

# Public Board of Directors Meeting - Full Pack with papers for noting - 22nd July 2020 (22/07/2020)

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# **Board of Directors Meeting**

**22<sup>nd</sup> July 2020 at 4pm  
Held Virtually**

## Board of Directors Meeting

**Meeting to be held 22<sup>nd</sup> July 2020  
at 4pm to 5.30pm by Virtual Meeting**

### **A G E N D A**

1. Apologies
  2. Declarations of Interest *verbal*
  3. Minutes of the meeting held on the 22<sup>nd</sup> April 2020 *attached*
  4. Matters arising from the minutes of the previous meeting *verbal*
  5. Covid-19 Update *verbal*
  6. Chairman's Report *verbal*  
*Sir Hugh Taylor*
  7. Chief Executive's Report *attached* *(BDA/20/06)*  
*Ian Abbs*
- 
8. Reports from Board Committees for noting:
    - a) Audit and Risk Committee: minutes 13<sup>th</sup> May 2020 and 17<sup>th</sup> June 2020
    - b) Strategy and Partnerships Committee: minutes 24<sup>th</sup> June 2020
    - c) Transformation and Major Programmes Committee: minutes 20<sup>th</sup> May 2020 and 10<sup>th</sup> June 2020
    - d) Quality and Performance Committee:
      - i. Minutes 27<sup>th</sup> May 2020 and 8<sup>th</sup> July 2020
      - ii. Month 2 Financial Report
      - iii. Balanced Score Card to Month 2
  9. Register of Documents Signed Under Seal *attached* *(BDA/20/07)*  
*Ian Abbs*
  10. Any Other Business

Arrangements for the next meeting of the Board of Directors meeting due to be held on 28<sup>th</sup> October 2020 at 3:45 pm in the Robens Suite, Guy's Hospital will be confirmed in due course

Chair approved draft

**Board of Directors**

**Minutes of the meeting held on Wednesday 22<sup>nd</sup> April 2020  
at 4pm held Virtually**

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

**Attendance:** Ms E Youard (Secretary)  
Ms B Bryant  
Ms S Clarke  
Ms J Dahlstrom  
Mr S Davies  
Mr A Gourlay  
Ms A Knowles  
Ms R Liley  
Mr N Wright

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

The Chairman welcomed participants to this virtual Board meeting which had to work differently under the exceptional circumstances of the COVID-19 pandemic. The Trust team was working on the technological connection with the many Trust and Council of Governors participants who were engaged in the live event. The number of participants made it impossible to make the session interactive. The Chairman emphasised that members of the Council of Governors would have the opportunity to ask questions during the afternoon.

The meeting's substantive item would be presented by Dr Ian Abbs, Chief Executive Officer. Dr Abbs was accompanied by Executive Director colleagues: Jon Findlay, Chief Operating Officer; Julie Screaton, Chief People Officer; Dame Eileen Sills, Chief Nurse; and Dr Simon Steddon, Medical Director.

**BOD/20/** **Apologies**

Apologies were received from Ms S Austin, Ms A Dawe, Ms A Lynch, Ms M Ridley, Mr D Waldron, and Professor Julia Wendon.

**BOD/20/** **Declarations of Interest**

There were no declarations of interest.

**BOD/20/07** **Minutes of the meeting held on 29<sup>th</sup> January 2020**

The minutes of the meeting held on 29<sup>th</sup> January 2020 were agreed as an accurate record.

**BOD/20/** **Matters arising**

There were no matters arising from the minutes.

**BOD/20/08** **Chairman's Report**

The Chief Executive's report was comprehensive. Recent weeks had been dominated by the COVID-19 crisis. Lockdown had meant a different way of working for the Board as well as in every other area of the Trust's activity. During this period the Chairman and Non-Executive Directors colleagues had mainly been working remotely. The Chairman had been receiving daily updates from the Chief Executive. The Non-Executive Directors had been receiving weekly briefings from the Trust Directors'. The Board Committees had been meeting virtually, as recorded in the meeting papers. This way of working had its limitations. However, given the circumstances the Chairman was satisfied that the Board had managed to maintain appropriate levels of assurance.

The eyes of the country had been on the NHS to an unprecedented extent during this crisis. This Trust in particular had been in the spotlight for some of this time. The NHS had responded magnificently - and public appreciation of that response had been evident. 'Together we care' is the touchstone for all the Trust seeks to do. It had been a commitment seen in action minute by minute, hour by hour, day by day – at the Trust and right across the NHS.

The Chairman commented that it was difficult to look past the human tragedy and suffering that the pandemic was leaving in its wake. The Board's hearts went out to individuals and families whose lives had been disrupted by COVID-19 and above all to those who had been bereaved during this period. But every day patients had been leaving our hospitals or responding to care in our community and on their way to restored health and strength. The Board rejoiced with them and their families.

The Chairman took the opportunity personally and on behalf of the Board to thank all its staff in its hospitals and in the community for the extraordinary way in which they had risen to this challenge often in ways which passed unnoticed. He conveyed to all staff a huge thank you, stating that the Trust was very proud of its people. All of them were stars.

**BOD/20/09** **Chief Executive's Report**

The Board noted the Chief Executive's report. Out of necessity this was focused on the COVID-19 pandemic at this time, with highlights as follows.

The COVID-19 pandemic had been a focus for the Trust, as for the NHS and the country as a whole. The Chief Executive summarised some of this incredible response. The Trust was also continuing to focus on its major strategic work. However, the report to the Board on this occasion would focus on the pandemic.

The Chief Executive echoed the Chairman's remarks. This had been a time when the Trust had seen extraordinary courage and determination demonstrated by all staff at the Trust, clinical and clinical and specialist as well as non-specialist, across the range of service settings. The Chief Executive had seen first-hand just how the Trust had responded, and had had the chance to meet them and witness the brilliant work staff were doing. The Chief Executive felt proud and privileged to lead the organisation at this time of global challenge, and felt humbled by the commitment and care, with compassion, that staff had given to patients at this time. The Chief Executive summed up the care of patients during the COVID-19 pandemic as compassionate, controlled and caring. The Chief Executive thanked all members of staff at the Trust and the Board for its support at this challenging time.

The Trust had been at the forefront of the nation's response to the COVID-19 pandemic, with some of the first suspected and identified cases in the UK being brought to its High Consequence Infectious Disease (HCID) Centre at St Thomas' for isolation and care. To date 1,300 COVID-19 patients had been treated. 148 deaths had been reported in line with NHS England's reporting requirements. Many patients had returned home to families and friends. The Chief Executive sent his personal condolences to the patients' families and loved ones for their loss.

The operational challenges in responding to this crisis had been great. The Chief Operating Officer summarised the way in which the Trust had responded to the pandemic by calling a critical site incident to respond to this unprecedented challenge both for South East London and for the country. The major focus had been to create sufficient critical care capacity to respond to the sickest patients in volumes not previously seen. This had meant significant infrastructure changes with great rapidity on both the Guy's and St Thomas' hospital sites. The Trust's engineering team had made a great contribution in making these changes happen.

Large numbers of staff had had to be redeployed and retrained in order to provide that critical care capacity, involving input from across the Trust with support from workforce and training teams. The Trust had had to stop its elective activity, significantly reduce most of its outpatients and stop most elective surgery to free up the capacity to look after other patients. This had had other consequences. The Trust had set up an elective care hub across South East London. The most urgent elective and cancer patients had been managed through this hub, using alternative facilities on the Guy's site and in the independent sector. Significant changes had been required in the way people work to deliver services for non-COVID patients who could be protected and kept safe during this incident.

The hospital and the community had changed the way it worked. As well as changing inpatient services, the Trust had changed its ambulatory and outpatient services. The Medical Director outlined the way in which virtual technology had been used. This enabled clinical services to be delivered, communication across sites, and remote working. Colleagues including the IT team were thanked for their roles in facilitating these major changes. Lessons of the COVID-19 were being learnt and would be brought to bear after the crisis to ensure a further focus on patient-focused care.

The Chief Executive referred to the issue of Personal Protective Equipment (PPE). This had attracted much attention and had been a subject of national interest. To ensure the safety of both patients and staff it was of vital importance to source enough PPE and to train staff. The Trust had been agile in its response to secure enough PPE. The Chief Executive thanked the Trust's Chief Procurement Officer, Director of Finance and Deputy Chief Executive for their outstanding work done with colleagues in sourcing PPE from around the world. Their work had secured enough PPE to protect the staff for the tasks they were doing and keep them safe. The Chief Executive was able to assure the Board that to date there had been sufficient PPE.

The Chief People Officer brought the Board up to date on access to COVID-19 testing and wellbeing opportunities for Trust staff. The Trust had been able to offer access to testing for staff for a number of weeks. This had initially been at the O2 arena at Greenwich as part of a national programme, and more recently on site at St Thomas' Hospital. In the previous few days a mobile service had been introduced to go out to staff and household members without a car to test for presence of the virus. There was now sufficient capacity to offer tests within 24 hours of requests.

The welfare of staff was being supported and closely monitored. Absence because of COVID-19 fell into three categories: people who were self-isolating because they were symptomatic; people self-isolating because they had household members who were symptomatic; or people being shielded under the 12 week arrangements announced at the start of the pandemic. Staff were being supported to get back to work when it was safe to do so. Absence levels had dropped significantly since the start of the pandemic. In mid-April around 600 staff had been away from work, of whom the majority were being shielded under the 12 week rule for long-term conditions. The self-isolating groups were being supported with the testing programme.

The Trust had been inundated with support and donations from a wide variety of sources and with all kind of products from all around. Two 'supermarkets' had been running on the two hospital sites for the period while it was difficult for staff to get food products. Aware of the psychological pressures for staff working in different roles, the Trust was employing a full-time clinical psychologist on the team dedicated to staff wellbeing and ongoing support. Support and relaxation spaces were being provided. The Chief Executive echoed thanks to generous donors for their support, and extended his thanks to the Guy's and St Thomas' Charity for their generosity which had allowed staff support in a number of ways including to ensuring that no member of staff suffered hardship in the pandemic.

The Chief Executive welcomed to the Trust Lawrence Tallon, the new Deputy Chief Executive in a new Executive Director role on the Trust's Board with responsibility for supporting Trust's ambitious plans, and Jessica Dahlstrom, Chief of Staff, who was leading the Trust's corporate affairs functions. The Trust was sad to say goodbye to Hannah Coffey, Director of Improvement, who had left the Trust for new opportunities.

A Royal Brompton and Harefield and Trust Letter of Intent had been signed. King's Health Partners (KHP) had been re-accredited as NIHR-NHSE/I Academic Health Science Centre for a further five years.

There had been a positive outcome to the Information Commissioner's Office's recent audit when the Trust processes were found to be satisfactory. In discussion the following points were made.

Patient outcome data was continuously evolving and it was difficult to determine overall mortality rates at present. The current critical care outcome data suggested a 32% mortality rate and 68% survival rate which was significantly better than the national registry data where the mortality rate was 50%. Causation factors would have to be reviewed. An area of concern of the Trust and nationally was the emerging trend of poorer outcomes in black, Asian and minority ethnic groups. The Trust was looking into this as a matter of urgency. The importance of the Trust Board being able to assure itself around those outcomes, understand the outcome data by ethnicity, and look hard at what it could do to change the outcomes was highlighted.

A further risk area was patient non-attendance at hospital during the pandemic. The Trust had seen a significant reduction in referrals into its services and in patients attending A&E, the two significant routes by which patients access Trust services in normal services. A number of Trust tactical groups were tackling this area. In the case of patients already known to the Trust, needs had been identified and prioritised. Contact had been made with those patients, or a clinical decision by a multi-disciplinary team had been made to defer their treatment. A re-appointment would be made. Clinicians within organisations across South East London had been involved in review decisions. The Trust was working with GPs to look into the needs of patients not known to the Trust, the patients not accessing Trust services in the way normally expected, to make sure that people were fully aware that the normal routes for referrals into Trust services were open. Guidance was being put in place for GPs and the community social care team for patients who needed to access Trust services. The Trust was using all communication channels to encourage patients to access services as needed.

Consultant appointments January to March 2020 were noted.

#### **BOD/20/10 Annual Nursing and Midwifery Report**

The Chief Nurse added her thanks to members of the Trust team who had upskilled themselves to work differently during the COVID-19 pandemic including in critical care.

The Chief Nurse presented the Trust's annual nursing and midwifery report, which is collated as assurance to the Board. The annual workforce report is a national requirement. A six monthly stocktake would follow in November. The picture was robust from a nursing and midwifery perspective. 457 WTE additional nurses and midwives are in post compared to December 2018. Turnover was slightly down. In relation to safe staffing of clinical areas, the need for an additional 41 WTE had been identified, subject to funding verification. Progress would be reported to a future Board meeting.

Additional investment had been sought to take forward the nursing associate programme from an apprenticeship perspective for 50 Trust posts to continue the programme. There were 123 nursing associate trainees in the Trust. Care was being taken not to disadvantage existing trainees through the new direct student entry route being developed. The report presented a framework which did not reflect COVID-19 because it had been largely prepared pre-pandemic. When the future stocktake was carried out it might be necessary to review the safe staffing ratios. The document presented to the Board should act as a benchmark, with a return to it at future meetings. The Chief Nurse would respond directly to a specific Governor's question on the report.

The Board noted the report.



**BOD/20/11    Reports from Board Committees for noting**

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

- a) Audit and Risk Committee: minutes 12<sup>th</sup> February 2020
- b) Cancer Services Committee: minutes 5<sup>th</sup> February 2020
- c) Strategy and Partnerships Committee: minutes 25<sup>th</sup> March 2020
- d) Transformation and Major Programmes Committee: minutes 19<sup>th</sup> February 2020 and 11<sup>th</sup> March 2020
- e) Quality and Performance Committee:
  - i. Minutes 26<sup>th</sup> February 2020 and 1<sup>st</sup> April 2020
  - ii. Month 11 Financial Report
  - iii. Balanced Score Card to Month 11

**BOD/20/    Any Other Business**

There was no other business.

**BOD/20/    Date and Time of Next Meeting**

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

<b>Board of Directors</b>	 <b>Guy's and St Thomas'</b> NHS Foundation Trust	
<b>Chief Executive's Report</b>	<b>22 July 2020</b>	<b>BDA/20/06</b>

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

## 1. Introduction

- 1.1 The COVID-19 response continues to be the major focus of the Trust's work, as it is for the NHS and the country as a whole.
- 1.2 As well as responding to the COVID-19 pandemic, the Trust's executive team are working hard to ensure our strategic and major programmes of work continue to be progressed where possible.
- 1.3 In this report I will provide an update on the next phase of our response to the COVID-19 pandemic, and the set of challenges we must overcome as we continue to recover from the significant impact COVID-19 has had on the health system. I will also update you on our strategic and major programmes of work, where key milestones have been achieved since the April Board meeting.

## 2. COVID-19 – Stabilisation and Recovery

- 2.1 I would like to start by thanking all of the staff working across the many services of Guy's and St Thomas' and our community services, for all that they have done and continue to do to support our response to the COVID-19 pandemic. The inspiring and collective response I have seen from colleagues at Guy's and St Thomas', and the collaborative working across our south east London Integrated Care System (ICS) has allowed our organisation to respond effectively, safely and strategically to this crisis.
- 2.2 At the time of writing this report (15/07/2020), the Trust has admitted over 1600 patients who have been diagnosed with COVID-19, and of these admissions just over 330 have been admitted into our critical care units.
- 2.3 Looking back over the past few months, it has been truly inspiring to see the transformational change that has occurred across our organisation since the first COVID-19 patient was admitted into our High Consequence Infectious Disease (HCID) unit on 6th February.
- 2.4 It was almost a month later that we admitted our first patient into critical care on 3rd March and the number of patients who required level 2 and level 3 critical care continued to increase until a peak of just over 120 critical

care inpatients on 2nd April. Throughout April the number of patients admitted to critical care at any one time remained at around a 100. During May, June and July we saw a gradual decrease in the number of patients requiring admission into critical care, and currently we have just 4 patients admitted to our critical care areas with confirmed or suspected coronavirus.

