

Public Board of Directors Meeting - 28th October 2020 (28/10/2020)

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Board of Directors Meeting

*Meeting to be held on Wednesday 28th October 2020
at 3.30pm to 5.30pm by Virtual Meeting*

A G E N D A

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|---|-----------------|--------------------|
| 1. Care Awards | <i>verbal</i> | |
| 2. Apologies | <i>verbal</i> | |
| 3. Declarations of Interest | <i>verbal</i> | |
| 4. Minutes of the meeting held on the 22nd July 2020 | <i>attached</i> | |
| 5. Matters arising from the minutes of the previous meeting | <i>verbal</i> | |
| 6. Covid-19 Update | <i>verbal</i> | |
| 7. Chairman's Report
<i>Sir Hugh Taylor</i> | <i>verbal</i> | |
| 8. Chief Executive's Report
<i>Ian Abbs</i> | <i>attached</i> | <i>(BDA/20/08)</i> |
| 9. Freedom to Speak Up Annual Update
<i>Georgina Charlton</i> | <i>attached</i> | <i>(BDA/20/09)</i> |
| 10. GSTT Brexit Contingency Plan
<i>Jon Findlay</i> | <i>attached</i> | <i>(BDA/20/10)</i> |
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- 11. Reports from Board Committees for noting:**
- a) Audit and Risk Committee: minutes 16th September 2020
 - b) Strategy and Partnerships Committee: minutes 29th July 2020 and 23rd September 2020
 - c) Transformation and Major Programmes Committee: minutes 29th July 2020 and 23rd September 2020
 - d) Quality and Performance Committee:
 - i. Minutes 2nd September 2020
 - ii. Month 5 Financial Report
 - iii. Balanced Score Card to Month 5
- | | | |
|---|-----------------|--------------------|
| 12. Register of Documents Signed Under Seal
<i>Ian Abbs</i> | <i>attached</i> | <i>(BDA/20/11)</i> |
|---|-----------------|--------------------|
- 13. Any Other Business**

Arrangements for the next meeting of the Board of Directors meeting due to be held on 27th January 2021 at 3:45 pm in the Robens Suite, Guy's Hospital will be confirmed in due course

Board of Directors

**Minutes of the meeting held on Wednesday 22nd July 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
Ms J Screaton
Mr M Shaw
Dr S Shribman
Dame E Sills
Dr P Singh
Mr S Steddon
Mr L Tallon
Prof J Wendon
Mr S Weiner

Attendance: Ms J Dahlstrom (Secretary)
Ms S Austin
Ms B Bryant
Mr S Davies
Mr A Gourlay
Ms A Knowles
Ms R Liley
Ms T Lynch
Mr D Waldron

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

The Chairman welcomed participants to this virtual Board meeting. The Chairman emphasised that members of the Council of Governors would have the opportunity to ask questions during the afternoon.

BOD/20/ Apologies

Apologies were received from Ms V Cheston, Ms S Clarke, Mr R Drummond, Prof R Razavi and Ms M Ridley.

BOD/20/ Declarations of Interest

There were no declarations of interest.

BOD/20/ Minutes of the meeting held on 22 April 2020

The minutes of the meeting held on 22 April 2020 were agreed as an accurate record.

BOD/20/ Matters arising

There were no matters arising from the minutes. A full Nursing and Midwifery Review would be presented to the Board in due course, taking into account the impact of the COVID-19 pandemic.

BOD/20/ COVID-19 update

The Chief Operating Officer provided Board members with an overview of the current position in relation to COVID-19. The COVID-19 pandemic remained a Level 4 emergency and was being managed as a critical site incident by the Trust. The number of patients admitted by the Trust or diagnosed in the community had decreased significantly and the focus was now on the recovery programme. An update was provided on current capacity and activity at the Trust. Referral numbers were increasing. The impact on capacity of social distancing and Infection Prevention and Control (IPC) requirements was outlined.

The Board received an update on use of independent sector facilities to help support the recovery. Patients' willingness to attend hospital was considered and the Chief Operating Officer provided an overview of measures that had been taken to increase the take-up of appointments offered. Endoscopy services and theatre capacity were discussed. A reduction in self-isolation requirements prior to procedures would help the Trust see more patients.

The Trust was well-placed to respond to a second spike of COVID-19 activity should it occur.

A discussion took place on the Trust's waiting list and the approach that had been taken to risk-assess patients and prioritise those most urgently in need of treatment. National categorisation guidelines developed by the Royal Colleges was being followed to conduct this prioritisation. A thorough approach was being taken to assess clinically the needs of each patient. The Trust was also trialling Artificial Intelligence software to forecast the length of time theatres were required per procedure to ensure optimal use of theatre capacity.

Board members received an update on community services and noted that there had been an increase in community activity, although this was not exclusively related to COVID-19. The impact of the pandemic on the demand for mental health services was noted. An update was provided on services provided to care homes and to patients with long-term conditions who had been shielding. The Board noted that an extension had been arranged for the offer of temporary accommodation to homeless people.

BOD/20/ Chairman's Report

The Chairman thanked staff at the Trust for their work in the COVID-19 response and recovery. The pressures which staff had been under had been substantial and it would be important to continue to support staff especially given the uncertainty

around the possible future impact of COVID-19. He outlined his plans to recommence his visits to different parts of the Trust when it was appropriate to do so. All Board committees had been in operation but had been meeting virtually since March 2020. Regional and system level meetings had also been held virtually.

An overview was provided of Black Lives Matter discussions which had taken place at the Trust at all levels, and the importance of these discussions resulting in action was highlighted. The Board was committed to ensure changes were made to address issues raised by staff.

Board members noted progress which had been made in the establishment of an Acute Provider Collaborative between the Trust, Kings College Hospital NHS Foundation Trust (KCH) and Lewisham and Greenwich NHS Trust (L>). The Trusts had worked in partnership in their response to the COVID-19 pandemic and were now collaborating on plans for the recovery. A Committee in Common would be established to oversee this programme of work and a preparatory meeting had taken place.

The appointment of Professor Richard Trembath as Senior Vice President and Provost (Health) of King's College London and Executive Director of King's Health Partners was noted and Professor Trembath would attend a Board meeting in the near future to outline his vision for King's Health Partners. The Chair and the Board thanked Sir Robert Lechler for his valuable contributions and achievements.

BOD/20/06 Chief Executive's Report

The Board noted the Chief Executive's report. The COVID-19 response continued to be the major focus of the Trust's work, as it was for the NHS and the country as a whole. The impact of COVID-19 on the patients who had suffered from this disease was considered. The Chief Executive sent his personal condolences and those of the Board to the families of patients who had died. He thanked staff at the Trust and all the partnership organisations who had worked with the Trust for their contributions.

The Chief Executive welcomed Avey Bhatia who had been appointed as Chief Nurse for the Trust and who would start in the autumn. He thanked Dame Eileen Sills for her exceptional contribution to the Trust and the Board as Chief Nurse for over a 15 period. There would be further opportunities to recognise her outstanding record of service.

The commitment of the Trust to listen to and make changes in response to issues raised by black colleagues in the context of Black Lives Matter was emphasised. Fairness in career progression and opportunities and the provision of development support would be areas of focus.

The Chief Executive updated Board members on progress made with the proposed merger with Royal Brompton & Harefield NHS Foundation Trust. An overview of the Evelina expansion plans was also provided.

It was noted that throughout the COVID-19 pandemic, weekly briefings had been provided to Non-Executive Directors and the Quality and Performance Committee had met twice since the last meeting of the Board. Significant assurance had been provided to Board colleagues on the safety of patients, the impact of the pandemic on the Trust's workforce and on how the Trust's estate and facilities were used. An outline was provided of the support which had been made available to staff and on

the risk assessments which had been offered to all staff, with vulnerable staff groups being prioritised. The role that digital developments had played in arranging virtual clinics and supporting patients in communicating with families was highlighted. The Chair of the Audit and Risk Committee provided an update on the financial year end and the technical qualification on the Trust's accounts. The Board had received an overview of the new financial framework which was based on block payments, and this would be explored in detail at the Council of Governors meeting. The month 2 financial position was noted. The Board would be informed if any significant changes to the financial framework were made in coming weeks.

ACTION: SD, JD

BOD/20/ **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 13th May 2020 and 17th June 2020
- b) Strategy and Partnerships Committee: minutes 24th June 2020
- c) Transformation and Major Programmes Committee: minutes 20th May 2020 and 10th June 2020
- d) Quality and Performance Committee:
 - i. Minutes 27th May 2020 and 8th July 2020
 - ii. Month 2 Financial Report
 - iii. Balanced Score Card to Month 2

BOD/20/07 **Register of Documents Signed Under Seal**

The Board noted the record of documents signed under Trust seal.

BOD/20/ **Any Other Business**

The Chair added his personal thanks to Dame Eileen Sills for her distinguished service to the Trust and the Board. Her legacy would be enduring.

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

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

Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 28 OCTOBER 2020

Title:	Chief Executive's Board of Directors Report
Responsible Director:	Professor Ian Abbs
Contact:	Louise Moore
Purpose:	Chief Executive's Board of Directors Report
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY TO CARE FOR AND SUPPORT OUR STAFF TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	The Board of Directors to receive an update on the COVID-19 pandemic response and recovery, as well as updates on major programmes of work, where key milestones have been achieved since the July Board meeting.
Recommendations:	The BOARD OF DIRECTORS is asked to: 1. Note the report

Board**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS****WEDNESDAY 28 OCTOBER 2020****CHIEF EXECUTIVE'S BOARD OF DIRECTORS REPORT
PRESENTED BY PROFESSOR IAN ABBS****1. Introduction**

- 1.1 The COVID-19 response and the recovery of non-COVID-19 services 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 The Trust continues to work hard to ensure we are treating as many people as we can safely, whilst responding to the growing COVID-19 second wave and preparing for the seasonal pressures we expect over the coming winter months.
- 1.3 The Trust is also continuing to work hard to progress, where possible, our major development programmes. These key programmes will enable the Trust to achieve its strategic ambitions in the longer term, and support the Trust in its recovery from the COVID-19 pandemic.
- 1.4 In this report I will provide an update on our COVID-19 pandemic response and recovery, as well as sharing with you updates on our major programmes of work, where key milestones have been achieved since the July Board meeting.

Board

2. COVID-19 – Response and Recovery

- 2.1 I would like to start by thanking all of the staff working across the hospital and the community services that make up the family of Guy's and St Thomas'. This has been an incredibly difficult and challenging period for our organisation and I am immensely proud of the way colleagues have stepped up in response to this national emergency.
- 2.2 At the time of writing this report (22/10/2020), the Trust has admitted just under 1800 patients who have been diagnosed with COVID-19, and of these admissions just over 350 patients have been admitted into our critical care units.
- 2.3 Throughout July, August and September the Trust saw a significant reduction in the number of COVID-19 patients, however since 1st October 2020 the Trust has started to see a small but steady increase in the number of COVID-19 patients requiring admission. As at the 22nd October 2020, Guy's and St Thomas' currently has 11 confirmed COVID-19 patients admitted to Critical Care and 12 confirmed COVID-19 patients admitted across our General and Acute wards.
- 2.4 As well as preparing for the seasonal demands we expect over the coming winter months, the extraordinary challenge this year will be the combination of the usual 'winter pressures' and the uncertainty of how the COVID-19 second wave will impact our services and staff. The Trust has developed a robust winter preparedness plan and a comprehensive COVID-19 second wave plan to ensure arrangements are in place to support both seasonal pressures and further peaks in COVID-19 activity. A separate paper is presented on the agenda on our preparedness for the potential impact on the NHS of the UK exiting the EU.
- 2.5 Throughout our initial COVID-19 response the Trust continued to have the capacity to treat those needing urgent, emergency or other essential care, and since June, the Trust has significantly increased diagnostic, outpatient and elective inpatient capacity after postponing all clinically non-urgent activity during the peak of the first wave of the pandemic.

Board

- 2.6 An important component of our COVID-19 second wave plan has been the implementation of mitigation strategies to prevent similar impacts occurring to the delivery of non-urgent services. Under the guidance of our infection prevention control experts, the Trust has worked collaboratively with partner organisations across south east London and with the Independent Sector to ensure we can continue to have the capacity safely to treat those needing access to our services.
- 2.7 The Trust currently has adequate and secure supplies of Personal Protective Equipment (PPE), and all the essential equipment and consumables we need to respond to a COVID-19 second wave. We have also established robust communication and collaboration plans across the NHS in south east London to ensure we can provide mutual aid should any one part of the system come under particular pressure.
- 2.8 To ensure the safety of our staff and patients, the Trust continues to require all staff to comply with social distancing rules, where possible, and to wear PPE in accordance with national guidance at all times. Additionally, all patients and visitors must wear a face covering or surgical mask and adhere to social distancing requirements when attending appointments at the Trust.
- 2.9 The capability of our organisation to continue adapting and responding to the challenges of this global pandemic is thanks to the ability of our whole workforce. The health and wellbeing of our staff is incredibly important, and it is vital that we continue to care for each other, as well as our patients. The Trust continues to review and update the COVID-19 risk assessments as part of our continuous process to keep our staff safe. Additionally, the Trust continues to prioritise and support an enhanced wellbeing offer through our 'Showing we care about you' programme. This has a particular focus on looking after the mental wellbeing of staff, recognising the demands that have been placed on our staff and the complexity of winter and COVID-19 second wave pressures expected over the next few months.
- 2.10 It is clear that as a Trust, a health system and as a nation the next few months will place additional challenges on our journey to recovery. We recognise the significant impact the current pandemics has had on our staff, patients and the community we serve, which includes growing evidence of a disproportionate impact of those from a Black, Asian and minority ethnic background. Despite this I am confident that through the dedication and

Board

inspiring work we do collectively we will be able to continue our recovery from the impacts of this global pandemic.

3. Black Lives Matter

- 3.1 Throughout October, our Black, Asian and minority ethnic staff network has held a number of events in recognition of Black History Month, and the theme for Black History Month this year is 'The struggle goes on, our roots make us stronger'. Black history is extremely important within the NHS, especially here at Guy's and St Thomas'. Our Trust serves two of the most diverse boroughs in England, and we have staff representing 116 different nationalities working here.
- 3.2 The Trust continues to take action in addressing issues on equality, diversity and inclusion across our organisation, focusing on programmes of work to improve opportunities for career progression, remove discrimination and build cultural capability and confidence across all levels of management.
- 3.3 We are incredibly proud of this diversity, and our strength lies in our ability to bring our different perspectives and experiences together for the benefit of our patients.

4. Pathology

- 4.1 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 completed a procurement exercise to appoint a new pathology service provider for south east London. This was in response to national guidance issued in 2017.
- 4.2 The new contract includes pathology services at Guy's and St Thomas', King's College Hospital, South London and Maudsley and Oxleas NHS Foundation Trusts, and GP access across south east London.

Board

- 4.3 The preferred new strategic partner for our pathology service in south east London was identified as SYNLAB and the Boards of Guy's and St Thomas' and King's College Hospital have now considered and approved the full business case for this proposal, and SYNLAB is confirmed as our new joint venture partner.
- 4.4 Contracts for the new pathology network are expected to be signed by November 2020. Existing acute and direct access GP services provided by Viapath will move to the new service contract from 1 April 2021, with remaining direct access GP services within south east London expected to transfer later in the year.
- 4.5 Our new partnership with SYNLAB provides us with an exciting opportunity to use our collective expertise and innovative new technology to redefine leading edge practice such as digital pathology. We will now be developing and implementing a transition plan to take forward the service transformation, working with colleagues across both Trusts, SYNLAB, Viapath and local partners.
- 5. Royal Brompton & Harefield and Guy's and St Thomas'**
- 5.1 In January 2020, the Board of NHS England and NHS Improvement (NHSE/I) supported in principle a merger between Guy's and St Thomas' and Royal Brompton & Harefield NHS Foundation Trust.
- 5.2 At the last public board meeting I shared an update on the decision that the Boards of both organisations have agreed to an accelerated timescale for the merger. Since then we have continued to progress our merger with Royal Brompton & Harefield, and we are close to completing the necessary due diligence and full business case.
- 5.3 The Boards of both organisations remain committed to the transaction and anticipate being in a position to sign off the Board self-certification next month and to submit this to NHSE/I. Guy's and St Thomas' are planning to bring the business case and final decision to the December Board meeting for approval and then to our Council of Governors. Royal Brompton & Harefield will also look to approve the transaction in early December both at their Board and with their Council of Governors.

Board

5.4 Our two Trusts have a long history of being at the forefront of patient care and research, and for the last three years, work has been underway to create a new national centre of excellence for patients with heart and lung disease, together with King's Health Partners. This is a very exciting and momentous time as we anticipate completing the transaction on 1st February 2021, moving closer to our common goal of using our collective clinical and academic expertise to provide the best possible care to patients.

6. Evelina Expansion

6.1 Evelina London Children's Hospital has embarked on the next phase of development plans to help meet the growing demand for its services. At the last Board meeting I shared with you the Trust's development plans to create a new dedicated children's day surgery centre and the major extensions we have planned to the existing children's hospital.

6.2 The construction for the new dedicated children's day surgery centre adjacent to the existing children's hospital has commenced with the aim of opening in 2022 to increase capacity for planned diagnostic and surgical procedures.

6.3 The Evelina expansion is integral to addressing the increasing demands for Evelina London's expert service and will provide extra capacity with operating theatres, advanced diagnostics and inpatient floors.

7. Infection Prevention and Control – Board Assurance Framework

7.1 In May 2020, NHS England and NHS Improvement published the Infection Prevention and Control (IPC) Board Assurance Framework (BAF).

7.2 Guy's and St Thomas' NHS Foundation Trust completed the BAF which consisted of an assurance template, structured to mirror the ten criteria set out in the Code of Practice on the prevention and control of infection which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Board

- 7.3 The results of the exercise were presented to the Trust Board Quality and Performance Committee, and subsequently the Care Quality Commission (CQC) reviewed the BAF with the Trust's Quality and Assurance and IPC team as part of their review of all acute Trust BAFs.
- 7.4 The CQC were satisfied with the assurance provided, as the exercise identified very high compliance, with minor gaps, for which mitigations were in place.
- 7.5 The Trust's Quality and Performance Committee will monitor the IPC BAF.

