin will be taking up the role on the 27<sup>th</sup> April 2020. Mark Kinirons, Medical Director for Integrated Care, has kindly agreed to cover the Director role on an interim basis until Sarah joins. Sarah will take forward our exciting work in Lambeth and Southwark as well as the ambitious agenda to join up health and care across south east London. I would like to thank Angela and Sue for their strong contribution to Guy's and St Thomas', and indeed the whole of the South East London health and care system.
- 1.8 Sean McCloy has been appointed to the role of Director for the South East London Cancer Alliance. Sean has been Director of Operations for the SEL Accountable Cancer Network since May 2018. The role was an innovative approach to coordinate the cancer performance improvement plan across our providers, working to the three Chief Operating Officers at Guy's and St Thomas', King's College Hospital, and Lewisham & Greenwich. Sean will start in his new role on 1st February and replaces David Cheesman who leaves on 24th January. I would also like to take this opportunity to thank David for his tireless work to support improved outcomes in cancer in south east London for the last six years. He leaves to take up his new role as Director of Strategy and Transformation at Barnet, Enfield and Haringey Mental Health NHS Trust with our very best wishes.
- 1.9 The Cancer Services Strategic Business Unit (SBU) will be established from April 1st 2020. The creation of the Cancer Services Strategic Business Unit is key to our ambitious plans for the further development of cancer services and to our vision to be a world class comprehensive cancer centre. Sarah Clarke has been appointed as Director of the Cancer Services Strategic Business Unit. Sarah brings a wealth of experience to this new role, both from her time as Director of Operations at Guy's and St Thomas' and also her previous roles, which have included being Divisional Director for Cancer Services and Research and Development at The Royal Marsden and Divisional Manager for Women's and Children's Services at King's College Hospital. Sarah will lead a team that brings together many of our cancer services, but which will also work closely with other

specialties and directorates to improve cancer care, both clinical outcomes and overall experience, for the many patients we treat from across South East London and beyond.

- 1.10 The Trust is committed to reducing the transmission of flu and our staff flu vaccination programme began on Monday 7 October and the flu programme will continue until March 2020. The flu vaccine uptake is 76.1% and we have vaccinated over 14,000 staff. The flu vaccine will be available to staff as long as there is flu circulating in the community, even if this is after the reporting period finishes.
- 1.11 An individual diagnosed with monkeypox in England, believed to have contracted the infection while visiting Nigeria, and who had been staying in the South West was transferred to the specialist high consequence infectious disease centre at the Trust in December 2019. The transfer happened smoothly, under protocol.
- 1.12 As the national network high consequence infectious diseases (HCID) lead we have been proactively working with Public Health England in relation to coronavirus. We ourselves have put in place plans should we have individuals turn up with symptoms. At present the risk is perceived to be low. Should there be a positive case in the UK they will be admitted to one of the designated HCID centres.
- 1.13 Following the vote at second reading of the Withdrawal Agreement Bill on 20 December, the government has stepped down preparations for a no-deal exit from the European Union. The Department of Health and Social Care has informed NHS England and NHS Improvement that for the health and care system this means that no-deal preparations should cease. As such, the organisation is following this advice and we will step down our Brexit Planning Group.
- 1.14 The Information Commissioner's Office (ICO), the UK's independent body which upholds information rights, carried out an audit of Trust arrangements for data protection including cyber security during 21st – 23rd January 2020.
- 1.15 Procurement processes for pathology and for an electronic health record are ongoing.



1.16 The World Health Organization has declared 2020 the International Year of the Nurse and the Midwife, celebrating the 200th anniversary of the birth of pioneering nurse Florence Nightingale. 2020 also marks 160 years since Florence established the Nightingale Training School at the old St Thomas' Hospital site, close to where Guy's Hospital stands today. That means it's an extra-special year for us. Here, Florence laid the foundation of professional nursing by innovatively using data and evidence to transform patient care and improve health outcomes. Throughout this year we'll be honouring our fantastic nurses and midwives and celebrating the important work they do. Our series of events and activities will highlight how Florence's innovation led to Guy's and St Thomas' becoming the home of modern nursing.

## **2. Joint working with King's College Hospital NHS Foundation Trust**

- 2.1 In 2019, we strengthened our bonds further with King's College Hospital NHS Foundation Trust (KCH). Our Chairman was appointed Chairman of KCH in February 2019. Beverley Bryant continues to work across both Trusts as jointly appointed Joint Chief Digital Information Officer. Jackie Parrott and Professor Jules Wendon also continue to work with teams across both Trusts to develop a joint clinical strategy.
- 2.2 Across the country, the NHS is facing a period of unprecedented change including significant and increased pressure on services. This means that collaboration and partnership working, focused around building robust and sustainable health systems is becoming increasingly important. The future success of both Trusts will therefore depend on us working more closely together and playing an active role in the new Integrated Care System (ICS), at a local borough level and across South East London, as well as in the development and delivery of specialised services for patients from a broader geography.
- 2.3 We have therefore committed to closer collaboration and strategic alignment, initially focused on a small number of priority areas where we believe we have the greatest opportunity to make progress. As a first step, to oversee this, we will establish a 'Committee in Common' which will report back to the Boards of each organisation. Membership of the Committee, its terms of reference and initial work programme are currently being developed.

- 2.4 The Committee's remit will be to take decisions together and accelerate progress in areas where we are already engaged, making a reality of two organisations working together with one voice and helping to make our services more sustainable for the benefit of patients and the communities we serve.
- 2.5 Partnership working requires us all to think and work differently, rather than see things from a single organisational perspective. This is not always easy, but I believe that we can embrace this change with the same commitment and enthusiasm as we bring to our own organisations.
- 2.6 Both Boards are very supportive of this approach and believe that the steps outlined here will move our organisations forward in ways that will bring benefits for both patients and staff.

### **3. Showing We Care About You**

- 3.1 We have launched a Happy Healthy 2020 campaign that showcases all of the help available to our staff. At Guy's and St Thomas' we are committed to ensuring our staff feel valued and have the support they need to do their job to the best of their ability. Our people are invaluable – both to the Trust and to those we care for. To enable us to deliver safe, high quality patient care it's important that we have the right support in place to keep our staff happy, healthy and engaged. Investing in the health and wellbeing of our staff is central to our people strategy, which is based around the four key themes of learn with us, join with us, stay with us and make a difference. Our Showing We Care About You programme offers a wide range of benefits and support to help throughout the different stages of people's professional, personal and family lives.

### **4. Quality and Performance Committee**

- 4.1 The Quality and Performance Committee met on 4th December and 15th January. It has reviewed the exceptional pressures on the Trust and the consequences in terms of the Trust maintaining smooth access to care for patients on waiting lists. Intensive work continues to improve the position for patients waiting over 52 weeks for treatment. A one day review undertaken by NHS England and Improvement (NHSE/I) national and regional (London) teams, including the national Intensive Support Team (IST) was held on 12th December 2019. The purpose was to ascertain the risk to Trust performance trajectories, with a particular focus on the

Trust's planned reduction of patients waiting over 52 weeks. The Trust was considered unusual for the numbers of patients waiting for gastrointestinal, and colorectal specialist services. The review teams acknowledged the Trust's good understanding of the numbers, the contributing factors, actions already taken, and further actions planned to address and recover the situation.

- 4.2 Performance against the A&E trajectory for December 2019 was 82.63% against a plan to reach 90. 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.
- 4.3 In conjunction with the Transformation and Major Programmes Committee, the Quality and Performance Committee is in the process of considering ongoing programmes to identify sufficient theatre capacity to manage the Trust's increasing clinical workload.
- 4.4 The Committee has also received a report on work underway to develop the administrative and clerical workforce. Workstreams include a review of the central administrative and clerical recruitment to a talent pool; the development of a comprehensive training and development programme for administrative and clerical staff; and a review of learning and development for front line operational managers.
- 4.5 In receiving a report from the Freedom to Speak Up Guardian, the Committee reflected upon the importance of instilling a culture of listening and demonstrating a just culture. In October 2019, The National Guardian's Office published an index as a measure for assessing the speaking up culture in an organisation. The Freedom to Speak Up Index uses an average of 4 indicators from the annual staff survey. The Trust has performed above the national average for its combined acute and community benchmarking group with a sustained cultural index of 82% over the last 3 years. However, we recognise the need to continue our focus on this important area, and have a number of initiatives planned.

- 4.6 The Guardian of Safe Working reported to the Committee on the implementation of and compliance with the 2016 Junior Doctor contract in terms of working hours, including a significant reported turnaround in the quality of Junior Doctor experience in Oncology. Since September 2019 the number of exception reports has reflected a sustained improvement in working conditions for Junior Doctors. The quality of clinical supervision is now reported as markedly better and the overall experience is positive.

## 5. Strategy and Partnerships Committee

- 5.1 The Committee met on 27th November 2019. It welcomed Professor Matthew Brown, newly appointed Director of the National Institute for Health Research (NIHR) Guy's and St Thomas' Biomedical Research Centre (BRC) and Professor of Medicine within the King's College London Faculty of Life Sciences and Medicine. It discussed with Professor Brown the initiatives under development in partnership with the BRC team to encourage and engage with clinical research teams across the Trust.
- 5.2 The Committee noted 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.

## 6. Transformation and Major Programmes Committee

- 6.1 The Committee met on 11th December. It reviewed the position reached on the application of capital funds. It welcomed the Chief Digital Information Officer's report on the progress in the Digital, Technology and Information Directorate on an assessment and prioritisation of the digital project pipeline. The Committee also noted progress on both the Estates Development Plan.

## 7. Award Success


- 7.1 We extend our congratulations to Anita Knowles and the Trust Communications Team for winning two awards at the Corporate Communications Awards 2019. The team won a Best Use of Video award for the We Care film the Trust made in 2018 to mark the NHS's 70th birthday. It won a second award for the GiST magazine as Best Corporate Publication (External).

## 8. Consultant Appointments

The Board is invited to note the following Consultant Appointments made from 1st October 2019 - 31st December 2019 as set out in the table below.

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
11.10.2019	Consultant in Clinical Oncology - Various Specialties (CON553+CON553-A)	Dr Christy Saron Goldsmith Dr Imran Abdulla Petkar Dr Gurdip Azad	Replacement	Approved	N/A	01.11.2019 01.11.2019 01.11.2019
17.10.2019	Consultant in Oral Medicine (CON563)	Dr Barbara Carey Dr Martyn Ormond	Replacement	Approved	N/A	13.11.2019 01.11.2019
18.10.2019	Consultant in Cardiology - Heart Valve Disease and Echocardiography - (CON560)	No Applicants to this vacancy	Replacement	Approved	N/A	N/A
25.10.2019	Consultant Cardiologist specialising in Adult Congenital Heart Disease (CON567)	Dr Hannah Douglas	Replacement	Approved	N/A	01.01.2020
30.10.2019	Consultant in Paediatric Bladder Service (CON565)	Dr Riccardo Manuele	Replacement	Approved	N/A	11.11.2019
31.10.2019	Consultant in Clinical Pharmacology (CON564)	Dr Henry Wing Hang Fok	New	Approved	N/A	06.01.2020
08.11.2019	Clinical Genetics Consultant in General Genetics (CON571)	Dr Amira Ahmed Fathalla Elmakky	Replacement	Approved	N/A	13.01.2020
14.11.2019	Consultant Cardiologist Specialising in Heart Failure and ICC (CON569)	Dr Andrew Joseph Martin D'Silva	Replacement	Approved	N/A	02.12.2019
20.11.2019	Consultant in Paediatric Respiratory Medicine (CON572)	Dr Ruth O'Reilly	Replacement	Approved	N/A	01.05.2020

21.11.2019	Consultant in Clinical Haematology and Thrombosis (CON570)	N/A	Replacement	Approved	N/A	N/A
<b>COMMENTS:</b> AAC didn't take place - applicant didn't provide enough information in application. - Information from Chair						
22.11.2019	Consultant in Interventional Cardiology (CON568)	Dr Kalpa De Silva	Replacement	Approved	N/A	11.05.2020
28.11.2019	Consultant in Diagnostic Imaging with an interest in Neuroradiology (CON566)	Dr Lucy Child	Replacement	Approved	N/A	Waiting for confirmation from department
04.12.2019	Joint anaesthetic and research post for a consultant anaesthetist with a special interest in Paediatric Anaesthesia (CON577)	Dr Ben Blaise	Replacement	Approved	N/A	Waiting for confirmation from department
13.12.2019	Consultant in Heart Valve Disease and Echocardiography (CON581+CON581-A)	Dr Julia Grapsa	Replacement	Approved	N/A	01.04.2020
19.12.2019	Consultant Dermatologist with expertise in Mohs and dermatological surgery (CON579)	Dr Jack Mann	Replacement	Approved	N/A	27.01.2020
20.12.2019	Consultant in Critical Care (CON582)	N/A	Replacement	Approved	N/A	N/A
<b>COMMENTS:</b> Vacancy withdrawn - department did not go ahead with this appointment.						

<p><b>Public Board of Directors</b></p>		
<p><b>Financial Report for the eight months to 30<sup>th</sup> November 2019</b></p>	<p><b>29<sup>th</sup> January 2020</b></p>	<p><b>BDA/20/03</b></p>

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

## 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 covering the eight months to 30<sup>th</sup> November 2019.
- 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 eight financial return that it expects to achieve the agreed control total, a deficit of £8.4M.
- 2.2 Against the internal plan which is a deficit of £2.2M for the eight months to 30<sup>th</sup> November, a deficit of £10.3M has been recorded, £8.1M worse than the internal plan.
- 2.3 Against the NHSI Control Total which is a deficit of £7.8M for the eight months to 30<sup>th</sup> November, the deficit of £10.3M is £2.5M worse than the NHSI Control Total. PSF of £9.0M has been accrued into the reported position, reflecting achievement of the quarter two control total and assumed delivery of the quarter three control total.

	Annual Plan £m	YTD Plan £m	YTD Actual £m	YTD Variance £m
<b>Internal Plan</b>	<b>0.0</b>	<b>(2.2)</b>	<b>(10.3)</b>	<b>(8.1)</b>
NHSI Control Total (excluding PSF)	(8.4)	(7.8)	(10.3)	(2.5)
Current Year PSF	16.4	9.0	9.0	0.0
NHSI Control Total (including PSF)	8.1	1.2	(1.3)	(2.5)
DODA	(13.1)	(8.7)	(8.3)	0.4
Capital Donations	5.0	3.3	2.6	(0.7)
Prior Year PSF	0.0	0.0	0.9	0.9
<b>Total Surplus \ (Deficit)</b>	<b>0.0</b>	<b>(4.2)</b>	<b>(6.1)</b>	<b>(1.9)</b>

### 3. Request to the Board of Directors

The Board of Directors is asked to:

- Note that in achieving a loss of £10.3M, the Trust is £8.1M behind its internal plan.
- Note that in achieving a loss of £10.3M, the Trust is £2.5M behind the NHSI control total.
- Note that PSF of £9.0M has been accrued.
- Note the key messages in the accompanying finance report

## **Appendices**

### *Month 08 – Q&P Finance Report*

## KEY MESSAGES - 2019-20 - MONTH 08



### 1. Performance against internal plan – in month and YTD

- A deficit in November of £549K is £3.4M behind the internal plan and the YTD deficit of £10.4M is £8.1M behind the internal plan.

### 2. Performance against control total – in month and YTD

- The deficit in November of £549K is £2.7M behind the control total and the YTD deficit of £10.4M is £2.5M behind the control total.

### 3. Main drivers of position

- YTD the planned back-phasing of CIP plans has derived a favourable benefit of £4.0M, this will reduce by £1.0M pm going forward
- Planned CIPs and Efficiency Growth have under-delivered by £7.0M
- Further CIPs and Efficiency Growth of £14.2M are required to achieve a balanced plan with a YTD impact of £9.5M
- 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 strong income position also drives risks around affordability for specialist commissioning; on-going coding challenges and the impact of fines most notably for 52 week breaches have been accounted for in the reported position.
- Additional expenditure, above that budgeted is being incurred by a number of directorates in achieving their income plans
- Benefits from the balance sheet, prior year income and reductions in provisions are running ahead of plan

### 4. Forecast and actions required

- PIDs are being completed for all major CIP and Efficiency Growth schemes to understand and manage and risk on non-delivery
- Through the PRM process directorates are supported and challenged to identify new CIP and Efficiency Growth opportunities and to agree corrective actions where required to address and over spends
- In addition finance reviews are being undertaken with those directorates facing the most significant financial challenges
- Engagement with Commissioners to alleviate the impact of coding challenges and fines

### 5. Cash position and likely forecast

- Our cash position remains strong at £161M at the end of November, a reduction of £14.0M in the current month. The forecast of £150M is an increase of £5.0M when compared to last month.

