Guy's and St Thomas'
NHS Foundation Trust

Public
Board of Directors Meeting

Wednesday 26th January 2022 at 4pm
Held virtually on MS Teams

Guy's and St Thomas' NHS Foundation Trust

Board of Directors Meeting

Meeting to be held on Wednesday 26th January 2022
at 4pm to 5.30pm, virtually via MS Teams

A G E N D A

1.		Welcome and Apologies	*Verbal*
2.		Declarations of Interest	*Verbal*
3.		Minutes of the previous meeting held on 20th October 2021	*Paper*
4.		Matters Arising	*Verbal*
5.		Chairman's Report *Sir Hugh Taylor*	*Verbal*
6.		Chief Executive's Report *Professor Ian Abbs*	*Paper*
7.	7.1	Patient and public engagement (PPE) annual report 2020-21 and bi-annual update 2021-22	*Paper*
	7.2	Joint Programme for Patient, Carer & Public Involvement in Covid Recovery (JPPICR) *Jackie Parrott*	*Paper*

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8. Reports from Board Committees for noting: *Papers*

8.1 Audit and Risk Committee:
- a) Minutes 15th September 2021

8.2 Finance, Commercial and Investment Committee:
- b) Minutes 7th July 2021

8.3 Quality and Performance Committee:
- a) Minutes 13th October 2021
- b) Minutes 24th November 2021
- c) Financial Report at Month 8
- d) Integrated Performance Report – October 2021

8.4 Strategy and Partnerships Committee:
- a) Minutes 6th October 2021

8.5 Transformation and Major Programmes Committee:
- a) Minutes 29th September 2021

8.6 Royal Brompton and Harefield Clinical Group Board:
- a) Minutes 12th October 2021

9.	Register of Documents Signed Under Seal *Professor Ian Abbs*	*Paper*
10.	Any Other Business	*Verbal*

Arrangements for the next meeting of the Board of Directors meeting due to be held on 27th April 2022 will be confirmed in due course

Guy's and St Thomas' NHS Foundation Trust

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BOARD OF DIRECTORS

Wednesday 20th October 2021, 4pm – 5.30pm
Held virtually via MS Teams

Members Present:	Sir H Taylor (Chair)	Prof R Razavi
	Prof I Abbs	Ms J Screaton
	Ms A Bhatia	Dr P Singh
	Mr J Findlay	Mr M Shaw
	Mr S Friend	Dr S Shribman
	Dr F Harvey	Dr S Steddon
	Dr J Khan	Mr L Tallon
	Baroness S Morgan	Mr S Weiner
	Ms J Parrott	
In attendance:	Mr E Bradshaw (Secretary)	Mr B Falk
	Ms S Austin	Mr A Gourlay
	Ms E Bignall	Dr R Grocott-Mason
	Ms B Bryant	Ms A Knowles
	Ms A Butterworth-Fernandes	Ms K Moore
	Ms S Clarke	Ms M Ridley
	Ms J Dahlstrom	Ms M Sadik
	Mr S Davies	Mr J Saunders
	Mr R Drummond	
	Members of the Council of Governors, members of the public and members of staff	

1. Welcome and apologies

1.1. The Chair welcomed attendees to the meeting of the Trust Board of Directors (the Board). Apologies had been received from Paul Cleal and John Pelly.

2. Declarations of interest

2.1. There were no declarations of interest.

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

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

4. Matters arising

4.1. There were no matters arising from the previous meeting.

5. Chairman's report

5.1. On behalf of the Board the Chair congratulated Professor Ian Abbs on his appointment as substantive Chief Executive of the Trust and Dr Priya Singh and Dr Javed Khan on their

appointments as Chair Designate to the Integrated Care Boards (ICB) of Frimley and Buckinghamshire, Oxfordshire and Berkshire West respectively. The ICB roles would be taken up after the NHS Health and Care Bill had passed through Parliament.

5.2. The King's Health Partners annual conference had taken place earlier in October and had celebrated many recent achievements across academic, clinical and educational fields. The Trust's Deputy Chair, Sally Morgan, and Chief Nurse Avey Bhatia had both spoken at the conference and had been very well-received.

6. Chief Executive's report

6.1. The Trust had been pleased to welcome the Prime Minister to St Thomas' Hospital on 8th September for a visit to the Simulation and Interactive Learning (SaIL) Centre and to discuss the Trust's response to the COVID-19 pandemic. Amongst a number of new senior appointments, the Chief Executive congratulated the Trust's Finance Director, Steven Davies, who would become the Trust's new Chief Financial Officer from 1st January 2022. The current Chief Financial Officer, Martin Shaw, would retire following 38 years working at the Trust and its predecessor organisations, and the Chief Executive thanked Martin on behalf of the Board for his dedication and service.