- 2.5 The same experience has been true for our ward areas, and the number of COVID-19 patients admitted into level 1 beds peaked on 7th April with the highest number of inpatients (confirmed and suspected cases) reaching just over 220. Similarly to the trends seen in critical care there was also a gradual decrease during May, June and July, and we now have just 14 inpatients with confirmed or suspected coronavirus.
- 2.6 Sadly the number of COVID-19 deaths reported within our Trust is 231, and I would like to send my personal condolences to the patients' families and loved ones for their loss during this incredibly difficult time.
- 2.7 Throughout our COVID-19 response the Trust continued to have the capacity to treat those needing urgent, emergency or other essential care. Whilst there has been a reduction in the number of patients we have been able to treat, we have worked collaboratively across the south east London Integrated Care System (ICS) and with the Independent Sector to provide surgery to over 1400 patients. This is in addition to having continued emergency operating onsite throughout the pandemic, and since restarting routine elective operating onsite we have completed over 6000 day case and elective procedures since 1st June.
- 2.8 Through these important partnership arrangements we have been able to ensure those who needed urgent care for serious or life threatening conditions were able to be treated. I would like to formally thank colleagues across the ICS and the Independent Sector for their commitment to collective partnership working, initially established during our immediate response to the pandemic, and which continues to develop as we move into the recovery phase.
- 2.9 The biggest challenge for our organisation now is to treat patients who were unable to be safely treated during the COVID-19 peak. Therefore, our primary focus is to treat as many patients as is safely possible across all specialties going forward.

- 2.10 Since June, the Trust has increased diagnostic, outpatient and surgical capacity after postponing all non-urgent work during the peak of the pandemic. However capacity is below pre-Covid levels in line with additional infection prevention controls. Our planned activity represents a deliberately cautious approach to re-starting services to ensure the safety of patients and staff as we implement new ways of working and revised pathways of care.
- 2.11 The capability of Guy's and St Thomas' to continue to adapt and respond to this pandemic is linked to the ability of our workforce, and the health and wellbeing of our staff is incredibly important. It is vital that we continue to care for each other as many of our staff have spent months doing work that they are not used to, and it is important that we recognise the additional pressures that this may bring, particularly as they transition back to new and often different ways of working.
- 2.12 To ensure the safety of our staff, the Trust has asked all staff to wear Personal Protective Equipment (PPE) in accordance with national guidance. The Trust has implemented a number of training programmes to ensure staff know which PPE is appropriate to wear in different settings and how to safely put on and remove different types of PPE. Additionally, all patients and visitors must now wear a face covering or surgical mask when attending appointments at the Trust.
- 2.13 The Trust has also been undertaking COVID-19 risk assessments of staff throughout our response to the pandemic. Initially these assessments were prioritised for vulnerable staff, based on national guidelines, to help reduce the risk of exposure to COVID-19. However, as evidence emerged to suggest that factors such as ethnic background, age and gender have a disproportionate impact on COVID-19 complications we asked all staff to be offered a risk assessment, and for staff from the most vulnerable groups to be prioritised.
- 2.14 We are also continuing to enhance the support available for our staff through our 'Showing we care about you' programme, with a particular focus on looking after the mental wellbeing of staff. We are therefore providing staff with access to psychological support, as well as areas to recharge and unwind.
- 2.15 It is clear that as a Trust, a health system and as a nation we are on a journey to recovery, and it will be through the dedication and inspiring work we do collectively that we are able to begin our recovery from the impacts of this global pandemic.

### **3. New Appointments at Guy's and St Thomas' NHS Foundation Trust**

- 3.1 I am very pleased to announce that Avey Bhatia has been appointed as our new Chief Nurse.
- 3.2 Avey will be joining us from St George's University Hospitals NHS Foundation Trust where she has been Chief Nurse and Director of Infection Prevention and Control for the past three years. Since February she has been helping to lead the Trust's response to the COVID-19 pandemic as Chief Operating Officer.
- 3.3 Avey trained as a critical care nurse at St Thomas' in the early part of her career, so is no stranger to the Trust. She has held a number of senior nursing roles, including Chief Nurse at Maidstone and Tunbridge Wells NHS Trust and at South London Healthcare NHS Trust. In addition to her clinical qualifications, Avey holds a Masters in Public Administration.
- 3.4 Avey's wide ranging experience to lead and bring new perspectives will ensure that we are able to meet the challenge ahead, and we look forward to welcoming her formally when she takes up her post in autumn.
- 3.5 Dame Eileen Sills has been a brilliant and inspirational CNO for Guy's and St Thomas'. Eileen's incredible nursing career has spanned 40 years, 15 of them here at Guy's and St Thomas', and we owe her a huge debt for the professional leadership she has provided both in the Trust and nationally. As Eileen stands down from her role, I would like to thank Eileen both personally and on behalf of the Trust for the dedication she has shown and acknowledge her numerous achievements which have greatly benefitted our patients, our staff and our reputation.

### **4. Black Lives Matter**

- 4.1 The impact of COVID-19 on black, Asian and minority ethnic communities and the Black Lives Matters movement has prompted considerable discussion and debate on issues of equality, diversity and inclusion across our organisation.
- 4.2 Leadership starts with the Board and as Chief Executive my position on this issue is absolutely clear: racism has no place in our society, and we must listen to, and to learn from our black colleagues about their experiences at work and in wider society.

- 4.3 We have a number of initiatives in place designed to improve staff experience, to make sure that everyone feels valued, respected, included, and to ensure fairness in career progression and development. The Trust has recently held a number of Black Lives Matter virtual discussion events with hundreds of staff sharing their stories and thoughts with senior colleagues. The need to do more to improve opportunity for career progression, remove discrimination and build cultural capability and confidence across all levels of management were strong messages back from our staff.
- 4.4 There are no easy answers on how we tackle racism, discrimination and inequality, but I want to underline our absolute commitment to listening to our staff and taking action to address issues of equality, diversity and inclusion across our organisation.

## 5. Statues

- 5.1 There has been considerable debate about the symbolism of public statues of historical figures who may have an association to the slave trade or to wealth resulting from this, and as a Trust we recognise the hurt and anger felt by many in response to statues of this kind.
- 5.2 There are two statues, Robert Clayton at St Thomas' and Thomas Guy, adjacent to the Science Gallery at Guy's, which have formed part of this debate. Both belong to the arts and heritage collection of Guy's and St Thomas' Charity, and we have been working closely with them and with King's College London, who own the land on which the Thomas Guy statue is situated, to agree what should be done about this sensitive and complex issue.
- 5.3 Particularly in the case of Thomas Guy, we have discussed the urgent need for further work to better understand the historical facts, and a decision was made to remove both statues from public view while the Charity considers their longer term future.
- 5.4 It is important that we collectively take this opportunity to reflect on how best to acknowledge our heritage in ways that also celebrate the diversity of our modern organisation, and the clinical excellence and research for which our hospitals are known around the world. In doing so, we will build on the important role and significance of the Mary Seacole statue at St Thomas' of which we are all rightly proud.

5.5 In determining what should happen to the statues, the Charity are engaging with colleagues at Guy's and Thomas, King's College London and the new Commission for Diversity in the Public Realm announced by the Mayor of London.

## 6. Pathology

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

6.2 The scope of the new contract includes pathology services at Guy's and St Thomas', King's College Hospital, South London and Maudsley, Oxleas and Royal Brompton & Harefield NHS Foundation Trusts, and GP access across south east London. The aim of the new contract is to support investment in developing pathology services across the south east London network, including implementing digital pathology. Ultimately, the contract needs to support the best possible care for patients, represent good value for money, and deliver a service that continues to attract the best possible people to come and work with us.

6.3 At the start of the year, following a 12-month clinical and financial evaluation, the preferred new strategic partner for our pathology service in south east London was identified as SYNLAB. SYNLAB is the leading medical diagnostics service provider in Europe, and already supports the delivery of NHS pathology services in several other parts of the country.

6.4 This preferred partner status does not mean a contract has been awarded to SYNLAB at this stage. It was intended that a full business case for the proposal would be developed for the Boards of Guy's and St Thomas' and King's College Hospital to consider in April 2020. Only at this point, after key criteria had been met, would the Trusts be able to proceed to award a contract. Due to the COVID-19 pandemic, a decision was taken by both Trusts in March to pause discussions with SYNLAB to allow the NHS organisations involved to focus on responding to the pandemic. These discussions have now restarted.



- 6.5 In preparation for an anticipated transition to the new pathology provider, the Boards of both Trusts have decided to make a change to the ownership structure of Viapath, our existing pathology provider. Viapath was previously owned by the two Trusts and Serco. The Trusts have now acquired Serco's share in Viapath meaning that the joint venture is now owned equally between the two organisations. This has been done to assure the stability of Viapath during this period, and to place us in the best possible position for a future transition to SYNLAB, subject to securing acceptable contract terms.
- 6.6 The next step of the procurement process will be the completion of the full business case for consideration by both Trust Boards later this summer. Once this is agreed, a transition plan will need to be implemented to take forward the service transformation. In the meantime Viapath will continue to operate as usual, ensuring service continuity for our patients and stability for Viapath's customers, staff and suppliers.
- 6.7 The provision of high-quality pathology services remains critical to our ability to deliver safe and effective care to our patients and this has been reinforced by our response to the COVID-19 pandemic. It has been a privilege to see what the Viapath teams have been doing on the ground to deliver services to our patients and staff in these extraordinary times.
- 6.8 As equal owners of the joint venture, both Trusts will retain strategic control of our pathology services, and we will continue to work with all of our pathology colleagues to ensure business continuity through this period.

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

- 7.1 In January 2020, the Board of NHSE/I supported in principle a merger between Guy's and St Thomas' and the Royal Brompton & Harefield NHS Foundation Trust. At the last public board meeting I shared with you the news that a Letter of Intent to work towards a merger had been signed.
- 7.2 This letter signalled our intent to progress a transaction, and together we will create one of the largest and strongest academic healthcare organisations focused on heart and lung disease in Europe, benefiting patients and staff at both organisations as well as the wider NHS, London and the country.

7.3 In light of the COVID-19 pandemic and the significant increase in collaboration between our two organisations as part of our response to this, the Boards of both organisations have agreed to an accelerated timescale for merger to reduce the period of uncertainty and potential disruption, and we are now aiming to complete this by early 2021.

## **8. Evelina Expansion**

8.1 Evelina London Children's Hospital has embarked on the next phase of development plans to help meet the growing demand for its services. The move will create state-of-the-art facilities as Evelina London develops as a comprehensive children's hospital, able to treat more of the sickest and most complex patients.

8.2 Evelina London provides an extensive range of specialist services for children with rare and complex conditions. Uniquely in London, it is co-located with maternity and other adult services at Guy's and St Thomas', enabling the Trust to provide care and research from before birth, throughout childhood and into adult life.

8.3 Evelina London was the first children's hospital to be rated outstanding by the Care Quality Commission (CQC), and the expertise of its teams has been widely recognised during the COVID-19 pandemic.

8.4 Over the past 10 years, demand for Evelina London's expert services and family friendly care has grown rapidly, doubling inpatient activity and more than doubling outpatient activity. A series of new developments are now planned to meet existing and future demand, improving facilities for patients, their families and staff.

8.5 The development plans include a new dedicated children's day surgery centre adjacent to the existing children's hospital, which will open in 2022 to increase capacity for planned diagnostic and surgical procedures.

8.6 A major extension is also planned to the existing children's hospital, providing extra capacity with operating theatres, advanced diagnostics and inpatient floors. This expansion would also enable Evelina London to accommodate services from the Royal Brompton Hospital, should this be determined by NHS Commissioners, following public consultation.

8.7 In addition, we will relocate children's outpatients to a new building on the neighbouring Royal Street site to maximise inpatient capacity within the main hospital buildings.

8.8 These plans are part of our ambitious strategy to unlock the value of its sites to deliver greater benefits for patients across south east England, long term sustainability of key clinical academic services and wider benefits for UK PLC.

## 9. Annual Nursing & Midwifery staffing report.

9.1 At the last public meeting the Board received the annual nursing and midwifery safe staffing report. This was based formal annual reviews and did not take into account the impact of COVID-19. During the pandemic, and now the recovery phase, many staff had been redeployed and not all staff have returned to their previous places of work.

9.2 The Trust continues to be safely staffed in the recovery phase of our COVID-19 response, and the staffing levels set out within the annual report will undergo a formal review in October taking into account the impact of COVID-19.

## 10. Board Committee Meetings

10.1 Since the last public board meeting we have met a number of times as a Board and the following meetings have taken place since 1<sup>st</sup> May 2020:

- Audit and Risk Committee on 13<sup>th</sup> May 2020 and 17<sup>th</sup> June 2020.
- Strategy and Partnerships Committee on 24<sup>th</sup> June 2020.
- Transformation and Major Programmes Committee on 20<sup>th</sup> May 2020 and 10<sup>th</sup> June 2020
- Quality and Performance Committee on 27<sup>th</sup> May 2020 and 8<sup>th</sup> July 2020.

10.2 I have included the minutes from all of the above mentioned meetings for your information.

## 11. Consultant Appointments from 1<sup>st</sup> April 2020 – 20<sup>th</sup> June 2020

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

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
16.01.2020	CON591 - Consultant Urological Surgeon - Stone and BPH	Antonina Di Benedetto	Replacement	Approved	N/A	01.04.2020
Comments: Missing from previous board report						
16.01.2020	CON592 - Consultant in Urological Surgery - BPH and cancer management	Marios Hadjipavlou	Replacement	Approved	N/A	06.04.2020
Comments: Missing from previous board report						
02.04.2020	CON615 - Consultant in Diagnostic Radiology with an interest in Muskuloskeletal Radiology	Christopher Tang	Replacement	Approved	N/A	10.08.2020
09.04.2022	CON618 - Consultant in Orthopaedics & Trauma with Quality Improvement special interest	Wathik El Alami	Replacement	Approved	N/A	11.05.2020
30.04.2020	CON620 - Consultant in paediatric anaesthesia	Paul John Stevens	Replacement	Approved	N/A	01.10.2020
07.05.2020	CON607 - Consultant in Emergency Medicine	Emily Jayne Wilson Maryann Noronha Hooi-Ling Charlotte Harrison Cressida-Jane Isobel Brodie Blanshard	Replacement	Approved	N/A	20.07.2020 07.05.2020 01.09.2020 Pending confirmed Start date
14.05.2020	CON622 - Respiratory Medicine and Severe Asthma	Jaideep Singh Dhariwal	Replacement	Approved	N/A	20.05.2020
21.05.2020	CON600-B - Consultant in Clinical Oncology - With specialist interest in Breast and Skin Oncology AND Medical oncology consultant: lung	None Offered - Re-Advertised	Replacement	Approved	N/A	N/A
22.05.2020	CON626 - Consultant in Dental Periodontology	None Offered	Replacement	Approved	N/A	N/A
29.05.2020	CON608 - Consultant in Medical and Neuro Ophthalmology	Tasanee Sarah Taylor Braithwaite Jonathan Derek Virgo	Replacement	Approved	N/A	Offered 01.07.2020 Offered 01.07.2020

05.06.2020	CON623 - Consultant Histopathologist with Special Interest in Gynaecological Histopathology	Sarah Claire Alexander	Replacement	Approved	N/A	Pending confirmed Start date
10.06.2020	CON619 - X2 Consultants in General Paediatrics	None Offered	Replacement	Approved	N/A	N/A
12.06.2020	CON628 - Consultant in Diabetic Medicine & GIM	Yuk-Fun Liu	Replacement	Approved	N/A	Pending pre-employment checks
12.06.2020	CON629 - Consultant in Endocrinology & GIM	Mamta Nitesh Joshi	Replacement	Approved	N/A	15.06.2020
16.06.2020	CON625 - Consultant in Paediatric Plastic Surgery	Simon Alexander Filson	Replacement	Approved	N/A	01.07.2020

Name of post	Appointee	Department	Start Date	End Date
Consultant	Peter Addison	Ophthalmology	01/04/2020	31/03/2021
Comments:	Extension			
Consultant	Serife mehmet	Diabetes	01/05/2020	30/04/2021
Comments:	Extension			
Consultant	Evdoxia Douvali	Clinical Haematology	07/04/2020	28/02/2021
Comments:	Extension			
Consultant	Claudia Montanaro	Cardiology	25/05/2020	30/11/2020
Comments:	Substantive			
Consultant	Emma Dean	Medical Oncology	08/06/2020	07/06/2021
Comments:	Extension			
Consultant	Guy Edward Thwaites	Infectious Diseases	05/06/2020	04/06/2021
Comments:	Extension			

**Board of Directors  
Audit & Risk Committee**

**Minutes of the meeting held on Wednesday 13<sup>th</sup> May 2020  
at 1pm held virtually, via Microsoft Teams**

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

**Attendance:** Ms E Youard, Director of Corporate Affairs (Secretary)  
Dr I Abbs, Chief Executive  
Mr R Cockerton, Financial and Capital Accounting Manager  
Ms J Dahlstrom, Chief of Staff  
Ms G Daly – Grant Thornton  
Mr S Davies, Director of Finance  
Mr P Dossett - Grant Thornton  
Ms C Eyre, Chief Accountant  
Mr M Flynn, Head of Digital Communications & patient information  
Ms A Knowles, Director of Communications  
Mr S Lane, Associate Director of Finance - Internal Audit  
Mr K Leakey, Interim Director of Information Governance & Management  
Ms R Liley, Director of Quality & Assurance (for Item 9 only)  
Ms C McMillan, Director of Technology Services  
Mr K Murphy, Head of Information Security  
Mr S Nandrha, Audit Manager  
Mr M Shaw, Chief Financial Officer  
Mr L Tallon, Deputy Chief Executive  
Sir H Taylor, Chairman

8.a

**1. Welcome and apologies**

The Committee Chair welcomed everyone to the virtual meeting in the exceptional circumstances of the COVID-19 pandemic. He thanked everyone for participating in this new format.