8. Board Committee Meetings

- 8.1 Since the last public board meeting we have met a number of times as a Board in committee and the following meetings have taken place since 22 July 2020:
- Audit and Risk Committee: minutes 16th September 2020
 - Strategy and Partnerships Committee: minutes 29th July 2020 and 23rd September 2020
 - Transformation and Major Programmes Committee: minutes 29th July 2020 and 23rd September 2020
 - Quality and Performance Committee: minutes 2nd September 2020
- 8.2 I have included the minutes from all of the above mentioned meetings for your information.

Board

9. Consultant Appointments from 1st July 2020 – 30th September 2020

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

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
09.07.2020	196-CON631 - Consultant in Respiratory Medicine and Pleural Disease	Parthipan Sivakumar	Newly created Post	Approved	N/A	12.10.2020
15.07.2020	196-CON632-A - Consultant in Paediatric Intensive Care	Maja Pavcnik	Replacement	Approved	N/A	01.09.2020
		Ariane Suzanne Johanna Marie Annicq	Replacement	Approved	N/A	01.08.2020
16.07.2020	196-CON637 - Consultant in General Genetics	Ellen Rachel Amy Thomas	Newly created post	Approved	N/A	02.11.2020
23.07.2020	196-CON640 - Consultant Obstetrics and Gynaecology	Jess McMicking	Newly created Post	Approved	N/A	01.09.2020
28.07.2020	196-CON630 - Consultant in Paediatric Surgery	Wathik El Alami	Replacement	Approved	N/A	11.05.2020
06.08.2020	196-CON633 - Consultants in General Anaesthesia with Special Interest	Mitul Mahesh Patel	Newly created Post	Approved	N/A	10.09.2020
		Joseph Samuel Lipton	Newly created Post	Approved	N/A	01.02.2021
		Hafis Ade Ayeni	Newly created Post	Approved	N/A	01.02.2022
		Megan Emma Smith	Newly created Post	Approved	N/A	07.12.2020
		Fraser Gordon Buchanan	Newly created Post	Approved	N/A	10.08.2020
07.08.2020	196-CON636 - Consultant in Intensive care	Michael Alexis Slattery	Replacement	Approved	N/A	07.10.2020
		Nishita Desai	Replacement	Approved	N/A	Pending confirmed Start date
		Dominik Johannes Vogel	Replacement	Approved	N/A	Pending confirmed Start date
27.08.2020	196-CON634 - Consultant in Haematology	Sajitha Sachchithanatham	Newly created	Approved	N/A	14.12.2020

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	with interest in Myeloma and Haemato-Oncology		Post			
	196-CON635 - Consultant in Haematology with interest in Sickle Cell	None appointed				
28.08.2020	196-CON645 - Consultant in General Genetics	Rachel Louise Jones	Newly created Post	Approved	N/A	06.10.2020
04.09.2020	196-CON642 - Consultant in Urology (Superficial Bladder Cancer and Diagnostics)	Elsie Mensah	Newly created Post	Approved	Joint post with LGT	01.10.2020
	196-CON643 - Consultant in Urology (Andrology)	Raveen Kaur Sandher	Newly created Post	Approved	Joint post with LGT	07.10.2020
11.09.2020	196-CON613 - Consultant in neurology with an interest in Neurofibromatosis	Joshua Saul Hersheson	Newly created Post	Approved	N/A	Pending confirmed Start date
16.09.2020	196-CON648 - Consultant in paediatric Endocrine and Diabetes	Christina Wei	Newly created Post	Approved	N/A	01.01.2021
17.09.2020	196-CON647-A - Consultant in Paediatric Nephrology	Sarah Margaret Roy	Replacement Post	Approved	N/A	04.01.2021
18.09.2020	196-CON600-D - Consultant in Clinical Oncology - With specialist interest in Breast and Skin Oncology	None appointed				

Name of post	Appointee	Department	Start Date	End Date
Consultant	Cynthia YuWaiMan	Ophthalmology	01/08/2020	30/07/2021
Comments:	Extension			
Consultant	Bagopal Eradi	Paediatric General Surgery	30/07/2020	30/07/2021
Comments:	Extension			
Consultant	Lehana Yeo	Urology	29/07/2020	29/07/2020
Comments:				
Consultant	Luca Faconti	Clinical Pharmacology/General Medicine	18/07/2020	18/07/2021
Comments:	Substantive			
Consultant	Nisha Rishi Arajuna	Dermatology	07/08/2020	06/08/2021
Comments:	Extension			
Consultant	Sined Langan	Dermatology	08/08/2020	08/08/2020
Comments:	Extension			

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Consultant	Geoff Koffman	Medical Director Office	03/08/2020	03/08/2021
Comments:	Substantive			
Consultant	Thomas Day	Fetal and Paediatric Cardiology	22/07/2020	22/07/2021
Comments:	Substantive			
Consultant	Meera Angela Chand-Kumar	Microbiology / Infectious Diseases	10/09/2020	10/09/2021
Comments:	Extension			
Consultant	Paul Winyard	Paediatric Nephrology	20/09/2020	20/09/2021
Comments:	Extension			
Consultant	Naveed Mudalagiri	Cardiology	08/09/2020	08/09/2021
Comments:	Extension			
Consultant	Anna Maria Chaloupka	Cardiology	27/09/2020	26/09/2021
Comments:	Extension			

Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 28 OCTOBER 2020

Title:	Freedom to Speak Up (Whistleblowing) annual report
Responsible Director:	Julie Screatton (Chief People Officer)
Contact:	Georgina Charlton (Freedom to Speak up Guardian) Eve Bignell (Deputy Freedom to Speak up Guardian)
Purpose:	The aim of this paper is to update the Board on the case numbers and themes raised through the speaking up service over the last 15 months, to share the learning and areas for improvement including the priorities for the next 12 months.
Strategic priority reference:	TO CARE FOR AND SUPPORT OUR STAFF
Key Issues Summary:	<ul style="list-style-type: none"> • From July 2019 to September 2020 the speaking up service has dealt with 275 cases. The annual number of cases as slightly increased for the prior year. • The GSTT speak up service sees significantly more cases than our comparators however this should be seen a positive that there is good awareness of the service. • This reporting period covers the COVID-19 pandemic in which an increase in staff safety concerns (12%) were seen. Concerns align with those reported by the National Guardians office which include concerns regarding PPE and social distancing measures. • Speaking up service user feedback shows that 83% report a positive or very positive experience. This remains the same from last year.

Board

	<ul style="list-style-type: none"> • The 2019 staff survey results demonstrated a positive response, with a 2% increase in staff feeling secure raising concerns about unsafe practice and 1% increase in confidence that the organisation would address concerns. This is the largest increase of the indicators for the past 4 years. The organisation remains at or above the national average. • To help trusts understand how their staff perceive the culture of speaking up a Freedom to Speak up index is published annually from the National Guardians office, GSTT has seen a slight increase of 0.5% and is above the benchmarked national average. • Advocate forums and speaking up training and development activities have successfully transitioned to online platforms that have been positively received. • Encouragement of leaders and managers to complete the 'Speaking up safely' e-learning package to ensure staff are heard locally and concerns addressed quickly with a positive staff experience. • The speaking up service is focusing on more collaboration with the trust ED&I teams. • Recent publication of the NHS people plan outlines a number of actions that relate the Freedom to Speak up agenda including the recruitment of more Black, Asian and Minority Ethnic staff to Freedom to Speak Up Guardian roles. • The speaking up advocates represent the diversity demographics of the organisation. • With the ongoing increase in caseload of the service, a review will be undertaken to assess resourcing and governance of the service considering the upcoming organisational changes and recently published recommendations from the NHS people plan.
<p>Recommendations:</p>	<p>The BOARD OF DIRECTORS is asked to: Note the report from the Freedom to Speak up Guardians and to continue its support of the initiative.</p>

Board

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

WEDNESDAY 28 OCTOBER 2020

FREEDOM TO SPEAK UP (WHISTLEBLOWING) ANNUAL REPORT

PRESENTED BY GEORGINA CHARLTON

1. Background and introduction

This is the fourth annual report to the GSTT Board by the Freedom to Speak Up Guardians. The Guardians report to the Board twice a year: in January to the Quality and Performance Committee with a mid-year update, and then with an annual report to the public Board meeting which this year has been delayed to October due to the COVID-19 epidemic. For this reason this report covers a 15 month period from July 2019 to September 2020.

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

The aim of this paper is to update the Board on the case numbers and themes raised through the speaking up service over the last 15 months, to share the learning and areas for improvement including the priorities for the next 12 months.

Board

2. Performance

This report covers the 15 months from July 2019 to September 2020 in which the Guardians have had 275 cases.

In last year's annual board report it published that the service dealt with 218 cases (July 2018-June 2019). Comparing that to the same period this year (July 2019-June 2020) the service has seen a slight increase to 226 cases.

Nationally, over 16,000 speak up cases were brought to Freedom to Speak up Guardians for the 19/20 financial year, seeing a 32% increase in cases from the previous year. National data also demonstrates that large organisations (over 10,000 employees) on average have 98.5 cases a year. Other organisations in our benchmarking group of combined acute and community trust report an average of 73.4 cases a year.¹

The GSTT speak up service sees significantly more cases than our comparators. This should be seen as a positive indicating that staff are aware of the service and are confident approaching the Guardians. Since the role was mandated the organisation has shown ongoing commitment to resourcing the service including the appointment of a Business Support Officer last year.

The number of cases and key themes is shared with the National Guardians office on a quarterly basis and published on their website.

56% of the contacts at GSTT were made through the confidential email account, 35% were made directly to the Guardians via email and telephone and the final 6% were made through Speaking Up Advocates.

During this 15 month period cases have come from a broad section of the Trust and across all occupational groups, with nurses and nursing assistants making up the largest group (28%), followed by administration and clerical staff (18%), allied health professionals (14%) and then doctors (13%).

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The cases are grouped by theme and, once again, the breakdown of personal relationships and alleged poor behaviour including bullying and harassment are behind many of the cases (42%). The human resource category is the second largest (13%) this include themes of perceived lack of fairness in recruitment practices and staff seeking advice and support on matters relating to sickness management, flexible working, annual leave and performance management.

This reporting period covers the COVID-19 pandemic in which an increase in staff safety concerns (12%) were seen. These included concerns regarding PPE and social distancing measures in the Trust. Concerns were addressed promptly with support from the executive, Health and safety and Infection Control teams. Similar themes have been reported nationally by other Guardians through pulse surveys undertaken by the National Guardians Office.¹

9% of cases relate to patient safety and the quality of care; this covers concerns over clinical rotas, staff competency, safe staffing levels, compliance, and clarity of trust policies as well as COVID-19 related themes. These concerns were immediately escalated to the directorate management teams or the relevant Executive Director for action.

2.1 Freedom to Speak Up cases

All contacts to the speaking up services are logged on a confidential database and themed in line with the National Guardians office recording issues guidance. A breakdown of contacts can be seen below in line with the 6 monthly reporting rhythm with the exception of the three months from July to September 2020 (Q2 2020-21) to provide up to date information in this paper.

Board

Theme	July- Dec 16	Jan- June 17	July- Dec 17	Jan-June 18	July- Dec 18	Jan-June 19	July- Dec 19	Jan- June 20	Jul- Sept 20 (Q2 20/21)
Behaviour/relationship	7	10	24	11	27	33	30	28	14
Bullying/ Harassment	0	3	4	9	16	17	25	13	4
Culture	3	1	1	0	0	0	0	2	7
Environment	0	0	2	0	1	3	1	3	1
Fraud	0	1	1	2	1	0	0	0	1
HR	2	6	10	12	19	29	16	15	5
Patient Complaint	0	2	0	0	0	0	0	2	0
Patient safety/quality	4	2	14	4	24	9	12	10	2
Query- non speak up	5	0	1	2	0	1	0	4	1
Query- Speak up	1	3	1	2	6	6	7	3	4
Staff safety	1	3	2	1	6	2	2	21	10
System/process	4	5	3	6	10	5	4	16	0
Unknown	1	0	1	1	1	2	8	4	0
Total	28	36	64	50	111	107	105	121	49

2.2 Speaking up service user feedback

When a case is closed by the Freedom to Speak Up Guardian, a confidential survey is sent out to capture feedback on their experience and to seek any areas for improvement. Overall the feedback has been positive with 83% stating they were either positive or very positive about the service they received. This remains the same from last year.

Below are some comments from staff who have used the speaking up services:

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

'I would like to thank you again for your support and clarity during this process. I have found it invaluable to my learning as a team leader and has led to constructive reflection and practice within our service.'

'The experience of talking to someone not in my department was uplifting and I felt safe to disclose my issues. Thank you for making a REAL difference and to feel valued again'

'Thank you so much for listening to me and all your support it was a big weight lifted off my shoulders.'

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

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

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

'The issues are still there, so just have to hope for better future or better still leave the Trust. It is not down to Speak-Up to make changes, due to the confidentiality, or the individual might have to face more problems if it is out in open, so again difficult to say or suggest way forward, sorry.'

'You speak up but are still in the same situation not very helpful.'

Board

2.3 Organisational data

2.3.1 Annual staff survey

The annual Trust staff survey contains a question on speaking up. The 2019 results once again demonstrated a positive response, with a 2% increase in staff feeling secure raising concerns about unsafe practice and 1% increase in confidence that the organisation would address concerns. This is the largest increase of the indicators for the past 4 years. The organisation remains at or above the national average.

	2014	2015	2016	2017	2018	2019	National score
If you were concerned about unsafe clinical practice, would you know how to report it?	89%	95%	95%	94%	95%	95%	95%
I would feel secure raising concerns about unsafe practice	72%	74%	76%	76%	76%	78%	72%
I am confident that my organisation would address my concerns	61%	67%	68%	68%	67%	68%	60%

Board

2.3.2 Freedom to Speak up Index 2020

Annually, The National Guardian's Office publish a Freedom to Speak up index² to help trusts understand how their staff perceive the culture of speaking up. The Freedom to Speak up Index uses a simple average of 4 indicators from the annual staff survey as outlined below.

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

	2015	2016	2017	2018	2019
% of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly	65%	66%	68%	69%	68%
% of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents	91%	90%	90%	90%	90%
% of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it	95%	95%	94%	95%	95%
% of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice	74%	76%	76%	76%	78%
GSTT FTSU index	81%	82%	82%	82%	82.5%
National FTSU index average for Combined Acute and Community Trusts	76%	77%	77%	78%	79%

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3. Examples of patient safety/quality of care cases

Case 1

A concern was raised anonymously through the confidential email account that outlined a number of examples and concerns relating to patient care.

The Guardian immediately escalated the concerns to the Chief Nurses office to initiate investigations. The Guardian thanked the individual and asked them to keep the anonymous email address for communication.

The concerns were investigated by a member of the directorate management team who reported the actions taken. These included: using parts of the concerns for discussion points in one to one meetings with staff; using team huddles to discuss areas of concern and sharing prioritisation techniques with junior staff and further education and observation was requested for staff.

On receipt of the outcome of the investigation the individual who raised the concern wrote; *'I would like to take the time to say how pleased I am about the result of the investigation and that positive action/steps will now be in place to the benefit of the patients. I can't say enough, how impressed I am. Very grateful & thank you!'*

Case 2

A concern was raised by a clinical member of staff relating to infection prevention practices.

This was immediately escalated to the responsible directorate management team member for action. Local management had already picked up on this as a concern and additional equipment had been sought and procedures updated locally to ensure staff and patient safety.

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

Case 3

A concern was raised by a clinical member of staff who had been raising safety concerns locally and felt they were not being listened to. They mentioned that they felt the managers were under a lot of pressure however by responding unkindly to staff they felt this was making them unapproachable by more junior staff.

With consent from the individual, the concern was escalated to the responsible executive. The executive personally spoke to the individual and then checked in on the welfare of the management team named in the

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concern. The concern was shared with the management team on how they behaviours were being perceived and the potential impact this could have on patient safety.

The individual who raised the concern was appreciative of the action taken and responded, *'Thank you for a very prompt response. It is very encouraging to see the senior management team have taken my concerns seriously.'*

4. Learning and Improvement

4.1 Digital transformation

Necessity is the mother of invention, or in this case the impetus to improve communication especially when staff are working across many Trust sites and often from home. In June 2020 we transitioned the Advocate forums onto an online platform. The purpose of the forums is to continually support the development of our advocates and to give them an opportunity to share their experiences. The online platform was more easily accessible to staff working in our community sites and following a positive response to these, the frequency of these was increased to monthly. The speaking up guardians were also keen to ensure advocates were fully supported during wave one of COVID-19 and the forums allowed concerns to be raised quickly.

From October 2020 the Advocate forum will also be open to the [ED&I] Inclusion Agents to help build a shared understanding of the two roles and to encourage further collaboration to ensure staff who speak through these routes feel supported and have a positive experience.

The monthly Speaking Up advocate training was paused in April 2020 due to COVID-19, historically it has only been delivered in face to face groups and involved experiential learning. A review and redesign of the training for a virtual training room has been undertaken ensuring that interactive learning is still maintained. This was launched in September 2020 and has been well received by the new advocates.

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The speaking up guardians also regularly facilitate a 'Creating a culture where people feel able to speak up' team workshop designed specifically for teams to co-design the culture for their areas. This has been now successfully delivered this online and recently undertaken this in a group of over 40 participants. By using chat functions, breakout rooms and ability to share and annotate screens is an efficient way of creating an interactive session, commitment and also real time feedback:

'This is very good'

'Really great content - thank you very much',

'Very good session to raise this and help us feel supported to speak up'

'Thanks very much to Georgina and Eve!

4.2 Speak up month October 2020

This year's national initiative for speaking up month is the A-Z of speaking up, A dedicated page on GTI with our own alphabet of key words for speak up which was created in collaborating with some of our speaking up advocates. The page provides practical support and signposting to further resources and support for staff. Through our commitment to increasing knowledge and awareness there are a number of workshops running throughout October on topics such as speaking up, effective escalation for patient safety concerns and speaking up for inclusion.