### 6. Capital – performance

- To the end of month 8 the Trust has spent £56.7M against its capital plan. This is below the original phased plan for the year by £3.7M; on a straight-line forecast basis this will result in total expenditure of £85.1M, compared to the current forecast of £88.4M. 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 08



## ACTUAL

- MONTH SURPLUS \ (DEFICIT): (£0.5m) - £3.4m behind than the Internal Plan, £2.7 behind the NHSI Control Total
- YEAR-TO-DATE SURPLUS \ (DEFICIT): (£10.4m) - £8.1m behind the Internal Plan, £2.5m behind the NHSI Control Total
- CASH: £161.0m - £44m better than plan
- USE OF RESOURCES 2 - behind plan

## FORECAST

- YEAR-TO-GO: SURPLUS \ (DEFICIT) £2.0m - to meet the NHSI Control Total a further surplus of £2.0M is required

## FINANCIAL PERFORMANCE: NOVEMBER ACTUAL - MONTH 08 - YTD - FY 2019-20

	MONTH 08	YEAR-TO-DATE
* ADJUSTED INCOME % Growth vs. PY (+Ve = Increased Income)	£130.4m 0.3%	£1,032.8m 7.3%
** CONTRIBUTION MARGIN % Ch vs. PY (+Ve = Increased Margin)	17.9% (3.3%)	16.7% 0.1%
OVERHEADS £ Ch vs. PY (-Ve = Increase in Overheads)	£24.4m (£2.0m)	£187.3m (£12.4m)
SURPLUS \ (DEFICIT) £ Ch vs. PY (+Ve = Improvement)	(£0.5m) (£6.6m)	(£10.4m) (£1.0m)
<hr/>		
CONTROL TOTAL - PLAN	£2.1m	(£7.8m)
INTERNAL PLAN	£2.8m	(£2.2m)
* 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 08 YTD - SBU PERFORMANCE



	GSTT YEAR-TO-DATE	Of which.....		
		EVELINA LONDON	INTEGRATED CARE	CANCER SERVICES
ADJUSTED INCOME % Growth vs. PY (+Ve = Increased Income)	<b>£1,032.8m</b> 7.3%	<b>£154.0m</b> 11.0%	<b>£127.1m</b> 7.3%	<b>£152.7m</b> 16.4%
CONTRIBUTION MARGIN % Ch vs. PY (+Ve = Increased Margin)	<b>16.7%</b> 0.1%	<b>20.6%</b> 1.1%	<b>10.3%</b> <b>(0.3%)</b>	<b>18.1%</b> 0.7%
OVERHEADS £ Ch vs. PY (-Ve = Increase in Overheads)	<b>£187.3m</b> <b>(£12.4m)</b>	<b>£25.0m</b> <b>(£0.5m)</b>	<b>£22.3m</b> <b>(£0.5m)</b>	<b>£23.3m</b> <b>(£0.7m)</b>
SURPLUS \ (DEFICIT) £ Ch vs. PY (+Ve = Improvement)	<b>(£10.4m)</b> <b>(£1.0m)</b>	<b>£6.7m</b> £4.2m	<b>(£9.2m)</b> £0.1m	<b>£4.3m</b> £4.0m
CONTROL TOTAL - PLAN	<b>(£7.8m)</b>	<b>£8.2m</b>	<b>(£3.3m)</b>	<b>£5.6m</b>
INTERNAL PLAN	<b>(£2.2m)</b>			

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 08 - YTD



MONTH 08

YEAR-TO-DATE

**ADJUSTED INCOME**  
% Growth vs. PY

**£130.4m**  
0.3%

**£1,032.8m**  
7.3%

***Of which.....***

**Elective Patient**  
% Growth vs PY

**£20.6m**  
4.2%

**£160.5m**  
8.1%

**Non Elective Patient**  
% Growth vs PY

**£13.5m**  
6.7%

**£107.6m**  
14.7%

**Outpatient**  
% Growth vs PY

**£27.0m**  
8.6%

**£207.2m**  
12.5%

**Drugs & Devices**  
% Growth vs PY

**£14.2m**  
12.6%

**£111.0m**  
12.4%

**Community Services**  
% Growth vs PY

**£8.3m**  
**(1.3%)**

**£66.3m**  
1.2%

**Research**  
% Growth vs PY

**£5.4m**  
10.6%

**£37.8m**  
2.8%

**Education**  
% Growth vs PY

**£6.0m**  
**(10.7%)**

**£46.2m**  
3.0%



# FINANCIAL PERFORMANCE: OVERHEADS - YTD



	YEAR-TO-DATE	YEAR-TO-DATE Vs. Prior Year *	2018-19 FY
OVERHEADS	<b>£187.3m</b>	<b>(£12.4m)</b>	<b>£271.9m</b>
% Income	18.1%	0.0%	18.7%
<i>Of which.....</i>			
CEO	£7.2m	(£0.2m)	£12.3m
Chief Nurse	£3.9m	(£1.4m)	£3.8m
COO	£4.7m	(£0.4m)	£7.0m
Essentia	£54.2m	(£5.6m)	£80.0m
Finance & Procurement	£11.3m	(£0.1m)	£13.3m
CDIO	£23.1m	(£1.2m)	£32.4m
Medical Director	£17.8m	(£0.1m)	£26.3m
Workforce	£7.5m	(£0.4m)	£10.6m
Depreciation, PDC, Finance Costs, VAT, Other	£57.6m	(£3.0m)	£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)	£1,032.8m 7.3%	£494.8m 11.3%	£1,527.6m 8.6%
** CONTRIBUTION MARGIN % Ch vs. PY (+Ve = Increased Margin)	16.7% 0.1%	17.4% (2.9%)	16.9% (0.8%)
OVERHEADS £ Ch vs. PY (-Ve = Increase in Overheads)	£187.3m (£12.4m)	£87.5m (£1.6m)	£274.8m (£14.0m)
SURPLUS \ (DEFICIT) £ Ch vs. PY (+Ve = Improvement)	(£10.4m) (£1.0m)	£2.0m (£4.1m)	(£8.4m) (£5.1m)
CONTROL TOTAL - PLAN	(£7.8m)	(£0.5m)	(£8.4m)
INTERNAL PLAN	(£2.2m)	£2.3m	£0.0m

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

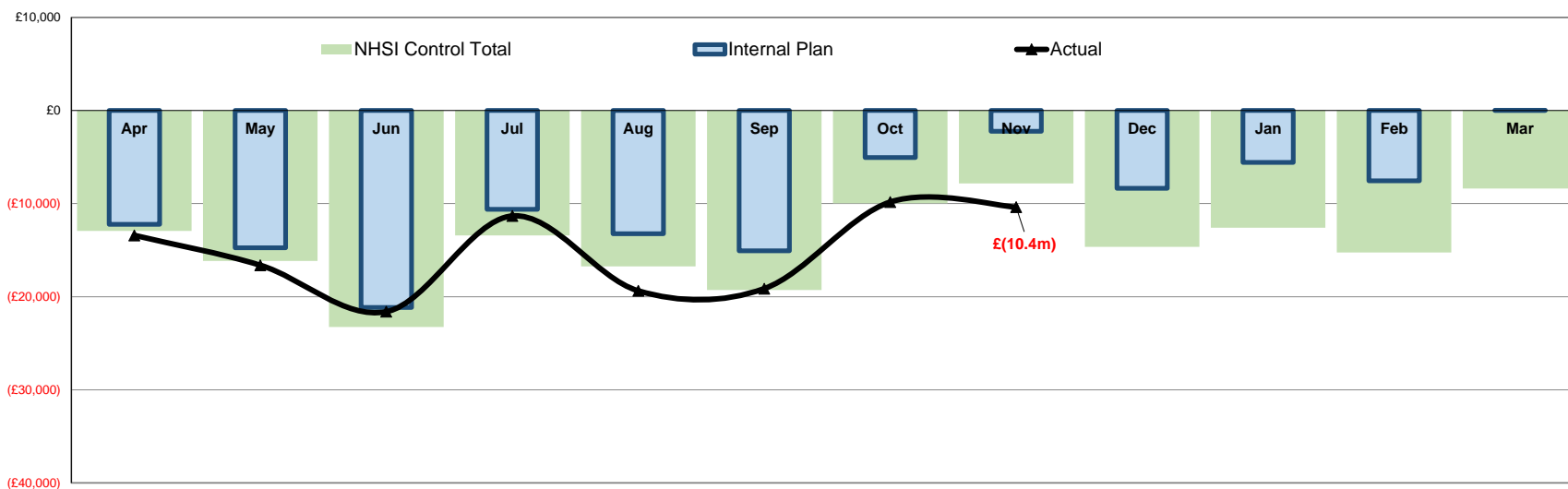
\*\* CONTRIBUTION MARGIN: the surplus of Adjusted Income over Direct \ Variable costs expressed as a %

**CONTROL TOTAL PERFORMANCE:  
NOVEMBER ACTUAL - MONTH 08 YTD - FY 2019-20**

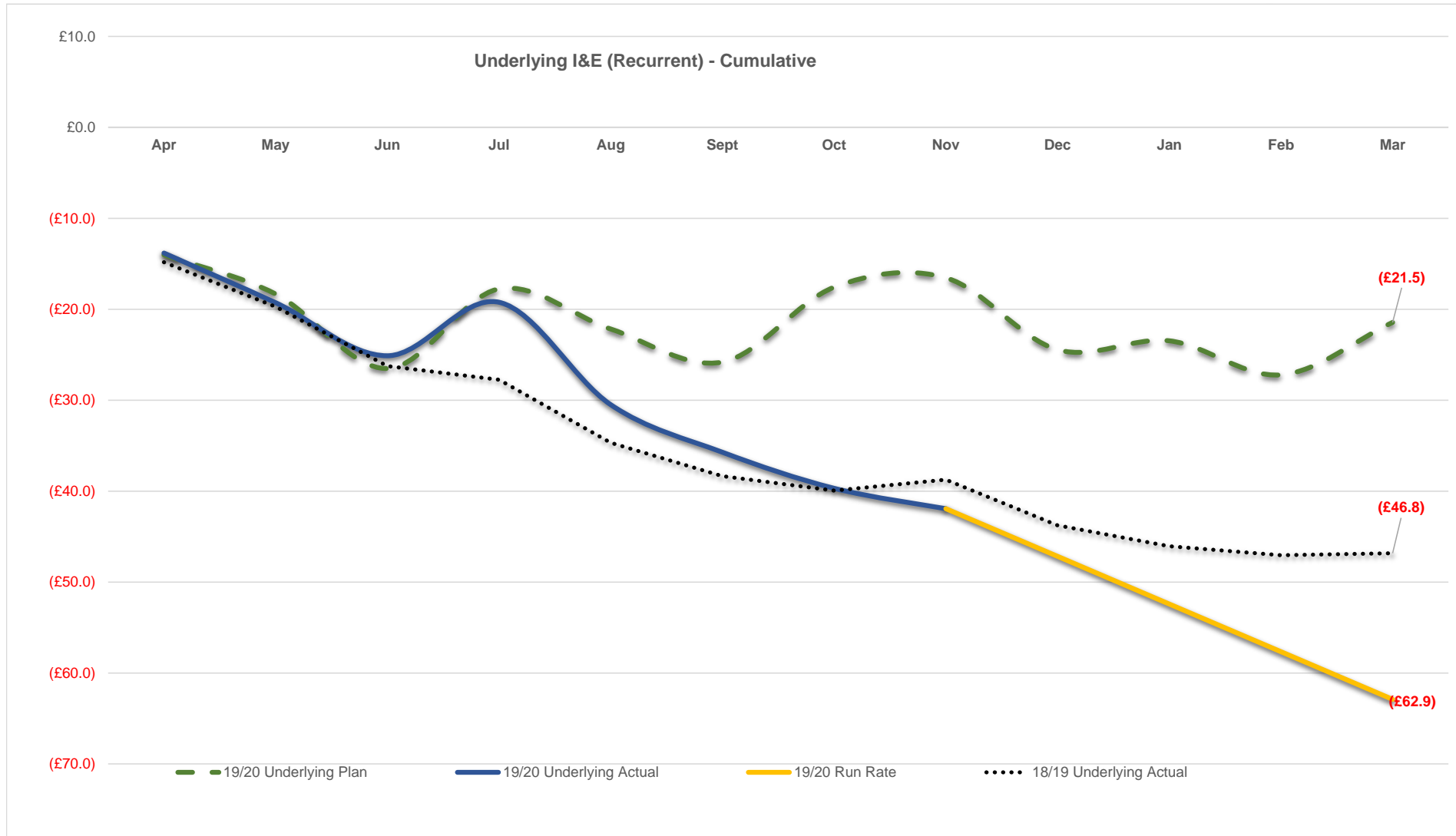


£000's	NOVEMBER			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
<b>Internal Plan</b>	<b>£2,822</b>	<b>(£549)</b>	<b>(£3,372)</b>	<b>(£2,242)</b>	<b>(£10,378)</b>	<b>(£8,137)</b>
Control Total Reserve Adjustment	(£700)	£0	£700	(£5,600)	£0	£5,600
<b>NHSI Control Total (excluding PSF)</b>	<b>£2,122</b>	<b>(£549)</b>	<b>(£2,672)</b>	<b>(£7,842)</b>	<b>(£10,378)</b>	<b>(£2,537)</b>
PSF - Current Year	£1,644	£1,644	£0	£9,042	£9,042	£0
<b>NHSI Control Total (including PSF)</b>	<b>£3,766</b>	<b>£1,095</b>	<b>(£2,672)</b>	<b>£1,200</b>	<b>(£1,336)</b>	<b>(£2,537)</b>
Depreciation on Donated Assets (DODA)	(£1,089)	(£1,035)	£53	(£8,706)	(£8,350)	£356
<b>UNDERLYING SURPLUS \ (DEFICIT)</b>	<b>£2,678</b>	<b>£59</b>	<b>(£2,619)</b>	<b>(£7,506)</b>	<b>(£9,686)</b>	<b>(£2,180)</b>
Capital Donations	£417	£319	(£98)	£3,333	£2,633	(£700)
PSF - Prior Year	£0	£0	£0	£0	£917	£917
<b>TOTAL SURPLUS \ (DEFICIT)</b>	<b>£3,094</b>	<b>£378</b>	<b>(£2,716)</b>	<b>(£4,173)</b>	<b>(£6,136)</b>	<b>(£1,963)</b>