Apologies had been received from Ms B Bryant, represented at the meeting by Ms C McMillan, Mr A Gourlay and Mr D Lawson.

**2. Minutes of the Audit Committee meeting held on 12<sup>th</sup> February 2020**

The minutes of the meeting held on 12<sup>th</sup> February 2020 were agreed as an accurate record of the meeting.

**3. Matters Arising**

Matters arising from the 12<sup>th</sup> February meeting were noted as follows:

Item 6. Orthopaedic Managed Service: Inventory Write-Off. The Quality and Performance Committee had authorised the write-off at its meeting on 26<sup>th</sup> February. The Committee would receive a further report on this item once the position was clear on the use or disposal of the remaining non-expired items.

Item 7. Use of External Auditors for non-audit purposes. The Committee had received for information the findings and recommendations from the report on Evelina 1+ programme.

Item 8. Accounts. The advantages and disadvantages of segmental reporting due to be examined within the next six months would be brought back to a future meeting.

Item 9. SFIs. Further conclusion and recommendations on revising SFIs would be brought back to a future meeting.

Item 11. NHS Counter Fraud Self Review Tool. The Trust was due to submit its return by the end of May deadline.

#### **4. Update on COVID Governance Issues**

The Committee received a report on COVID-19 related revenue and capital spend to date including additional revenue costs or income lost due to COVID-19. Retrospective and prospective expenditure was being tracked. Reporting of spending against expectations had been submitted to NHSE/I for spend in 2019/20, and forecast spend in 2020/21. Changes had been made to the Standing Financial Instructions for COVID-19 related expenditure.

The Trust had accrued for income of £6.9M. Payment had been indicated in May 2020, subject to an NHSE/I verification audit. £9.6M had been spent using advance payments, £3.3M capital and £6.3M revenue since 20th March, to secure urgent clinical supplies. A £9.8M order was placed on behalf of DHSC, with repayment due. The main items purchased were ventilators and personal protective equipment. The majority of ventilators had been purchased with regular payment terms. Under the highly exceptional circumstances of the COVID-19 pandemic and driven by clinical urgency and safety considerations, brokerage had been used in a small number of cases. The Trust Board had been sighted on this situation.

Following on from the system-wide COVID-19 financial costs, a reference to financial risk to the Trust as a consequence of the 2020/21 financial model would be added to the Corporate Risk Register.

#### **5. Information Governance Report and Cyber Security Report**

The Committee received a 2019/20 stocktake report on the Trust's progress on information governance and cyber security. Activities deferred into 2020/21 and areas of focus for 2020/21 were covered. The Trust had submitted its assessment showing full compliance against the Data Security and Protection Toolkit (DSPT) 2019/20 standards, subject to a plan to move the Trust information governance training completion level from 91% to 95% by September 2020. The Internal Audit rating of this submission showed substantial assurance. The Information Governance team was taking forward an overarching action plan to address the 31 recommendations for Trust consideration and action arising from the January 2020 ICO audit report. The Health Records team was continuing to cull records and to support the EHR programme, assisting the transition from paper to electronic records. There had been an increase in Requests for Information. Compliance against the statutory timeframe for disclosure for the GDPR

and the Freedom of Information Act had suffered due to the increased volume and complexity of requests, particularly in March 2020 following the COVID-19 pandemic.

Cyber improvement initiatives were discussed. Progress had been made in the application of cyber security tools, with further work to follow on patching during the COVID-19 stabilisation period. In advance of the Office 365 upgrade due in Q3 2020/21, measures had been put in place to enhance staff awareness and detection of cyber attacks. The Trust Team was working closely with NHS Digital to benefit from cyber surveillance and advice.

The Committee requested progress updates on the implementation of the ICO's recommendations. The cyber security work programme would also be shared with the Committee.

## **6. Internal Audit Annual Report and Opinion**

The Committee received an overview of the Internal Audit department's progress against plan and a summary of the work finalised since the February meeting. The total target areas for review for the year was 30 projects, plus one additional piece of work requested by the Chief Nurse. To date, twenty one reports had been finalised. Field work for five audits had been completed and draft reports issued for management comment. Work was underway on three audits. Four projects from 2019/20 audit plan would be carried over to the 2020/21 Internal Audit plan as a consequence of COVID-19 affecting delivery.

The Head of Internal Audit's annual opinion for 2019/20 was positive. This was given on the basis that coverage through delivery of the internal audit plan and advice-giving had been maintained. The Committee discussed the COVID-19 related transactions entered into. Where some exceptional transactions did not comply with normal procurement arrangements, they were necessary as a response to urgent requirements. The Trust Board had been aware that greater than normal risk in purchasing arrangements had had to be contemplated in an emergency situation. An internal audit review of COVID-19 spend was due in June 2020.

## **7. Counter Fraud Annual Report**

As follow up to the February meeting, the Trust had raised a number of concerns with the NHS Counter Fraud Authority concerning the next phase of the proposed national procurement exercise planned for May/June 2020. The NHS Counter Fraud Authority had now notified Trusts that the exercise would not proceed and that feedback would be given in relation to the first data collection phase carried out in May 2019.

The Committee received the annual counter fraud report for 2019/20. Performance analysis of the year's activity was included, highlighting referrals and referrals leading to investigation. Criminal investigations would be conducted by trained staff, and where no criminal investigation was warranted, Local Counter Fraud Service staff would work closely with the workforce directorate to investigate cases which may warrant disciplinary action.

## **8. Trust Accounts**

The Committee reviewed the contents of the draft 2019/20 annual accounts, noting the timetable for approval and submission. The draft annual accounts had been submitted to NHSE/I on 27th April. The external audit review had been due to complete on 27th



May, although this was now not possible. Discussion would take place with the auditors outside the meeting about the scheduling for the Board to sign off the accounts and revised annual report together in time to meet the national deadline of 26<sup>th</sup> June.

There had been no new accounting policies applicable to 2019/20. The implementation of IFRS 16 relating to lease accounting changes within the public sector effective from 1st April 2020 had been delayed until 1st April 2021 due to the impact of the COVID-19 pandemic. A great deal of preparatory work had been done so the Trust would be well placed for a smooth transition when IFRS 16 became effective in 2021/22. Accounting policies in the annual accounts had been updated to reflect additional disclosure requirements mandated by DHSC Group Accounting Manual, recognised best practice and for increased clarity.

The Committee noted the significant disclosures and areas of uncertainty for the 2019/20 accounts including likely COVID-19 disclosure requirements; valuation uncertainty; and inventories. The Trust's valuer had added a material uncertainty regarding the values for land and buildings as a result of the impact of COVID-19. The Trust would disclose this material uncertainty in the financial statements. NHSE/I had issued guidance relating to these disclosures for all Trusts with land and building assets. The audit opinion would treat this identified material uncertainty as a Key Audit Matter. Some uncertainty on inventories had arisen in the context of the COVID-19 pandemic during which period the Trust had been unable to perform its planned year-end inventory counts. The 21.4% of inventory by value which was not subject to automated stocktakes would normally be subject to annual stocktakes. This element of the inventory had had to be evaluated for both quantity and value by comparison to previous years taking into account any known in year changes. The Committee was satisfied with the disclosures.

The Committee was also satisfied with treating the Trust as a going concern, subject to NHSE/I guidance which was due.

On financial performance, it was noted that due to the COVID-19 outbreak NHSE/I had allowed a realignment of the agreed 2019/20 control total to include an eligibility adjustment of £4.6M for accrued holiday pay for staff working during the crisis, creating a new control total of £13M deficit. This compared to the £8.4M deficit control total agreed with NHSE/I to at the start of the year. Once the planned level of Provider Sustainability Funding (PSF), £16.4M was factored in, this equated to a planned surplus of £3.5M. Despite the extremely difficult financial climate across the NHS, the Trust delivered a deficit of £8.2M, against the original plan, exceeding the target by £0.16M, or £12.8M deficit against an adjusted control total performance plan of £13M. The Trust ended the year £1.1M ahead of the control total including PSF, delivering a surplus of £4.6M. The Trust was entitled to PSF for meeting all financial targets, and received £0.9M more than plan due to receiving additional bonus PSF relating to 2018/19. After accounting for technical capital items the final reported position was a deficit of £63.6M. This reflected impairments which had had to be introduced because of the revaluation of land and buildings and which were subject to review during the annual audit.

## 9. Annual Report including Annual Governance Statement

The Committee supported the draft Annual Report, presented for a consistency review. Board sign off would take place with the annual accounts following the external audit at a June Board Committee. Final checks were being carried out on identified details, for example the remuneration statement. The annual quality statement would be revisited to

ensure it made sufficient reference to challenges for the Trust in meeting the 52 week access standard because of demand increases and capacity shortfalls.

The Committee was also content with the draft Annual Governance Statement supported by the underpinning Board Assurance Framework. In the light of the COVID-19 pandemic, the strategic risks facing the Trust overall would be revisited in future months to check that controls and assurance were effective.

#### **10. External Audit Update**

The Committee accepted Grant Thornton's draft report setting out progress to date on the audit findings to 31 March 2020 and the preparation of the 2019/20 final accounts. An addendum to the audit plan had been produced in March 2020 to reflect the significant questions and challenges for the audit raised by the COVID-19 pandemic. The auditors would be commenting on areas of uncertainty already discussed with the Committee including the inventory and impairments arising from revaluations. The value for money conclusion on 2019/20 had been completed early. Auditors were liaising with NHSE/I at national level to establish NHS provider trust guidance about the regime to be adopted for cash flow forecasts.

#### **11. Any Other Business**

There was no other business.

#### **12. Date and Time of the Next Meeting**

The next meeting would be held on 17<sup>th</sup> June 2020 at 1pm, with meeting details to follow.

**Board of Directors  
Audit & Risk Committee**

**Minutes of the meeting held on Wednesday 17<sup>th</sup> June 2020  
at 1pm held virtually, via Microsoft Teams**

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

**Attendance:** Ms J Dahlstrom, Chief of Staff (Secretary)  
Dr I Abbs, Chief Executive  
Mr S Davies, Director of Finance  
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  
Ms R Liley, Director of Quality & Assurance  
Mr S Nandrha, Audit Manager  
Mr O Seyi, Senior Finance Manager  
Mr M Shaw, Chief Financial Officer

8.a

**1. Welcome and apologies**

The Audit and Risk Committee (the Committee) received apologies from Hugh Taylor, Paul Cleal, Lawrence Tallon and Keith Leakey. The Committee welcomed Jessica Dahlstrom as the new Committee secretary, and thanked Elizabeth Youard for her contributions.

**2. Minutes of the Audit Committee meeting held on 13 May 2020**

The minutes of the meeting held on 13 May 2020 were agreed as an accurate record of the meeting.

**3. Matters Arising**

Matters arising from the meeting on 13 May were noted. In relation to item 3 in the minutes of the last meeting, the Committee requested that the outstanding items set out there would be scheduled for a future meeting.

**ACTION: JD**

In relation to item 4, it was noted that strategic risks facing the Trust overall would be revisited in light of COVID-19 to check that controls and assurance were effective. An update would be presented to the Committee in Quarter 2.

**ACTION: RL**

Regular updates on item 5 would continue to be brought to the Committee.

#### 4. External Reviews Biannual Report

The Committee received a report which provided information on the outcomes of external reviews, and the delivery status of action plans. The report covered reviews that had occurred between September 2019 and March 2020 and previous reviews with ongoing actions. Two scores were allocated for each review: review outcome and current performance. The review outcome score was based on the report result; the current performance score was dependent on establishment, implementation and regular monitoring of action plans and evidence of action completion.

The Committee welcomed the report which was a useful overview for Non-Executive Directors on key areas of focus. The report should be made available to members of the Quality and Performance Committee in the reading room.

**ACTION: JD/RB**

Work was ongoing on a higher level external reviews report which would include other areas in which the Committee had expressed an interest, including health and safety. Committee members emphasised the importance of ensuring this report was developed in the form of an Annual Assurance Statement, providing assurance on compliance with the Trust's statutory, regulatory and other responsibilities. A draft of this report would be brought to the September meeting of the Committee and the Committee would be invited to comment on the format. The importance of collating findings from all internal and external quality reviews and ensuring a close connection with the Trust's risk management processes was highlighted, and examples of best practice would be provided by the external auditors.

**ACTION: RL**

An update was provided on discussions ongoing with the Care Quality Commission (CQC) regarding the CQC's future inspection approach. The Trust had offered to be a pilot site for the new approach.

A discussion took place on the role of this Committee in relation to this report and Committee members noted that it had sought and received, through this agenda item, assurance on the processes which were being put in place. The Quality and Performance Committee should review the content of the report and discuss its implications.

#### 5. Internal Audit Progress Report

The Committee received a report which provided an overview of progress against the internal audit plan and the work finalised since the previous meeting of the Committee. The last report to the May 2020 Audit and Risk Committee gave an update on the impact of the COVID-19 pandemic on the work of the team. The team had continued to provide support to the Trust, specifically reviewing COVID related spend, governance arrangements and controls. The challenges associated with obtaining management responses and updates on past recommendations during this time of crisis were noted.

The May 2020 progress report confirmed that 21 reports had been issued and finalised. At that time five audits had been completed and draft reports were issued to management for comment. Since then, four further audits had been completed and reports had been finalised with three receiving substantial assurance. One audit was an advisory project having been requested by management. The report on the

Procurement to Payment process was yet to be finalised awaiting responses from the Procurement Department.

Committee members welcomed the report and thanked the internal auditors for their work. Going forward, the executive summary for each report would continue to be included in the main paper and the detail of individual reviews would be included as an appendix.

The internal audit team had undertaken analysis and testing in relation to expenditure incurred by the Trust during the COVID 19 crisis. Revised Standing Financial Instructions had been put in place to enable the Trust to respond to the crisis. The interim financial regime which was now applicable until at least July 2020 and its risks in terms of cost recovery were discussed. Consideration was given to the Trust's risk rating from NHS Improvement and the need to update the Long Term Financial Model was highlighted. The Committee discussed the context in which this exercise would be undertaken.

Committee members thanked colleagues for the work which had resulted in substantial internal audit assurance on Payroll and Pensions, Pre-employment Checks and Continued Right to Work audits. The key findings of the Patient Registers and Billing review at Evelina London were discussed and the importance of bringing together patient registers in different parts of the Trust was emphasised.

## 6. Internal Audit Plan 2020/21

The Committee was presented with the Internal Audit Plan for 2020/21. It was noted that internal audit plans should be risk-based and should enable the Head of Internal Audit to deliver an annual opinion on the assurance framework of the Trust. The submission of the Internal Audit Plan to the Committee had been delayed as a result of the COVID-19 crisis. It was requested that the Committee approve the plan, recognising that it might be subject to change as new risks / issues emerged during the year.