4.3 Improving the culture of speaking up at GSTT- Equality, Diversity and Inclusion (ED&I)

This year has seen the disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic communities and colleagues and has shone a light on inequalities they face. The death of George Floyd in America and the subsequent black lives matter (BLM) marches in London have acted as a catalyst for change and amplified the voices of people from Black, Asian and Minority Ethnic communities. The BLM open discussions hosted by the Trust were well attended and gave a powerful insight into the challenges

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some of our staff face and importantly ideas for improvement.

During these calls, a theme arose that some staff from Black, Asian and Minority Ethnic communities expressed difficulties speaking up. This echoes what was written in the Freedom to Speak up report in 2015 in which Sir Robert Francis wrote, 'It was also clear from the evidence that there are some groups who, for different reasons, are particularly vulnerable including BME groups'.³

The initial response to those who raise concerns locally is crucial in creating a positive speaking up experience. Evidence⁴ demonstrates that those who attempt to raise their concerns locally will usually make a maximum 2 attempts before being deterred if action is not taken. Following our last CQC inspection, the 'speaking up safely' e-learning package was developed and launched in line with national guardian office guidance. The training outlines barriers to speaking up, how to speak up and escalate your concerns and how manager and leaders can respond effectively and compassionate when staff speak up. The uptake of this training has been slow with 300 members of staff completing it to date.

The trust also has inclusion agents who support staff to raise concerns specifically that relate to ED&I. The speaking up guardians and ED&I team have been working closely together to create a network between them both and a commitment has been agreed to include both groups in training opportunities offered by both services. Both speaking up advocates and inclusion agents are valuable sources of information that can provide the organisation with early warning signals of issues and an opportunity to take proactive action. It is strongly recommended that SBU and directorate leaders are aware of who their advocates and agents are and to engage with them regularly.

Diversity demographics of the speaking up advocates is collected when they undergo their training, there is intentional recruitment of advocates from all protected characteristics so that the team continues represent the diversity of our workforce.

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The recently published Equality Diversity & Inclusion (ED&I) positive action charter at GSTT which outlines our commitment to creating an inclusive environment includes references to the importance of raising awareness of speaking up and calling out unacceptable behaviours. Encouragement of leaders and managers to complete the e-learning is more important than ever. The speaking up guardians have been working closely with the ED&I team designing and delivering training around speaking up and also exploring micro-aggressions and micro incivilities and the negative impact these can have to increase knowledge and understanding.

Since the last board report, The NHS people plan⁵ also emphasises the importance of a compassionate and inclusive culture in which every voice matters and counts. There are specific references and actions that relate to the Freedom to speak up agenda which are as follows:

- By March 2021, NHS England and NHS Improvement will launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts.
- Recruitment of more Black, Asian and Minority Ethnic staff to Freedom to Speak Up Guardian roles, in line with the composition of the NHS workforce.

5. Priorities for the year ahead

With the ongoing increase in caseload of the guardian and the need to provide more proactive capability building within management, a service review will be undertaken to assess resourcing and governance of the service considering the upcoming organisational changes and recently published recommendations from the NHS people plan.

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

Board

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

6. Conclusion

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

References

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4. Whistleblowing the inside story- University of Greenwich and Protect
[https://gala.gre.ac.uk/id/eprint/10296/1/Whistleblowing - the inside story FINAL.pdf](https://gala.gre.ac.uk/id/eprint/10296/1/Whistleblowing_-_the_inside_story_FINAL.pdf)
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Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 28 OCTOBER 2020

Title:	End of the EU Exit Transition Period Contingency Planning
Responsible Director:	Jon Findlay, Chief Operating Officer
Contact:	Caroline Fiore, Resilience Manager Caroline.fiore@gstt.nhs.uk Noel James, Resilience Manager Noel.James@gstt.nhs.uk
Purpose:	To provide the Board of Directors with an update on the trust's preparedness for EU exit and the updates in guidance received since the UK entered the EU transition period.
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<ul style="list-style-type: none"> • Little guidance has been received with regards to progress in trade talks as we approach the end of the EU transition period. • There is a potential for a no deal scenario from 1st January 2021
Recommendations:	The BOARD OF DIRECTORS is asked to: <ol style="list-style-type: none"> 1. Note the update in this paper

Board

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

WEDNESDAY 28 OCTOBER 2020

END OF THE EU EXIT TRANSITION PERIOD CONTINGENCY PLANNING

PRESENTED BY JON FINDLAY

1. Introduction

The UK left the European Union (EU) on 31st January 2020, at which point the UK entered the EU exit transition period. During this period the UK has been able to continue to follow EU rules and trade deals, enabling time for the UK to negotiate deals with the EU. The transition period will end on 31st December 2020 and it has been confirmed by the government that this will not be extended. In response to the approaching end of the transition period and lack of updated guidance on advances in trade negotiations the trust is reviving its planning arrangements as we approach the end of the EU transition period to ensure its preparation for a potential no deal exit.

2. Background

Since 2018 directorates across the trust have been implementing arrangements to ensure preparedness for a no deal exit, which has been coordinated through the EU exit working group, chaired by the Chief Operating Officer as the EU exit Senior Responsible Officer (SRO) and Accountable Emergency Officer (AEO), supported by the Resilience Team. The EU exit planning group was stood down in late 2019 to reflect the continuation of current EU rules and trade deals as the UK moved into the transition period in 2020. The group was re-established on 30th September in light of expected guidance and to ensure key directorates are now reviving their no deal

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preparations in preparation for a no-deal exit from the transition period against the original DHSC EU Exit Operational Readiness Guidance, which advised NHS organisations to prepare against the following topics;

- Supply of medicines and vaccines
- Supply of medical devices & consumables
- Workforce
- Clinical trials
- Impact of reciprocal healthcare
- Data sharing

3. Situation update

Since the Covid-19 response began, the trust has very little updated guidance or communication on the progress made on trade deals during the transition period or specific areas of concern in light of the pandemic to focus on in our preparations for 1st January 2021. The trust must again consider its plans for a no deal exit. If a trade deal is not agreed for implementation by 31st December, tariffs and border checks will be applied to UK goods travelling to the EU and EU goods coming into the UK, this along with additional border checks would result in increased costs to imports and delays at borders and ports.

A letter was received in August from Steve Oldfield, Chief Commercial Officer at the Department for Health and Social Care setting out DHSC's plans and preparations for the end of the transition period, which includes rerouting supplies away from short straights and for suppliers of medical supplies to stockpile six weeks supply, as had been the recommendation prior to EU exit. This document empathised that no action was required by the NHS at this stage and focused on the requests made to suppliers to prepare for new border and customs procedures. In September a letter was received from Keith Willets to confirm his role as the EU Exit Senior Responsible Officer (SRO) and to request an SRO nomination from all NHS organisations. To date, this is the only communication received since the transition period began.



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The resulting impacts of the pandemic response has raised some concerns with regards to availability of consumables, spare parts for equipment and some medicines. The core focus going forward will be on supply chain resilience in terms of goods from the European Union. Key suppliers such as NHS Supply Chain experienced significant issues during the pandemic and are not expected to resume business as usual provisions for a long time, the future of some other suppliers being able to continue to operate is uncertain, the Procurement Team are monitoring this and taking appropriate action as required. The Trust's just-in-time wholesaler for Main Theatres is exiting the market at the end of December. The Trust has completed a tender exercise and intend to bring the service model in-house and operate from the Trust's new Supply Chain Hub at Dartford to maintain and improve resilience of the Trust's supply chain.

With regards to pharmaceuticals, medicines cannot be stockpiled beyond our normal business as usual stock levels and checks are being carried out to ensure this does not take place. Note that as detailed previously pharmaceutical companies will have to ensure that they have an additional six weeks supply of medicines in the UK.

Some arrangements have been confirmed for reciprocal healthcare, some updated guidance has been received that confirms all EU citizens with settled on pre-settled status will be eligible for free healthcare, along with visitors arriving before 31st December, including students. Surgical procedures booked prior to the end of the transition period will be honoured under reciprocal arrangements even if it takes place after this date. It is expected over the coming months reciprocal arrangements will be coordinated through the EU, rather than with individual countries.

4. Going forward

The EU exit working group members will continue to review any new guidance and monitor any supply chain issues and concerns and will update risk assessments as required. All updated guidance will be circulated to the appropriate staff once received and updates will be included within the Thursday senior leaders briefing once available. An assurance return on the trust's preparedness has been indicated, along with further guidance on the operational response, however both are currently awaited. Services will need to continue to complete their Service

Board

Level Business Continuity Plans (BCP) and be prepared to refresh their plans as new information becomes available. The new Business Continuity system which will be rolled out from mid-November 2020 will support this process.

Going forward the trust SRO will be liaising with the Royal Brompton SRO to ensure awareness of the plans being made by their trust and to ensure alignment prior to the merger taking place in February 2021.

**Board of Directors
Audit & Risk Committee**

**Minutes of the meeting held on Wednesday 16th September 2020
at 1pm to 4pm, held virtually, via Microsoft Teams**

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

Attendance: Ms J Dahlstrom, Chief of Staff (Secretary)
Ms G Daly, Grant Thornton – recused from item 12
Mr S Davies, Director of Finance
Mr P Dossett, Grant Thornton – recused from item 12
Ms C Eyre, Chief Accountant
Mr A Gourlay, Director of Essentia
Mr S Lane, Associate Director of Finance - Internal Audit
Mr D Lawson, Chief Procurement Officer - Item 4
Mr K Leakey, Information Governance & Management
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
Sir H Taylor, Chairman

1. Welcome and apologies

The Audit and Risk Committee (the Committee) received apologies from Dr Ian Abbs, Beverley Bryant, Ruth Liley and Lawrence Tallon.

2. Minutes of the Audit Committee meeting held on 17th June 2020

The minutes of the meeting held on 17 June 2020 were agreed as an accurate record of the meeting.

3. Matters Arising

Matters arising from the meetings on 13 May and 17 June were discussed.

4. Single Tender Waivers Summary Report

The Committee was provided with a six month update on approved single tender waivers in accordance with the Committee's terms of reference. The waivers related to the Trust's response to the COVID-19 pandemic were considered. Some tenders not directly related to COVID-19 had also been affected due to logistical issues around procurement processes and

the redeployment of the procurement team in response to the pandemic. A comparison to last year's data was discussed and a more detailed report including trend analysis would be submitted to the November meeting of the Committee.

ACTION: DL

5. Information Governance & Management Report

The Committee received an information governance and management overview which included information on General Data Protection Regulation compliance, the data security and protection toolkit, requests for information received by the Trust, information security, information governance incidents, health records, duplicate registrations and the registration authority.

An overview was provided of the Trust's performance in the areas above, and the Committee noted progress made in relation to mandatory information governance training. The COVID-19 pandemic had had an impact on the response times for Freedom of Information requests and Subject Access Requests and a clear communication plan was in place to explain the reasons for delays to those requesting information. A breakdown of Subject Access Requests made by patients and staff would be provided in the next report. Definition of duplicate registration and confused records would also be highlighted.

ACTION: KL

The implications of the Electronic Health Records programme for information governance and management were considered. The Committee discussed cyber security and the heightened risk in the context of the COVID-19 pandemic. The increase in the prevalence of staff working from home had also had an impact on information security and a communication plan was being developed to ensure staff were informed regarding cyber security threats. Significant improvements to cyber security processes and systems had been made and funding made available by NHS England had been invested in improved infrastructure. As part of the restructuring of the Data, Technology & Information department, additional resources would be brought in to support the Trust's cyber security work. An update was provided on inactive user accounts.

6. Grant Thornton Reports/Updates

The Audit Progress Report was presented to the Committee and the external auditors confirmed that the work on the 2019/20 audit had been completed. Planning for the 2020/21 audit was now in progress. Following the technical qualification to the Trust's accounts in 2019/20 in relation to inventory, detailed discussions were ongoing on what work could be done to determine the opening balances for stock. Work was ongoing to avoid a qualification in 2020/21. There was also a risk of qualification for the 2021/22 caused by comparative year balances. Assurances had been received from NHS England and NHS Improvement that there would be no adverse consequences in terms of oversight for any trust affected by qualifications related to limitation of scope on inventory.

The audit implications of the proposed merger with Royal Brompton & Harefield NHS Foundation Trust (RBH) was discussed and the different options for the year-end audit for both Trusts were considered. The final option selected would be determined in part by the final transaction date.

The Finance Director updated the Committee on the new financial regime and the implications of the agreed write-off of loans for some NHS organisations.

The Committee was provided with the key points set out in the National Audit Office updated Code of Audit Practice and revised approach to Value for Money audit work. The main implications for audit delivery were outlined. It was likely that there would be flexibility for individual external audit firms as to the areas which should be reviewed in the context of Value for Money, within the broader themes of governance, financial sustainability and improvements in economy, efficiency and effectiveness.

7. Update on Non-Audit Services Policy

A discussion took place on the proposed changes to the 'Policy on the use of external auditors for non-audit services'. This policy had been approved by the Audit and Risk Committee in November 2019, and was scheduled for a routine review by November 2020. The policy required any requests to the external auditors for non-audit services to be highlighted in advance to Finance to enable a review of the request against the known restrictions to consider whether the service requested was acceptable.

In December 2019, the Financial Reporting Council published 'Revised Ethical Standard 2019' which came into effect for the financial year 2020/21, and this guidance was further reinforced by the National Audit Office's AGN01 'General Guidance Supporting Local Audit' published on 29th May 2020 with effect from 15th March 2020. The revision attempted to improve auditor independence and reduce the risk of conflicts of interest. The previous list of prohibited non-audit services has been replaced with a much shorter list of permitted services, all of which were closely related to an audit or required by law or regulation.

Committee members discussed the implication for the number of firms likely to be willing to provide external audit services. The Committee would be asked to approve the final policy in correspondence.

ACTION: CE

8. Stocktakes and External Audit

The Committee received an outline of the current position and future plan to provide assurance to the Trust's external auditors over stock balances in order to prevent a qualified audit opinion for the 2020/21 final accounts.

9. SFI and Segmental Reporting Future Reviews

The Committee noted the current plan for revising the Standing Financial Instructions (SFIs) and the approach to segmental reporting. The Trust's SFIs were last updated in February 2020, when some small amendments were made. It was recognised that the SFIs would benefit from a more thorough review and amended draft SFIs would be presented to this Committee in November. The amended SFIs would incorporate the role of Strategic Business Units as well as best practice through a benchmarking exercise.

It was noted that the amendments made to the SFIs during COVID-19 pandemic were still in place. These amendments related specifically to COVID-19 expenditure only. The Committee asked the Chief Financial Officer and the Finance Director to consider whether these should be retained following consultation with Executive Directors. The Chair of the Committee was given delegated authority to remove the amendments when appropriate.

ACTION: MS, SD

Committee members highlighted the importance of segmental business planning being implemented before segmental reporting was put in place. The interaction between segmental reporting and the merger with RBH was considered and the Trust would work closely with its auditors on the implementation of segmental reporting. Given comments made, it could be appropriate to delay segmental reporting until the 2021/22 financial year.

10. Internal Audit Progress Report

The Committee received an amended draft annual internal audit plan which incorporated feedback received from Committee members in June 2020. An additional audit on workforce processes had been included. Committee members requested that next year, the internal audit plan would include an audit around recruitment and equality and diversity.

RESOLVED:

The Committee resolved to approve the 2020/21 internal audit plan.

Audits completed so far in 2020/21 including an audit on COVID-19 expenditure. The key findings were outlined. The governance around expenditure decisions had been found to be appropriate. Committee members welcomed the helpful and thorough report and noted key findings regarding hotel room use and stock control, where mutual aid had been provided to partner organisations in emergency circumstances and the audit trail was not always clear. Process improvements had been put in place to support the Trust through a potential second wave of the COVID-19 pandemic and supply chain resilience was considered. The need for more visibility on the national supply chain was highlighted.

A discussion took place on the national process which had been followed for reclaiming expenditure and to date reimbursements had been received without issues. A national retrospective audit would be conducted and the Committee would be kept informed on this point. The process for reclaiming capital expenditure was noted.

A report on outpatient outcomes was presented and the findings discussed. There were areas for improvement and the report had been welcomed by colleagues in the relevant departments, who were putting in place actions to ensure improvement. The same applied to a report on St Thomas' Hospital Road resurfacing where lessons had been learned and additional staff training had been put in place. Procurement and capital approval improvements would also be made. The cancer wards relocation report was discussed. Programme management skill gaps had been identified and these were being addressed.

An update was provided on the implementation of audit recommendations.

11. Counter Fraud Progress Report

The Committee noted the report and discussed the two cases reported for the three months to 31st August 2020. Recommendations would be provided to the Committee in the next counter fraud progress report.

ACTION: SL

12. External Audit Contract Extension Review

The Committee indicated it remained content with its previous recommendation to the Council of Governors to extend the current external audit contract for a further 12 months.

13. Any Other Business

The Committee noted the discussion that would take place at the Board away day on the Board Assurance Framework.

Agenda items on the implementation of the new financial ledger and the finance implications of the RBH merger would be added for the November meeting.

ACTION: JD, CE

14. Date and Time of the Next Meeting

The next meeting would be held on 11th November 2020 at 1pm, with meeting details to follow.

**BOARD OF DIRECTORS
STRATEGY AND PARTNERSHIPS COMMITTEE**

**Minutes of the Wednesday 29 July 2020 meeting
held by conference call 11.30am to 1pm**

Present: Dr F Harvey – Chair

Dr I Abbs
Mr P Cleal
Mr J Findlay
Ms J Parrott
Mr J Pelly
Ms J Screamton – until 12.30pm
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 C Cheston
Mr A Gourlay
Ms A Knowles
Ms M Jenkins – on behalf of Ms M Ridley
Ms R Liley

1. Welcome and Introductions

2. Apologies

Apologies were received from Dr S Shribman, Prof R Razavi, Mr M Shaw, Dame E Sills, Ms S Austin, Ms B Bryant, Ms S Clarke, Mr S Davies, Mr R Drummond and Ms M Ridley.

3. Declarations of Interest

There were no declarations of interest

4. Minutes of previous meeting held on 24 June 2020

The minutes were approved as an accurate record.