**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

£161m

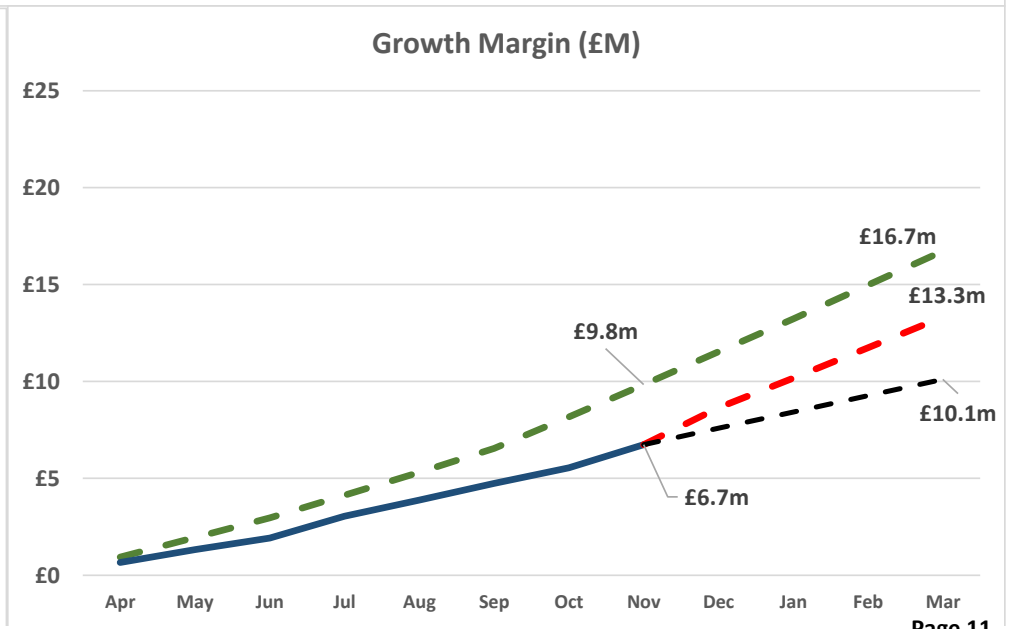
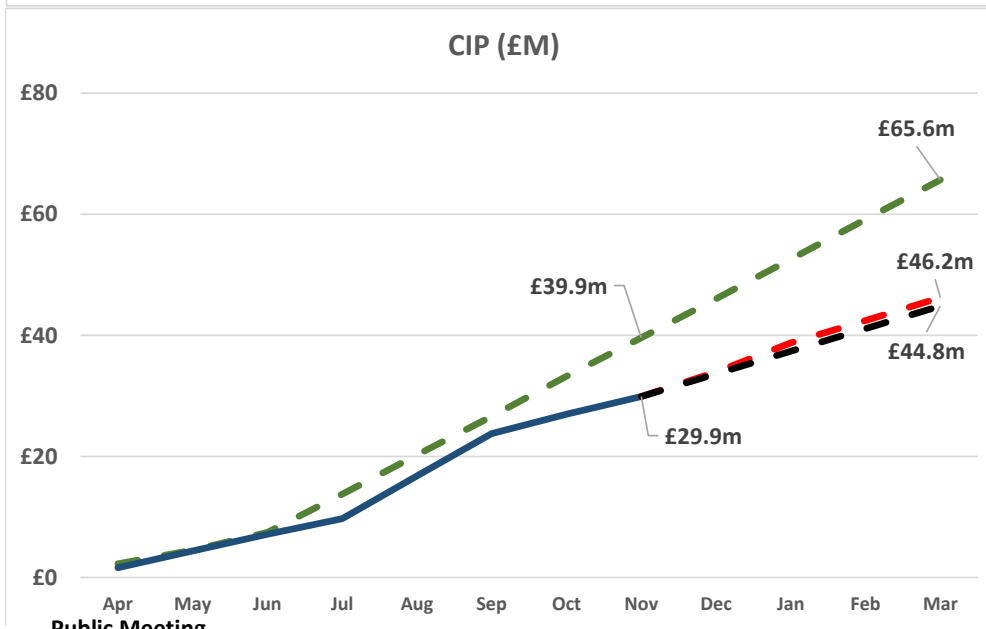
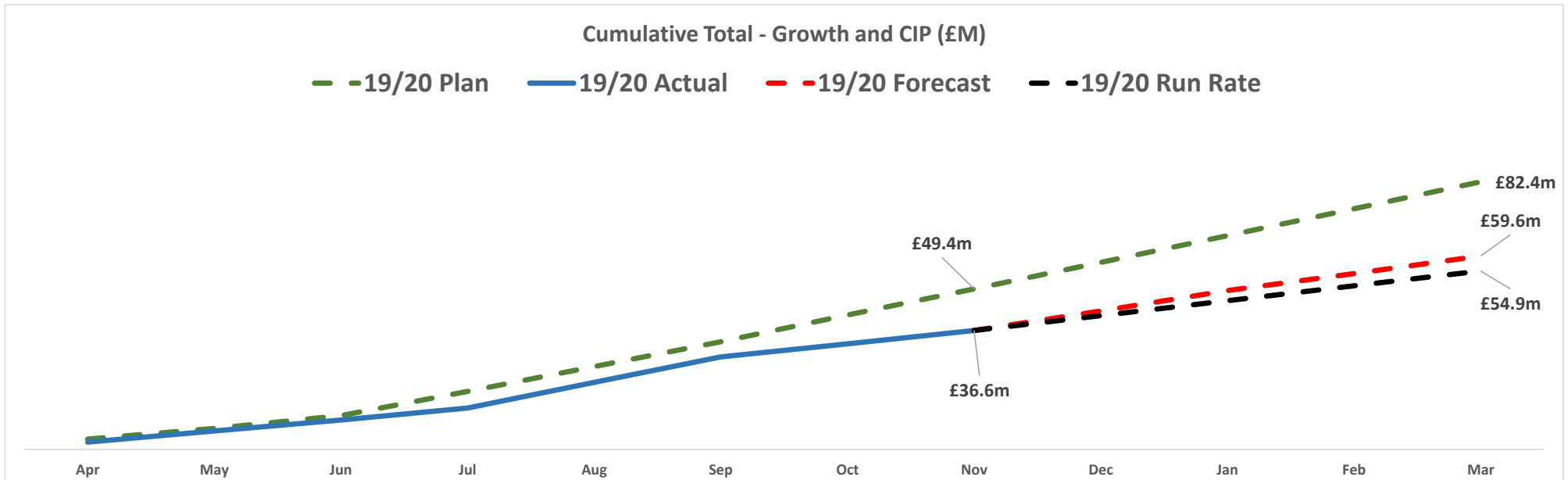


## CAPITAL - YTD - FORECAST

19-20 Capital Spend YTD	18-19 Capital Spend YTD	19-20 Year-To-Go Forecast	18-19 Year-To-Go
£56.7m	£53.8m	£31.6m	£28.5m



# FINANCIAL PERFORMANCE: EFFICIENCY PROGRAMME - YTD - FORECAST



# FINANCIAL PERFORMANCE:

## Single Oversight Framework - Finance Score - YTD



Area of review	Key Highlights	Single Oversight Framework Score		
		Month 08 Plan	Month 08 YTD	
<b>OVERALL Weighted Risk Rating</b>	<ul style="list-style-type: none"> <li>◆ 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</li> <li>▼ YTD: the Weighted Risk rating is calculated as 2.2 which rounds to a two which is behind the plan of a 1.</li> </ul>	1	2	
<b>Financial sustainability</b>	<b>Capital service Capacity 20%</b>	<ul style="list-style-type: none"> <li>◆ The degree to which generated income covers financial obligation</li> <li>◆ YTD: cover of +1.7 is achieved against a plan of +1.9 and is rated a three</li> </ul>	2	3
	<b>Liquidity (days) 20%</b>	<ul style="list-style-type: none"> <li>◆ Days of operating costs held in cash or cash equivalent forms, including available credit</li> <li>◆ YTD: 21.69 days cover is achieved against a plan of 15.12 days and is rated a one</li> </ul>	1	1
<b>Financial efficiency</b>	<b>I&amp; E Margin 20%</b>	<ul style="list-style-type: none"> <li>◆ I&amp;E surplus or deficit \ total revenue</li> <li>◆ YTD: a margin of -0.2% has been achieved against a plan of 0.1% and is rated three</li> </ul>	2	3
<b>Financial controls</b>	<b>Distance from financial plan 20%</b>	<ul style="list-style-type: none"> <li>◆ I&amp;E surplus or deficit in comparison to the planed surplus \ deficit</li> <li>◆ YTD: a margin of -0.3% has been achieved against a plan of 0.0% and is rated two</li> </ul>	1	2
	<b>Agency spend 20%</b>	<ul style="list-style-type: none"> <li>◆ Distance from providers cap</li> <li>◆ YTD: 1% above the agency ceiling (£0.1M), against a plan to be 23% below</li> </ul>	1	2

**Board of Directors  
 Audit Committee**

**Minutes of the meeting held on Wednesday 20<sup>th</sup> November 2019  
 at 1pm in the River Room, St Thomas' Hospital**

**Present:** Mr J Pelly (Chair)  
 Mr S Weiner

**Attendance:**

Ms E Youard Secretary  
 Dr I Abbs, Chief Executive  
 Mr S Blazer, Head of Directorate Finance (for item on National Cost  
 Collection Exercise)  
 Ms V Cheston, Commercial Director (for item on Assurance in  
 Commercial)  
 Mr S Davies, Finance Director  
 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  
 Ms R Liley, Director of Quality & Assurance  
 Ms E McKeown, Grant Thornton Engagement Manager  
 Mr S Nandrha, Audit Manager  
 Mr M Shaw, Chief Financial Officer  
 Dr P Singh, Executive Deputy Chief Executive  
 Sir Hugh Taylor, Trust Chairman  
 Ms Y Williams, Director of Information Governance

**1. Apologies**

Apologies had been received from Ms B Bryant who was represented at the meeting by Mr K Leakey.

**2. Minutes of the Audit Committee meeting held on 4<sup>th</sup> September 2019**

The minutes of the meeting held on 4<sup>th</sup> September 2019 were approved as a true record.

**3. Matters Arising**

Matter arising, 4<sup>th</sup> September minutes: Refund fraud. The Trust in common with other London Trusts now provides factual references centrally from the HR department. For staff coming from the NHS, it would expect to obtain factual references from an HR department at other Trusts. It was intended that Trust Recruitment team would roll out a good practice guide in relation to collating references in early 2020.



Board Assurance Framework, 4<sup>th</sup> September. Ruth Liley would give further consideration to risk registration and the case for any further risk escalation arising from: transformation risks linked to the EHR project; and any risk around the recent capital prioritisation exercise.

Competition Waivers, 4<sup>th</sup> September. Steve Davies would lead on executive level discussion on the correct arrangements for authorisation of competition waivers, including thresholds and authorisation tiers. There would be a progress report at the February 2020 meeting.

#### **4. Audit Committee Work Plan Update**

A draft work plan for the Audit Committee derived from its Terms of Reference was accepted.

The reporting cycle proposed was built upon experience from previous years. The May meeting would focus upon accounts and annual report approval and year end reviews. The Audit Committee held five meetings within 2019/20. However, the proposed plan for the future was to hold four meetings of three hours duration each year. It was at the Committee's discretion to call for further meetings, if required. A June meeting might still be required to fulfil statutory reporting requirements.

The Committee relied upon other Board Committees to refer reports when required. This included new reporting requirements, for example the Quality and Performance Committee to refer any salient matters from the Freedom to Speak Up Guardian. In May 2020 there would be a new annual review of the expense claims of Directors and senior staff, produced by the Chief People Officer.

#### **5. Assurance on Trust Compliance with Statutory and Regulatory Requirements & Board Assurance Framework**

The Committee received and accepted an overview report setting out Trust responses to external reviews, with the delivery status and review outcomes and continuing action plans in 59 cases. These 59 cases were either from external reviews in the last twelve months or continuing action plans from external reviews in prior months. This work was carried out under the Trust External Reviews, Inspections and Accreditations which applies to reviews of clinical and non-clinical services undertaken by an external agency. It was estimated that around 60 external reviews happen each year. An external review should trigger an entry on the risk register. Respective responsibilities allocated to the Board, the Board Quality and Performance Committee, and the Trust Management Executive were noted. The paper highlighted seven notable reviews.

The Committee welcomed the stocktake and thanked the team involved in preparing it. It asked that the next report, due in May 2020, showed how: intelligence gained and lessons learnt from the reviews fed into risk registration and the assessment of Trust risk appetite; active mapping of risks arising from the areas within the scope of external reviews could be demonstrated and reconciled with Trust risk registration; risk sitting outside the 59 areas subject to external review was assessed; and risk around information governance had been fully covered.

The Committee noted the Board Assurance Framework at November 2019, updated with information from accountable officers. It further noted the twenty one risks contained in the Corporate Risk Register with summary progress in mitigating risks arising, of which seven were red rated risks.

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## 6. Information Governance and Management Report – Q2 and ICO Audit Briefing Paper

The Committee noted a report from the Chief Digital and Information Officer on 2019/20 Quarter 2 activities relating to information governance and management.

The Information Commissioner's Office would be conducting a formal audit of the Trust's information governance, business continuity and cyber security capabilities during January 2020. The Trust had been required to make an interim submission of the Data Security and Protection Toolkit (DSPT) at the end of October 2019, and would make a formal submission at the end of March 2020. The Trust's Information Governance team would be preparing for the audit, looking at benchmarking and learning from other Trusts. An evidence pack would be submitted to the Information Commissioner's Office on 20<sup>th</sup> December.

The four areas being given close attention were: To ensure that Trust staff were compliant with the April 2019 revised information governance training requirement; cyber security capability around cyber protection; response and recovery capabilities, and cyber resilience. Planned actions by December 2019 and March 2020 involved controlling access to Trust systems to ensure control over user accounts and checking local registers of the information flows and information asset registers in line with DSPT requirements. The purpose of these steps would be to ensure a complete and accurate inventory of Trust information assets and information flows. These would give assurance over Trust management of its information risk and protect its confidential and personal data.

The Committee sought further information on the level of risk posed by the areas outlined, and the consequences. It noted the potential issues raised in the report, and progress planned to January 2020. Yinka Williams, outgoing Director of Information Governance, was thanked for her contribution to the Trust and support for the Audit Committee, and wished well for her future.

## 7. Assurance in Commercial

The Committee noted a report from the Trust's Commercial Director relating to the Commercial portfolio, its governance and how assurance around risk was provided. The paper received was in reference to the Trust's Commercial Directorate. Attention was drawn to the fact that the only reference to the GST Company Portfolio, headed by GST Enterprises, lay in the 2012 initial legal review of assurance of the Trust's commercial work, based on an external report, "Towards the Right Direction". GST Enterprises is governed by Companies Act, its shareholders agreement, Articles of Association and associated reserved matters. It accounts directly to the Trust Board. The recommendations in the initial legal review included the establishment of a separate Commercial Committee, put in place initially with a Non-Executive Director Chair. More recently it had been chaired by the CEO. Subsequent actions taken have been the appointment of two additional independent Non-Executive Directors to the Enterprises Portfolio and the creation of an independent Chair not an Non-Executive Director on the main Trust Board.

The governance framework used by the Commercial Directorate for assurance purposes was noted, including internal audit reports and risk reporting to the Commercial Committee. For projects of significant size and/or complexity the Directorate procures and appoints external legal and tax advisors to provide professional expertise and support.

It was agreed that the structure and direction of GST Enterprises should be distinguished from the assurance that could be taken from the arrangements put in place. The potential for a joint venture between KCL and the Trust for commercialisation purposes was currently out for consideration; the consequences for GST Enterprises need working through. It was agreed that further discussion was needed on the renewal of the chairing arrangement for

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the Commercial Committee. Steve Weiner would continue working with the Commercial Directorate and Finance Directorate on the alignment and validation of Commercial Services financial reporting as recognised on the ledger.

## **8. National Cost Collection Exercise**

The Committee noted the Trust's post submission report to the National Cost Collection exercise undertaken by NHS Improvement. The context was that in March 2019, NHS Improvement mandated national costing standards for adherence by acute services, with a requirement for organisational measurement against these standards to ascertain the level of compliance. It is now a requirement that the Trust Board or suitable sub-committee is required to receive two reports for approval, before and after submission to the national cost collection team. The post-submission report presented to the Committee followed on from the pre-submission report in May 2019.

In accordance with the Approved Costing Guidance, the Audit Committee was requested to note that the costing return had been completed in line with the Approved Costing Guidance, including: verification of all mandatory and significant non-mandatory validations; and that the cost and activity information included in the submission had been reviewed with services and verified as accurate. The costing return information had been reconciled to audited financial statements and in line with other financial and activity returns. The Committee was also required to note variations from the standards.

Overall the Trust scored 85%, which was higher than both the 'all Trust average' and the 'Trust peer (acute teaching hospitals) average', (80% and 83% respectively). The Trust scored 90% and over in 5 of the 6 key areas. The lowest score (51%) received was in the governance and usage of costings data. The Trust team continued to support the development of the costing standards by providing advice and guidance to NHS England and Improvement, through membership of the Technical Focus Group (TFG) and the Costing Expert Working Group (CEWG). The focus of the CEWG is to assist with the amendment of current standards and drafting of future standards. Engagement with this exercise should continue.

The Committee thanked Simon Blazer and the Finance Team for its work. It welcomed engagement in work to drive better understanding of the true cost of service provision, including for specialist services. The opportunity for improvement around use of PLICS data drive strategic decision-making was noted. The team was encouraged to seek opportunities to engage in understanding of comparative and benchmarked cost analysis, including across South East London.