Consideration was given to the audits that had been included in the plan and the time allocated to these. Several new audit areas had been included such as the audit on the Data Protection by Design Process and lessons learned from the COVID-19 response. A small number of audits from last year's plan had been delayed and had been included in the plan for 2020/21. A discussion took place on whether coverage within DT&I was sufficiently focused upon new projects. Although changes were currently being made to processes in this part of this Trust, it might be helpful to include an audit this year to ensure findings could be incorporated in the design of new processes.

Committee members welcomed the lessons learned from the COVID-19 response audit, and suggested that this should include identifying areas of good practice as well as areas for future improvement. It was suggested that including audits around organisational culture and Freedom To Speak Up would be valuable and this would be explored with the Chief People Officer.

Committee members suggested that the British Forces Germany (BFG) Close-Down Arrangements audit should also be included. In relation to the Evelina 2 review, this programme had recently been the subject of external review and any work in this area should avoid duplication.

The approach to communicating the Internal Audit Plan and its objectives to staff was discussed. The Plan was an important part of the Trust's aim to be an open and learning organisation.

It was noted that the number of audit days included was expected to be sufficient. The Internal Audit Plan would be updated for the comments made during this session and would be presented again to the Committee in September for approval. In the meantime, progress should be made on the audits currently included in the draft plan.

**ACTION: SL**

## **7. Counter Fraud Plan 2020/21**

The Committee noted the report which set out the Counter Fraud Plan for 2020/21. The NHS Standard Contract condition 24 required the Trust to put in place and maintain appropriate counter fraud arrangements, having regard to NHS Counter Fraud Authority (NHS CFA) standards and to take necessary steps to meet the standards. The NHS CFA standards set out the requirements for the Trust to have a nominated Local Counter Fraud Specialist (LCFS). This was provided within the Shared Internal Audit and Counter Fraud Service with South London and Maudsley NHS Foundation Trust and The Hillingdon Hospitals NHS Foundation Trust. The Trust had access to two specialists plus the Head of Internal Audit and Counter Fraud as the Local Counter Fraud Manager (LCFM).

The Counter Fraud Plan was discussed and the days which had been allocated were noted.

### **RESOLVED:**

The Committee resolve to approve the Counter Fraud Plan for 2020/21.

## **8. National Cost Collection Update**

The Committee received an update on National Cost Collection processes. NHS England and NHS Improvement had mandated sets of costing standards for acute services to adhere to as part of the National Cost Collection (NCC) exercise. Organisations were measured against these standards to ascertain their level of compliance. As part of these standards, the Trust was required to provide two reports to its Board (or a suitable committee) for approval. These were the pre-submission report before the collection window opened on 7 September 2020 and the final submission report, to be submitted at around the time of or following submission on 6 November 2020.

In previous years, the Committee had acted as the delegated board committee for this purpose. In the context of the COVID-19 pandemic, NHS England and Improvement had stated that for the 2019/20 submission compliance to standards would be relaxed. However, the recommendation document defining this relaxation to compliance to standards had not yet been released. In light of this situation, the paper submitted provided an update relating to the 2019/20 National Cost Collection, rather than as in previous years, the pre-submission report.

Discussions were ongoing with NHS England and NHS Improvement regarding the likely quality of the cost submission this year and the way in which this data could be

used. The resource implications of preparing the submissions were significant particularly in light of the fact that finance team resources had been redeployed to support the COVID-19 response.

Committee members thanked the costing team for their work and highlighted the importance of accurate costing, historically and going forward in the context of the new financial framework which had been put in place.

## 9. External Audit Update

An update was provided to the Committee on recent discussions which had taken place at the Transformation and Major Programmes Committee (TMP) with regard to the Trust's annual accounts. The Committee noted that the auditors planned to issue the annual accounts with a qualified opinion for 2019/20. This was a modified opinion on the Trust's financial statements for the year, due to a limitation of scope relating to inventory. An audit technicality had arisen from the COVID-19 pandemic response, and this was a national issue. It specifically related to the auditor not being able to attend or witness on site a physical inventory count at the year end and was not a reflection of the accuracy or resilience of the Trust's finance processes. The external auditors assured Committee members that this was understood by NHS Improvement and that there would be no resulting regulatory consequences for the Trust. A letter to confirm this would be helpful and contact would be made with NHS Improvement on this matter.

**ACTION: MS/SD**

The Committee noted that the substance of the audit report had not changed since its presentation to TMP. A revised version of the audit opinion was presented to the Committee and it was noted that this would be discussed by the Chair of the Committee with the external auditors.

The Committee thanked their finance team for their work on the audit. A plan should be made now to mitigate any risks around future stocktake exercises.

## 10. Any Other Business

There was no other business.

## 11. Date and Time of the Next Meeting

The next meeting would be held on 16<sup>th</sup> September 2020 at 1pm, with meeting details to follow.

**BOARD OF DIRECTORS  
STRATEGY AND PARTNERSHIPS COMMITTEE**

**Minutes of the Wednesday 24<sup>th</sup> June 2020 meeting  
held by conference call 3.30pm to 5pm**

Present: Dr F Harvey – Chair

Mr P Cleal  
Mr J Findlay  
Ms J Parrott  
Mr J Pelly  
Prof R Razavi  
Ms J Screamon  
Mr M Shaw  
Dr S Shribman  
Dr P Singh  
Dr S Steddon  
Mr L Tallon  
Sir H Taylor  
Mr S Weiner  
Prof J Wendon

In attendance: Ms J Dahlstrom - Secretary

Ms S Austin  
Ms C Cheston  
Ms S Clarke  
Mr R Drummond  
Mr A Gourlay  
Ms A Knowles  
Ms R Liley  
Ms M Ridley

**1. Welcome and Introductions**

The Strategy and Partnerships Committee (the Committee) thanked Elizabeth Youard for supporting the Committee during her time with the Corporate Affairs team and welcome Lawrence Tallon, Deputy Chief Executive and Jessica Dahlstrom, Chief of Staff and Director of Corporate Affairs, to the Committee.

**2. Apologies**

Apologies were received from Dr I Abbs, Ms B Bryant, Mr S Davies and Dame E Sills.



### 3. Declarations of Interest

There were no declarations of interest

### 4. Minutes of previous meeting held on 25<sup>th</sup> March 2020

The minutes were approved as an accurate record.

### 5. Matters arising from the previous meeting

At its previous meeting, the Committee had agreed to enhance the Trust's commercial strategy and ensure diversification of income from commercial sources. The commercial strategy was now under review and had been discussed at executive meetings. A presentation was scheduled for the Transformation and Major Partnerships Committee (TMP) on 29 July 2020.

### 6. Strategic Connections – Verbal Updates from NED Committee Chairs

The Committee noted the key points that had been covered at the other Board committees including updates from TMP, the Quality and Performance Committee, the Evelina London Board, the Integrated Care Board and the Audit and Risk Assurance Committee. The Board committees had considered a range of matters including a major programme overview and COVID-19 and non-COVID-19 service performance and risk. The Evelina London expansion programme had been considered in detail as had the new partnership with primary care on integrated care. The Annual Report and Accounts had been approved and the Committee was reminded of the qualification to the Trust's accounts, which would also affect the 2020/21 accounts.

The Committee received an update on plans to convene a Committees in Common for the Acute Provider Collaborative.

### 7. People Strategy Update

The Trust's People Strategy had been approved in March 2019 and built on four key pillars designed to help realise the ambitions set out in Together We Care. Committee members were reminded of these ambitions and noted that they were underpinned by two priorities which were to invest in the health and wellbeing of staff and a commitment to promote diversity, equality and inclusion.

A report was presented detailing the progress that had been made and the lessons learned from the first year of the People Strategy being in place. A forward plan for the first half of the second year was also set out. Further detail on key performance indicators would be included in future reports.

The Chief People Officer provided an overview of progress made on the 'Learn with Us' ambition and the delays to the development of the strategy experienced as a result of COVID-19 were outlined. However, significant change had been implemented as a result of COVID-19 in terms on online learning and simulation and it was important that this was embedded permanently. The importance of working with King's College London to accelerate the learning offer at the Trust was emphasised. There was an opportunity to

develop undergraduate education. The COVID-19 crisis had provided new opportunities to work across professional boundaries in a matrix way. It would be important to link in with Health Education England on these matters.

Progress had been made on the 'Join Us' aspect of the strategy and recruitment process changes had been implemented in response to COVID-19. The Trust was working closely with the Integrated Care System (ICS) in this area although ICS-level progress had been limited. The workforce element of the ICS programme would be clearer and better resourced in the coming months to enable better collective action across South East London. An update was provided on accommodation and the implications of COVID-19 were considered. Although it might be possible to use commercial space not currently in use for accommodation, investment was likely to be required to facilitate this.

In relation to 'Stay and Grow', the Committee discussed the career workshops for Black, Asian and Minority Ethnic staff. Support would be made available for staff currently working at middle management level and the importance of ensuring high quality appraisals were available to all staff was highlighted. Support to managers should be continually updated to ensure it was relevant. 'Make a Difference' was also considered and the importance of continuing to share materials on values, including the next phase of Barbara's Story, with colleagues. The 'Health and Wellbeing' offer including psychological support was outlined. The past few months had been extremely stressful for staff and it would be important to continue to support colleagues.

Committee members requested a further update at the next meeting on the extent to which the People Strategy was owned by directorates across the Trust.

**ACTION: JS**

The Equality, Diversity and Inclusion programme had a number of value components but progress made on key metrics had been slow and further progress was needed.

**8.b**

## **8. Black Lives Matter**

The Committee received an update on actions taken by the Trust in the context of Black Lives Matter. There had been various ways in which the Trust had communicated with staff on this topic in the past week and the two Black Lives Matter webinars which had been held were very well-attended. Action was now required to address the areas of concern identified by staff.

A private Board meeting had been scheduled for the following week and Committee members provided input into the agenda. It was noted that a group of colleagues from a BAME background would be in attendance to communicate their experiences to Board members directly. The importance of listening carefully and committing to deliverable actions was highlighted. Ensuring lasting change was made would require a long-term commitment from the Trust.

## **9. Strategic Update**

The Committee received an update on the main strategic and partnership developments since its last meeting, to enable the Committee to take stock of the Trust's current position. Issues covered included the national and regional policy landscape, Integrated Care System (ICS) developments, specialised services, integrated care and key partnerships. The opportunities and risks presented by the Trust's current position in the strategic landscape were outlined.

Committee members discussed the Trust's partnerships including the work with King's Health Partners (KHP). The importance of working closely with all partners especially given the pressures on the NHS and the constraints imposed by the new financial framework was highlighted. The commercial strategy would be important in this context. The COVID-19 crisis had provided the opportunity for rapid service change and redesign and the benefits of this should be retained.

A discussion took place on the position of King's College London University (KCL) and the financial impacts which the COVID-19 crisis had had. There were implications for joint programmes of work between the Trust and KCL. Committees emphasised the importance of clarity for the Trust and its partners of which programmes were being pursued bilaterally, and which were trilateral. It would be important to prioritise programmes of work and develop a clear understanding of how they were linked. Committee members commented on the different dimensions of the Trust's partnerships. The overlap in catchment area between the Trust and King's College Hospital NHS Foundation Trust (KCH) created a strong need for the trusts to work together. The Trust would need to involve KCH and KCL closely in the RBH merger and an organisational governance strategy would need to be developed.

The future role of networks was outlined and the opportunities to make positive changes to service delivery for patients were considered. Clarity on the role of the Acute Provider Collaborative in this context was important. Committee discussed the recommendations on paediatric cancer and progress that had been made on implementation.

#### **10. RBH-KHP partnership development**

The Committee thanked the partnership team for their work, in redeployment, in supporting the COVID-19 response. Work on the partnership had now resumed and an update was provided on recent discussions. It was important to view the merger as a component of the larger partnership programme. An update was provided on the public consultation on paediatric services and consideration was given to the financial implications and likely future demand for services.

The Committee thanked the Chief Strategy Officer for the paper submitted which had prompted a valuable discussion.

#### **11. Any Other Business**

There was no other business.

#### **12. Date of next meeting**

The next meeting was scheduled for Wednesday 23<sup>rd</sup> September 2020 although the possibility of a meeting at the end of July 2020 would be explored.

**Board of Directors**  
**Transformation and Major Programmes Committee**  
**Minutes of the meeting held on Wednesday, 20<sup>th</sup> May 2020**  
**at 15.20 held Virtually**

**Present:** Mr S Weiner (Chair)  
Dr I Abbs  
Mr P Cleal  
Dr F Harvey  
Mr J Findlay  
Ms J Parrott (until 4pm)  
Mr J Pelly (until 4.50pm)  
Ms J Screator  
Mr M Shaw  
Dr S Shribman  
Dr P Singh  
Dr S Steddon  
Mr L Tallon

**Attendance:** Ms J Dahlstrom (Secretary)  
Ms B Bryant (until 4pm)  
Mr S Davies  
Mr R Drummond  
Mr A Gourlay  
Mr T Hulse  
Ms L James  
Ms A Knowles  
Ms M Ridley  
Mr P Ward  
Mr N Wright

**1. Apologies**

Apologies were received from Prof R Rezavi and Sir H Taylor.

**2. Declarations of Interests**

There were none.

**3. Minutes of the previous meeting held on 11<sup>th</sup> March 2020**

The minutes were agreed as an accurate record.

**4. Matters Arising**

There were no matters arising.

## 5. RBH Merger Update

The Committee received an update on progress made on the merger between Guy's and St Thomas' NHS Foundation Trust (the Trust) and Royal Brompton & Harefield NHS Foundation Trust (RBH). Some changes were proposed to the timetable for the transaction and the aim was to complete the transaction by 1 January 2021 if possible. It had been possible to streamline some of the approval processes required for the transaction. At the Committee meeting on 10 June 2020, a working group would be proposed for the development of a Strategic Outline Case (SOC) by 29 July 2020. Board approval was scheduled for September 2020 after which national approval would be sought.

Committee members welcomed the revised timetable. The importance of clear communication of the strategic rationale to staff was emphasised and the Committee received an overview of work already underway in this area. Work was also progressing on the Trust's joint working programme with King's College Hospital NHS Foundation Trust (KCH).

The Committee noted that a Memorandum of Understanding covering corporate services had been signed with RBH.

## 6. Triangle Site Development

### a. Gateway Assurance Review

A paper was presented which provided an overview of the Evelina Expansion Programme, including the Triangle development. The programme had reached a pivotal stage after which several of its key components would be fixed. There had been changes since it was approved in June 2019, notably the likely support for Public Dividend Capital (PDC) funding from NHS England/NHS Improvement (NHSE/I) and the Department of Health and Social Care (DHSC). It had therefore been deemed timely to undertake an internal gateway review of the programme. The review was led by the relevant executives with support from KPMG.

The main findings and recommendations of the review were outlined. It was noted that PDC was the preferred funding source, if still available after the impact of Covid-19, as it represented better value to the Trust than the previously envisaged strip income model. The proposed development agreement was still appropriate under a PDC funding model and represents value for money for the Trust. The separation of the contracts for the shell and core and the fit out of the Triangle development remained the most expedient way to construct the building and measures would be put in place to mitigate the risks of this contract structure. The whole of the Evelina Expansion Programme, including its financing, planning, design, construction and clinical service planning, should be overseen by a single programme board, with all relevant executives represented on the board, chaired by the Senior Responsible Owner (SRO) for the programme.

Committee members welcomed the review and the appointment of a formal SRO.

### RESOLVED:

The Committee resolved to approve the seven recommendations set out on page 16 of the paper.

### b. Pre Outline Business Case

The Committee received a paper setting out the pre-consultation Outline Business Case (OBC) for phase 2 of the Expansion Programme which had been developed for internal review only to secure the Board's approval for these decisions, ahead of completion of the external HM Treasury (HMT) compliant full OBC with a planned completion date of December 2020.

The key decisions required in advance of the full OBC were the appointment of a preferred bidder for the shell and core of the Triangle site; the appointment of preferred bidder for the design of the fit-out of the Triangle site; the approval of funding for the Triangle site enabling works; and funding to progress the programme, including the development of the full OBC, from June 2020 through to April/May 2021.

Committee members noted that work was ongoing on workforce planning, and received an update on the approach which would be taken to obtaining regulatory approvals. The Integrated Care System (ICS) context was outlined. It would be important to ensure coordination across all of the Trust's programmes of work, including in relation to external engagement.