5. Matters arising from the previous meeting

The Strategy and Partnerships Committee (the Committee) noted that an updated commercial strategy would now be presented to the September Transformation and Major Partnerships Committee (TMP).

The Chief People Officer provided an update on the People Strategy's adoption by directorates across the Trust.

6. Corporate Objectives for the remainder of 2020-21

The Committee noted that the Trust's five year organisational strategy, Together We Care, set out three priorities (patients, people, partnerships), broken down into strategic objectives and enablers. In previous years it had been decided not to set specific annual objectives, but to set annual deliverables for each strategic objective. Progress against these deliverables had been reported to the Committee twice per year, although this arrangement was currently paused due to COVID-19 pressures.

As the Trust moved into the recalibration and recovery phases, the complexity of the organisational and strategic agenda was increasing from the relatively tight focus of the escalation phase. It was proposed that a small number of organisational objectives would be set out for the remainder of 2020-21, aligned to both Together We Care and the imperatives arising from COVID-19 and the recovery. The proposed objectives were set out. If agreed, specific owners and success measures would be established for each, to support reporting to the Committee.

Committee members discussed the objectives and highlighted the importance of including a reference to the fact that the Trust would prioritise patients on waiting list based on clinical need. The actions to be taken by the Trust in the context of the Black Lives Matter movement should be reflected in the objectives. The possibility of a more specific objective on financial performance was considered. A discussion took place on how performance against the objectives would be measured. Careful consideration would have to be given by the Board and by Executive Directors to the risks the Trust faced and how these could be balanced in the best interests of patients.

The objectives should be expanded to include a reference to Group Operating Model, and the importance of patient engagement across all of the Trust's objectives was emphasised. Health inequalities should be considered.

RESOLVED:

Subject to the comments made, the Committee resolved to approve the proposed objectives for the remainder of 2020-21.

7. Acute Provider Collaborative Update – Committee in Common

An update was provided on the South East London Acute Provider Collaborative (APC), which had been constituted as a Committee in Common of the King's College Hospital NHS Foundation Trust Board, the Guy's and St Thomas' NHS Foundation Trust Board and the Lewisham and Greenwich NHS Trust Board. The purpose of the APC was outlined and Committee members noted how the APC would support the restart of elective services

provision with a particular focus on six high-volume specialties. In the longer term, the APC was likely to have a more strategic role.

A draft Memorandum of Understanding (MoU) for the APC has been developed and all three Trust Boards now had the opportunity to comment on the draft. A final version of the MoU would be presented for Board approval in September. The Committee in Common met for the first time on 10 July 2020. It was noted that the Committee in Common did not have delegated authority from the three Boards but would operate in an advisory capacity. Reports from the Committee in Common would be submitted to the Committee, or other Board committee meetings as appropriate.

8. Specialised Commissioning Devolution Programme

The Committee noted that the South East London (SEL) and South West London (SWL) Integrated Care System (ICT) had participated in a number of London-wide work streams and discussions that had considered future models of planning and delivery for specialised commissioning. A Memorandum of Understanding had been signed by the three tertiary provider Chief Executives and this set out a commitment to develop further collaborative approaches to the planning and delivery of specialised services.

An emerging proposition to establish a provider-led South London work programme for specialised services was outlined. This built on a previous draft proposal. The aim of the work programme was to identify viable models for the devolution of specialised services commissioning to South London, to enable improved patient care and better value for money. The work programme's objectives were considered and discussed.

A discussion took place on the systems in which this partnership would operate including in the context of the merger with RBH. The role of Operational Delivery Networks was discussed. The growth potential of this area of work was considered, as were cost and capital risks.

9. No.10 Health and Social Care Taskforce Update

Consideration was given to recent media reports of a new Health and Social Care Taskforce, which was being established to review policy and legislative options for the future of the NHS and social care. Its scope had not been publicly confirmed, but media reports suggested it would focus on the implementation of manifesto commitments and the structure of the NHS in England, with primary legislation expected to follow in 2021. Reported topics of interest were noted.

The timetable for the review was discussed and it was noted that the Shelford Group had connected with the Taskforce to set out potential areas of priority. Further updates would be provided to the Committee in due course.

10. Strategy & Partnerships Committee Work Programme and Agenda Planning

The Committee was due to meet in September 2020, December 2020 and March 2021. A discussion took place on whether this was the optimal frequency for meetings of the Committee and consideration was given to the Committee's priorities for future meetings. It was noted that it would be important to consider internal and external strategic matters.

Committee members would welcome a greater focus on research and innovation. The changes to the Committee's forward plan which would occur as a result of a move to a Group Operating Model were considered. An update on away day planning was provided. Additional meetings would be scheduled if needed.

11. Any Other Business

There was no other business.

12. Date of next meeting

The next meeting was scheduled for Wednesday 23rd September 2020 at 1pm to 5pm arrangements to be confirmed.

**BOARD OF DIRECTORS
STRATEGY AND PARTNERSHIPS COMMITTEE**

**Minutes of the Wednesday 23rd September 2020 meeting
held by conference call 3.30pm to 5.30pm**

Present: Dr F Harvey – Chair

Dr I Abbs
Mr P Cleal
Mr J Findlay
Ms J Parrott
Mr J Pelly
Ms J Screamon
Mr M Shaw
Dr S Shribman
Dr P Singh
Dr S Steddon
Mr L Tallon
Sir H Taylor
Mr S Weiner

In attendance: Ms J Dahlstrom - Secretary

Ms B Bryant
Ms C Cheston
Ms S Clarke
Mr S Davies
Mr R Drummond
Ms A Knowles
Ms R Liley – until 4.30pm
Ms A Lynch
Mr P Mitchel – deputising for Mr A Gourlay
Mr M Tolhurst - Theatre item
Prof J Wendon
Mr E Whaites

Observing: Edward Bradshaw

1. Apologies

Apologies were received from, Prof R Razavi, Ms M Ridley, Ms S Austin and Mr A Gourlay.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of previous meeting held on 29 July 2020

The minutes were approved as an accurate record.

4. Matters arising from the previous meeting

There were no matters arising from the previous meeting minutes.

5. Corporate Objectives for the remainder of 2020-21 - progress report

At its meeting on 29 July 2020, the Strategy and Partnerships committee (S&P) agreed a set of organisational objectives for the remainder of 2020-21, aligned to both Together We Care and the imperatives arising from Covid-19 and the recovery. These objectives had now been finalised and shared with the organisation through the Trust Management Executive and the Chief Executive's team briefing and were on GTi.

The Strategy team had been working to identify owners and success measures for each objective. The team outlined progress made to date with establishing a monitoring framework and provided a first indication of delivery. The organisation was working to adapt and deliver at pace and further work was required in some areas to confirm or simplify success measures. The monitoring framework was therefore presented as work in progress to be finalised for the next meeting of the Strategy & Partnership Committee (the Committee), scheduled for December.

ACTION: JP

A significant proportion of the corporate objectives related to work which has been defined as a major programme. It was therefore important to align reporting to the Committee with the Transformation and Major Programmes Committee and to clarify the proposed respective focus of the two committees. A further update on this thinking would also be provided in December.

ACTION: JP

A discussion took place on the need to address waiting lists and although this was reflected in the more detailed description of the corporate objectives, Committee members requested that this priority was also included in the one page summary.

6. Long Term Financial model

Royal Brompton & Harefield NHS Foundation Trust (RBH) and the Trust had worked together to produce a Long Term Financial Model (LTFM) for the newly-merged Trust, showing the anticipated financial performance over the next ten years based on current assumptions around income and cost growth, capital investment, future efficiency savings, merger costs and benefits, and asset disposals. The merger LTFM was presented to the Committee and was compared with the counterfactual for the two separate Trusts to show an overall financial benefit from merger. The sources of benefits were outlined and it was noted that commissioners would be the main beneficiaries in the current financial model.

The financial risks over the ten-year period were outlined and it was noted that these would arise regardless of whether the merger proceeded. There were risks around the financial benefits of merger not being achieved. These were not considered to be significant relative to the underlying risks facing both Trusts. Assuming the risks set out could be managed, the merged Trust would not see a reduction in its Use of Resources Rating below a score of 2 (where 1 is highest and 4 is lowest), which should be acceptable to the regulator.

Committee members requested that an in-depth session would be organised for interested Non-Executive Directors on the financial risks and the way in which these would be managed. Ensuring these sessions could be arranged ahead of 21 October 2020, the date on which Board certification on the transaction was required, would be important.

ACTION: MS

A discussion took place on the combined cash position of the two Trusts and a review of historic cash levels was being undertaken and would be made available to the Committee.

ACTION: MS

Synergies were considered and the interaction with the Transfer of Undertakings (TUPE) consultation outlined. Committee members highlighted the importance of ensuring the delivery of financial benefits was not postponed over a period of many years. The Committee discussed the uncertainties around the new financial framework and the way these impacted the merger.

RESOLVED:

In line with the requirements for self-certifying the transaction with RBH, the Board noted the LTFM and certified that it had considered the implications on the Trust's Single Oversight Framework segment, in particular the Use of Resources metric. This certification was made subject to the in-depth session for interested Non-Executive Directors being arranged.

7. Our People's Strategy – 2 year refresh

The Committee received an update on the Trust's People Strategy (the Strategy). Proposals were presented to refresh the 'Year 2 objectives' in the Strategy in response to the recently published NHS People Plan. The Trust priorities around Black Lives Matter, the merger with RBH and COVID-19 would also be reflected.

A discussion took place on prioritisation of actions and the importance of ownership of the Strategy by individual directorates was highlighted. A status update on the objectives was provided and Committee members welcomed the inclusion of progress metrics in the paper. Consistent metrics were in place for directorates and these would also be set for the Trust's Strategic Business Units as part of the implementation of the Group Operating Model. Online learning had been a significant area of focus for the workforce team and almost all courses for staff were now available virtually.

The update on Black Lives Matters including progress made on metrics in the area. Regular updates would be provided to this Committee and also to the Quality & Performance Committee.

RESOLVED:

The Committee resolved to agree the revisions proposed for the remainder of 2020/21.

8. Acute Provider Collaborative

The Committee was reminded that the South East London Acute Provider Collaborative (APC) had been constituted as a Committee in Common of the Trust's Board, the King's College Hospital NHS Foundation Trust Board and the Lewisham and Greenwich NHS Trust Board.

A summary of the current APC leadership arrangements was provided and the Committee noted the scope of the APC's work. There was a focus on high-volume elective work and ensuring waiting lists issues were addressed. A significant amount of work had been completed by colleagues from all three Trusts to ensure a coordinated approach to waiting lists, and to address capacity issues. A discussion on risk sharing and competing pressures on the three Trusts took place. A second COVID-19 wave would need to be factored into the plans and the plans for using independent sector capacity were discussed. There had been an increase in the number of patients who did not attend appointments and it would be important to maintain efforts to ensure patients felt confident about attending hospital appointments.

It was noted that the work of the new South London Specialised Services Collaborative Board would be coordinated with the APC. A discussion took place on staff loyalty to and identification with individual organisations rather than system-level groups.

9. Joint Clinical Strategy update

Prior to the COVID-19 pandemic, the Trust's and King's College Hospital NHS Foundation Trust (KCH)'s strategy teams had been working with colleagues across both organisations to plan and develop a joint clinical strategy. Work on this had been paused in March 2020 and in June, the Committee had discussed an initial review of the impact of the COVID-19 period on the development of this joint clinical strategy.

The list of joint opportunities had now been reviewed in detail, taking particular account of the impact of COVID-19 on urgency and feasibility and the establishment of the APC. The Committee noted the revised list and a further update would be provided at the next meeting when APC discussions would be further progressed.

ACTION: JP

10. Medical and dental education updates

1. Medical Education

The Committee received a summary overview of Medical Education offer at the Trust for doctors. This included undergraduate, postgraduate and simulation offers. The Committee was also updated on the wider junior doctor experience at the Trust, the medical response to the COVID-19 pandemic and the priorities and challenges for Medical Education following the first surge. Survey results and the approach to education supervision were outlined. The Committee noted the crucial work of the simulation centre.

The Committee welcomed the paper, the progress made and the good survey results. Regular reports on medical and dental education should be added to the Committee's forward plan.

ACTION: SS, JD

11.b

2. Dental Education

An overview was provided of dental education at the Trust. The Dental Hospital at Guy's was the largest dental hospital in Europe and in conjunction with the Dental School of King's College London was the responsible for training of approximately 20% of the dental workforce in England and approximately 50% of the specialist dental workforce.

Dentistry was primarily an aerosol generating profession and as such had been significantly affected by COVID-19. Dental practices had been closed during the pandemic and many had yet to open. Clinical dental education had ceased in March 2020. Students traditionally treated their own patients using aerosol generating procedures and at the Trust students typically worked in large 30 chair 'open clinics'. To mitigate risk and ensure clinics were safe for students, staff and patients, equipment had been changed to reduce aerosol generation and work was underway to the ventilation layout to ensure a safe air flow direction. This work needed to be completed urgently to allow clinical dental education to recommence. Further future challenges to dental education were also outlined.

Committee members welcomed the paper and thanked colleagues in dental services for their work and their commitment to patients during the COVID-19 pandemic. The Committee also thanked the Head of Dental Services, who was due to retire in October 2020, for his outstanding contributions to the Trust. The impact on patients of dental practices being closed during the first surge was considered and discussion were ongoing at national level to ensure this could be avoided during a second surge.

11. Long Term View on Theatres including surgical strategy

The Committee received an update on the ongoing work to understand the best use of the Trust's revenue and capital resources to bridge the gap between theatre demand and capacity. The modelling work that had been started in 2019 had been refreshed and this work highlighted the way in which investment in theatre builds for the Evelina, Guy's Orthopaedic Centre of Excellence and Queen Mary, Sidcup would help the Trust close the gap over the next five or six years. Supplementary analysis had also looked at growth in waiting lists due to the COVID-19 first wave outbreak.

The Committee were asked to agree support for the governance structure outlined and to support recommendations to the Trust Operations Board for continuation of support (capital or revenue) to the Evelina, Orthopaedics and Sidcup projects. Committee members were also asked for their support to ensure that maintenance and refurbishment projects on the existing theatre estate maintained high priority.

The Committee welcomed the paper which constituted an important step forward in terms of analysis of future theatre capacity requirements. It was noted that the limitations of the model were currently being explored by the team and it would be important to understand the relationships between forecast demand, future efficiencies and capacity requirements. Benchmarking would play an important role in developing this understanding. The importance of being ambitious in the Trust's theatre plans was emphasised in light of high demand for surgical services.

RESOLVED:

The Committee resolved to approve the proposals set out in the paper.

11.b

12. Any Other Business

There was no other business.

13. Date of next meeting

The next meeting was scheduled for Wednesday 16th December 2020 at 1pm to 5pm arrangements to be confirmed.

11.b

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

**Minutes of the meeting held on Wednesday, 29 July 2020
at 3.30pm 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
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 B Bryant

Ms V Cheston
Ms S Clarke
Mr S Davies
Mr R Drummond
Mr A Gourlay
Mr T Hulse
Ms L James
Ms A Knowles
Ms R Liley
Ms M Ridley

1. Apologies

Apologies were received from Prof R Rezavi, Ms S Austin, Toni Lynch and Prof J Wendon.

2. Declarations of interests

There were none.

3. Minutes of the previous meeting held on 10 June 2020

The minutes were agreed as an accurate record.

4. Matters arising

There were no matters arising.

5. Major programmes board overview

The Transformation and Major Programmes Committee (the Committee) received a major programmes overview which set out a number of milestones, including those which been completed since June. A commentary on upcoming key milestones was provided. The Committee thanked colleagues involved in the development of these programme governance arrangements for their work.

6. Digital Transformation

a. EHR Programme FBC

The Committee received the Full Business Case (FBC) for the Electronic Health Record (EHR) programme. The accompanying briefing describes the major opportunity offered through the implementation of an integrated electronic health record system. An overview was provided of how clinical and operational staff were engaged in the programme. The benefits to patients, staff, the Trust and its partners were outlined in detail by executive colleagues. As well as delivering significant benefits, the EHR programme would also help the Trust manage risks around patient administration where there was still considerable reliance on paper-based processes. Ensuring the benefits were delivered across acute and community sites was of key importance.

The costs, delivery timeline and dependencies were considered. Committee members received an overview of the procurement process and noted the revenue and capital funding options being considered. Both options were affordable although there was a preference for the capital funding model. Discussions were ongoing with NHS England and NHS Improvement to confirm the approach and Committee members were asked to approve the FBC subject to the Trust receiving confirmation on this subject. An update would be provided in early September.

Key levers for ensuring effective delivery were outlined and the importance of ensuring full support from leaders across the organisation was highlighted. The Chief Digital Information Officer stressed that excellent clinical, administrative, patient and public engagement during the implementation would be critical. There would be no opportunity to continue to work on legacy systems as these would be replaced. The benefits of virtual working realised during COVID-19 should be retained.

The interaction with King's College Hospital NHS Foundation Trust (KCH)'s potential Epic implementation was discussed and it was noted that both programmes were aligned in all respects. The merger with Royal Brompton & Harefield NHS Foundation Trust (RBH) had been included in the plans and RBH colleagues were already involved in the EHR programme governance.

The Committee thanked the Chief Digital Information Officer for her work.

RESOLVED:

The Committee resolved to approve the Full Business Case subject to the comments made above.

IPB Business Cases – EHR Technology Enablers:**b. Strategic Network FBC**

The Committee received the Strategic Network FBC. It was noted that the Trust's IT network was the foundation upon which the Trust delivered clinical and operational IT services to the Trust. The network was beyond its operational life and required updating. The delivery of the Strategic Network Programme would provide the Trust with a resilient and secure network able to meet the needs of the Trust. It was a fundamental enabler for the EHR programme implementation. A Windows update was also required and a further paper would be brought to the Committee in due course.

RESOLVED:

The Committee resolved to approve the Full Business Case.

c. Trust Integration Engine FBC

The Committee received the FBC for a new Trust Integration Engine (TIE) which provided the ability for IT applications and services to communicate with each other. Integration Engines were an important element of healthcare IT as they provided the hub of communication, enabling clinical workflows between systems to be conducted without manual transcription.