## **9. Single Tender Waivers: Summary Report**

The Committee noted an update for August to October 2019 of approved single tender waiver action. A total of 109 waivers were approved representing a total value of £6.8m across capital and revenue budgets. Four waivers with a total value of £1.6m had been approved above the OJEU threshold. 105 waivers above the Trust Standing Financial Instructions threshold but below OJEU threshold had been approved, with a total value of £5.2m. Excluded from the £6.8m, 21 waivers with a total value of £1.7m for third party transactions that fall outside Public Contracts Regulations had been approved. All waivers are reviewed and approved by the Chief Procurement Officer with final approval for any waiver above £100k by the Chief Financial Officer. The Procurement Department monitors single tender waivers and works with departments to minimise use unless where grounds are permitted under the Procurement Contracts Regulations. The Committee requested that in the next report, a list of rejected waivers should be provided. The report was welcomed.

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## 10. External Audit Progress Report and Sector Update

Grant Thornton leads presented the external audit progress report to 30th October 2019. All external audit deliverables for 2018/19 had been delivered and work for 2018/19 had concluded. A joint meeting with Trust finance leads had taken place on 22nd October 2019 with regards to 2019/20 audit planning. The 2019/20 audit deliverables were set out and noted. A sector update covering recent research publications on a digital NHS, safe and appropriate data in government, the CQC report on medicines in health and social care, and a National Audit Office Consultation on Consultation a New Code of Audit Practice from 2020 was also noted. The external auditors' report was noted.

Fees were under review across the healthcare sector to match the scale of work proposed to risk levels, and amendments to audit standards as well as regulatory requirements for service quality. A workshop would be held and a fee proposal brought to the February 2020 meeting.

## 11. Policy on the Use of External Auditors for Non-Audit Services

The Committee received an update on the approach towards using the Trust's external auditors to provide non-audit services. This proposal was made in order to support the independence of the Trust's external auditors. As the basis for the proposal, an operational policy from 2012 had been updated to reflect more recent guidance.

The proposed new policy required the Chief Accountant to be responsible for the commissioning of non-audit activities from the external auditor seeking advice from the Director of Finance or Chief Financial Officer as appropriate. If a decision was made to engage the external auditors in providing a non-audit service, the Trust would expect the external audit firm to be complying with the requirements of the National Audit Office (AGN01) and the Financial Reporting Council's (FRC) Revised Ethical Standard 2016, Section 5 'Non-audit/ Additional Services'. The Audit Committee Chair should be notified in the event of a decision. For a hosted organisation which was not a separate legal entity, the policy would apply.

The external auditor was content with the proposal and some work was underway in 2019/20 which would be caught by the policy. Any retrospective approval would need to be applied. The policy was approved, subject to routing through the Trust Management Executive.

## 12. Counter Fraud Progress Report

The Committee noted the counter fraud performance summary for September to October 2019. Current cases as well as cases being prepared for prosecution, together with progress in rolling out fraud awareness training in the Finance Department, dental and community services were noted.

A proactive exercise on high cost mobile devices had recently been completed in response to concerns raised by the DT&I directorate concerning high usage charges associated with specific users. As a result of the exercise, additional usage costs had fallen by £8,500 per month, equivalent to future savings of £102k per annum. The findings and recommendations from this initiative were noted. As a consequence of the exercise it had been recommended that accountability for devices across the Trust needed to be improved. Plans were set out for the DT&I Directorate publishing and communicating the draft mobile device policy; for Trust management to take greater responsibility for dealing with leavers; recovering and returning equipment to the Trust; and for roll out of communications and enforcement across the Trust to reinforce the policy once approved. The recommendations were noted.

20191120 Audit Committee - Mins Draft Chair approved

### **13. Internal Audit Progress Report**

The Committee received an overview of progress against the internal audit plan and a summary of the work finalised since the 4th September meeting. The original plan for the year, approved by the Audit Committee in May, included 26 areas for review. Four outstanding reports from 2018/19 brought the total requirement to 30 projects for the year. As at the time of the meeting, 11 reports had been issued. Of the four reports finalised since the 4th September meeting, three had been rated as substantial assurance. The review of fire safety arrangements had been rated as limited assurance, with risks around the development of Unit Specific Evacuation Plans (USEPs); bringing fire door assets up to standard; and the safety of basement areas. Areas of good practice and progress were noted, including the reviews of Fire Risk Assessments (FRAs); established policy and procedure in place; the existence of a dedicated Trust Fire Safety Officer and team; evidence of external assessments with the most recent in August 2018; mandatory staff fire safety training and responsible leads identified in each DMT. The aim of the audit was to determine the extent to which findings and actions from FRAs were being managed and fire risks mitigated.

The audit report made detailed recommendations on specific areas to be resolved between directorate teams and the Essentia management team, to ensure the process for managing urgent/ high priority actions that require remedial action from the Estates department works alongside directorate level responsibility for managing fire safety. Some detailed action was needed to make sure that information on held MICAD was brought up to date as this had the potential as a tool to provide sufficient details of Trust space and provide a degree of assurance that all Trust areas are regularly assessed. Oversight for onward risk monitoring was in place, and communications for follow up would be carefully monitored.

Recommendations outstanding from previous Internal Audit reports were noted.

### **14. Any Other Business**

There was no other business.



**Board of Directors**  
**Cancer Services Committee**

**Minutes of the meeting held on Wednesday 16<sup>th</sup> October 2019 at 1.00pm**  
**in the Robens Suite, Guy's Hospital**

- Present:** Dr Felicity Harvey – Non-Executive Director (Chair)  
Dr Sheila Shribman – Non-Executive Director  
Sir Hugh Taylor – Trust Chair  
Dr Ian Abbs – Chief Executive and Chief Medical Officer  
Mr Jon Findlay – Chief Operating Officer
- Attendance:** Dr Maj Kazmi – Chief of Cancer Services, Guy's Cancer  
Mr David Cheesman – Director, SEL Accountable Cancer Network (ACN) & 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  
Ms Jennie Younger – Executive Director Fundraising and Supporter Development, King's Health Partners  
Mr Daniel Waldron – HR Director  
Ms Catherine Hart – Director of Fundraising  
Ms Betula Nelson - Governor  
Ms Juliet King – Clinical lead – thoracic surgery  
Ms Louisa Stockman Vine – General Manager, Surgical Oncology  
Ms Victoria Cheston – Commercial Director  
Ms Smitha Nathan – Programme Manager, SEL ACN  
Dr Will McNulty – Consultant, KCH  
Dr Shafick Gareeboo – Consultant, QEH  
Mr Ben Falk – Deputy Director of Operations, KCH  
Mr Jacob Burton – Project Manager, SEL ACN  
Mr Kislaya Thakur – Clinical Director and Lead Clinician, LGT  
Dr Simon Steddon – Medical Director  
Dr Kate Haire – Clinical Director, SEL ACN

Apologies:

Mr Alastair Gourlay  
 Ms Beverley Bryant  
 Dame Eileen Sills  
 Ms Jackie Parrott  
 Prof Sean Whittaker  
 Mr Steven Davies  
 Prof Reza Rezavi

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

The Chair welcomed members of the Committee and those in attendance

### **2. Minutes of the previous meeting held on 3<sup>rd</sup> July and action log**

The minutes from the previous Cancer Services Committee held on 3<sup>rd</sup> July were agreed as accurate, with a spelling correction to page 7. The action log was noted by the Chair. The surgical oncology strategy would be reviewed at the February meeting. A joint KHP response to the national standards for children and teenage & young adult (TYA) services had been agreed and the national report was expected in early 2020.

### **3. Deep dive into lung pathway**

Mr Sean McCloy updated the committee on actions since the prostate deep dive was presented at the July meeting. Good progress was being made. A task and finish approach looking at the front end of the prostate pathway had led to a significant improvement in performance at Lewisham and Greenwich. King's College Hospital was now fully staffed at consultant level and work was in progress taking a similar task and finish approach. Guy's and St Thomas' was trialling a new approach to the joint clinic (with oncology), aiming to see patients within a week.

A deep dive review of the lung pathway was presented. Mr Sean McCloy described how the majority of treatments takes place at GSTT, and while performance was challenging, clinical outcomes were good (compared with the rest of England). The thoracic surgical service covered a large area across South East England, providing over 8% of all lung cancer surgery in the UK.

Pathway flows were described and it was noted that internal performance (14% of patients) was good compared with performance for external referrals, both within and outside South East London. Key issues included timely access to CT scans, PET and EBUS and timely referral to the specialist hub at Guy's. Ms Juliet King, consultant surgeon, explained that the team try to pre-empt breaches but often diagnostics have not been completed. Lack of theatre capacity also limits flexibility to expedite breaches. Similar pathway variances were identified at KCH and LGT, with PET a key issue at KCH and CT and PET impacting performance at LGT. Mr Sean McCloy noted that there are plans for sector provision of EBUS – which until recently was only provided at St Thomas'. The national optimum pathway was discussed, where patients avoid the need for GP referral after abnormal chest x-ray. Further work was required to implement this fully.

Dr Shafick Garreboo, tumour group lead, highlighted ambitious lung pathway models elsewhere, such as the Manchester 14 day pathway. Dr Will McNulty, consultant at KCH described improvements in access to CT scanning at KCH alongside ongoing issues with PET (which was provided by an independent provider). Radiology vacancies at LGT were impacting on reporting, and the need to develop more joint posts was highlighted. Oncology cover for clinics and MDTs was challenging. Dr Anne Rigg explained that work was underway with Dr Kate Haire to review consultant job plans across the sector.

Ms King described capacity issues in outpatients (notably joint clinics), inpatients, theatres and robotic surgery at GSTT. Ms Louisa Stockman Vine, General Manager described the actions being taken, including clinical review of patients waiting; further work on outpatients and pre-operative care; and demand and capacity review of beds and theatre lists. It was noted that robotic surgery lists were currently booked up until around Christmas time, with little spare capacity. Improvements to the radiotherapy pathway were described, with a reduction from 20 days to 11 days being achieved through care redesign.

Dr Ian Abbs emphasised that there was mismatch in demand and capacity on a national level. The case for system wide diagnostic provision should be fully reviewed and presented for ICS support. Recruitment strategies, particularly for oncology and radiology should also be considered across the sector. The future impact of lung screening (for at risk patients) was discussed and Ms King emphasised that this would cause a significant increase in complex diagnostics and surgical activity within five years. Sir Hugh Taylor noted that planning work should be commencing now, and that radically different approaches may be required.

Dr Felicity Harvey thanked the lung team for their hard work. The recommendations were endorsed by the committee and a deep dive review of the Breast cancer pathway was requested for the February meeting.

**ACTION: Breast deep dive to be presented to the February meeting.**

#### **4. Integrated Quality and Performance Report**

Dr Maj Kazmi, Chief of Cancer Services, presented highlights from the report. Improvements were expected in the cancer informatics once the Somerset tracking system was fully embedded across SEL. Ms Mairead Griffin noted that there was double counting across the sector on health needs assessment (HNA) reporting currently but that this was expected to improve. Recruitment was underway for a survivorship lead.

Professor Peter Parker noted that a joint bid for radiotherapy had been won, in partnership with Barts, UCL and the Francis Crick Institute. Dr Maj Kazmi noted that ISO accreditation had been confirmed for GSTT's radiotherapy and chemotherapy services, with the chemotherapy service receiving this accreditation for the first time.

#### **5. South East London Accountable Cancer Network**

Dr Kate Haire explained that the ACN was increasingly represented as the SEL Cancer Alliance because of wider representation from colleagues in primary care. This reflected increasing focus on early diagnosis, public health and screening. Macmillan GPs were now regularly attending tumour group meetings, which was proving very helpful for both GP engagement and pathway improvement.

Sector performance continued to be below trajectory. Long term planning, in conjunction with the STP had focused on a joint response to the five year long term plan, which was positively received.

The network team was focused on implementation of transperineal biopsy (for patients on the prostate pathway) and the new EBUS network, and communications and engagement work included workshops on colorectal and screening, and renewed focus on patient engagement.

Work was underway on developing improvement plans for endoscopy and imaging, with NHSI network recommendations (for imaging) due on 4<sup>th</sup> November. This was expected to



provide a lever for a system approach on diagnostics. The diagnostic capacity fund for the sector was due to run out in February 2020. Mr David Cheesman explained that a proposal for extending the joint fund would be reviewed by the ACN Members Board on 25<sup>th</sup> October. Dr Ian Abbs highlighted the need for urgent resolution.

**ACTION: Recommendations for the future of sector diagnostic provision (Diagnostic Capacity Fund) to be reviewed at the ACN Members Board on 25<sup>th</sup> October.**

## **6. Guy's Cancer Academy**

Dr Simon Hughes updated the committee on the progress of the Guy's Cancer Academy and presented a timeline outlining key milestones and successes. A website and e-learning platform had been developed and successful courses had been run including the SACT online course. Future plans for further courses, including non-income generating courses were described. The Academy was expected to break even in April 2021 when the charity funding would finish. Space continued to be a key challenge for the Academy, both for office space and teaching.

Ms Victoria Cheston noted that there was potential for further joint working with the Commercial team particularly around CPD for qualified Consultants.

## **7. Guy's Cancer Strategy Refresh**

Dr Maj Kazmi presented the strategy refresh. The vision for Guy's Cancer remained unchanged but there was renewed focus three main areas: early diagnosis, targeted therapy and survivorship.

Unique opportunities for GSTT as a cancer centre within a major teaching hospital were identified, including cardio-oncology and AI. Sir Hugh Taylor highlighted the challenge in describing an inclusive strategy with cancer partners without losing the strong Guy's Cancer identity.

## **8. Real World Evidence Strategy**

Dr Mieke van Hemelrijck described how the RWE strategy aims to align with all the work on data across the trust, including the GSTT data strategy. Ms Victoria Cheston noted that the Cancer SBU had the opportunity to be a front runner with a commercial cancer data strategy.

There was ongoing input to the Data CAN bid with UCLH and IQVIA involved. The Commercial Directorate were supporting this work. The work to roll out the Guy's Cancer Cohort across tumour groups was ongoing, with a bid being made to the GSTT Cancer Fund for support. A monthly working group with IT had been established, focusing on how to link data in the various IT systems.

Work was underway with the Guy's Cancer Academy to develop an online training module. A research protocol had been developed to investigate research support needs for clinicians around data.

## **9. KHP Haematology Institute – progress report on OBC development**

Report submitted for information only

## **10. Dimpleby Cancer Care gift agreement**

Report submitted for information only

**11. Guy's Cancer Surgical Oncology strategy**  
Report submitted for information only

**BOARD OF DIRECTORS  
STRATEGY AND PARTNERSHIPS COMMITTEE**

**Part One**

***Minutes of the meeting held on Wednesday 27<sup>th</sup> November 2019  
at 2pm to 3.15pm – Robens Suite, Guy's Hospital***

Present: Dr F Harvey – Chair  
Dr I Abbs  
Mr J Findlay  
Ms G Niles  
Ms J Parrott  
Mr J Pelly  
Prof R Razavi  
Ms J Screamon  
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  
Prof M Brown – Item 5 only  
Mr S Davies  
Mr A Gourlay  
Ms A Knowles  
Ms M Ridley

**1. Apologies**

Apologies were received from Ms H Coffey and Mr R Drummond.

**2. Declarations of Interest**

There were no declarations of interest.

**3. Minutes of previous meeting held on 12<sup>th</sup> September 2019**

The minutes were approved as an accurate record.

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

The Committee noted the follow up to two items covered at the last meeting as set out below.

Growth strategy. The Transformation and Major Programmes Committee was reviewing the change programmes arising as a consequence of growth in demand for services. It was agreed that for the purposes of Board monitoring this was the right route to follow.

The Commercial Directorate was consulting upon an engagement and implementation plan around a draft Commercial Strategy. There would be a return to this topic later in the year.

#### 5. Biomedical Research Centre

The Committee welcomed Professor Matthew Brown newly appointed Director of the National Institute for Health Research (NIHR) Guy's and St Thomas' Biomedical Research Centre (BRC) and Professor of Medicine within the Faculty of Life Sciences and Medicine. Professor Brown explained his background as a clinician-scientist and a rheumatologist, with wide interests beyond rheumatology including in the development of gene-mapping and genomic methodology. Professor Brown had led work in Brisbane, Australia to translate research into precision medicine services for cancer patients.