Committee members highlighted the importance of ensuring the Long Term Financial Model reflected all programmes and their risks. The new financial framework which had been put in place in response to the COVID-19 pandemic was outlined and the short- to medium-term impact of these arrangements would be incorporated in the analysis.

**RESOLVED:**

The Committee resolved to approve the recommendations set out on page 20 of the paper.

## 7. Day Surgery & Education Centre FBC

The Committee received a Full Business Case (FBC) for the Day Surgery and Education Centre (DSEC). This set out the case for £45m capital investment to build and equip the DSEC. The two key decisions required were the approval of capital funding and the appointment of the preferred contractor. The project was scheduled to complete, providing urgently needed theatre capacity for Evelina London, in December 2021.

Committee members highlighted the importance of maximising the opportunities for paediatrics as part of this development. The university's position in relation to the funding of the Education Centre was noted. The implications of this project for the Trust's capital position were considered in light of the fact that the availability of PDC had not yet been confirmed.

**RESOLVED:**

The Committee resolved to approve the recommendations set out on page 17 of the paper.

**Post meeting note:** After the meeting and following further correspondence received from the contractor, the Committee Chair approved a revised, marginally lower contract value under recommendation 2 of the paper.

## 8. Estate Development Programme & Operating Theatres Renovation

A paper was presented which informed the Committee of the key projects currently underway within Estate Development and Asset Management. The paper provided visibility to the Committee on the key decisions in relation to the estates development plan in 2020/21. The Committee was asked to note that the forward plan of key decisions was dynamic and subject to a number of factors impacting the delivery to the current projected timelines.

Some projects had been adversely impacted by COVID-19, with some put on hold and some requiring revisiting to ensure the proposed solution would support new ways of treating patients post COVID-19. The forecast projected end dates and key decision dates for projects in delivery and planned were subject to change whilst the Trust entered into the stabilisation phase of COVID-19. An update was provided on each project. The Committee welcomed the work on the

removal of cladding from the Cancer Centre and noted that this was a regulatory requirement and not a safety issue. Funding for this work programme had been made available nationally.

An overview was provided of the operating theatres programme. The new arrangements with HCA Healthcare UK (HCA) would have an impact on this programme. The impact on theatre productivity of the new infection prevention and control measures should also be considered. Work was ongoing on a prioritised list for theatre maintenance. This would take into account urgency of the maintenance works required as well as availability of specific theatres. The Committee requested a comprehensive overview of theatre capacity over time, to be presented at the next meeting. Actions. This should include a long term demand model to enable the Committee to consider the entirety of the supply/demand picture

**ACTION: AG, JF**

The Committee received an update on work ongoing to facilitate expansion of the Trust's critical care capacity.

## **9. Any Other Business**

There was no other business.

## **10. Date and Time of the Next Meeting**

The Committee was next due to meet on 10<sup>th</sup> June 2020 at 2pm. The arrangements for this meeting would be kept under review.

**8.c**

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

**Minutes of the meeting held on Wednesday, 10<sup>th</sup> June 2020  
at 14.50 held Virtually**

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

Dr I Abbs  
Mr P Cleal  
Dr F Harvey  
Mr J Findlay  
Ms J Parrott  
Mr J Pelly  
Prof R Rezavi  
Ms J Screaton  
Mr M Shaw  
Dr S Shribman  
Dame Eileen Sills  
Dr P Singh  
Dr S Steddon  
Mr L Tallon  
Sir H Taylor

**Attendance:** Ms J Dahlstrom (Secretary)

Ms V Cheston  
Ms S Clarke  
Mr R Cockerton  
Ms G Daly – Grant Thornton – item 6  
Mr S Davies  
Mr P Dossett – Grant Thornton – item 6  
Mr R Drummond  
Ms C Eyre  
Mr A Gourlay  
Mr T Hulse  
Ms L James  
Ms A Knowles  
Ms A Knox, Deputising from Ms R Liley  
Ms M Ridley

**1. Apologies**

Apologies were received from Ms S Austin, Ms B Bryant, Ms S Clarke, Ms R Liley and Prof J Wendon.

**2. Declarations of interests**

There were none.



### **3. Minutes of the previous meeting held on 20<sup>th</sup> May 2020**

The minutes were agreed as an accurate record.

### **4. Matters arising**

It was noted that there were more oral updates than usual due to time pressures on executive colleagues. No decisions were required on the oral items.

### **5. COVID-19 update**

The Transformation and Major Programmes Committee (the Committee) received an update on the current COVID-19 situation at the Trust and on recent announcements made by the Government, including their implications for the Trust. The elective programme had been restarted and an update was provided on the use of independent sector capacity to support the recovery plan. The scale of the challenge of a recovery was noted. The tactical decision making structures that had been put in place to oversee the response were working well.

The Committee discussed the new announcement related to face covering for clinical and non-clinical staff. Further detail was required before a Trust plan could be finalised but stocks had been increased in anticipation of larger volumes of face masks being required.

### **6. Annual Report and Accounts Submission**

The Finance Director presented the annual report and accounts and the Committee noted that the draft accounts and annual report had been reviewed at the Audit & Risk Committee on the 13th May. The headline figures were outlined for the Committee. Since the meeting on 13 May, Grant Thornton had continued the external audit, and only cosmetic changes have been made to the accounts with the exception of IFRS 16 Lease accounting policy note and accounting disclosure. The deadline for submitting the final accounts and annual report to NHS England and NHS Improvement was 25 June 2020.

The Committee was asked to approve the submission of the annual report and accounts to NHS England and NHS Improvement, to sign the relevant statements as requested in paragraph 3.2 of the paper and to approve the submission of the certificate of the availability of Required Resources to NHS England and NHS Improvement, as per paragraph 4.3 in the paper.

The Trust's auditors presented their report and the audit opinion. Key findings and significant risks were outlined together with the auditor's commentary. The Value for Money analysis was noted. An unqualified conclusion had been reached in this area.

The Committee noted that the auditors planned to issue the annual accounts with a qualified opinion for 2019/20. This was a modified opinion on the Trust's financial statements for the year, due to a limitation of scope relating to inventory. An audit technicality had arisen from the COVID-19 pandemic response, and this was a national issue. It specifically related to the auditor not being able to attend or witness on site a physical inventory count at the year end and was not a reflection of the accuracy or resilience of the Trust's financial processes. The Committee discussed the situation and highlighted the importance of ensuring consistency of approach across the NHS. A final response on this matter would be received from the auditors in due course.

**RESOLVED:**

The Committee resolved to approve the annual report and accounts and the statements and certificate included in the paper.

**7. Major programmes board overview**

A Major Programmes Board Overview paper was presented to the Committee. It was noted that the Trust was pursuing a large and complex set of major programmes and initiatives, many of which were interrelated, and for which there were potential trade-offs in time, resources and leadership attention. The scale of the challenge had been recognised by non-executive and executive colleagues, particularly in the context of COVID-19 recovery. The prototype Major Programme Board overview had been created to aid the Committee in holding an overview across the transformation agenda, and to help manage interdependencies. This document was currently a work-in-progress and was provided for feedback and discussion.

It was noted that both this Committee and Strategy and Partnerships Committee (S&P) were likely to be involved in discussions on the programmes in this paper, and deep dives in some areas at S&P were likely to be useful. A narrative to accompany this paper would be included going forward.

**8. Operating theatres update**

The Committee received an oral update on progress made on the operating theatres development and maintenance programme. At its previous meeting, the Committee had requested a demand and capacity modelling exercise to inform the longer term theatre plans and work on this had commenced. The implications of continued access to independent sector facilities would be included in this plan, and consideration would be given to patient willingness to attend hospital for surgery.

**9. RBH merger update**

The Committee received an update on progress made with the merger with Royal Brompton and Harefield NHS Foundation Trust (RBH). The accelerated timetable had been discussed at the previous meeting of the Committee and an update was provided on the approvals processes for which submissions were now being prepared. Non-executive directors would be involved in the review of the Strategic Outline Case.

An update was provided on the current joint working arrangements with RBH on paediatric cardiac and respiratory services. The Committee noted the likely public and TUPE consultation requirements and the links with the approval of the Outline Business Case for the Evelina London expansion programme.

**10. Royal Street – Board sign off of conditions for regulatory approval**

In October 2019, the Trust Board approved an Outline Business Case (OBC) for a project under which the Trust (as the Tenant) would enter a commitment to a long term lease for a building within the Royal Street development. The purpose of the project was to enable the Trust to vacate Gassiot House, which would form a major component of its estates development plan.

A conditional Agreement for Lease was executed under delegated authority on 23 February 2020, under which the Trust would enter into a Lease for the new premises upon completion of the project. Under the terms of the conditional Agreement for Lease, the Trust was responsible

for satisfying the “Regulatory Approval” condition under which the Trust Board must satisfy itself that it has the regulatory consents necessary to proceed with the project. For this purpose, an assurance report had been prepared and issued to NHS England / NHS Improvement with whom the Trust’s finance and estates development programme teams had been liaising regularly since the OBC approval.

The Trust had been in regular contact with NHS England / NHS Improvement and the Department of Health and Social Care (DHSC) to provide support in relation to the classification of the project’s contribution towards the Capital Departmental Expenditure Limit (CDEL). Confirmation of arrangements to provide CDEL cover for the project was currently outstanding. This was being actively pursued by the Chief Finance Officer.

The Committee noted that under normal circumstances, CDEL was not a constraint on a Foundation Trust and therefore was not formally a matter where regulatory consent was required. However, in the present circumstances CDEL could be regarded as a regulatory constraint if the Department for Health and Social Care and HM Treasury regarded the transaction as novel, contentious or having repercussive implications and the Chair and Chief Executive of the Trust should satisfy themselves that this matter would be satisfactorily resolved prior to making the lease unconditional.

Committee members highlighted the importance of realigning pre-COVID-19 virtual appointment targets and progress made on this during COVID-19 with the plans for Royal Street. Executive colleagues confirmed that this was being taken into consideration. The Committee discussed the merits of revisiting the OBC in the context of services changes resulting from COVID-19, and timing issues associated with revisiting all major programmes were noted.

**RESOLVED:**

The Committee resolved to approve the proposals set out in paragraph 2.1 of the paper, subject to the Chair (on behalf of the Board) and the Chief Executive satisfying themselves that CDEL cover could be obtained. Until this was confirmed, the lease should not be made unconditional.

**11. STP Supply Chain Management – Full Business Case**

The Committee received a paper recommending approval of a Full Business Case (FBC) to expand the deployment of automated inventory management systems for supplies and medicines for Guy’s & St Thomas’ NHS Foundation Trust (GSTT), King’s College Hospital NHS Foundation Trust (KCH), Lewisham & Greenwich NHS Trust (LGT), and Dartford & Gravesham NHS Foundation Trust (DGT) and to establish a Performance Centre at the Trust Supply Chain Hub in Dartford to optimise the management of supplies and medicines for South East London.

The project was a joint initiative led by the GSTT Chief Procurement Officer and KCH Chief Pharmacist. The service transformation was projected to achieve significant annual savings to the Trust through a combination of inventory control and reduction in catalogue unit price variation. The FBC did not require Trust capital as the project was funded from a capital award under the Wave 4 Estate Transformation Fund. Subject to Trust Board approval the FBC would be submitted to NHS Improvement to release the funding.

The Committee noted the boards of the other organisations mentioned would also consider this FBC, and that the funding for this project was excluded from the current capital prioritisation process.

**RESOLVED:**

The Committee resolved to approve the Full Business Case.

**12. Any Other Business**

There was no other business.

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

The Committee was next due to meet on 29<sup>th</sup> July 2020 at 2pm.

DRAFT

8.c

**BOARD OF DIRECTORS  
QUALITY AND PERFORMANCE COMMITTEE**

**Minutes of the Meeting held on Wednesday 27<sup>th</sup> May 2020  
held virtually via MS Teams at 1.30pm to 3pm**

**Present:** Dr P Singh (Chair)  
Dr I Abbs  
Mr P Cleal  
Mr J Findlay  
Dr F Harvey  
Mr J Pelly  
Mr M Shaw  
Dr S Shribman  
Dame Eileen Sills  
Dr S Steddon  
Mr L Tallon  
Sir Hugh Taylor  
Mr D Waldron on behalf of Julie Screaton  
Mr S Weiner

**Attendance:** Ms J Dahlstrom, Secretary  
Ms S Austin  
Ms M Da Costa  
Mr S Davies  
Mr R Drummond  
Mr A Gourlay  
Ms S Hanna  
Ms A Knowles  
Ms R Liley  
Ms M McEvoy  
Ms S Noonan

**1. Apologies**

Apologies were received from Ms B Bryant, Sarah Clarke, Toni Lynch, Gary McAllister and Professor R Razavi.

**2. Declarations of Interest**

There were no declarations of interest.

**3. Minutes of the previous meeting held on 1<sup>st</sup> April 2020**

The minutes of the meeting held on 1<sup>st</sup> April 2020 were approved as a true record.

#### **4. Matters Arising**

There were no matters arising.

#### **5. Covid-19 Update**

The Quality and Performance Committee (the Committee) received an update on matters related to the Trust's COVID-19 response. This included updates on Personal Protective Equipment (PPE), testing, drugs and oxygen supply, Freedom to Speak Up arrangements, BAME risk, and approach to risk registers. Infection Prevention and Control (IPC) and safeguarding work were also considered.

The number of patients in hospital with COVID-19 continued to decrease and several critical care expansion areas had now been stood down. Recovery plans had been developed including plans for outpatients and routine elective procedures. Several operating theatres would be reopened next week.

Committee members received an update on recent research including on T-cells in COVID-19 patients. Possible implications for treatment options were discussed. Clinical trials involving vitamin D levels were also taking place. The Trust was investigating making vitamin D supplements available to staff following a donation. It was noted that supplements were generally effective at bringing vitamin D levels up to recommended levels.

Consideration was given to incident reporting during this period. Streamlined reporting procedures had been put in place to support staff in reporting of incidents during this crisis. Incident reporting related to pressure ulcers was discussed and measures had now been put in place.

A discussion took place on the vulnerability of BAME staff in the context of COVID-19 and ethnicity had been incorporated in the Trust's risk assessment tools. Risk assessment seminars had been held to support line managers. To date, no significant ethnicity trends had been identified in Trust sickness absence data but further investigations were ongoing. The broader support package put in place for BAME staff was outlined and the importance of ensuring representation from BAME staff throughout the Trust's governance structure was highlighted.

The Committee received an update on measures taken to protect staff, including BAME staff, working in the community. The community workload had increased as a result of the COVID-19 crisis and this was likely to continue for some time as rehabilitation pathways were developed further. Psychological support had been made available to community staff as it had been to staff working on hospital sites. The Committee welcomed actions taken to support homeless people and to provide personalised interventions to ensure accommodation was offered to homeless people on a permanent basis.

The Chief Nursing Officer provided an IPC update and Committee members noted the final data on staff 'flu vaccination uptake for 2019/20 as well as the target for the year ahead. This achievement was welcomed by the Committee. An update was provided on non-COVID-19 infections and it was noted that no transmission of hospital-acquired infections had taken place in this period. The frequent changes in COVID-19 infection control changes were noted and the Committee discussed the challenges this had posed. The Trust had performed well in the face of these challenges and was compliant with Public Health England (PHE) guidance. The Care Quality Commission (CQC)'s IPC Board Assurance Framework had been updated recently and further work was required to update the Trust's report in response. Committee

members thanked the IPC team for their work. An update was on the surveillance system which was being put in place to monitor patients' COVID-19 status while in hospital.

An update was provided on adult safeguarding activity during this period. The challenges associated with safeguarding staff redeployed to other areas were noted and a discussion took place on the support offered to patients with learning disabilities or dementia. An audit of Do Not Resuscitate (DNR) arrangements had taken place and had found no incidents of poor clinical practice or decision making. The community team were thanked for their hard work in supporting vulnerable adults. Committee members noted that the Trust was working closely with South London and Maudsley NHS Foundation Trust to ensure best practice pathways for patients with mental health needs were in place. Consideration was given to the end of life care offered by the Trust and arrangements which had been put in place to support patients and staff were outlined.