RESOLVED:

The Committee resolved to approve the Full Business Case.

d. Community Network FBC

The Committee received the FBC for the Community Network proposals. The existing network serving the community, supplied and managed by North East London Commissioning Support Unit (NELCSU), was not currently aligned with the Trust's strategic direction for integrated care for adults' and children's community services. There were also speed, reliability and security issues which needed to be addressed. The proposed new network would be scalable and could therefore cater to the community requirements in the future.

RESOLVED:

The Committee resolved to approve the Full Business Case.

7. Estate Development Programme Update & Theatre Maintenance Programme

The Committee received an update on the projects currently underway within estate development and asset management. Key upcoming decisions in relation to the estates development plan in 2020/21 were also outlined. The forward plan of key decisions was dynamic and subject to a number of factors to deliver to the current projected timelines. A number of projects had been adversely impacted by COVID-19. Some projects had been put on hold to support the Trust in its response to COVID-19 and some would be delayed as a result of the Trust's reprioritisation of the capital plan.

An update was provided on progress made with the Evelina expansion programme. The Committee noted that the tender process to select project management consultants for the

design and construction elements of the Evelina Expansion programme was in progress and the award of contract was expected to be made in the autumn. Updates on the Royal Street and Gassiot House developments and the Education Centre were also provided.

The Committee received an overview of the Trust's waiting lists, which had increased as a result of the COVID-19 pandemic. National and regional guidance on the recovery was outlined. Some revised Infection Prevention and Control (IPC) had already been published and further information on this subject was expected later this week. The Committee received an update on access to independent sector facilities. A discussion took place a planning letter which was being developed nationally and which would contain new measures around the COVID-19 recovery. The Committee would be kept informed of further developments.

Changes had been made to theatre maintenance and development plans in light of these developments and these were outlined. The Committee expressed support for the proposals but requested that the Quality and Performance Committee would be involved in reviewing the changes to the plans and the associated risks.

ACTION: JF, AG

8. Any Other Business

There was no other business.

9. Date and Time of the Next Meeting

The Committee was next due to meet on Wednesday 9th September 2020 at 2pm to 5pm, arrangements to be confirmed.

Board of Directors
Transformation and Major Programmes Committee
Minutes of the meeting held on Wednesday, 23rd September 2020
at 1pm held Virtually

Present: Mr S Weiner (Chair)

Dr I Abbs
Mr P Cleal
Mr J Findlay
Dr F Harvey
Mr J Pelly
Ms J Screamon
Mr M Shaw
Dr S Shribman
Dr P Singh
Dr S Steddon
Mr L Tallon
Sir H Taylor

Attendance: Ms J Dahlstrom (Secretary)

Ms S Austin
Ms B Gail –for Pathology item
Ms B Bryant
Mr S Davies
Mr R Drummond
Mr T Hulse
Ms L James
Ms A Knowles
Mr D Lawson –for Pathology item
Ms A Lynch
Ms M Ridley
Ms S Robinson –for Pathology item
Ms S Williamson - deputising for Alastair Gourlay

1. Apologies

Apologies were received from Prof R Rezavi, Ms J Parrott, Ms V Cheston, Ms S Clarke, Mr A Gourlay, Prof J Wendon and Ms R Liley.

2. Declarations of interests

The interest of the Chief Financial Officer in the pathology item was on the record and the Chief Financial Officer would leave the meeting for this discussion.

3. Minutes of the previous meeting held on 29th July 2020

The minutes were agreed as an accurate record.

4. Matters arising

There were no matters arising. Future plans for updates on COVID-19, Brexit and Electronic Health Records were noted.

5. Major Programmes Board Overview Update

The Transformation and Major Programmes Committee (the Committee) received a major programmes overview setting out key milestones across the Trust's major programmes. A number of these programmes would play a key part in the delivery of the Trust's strategic objectives for 2021 and this relationship would be explored in more detail in a paper for the Strategy and Partnerships Board Committee meeting on 23 September. The approach to major programmes would also be discussed at the Board Away Day.

6. SEL Pathology Transformation – Full Business Case

The Committee received the Full Business Case (FBC) for the South East London (SEL) Pathology Transformation. The 2016 Lord Carter review had identified pathology as one of the key areas for efficiencies and a reduction in variation. In September 2017, the SEL Pathology Programme Board was formed to drive transformation across pathology services within the SEL Sustainability and Transformation Partnership (STP). In January 2018, a Strategic Outline Case (SOC) was approved by all Trust Boards to take forward a procurement to develop a networked model for Pathology services across SEL. The Outline Business Case (OBC) was approved in October 2019.

Following a competitive procurement process, SYNLAB was confirmed as the preferred bidder in January 2020. Approval of the Full Business Case (FBC) was now required prior to contract award (which was planned for October 2020) and service commencement (which was planned for February 2021). The FBC consisted of five cases which provided an appraisal of the costs, benefits, risks and alternatives of the proposed Pathology Transformation. The commercial arrangements for the joint venture between the Trust, King's College Hospital NHS Foundation Trust and SYNLAB were outlined and consideration was given to IT implications of the proposals. The Committee noted the due diligence which had been completed on SYNLAB. Some work was outstanding on the management model and governance arrangements and the timeline for completing this work was outlined. Committee members highlighted the need for an Implementation Senior Responsible Owner (SRO), and emphasised the importance of the Trust working closely with its joint venture partners to speak with one voice on pathology. A further paper would be brought to the Committee on this subject.

ACTION: SD

Committee members thanked executive colleagues for their work on the proposals. The importance of the Medical Director appointment for the joint venture was highlighted. Proposals for the clinical senate were welcomed. The Committee discussed the possibility of additional partner organisations being included in the joint venture and noted that a new procurement

11.c

exercise would be required, or, in the case of the Royal Brompton & Harefield NHS Foundation Trust, a separate business case submission.

RESOLVED:

The Committee resolved to approve the Full Business Case and to delegate authority to the Chief Executive to finalise the contract for the joint venture.

7. RBH-GSTT Merger: Business Case, Due Diligence and Regulatory Process

The Trust and Royal Brompton & Harefield NHS Foundation Trust (RBH) had been working towards a formal merger (structured legally as an acquisition) in the context of their wider partnership with KHP. The Boards of both Trusts approved the Strategic Case for the merger in July 2020 and this was submitted to NHS England and NHS Improvement (NHSE/I) for review. Directors from the Trust and RBH subsequently held a number of thematic meetings with NHSE/I during August to discuss all aspects of the case.

It was noted that NHSE/I had designated the merger as a 'material transaction' rather than a 'significant transaction'. This suggested that the regulator viewed the merger as a comparatively low risk transaction, reflecting the stability of the two organisations, the experience of their Boards, the depth of work that had gone into the partnership so far and the strength of the strategic case for the merger. Committee members received an overview of the feedback received from NHSE/I. The implication of this classification was that the Board would be able to self-certify the transaction. Opinions sourced from professional firms would not be required by NHSE/I. Instead, the Board and Medical Director from the Trust would be required to certify that the transaction has been managed appropriately and risks were understood and mitigated. NHSE/I would review the self-certifications, and could ask to see supporting documentation, in order for the transaction to be completed.

The development of the full business case (FBC), the combined Long Term Financial Model (LTFM) and the Post-transaction Integration Plan (PTIP) were progressing and it was expected that these documents, together with the output of the ongoing due diligence exercise, would be ready for Board consideration and approval at the end of October. A final decision on the transaction was planned for early December, with a proposed transaction completion date of 1 February 2021.

Committee members received an overview of the key findings to date of the due diligence process. These included findings related to property restrictive covenants with implications for the use of RBH land. Estates backlog maintenance issues and IT upgrades required were also outlined. Further work was required on clinical governance and additional information would be made available for the Trust to review. Committee members highlighted the importance of a clear view on clinical risk and would await a recommendation from the Medical Director and the Interim Chief Nursing Officer on whether further external assurance should be sought.

ACTION: SS, TL

The implications for the Trust's LTFM were discussed and would be explored further in the Strategy & Partnership Committee meeting. The financial implications of the property due diligence findings were considered. Committee members emphasised the importance of the clinical case for the merger which was not affected by the position on restrictive covenants. The benefits which would be delivered to patients were significant. The positive engagement with colleagues at RBH was noted.

8. Quarterly Capital and Estate Development Programme Update and Theatre Maintenance Programme

The Committee received an update on key projects currently underway within Estate Development and Capital Projects. A number of projects had been affected by the capital prioritisation exercise. In addition to the Trust's major developments, the Estates team were prioritising investments that support the Trust's recovery and resilience plans and projects that were the subject of additional funding allowances confirmed by NHS Improvement.

Updates were provided on the components of the Estates Development Plan. Capital projects in planning and delivery phase were also outlined. A discussion took place on the Royal Street development and the changes to demand for office space in light of the COVID-19 should be incorporated in the planning of this development. Consideration was given to departmental expenditure limits and their implications for the Estates Development Plan. The Committee welcomed the paper and highlighted the importance of progressing work on the projects outlined, including on theatre refurbishment and maintenance.

9. Evelina Expansion Programme Update

The Committee considered the key strategic risks and issues facing the Evelina London Expansion Programme. Changes to the overall programme timelines were outlined and an overview was provided of the opportunities to mitigate the impact of programme uncertainties.

The Committee was asked to approve the re-forecasted timeline, noting work in progress to validate assumptions and changes. Approval was also requested for the recommendation to continue detailed design work for the alternative decant proposals. In addition, the Committee were asked to approve the recommendation to appoint Mace as the Project Managers for the Design and Construction elements of the Programme. The final arrangements and costs of the entire contract will be subject of a further report to the TMP in December 2020.

ACTION: MR

The details of the alternative decant proposals were outlined. The additional costs were due to the refurbishment of the existing state which would be required to enable the decant solution now proposed, however there would also be a financial benefit in terms of reduced developer delay costs and inflation, and increased flexibility for the future use of the estate. An update on the budget and national negotiations was provided.

RESOLVED:

The Committee resolved to approve the proposals set out in the paper regarding the re-forecasted timeline, the recommendation to continue detailed design work for the alternative decant proposals, and the appointment of Project Managers.

11.c

10. Chairman's Actions Summary Report

The Committee noted the report. An overview was provided of the Finance 2020 project to deliver software as a service finance system.

11. Any Other Business

There was no other business.

12. Date and Time of the Next Meeting

The Committee was next due to meet on Wednesday 9th December 2020 at 2pm to 5pm, arrangements to be confirmed.

**BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE**

**Minutes of the Meeting held on Wednesday 2nd September 2020
held virtually via MS Teams at 12pm to 3.15pm**

Present: Dr P Singh (Chair)
Dr I Abbs
Mr P Cleal
Mr J Findlay – until 1.45pm
Dr F Harvey
Mr J Pelly
Prof R Razavi
Mr M Shaw – until 3pm
Dr S Shribman
Dr S Steddon
Sir H Taylor
Mr D Waldron on behalf of Ms J Screaton – until 3.05pm
Mr S Weiner

Attendance: Ms J Dahlstrom, Secretary
Ms S Austin
Ms S Clarke
Ms M Da Costa
Mr S Davies – until 3pm
Mr R Drummond
Mr A Gourlay
Ms S Hanna
Ms A Knowles
Ms R Liley
Ms A Lynch
Ms M McEvoy – until 3.05pm
Ms C McMillian on behalf of Ms B Bryant
Ms S Noonan
Ms J Powell – until 2.50pm
Mr D Wood

1. Welcome and Introductions

The Chair welcomed colleagues to the meeting.

2. Apologies

Apologies were received from Ms B Bryant, Ms M Ridley and Mr Lawrence Tallon.

3. Declarations of Interest

There were no declarations of interest.

4. Minutes of the previous meeting held on 8th July 2020

The minutes of the meeting held on 8th July 2020 were approved as a true record.

5. Matters Arising

Updates on matters arising were provided under Topics of Note below.

6. Update from Chief Executive and Executive Directors

The Quality and Performance Committee (the Committee) received an overview of key issues the Trust was facing around the COVID-19 recovery. Arrangements put in place to support staff through the recovery period were outlined and an update was provided on operational, financial and governance arrangements for the recovery. Discussions had been had with national and regional colleagues particularly around the incentive scheme designed to support the recovery. The implementation of the NHS People Plan was discussed and the links to the Trust's people strategy were noted.

Committee members discussed ways in which information on COVID-19 infections in the community was communicated within local boroughs and highlighted the importance of ensuring patients felt confident to access treatments for non-COVID-19 conditions. The Committee received an overview of progress made in negotiations with the independent sector regarding continued access to facilities, and the impact announcements made at national level had had on these negotiations. The Board confirmed its commitment to ensuring timely access to treatment for our patients, using the independent sector where appropriate. There were risks to the Trust associated with the new financial framework, both in relation to revenue and capital, and these were outlined for the Committee.

Consideration was given to the role of virtual consultations and the limitations and risks associated with virtual services were discussed. An update was provided on staff morale. A series of engagement events with staff had been held and steps were being taken to address feedback received from staff.

7. Topics of Note

Under topics of note, the Committee received an update on fire safety including the steps which had been taken to address fire safety issues at three inpatient sites in the community. Work was ongoing to ensure the roles of all staff in relation to fire safety were clearly defined. The differences between Trust-led fire risk assessments and external reviews of fire safety were considered. External reviews had been commissioned for all community sites. The Director of Quality and Assurance was conducting a review of governance around fire safety issues. Reporting and assurance processes including information flows would be considered as part of this review and recommendations would be presented to the Committee in October.

ACTION: RL

The theatre maintenance programme was discussed. Maintenance on 13 theatres had been completed and a number of theatres would be brought back into use this week and during the rest of September. There were some engineering risks associated with the ongoing works which would be incorporated in the estates element of the corporate risk register.

The Committee received an update on clinical services provided at Minnie Kidd House and it was noted that work was ongoing to ensure any outstanding service issues were addressed. The Committee also received an update on women's services. Caesarean section rates were discussed and an update on next steps to support medical trainees was provided.

Committee members discussed the advantages and risks of virtual consultations in the context of safeguarding. Not all those needing to access the service had a computer to enable the virtual appointments, and it could be more difficult to identify signs of abuse or neglect during a virtual appointment. The Committee noted that a full to face service for the mandated post-natal visits and checks had been resumed. The process for reporting safeguarding to police and local authorities was discussed. The Committee was provided with an update on two specific safeguarding cases. The Trust's escalation pathways and lone worker policy would be considered in the context of these cases.

An update was provided on patients who had recovered from COVID-19 and the residual effects which some patients had experienced. The follow-up plan for patients, including treatment options, was noted.

A positive action charter had been developed in the context of Black Lives Matter, and five pledges had been agreed by the Trust Management Executive. These would be the five key elements which would enable to the Trust to make substantial and sustainable change. The 2025 diversity targets were discussed and London-wide recruitment challenges were considered. A major transformation programme was required to deliver the targets. Updates on Just Culture and COVID-19 risk assessments were also provided and the Committee noted the approach taken to risk assessment data gathering. Vacancy rates were noted and an update on digital governance, programmes and services was provided.

The Finance Director provided an update on the year to date financial position including the impact of the new financial regime and the in-month adjustments which had been made. Recent tax developments were outlined and the Committee received an overview of the Trust's underlying cash position. The risks associated with the new financial regime were considered. These included risks associated with Trust financial performance being linked to the operational performance of the Integrated Care System, and difficulties for directorate management teams around managing budgets in this new way. New financial performance management tools would be developed if this framework remained in place for longer.

8. Patient Safety Insight Report

The Committee noted the report, which had been developed to provide the Committee with more context and trend analysis in the context of patient safety. Committee welcomed the report and feedback would be provided outside the meeting.

9. Learning from Deaths Report

The Committee noted the report which provided a progress update for *Learning, Candour and Accountability: A review of the way NHS trusts review and investigate deaths of patients in England in line with the National Quality Board guidance entitled National Guidance on Learning from Deaths*. The Trust's Learning from Deaths procedures and processes had continued during the peak of the COVID-19 pandemic. Key points for noting were outlined.

10. Staff Influenza Programme 2020-21

The Committee received an overview of the staff influenza programme and noted that learning from past years had been applied. A detailed overview of the preparations made was provided. Engagement with the black community around the safety of the vaccine was discussed and the vaccination communications plan was outlined. Data regarding staff receiving the vaccination in other locations would be captured.

11. Reports for Noting

The Committee noted the reports.

12. Any Other Business


There was no other business.

13. Date and Time of Next Meeting

Wednesday 14th October 2020, with details of timing and arrangements to follow.

DRAFT

11.d

Board of Directors' – Quality and Performance Committee	 Guy's and St Thomas' NHS Foundation Trust
Financial Report for the five months to 31st August 2020	14th October 2020

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

* *Specify*

1. Introduction \ Context

- 1.1 The interim financial arrangements for the first six months of this financial year covering the receipt of fixed block contract payments from Commissioners, a prospective top-up payment and a retrospective top-up process to record a financial break-even position will cease at the end of September.
- 1.2 Information has been released regarding the revised financial framework for the latter part of 2020/21, although some specific details are still to be agreed. As expected the simplified payment and contracting process has been retained but with a greater focus on system partnership and the restoration of elective services.
- 1.3 The revised financial framework for the last six months includes the following aspects:
 - Receipt of a monthly block contract payment from commissioners, although this will be subject to retrospective adjustments relating to performance.
 - Some ad-hoc billing to commissioners can now proceed outside of the block payment arrangements
 - The allocation of system funding to the South East London Integrated Care System (SEL ICS) which cover system growth, additional COVID expenditure and top up funds. A set of principles have been agreed within the SEL ICS as to how these funds will be distributed to the partners.
 - Other income is anticipated from other CCGs and NHSE directly commissioned services, the Elective Incentive Scheme and other specific exclusions such as high cost drugs.
- 1.4 An assessment of the forecast position of the SEL ICS was undertaken some weeks ago and based on this analysis and the notification of funding to be received further work will be required to achieve a balanced financial position across the SEL ICS and the contribution required from each partner organisation will need to be agreed.
- 1.5 This paper updates the Board of Directors on performance against the breakeven plan and the required top up funding for the period covering the five month's to 31st August 2020.