Research funding provided through the NIHR was allocated either through infrastructure awards for the BRC or Clinical Research Network, or through an annual research activity allocation. The Trust hosts local clinical research network for South London. Research activities ran across nine disease areas at Trust sites as well as at Denmark Hill. There was an opportunity to renew themes, to enhance collaborative working and to revisit the way in which BRC worked thematically across nine areas. The introduction of a joint Chief Digital Information Officer across the Trust and KCH created opportunities to drive forward the availability and use of underpinning digital data and the use of clinical analytics.

Professor Brown described the 5 year award arrangement for block funding allocated to the NIHR BRC, which had provided funding since 2007. The third BRC award ran from 2017-22. In anticipation of an announcement of another competition for BRC designation and funding for the 5 year period 2022-2027, planning for a submission would be underway from Quarter 4 2019/20 to Quarter 2 2020/21. Collaboration through partnerships in and beyond South London would be pursued and strengthened. Change management would be pursued in the context of policy change and inflationary pressures. The BRC team was developing initiatives to encourage and engage with clinical research teams across the Trust to maximise ways to secure local clinical research network funding in South London.

Professor Brown was thanked for his presentation. In due course he would be invited to return to the Strategy and Partnerships Committee to talk about progress.

#### 6. 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 sub-committees were pursuing strategic trends. The Transformation and Partnerships Committee had been looking at how major change programme came together, and the consequent demand on future use of estate. The Evelina Board had met with the Trust Board and considered, amongst other things, possibilities for the future direction for children's cancer services as well as the join up of children's and women's services. The Integrated Care Executive Committee was focused on implementation of the Integrated Care Strategic Business Unit and its contribution on collaborative work with local partners on the theme of ageing well and managing health

across populations. The Audit and Risk Committee had agreed a work plan to frame its annual reporting cycle. It had reviewed the level of assurance which could be taken from Trust compliance with statutory and regulatory requirements including clinical risk, information governance and cost collection. It had recommended that further consideration should be given to opportunities and implications from emergent forms of commercial, industrial and academic partnerships and what this meant for assurance around the Trust's commercial portfolio. The Cancer Services Committee had carried out two productive deep dives on services across the South East London Accountable Cancer Network, on prostate and thoracic services.

## **7. Strategy into Action**

The Committee noted a report tracking the delivery of strategic goals and deliverables against key areas in the Trust strategy, Together We Care, in the first half of 2019/20. A balanced score card methodology had been applied to measure progress. The goals and deliverables for the Trust digital strategy were due for review with the new Chief Digital Information Officer, and had been excluded from the assessment. 76% of the goals and deliverables drawn up had been achieved, or were on target for achievement, taking progress on digital out as an exception. The tracking highlighted that more focus was needed on embedding patient and public engagement in the Trust's transformation agenda.

Further work in Quarter 4 would be carried out to develop the success statements and tracking indicators used to monitor the impact of Together We Care.

## **8. Any Other Business**

The South East London Integrated Care Services was moving forwards, with one CCG being formed. Provider input was influencing the development of two agreed strategic programmes. One was looking at what scope existed for scalable diagnostics capacity across South East London, and how primary care could be better supported with direct referral diagnostics. The other was looking at how intelligence at population health level could be used to find ways to manage service demand more effectively.

A number of Trust leads had been involved in mapping activities around specialised services to support the London Region team in its consideration of specialised commissioning. As part of this exercise, Martin Shaw was leading work on mapping financial flows around specialist services.

## **9. Date of next meeting**

Wednesday 18<sup>th</sup> March 2020 in the Burfoot Court Room, Guy's Hospital.

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

**Minutes of the meeting held on Wednesday, 11<sup>th</sup> December 2019  
at 14:00 hours Robens Suite, Guy's Hospital**

**Present:** Mr S Weiner (Chair)  
Dr I Abbs  
Mr S Davies  
Dr F Harvey  
Mr J Findlay  
Mr J Pelly  
Ms J Screatoron  
Mr M Shaw  
Dr S Shribman  
Dame E Sills  
Dr P Singh  
Dr S Steddon  
Sir H Taylor  
Prof J Wendon

**Attendance:** Ms E Youard (Secretary)  
Ms B Bryant  
Ms V Cheston  
Mr H Childs  
Mr S Davies  
Ms A Dawe  
Dr N Goulbourne  
Mr A Gourlay  
Mr T Hulse  
Ms L James  
Ms A Knowles  
Ms M Ridley  
Ms J Shaw

**1. Apologies**

There were apologies from Ms S Bowler, Ms H Coffey, Mr R Drummond, Ms G Niles, and Professor R Razavi.

**2. Declarations of Interests**

There were none.

**3. Minutes of the previous meeting held on 2<sup>nd</sup> October 2019**

The minutes were agreed as an accurate record, subject to clarification that Mr D Waldron not Mr M Shaw had been attending on behalf of the Chief People Officer.

#### 4. 5 Year Capital Plan Financing

The Committee noted that a capital prioritisation exercise had been carried out over six months, looking at both the affordability of the capital pipeline and the application of risk based framework to the schemes in the pipeline. The prioritisation process had made progress and would continue to reach a conclusion. The intention is to embed prioritisation into the Trust capital decision making process. Major capital schemes had been excluded. Capital from donors had been categorised.

The Committee heard there was considered to be insufficient scope within the Trust's five year routine capital allocation to undertake a reasonable proportion of the Trust's planned schemes. This was in the context of agreement to £90M loans outstanding and the Trust retaining £100M cash holding. Although the Trust would continue to pursue loan financing, its cash analysis indicated that there was scope to begin to utilise the Trust's existing cash to continue with most of the Trust's five year plan.

The Committee reviewed the position reached on the application of capital funds. It looked forward to further detail of the capital required for priorities in the digital, technology and information investment work programme. It supported the intention that capital prioritisation should be embedded on a continuous basis. To do so, it was recognised that attention needed to be paid to decision making around investment cases, with sufficient financial information and reliable forecasting available at the right points, and efficient delivery following on from agreement to a business case.

The Committee set an expectation that it would receive monitoring reports on the Trust's cash balance. It looked for the capital prioritisation approach embarked upon to be embedded and refined such that capital prioritisation aligned with the long-term financial model. Project resourcing needed to be consistent with capital priorities agreed. Analyses of project requirements and resources should align. Clear gateways should be set from the point at which projects were entered into.

#### 5. DT&I Update

The Chief Digital Information Officer spoke of the progress in the Digital, Technology and Information Directorate, building on the baseline assessment reported to the 2<sup>nd</sup> October meeting. A detailed categorisation and prioritisation assessment of the 187 projects in the current pipeline was underway. Of the 187 projects, nine were linked to significant estates developments, some linked to clinical risk reduction, some to healthcare research and innovation, and a significant number were in process and needed to reach completion. Revised arrangements would be required for monitoring delivery, managing delays, and introducing new projects into the portfolio. To allow this current analysis of requirements to complete, for a short period until early 2020, the Directorate would not enter into new projects. To keep momentum a small team was analysing urgent and high profile needs in the meantime.

Barriers were discussed, including the lack of a single sign-in to multiple clinical IT systems in the absence of an integrated clinical system. Underlying infrastructure issues impacting on specific IT solutions were being addressed as a matter of urgency. The baseline assessment would be reported to the executive. Introducing an electronic health record would overcome the need for some of the projects, although an interim solution was needed in some cases. The introduction of an electronic health record would also drive improvements in terms of IT useability. The priorities for the Directorate were pace, visibility and ensuring control over delivery. The Committee welcomed this report.

#### 6. Capital and Estates Programme Update

The Committee noted progress on both the Estates Development Plan and the current capital programme. Targeted resourcing of projects would be confirmed following the capital prioritisation exercise. The Committee took account of the level of achievement within the

theatre expansion programme which aimed to supply additional theatre capacity over the next two to three years. The risk of a shortfall of theatre capacity in the interim period, and the requirement for theatre downtime for essential maintenance works was discussed. The December 2019 target completion of the build and clinical go live of the Pain Procedure Room at the St Thomas' site would bring some alleviation but the operating capacity it delivered would not be sufficient to meet service demands. Challenges around finding decant space to facilitate estates transformation including ward refurbishment were recognised. As freed up space was rapidly utilised, clearer expectations around the reasons for and control of vacated space needed to be established and met. Plans for the use of the Queen Mary Sidcup site including possible issues affecting the construction of two day surgery theatres needed careful partnership dialogue and South East London system-level dialogue.

The Committee noted progress on the key projects and programmes underway across the estate and associated transformational and digital programmes and initiatives, specifically the Triangle site, Block 4A, the Royal Street development and St Thomas' Education Centre.

The Committee approved drawdown of £1.17M additional funds of to progress the Day Surgery and Education Centre (DSEC) to Full Business Case stage. The decant solution incorporated both the space required to empty St Thomas' House and the proposed Evelina Day Surgery unit. It was noted that the project's revised forecast cost was £40.3M and the anticipated completion date autumn 2021.

The community site strategy was being prepared with input from local authority partners.

A summary of the engagement with external developers and public sector authorities on proposed and active regeneration and modernisation projects was noted.

## 7. Transformation Update

The Deputy Chief Executive spoke of progress being made to ensure there was Trust executive-led oversight of the Trust transformation programme, with full programme scoping, inter-dependencies articulated and delegation schemes operating across programme boards set out. The transformation programme office would ensure rigour within programmes. Executive Directors were committed to this arrangement, giving oversight through a dedicated executive transformation board. It was agreed that for the purposes of assurance the next Transformation and Major Programmes Board would be sighted on the documented process.

## 8. Any Other Business

It was noted that GST Enterprises had requested the opportunity to discuss GST Enterprises-related activities. The Executive team would consider this request.

*The Committee would next meet on 19<sup>th</sup> February 2020 at 2pm to 5pm in the Burfoot Court Room, Guys Hospital.*



**BOARD OF DIRECTORS  
QUALITY AND PERFORMANCE COMMITTEE**

**Minutes of the Meeting held on Wednesday 4<sup>th</sup> December 2019  
at 11am, Guy's Hospital London SE1**

**Present:** Dr S Shribman (Chair)

Mr J Findlay  
Ms G Niles  
Mr J Pelly – part meeting  
Prof R Razavi  
Mr M Shaw  
Dame Eileen Sills  
Dr P Singh  
Dr S Steddon  
Sir Hugh Taylor  
Mr D Waldron  
Mr S Weiner

**Attendance:** Ms E Youard, Secretary  
Ms B Bryant  
Ms M Da Costa  
Mr S Davies  
Mr A Gourlay  
Ms S Hanna  
Ms A Knowles  
Ms R Liley  
Ms A Lynch  
Ms S Noonan  
Ms M McEvoy

**QPC/19/14 Apologies**

Apologies were received from Dr I Abbs, Dr F Harvey, Ms J Parrott and Ms H Coffey.

**QPC/19/15 Minutes of the previous meeting held on 9<sup>th</sup> October 2019**

The minutes of the meeting held on 9<sup>th</sup> October 2019 were approved as a true record.

**QPC/19/16 Matters Arising**

Health Education England had visited Oncology services and given positive feedback on the progress being made. Monitoring would continue. Dr Simon Steddon was now Trust SRO for the Haemato-oncology services review.

**QPC/19/17    Topics of Note**

The Committee took an overview of areas receiving particular attention across the Trust, as follows.

The Trust was engaged in formalising a protocol for handling transfers which arose from tertiary referrals across the health and care system. This issue had been picked up in a Coroner's Prevention of Future Deaths Notice sent to the Trust, NHS England and Department for Health and Social Care. Tracking cases prior to transfer to the Trust would be helpful. Standardisation of the escalation process in place would be beneficial.

An action plan had been developed and discussed in response to the continued increase in the number of formal complaints received, with a 50% increase in October 2019 to 198. A fuller report would be brought to a future meeting.

Women's Directorate leads and the Assisted Conception Unit (ACU) team were working with the HFEA to monitor an improvement plan focused on matching demand and capacity, and enhancing practice to achieve better patient experience in the ACU. A further update would be available in January.

Both hospital sites had responded well in dealing with the tragic terrorist attack at London Bridge on Friday 29th November. The Essentia teams were commended for their co-ordination of patient transport through the events. Hot and cold debrief arrangements were being held, to capture lessons learnt and pick up on ongoing support for staff if needed. Immediate assistance from Occupational Health and the Chaplaincy teams had been offered, to help staff to cope with distressing incidents, as well as the Trust's 24/7 Employee Assistance Programme. Longer term, the dedicated NHS Psychological Trauma Outreach, Screen and Support Service for London Terrorist Incidents, provided by SLaM could give specialist support if staff needed it.

The 52 week Referral to Treatment reporting position for October had improved from 128 in September, to 102. This had been driven primarily by reduction in gastroenterology breaches and continued improvement in Cleft services and Paediatric Spinal services. The November position mirrored the October trend. The national 52 week programme team would be visiting the Trust shortly for an intensive review of the actions taken. The Trust was on track against its trajectory, with work still to be done to deliver on a sharp reduction in numbers for January to March. Any contractual sanctions would be dealt with by agreement with commissioners.

The Evelina's performance was noted. The Evelina Emergency Department's performance for October averaged 96.5% of children receiving their care within 4 hours. Average monthly attendances continued to rise compared to the equivalent month in previous years. Early November had seen this trend continue with 127 attendances seen on one day, a record and twice the average for some months. Concentrated attention was being paid to improving processes and staffing levels to deal with the demand. Evelina services were placing great emphasis on tackling significant barriers in theatre, diagnostic and outpatient capacity to make significant reductions in waiting times for planned care where feasible.

**QPC/19/18 Wider Quality and Performance Topics**

The Committee received a report on wider quality and performance issues being tackled, as follows.

The Board approved the Healthcare Worker Flu Vaccination Best Practice Management Checklist for publication on the Trust website. 12,000 staff had been vaccinated against flu since 16th October, constituting 59% frontline staff - 10% up on 2018 at this point. Local Directorate Management Teams (DMT) were responsible for achieving vaccination rates required with support from the Occupational Health team.

An individual diagnosed with monkeypox in England, believed to have contracted the infection while visiting Nigeria, who had been staying in the South West had been transferred to the specialist high consequence infectious disease centre at the Trust. The transfer had happened smoothly, under protocol.

The 18 week Referral to Treatment reporting position for October was 84.4%, a slight decrease against September's performance but in line with the Trust's proposed revised recovery trajectory for 18 weeks RTT. An agreed process was being followed for reallocating theatre lists to the most pressured specialties. An immediate challenge to overcome was the pensions tax issue. Discussions around improving surgical productivity would be supported by the Right Place Right Time programme. A plan was under development to create fortnights for theatre maintenance critical downtime periods over the next two years, to sustain theatre capacity. Longer-term plans under development involved creation of additional capacity through the formalisation of six day working along with the requisite workforce capacity development plans.

October's performance against the diagnostic operational standard improved to 6.23%, which remained behind the proposed revised trajectory of 3.89%. The Trust has set a trajectory for full compliance with the diagnostic standard by March 2020, allowing for challenges to be overcome. MRI and Non-obstetric ultrasound breaches continue to reduce. Endoscopy capacity continued to improve; ongoing capacity pressures in endoscopy were being addressed and mitigations found through insourcing and additional clinics.

On cancer performance, in common with other providers, a reduction in performance for September and October pointed to internal challenges in meeting cancer access standards. Pathway improvements were being made in specific areas requiring investment to support internal and shared performance. Weekly Cancer Action Board meetings were helping to mitigate from a backlog growing. The Cancer Services Committee had been impressed by the depth of work carried out when it had reviewed the actions in place. There was recognition of the need for service transformation along with capacity provision, with effective South East London system-wide planning and recognition of rate-limiting factors and workforce constraints.

Performance against the A&E trajectory for October 2019 was 84.80%, with wide variation from days reaching 92% against the four hour target and much more challenged days delivering a 75% performance against 4 hours. Reasons for adverse performance included delays created by loss of CT scanning availability, medical staff sickness out of hours, and high numbers of patients arriving by ambulance. The operational and infrastructure factors

were noted. Collaborative cross-sector working to give aid and assistance to other South East London Trusts continues and it was recognised as the right thing to do.