In relation to children's safeguarding, there had been a decrease in activity during the COVID-19 crisis and the Trust was planning for an increase in workload when lockdown restrictions were lifted. The services which had been provided to mothers and new babies throughout the crisis were outlined. Adult and children's safeguarding reports would be presented to the Committee at its next meeting.

## **6. Covid-19 Response Stabilisation Phase**

The Committee considered key operational measures taken to support the Trust in the stabilisation phase of the COVID-19 response. The governance framework for ongoing oversight of this work was outlined. Plans were in place to respond to a future spike in COVID-19 activity should this be required.

A discussion took place on the need for separate COVID-19 and non-COVID-19 pathways and the operational implications of this. Physical changes would be required to the hospital infrastructure and work on these was underway. Elective activity would recommence next week and use of the independent sector capacity to support this would continue.

The response throughout the crisis, stabilisation and recovery phases had been, and would continue to be, approached at a South East London sector level and mutual aid had been provided between providers in the area. National and regional operational frameworks guided the Trust's approach to stabilisation and recovery and it was noted that some operating constraints were in place as a result. Mechanisms through which the Trust could escalate issues where a different approach was required were considered.

Committee members highlighted the importance of communicating to local communities the fact that the Trust was open and accessing hospital services was safe. This was particularly important in the context of the decline in urgent attendances and studies published in relation to excess deaths. The role of nationwide communications from the Government was noted. Pro bono behavioural insight support had been offered to help the Trust with social distancing and bringing patients back to hospital. Governors offered to help ensure messages were communicated. The Committee noted the work done by the Trust to ensure children had been able to access healthcare services throughout the crisis and an update on the hyperinflammatory syndrome being seen in a small number of children was provided.

Governors welcomed the work from Trust colleagues on ensuring PPE had been available to staff at all times, and emphasised the importance of having reusable PPE where appropriate. The wellbeing zones which had been put in place for staff had been valued by staff and work was ongoing on trying to find new locations for these zones as areas were being converted back for clinical use.

The Committee thanked staff for their support during this period. Highlights included the Trust's ability to move quickly to offering virtual outpatient appointments and the Committee welcomed the clinical leadership that had given rise to the rapid creation and uptake of virtual consultations. The Committee also welcomed the Trust's strong performance on 'flu vaccinations, the approach to supporting BAME staff and the wellbeing offer developed for staff. The Committee also thanked the Guy's and St Thomas' Charity.

## **7. Financial Report for Month 1 – April 2020**

The financial report for Month 1 – April 2020 was presented to the Committee together with an overview of the new financial framework which had been put in place for the NHS during the COVID-19 response. The key components of this framework and their implications for the Trust were outlined.

The revenue block arrangement calculated for the Trust had been based on months in which expenditure had been lower than usual and in which there had been several non-recurring benefits. This, combined with COVID-19 expenditure and income reduction, meant that the Trust required additional top-ups in months 1 and 2 of the 2020/21 financial year. The Trust was working with NHS England and NHS Improvement to seek a more accurate block arrangement going forward.

Business planning had been suspended in early March and the latest version of the business plan available at that time had been uploaded onto the financial system as this year's budget. Adjustments to this budget were now being made and some of the income-generating business cases had now been excluded. The cultural change of a move away from revenue-generating activity was likely to pose challenges and careful communication with staff was required. Strategic investments which would benefit the Trust in future years would continue.

The key drivers of the Month 1 position were noted. These included COVID-19 expenditure and income which had not been recognised as a result of research activity being on hold. Some categories of COVID-19 expenditure had been incurred on behalf of the system and this was recognised at a regional level. The Committee discussed the changes which had been made to capital expenditure approvals and the implications of new system-wide limits for the Trust's capital plans were considered. Public Dividend Capital (PDC) funded capital spend had been excluded from the arrangements and for the remaining capital spend planned for 2020/21, a prioritisation exercise had been undertaken.

A brief update was provided on the 2019/20 financial outturn. It was noted that on 10 June, the Board through the Transformation and Major Programmes Committee (TMP) would be presented with the detailed financial outturn position for 2019/20 which would include an overview of COVID-19 related expenditure incurred in March 2020.

## **8. Reports for Noting**

The Committee noted the reports. The history of the development of the quality priorities was outlined and the Committee noted that these had been reviewed recently to ensure they were still relevant.

8.d



**9. Any Other Business**

A discussion took place on social distancing at the Trust and estates plans to support this were outlined. Implications for patient transport were also considered.

The Committee received an update on the Ilead 7 interleukin trial.

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

Wednesday 8<sup>th</sup> July 2020, with details of timing and arrangements to follow.

8.d

**BOARD OF DIRECTORS  
QUALITY AND PERFORMANCE COMMITTEE**

**Minutes of the Meeting held on Wednesday 8<sup>th</sup> July 2020  
held virtually via MS Teams at 2pm to 5pm**

**Present:** Dr P Singh (Chair)  
Dr I Abbs  
Mr P Cleal  
Mr J Findlay – until 4pm  
Dr F Harvey – until 4.35pm  
Mr J Pelly  
Mr M Shaw  
Dr S Shribman  
Dame E Sills  
Dr S Steddon  
Mr L Tallon – until 4.30pm  
Sir H Taylor  
Mr D Waldron on behalf of Ms J Screaton

**Attendance:** Ms J Dahlstrom, Secretary  
Ms S Austin – until 3pm  
Ms B Bryant – until 3pm  
Ms G Charlton – item 6  
Ms M Da Costa  
Mr S Davies  
Mr R Drummond  
Mr A Gourlay  
Ms A Knowles  
Ms R Liley  
Ms A Lynch – until 4.30pm  
Ms C Mackay – until 4.30pm  
Ms M McEvoy  
Ms C McMillian on behalf of Ms B Bryant  
Dr J Myer – item 6  
Ms S Noonan  
Ms J Powell  
Ms M Sadik – until 4pm  
Ms D Saunders – until 4.30pm  
Mr N Wigglesworth

**8.d**

**1. Welcome and Introductions**

The Chair welcomed colleagues to the meeting.

**2. Apologies**

Apologies were received from Ms S Clarke, Ms S Hanna, Mr G McAllister, Ms S Noonan, Dr N Price, Professor R Razavi, Ms M Ridley and Mr S Weiner.

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

There were no declarations of interest.

### **4. Minutes of the previous meeting held on 27<sup>th</sup> May 2020**

The minutes of the meeting held on 27<sup>th</sup> May 2020 were approved as a true record.

### **5. Matters Arising**

An update was provided on risk assessments. The Trust was working on sourcing vitamin D to provide to staff free of charge. National guidelines would be published on this topic.

### **6. Life Lines Presentation**

The Quality and Performance Committee (the Committee) noted that thought had been given to bringing stories which illustrated key or topical issues to each meeting. This would be discussed in detail in at the October meeting. The idea was welcomed by the Committee although careful agenda planning would be required to ensure enough time could be allowed. The importance to hearing stories from patients themselves in their own words was highlighted.

The Committee received an overview of Life Lines, an ultra-rapid COVID-19 health tech response to enable virtual visiting in hospitals during the pandemic. Through a dedicated team focus, it had been possible to obtain the required IT and information governance approvals rapidly to enable a quick roll-out of this technology. The initiative had provided an insight into the impact on patients and families and had made a significant difference, and Committee members thanked the team involved.

### **7. COVID-19 Update**

An update was provided on the current position in relation to COVID-19. Some admissions to the Trust were still occurring although the number of patients had decreased significantly. The proportion of staff who had tested positive for antibodies was noted. The requirements regarding social distancing and masks had not changed and the Trust continued to follow the nationally mandated procedures. Risk assessments were discussed. Supporting guidance had been provided to managers to help the completion of risk assessments and data collection was now ongoing. The results of this data collection would be reported to the next meeting of the Committee.

#### **ACTION: JS**

There would be national reporting and performance management in this area although having high quality and supportive line management conversations around risk was more important than meeting the target as quickly as possible.

The Chief Nursing Officer provided an overview of the impact on the workforce of the COVID-19 response and the resulting service changes. It had been difficult for staff returning to previous roles to find these had changed and their past support networks did not exist in the same way. The Committee discussed this and thanked the Trust's staff for their continued hard work. Support structures would be put in place to provide ongoing support to staff and

the key components of this were outlined. An update on staff update would be provided at the next meeting.

**ACTION: JS, DW**

Colleagues were likely to have differing needs and the support offer would be flexible. Consideration was given to the impact of ongoing Infection Prevention and Control (IPC) requirements on ways of working.

The Committee discussed the recovery from COVID-19 and the impact on performance against targets including the A&E target. An overview of the Trust's waiting list position including long waiters was provided. Some patients were reluctant to come to the Trust for treatment, which was partly due to the self-isolation requirements before and after treatment. There had also been a reduction in capacity resulting from IPC requirements. The balance of direct and indirect risk and harm would need to be considered carefully at national and regional level and excess deaths should be monitored. Committee members highlighted the importance of recording the reasons why treatment had been delayed to allow future analysis.

Steps taken to address the increase in the waiting list were outlined and the interaction with changes to the system operating model were considered.

A discussion took place on cancer referrals. The implications of diagnosis taking place at a later stage included a more urgent requirement for treatment for affected patients, which would have an impact on new routine patients going forward. Open referrals were discussed and it was noted that there were likely to be a number of data issues which, once resolved, would significantly reduce the numbers. Further analysis was required. The national arrangements for continued use of independent sector facilities had been extended until August 2020. There had been further local negotiations for the period beyond that, but national discussions would need to be concluded before this could be finalised.

8.d

## **8. Topics of Note**

The Committee considered the Topics of Note which included the Balanced Scorecard, an operational performance overview and an update on delayed appointments. The Committee noted changes to the Serious Incident Assurance Panel and received an update on learning from adverse events and good outcomes. There had been no pause in complaints handling at the Trust during the COVID-19 pandemic and performance in responding to complaints had been maintained. Never events were discussed and the Committee received an update on policy and guidelines, patient safety and women's services.

The three risks on the risk register relevant to the Committee were outlined. These were around demand and capacity, financial challenges and quality of care.

A summary was provided of the situation at Minnie Kidd House. Concerns had been raised including around culture in the unit and these were being investigated. Staff were being encouraged to speak out. Some immediate steps had been taken to safeguard patients and admissions had been put on hold.

## **9. Safeguarding Adults Annual Report**

The Vulnerable Adults Annual Report was presented to the Committee. The report set out the highlights of all activities related to the safeguarding of adults and provided an overview of the performance of the different components of safeguarding adults which included dementia and delirium, learning disability and mental health administration services. Key developments,

risks and lessons learned from investigations and patient feedback were highlighted. Measures taken to safeguard vulnerable adults during the COVID-19 pandemic were also outlined.

#### **10. Safeguarding Children's Annual Report**

The Committee received the Annual Report on safeguarding the wellbeing of children. Progress made against the work plan was outlined and Committee members were provided with a summary of all activity and progress made in safeguarding children. The challenges associated with obtaining health visitor input through the COVID-19 pandemic were noted and steps had been taken to put in place face to face contact where needed. A discussion took place on staff capacity and it was noted that recruitment was ongoing. The importance of the relationship with local authorities and other agencies on domestic violence and knife crime was emphasised.

The Committee thanked colleagues for the quality of the adults and children's safeguarding reports and the work ongoing in these areas. The impact of providing more of these services virtually would need to be assessed and this would be presented at a future meeting. There would also be a report on the effectiveness on the child protection information services.

**ACTION: ES**

#### **11. Infection Prevention & Control Annual Report**

An update was provided on Trust performance in the area of infection prevention and control and the Committee noted the processes that were being employed to prevent and control infections. The latter part of 2019/2020 had been dominated by the COVID-19 pandemic and a summary of the contribution of Infection Prevention and Control team to the Trust response was included in this report. Other IPC updates were noted including on the work on Gram negative bacteraemia. There had been a 10% improvement in mandatory IPC e-learning attendance.

The Committee thanked the IPC team for their hard work. A discussion took place on 'flu vaccination in the context of the COVID-19 pandemic. Coverage should be increased if possible and steps to enable this should be examined.

An update on a legionella case identified at the Trust was provided.

#### **RESOLVED:**

The Committee resolved to approve the reappointment of Dr Nicholas Price and Neil Wigglesworth as the joint Directors of Infection Prevention and Control.

#### **12. Workforce Performance Quarterly Report**

The Committee noted that in addition to the annual report on compliance with statutory workforce requirements, it received quarterly updates on this subject as an additional assurance mechanism. The changing demographic of the workforce over recent years was outlined and performance against six workforce indicators included in the 'well led' section of the Trust Balanced Scorecard was considered.

### **13. WRES/WDES Annual Report**

An overview was provided of the Trust Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) position within the programme of work under equality, diversity and inclusion (EDI). The WRES was mandated through the NHS standard contract in 2015/16. Since then, NHS organisations had been required to complete and submit their data every August in an annual submission to NHS England followed by a co-created action plan with the BAME staff network and stakeholders and published in October.

The specific changes and developments that had taken place in the last two years to increase Trust wide awareness of EDI and improve the experience of staff from Black, Asian and Minority Ethnic (BAME) heritage were outlined. Improvements had been identified in some areas such as recruitment and staff experience, but an accelerated improvement approach was now needed.

Detailed comments had been provided outside of the meeting and the Board had met to discuss Black Lives Matter in detail. The metric on experience of discrimination was discussed and further analysis was required to understand the proportion of black staff who had experienced discrimination. Setting targets would be important to drive change.

### **14. BAF Risks Assigned to Quality & Performance Committee – Update**

The Committee received an update on the Board Assurance (BAF) risks assigned to it, and reviewed and agreed these. Workforce risks including pressures and long-term impact on staff resilience would be considered.

### **15. Financial Report for Month for Month 2**

The Committee noted the interim financial plan and the new financial regime the Trust was operating within. A review of the block payment and baseline budget calculations would be sought. The financial impact of COVID-19 was discussed and the Committee noted the requirement for top-up funding. There were limitations placed on capital expenditure and a requirement to obtain approval for all COVID-19 projects had been put in place. A briefing on the risks created by this financial regime would be scheduled.

**ACTION: SD, JD**

### **16. Capital Prioritisation**

The Committee received an overview of the capital expenditure prioritisation exercise which had been undertaken. The interaction between Public Dividend Capital funding, COVID-19 capital and limits on all other capital was considered. Quality Impact Assessments in relation to the prioritisation were ongoing. The Committee noted that this prioritisation had been required as a result of externally imposed constraints and if the Trust would have been permitted to operate independently in this area, more capital projects would have been pursued.

### **17. Reports for Noting**

The Committee noted the reports.

**18. Any Other Business**


There was no other business.

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

Wednesday 2<sup>nd</sup> September 2020, with details of timing and arrangements to follow.

DRAFT

8.d

<b>Board of Directors' – Quality and Performance Committee</b>	
<b>Financial Report for the two months to 31<sup>st</sup> May 2020</b>	<b>8<sup>th</sup> July 2020</b>

This paper is for:		Sponsor:	<b>Martin Shaw</b>
Decision		Author:	<b>Peter Parr, Steven Davies</b>
Discussion	✓	Reviewed by:	
Noting	✓	CEO*	
Information		ED*	
		Board Committee*	
		TME*	
		Other*	

\* *Specify*



## 1. Introduction \ Context

- 1.1 The Trust remains on an emergency breakeven plan until at least July 2020 although current indications are that this may be extended further into the financial year.
- 1.2 The Trust will continue to seek to challenge and ask for a review of both the block payment calculation and the income and expenditure baseline budget due to both the period it covered in terms of low expenditure (November to January) and the high value of non-recurrent items that arose in this period.
- 1.3 This paper updates the Board of Directors on performance against the breakeven plan and the required top up funding for the period covering the two month's to 31<sup>st</sup> May 2020.

## 2. Financial performance Summary.

- 2.1 Against the plan (excluding COVID-19 impact) which is a deficit of £3.6M for the two month's to 31<sup>st</sup> May, a surplus of £2.3M has been recorded which is £5.9M better than plan.
- 2.2 The financial impact of COVID-19 has been assessed as £28.0M resulting in a deficit of £25.7M. In line with the current finance regime top up funding of £25.7M has been accrued into the reported position to report an overall break-even position. The value of the top up funding of £25.7M is £22.1M more than that prospectively planned for by NHSI \ E.