2. Financial performance Summary.

- 2.1 Against the plan (excluding COVID-19 impact) which is a deficit of £9.0M for the five month's to 31st August, a deficit of £15.0M has been recorded this is £6.0M worse than plan.
- 2.2 The financial impact of COVID-19 has been assessed as £56.6M resulting in a deficit of £71.6M. In line with the current finance regime top up funding of £71.6M has been included into the reported position to report an overall break-even position. The value of the top up funding of £71.6M is £62.6M more than that prospectively planned for by NHSI \ E.

	YTD Plan £m	YTD Actual £m	YTD Variance £m
I&E Baseline Plan	(9.0)	(15.0)	(6.0)
COVID-19 Impact Assessment	0.0	(56.6)	(56.6)
Sub Total pre top up funding	(9.0)	(71.6)	(62.6)
Top up funding adjustment	9.0	71.6	62.6
Break even plan	0.0	0.0	0.0
DODA	(5.4)	(5.1)	0.3
Capital Donations	3.0	0.9	(2.1)
Total Surplus \ (Deficit)	(2.4)	(4.2)	(1.8)

- 2.3 The in-month performance before top up funding was a deficit of £15.9M, among the significant drivers, a number of which are retrospective were the following:
- Income had previously been accrued in respect of a number of hosted services and directorate contracts with NHS\IE and local CCGs. These income streams now form part of the monthly block contract payments received by the Trust. These income accruals have now ceased with a £2.4M in month impact.
 - Education income from Health Education England (HEE) had been paid on a fixed block basis. Notification that certain elements of the contract would be retrospectively reduced have resulted in a £3.5M in month impact.
 - Clinical activity has started to increase from the volumes seen in the early part of the year. Whilst income remains on a fixed block contract, expenditure has increased by £1.9M.
 - Provisions for dilapidation charges have been increased by £1.6M in line with the Trust's policy.
 - A reduction in blood charges by Viapath of £1.0M. Actual data had not previously been available and had to be estimated.
 - COVID-19 impacts of £6.8M were accounted for in August, these include:
 - Research income of £1.2M has been deferred
 - Expenditure incurred by SBU's, Clinical Directorates of £1.2M
 - Support costs incurred by Essentia of £0.9M
 - Supply chain costs of £0.9M, of which £0.8M relates to charges incurred on behalf of other organisations
 - £0.9M of costs in respect of redeployed students
 - £0.7M pathology charges due to the agreed block contract arrangements with Viapath

3. Financial Performance excluding COVID-19 impact – Baseline Plan

- 3.1 The £15.0M deficit excluding the impact of COVID-19 as shown in the table above is £6.0M worse than plan.
- 3.2 The main driver of the year to date position is due to significant reductions in income not secured under block contract arrangements. The attached finance report (page 3) shows that monthly income has reduced by almost £10 million per month when compared to pre-COVID-19 levels. Whilst some will be partly off-set by expenditure reductions this will not fully cover our fixed costs.
- 3.3 There are significant underspends across clinical supplies and drugs and to a lesser extent some pay budgets due to the impact of reduced clinical activity. NHS clinical activities are starting to increase with some commensurate increases in expenditure. These will need to be carefully managed whilst we remain under the block contract regime
- 3.4 Income streams from commercial activities continue to show significant underperformance, most notably those relating to overseas activities.
- 3.5 Business planning for 2020-21 was suspended on the 12th 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. Coronavirus (COVID-19) Assessment

- 4.1 The £56.6M assessed as being the financial impact of COVID-19 covers increases in pay and non-pay expenditure of £50.6M that are above our baseline budgets and are attributable to COVID-19. It also includes research income that has been deferred of £6.0M as the response to COVID-19 has impacted research activities being undertaken, this is being reviewed.
- 4.2 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. The main components of which were:
- £7.4M PPE
 - £4.5M Accommodation, tax implications
 - £5.1M Existing staff working additional shifts
 - £4.5M increased ITU capacity
 - £3.2M Accommodation
 - £3.6M Workforce expansion – Students
 - £2.5M Workforce expansion – GSTT \ KCL \ KHP
 - £2.4M Patient transport services
 - £3.0M CEVA supply chain
 - £1.5M Major estates works – medical gasses, refrigeration, mortuary
 - £1.0M Increased decontamination
 - £11.9M Other

5. Top Up Funding

- 5.1 The £71.6M of top up funding, as noted in 2.2, comprises £9.0M of prospective top up funding which is included within our contractual income and £62.6M of retrospective top up funding which will effectively compensate the Trust for the overall financial impact of COVID-19, but remains subject to scrutiny and challenge by NHS\N.
- 5.2 At month four the Trust had submitted a retrospective top up funding claim of £48.6M and we have been informed that this will be paid in full. Retrospective audits commissioned by NHSE \ I of COVID-19 attributed expenditure have commenced in a number of Trusts, how this impacts where top-up funding has already been agreed is unclear.
- 5.3 The Trust has been instructed to continue to accrue retrospective top up funding to a value that will record a break-even position with regard to the month six accounts.

6. Cash and Capital

6.1 Cash: the cash position at the end of August is £287.5M, this is an increase of £25.2M from last month and an increase of £148.3M from March. Page five of the attached finance reports shows the underlying cash position at August of £176.0M having adjusted for the following:

- Block contract payments from CCGs and NHSE £112.5M, remain one month ahead of the planned schedule.
- Accrued expenditure in respect of dividend where top up funding has been received of £11.5M.
- Capital expenditure incurred by the Trust in respect of COVID-19 capital projects in excess of cash of £12.1M.

6.2 Capital: £32.5M of capital expenditure was recorded to the end of August of which £12.2M relates 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 19th 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.
- Due to delays in receiving approval, the Trust has proceeded at risk on a number of COVID-19 capital projects.
- Any less than £250K schemes which had not yet been submitted by that date (19th May) will be submitted to the national capital team for consideration of approval.

7. Request to the Quality and Performance Committee

The Quality and Performance Committee is asked to:

- Note the interim financial plan that has been set and the finance regime the Trust is operating within for the first six months of this financial year.
- Note the changes that are proposed to the finance regime for the final six months of this financial year.
- Note the requirement of achieve a balanced financial position across the SEL ICS and that further work will be required to achieve this.
- Note the assessment of the financial impact of COVID-19 of £56.6M in achieving a deficit of £71.6M.
- Note the required top up funding of £71.6M.
- 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 05

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

- A deficit in August of £9.1m is £7.3m worse than the planned base-line deficit of £1.8M and the YTD deficit of £15.0m is £6.0m worse than the planned base line deficit of £9.0M.

2. COVID-19 Financial Impacts

- An assessment of the financial impact of COVID-19 in excess of our baseline budgets at the end of August is £56.6M. This comprises additional revenue costs of £50.6M and reductions in research income of £6.0M.

3. Top Up Funding

- Under the current financial regime the Trust has accounted for additional income in respect of Top Up Funding of £71.6M comprising the £15.0M base line deficit and the COVID-19 impact of £56.6M. The £71.6M of Top Up funding is £62.6M more than the prospective plan.

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 £4.3M below planned levels.
- Income previously received for Hosted services and a number of Directorate budgets are deemed to be included within the block contract arrangements and the income that had been accrued for these has been removed with a YTD impact of £6.6M
- Other Directorate and SBU income streams relating to private patients and other operating income activities are £11.0M less than plan. In some cases these will be mitigated by reductions in non pay expenditure but not necessarily by reduced pay and overhead expenditure.
- 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 £32.0M of which £13.3M is reflected in the YTD position.
- The main driver mitigating the above overspends against the baseline plan relates to non pay under spends, in particular clinical supplies £21.3M and drugs and blood costs £1.9M both reflecting the reduced levels of non COVID related activity.
- Pay budgets are showing an underlying underspend of £3.9M 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 £56.6M. This comprises £6.0M of income being deferred relating to research activities and increased expenditure of £50.0M. August impacts of £6.7M include £0.4M PPE, £1.0M student costs, £1.2M deferred research income and £0.9M supply chain.
- The YTD increased expenditure of £50.0M comprises pay costs of £11.9M which consists of both GSTT and external staffing. Increased non pay costs account for £38.1M and includes purchase of PPE, accommodation costs, enhanced patient transport and laundry services, increased procurement capacity and estates works.

6. Cash position

- Our cash position remains strong at £287.5M at the end of August, an increase of £25.2M from the previous month.

7. Capital – performance

- To the end of month five the Trust has spent £36.1M of capital. This comprises £22.9M on existing GSTT schemes where the Trust is working to a control total for this financial year of £78m; £12.2M on COVID-19 schemes where new funding is anticipated and £1.0M on schemes funded by donations.

FINANCIAL PERFORMANCE HIGHLIGHTS - 2020-21 - MONTH 05



ACTUAL

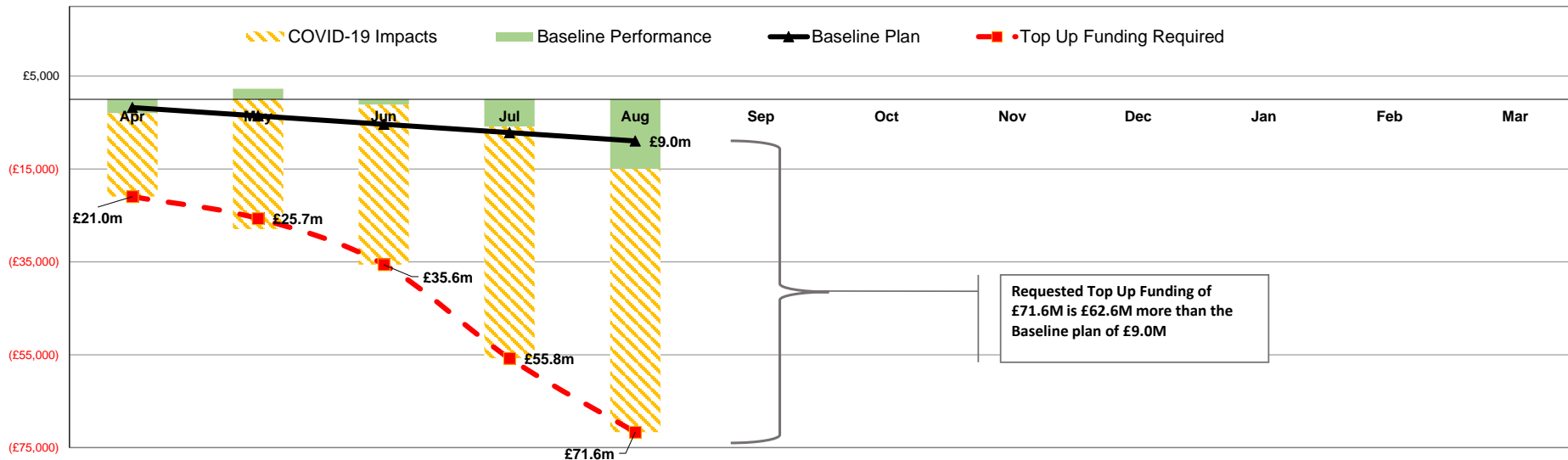
- MONTH SURPLUS \ (DEFICIT):	(£15.9m)	- £7.3M deficit against the baseline plan and £6.8M of impacts from COVID-19 - £14.1M of Top Up Funding has been accounted for, £12.3M more than was planned.
- YEAR-TO-DATE SURPLUS \ (DEFICIT):	(£71.6m)	- £6.0M deficit against the baseline plan and £56.6M of impacts from COVID-19 - £71.6M of Top Up Funding has been accounted for, £62.7M more than was planned.
- CASH:	£287.5m	- an increase of £25.2M from last month and an increase of £148.3M from last year - the underlying cash position of £176.0M reflects receipt of advanced income, accrued PDC expenditure and COVID capital expenditure.

**FINANCIAL PERFORMANCE:
AUG ACTUAL - MONTH 05 YTD - FY 2020-21**



£000's	AUG			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
I&E Baseline Plan	(£1,796)	(£9,116)	(£7,320)	(£8,980)	(£15,004)	(£6,024)
COVID-19 - Impact Assessment	£0	(£6,771)	(£6,771)	£0	(£56,645)	(£56,645)
Sub Total	(£1,796)	(£15,887)	(£14,091)	(£8,980)	(£71,649)	(£62,669)
Top Up Funding	£1,796	£15,887	£14,091	£8,980	£71,649	£62,669
Plan including Top Up	£0	£0	(£0)	£0	£0	£0
Depreciation on Donated Assets (DODA)	(£1,088)	(£1,010)	£78	(£5,441)	(£5,124)	£316
UNDERLYING SURPLUS \ (DEFICIT)	(£1,088)	(£1,010)	£78	(£5,441)	(£5,125)	£316
Capital Donations	£605	£49	(£556)	£3,027	£929	(£2,098)
TOTAL SURPLUS \ (DEFICIT)	(£483)	(£962)	(£479)	(£2,414)	(£4,196)	(£1,782)

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



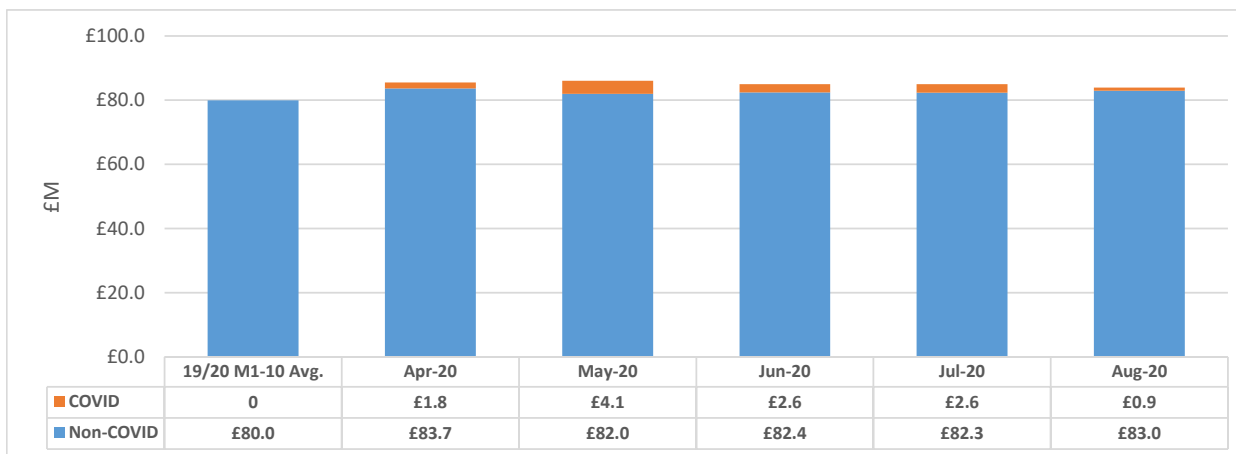
FINANCIAL PERFORMANCE: INCOME (excluding Block Contracts) - PRIOR YEAR MONTH 10 AND CURRENT YTD

	2019/20 MONTH 1-10 AVERAGE	2020/21 MONTH 1-5 AVERAGE	
TOTAL % Reduction vs PY Average	£26.8m	£17.4m (35.0%)	The following income streams comprise 20% of the overall Trust income, based upon 19/20 levels and exclude income from Commissioners that are now under block contract arrangements.
<i>Of which.....</i>			
Clinical - Cost & Volume Contracts % Reduction vs PY Average	£3.9m	£1.1m (71.5%)	Local Authorities, non English commissioners and out of area treatments, the Trust remains on C&V contracts
Private Patients % Reduction vs PY Average	£1.9m	£0.7m (64.0%)	
Research - NIHR % Reduction vs PY Average	£3.2m	£2.2m (32.7%)	Income deferral of £1.2M per month pending review of research being undertaken
Education & Training - HEE % Reduction vs PY Average	£6.1m	£5.1m (16.0%)	Prior year includes ad-hoc non-recurrent funding; significant reduction made against previous block.
Overseas Visitors % Reduction vs PY Average	£0.8m	£0.4m (53.6%)	
Clinical Excellence Awards % Reduction vs PY Average	£0.4m	£0.0m (100.0%)	Validating, may now be included as part of the clinical block payment
Non Patient Care - Other NHS bodies % Reduction vs PY Average	£2.4m	£1.4m (41.5%)	Major reductions are across Hosted Services, Essentia Community Services and Commercial activities
Other Operating Income % Reduction vs PY Average	£7.1m	£5.9m (17.4%)	Major reductions are across Hosted Services, Essentia Community Services and Commercial activities
Rental Revenue - Operating Leases % Reduction vs PY Average	£1.0m	£0.7m (33.4%)	Prior year benefits in 19/20 and 20/21 reductions in rental income from commercial partners

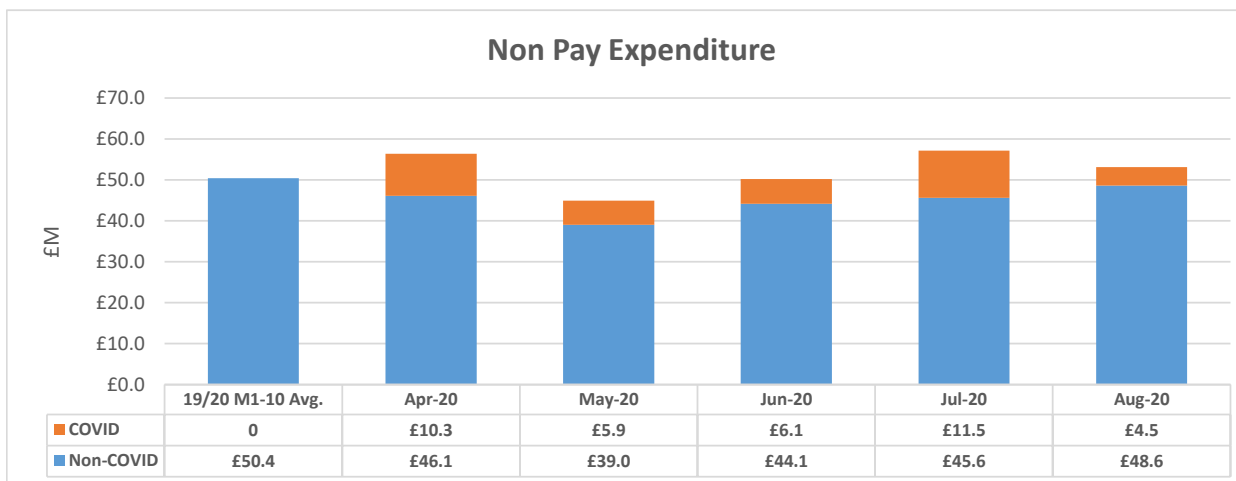
FINANCIAL PERFORMANCE: PAY AND NON PAY EXPENDITURE RUN RATES - 2019/20 and 2020/21



PAY EXPENDITURE



NON PAY EXPENDITURE



COVID-19 Expenditure

Expenditure has been identified and attributed to COVID-19 where:

- it is attributable to the COVID-19 response
- it is in excess of the baseline budget

The graphs show the period in which the cost was identified and recorded.