The position on workforce was noted. The trend on reducing vacancies was noted. Overpayments for leavers had been tackled and the adverse legacy position was improving: the Committee sought the numbers behind the situation described.

The pensions tax issue had been carefully considered now that a national position had been reached, with a proposal prepared for the Remuneration Committee.

The Trust was submitting an application for Living Wage accreditation. It had confirmed that all directly employed staff, (including bank) are paid at least the London Living Wage and that there was a plan in place for a phased transition to the London Living wage for any contracted staff i.e. staff employed by other suppliers but working within the Trust. The expectation was to reach compliance within a three year period.

The Committee noted an update on Essentia's performance. Feedback was encouraging in terms of the newly in-housed patient transport service for renal patients which commenced on 1st December. Two new chillers being commissioned in Guy's Tower would reduce energy consumption in winter, enabling delivery of cooling at all times and facilitate comprehensive maintenance regimes.

**QPC/19/19 Open Referrals and Delayed Appointments**

The Committee noted an update on managing open referrals, of which a subset are at risk of lost to follow up, together with proposed next steps. External as well as internal resource had been harnessed. Services were being encouraged to use a refreshed Qlikview app on a weekly basis to validate in-month open referrals at risk. Work was ongoing in Endoscopy, Haematology and Rheumatology with some improvement found. A detailed review of open referrals in Gynaecology was planned. Addressing the backlog of open referrals had been separated from eliminating the creation of new open referrals. Progress had been slow due to local competing priorities. Delayed appointment validation and improvement was being tackled, with further work planned. Work to cleanse the waiting list and improve processes had been focused on high risk directorates particularly GMS. The Committee requested more information on the baseline, improvement target range, and what more could be done to improve the situation.

**QPC/19/20 DT&I Update**

The Committee noted an update report from the Data, Technology & Information (DT&I) Directorate. A portfolio review was looking at the process blockers currently impeding delivery; the management of suppliers and monitoring of progress against plans to ensure improved agility around issue resolution and escalation. For the duration of this review, consideration of new clinical and business functional requirements had paused. Implementation of new arrangements would commence in January 2020, and be reported to the Transformation and Major Programmes Committee.

A progress update was given on four programmes of interest to the Committee, noting that attention was being paid to risk management in

planning and delivery: Go-live of the new 'Maintel' telephony system was now scheduled for June 2020. To comply with NHS England's directive to deploy Child Protection Information Services (CP-IS) and Summary Care Record (SCR) modules by the end of 2019, by January 2020 the upgrade of 'Symphony', the patient administration system used by the Emergency Department was expected, with full functional sign-off and project closure by February 2020. Proof of concept of the 'home' radiology service had been achieved, with further work on a business case for further rollout to follow. Improvements to Paediatric Early Warning Score services for Evelina inpatient wards were due between December 2019 and February 2020.

The emphasis on working flexibly and in alignment with business needs was welcomed. At implementation level, the Trust Operations Board would take forward discussion on connecting up and matching thinking on how the technological pipeline would enhance capacity planning, including in the community and cancer services.

#### **QPC/19/21 Board Assurance Framework**

The Board Assurance Framework updated to November 2019 was noted. The revised set of strategic risks for 2019/20 refreshed in April 2019 had been incorporated. The key changes were that new risks had been added in relation to the complex strategic agenda and partnerships; estates improvement and national policy, commercial strategy and ambitions, legislative changes including Brexit and quality and safety. The Committee also noted a summary of the progress in mitigating the 21 risks arising from directorates within the Corporate Risk Register. The top risks with mitigations being closely monitored were: delayed appointments; central suction unit and pipes to dental chairs; critical care environment; extended length of admission and harm to mental health patients; processes for following up test results; insufficient theatre capacity to meet demand impacting on safe and timely patient care; and medical equipment governance.

The Quality and Performance Committee would be kept briefed on the risks for which it has oversight, and timelines for mitigation. Further consideration would be given to haemato-oncology services, bearing in mind that risk outside the Trust's control would be registered elsewhere in the system.

#### **QPC/19/22 Administrative and Clerical Workforce Review**

The Committee noted a report on progress made since September on the support and development of our Administrative and Clerical (A&C) staff up to and including band 7 service managers. Three areas had been followed up, as previously agreed with the Committee: a review of the central A&C recruitment process (talent pool); the development of a comprehensive training and development offer for A&C staff; and a review of the learning and development offer for front line operational managers.

A relaunch of resourcing arrangements focusing on a single point of entry for all A&C staffing requests, whether permanent or temporary, was being prepared. The relaunch was accompanied by planned improved recruitment processes with the aim of reducing the amount of time spent on recruitment by hiring managers. The process would be agreed by the end of December and rolled out in Quarter 4. A development programme was being drafted focusing on the core skills required by A&C staff from Bands 2 to 4, with a

business case under preparation for a support team to run the programme. A steering process with sponsors and good stakeholder engagement had been established. The possibility of apprenticeship qualifications aligned to each band to professionalise A&C staff was being explored. The Leadership and Management Team, was undertaking an internal review of the leadership and management development offer for frontline operational managers. The internal Management Training Scheme is in its 4th year and had been very successful at retaining managers. Options for an Assistant Service Manager (ASM) Apprenticeship were being scoped. A well attended first Frontline and Operational Managers conference had been held on 5th November, on the topic of Diversity Matters. It was expected that a new programme would be in place by 2020/21.

**QPC/19/23 Financial Report for Month 7 April to October 2019**

The Committee noted financial performance against the Internal Plan covering the seven months to 31st October 2019. The Trust had declared to NHSI in its month seven financial return that it expected to achieve the agreed control total, a deficit of £8.4M. Against the NHSI Control Total, a deficit of £9.9M for the seven months to 31st October, the deficit of £9.8M was £0.1M better than the NHSI Control Total. Provider Sustainability Funding of £7.4M had been accrued into the reported position.

On capital, in response to a national request to reduce the original £100M plan for the year by 20%, the Trust had commenced a risk based prioritisation exercise. Although the national requirement to reduce the capital plan had recently been removed, the Trust continued to advance the prioritisation exercise to ensure agreed capital schemes remained the highest priority areas, with sufficient funding in place. The Trust had £90M of loans approved in principle with IFTT which had not been given final approval given the wider system capital challenges over recent years. Engagement with NHSI/E leads to ascertain the likely timeframe for final approval of these loans continued.

**QPC/19/24 Any Other Business**

There was no other business.

**QPC/19/25 Date and Time of Next Meeting**

The next meeting of the Quality and Performance Committee would take place on 15<sup>th</sup> January 2020 at 1pm to 5pm in the Burfoot Court Room, Guy's Hospital.

**BOARD OF DIRECTORS  
QUALITY AND PERFORMANCE COMMITTEE**

**Minutes of the Meeting held on Wednesday 15<sup>th</sup> January 2020  
at 1pm, Burfoot Court Room Guy's Hospital London SE1**

**Present:** Dr F Harvey (Chair)

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

**Attendance:** Ms E Youard, Secretary  
Ms J Allan  
Ms G Charlton (for Freedom to Speak Up report only)  
Ms M Da Costa  
Mr S Davies  
Mr A Gourlay  
Ms S Hanna  
Ms A Knowles  
Ms A Knox  
Ms A Lynch  
Mr G McAllister (on behalf of Beverley Bryant)  
Ms M McEvoy  
Ms S Noonan

**Observer:** Ms K Adekunle

**QPC/19/26 Apologies**

Apologies were received from Ms B Bryant, Ms R Liley and Dr S Shribman.

**QPC/19/27 Declarations of Interest**

There were no declarations of interest

**QPC/19/28 Minutes of the previous meeting held on 4<sup>th</sup> December 2019**

The minutes of the meeting held on 4<sup>th</sup> December 2019 were approved as a true record.

**QPC/19/29 Matters Arising**

There would be a further report on progress on tackling overpayments for leavers, with quantification, under the workforce report in Topics of Note at the next meeting.

**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.

**Quality and Assurance**

The Quality and Assurance team would be working through Directorate management teams in following up and embedding actions arising from CQC inspection reports.

The Assisted Conception Unit (ACU) had paused services during December 2019 and January 2020 to implement a number of service improvements. Close joint working was in place between the service, the Clinical Director, Medical Director and Director of Quality and Assurance in dialogue with the Human Fertilisation and Embryology Authority (HFEA).

Following a local self-assessment on compliance with Joint Advisory Group (JAG) accreditation for endoscopy services at St Thomas', the Quality and Assurance Directorate and local Directorate Management Team (DMT) were working jointly to address a number of issues, including visiting times, to ensure continued compliance with the criteria set out in the standards. Waiting times to December had reduced following delivery of actions.

The Trust had reported its eighth Never Event since April 2019, an error which had been corrected prior to the patient leaving the operating theatre. The Surgical Safety Group had given focus and attention to ensuring areas outside of main theatre departments have World Health Organization type checklists in place and embedded in practice.

The Information Commissioner's Office (ICO), the UK's independent body who uphold information rights, would be carrying out an audit of Trust arrangements for data protection including cyber security during 21st – 23rd January 2020.

The high incidence of flu internationally, and its serious consequences were noted. The flu vaccination campaign continued to make progress. 11,357 staff had been vaccinated, of which, 71% are classified as front line Health Care Workers (HCW). The introduction of rapid testing and diagnosis of flu in the Emergency Department was making a positive difference for patient care.

Celebratory events throughout the year had been planned to acknowledge the diversity and the talent of the Trust's workforce in recognition of 2020, designated the 'Year of the Nurse and Midwife' by the World Health Organisation in commemoration of the 200th anniversary of the birth of Florence Nightingale. The launch event would be held on 22<sup>nd</sup> January.



## Performance

Intensive work was continuing to improve the position on patients waiting over 52 weeks for treatment. In November the Trust reported 103 breaches, against a trajectory of 106 for the month. The specialties with the highest number of 52 week breaches in November were upper gastrointestinal, colorectal, cleft and gynaecology services. The November position for 18 Week referral to treatment (RTT) performance was 84.1%, a slight decrease against October's performance and below the Trust's revised recovery trajectory for 18 weeks RTT of 85%. The underlying position was improving as a consequence of remedial actions taken in conjunction with commissioners.

The Committee noted the findings of an one day review on 12th December 2019 to ascertain the risk to Trust performance trajectories, with a particular focus on the Trust's planned reduction of patients waiting over 52 weeks for treatment or discharge. This review had been undertaken by NHS England and Improvement (NHSE/I) national and regional (London) teams, including the national Intensive Support Team (IST). The Trust was unusual for the numbers of patients waiting for specialist gastrointestinal and colorectal services. The teams had acknowledged the Trust's good understanding of the numbers, the contributing factors, actions already taken, and further actions planned to address and recover the situation.

The Committee noted the remedial action plan agreed. It was understood that the national team had confirmed that the Trust's action plan was correctly targeted and its approach good. The reviewers had encouraged the Trust team to continue to monitor the underlying position. This would happen beyond March 2020. Validation of the waiting list and data quality improvement continued. The Committee also noted risks to meeting the Trust-wide trajectory of reducing patients waiting over 52 weeks to zero by March 2020, including the risk of insufficient theatre capacity. Specific workforce challenges in cleft services were acknowledged. Additional surgical capacity was being found through transferring 150 cases externally through a contract with BMI, an independent provider. This step necessitated detailed engagement with patients and, based on previous experience, it was anticipated that many would be unwilling to change provider.

Performance against the A&E trajectory for December 2019 was 82.63% against a plan to reach 90. The Committee noted how the Trust benchmarked against other trusts including South East London-wide and nationally, and performance remains amongst the top quartile. Overall volumes of patients were lower than in 2018/19 but there was an increase in the numbers of patients arriving by ambulance and in the level of acuity of the patients presenting. The Committee noted the extent to which the Trust was giving mutual aid to support other South East London providers. Initiatives to improve performance included extended senior cover out of hours, piloting running the ambulatory emergency care centre over weekends, and partnership working with SELDOC out of hours GP cover. Investment in senior medical cover in the Emergency Department had also been agreed. The Evelina London Children's A&E performance was 94.8% for October – December 2019, with average attendances continuing to rise. On three occasions across November and December the record for the number of attendances seen in one day was broken. The new current highest was 130. Significant efforts had been put into sustaining flow across the entire acute paediatric pathway. The Committee noted these points and invited Trust

thinking on how the likelihood of further increasing attendances at A&E's would be factored into future capacity plans.

Cancer performance against the 62 day standard remained static, with 68.1% performance for November below the Trust's 81.5% trajectory target as a result of challenges with both internal performance and shared pathways. The Trust's relative position when benchmarked was noted, and the impact of case mix differences was discussed. Focused management of process issues and especially the follow through of actions agreed by the multi-disciplinary team continued as areas for attention.

The situation on diagnostic waits had improved in November: performance against the diagnostic operational standard had improved to 4.88% yet remained behind the Trust's revised trajectory of 2.24%. The Trust had set a trajectory to reach with the diagnostic standard by March 2020, recognising that achievement would be challenging.

#### Workforce

The Committee noted an update report on workforce performance. The Trust vacancy rate had reduced to 10.96%, the lowest rate in 7 months and now within the green threshold (10% target). The nursing vacancy rate remained at 14.30%, above the 12 month average (14.02%) and red threshold. Action plans were in place including in the areas with the highest vacancy rates: Integrated Care Strategic Business Unit (SBU) and the Theatres, Anaesthesia and Perioperative Directorate. To support understanding of retention factors, a more detailed analysis of turnover and stability rates had been undertaken. It was acknowledged that a richer analysis still of turnover could be undertaken to set targets around avoidance of preventable losses. The impact of national changes in terms of financial support for student nurses was discussed. There had been consequences for the number of applications for education entry and a reduction in the age profile of student nurses. The Trust would continue to work across departments to understand the impact of the pensions tax, especially in terms of consultant job plans. An Allied Health Professions Council had been established across South East London. Trust-wide mandatory training compliance stood at 88.6%, against a Trust-wide target of 95%, with in-year improvement reported.

#### Essentia

The Essentia team had been evaluating its customer service performance and resourcing accordingly. Business plans were being developed where there were shortfalls. The renal dialysis patient transport service had been brought back in-house on 1st December, and was now operated and managed by entirely by Trust staff. The deployment of this service had necessitated the recruitment of 52 drivers and purchase of 29 electric vehicles to carry out around 400 journeys per day, for a cohort of patients that rely on the service three times per week. Early indications from patients and clinical staff had been that the mobilisation of the service had been effectively project managed, with delivery of immediate improvements to patient experience.

Positive progress had been made on the registration and action tracking of fire risk assessments. Oversight and ownership of fire arrangements was noted. An update report on engineering and infrastructure was also noted. The Committee's attention was drawn to recent guidance dated 8th November

2019, which set out specific duty of care responsibilities now carried by the Chief Executive in relation to clinical waste. The specific requirements relate to ensuring that waste is segregated correctly, especially in relation to waste sent to high temperature incineration. The Essentia team would be conducting an assessment of Trust compliance where aspirational targets now went beyond minimum legal standards.

#### Data, technology and information

The Committee noted an update on progress on the programmes referenced at its 4<sup>th</sup> December meeting. Improvements to Paediatric Early Warning Score services for Evelina inpatient wards had been delivered. Work was ongoing on compliance with NHS England's directive to deploy Child Protection Information Services (CP-IS) and Summary Care Record (SCR) modules by January 2020. Deployment of the upgrade of 'Symphony', the patient administration system used by the Emergency Department was expected, with full functional sign-off and project closure by February 2020. A meeting would be held to discuss acceleration. Testing of the 'home' radiology service was underway, with further work on a business case for further rollout to follow. The Data, Technology and Information Directorate would be discussing its risk registration with the Trust Risk and Assurance Committee during January 2020.

#### **QPC/19/31 Financial Report for Month 8 – April to November 2019**

The Committee noted that at Month 8 the deficit of £549K was £2.7M behind the control total and the year to date deficit of £10.4M was £2.5M behind the control total. The main drivers, forecast and actions required were noted. It was expected that the Directorates and Departments would be able to retrieve the month's position. The cash position and likely forecast were strong.

To the end of Month 8 the Trust had spent £56.7M against its capital plan. This was below the original phased plan for the year by £3.7M; on a straight-line forecast basis this would result in total expenditure of £85.1M, compared to the current forecast of £88.4M. Work continued to firm up the forecast.