	YTD Plan £m	YTD Actual £m	YTD Variance £m
I&E Baseline Plan	(3.6)	2.3	5.9
COVID-19 Impact Assessment	0.0	(28.0)	(28.0)
<b>Sub Total pre top up funding</b>	<b>(3.6)</b>	<b>(25.7)</b>	<b>(22.1)</b>
Top up funding adjustment	3.6	25.7	22.1
<b>Break even plan</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
DODA	(2.2)	(1.9)	0.2
Capital Donations	1.2	0.1	(1.1)
<b>Total Surplus \ (Deficit)</b>	<b>(1.0)</b>	<b>(1.8)</b>	<b>(0.9)</b>

- 2.3 The in-month performance was a deficit of £4.7M, this is a reduction of £16.3M when compared to the April deficit of £21.0M. Refer to the attached finance report for further detail.

### 3. Coronavirus (COVID-19) Assessment

- 3.1 The £28.0M assessed as being the financial impact of COVID-19 covers increases in pay and non-pay expenditure that are attributable to COVID-19 and that are above our baseline budgets. It also covers the marginal impact of reductions in our income excluding those relating to CCGs and NHS England income.
- 3.2 The Trust has provided estimates of the financial impact of COVID-19 in our monthly finance in year monitoring return. These however were limited to the increases in pay and non-pay expenditure and total £19.0M. The main components of which were:
- £4.9M on national procurement areas which include the provision of hotel accommodation for staff, extended use of the procurement hub at Dartford and purchase of PPE
  - £2.9M working additional shifts
  - £2.1M increased ITU capacity
  - £2.0M workforce expansion
  - £1.6M patient transport services
  - £1.2M building and engineering works related to mortuary expansion, air handling and ward upgrades
- 3.3 The £25.7M of income accrued as top up funding, as noted in 2.2, will effectively compensate the Trust for the overall financial impact of COVID-19, but remains subject to scrutiny and challenge by NHS/IE.
- 3.4 At month one the Trust had accrued £20.9M of Top up Funding. Subsequent to the submission of the month two financial performance return the Trust was notified that it's month one claim would be paid at £20.1M with £0.8M of drug claims still being reviewed.

#### 4. Financial Performance excluding COVID-19 impact

- 4.1 The £2.3M surplus excluding the impact of COVID-19 as shown in the table above is £5.9M better than plan. The main driver of this position is due to the significant reductions in in non COVID-19 clinical activity; whilst we have in the main secured income under block contract arrangements there are significant underspends across clinical supplies and to a lesser extent drugs and some pay budgets.
- 4.2 Business planning for 2020-21 was suspended on the 12<sup>th</sup> March 2020 and at this point there remained an efficiency requirement still to be addressed of £46M along. In addition revenue business cases with a positive contribution of £7.4M have currently been put on hold under the current block contract regime.
- 4.3 Discussions are to continue within the Trust in the context of stabilisation and recovery around re-setting directorate budgets for the remainder of this financial year given the external financial regime we are now in and the need to manage expenditure within the baseline budgets.

## 5. Cash and Capital

**5.1 Cash:** the cash position at the end of May was £265.1M, a reduction of £6.3M from last month this is an increase of £125.8M from March. Whilst significant costs have been incurred in relation to COVID-19 the following material cash benefits have arisen neither of which are reflected in the reported income and expenditure position.

- Block contract payments from CCGs and NHSE £112.5M, remains one month ahead of the planned schedule.
- Cash received in respect prior year transactions PSF £5.8M and COVID-19 costs of £6.9M and a payment of £7.6M for current year COVID-19 costs.
- Education income £6.0M, this is paid quarterly in advance

**5.2 Capital:** £15.8M of capital expenditure was recorded to the end of May of which £7.4M related to COVID-19 projects.

- The Trust has been told that excluding COVID-19 projects its capital limit for 2020-21 is £78M (excluding PDC funded schemes) and to manage within this value we will need to reassess our current capital commitments.
- Guidance received from NHSI \ E on the 19<sup>th</sup> May 2020 stated all capital projects related to COVID-19, regardless of value require national approval prior to commencement, previously a threshold of £250K had been established.
- Any less than £250K schemes which had not yet been submitted by that date (19<sup>th</sup> May) will be submitted to the national capital team for consideration of approval.

## 6. Request to the Board of Directors

The Board of Directors is asked to:

- Note the interim financial plan that has been set and the new finance regime the Trust is operating within
- Note that the Trust will seek a review of the block payment and baseline budget calculations
- Note the assessment of the financial impact of COVID-19 of £28.0M in achieving a loss of £25.7M.
- Note the required top up funding of £25.7M.
- Note current limitations that are being placed on capital and the requirement to obtain approval for all COVID-19 projects.

## KEY MESSAGES - 2020-21 - MONTH 02

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

- A surplus in May of £5.3m is £7.1m better than the planned base-line deficit of £1.8M and the YTD surplus of £2.3m is £5.9m better than the planned base line deficit of £3.6M.

### 2. COVID-19 Financial Impacts

- An assessment of the financial impact of COVID-19 in excess of our baseline budgets at the end of May is £28.0M. This comprises additional revenue costs of £22.3M and reductions in non NHS clinical income streams of £5.7M.

### 3. Top Up Funding

- Under the current financial regime the Trust has accrued additional income in respect of Top Up Funding of £25.7M comprising the £2.3M base line surplus less the COVID-19 impact of £28.0M. The £25.7M accrued is £22.1M more than has been expected.

### 4. Main drivers of base line position

- Under the current financial regime clinical income relating to NHSE and CCG's with an annual value of £1.3b is being paid under block contract arrangements. Monthly payments are being received in advance of contractual obligations supporting our healthy cash position.
- Those contracts which remain under cost and volume arrangements have an annual value of £24.5M and include non English commissioners, Local Authorities, Channel Islands and overseas visitors. Whilst some activity has been undertaken these are £2.3M below planned levels.
- Following the suspension of business planning, directorate business plans have been re-based and revenue business cases suspended which will now be subject to a further review process. There remains an efficiency requirement still to be identified of £53.5M of which £8.9M is reflected in the YTD position.
- The main driver of the favourable position against the baseline plan relates to non pay under spends, in particular clinical supplies £9.1M and drugs and blood costs £1.7M both reflecting the reduced levels of non COVID related activity.
- Pay budgets are showing an underlying underspend of £1.5M as recruitment activity has slowed although the levels of expenditure on some medical staff categories and temporary staff costs are being reviewed as these are higher than anticipated.

### 5. COVID-19 Financial Impacts

- The financial impact of COVID-19 has been assessed at £28.0M. This comprises £5.7M of income reductions of which £2.4M relates to research activities and £3.3M for commercial and other operating income streams. £5.9M relates to increased pay costs to support the response to COVID-19 and comprises both GSTT and external staffing resources. Increased non pay costs account for £16.1M and include enhanced patient transport and laundry services, increased procurement capacity, purchases of PPE and other clinical supplies, accommodation for staff and estates works.

### 6. Cash position

- Our cash position remains strong at £265.1m at the end of May, a reduction of £6.3m in the current month.

### 7. Capital – performance

- To the end of month 02 the Trust has spent £15.8m of capital. This comprises £8.2m on existing GSTT schemes where the Trust is working to a control total for this financial year of £78m; £7.4m on COVID-19 schemes where new funding is anticipated and £0.2M on schemes funded by donations.

## FINANCIAL PERFORMANCE HIGHLIGHTS - 2020-21 - MONTH 02



### ACTUAL

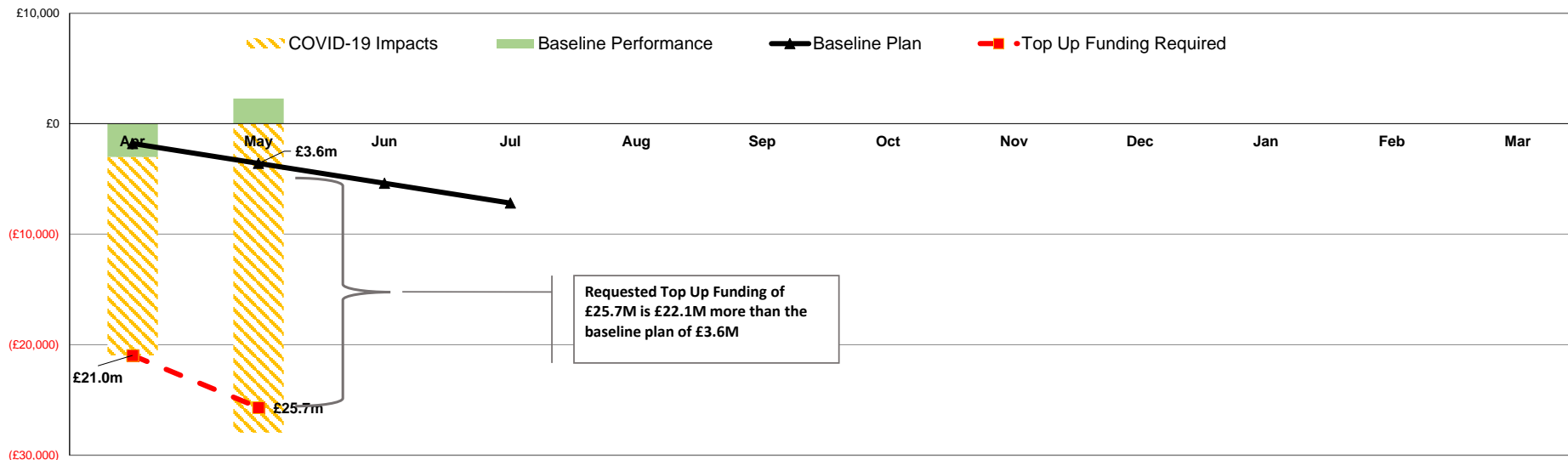
- MONTH SURPLUS \ (DEFICIT):	(£4.7m)	- £5.3m surplus against the baseline plan and £10.0M of impacts from COVID-19 - £4.7m of Top Up Funding has been accrued, £2.9M more than was planned.
- YEAR-TO-DATE SURPLUS \ (DEFICIT):	(£25.7m)	- £2.3m surplus against the baseline plan and £28.0M of impacts from COVID-19 - £25.7m of Top Up Funding has been accrued, £21.8M more than was planned.
- CASH:	£265.1m	- a decrease of £6.3m from last month, but an increase of £125.8m from last year



**FINANCIAL PERFORMANCE:  
MAY ACTUAL - MONTH 02 YTD - FORECAST - FY 2020-21**

£000's	MAY			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
<b>I&amp;E Baseline Plan</b>	<b>(£1,796)</b>	<b>£5,302</b>	<b>£7,098</b>	<b>(£3,592)</b>	<b>£2,278</b>	<b>£5,870</b>
COVID-19 - Impact Assessment	£0	(£10,011)	(£10,011)	£0	(£27,957)	(£27,957)
<b>Sub Total</b>	<b>(£1,796)</b>	<b>(£4,709)</b>	<b>(£2,913)</b>	<b>(£3,592)</b>	<b>(£25,679)</b>	<b>(£22,087)</b>
Top Up Funding	£1,796	£4,709	£2,913	£3,592	£25,679	£22,087
<b>Plan including Top Up</b>	<b>(£0)</b>	<b>£0</b>	<b>(£0)</b>	<b>£0</b>	<b>(£0)</b>	<b>(£0)</b>
Depreciation on Donated Assets (DODA)	(£1,088)	(£972)	£116	(£2,176)	(£1,944)	£232
<b>UNDERLYING SURPLUS \ (DEFICIT)</b>	<b>(£1,088)</b>	<b>(£972)</b>	<b>£116</b>	<b>(£2,176)</b>	<b>(£1,944)</b>	<b>£232</b>
Capital Donations	£605	£117	(£489)	£1,211	£117	(£1,094)
<b>TOTAL SURPLUS \ (DEFICIT)</b>	<b>(£483)</b>	<b>(£855)</b>	<b>(£373)</b>	<b>(£966)</b>	<b>(£1,828)</b>	<b>(£862)</b>

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

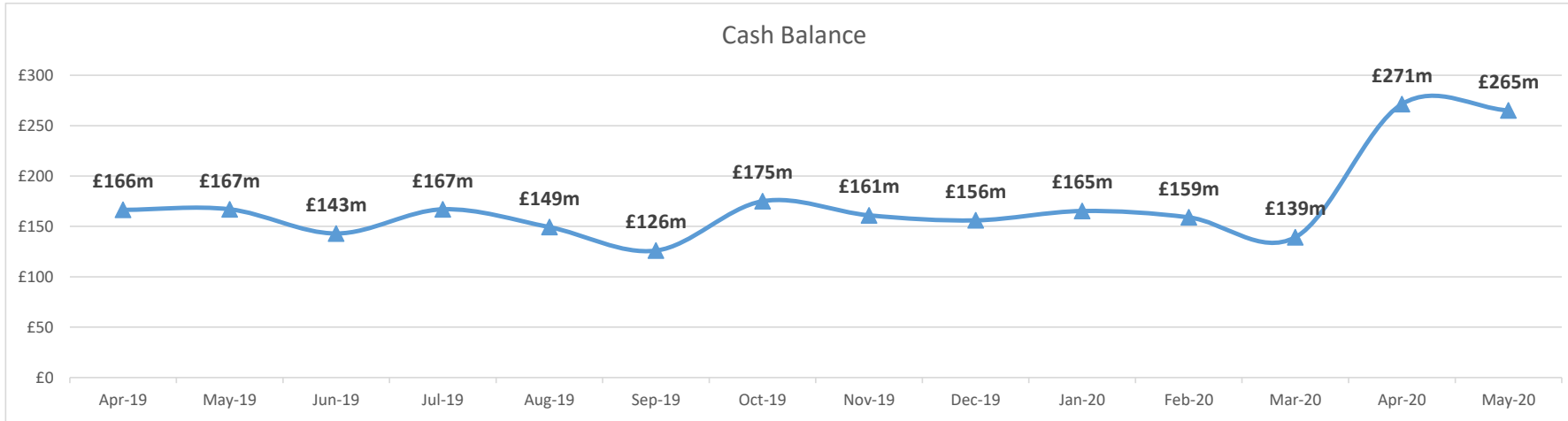


# FINANCIAL PERFORMANCE: CASH AND CAPITAL - YTD - FORECAST

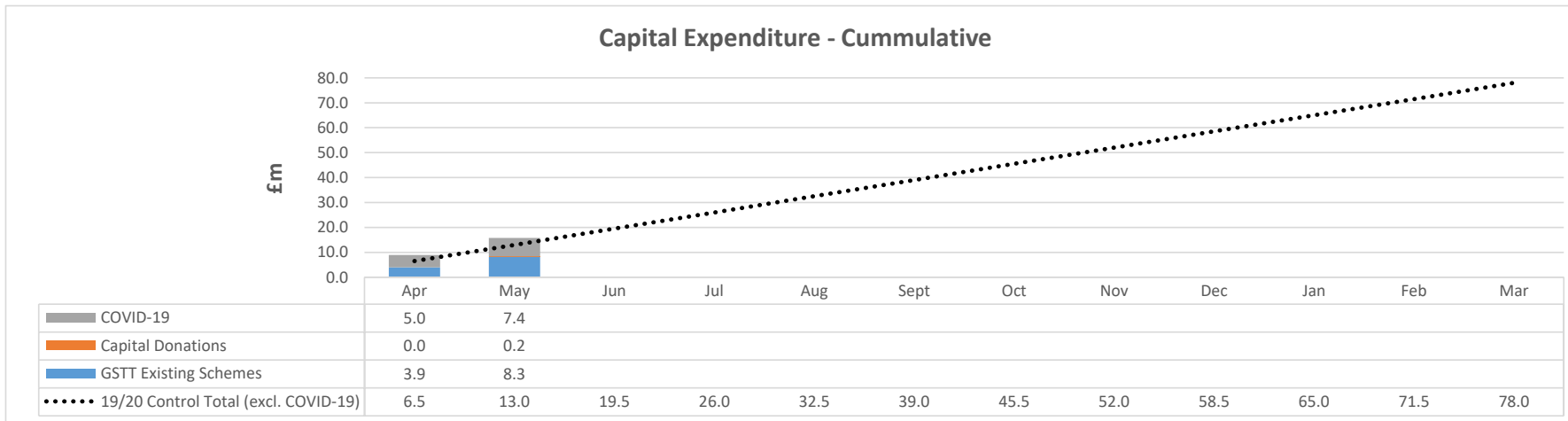


£265m


## CASH



## CAPITAL



Topics of Note – Appendix 1, Quality and Performance Committee, 8<sup>th</sup> July 2020

<b>Quality &amp; Performance Committee</b>	
<b>Topics of Note – Appendix 1: Trust Balanced Scorecard (May 2020)</b>	<b>8 July 2020</b>
	<b>Reporting May 2020</b>

This paper is for:		Sponsor:	
Decision		Author:	Informatics Team
Discussion	X	Reviewed by:	Roger Harris, Head of information Delivery Scott West, Head of Planning & Performance
Noting		CEO*	
Information		ED*	
		Board Committee*	x      Quality & Performance
		TME*	
		Other	

\* Specify  
\_\_\_\_\_

Topics of Note – Appendix 1, Quality and Performance Committee, 8<sup>th</sup> July 2020

## **1. Summary**

This report aims to update the Quality & Performance Committee on Trust wide performance against key performance indicators (KPIs) and metrics for operational standards. However during the period of March through to June there are a number of KPIs which we stopped producing information for. We anticipate reporting against these to recommence in July and August.