There have been retrospective adjustments, as seen in May and August in relation to pay.

Non pay expenditure included significant estates work in April, in July an accrual in respect of a potential tax liability.

Other significant areas of expenditure included PPE, supply chain and patient transport.

Non COVID-19 Expenditure

Pay expenditure remains within budget, but represents a £2.7M pm (3%) increase from last year.

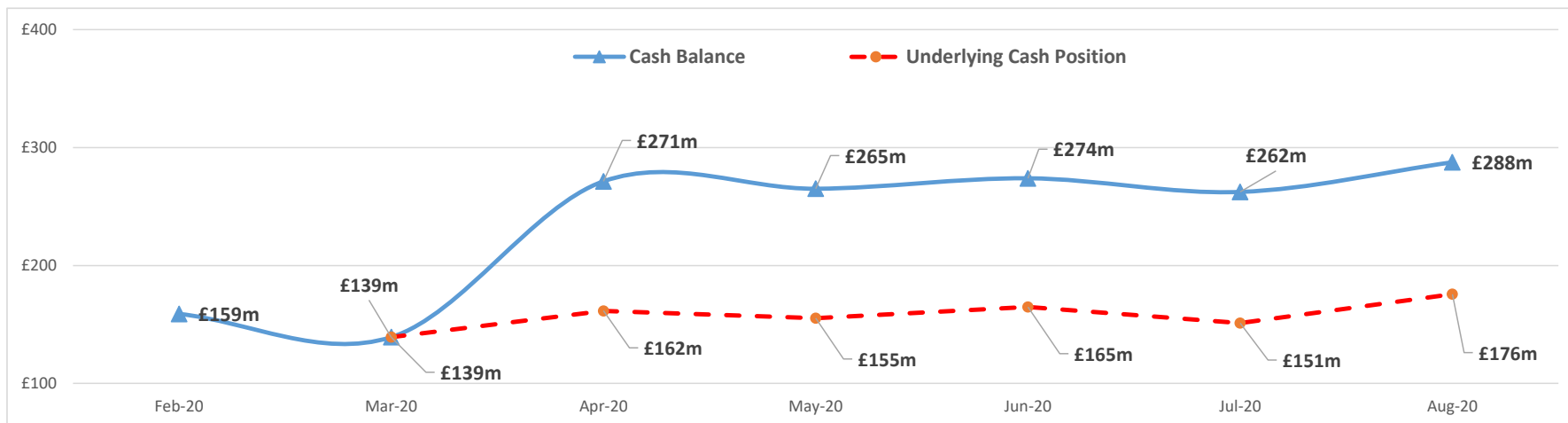
Pay awards, the FYE of planned growth from 19/20 the main drivers; also reductions in temporary staffing.

Non pay expenditure is significantly under spent against budget due to the reduced activity and represents a £5.7M (11%) reduction from last year. Clinical supplies at £2.9M is the main driver.

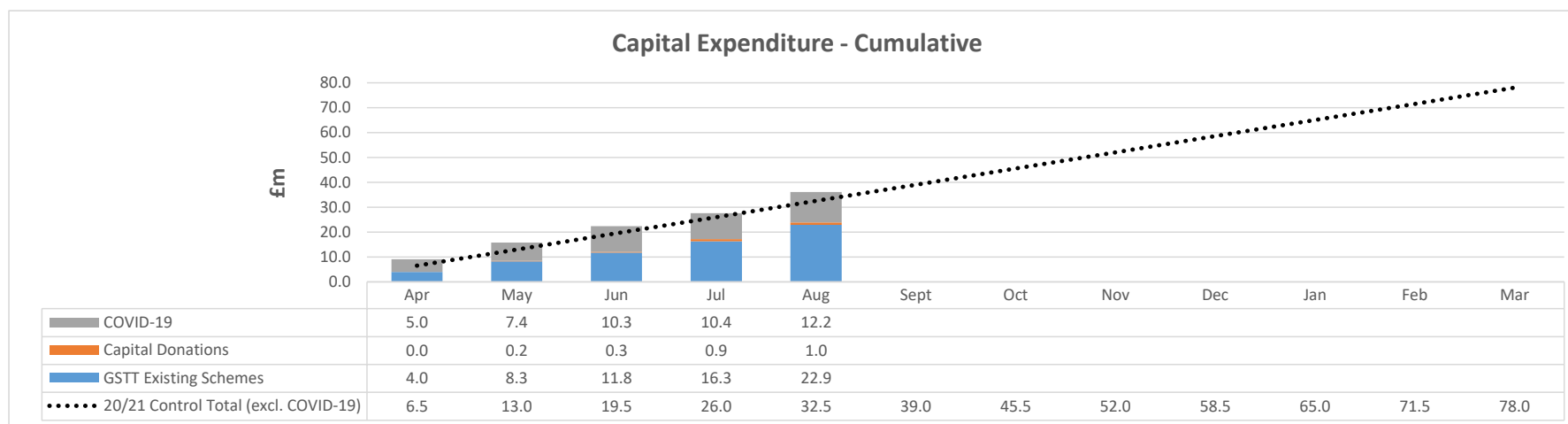
FINANCIAL PERFORMANCE: CASH AND CAPITAL - YTD

CASH

Underlying cash position adjusts for: one month advanced payment of the block contract income £112.5M, accrued PDC of £11.5M, COVID capital expenditure in excess of funding received £12.1M



CAPITAL



Quality & Performance Committee	
Topics of Note – Appendix 2: Balanced Scorecard - August 2020	14 October 2020

This paper is for:		Sponsor:	
Decision		Author:	Jackie Wingfield, Information Analyst – Health Informatics Daniel Barnes, Performance & Information Manager - Health Informatics
Discussion	X	Reviewed by:	Scott West, Head of Planning & Performance Roger Harris, Head of Information Delivery, Health Informatics
Noting		CEO*	
Information		ED*	
		Board Committee*	X Quality & Performance
		TME*	
		Other	

* Specify

Topics of Note - Appendix 2, Quality & Performance Committee, 14th October 2020

Indicators unavailable for scorecard due to suspension of data associated with COVID related pressures in departments supplying the data or submissions suspended

	Indicator	Indicator Name
1.3 Infection control and cleanliness	301	MRSA bacteraemia (Trust-attributable)
	302L	C-Diff acquisitions resulting from lapse in care
	302T	C-Diff acquisitions (Trust-attributable)
1.4 Screening on admission	9936	VTE screening (externally reported)
1.6 Safe Staffing	SafeS	Ratio of actual to planned hours
2.1 Clinical best practice	ICNARC-STH	Critical care mortality indicator - STH+VHDU
	ICNARC-Guys	Critical care mortality indicator - Guy's CCU
2.5 Child Health	NEW4	% children receiving wheelchair within 18 weeks from referral
3.1 Admitted care	310	Single sex compliance - breaches (all types)
4.4 Diagnostic access	FFF19	Turnaround time - inpatient MRI within 24 hours
	FFF20	Turnaround time - inpatient CT within 24 hours
	FFF21	Turnaround time - inpatient Ultrasound within 24 hours
4.8 Theatre management	505	Gross Cancellation Rate (in arrears)
	502	Cancelled patients not admitted within 28 days (in arrears)
	501	Patients cancelled on day (in arrears)
6.1 Overall financial position	MRRT	Finance Use of Resources
	LQRT	Liquidity ratio (in days)
	DSCT	Capital service cover
	FIN01T	Overall underlying financial surplus/(deficit)
	CSHT	Cash flow
	CAPT	Capital spend vs plan (year-to-date variance)
	VRPT	Variance from Plan (year to date)
UNPT	Underlying Performance	
6.3 Fit for the Future programme	CIPSTC	Cost improvement plans (CIPs) - var to plan YTD
6.7 Essentia - Cleaning Services	ES107	Cleaning audit score 2007 standards (Acute)
	ES108	2007 NPSA score (Acute)
	ES112	Cleaning audit score 2007 standards (Community)

Performance Framework - Balanced Scorecard

August-2020

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

Missing data

Safe Level **2**

No of levels in Domain: 11 (1-Low: 2, 2: 3, 3: 4, 4: 5, 5: 6, 6-High: 2)

Reporting Period	Reporting Period					PF Levels		Monthly Performance			
	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	Jul-20	Aug-20	Jul-20	Aug-20	Trend
1.1 Incident reporting	Total incidents reported	2,571	22,513	2,566			1	1	2,575	2,571	
	Never Events	6	1	0	1.1		1	6	0	1	
	Incidents resulting in unexpected death	1	3	0	34.0	5.8	2	1	5	3	
1.2 Harm-free care	Incidents resulting in severe harm	3	6	54.9	4.3		1	3	3	6	
	Pressure ulcer acquisitions (category 2 and above) attributable to Trust	1	5	5	5.8		1	1	4	5	
	Incidence of falls per 1000 bed days	6	6.2	55.2	4.7	TICDAC	6	6	5.7	6.2	
1.3 Infection control and cleanliness	MRSA bacteraemia (Trust-attributable)	-	0	0	0.6	TICDAC	-	-	-	0.0%	
	C-Diff acquisitions resulting from lapse in care	-	0	0	0.0	TICDAC	-	-	-	0.0%	
	C-Diff acquisitions (Trust-attributable)	-	0	54	2.1	TICDAC	-	-	-	0.0%	
1.4 Screening on admission	Anti-microbial stewardship	1	92.0%	85%	89.0%	TICDAC	1	1	95%	92.0%	
	VTE screening (externally reported)	-	0%	85%	96.9%		-	-	-	0.0%	
	Dementia screening (patients aged over 75)	3	81.1%	80%	71.9%		4	3	79.8%	81.1%	
1.5 Mortality indicators	Hospital standardised mortality rate (HSMR) - most recent score	1	76.7	80	72.9		1	1	75.9	76.7	
	Standardised healthcare mortality index (SHMI) - most recent score	1	81.0	80	72.5		1	1	76.3	81.0	
1.6 Safe Staffing	Ratio of actual to planned hours	n/a	-	99%	94.0%		n/a	n/a	-	-	
	% Initial Case Conference Attendance	1	100.0%	85%	94.0%	VuIn Pers	1	1	95.3%	100.0%	
	% Review Case Conference Attendance	1	96.4%	85%	85.1%	VuIn Pers	1	1	100.0%	96.4%	
1.7 Safeguarding	% of Staff having supervision in timeframe - HV	1	96.0%	85%	94.5%	VuIn Pers	1	1	97.0%	96.0%	
	% of Staff having supervision in timeframe - SN	1	100.0%	85%	98.9%	VuIn Pers	1	1	97.5%	100.0%	
	Number of children not seen by practitioners/not followed up as per plan	1	0	0	2	VuIn Pers	1	1	0	0	

Effective Level **3**

No of levels in Domain: 8 (1-Low: 2, 2: 5, 3: 3, 4: 4, 5: 1)

Reporting Period	Reporting Period					PF Levels		Monthly Performance			
	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	Jul-20	Aug-20	Jul-20	Aug-20	Trend
2.1 Clinical best practice	Emergency readmissions (within 28 days - in aears)	3	6.2%	5	5.9%		3	-	6.2%	-	
	Emergency readmissions (within 14 days - in aears)	2	3.9%	3	3.9%		2	-	3.9%	-	
	Critical care unplanned readmissions within 48 hours	-	-	1	1.3%	0.7%	-	-	-	-	
2.3 Maternity	Critical care mortality indicator - STH+VHDU	PreV Qtr	-	-	TBD		-	-	-	-	
	Critical care mortality indicator - Guy's GCU	PreV Qtr	-	-	TBD		-	-	-	-	
	PICU readmissions within 48 hours	1	2	2	4		6	1	16	2	
2.4 CQUINs	End of life care - % of deaths supported by Priorities for Care	1	-	25%	50%		1	1	-	-	
	% of 3rd/4th degree perineal tears from vaginal delivery	1	2.5%	53.1%	2%	Maternity	1	1	1.4%	2.5%	
	Sitabirine as a percentage of total births	1	0.6%	63.6%	0%	Maternity	1	1	0.2%	0.6%	
2.5 Child Health	% APGAR <7 at 5 minutes	4	2.3%	1	2%	Maternity	1	4	1.5%	2.3%	
	% Caesarean sections	5	34.0%	28%	35.9%	Maternity	6	5	39.8%	34.0%	
	Induced labour rates	3	30.9%	28.4%	26.4%	Maternity	1	3	27.1%	30.9%	
2.6 Integrated Care	Pregnancy related diabetes	5	13.1%	10%	9%	Maternity	5	5	13.5%	13.1%	
	Bookings by ten weeks	1	68.4%	25%		Maternity	1	1	74.5%	68.4%	
	National and local CQUINs (CSULocal CCG commissioned)	3	88.0%	100%			3	3	88.0%	88.0%	
2.7 Overdue follow ups	Highly specialised services CQUINs (NHS England commissioned)	1	100.0%	100%			1	1	100.0%	100.0%	
	Health Visiting - New Birth Visits within 14 days	1	96.6%	85%	86.1%	Evelina	1	1	96.9%	96.6%	
	% infants whose breastfeeding status is known at 6-8 weeks	6	81.3%	85%	65.0%	Evelina	5	6	87.1%	81.3%	
2.6 Integrated Care	% infants breastfeeding at 6-8 weeks	5	68.6%	75%	56.2%	Evelina	1	5	75.8%	68.6%	
	% Health Review 1 (15-months)	3	83.0%	85%	95.8%	Evelina	2	3	83.7%	83.0%	
	% Health Review 1 (12-months)	2	83.2%	85%	93.1%	Evelina	1	2	86.2%	83.2%	
2.6 Integrated Care	% Health Review 2 (20-months)	3	81.6%	85%	91.3%	Evelina	3	3	77.1%	81.6%	
	% ASQ3 Completed in Health Review 2	4	89.9%	85%	68.4%	Evelina	2	4	94.3%	89.8%	
	National Child Measurement Program - % coverage reception year	4	79.6%	85%	84.0%	Evelina	4	4	79.6%	79.6%	
2.6 Integrated Care	National Child Measurement Program - % coverage year 6	5	78.7%	35%	80.5%	Evelina	5	5	78.7%	78.7%	
	% children receiving wheeledchair within 18 weeks from referral	1	-	100%		Evelina	1	1	-	-	
	Patient facing time District Nursing	1	48.1%	240%	37.4%		1	1	44.1%	48.1%	
2.7 Overdue follow ups	Primary Care Engagement	-	-	89%	99.2%		-	-	-	-	
	Rehab & Reablement % of people at home at 91 days	1	-	87%	87.0%		-	-	-	-	
	Total Follow up waiting list	n/a	340,408				n/a	n/a	355,583	340,408	
2.7 Overdue follow ups	Total overdue w/out appt dates	6	90,102	39,250	34,037	77,942	6	6	95,505	90,102	

Caring Level **3**

No of levels in Domain: 9 (1-Low: 2, 2: 1, 3: 4, 4: 5, 5: 1)

Reporting Period	Reporting Period					PF Levels		Monthly Performance			
	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	Jul-20	Aug-20	Jul-20	Aug-20	Trend
3.1 Admitted care	Overall inpatient patient experience score	1	92.1%	89%	89.5%		1	1	91.9%	92.1%	
	Single sex compliance - breaches (all types)	-	0	0	18	PRMs	-	-	-	-	
	Friends and Family test - Response rate	5	21.3%	25%	19.9%	PRMs	6	5	19.9%	21.3%	
3.2 A&E care	Friends and Family test - % Recommended	2	96.0%	87%	95.4%	PRMs	2	2	96.8%	96.0%	
	Friends and Family test - % Not Recommended	6	1.5%	11%	1.6%	PRMs	1	6	0.8%	1.5%	
	Friends and Family test (A&E) - Response rate	2	17.6%	19%	20.5%	PRMs	6	2	13.6%	17.6%	
3.3 Maternity care	Friends and Family test - % Recommended (A&E)	1	88.3%	88%	95.4%	PRMs	1	1	90.3%	88.3%	
	Friends and Family test - % Not Recommended (A&E)	1	6.2%	8.4%	1.6%	PRMs	1	1	5.0%	6.2%	
	Friends and Family test (Maternity) - Response rate overall	6	1.6%	22.0%	14.9%	PRMs	6	6	2.2%	1.6%	
3.4 Outpatient care	Friends and Family test - % Recommended (Maternity)	1	100.0%	82%	94.0%	PRMs	3	1	89.7%	100.0%	
	Friends and Family test - % Not Recommended (Maternity)	1	0.0%	3%	1.7%	PRMs	8	1	5.1%	0.0%	
	Friends and Family test - % Recommended (Outpatients)	3	90.9%	89%	92.2%	PRMs	2	3	91.9%	90.9%	
3.5 Community care	Friends and Family test - % Not Recommended (Outpatients)	6	3.8%	3%	3.4%	PRMs	6	6	3.4%	3.8%	
	Friends and Family test (Community) - Response rate	6	4.6%	26	5.1%	PRMs	6	6	3.2%	4.6%	
	Friends and Family test - % Recommended (Community)	1	96.4%	86%	96.8%	PRMs	1	1	97.1%	96.4%	
3.6 Patient Transport	Friends and Family test - % Not Recommended (Community)	1	0.0%	1%	1.0%	PRMs	1	1	0.0%	0.0%	
	Friends and Family test (Transport) - Response rate	1	6.3%	25%	4.1%	PRMs	1	1	7.0%	6.3%	
	Friends and Family test - % Recommended (Transport)	1	93.9%	82.0%	92.5%	PRMs	1	1	94.9%	93.9%	
3.6 Patient Transport	Friends and Family test - % Not Recommended (Transport)	6	3.3%	2%	2.3%	PRMs	1	6	1.6%	3.3%	