#### **QPC/19/32 Theatre Capacity Builds Update**

The Committee received a detailed update on risk around the lack of theatre capacity to meet growing demand for services for adults and children. Restricted theatre capacity is a contributory factor to challenged operational performance particularly for patients waiting more than 52 weeks and for cancer services, and so impacts on patient and staff experience and potentially quality of care. There are a number of short- and long-term theatre expansion projects in progress to address this shortfall, as well as mitigations relating to ongoing management of demand, productivity improvement, and prioritisation of available capacity. Outsourcing options had been explored, some with limited success.

Larger scale capital investment plans for the medium- to long-term had been prepared but faced some challenges and delays. Designing resilience into capacity plans, allowing for theatre downtime for maintenance, must be incorporated to avoid extra vulnerability and backlog maintenance. To resolve current risk in sustaining the ventilation of theatres on the Guy's site immediate mitigation was required.

For adult services, plans entailed building 11 new main theatres, all to be delivered at around the same time in 2023/24. The operational implications of staffing and opening large numbers of new theatres at one time needed further consideration. A six day working model for elective services was in the early stages of being assessed to explore how far hospital operations could be scaled up and sustained at weekends. The Committee discussed the issues raised carefully and agreed there would be a return to the topic at the next meeting.

The Committee thanked Jen Allan Director of Operations for her contribution and specifically for her work on identifying theatre capacity for the Trust.

**QPC/19/33 Board Assurance Framework**

The Committee noted the most recent version of the Board Assurance Framework (BAF) updated in January 2020. Three risks on the BAF ascribed to the Committee relating to operational performance, financial sustainability and quality and safety respectively were noted. There were twenty one risks contained in the Corporate Risk Register, of which seven were red rated, together with summary accounts of risk mitigation.

**QPC/19/34 Freedom to Speak Up Report**

The Committee received the Freedom to Speak Up report which included data for the six month period from July 2019 to December 2019. Freedom to Speak Up Guardians report independently to the Board on the issues raised through the speaking up services and support the organisation in developing an open culture. In October 2019, The National Guardian's Office published an index as a measure for assessing the speaking up culture in an organisation. The Freedom to Speak Up Index uses an average of 4 indicators from the annual staff survey. The Trust has performed above the national average for its combined acute and community benchmarking group with a sustained cultural index of 82% over the previous 3 years. The six month's activity reported to the Committee showed a consistent profile with the breakdown of personal relationships and alleged poor behaviour including bullying and harassment underlying 52% of the 105 cases. There had been a 9% increase in this area over the last six months. The second largest thematic area (15%) related to HR. Cases come across the Trust and from all occupational groups. There had been a 10% increase in cases from administrative and clerical staff.

The Committee reflected upon the importance of instilling a culture of listening and demonstrating a just culture, one indication of which would be resolving matters informally rather than habitually responding by process. It was acknowledged that there was work to be done with staff from minority groups, as an aspect of a just culture. From January 2020, the current Freedom to Speak Up Guardian would lead the development and implementation of the Trust-wide 'Respect Others' video which aims to highlight the importance of kindness and civility to each other. To cover the operational service during that period, a Deputy Freedom to Speak Up Guardian would be joining the team in February 2020 on secondment. The Committee thanked the Freedom to Speak Up Guardian for her report and her contribution.

**QPC/19/35 Guardian of Safe Working Quarterly Report**

The Committee received a quarterly assurance report from the Guardian of Safe Working on the implementation of the 2016 Junior Doctor contract. The Guardian of Safe Working's findings from monitoring of compliance with safer working hours were set out. Compliance monitoring is achieved through exception reports (ERs) submitted to a national electronic database. This mechanism gives junior doctors the opportunity to report concerns in or close to real time.

Following previous adverse reports, the Guardian of Safe Working reported a significant turnaround in the quality of junior doctor experience in oncology. Since September 2019 the number of exception reports logged on the DRS online system had dramatically reduced reflecting a sustained improvement in working conditions for these doctors. The quality of clinical supervision was now reported as markedly better and the overall experience is positive. There was still work to be done but an action plan was in place. The Committee noted the levels of exception reporting in the Women's Directorate, a topic under discussion with the Directorate and Medical Director. Actions and a business plan were being developed.

The Guardian of Safe Working would next be working with the Trust's Chief Registrars to complete and analyse the 2020 Junior Doctor Survey; with the Improving Junior Doctors' Working Lives group to finalise spending plans for the Fatigue and Facilities Charter money; and overseeing implementation of the 2019 Junior Doctor Contract amendments against the agreed timeline. The importance of monitoring and championing the Trust's campaigns for all staff, including encouraging doctors to take a break, was supported. It was recognised that for junior doctors working in certain specialties or working out of hours, taking a break was more difficult, and monitoring could be especially beneficial.

**QPC/19/36 Any Other Business**

The Trust had breached its trajectory of a maximum of 26 clostridium difficile cases, a stringent target, which was significantly more challenging target than had been set for many other Trusts.

The next meeting would receive update reports on mental health provision for staff, and on sharps safety and the management of bodily fluid exposures.

**QPC/19/37 Date and Time of Next Meeting**

The next meeting of the Quality and Performance Committee would take place on 26<sup>th</sup> February 2020 from 11am to 5pm in the Burfoot Court Room, Guy's Hospital.

**Performance Framework - Balanced Scorecard** **November-2019**

Trust Level	Nov-19	Previous PF Levels										
		Oct-19	Sep-19	Aug-19	Jul-19	Jun-19	May-19	Apr-19	Mar-19	Feb-19	Jan-19	Dec-18
3	3	3	3	3	3	3	3	3	3	3	3	3
Domains	Safe	3	3	2	3	2	2	3	3	2	2	3
	Effective	3	2	3	2	2	2	3	3	3	3	3
	Caring	4	3	3	3	4	3	3	3	3	3	3
	Responsive	3	3	3	3	3	3	3	3	3	3	3
	Well-led	3	2	2	2	2	2	2	2	2	2	2
Enablers	3	3	3	3	3	3	3	3	2	3	3	

**Safe** Level **2** No of levels in Domain: 1-11, 2-1, 3-3, 4-1, 5-1, 6-1

Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels (Oct-19, Nov-19)	Monthly Performance (Oct-19, Nov-19)	Trend
<b>1.1 Incident reporting</b>									
Total incidents reported	n/a	2,831		2,513	2,513		n/a, n/a	2,825, 2,831	
Never Events	1	0		0	0		1, 1	0, 0	
Incidents resulting in unexpected death	1	4		<4.0	4.1		1, 1	2, 4	
Incidents resulting in severe harm	3	6		<4.9	4.9		3, 3	6, 6	
<b>1.2 Harm-free care</b>									
Pressure ulcer acquisitions (category 2 and above) attributable to Trust	1	4		<5	4.4		4, 1	8, 4	
Incidence of falls per 1000 bed days	1	3.2		<5.2	5.2	TICDAC	1, 1	3.9, 3.2	
<b>1.3 Infection control and cleanliness</b>									
MRSA bacteremia (Trust-attributable)	6	1		0	0.3	TICDAC	6, 6	1, 1	
C-Diff acquisitions resulting from lapse in care	1	0		0	0.0	TICDAC	1, 1	0, 0	
C-Diff acquisitions (Trust-attributable)	1	3		<4	1.8	TICDAC	1, 1	2, 3	
Anti-microbial stewardship	1	90%		>85%	88.4%	TICDAC	1, 1	90.0%	
VTE screening (externally reported)	1	96.4%		>95%	84.6%		1, 1	96.5%, 96.4%	
Dementia screening (patients aged over 75)	5	74.8%		>90%	74.4%		5, 5	70.7%, 74.8%	
<b>1.5 Mortality indicators</b>									
Hospital standardised mortality ratio (HSMR) - most recent score	1	72.8		<90	73.1		1, 1	72.7, 72.8	
Standardised healthcare mortality index (SHMI) - most recent score	1	74.0		<90	70.7		1, 1	74.0, 74.0	
<b>1.6 Safe Staffing</b>									
Ratio of actual to planned hours	n/a	98.8%		>99%			n/a, n/a	97.9%, 98.8%	
% initial Case Conference Attendance	4	89.5%		>85%	84.0%	VuIn Pers	1, 4	95.8%, 89.5%	
% Review Case Conference Attendance	1	100.0%		>95%	95.1%	VuIn Pers	6, 1	80.0%, 100.0%	
% of Staff having supervision in timeframe - HV	3	92.0%		>95%	94.9%	VuIn Pers	3, 3	92.0%, 92.0%	
% of Staff having supervision in timeframe - SN	3	92.0%		>95%	98.9%	VuIn Pers	1, 3	97.0%, 92.0%	
Number of children not seen by practitioner/not followed up as per plan	2	1		0	2	VuIn Pers	1, 2	0, 1	

**Effective** Level **3** No of levels in Domain: 1-17, 2-1, 3-4, 4-0, 5-1, 6-6

Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels (Oct-19, Nov-19)	Monthly Performance (Oct-19, Nov-19)	Trend
<b>2.1 Clinical best practice</b>									
Emergency readmissions (within 28 days - in areas)	1	5.9%		<5.9%	6.0%		2, -	5.9%, -	
Emergency readmissions (within 14 days - in areas)	1	3.8%		<3.8%	3.9%		2, -	3.8%, -	
Critical care unplanned readmissions within 48 hours	1	0.9%		<1.3	1.0%		1, 1	0.9%, 0.9%	
Critical care mortality indicator - SITH-VHOU	1	0.91		<1.0	0.93		1, 1	0.91, 0.91	
Critical care mortality indicator - Guy's OCCU	6	1.27		<1.0	0.93		6, 6	1.07, 1.07	
PICU readmissions within 48 hours	3	4		<2	4		1, 3	1, 4	
End of life care - % of deaths supported by Priorities for Care	1	46.0%		>25%	43%		1, 1	44.0%, 46.0%	
% of 3rd/4th degree perineal tears from vaginal delivery	1	1.8%		<3.1%		Maternity	1, 1	2.8%, 1.8%	
Sitbitrate as a percentage of total births	1	0.9%		<0.6%		Maternity	2, 1	0.7%, 0.9%	
% APGAR <7 at 5 minutes	1	1.8%		<1.8%		Maternity	3, 1	2.0%, 1.8%	
% Caesarean sections	6	37.0%		<28%	33.1%	Maternity	6, 6	38.9%, 37.0%	
Induced labour rates	1	25.4%		<28%		Maternity	2, 1	28.5%, 25.4%	
Pregnancy related diabetes	1	1.8%		<1.0%		Maternity	1, 1	3.4%, 1.8%	
Bookings by ten weeks	1	66.0%		>50%		Maternity	1, 1	60.8%, 66.0%	
<b>2.4 CQUiNs</b>									
National and local CQUiNs (CSULocal CCG commissioned)	3	88.0%		100.0%			3, 3	88.0%, 88.0%	
Highly specialised services CQUiNs (NHS England commissioned)	1	100.0%		100.0%			1, 1	100.0%, 100.0%	
Health Visiting - New Birth Visits within 14 days	1	96.4%		>95%	96.1%	Evelina	1, 1	96.3%, 96.4%	
% infants whose breastfeeding status is known at 6-8 weeks	6	75.8%		>95%	65.0%	Evelina	6, 6	68.3%, 75.8%	
% infants breastfeeding at 6-8 weeks	6	62.6%		>75%	56.2%	Evelina	6, 6	57.5%, 62.6%	
% Health Review 1 (15-months)	1	97.7%		>85%	95.8%	Evelina	1, 1	98.9%, 97.7%	
% Health Review 1 (12-months)	1	90.5%		>85%	83.1%	Evelina	1, 1	91.9%, 90.5%	
% Health Review 2 (20-months)	1	90.2%		>85%	91.3%	Evelina	1, 1	91.8%, 90.2%	
% ASO3 Completed in Health Review 2	6	71.0%		>95%	68.4%	Evelina	6, 6	70.3%, 71.0%	
National Child Measurement Program - % coverage reception year	3	32.5%		35%	35%	Evelina	1, 3	0.0%, 32.5%	
National Child Measurement Program - % coverage year 6	3	28.1%		35%	35%	Evelina	1, 5	0.0%, 28.1%	
% children receiving wheelchair within 16 weeks from referral	6	77.5%		100%		Evelina	6, 6	77.5%, 77.5%	
<b>2.6 Integrated Care</b>									
Patient facing time District Nursing	3	37.2%		>40%	37.4%		2, 3	38.3%, 37.2%	
Primary Care Engagement	2	97.0%		>99%	99.2%		6, 6	82.0%, 97.0%	
Rehab & Reablement % of people at home at 91 days	1	91.0%		>87%	87.0%		1, 1	91.0%, 91.0%	
Total follow up waiting list	n/a	372,717					n/a, n/a	367,349, 372,717	
<b>2.7 Overdue follow ups</b>									
Total overdue w/out appt dates	6	69,837	54,740	67,375	77,942		6, 6	65,947, 69,837	

**Caring** Level **4** No of levels in Domain: 1-4, 2-4, 3-4, 4-1, 5-2, 6-7

Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels (Oct-19, Nov-19)	Monthly Performance (Oct-19, Nov-19)	Trend
<b>3.1 Admitted care</b>									
Overall inpatient patient experience score	1	89.3%		>89%	88.1%	PRMs	2, 1	89.0%, 89.3%	
Single sex compliance - breaches (all types)	5	19		0	20.0	PRMs	6, 5	26, 19	
Friends and Family test - Response rate	5	21.4%		>25%	19.9%	PRMs	6, 5	19.7%, 21.4%	
Friends and Family test - % Recommended	3	94.6%		>97%	95.4%	PRMs	2, 3	95.8%, 94.6%	
Friends and Family test - % Not Recommended	6	2.9%		<1%	1.6%	PRMs	6, 6	1.7%, 2.9%	
Friends and Family test (A&E) - Response rate	1	18.5%		>18%	19.8%	PRMs	1, 1	19.3%, 18.5%	
Friends and Family test - % Recommended (A&E)	4	82.9%		>88%	85.6%	PRMs	4, 4	82.7%, 82.9%	
Friends and Family test - % Not Recommended (A&E)	6	8.3%		<8%	6.4%	PRMs	6, 6	7.7%, 8.3%	
Friends and Family test (Maternity) - Response rate overall	6	10.6%		>22.0%	18.0%	PRMs	6, 6	16.1%, 10.6%	
Friends and Family test - % Recommended (Maternity)	1	94.2%		>92%	91.5%	PRMs	1, 1	95.9%, 94.2%	
Friends and Family test - % Not Recommended (Maternity)	1	1.1%		<3%	2.6%	PRMs	1, 1	1.0%, 1.1%	
<b>3.4 Outpatient care</b>									
Friends and Family test - % Recommended (Outpatients)	2	92.6%		>93%	92.1%	PRMs	2, 2	92.6%, 92.6%	
Friends and Family test - % Not Recommended (Outpatients)	2	2.1%		<3%	3.6%	PRMs	6, 2	3.4%, 3.1%	
Friends and Family test (Community) - Response rate	6	3.7%		>6	6.9%	PRMs	6, 6	4.5%, 3.7%	
Friends and Family test - % Recommended (Community)	2	95.4%		>96%	97.6%	PRMs	1, 2	97.1%, 95.4%	
Friends and Family test - % Not Recommended (Community)	6	2.1%		<1%	0.9%	PRMs	1, 6	0.5%, 2.1%	
Friends and Family test (Transport) - Response rate	6	4.0%		>5%	3.7%	PRMs	6, 6	4.2%, 4.0%	
Friends and Family test - % Recommended (Transport)	2	91.8%		>92.0%	94.0%	PRMs	2, 2	90.8%, 91.8%	
Friends and Family test - % Not Recommended (Transport)	6	2.8%		<2%	2.9%	PRMs	6, 6	3.5%, 2.8%	

Responsive		Level 3	No of levels in Domain	1-Low	2	3	4	5	6-High
				14	2	4	0	7	10

Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels		Monthly Performance		
							Oct-19	Nov-19	Oct-19	Nov-19	Trend
<b>4.1 A&amp;E access</b>											
A&E stays less than 4 hours (type 1 2 3)											
A&E stays less than 4 hours (type 1)											
Urgent Care Centre Gu's performance											
Urgent Care Centre STH performance											
<b>4.2 Elective treatment access - referral to treatment (RTT) performance</b>											
RTT - Incomplete pathways < 18 weeks (unadjusted)											
RTT - Incomplete pathways over 52 weeks											
RTT - Total incomplete pathways											
RTT - Incomplete pathways over 18 weeks											
RTT - Non-admitted patients <18 weeks (unadjusted)											
RTT - Admitted patients < 18 weeks (unadjusted)											
RTT - Treatments over 52 weeks (unadjusted)											
Cancer - 2 week wait											
Cancer - breast symptomatic referrals <2 wks											
Cancer - 31 day first treatments											
Cancer - 31 day subs treatments - surgical											
Cancer - secondary chemotherapy <31 days											
Cancer - secondary radiotherapy <31 days											
Cancer - 62 day urgent GP referrals											
Cancer - internal 62-day referrals											
Cancer - 62 day screening											
Diagnostic waits - % over 6 weeks											
Turnaround time - inpatient MRI within 24 hours											
Turnaround time - inpatient CT within 24 hours											
Turnaround time - inpatient Ultrasound within 24 hours											
Patients with LOS >21 days (total)											
Discharges before noon											
<b>4.5 Bed capacity and management</b>											
Number of patients readmitted @Home - within 30 days of discharge											
Emergency readmissions within 30 days (Lambeth and Southwark) - in arrears											
DTCC total delayed days (in arrears)											
Appointments re-scheduled by hospital <6 weeks											
Follow-up ratio - adj cons appointments (in arrears)											
Non-attendance rate (new appointments)											
Non-attendance rate (follow-up appointments)											
<b>4.6 Outpatient management</b>											
Complaints opened in month (Trust total)											
Complaints re-opened in month (Trust total)											
Complaints CLOSED in month (total Trust)											
Daycase rate - basket (in arrears)											
Gross Cancellation Rate (in arrears)											
Cancelled patients not admitted within 28 days (in arrears)											
Patients cancelled on day (in arrears)											
<b>4.7 Complaints management</b>											
<b>4.8 Theatre management</b>											

Well Led		Level 3	No of levels in Domain	1-Low	2	3	4	5	6-High
				5	4	2	0	0	3

Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels		Monthly Performance		
							Oct-19	Nov-19	Oct-19	Nov-19	Trend
<b>5.1 External assessments</b>											
Overall governance rating (Monitor, in arrears)											
Care Quality Commission (CQC) risk assessment											
<b>5.2 Staff experience</b>											
Staff Friends and Family - recommend as place to work											
Staff Friends and Family - recommend for care or treatment											
Overall vacancy rate											
Agency staff (% of payroll)											
Interim annual turnover rate											
<b>5.3 Workforce indicators</b>											
Sickness and absence rate											
PDR compliance (non-medical staff)											
Mandatory training compliance											
Transformed relationships with our patients & the populations we serve											
Consistently Excellent Care											
Securing our finances for the future											
World class clinical and academic services - cardiovascular											
World class clinical and academic services - Cancer											
World class clinical and academic services - Children's											
World-leading advanced therapeutics, experimental medicine and medical technology											
<b>5.4 Together We Care</b>											
Integrated local services											
Strong operational performance											
Capacity & Demand alignment											
Digital strategy											
Data & Analytics											

Enablers		Level 3	No of levels in Domain	1-Low	2	3	4	5	6-High
				19	3	2	2	2	10


  

Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels		Monthly Performance		
							Oct-19	Nov-19	Oct-19	Nov-19	Trend
<b>6.1 Overall financial position</b>											
Finance Use of Resources											
Liquidity ratio (in days)											
Capital service cover											
Overall underlying financial surplus/deficit											
Cash flow											
Capital spend vs plan (year-to-date variance)											
Variance from Plan (year to date)											
Underlying Performance											
Year To Date											
Mnly Var											
<b>6.2 Activity levels (magic numbers)</b>											
Elective activity vs profiled plan - cumulative variance (month in arrears)											
New patients seen vs plan (all categories, in arrears)											
External cons referrals											
GP referrals											
<b>6.3 Fit for the Future programme</b>											
Cost improvement plans (CIPs) - var to plan YTD											
Community data completeness - % contacts outcomed											
<b>6.4 Data quality and clinical coding</b>											
NHS number coverage											
Clinical coding - diagnostic depth (in arrears)											
P2 Compliance rectification within 4 hours (Acute)											
Lift Availability (Acute)											
PI Compliance response within 20 mins (Acute)											
<b>6.5 Essentia - Building and Engineering</b>											
Pre planned maintenance compliance (Community)											
Reactive maintenance compliance (Community)											
Inpatient food quality survey											
<b>6.6 Essentia - Patient experience</b>											
Transport Friends and Family Test: Likelihood to recommend the service											
Inpatient survey ward cleanliness											
Cleaning audit score 2007 standards (Acute)											
<b>6.7 Essentia - Cleaning Services</b>											
2007 NPSA score (Acute)											
Cleaning audit score 2007 standards (Community)											
Essentia Facilities Service Desk Calls Answered											
<b>6.9 Essentia - Customer Services</b>											
Calls Answered > 30 Seconds											
Total Call Answered (GSTT External)											
Total Call Answered (GSTT Internal)											
Average instrument turnaround time (hrs)											
<b>6.10 Essentia - Sterile Services</b>											
Non-conformance in sterilisation											
Inward Journey, patients arriving 45 prior to appointment											
Inward Journey, patients arriving 50 mins prior to appointment											
Outward Journey, patients picked up within 30 mins											
Outward Journey, patients picked up within 60 mins											
<b>6.11 Essentia - Transport Services</b>											

Targets and/or Performance framework levels not yet approved

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

11.e

<b>Board of Directors</b>	 <b>Guy's and St Thomas'</b> NHS Foundation Trust	
<b>Documents Signed under Trust Seal 1 January to 31 December 2019</b>	<b>29 January 2020</b>	<b>BDA/20/04</b>

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

\* Specify



## 1. Introduction

In line with the Trust's Standing Financial Instructions, the Chairman, Hugh Taylor and Amanda Pritchard, Chief Executive signed document numbers 856 to 881 and with Ian Abbs, Chief Executive who signed document numbers 882 to 901, on behalf of the Trust, under the Foundation Trust's Seal during 1 January to 31 December 2019.

## 2. Recommendation

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

Number	Description	Date
856	Deed with WSP UK Limited (1) and MTX Contracts (2) and Guy's and St Thomas' NHS Foundation Trust (3) and Johnson and Johnson Finance Limited (4) to deliver via a Managed Service Agreement the J+J Phase IB – Modular Theatre as Guy's/Guy's Theatre 16 project.	29.01.19
857	Licence for Access to undertake archaeological works to the land west of Great Maze Pond between (1) Guy's and St Thomas' Charity and (2) Guy's and St Thomas' Charity and (3) King's College London.	01.02.19
858	Licence relating to 5 car parking spaces at Sarah Swift House, Kipling Street, London SE1 3SA between (1) Guy's and St Thomas' Charity and (2) Guy's and St Thomas' NHS Foundation Trust.	01.02.19

859	Lease of shop unit and storage unit at Guy's Hospital, Great Maze Pond, London SE1 9RT between (1) Guy's and St Thomas' NHS Foundation Trust and (2) W H Smith Hospitals Ltd.	13.02.19
860	Licence for Alterations relating to shop unit and storage unit at Guy's Hospital, Great Maze Pond, London SE1 9RT between (1) Guy's and St Thomas' NHS Foundation Trust and (2) W H Smith Hospitals Ltd.	13.02.19
861	Contractor's Deed of Warranty relating to a development at Unit 1a, Atrium 1 of Thomas Guy House, Guy's Hospital, Great Maze Pond, London SE1 9RT between (1) Approved Shopfitting & Interiors Limited and (2) Guy's and St Thomas' NHS Foundation Trust and (3) Lloyds Pharmacy Limited.	13.02.19
862	Lease of the premises at the entrance to Lambeth Wing, St Thomas' Hospital, London SE1 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) The Friends of St Thomas' Hospital Shop Limited.	06.03.19
863	Agreement for the Sale relating to Second Floor, India House, 45 Curlew Street, London between (1) Survey Sampling UK Limited and (2) Essentia Trading Limited and (3) Guy's and St Thomas' NHS Foundation Trust.	14.03.19
864	Licence for Assignment relating to a Lease of second floor, India House, London dated 5 May 2015 made between (1) HSBC Bank Pension Trust (UK) Limited and (2) Survey Sampling UK Limited and (3) Essentia Trading Limited and (4) Guy's and St Thomas' NHS Foundation Trust.	14.03.19
865	Deed of Variation relating to a Lease of second floor India House, London dated 5 May 2015 made between (1) HSBC Bank Pension Trust (UK) Limited and (2) Survey	14.03.19

	Sampling UK Limited and between (1) UBS Real Estate GMBH and (2) Essentia Trading Limited and (3) Guy's and St Thomas' NHS Foundation Trust.	
866	Licence for Alterations relating to second floor, India House, London between (1) UBS Real Estate GMBH and (2) Essentia Trading Limited and (3) Guy's and St Thomas' NHS Foundation Trust.	14.03.19
867	Licence for Alteration in relation to the Tenant's fitting out works at Borough Wing Phase 2 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) HCA International Limited.	14.03.19
868	Deed of Variation – Orthopaedic Managed Service contract between (1) Johnson and Johnson Finance Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	09.04.19
869	Supplemental Compensation Agreement for Transfer of part – Boland House at Guy's Hospital. Transfer of whole – St Thomas' House and triangle site at St Thomas' Hospital. Lease of St Thomas' House between (1) King's College London and (2) Guy's and St Thomas' NHS Foundation Trust.	21.03.19
870	Deed of Surrender of part of the ground floor, Cancer Treatment Centre at Guy's Hospital between (1) Browns Move Now Ltd and (2) Guy's and St Thomas' NHS Foundation Trust.	11.04.19
871	Licence to occupy a clinic room in the Manna Day Centre, 12 Melior Street, London SE1 3QP between (1) The Manna Society and (2) Guy's and St Thomas' NHS Foundation Trust.	11.04.19

872	Wayleave Agreement for second floor, India House, 45 Curlew Street, London for Essentia Trading Limited to install additional broadband connection. GST acts a guarantor for the lease between (1) Colt Telecoms and (2) Guy's and St Thomas' NHS Foundation Trust.	11.04.19
873	Lease of electricity substation chamber at 1 Boland House, Great Maze Pond, London SE19 9TL between (1) Guy's and St Thomas' NHS Foundation Trust and (2) King's College London to London Power Networks plc.	14.05.19
874	Licence to use one car parking space at 200 Great Dover Street, London SE1 4YB between (1) City, West End & Suburban Shop Property Company Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	14.05.19
875	Deed of Variation relating to the right to use a storage area at Guy's Hospital, Great Maze Pond, London SE1 9RT between (1) Guy's and St Thomas' NHS Foundation Trust and (2) AMT Coffee Limited.	14.05.19
876	Licence to build under a highway in respect of building operations at KHP Cancer Centre at Guy's at St Thomas' Street, London SE1 9RT between (1) The Mayor and Burgesses of the London Borough of Southwark and (2) Guy's and St Thomas' NHS Foundation Trust.	14.05.19
877	Contract for Genomics Laboratory refurbishment to increase office space to accommodate staff transferring over from St George's to Viapath between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Kier Construction Limited for the design and refurbishment of the existing Genomics office, 7 <sup>th</sup> floor, Borough Wing, Guy's Hospital.	28.05.19

878	Agreement for Licence and Easement of land adjoining 51a, Hazelbourne Road, London SW12 9NU between (1) Guy's and St Thomas' NHS Foundation Trust as owner and (2) Landhold Developments Limited as Developer.	17.06.19
879	Licence relating to 10 <sup>th</sup> floor, Tower Wing, Guy's Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) King's College London.	26.06.19
880	Lambeth Wing additional theatres contract extended as a Deed between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Currie & Brown UK Limited.	23.07.19
881	Lambeth Wing additional theatres contract executed as a Deed between (1) Guy's and St Thomas' NHS Foundation Trust and (2) LSI Architects (Design) Limited.	23.07.19
882	Lease of electricity substation chamber at ground floor level, Guy's Hospital, Great Maze Pond, Southwark, London SE1 9RT between (1) Guy's and St Thomas' NHS Foundation Trust and (2) London Power Networks.	13.08.19
883	Contract award in respect of works required to ICU 2 which covers a number of building work packages including plumbing, flooring and decorations. Works were approved via SOC dated April 2019. Agreement between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Kier Construction Limited.	13.08.19
884	Underlease for part of Akerman Health Centre, 60 Patmos Road, London SW9 6AF between (1) Community Health Partnerships Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	04.09.19
885	Enabling works to provide decant space for staff and activity from St Thomas' House to allow for vacant possession for the Core (St Thomas' House decant/Evelina Day	05.09.19

	Surgery) between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Wates Construction Limited.	
886	Lease relating to one ATM unit on the ground floor within the building known as Tower Link at Guy's Hospital, Great Maze Pond, London between (1) Guy's and St Thomas' NHS Foundation Trust and (2) National Westminster Bank plc.	10.09.19
887	Third phase of the Clinical Research Facility project to provide Evelina London with its dedicated CRF facility, Evelina first floor construction contract between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Logan Construction (South East) Ltd.	10.09.19
888	Deed of Variation relating to part of rooftop of Guy's Hospital, St Thomas' Street, London SE1 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Luminet Solutions Ltd.	23.09.19
889	Deed of Surrender relating to part of rooftop of Guy's Hospital, London SE1 between (1) The Mayor's office for Policing and Crime ("MOPAC") and (2) Guy's and St Thomas' NHS Foundation Trust.	23.09.19
890	Licence rental of clinical room for provision of Diabetic Eye Screening Services between (1) Royal Arsenal Medical Centre and (2) Guy's and St Thomas' NHS Foundation Trust.	29.10.19
891	Lease relating to one ATM on the ground floor within the building known as North Wing at St Thomas' Hospital, Lambeth Palace Road between (1) Guy's and St Thomas' NHS Foundation Trust and (2) National Westminster Bank plc.	29.10.19

892	Agreement relating to the shop in Guy's Hospital, Great Maze Pond, London SE1 9RT between (1) The Trustees of the Friends of Guy's and St Thomas' Hospital and (2) Guy's and St Thomas' NHS Foundation Trust.	19.11.19
893	Deed of Unilateral Undertaking pursuant to Section 106 of the Town and County Planning Act 1980 relating to St Thomas' Hospital, Lambeth Palace Road, London Planning Application ref: 19/01397/FUL between (1) Guy's and St Thomas' NHS Foundation Trust and (2) The Mayor and Burgesses of the London Borough of Lambeth.	19.11.19
894	Pre-construction Agreement between (1) Guy's and St Thomas' NHS Foundation Trust and (2) BAM Construction Limited for the delivery of pre-construction services in relation to Guy's Hospital cancer wards relocation and TYA Project.	27.11.19
895	Licence (counterpart) relating to use of clinical rooms and an office in Paxton Green Health Centre, 1 Alleyn Park, London SE21 8AV between (1) Alex Mackay, Latha Pathmanathan, Stephen Miller, Wendy Firman, Malcolm Artley and Faddy Hardo being partners in the Paxton Green Group Practice and (2) Guy's and St Thomas' NHS Foundation Trust.	27.11.19
896	Construction contract for Guy's and St Thomas' NHS Foundation Trust XMRI – enabling contract for Evelina London Children's Hospital, St Thomas' Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Simens Healthcare Ltd.	12.12.19
897	Lease of Unit 5, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) The Stock Shop Limited.	20.12.19

898	Lease of Unit 6, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) The Stock Shop Limited.	20.12.19
899	Lease of Unit 2, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) AMT Coffee Limited.	20.12.19
900	Lease of Unit 3, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) W H Smith Limited.	20.12.19
901	Lease of room 1/014, office 1/109, store BG01, Chaucer Centre, Canterbury Road, Morden in the London Borough of Merton between (1) The Mayor and Burgesses of the London Borough of Merton (Landlord) and (2) Guy's and St Thomas' NHS Foundation Trust (Tenant).	20.12.19