## **2. This paper is for noting at the Quality & Performance Committee, 8<sup>th</sup> July 2020**

Performance Framework - Balanced Scorecard

May-2020

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

Missing data

**Safe** Level **3**

No. of levels in Domain: 1-Low: 2 2 3 4 5 6-High: 3

Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels		Monthly Performance		
							Apr-20	May-20	Apr-20	May-20	Trend
<b>1.1 Incident reporting</b>											
Total incidents reported	Latest Mth	6	1,901		22,513	2,566	6	6	1,517	1,901	
Never Events	Latest Mth	1	0	0	1.1		1	1	0	0	
Incidents resulting in unexpected death	Latest Mth	3	6		64.0	5.8	1	3	2	6	
Incidents resulting in severe harm	Latest Mth	1	2		54.9	4.3	1	1	3	2	
<b>1.2 Harm-free care</b>											
Pressure ulcer acquisitions (category 2 and above) attributable to Trust	Latest Mth	6	11		5.8	5.8	6	6	28	11	
Incidence of falls per 1000 bed days	Latest Mth	6	8.0		5.2	4.7	6	6	7.7	8.0	
<b>1.3 Infection control and cleanliness</b>											
MRSA bacteraemia (Trust-attributable)	Latest Mth	-	-		0	0.6	-	-	-	-	
C-Diff acquisitions resulting from lapse in care	Latest Mth	-	-		0	0.0	-	-	-	-	
C-Diff acquisitions (Trust-attributable)	Latest Mth	-	-		54	2.1	-	-	-	-	
Anti-microbial stewardship	Latest Mth	-	-		>85%	89.0%	-	-	-	-	
<b>1.4 Screening on admission</b>											
VTE screening (externally reported)	Latest Mth	-	-		>95%	96.9%	-	-	-	-	
Dementia screening (patients aged over 75)	Latest Mth	-	-		>90%	71.9%	-	-	-	-	
<b>1.5 Mortality indicators</b>											
Hospital standardised mortality ratio (HSMR) - most recent score	Latest Mth	1	73.0		90	72.9	1	1	72.8	73.0	
Standardised healthcare mortality index (SHMI) - most recent score	Latest Mth	1	75.8		90	75.9	1	1	74.5	75.8	
<b>1.6 Safe Staffing</b>											
Ratio of actual to planned hours	Latest Mth	n/a	-		-	99%	n/a	n/a	-	-	
% Initial Case Conference Attendance	Latest Mth	3	91.3%		>95%	94.0%	3	3	96.7%	91.3%	
% Review Case Conference Attendance	Latest Mth	1	98.3%		>95%	95.1%	2	2	93.6%	98.3%	
% of Staff having supervision in timeframe - HV	Latest Mth	2	93.0%		>95%	94.5%	3	2	92.5%	93.0%	
% of Staff having supervision in timeframe - SN	Latest Mth	1	96.0%		>95%	98.9%	1	1	96.0%	96.0%	
Number of children not seen by practitioners/not followed up as per plan	Latest Mth	2	1		0	2	1	2	0	1	

**Effective** Level **3**

No. of levels in Domain: 1-Low: 2 2 3 3 4 5 6-High: 4

Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels		Monthly Performance		
							Apr-20	May-20	Apr-20	May-20	Trend
<b>2.1 Clinical best practice</b>											
Emergency readmissions (within 28 days - in aears)	Latest Mth	3	6.2%		<5.0%	5.2%	3	-	6.2%	-	
Emergency readmissions (within 14 days - in aears)	Latest Mth	2	3.8%		<3.8%	3.9%	2	-	3.8%	-	
Critical care unplanned readmissions within 48 hours	Latest Mth	-	-		<1.3%	0.7%	-	-	-	-	
Critical care mortality indicator - STH+VHDU	Prev Qtr	-	-		TBD	-	-	-	-	-	
Critical care mortality indicator - Guy's/GCU	Prev Qtr	-	-		TBD	-	-	-	-	-	
PICU readmissions within 48 hours	Latest Mth	6	26		52	4	1	6	0	26	
End of life care - % of deaths supported by Priorities for Care	Latest Mth	-	-		>25%	50%	-	-	-	-	
% of 3rd/4th degree perineal tears from vaginal delivery	Latest Mth	1	1.5%		53.1%	2%	1	1	1.7%	1.5%	
Sitabirine as a percentage of total births	Latest Mth	4	1.0%		<0.8%	0%	1	4	0.2%	1.0%	
% APGAR <7 at 5 minutes	Latest Mth	3	2.1%		<1.8%	2%	1	3	1.0%	2.1%	
% Caesarean sections	Latest Mth	6	36.5%		<28%	35.9%	5	6	34.2%	36.5%	
Induced labour rates	Latest Mth	1	27.1%		>28.4%	26.4%	1	1	28.4%	27.1%	
Pregnancy related diabetes	Latest Mth	1	6.5%		<10%	9%	1	1	6.3%	6.5%	
Bookings by ten weeks	Latest Qtr	1	73.0%		>50%	-	1	1	73.2%	73.8%	
88.0% and local CQUiNs (CSULocal CCG commissioned)	Latest Qtr	3	88.0%		100%	-	3	3	88.0%	88.0%	
Highly specialised services CQUiNs (NHS England commissioned)	Latest Qtr	1	100.0%		100%	-	1	1	100.0%	100.0%	
Health Visiting - New Birth Visits within 14 days	Latest Mth	1	98.2%		>95%	96.1%	1	1	96.4%	98.2%	
% infants whose breastfeeding status is known at 6-8 weeks	Latest Mth	6	62.4%		>65%	65.0%	6	6	72.0%	62.4%	
% infants breastfeeding at 6-8 weeks	Latest Mth	4	70.4%		>75%	56.2%	6	4	59.9%	70.4%	
% Health Review 1 (15-months)	Latest Mth	1	96.6%		>85%	95.8%	1	1	97.5%	96.6%	
% Health Review 1 (12-months)	Latest Mth	1	86.7%		>85%	93.1%	3	1	81.9%	86.7%	
% Health Review 2 (20-months)	Latest Mth	1	88.3%		>85%	91.3%	1	1	88.1%	88.3%	
% ASQ3 Completed in Health Review 2	Latest Mth	6	69.0%		>95%	68.4%	6	6	68.4%	69.0%	
National Child Measurement Program - % coverage reception year	Latest Mth	4	80.8%		>85%	84.0%	4	4	80.8%	80.8%	
National Child Measurement Program - % coverage year 6	Latest Mth	5	78.9%	35%	>85%	80.5%	5	5	78.7%	78.9%	
% children receiving wheedchat within 18 weeks from referral	Latest Qtr	-	-		100%	-	1	-	-	-	
Patient facing time District Nursing	Latest Mth	2	38.3%		>40%	37.4%	3	2	37.4%	38.3%	
Primary Care Engagement	Latest Mth	-	-		>99%	99.2%	-	-	-	-	
Rehab & Reablement % of people at home at 91 days	Latest Qtr	-	-		>87%	87.0%	-	-	-	-	
Total Follow up waiting list	Latest Mth	n/a	350,451		-	-	n/a	n/a	0	350,451	
Total overdue w/out appt dates	Latest Mth	6	96,320	39,250	34,037	77,942	6	6	96,332	96,320	

**Caring** Level **3**

No. of levels in Domain: 1-Low: 2 2 3 4 5 6-High: 6

Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels		Monthly Performance		
							Apr-20	May-20	Apr-20	May-20	Trend
<b>3.1 Admitted care</b>											
Overall inpatient patient experience score	Latest Mth	1	89.2%		>89%	89.5%	1	1	91.6%	89.2%	
Single sex compliance - breaches (all types)	Latest Mth	-	-		0	18	-	-	-	-	
Friends and Family test - Response rate	Latest Mth	6	7.4%		>25%	19.9%	6	6	5.7%	7.4%	
Friends and Family test - % Recommended	Latest Mth	2	96.0%		>97%	95.4%	2	2	95.3%	96.0%	
Friends and Family test - % Not Recommended	Latest Mth	6	3.0%		<1%	1.6%	1	6	0.8%	3.0%	
<b>3.2 A&amp;E care</b>											
Friends and Family test (A&E) - Response rate	Latest Mth	3	16.1%		>18%	20.5%	2	3	17.7%	16.1%	
Friends and Family test - % Recommended (A&E)	Latest Mth	1	90.0%		>88%	95.4%	1	1	92.7%	90.0%	
Friends and Family test - % Not Recommended (A&E)	Latest Mth	1	4.6%		<6.4%	1.6%	1	1	4.7%	4.6%	
Friends and Family test (Maternity) - Response rate overall	Latest Mth	6	0.5%		>22.0%	14.9%	1	6	0.5%	0.5%	
Friends and Family test - % Recommended (Maternity)	Latest Mth	1	100.0%		>92%	94.0%	1	1	-	100.0%	
Friends and Family test - % Not Recommended (Maternity)	Latest Mth	1	0.0%		<3%	1.7%	6	1	-	0.0%	
<b>3.4 Outpatient care</b>											
Friends and Family test - % Recommended (Outpatients)	Latest Mth	2	91.1%		>93%	92.2%	2	2	91.8%	91.1%	
Friends and Family test - % Not Recommended (Outpatients)	Latest Mth	6	4.0%		<3%	3.4%	6	6	3.4%	4.0%	
Friends and Family test (Community) - Response rate	Latest Mth	6	0.3%		>6	5.1%	6	6	0.2%	0.3%	
Friends and Family test - % Recommended (Community)	Latest Mth	1	100.0%		>96%	96.8%	1	1	100.0%	100.0%	
Friends and Family test - % Not Recommended (Community)	Latest Mth	1	0.0%		<1%	1.0%	1	1	0.0%	0.0%	
<b>3.5 Community care</b>											
Friends and Family test (Transport) - Response rate	Latest Mth	6	2.9%		>6%	4.1%	6	6	3.8%	2.9%	
Friends and Family test - % Recommended (Transport)	Latest Mth	1	97.6%		>92.0%	92.5%	1	1	95.2%	97.6%	
Friends and Family test - % Not Recommended (Transport)	Latest Mth	1	0.5%		<2%	2.3%	1	1	1.6%	0.5%	

8.d



<b>Board of Directors</b>	 <b>Guy's and St Thomas'</b> NHS Foundation Trust	
<b>Documents Signed under Trust Seal 1 January to 10 July 2020</b>	<b>22 July 2020</b>	<b>BDA/20/07</b>

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

\* Specify

## 1. Introduction

In line with the Trust's Standing Financial Instructions, the Chairman, Hugh Taylor and Dr Ian Abbs, Chief Executive, signed document numbers 902 to 915, and with Dr Ian Abbs and Jon Findlay, Chief Operating Officer document number 916 and with Hugh Taylor and Dr Ian Abbs document numbers 917 to 920 on behalf of the Trust, under the Foundation Trust's Seal during 1 January 2020 and 10 July 2020.

## 2. Recommendation

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

Number	Description (Covid-19 pandemic)	Date
902	Cancer Centre drainage works Memorandum of Agreement between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Loughlin Civil Engineering Limited.	15.01.20
903	Provision of Project Management Services Delivery Agreement Part A between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Perfect Circle JV Ltd.	24.01.20
904	Lease of premises at Talbot Yard, Guy's Hospital, SE1 between (1) Guy's and St Thomas' Charity (the Landlord) and (2) Guy's and St Thomas' NHS Foundation Trust (Tenant).	27.01.20
905	Licence to Marie Stopes International Ltd to occupy rooms at Guy's and St Thomas' Sexual Health Clinic, Arches 4&5, Burrell Street, London SE1 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Marie Stopes International Limited.	05.02.20



906	Underlease for part of Southwark Child Development Centre, 27 Peckham Road, Southwark, London SE5 8UH between (1) Community Health Partnerships Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	05.02.20
907	Pain Management Procedure Room project to design and build a procedure room and accompanying facilities to enable the Pain Management Team to deliver pain killing injections and free up theatre capacity construction documents between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Kier Construction Limited.	27.02.20
908	Deed of Payment and Enforcement in connection with the average agreement relating to the development of the Trust Building at Royal Street and Upper Marsh, London between (1) Guy's and St Thomas' Charity and (2) Guy's and St Thomas' NHS Foundation Trust.	27.02.20
909	Agreement for Lease relating to Building A, Royal Street, London SE1 between (1) SB Royal Holdings Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	27.02.20
910	Underlease for part of ground floor, Waldron Health Centre, Amersham Vale, London SE14 6LD (Women's Services) between (1) Community Health Partnerships Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	09.03.20
911	Underlease for part of second floor, Waldron Health Centre, Amersham Vale, London SE14 6LD (Diabetic Eye Screening) between (1) Community Health Partnerships Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	09.03.20
912	Underlease to part of ground floor of Artesian Health Centre, Grange Road, London SE1 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Dr Kathryn McAdam Freud, Dr Stefan Lipinski, Dr Robin Rastogi and Ms Linda Clarke.	09.03.20

913	Underlease relating to part ground Artesian Health Centre, Grange Road, London SE1 between (1) Assura Spire Limited and (2) Guy's and St Thomas' NHS Foundation Trust and (3) Dr Kathryn McAdam Freud, Dr Stefan Lipinski, Dr Robin Rastogi and Ms Linda Clarke trading as Nexus Health Group.	09.03.20
914	Lease for the Tessa Jowell Health Centre Dulwich over the ground, first and second floors of a new building in the grounds of Dulwich Community Hospital, East Dulwich Grove, Dulwich, SE22 8PT between (1) Community Health Partnerships Ltd (CHP), Landlord and (2) Guy's & St Thomas's NHS Foundation Trust (GSTT), Tenant.	24.04.20
915	Occupational Licence relating to Unit 25, St Olav's Court, City Business Centre, London SE16 2XB between(1) St Olav's Court Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	18.05.20
916	Agreement for the sale and purchase of the Targeted Partnerships Interests in Viapath between (1) Pathology Services Limited and (2) Serco Limited and (3) Guy's and St Thomas' NHS Foundation Trust and (4) King's College Hospital NHS Foundation Trust and (5) KCH Commercial Services Limited and (6) Viapath LLP, Viapath Services LLP and Viapath Analytics LLP.	30.05.20
917	Deed of Surrender part of rooftop, Guy's Hospital, London Bridge, London SE1 between (1) Trelleworks Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	16.06.20
918	Deed of Surrender premises ad part of Dulwich Grove, Dulwich SE22 8PT between (1) NHS Property Services and (2) Guy's and St Thomas' NHS Foundation Trust.	16.06.20

919	Lease of part 29 <sup>th</sup> and 30 <sup>th</sup> floor, Guy's Tower, Guy's Hospital, Great Maze Pond, London between (1) Guy's and St Thomas' NHS Foundation Trust and (2) London Musicians' Collective Limited.	16.06.20
920	Deed of Grant Easement relating to building over/close to a public sewer at St Thomas' Hospital, 249 Westminster Bridge Road, London SE1 7EH between (1) NHS Property Services Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	09.07.20