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Responsive		Level	4	No of levels in Domain	1-Low	2	3	4	5	6-High
					7	1	4	1	2	16

	Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels		Monthly Performance			
								Jul-20	Aug-20	Jul-20	Aug-20	Trend	
4.1 A&E access	A&E stays less than 4 hours (type 1 2 3)	Latest Mth	1	90.2%	90.0%	>95%	84.5%	A&E AB	1	1	91.3%	90.2%	
	A&E stays less than 4 hours (type 1)	Latest Mth	3	87.4%	90.0%	>95%	79.3%	A&E AB	2	3	89.2%	87.4%	
	Urgent Care Centre Gu's performance	Latest Mth	1	100.0%		100%	99.3%	A&E AB	1	1	100.0%	100.0%	
	Urgent Care Centre STH performance	Latest Mth	3	99.3%		100%	91.6%	A&E AB	4	3	98.7%	99.3%	
4.2 Elective treatment access - referral to treatment (RTT) performance	RTT - Incomplete pathways < 18 weeks (unadjusted)	Latest Mth	6	52.9%	86.0%	>92%	84.0%	ECAB	2	6	45.6%	52.9%	
	RTT - Incomplete pathways over 52 weeks	Latest Mth	6	1,824	26	0	98	ECAB	6	6	1,428	1,824	
	RTT - Total incomplete pathways	Latest Mth	1	63,667	79,071	79,909	77,346	ECAB	1	1	62,976	63,667	
	RTT - Incomplete pathways over 18 weeks	Latest Mth	3	30,016	11,070	11,600	12,370	ECAB	6	3	34,237	30,016	
4.3 Cancer access	RTT - Non-admitted patients <18 weeks (unadjusted)	Latest Mth	6	68.7%		>95%	89.7%	ECAB	6	6	66.1%	68.7%	
	RTT - Admitted patients < 18 weeks (unadjusted)	Latest Mth	6	62.0%		>90%	78.6%	ECAB	6	6	62.7%	62.0%	
	RTT - Treatments over 52 weeks (unadjusted)	Latest Mth	6	260	0	73	ECAB	6	6	224	260		
	Cancer - 2 week wait	Previous Mth	2	92.9%		>93%	93.6%	Cancer AB	2	-	92.9%	-	
	Cancer - breast symptomatic referrals <2 wks	Previous Mth	1	96.9%		>93%	99.3%	Cancer AB	1	-	96.9%	-	
	Cancer - 31 day first treatments	Previous Mth	6	84.5%		>96%	95.3%	Cancer AB	6	-	84.5%	-	
	Cancer - 31 day subs treatments - surgical	Previous Mth	6	82.4%		>94%	92.6%	Cancer AB	6	-	82.4%	-	
	Cancer - secondary chemotherapy <31 days	Previous Mth	6	99.5%		>98%	98.5%	Cancer AB	1	-	99.5%	-	
	Cancer - secondary radiotherapy <31 days	Previous Mth	1	98.4%		>94%	98.6%	Cancer AB	1	-	98.4%	-	
	Cancer - 62 day urgent GP referrals	Previous Mth	6	64.6%	83.3%	>85%	67.9%	Cancer AB	6	-	64.6%	-	
	Cancer - internal 62-day referrals	Previous Mth	3	83.6%	85.7%	>85%	80.0%	Cancer AB	3	-	83.6%	-	
	Cancer - 62 day screening	Previous Mth	6	0.0%		>90%	80.8%	Cancer AB	6	-	0.0%	-	
4.4 Diagnostic access	Diagnostic waits - % over 6 weeks	Latest Mth	6	35.4%	1.2%		91%		6	6	41.1%	35.4%	
	Turnaround time - inpatient MRI within 24 hours	Latest Mth	-	0		>80%	63.8%		-	-	-	0.0%	
	Turnaround time - inpatient CT within 24 hours	Latest Mth	-	0		>80%	84.6%		-	-	-	0.0%	
	Turnaround time - inpatient Ultrasound within 24 hours	Latest Mth	-	0		>80%	76.5%		-	-	-	0.0%	
4.5 Bed capacity and management	Patients with LOS >21 days (total)	Latest Mth	1	87			114		1	1	100	87	
	Discharges before noon	Latest Mth	6	15.0%		>25%	19.2%		6	6	12.6%	15.0%	
	Number of patients readmitted to Home - within 30 days of discharge	Latest Mth	5	31		<24.9	24.9		6	5	38	31	
	Emergency readmissions within 30 days (Lambeth and Southwark) - in arrears	Latest Mth	6	444		356	356		6	6	476	444	
4.6 Outpatient management	OTOC total delayed days (in arrears)	Previous Mth	4	4.5%		94%	5.2%		3	4	4.3%	4.5%	
	Follow-up ratio - adj cons appointments (in arrears)	Previous Mth	6	3.1		<2.1	2.3		6	-	3.1	-	
	Non-attendance rate (new appointments)	Latest Mth	6	15.8%		<11%	11.6%		6	6	14.1%	15.8%	
	Non-attendance rate (follow-up appointments)	Latest Mth	5	16.2%		<11.3%	11.3%		6	6	14.3%	16.2%	
4.7 Complaints management	Complaints opened in month (Trust total)	Latest Mth	n/a	128			153		n/a	n/a	106	128	
	Complaints re-opened in month (Trust total)	Latest Mth	n/a	1			3		n/a	n/a	1	1	
4.8 Theatre management	Complaints CLOSED in month (total Trust)	Latest Mth	n/a	76			145		n/a	n/a	86	76	
	Daycase rate - basket (in arrears)	Previous Mth	5	77.8%		>85%	87.8%		5	-	77.8%	-	
	Gross Cancellation Rate (in arrears)	Previous Mth	-	-			7%		-	-	-	-	
	Cancelled patients not admitted within 28 days (in arrears)	Previous Mth	-	-		0	14		-	-	-	-	
Patients cancelled on day (in arrears)	Previous Mth	-	-		60.8%	1.8%		-	-	-	-		

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

	Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels		Monthly Performance			
								Jul-20	Aug-20	Green	Green	Trend	
5.1 External assessments	Overall governance rating (Monitor, in arrears)	Previous Mth	n/a	Green	Green								
	Care Quality Commission (CQC) risk assessment	Previous Mth	n/a	6		35	6			6	6		
5.2 Staff experience	Staff Friends and Family - recommend as place to work	Previous Qtr	-	-			80%	93.0%	DOPC	-	-	-	-
	Staff Friends and Family - recommend for care or treatment	Previous Qtr	-	-			80%	93.0%	DOPC	-	-	-	-
5.3 Workforce indicators	Overall vacancy rate	Latest Mth	1	9.2%		<10%	11.3%	DOPC	1	1	8.7%	9.2%	
	Agency staff (% of payroll)	Latest Mth	1	1.7%		<3.3	3.1%	DOPC	1	1	1.9%	1.7%	
	Voluntary annual turnover rate	Latest Mth	1	10.5%		<12%	12.2%	DOPC	1	1	10.5%	10.5%	
	Sickness and absence rate	Latest Mth	6	4.0%		<3.0%	3.5%	DOPC	6	6	4.1%	4.0%	
	PDR compliance (non-medical staff)	Latest Mth	6	67.3%		>90%	82.7%	DOPC	6	6	64.3%	67.3%	
	Mandatory training compliance	Latest Mth	2	89.0%		>95%	87.5%	DOPC	2	2	89.4%	89.0%	
5.4 Together We Care	Transformed relationships with our patients & the populations we serve	2018/19	6	45.0%		>90%	-		6	6	45.0%	45%	
	Consistently Excellent Care	2018/20	2	80.0%		>90%	-		2	2	80.0%	80.0%	
	Securing our finances for the future	2019/20	2	88.0%		>90%	-		2	2	88.0%	88.0%	
	World class clinical and academic services - cardiovascular	2019/20	1	100.0%		>90%	-		1	1	100.0%	100.0%	
	World class clinical and academic services - Cancer	2019/20	4	67.0%		>90%	-		4	4	67.0%	67.0%	
	World class clinical and academic services - Children's	2019/20	2	80.0%		>90%	-		2	2	80.0%	80.0%	
	World-leading advanced therapeutics, experimental medicine and medical technology	2019/20	3	71.0%		>90%	-		3	3	71.0%	71.0%	
	Integrated local services	2019/20	1	100.0%		>90%	-		1	1	100.0%	100.0%	
	Strong operational performance	See Responsive Domain	-	-		-	-		-	-	-	-	
	Capacity & Demand alignment	2019/20	2	83.0%		>90%	-		2	2	83.0%	83.0%	
Digital strategy	2019/20	6	0.0%		>90%	-		6	6	0.0%	0.0%		
Data & Analytics	2019/20	6	0.0%		>90%	-		6	6	0.0%	0.0%		

Enablers		Level	3	No of levels in Domain	1-Low	2	3	4	5	6-High
					13	2	0	0	0	10

	Reporting Period	Level	Actual	Trajectory	Target	Last year Avg	Overseeing Committee	PF Levels		Monthly Performance			
								Jul-20	Aug-20	Jul-20	Aug-20	Trend	
6.1 Overall financial position	Finance Use of Resources	Latest Mth	-	0.0		<2	2.3		-	-	0.0	0.0	
	Liquidity ratio (in days)	Latest Mth	-	0.0	10.38	30	19.0		-	-	0.0	0.0	
	Capital service cover	Latest Mth	-	0.00		>2.59	0.8		-	-	0.00	0.00	
	Overall underlying financial surplus/deficit	Latest Mth	-	£0.0m		±£11m	£-1.4		-	-	£0.0	£0.0	
	Cash flow	Latest Mth	-	£0.0m		±£143m	£144.1		-	-	£0.0	£0.0	
	Capital spend vs plan (year-to-date variance)	Year To Date	-	0.0%		<+10%	86.8%		-	-	0.0%	0.0%	
6.2 Activity levels (magic numbers)	Variance from Plan (year to date)	Year To Date	-	0.00%		±0	0.12%		-	-	0.00%	0.00%	
	Underlying Performance	Latest Mth	-	0.0%		±0.6%	-1.90%		-	-	0.0%	0.0%	
	Elective activity vs profiled plan - cumulative variance (month in arrears)	Year To Date (previous mth)	6	-64.2%		±0%	-3.6%		6	-	-64.2%	-	
	New patients seen vs plan (all categories, in arrears)	Mthly Var	6	-9,399		±0	-839		6	-	-9399	-	
6.3 Fit for the Future programme	External cons referrals	Latest Mth	6	1,282		2,579	2,945		6	6	1,669	1,282	
	GP referrals	Latest Mth	6	8,748		17,292	16,468		6	6	9,824	8,748	
6.4 Data quality and clinical coding	Cost improvement plans (CIPs) - vis to plan YTD	Year To Date (previous mth)	-	0.0		±0m	-£8.28		-	-	0.0	0.0	
	Community data completeness - % contacts outcomed	Latest Mth	6	0.0%		>95%	97.7%		6	6	0.0%	0.0%	
6.5 Essentia - Building and Engineering	NHS number coverage	Latest Mth	1	99.9%		>98%	98.6%		1	1	99.1%	99.9%	
	Clinical coding - diagnostic depth (in arrears)	Previous Mth	1	6.5		±4.5	5.9		1	-	6.5	-	
	P2 Compliance rectification within 4 hours (Acute)	Latest Mth	1	71.8%		>70%			1	1	79.7%	71.8%	
	Lift Availability (Acute)	Latest Mth	1	99.0%		>95%			1	1	99.0%	99.0%	
6.6 Essentia - Patient experience	Total Call Answered (GSTT Internal)	Latest Mth	1	89.4%		>70%			1	1	87.7%	89.4%	
	PI Compliance response within 20 mins (Acute)	Latest Mth	1	99.0%		>85%			1	1	98.7%	99.0%	
	Pre planned maintenance compliance (Community)	Latest Mth	6	72.4%		>95%			6	6	93.9%	72.4%	
	Reactive maintenance compliance (Community)	Latest Mth	1	65.5%		>60%			1	1	67.4%	65.5%	
6.7 Essentia - Cleaning Services	Transport Friends and Family Test: Likelihood to recommend the service	Latest Mth	1	93.5%		>90%			1	1	94.0%	93.5%	
	Inpatient survey ward cleanliness	Latest Mth	1	99.5%		>80%			1	1	99.7%	99.5%	
	Cleaning audit score 2007 standards (Acute)	Latest Mth	-	0.0%		>90%			-	-	0.0%	0.0%	
	2007 NPSA score (Acute)	Latest Mth	-	0.0%		>97%			-	-	0.0%	0.0%	
6.9 Essentia - Customer Services	Cleaning audit score 2007 standards (Community)	Latest Mth	-	0.0%		>95%			-	-	0.0%	0.0%	
	Essentia Facilities Service Desk Calls Answered	Latest Mth	2	93.6%		>95%			2	2	93.7%	93.6%	
6.10 Essentia - Sterile Services	Calls Answered > 30 Seconds	Latest Mth	2	81.2%		>85%			2	2	80.4%	81.2%	
	Total Call Answered (GSTT External)	Latest Mth	1	92.4%		>90%			1	1	91.9%	92.4%	
	Total Call Answered (GSTT Internal)	Latest Mth	1	89.5%		>85%			1	1	89.3%	89.5%	
	Average instrument turnaround time (hrs)	Latest Mth	1	6.4		±12 hrs			1	1	5.83	6.37	
6.11 Essentia - Transport Services	Non-conformance in sterilisation	Latest Mth	1	0.03%		±0.040%			1	1	0.02%	0.03%	
	Inward Journey, patients arriving 45 prior to appointment	Latest Mth	6	70.2%		>95%			6	6	72.3%	70.2%	
	Inward Journey, patients arriving 50 mins prior to appointment	Latest Mth</											

Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 28 OCTOBER 2020

Title:	Documents Signed under Trust Seal, 13 July 2020 to 30 September 2020
Responsible Director:	Ian Abbs, Chief Executive
Contact:	Ian Abbs, Chief Executive
Purpose:	For information
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	In line with the Trust's Standing Financial Instructions, the Chairman, Hugh Taylor and Dr Ian Abbs, Chief Executive, signed document numbers 921 to 927, and with Dr Ian Abbs and Lawrence Tallon, Deputy Chief Executive document number 928 and with Hugh Taylor and Dr Ian Abbs document numbers 929 to 930 on behalf of the Trust, under the Foundation Trust's Seal during 13 July 2020 and 30 September 2020.
Recommendations:	The BOARD OF DIRECTORS is asked to: 1. Note the record of documents signed under Trust seal.

Board

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

WEDNESDAY 28 OCTOBER 2020

**DOCUMENTS SIGNED UNDER TRUST SEAL
13 JULY 2020 TO 30 SEPTEMBER 2020**

PRESENTED FOR INFORMATION

1. Introduction

In line with the Trust's Standing Financial Instructions, the Chairman, Hugh Taylor and Dr Ian Abbs, Chief Executive, signed document numbers 921 to 927, and with Dr Ian Abbs and Lawrence Tallon, Deputy Chief Executive document number 928 and with Hugh Taylor and Dr Ian Abbs document numbers 929 to 930 on behalf of the Trust, under the Foundation Trust's Seal during 13 July 2020 and 30 September 2020.

2. Recommendation

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

Number	Description (Covid-19 pandemic)	Date
921	Children's Allergy Day Unit (amended NEC 3 Engineering and Construction short contract) between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Woodnut Construction Developments Limited.	21.07.20

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922	Memorandum of Agreement for Day Surgery and Education Centre (The Core) between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Morgan Sindall Construction and Infrastructure Ltd.	28.07.20
923	<p>Lease of part of ground floor and first floor, Health Centre at Abbey Court, 7-15 St John's Road, Tunbridge Wells TN4 9TE.</p> <p>Confidentiality Agreement and Agreement relating to trademarks relating to a transaction involving part ground and part first floors, Abbey Court, St John's Road, Tunbridge Wells. HM Land Registry: Transfer of whole of registered title(s). Title number: K952276. Property: ground and first floor, Health Clinic, Abbey Court, St John's Road, Tunbridge Wells.</p> <p>Between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Assura Properties PLC.</p>	29.07.20
924	Lease of 10 th floor, Tower Wing, Guy's Hospital, Great Maze Pond, London SE1 9RT between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Cell Therapy Catapult Limited.	12.08.20
925	Deed of Guarantee Developer relating to the project known as the redevelopment of the Triangle Site at St Thomas' Hospital, Lambeth Palace Road, London SE1 7EH between (1) Bouygues Batiment International and (2) Guy's and St Thomas' NHS Foundation Trust.	05.08.20
926	Development Agreement relating to the provision of an adaptable building at the Triangle Site at St Thomas' Hospital, Lambeth Palace Road, London SE1 7EH between (1) BY Development Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	05.08.20
927	Contract for the grant of a head lease and underlease of the Triangle Site,	05.08.20

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	St Thomas' Hospital campus, Westminster Bridge Road, London SE1 7EH between (1) BY Development Limited and (2) Guy's and St Thomas' NHS Foundation Trust.	
928	Brachytherapy Relocation project contract to move from current location to the Guy's Cancer Centre between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Russell Cawberry Limited.	18.08.20
929	Agreement (Amended NEC3 Engineering and Construction contract) for the provision of works relating to the removal of the existing combustible ACM panels and fixings, followed by the design and construction/installation of new non-combustible 3mm solid aluminium panel powder coated to matching existing colour and replacement of combustible fixings with non-combustible fixings at Guy's Cancer Centre, Guy's Hospital, Great Maze Pond, London SE1 9RT between (1) Guy's and St Thomas' NHS Foundation Trust and (2) DMC Group Contractors Ltd.	08.09.20
930	Patient Guarantee Deed for the Day Surgery and Education Centre (DSEC) project between (1) Morgan Sindall Group Plc and (2) Guy's and St Thomas' NHS Foundation Trust.	08.09.20