6.2. Throughout October the Trust's multicultural staff network was holding a number of events in recognition of Black History Month. The national theme, 'Proud to be', was of particular relevance at the Trust, where 48% of staff identify as being from a Black or ethnic heritage and the local population includes two of the most diverse boroughs in England. The Board received an overview from Eddyna Danso, Chair of the Trust's Black, Asian and Minority Ethnic (BAME) staff network, about some of the events that had been held to celebrate diversity, including a visit from Frank Bruno to discuss his career and mental health issues. Positive and proactive action continued to be taken to address equality, diversity and inclusion across the organisation, focusing on programmes of work to improve opportunities for career progression, remove discrimination, and build cultural competence, capability and confidence across all levels of management.

6.3. The past few months had brought additional challenges and pressures to the Trust's workforce and the Board was committed to ensuring the health and wellbeing of all staff. There was significant focus on investing in the workforce through recruitment and retention, particularly in areas that were experiencing increased demand such as critical care and maternity. Supported by the Guy's and St Thomas' Foundation, the Trust's staff health and wellbeing programme, 'Showing we care about you' provided a comprehensive and varied package of support and benefits to all employees it was recently assessed by the London Mayor's Office Healthy Workplace Award and had received the 'Excellence' level of accreditation.

6.4. The Trust had delivered well over 700,000 COVID-19 vaccinations to staff and people across south east London and had recently begun delivery of the annual flu vaccine programme and the COVID-19 vaccination booster programme. The operational impact of the COVID-19 pandemic had stabilised and there was currently a downward trend in COVID-19 admissions. National data from the Intensive Care National Audit & Research Centre (ICNARC) indicated that the Trust has the best COVID-19 critical care survival rates in the country.

6.5. Operationally there had been significant increases in demand for both urgent and emergency care across all patient cohorts; attendances to the children's emergency department reached peak levels across three separate months this year, setting records as the Trust's busiest ever. Emergency admissions continued to be higher than expected for the current time of year and higher than pre-pandemic levels, with a continued increase in acuity of patients accessing

urgent and emergency care services. It was confirmed that recent developments regarding vaccination requirements for care home staff had temporarily reduced the number of discharges the Trust was able to make into social care. This led to discussion about the Trust's contingency plans should the COVID-19 situation deteriorate. The Trust has comprehensive winter plans with escalation points, whilst clinical prioritisation was being overseen by the South East London Clinical Senate.

6.6. A primary focus for the Trust continues to be on safely treating as many patients as possible across all specialities. In August and September 2021 the Trust had averaged 88% of pre-COVID-19 levels for outpatient activity; 80% of elective admissions and 102% of diagnostic activity. The number of patients waiting over 52 weeks for treatment had also reduced by 46% in the last four months, which equated to a reduction of over 1,400 long waiting patients compared to the May 2021 position. Cancer referral rates had increased to, or above, pre-pandemic levels for most tumour groups as 'missing' patients present for diagnosis and treatment, and there remained scope to improve performance against all cancer access standards. Non-executive directors emphasised the importance of collaboration with trusts that refer patients to Guy's and St Thomas' and queried what steps the Trust was taking to support system working. It was confirmed that the Trust was continuing to do everything possible to improve both its internal performance and its relationships with partner organisations to ensure all patients were diagnosed and treated as quickly as possible.

6.7. The Trust's financial position in 2021/22 had remained stable, and at the end of August (month 5), a break-even position was reported against a year to date planned surplus of £4.6m. The Trust continued to be supported by a fixed top-up allocation, with some variable funding allocated for specific initiatives and additional expenditure incurred as a result of the pandemic from NHS England and NHS Improvement (NHSE/I). National planning guidance had been published on 30th September 2021 and the Trust was required to make submissions covering activity, finance and workforce to NHSE/I in October and November 2021. The cash position remained health and capital expenditure was in line with the Trust's phased plan.

6.8. Updates were received from the Trust's clinical groups. In particular the Board noted that:

- Construction of the new £50m Diagnostic Centre at the Royal Brompton Hospital site has continued on budget and largely on schedule; there would be a period of commissioning, with the Centre becoming fully operational in early 2022. The Centre had been co-designed with clinical teams and would improve access to imaging services and improve patient experience;
- There had been important developments regarding the Evelina Expansion Programme, and the triangle building had been granted planning permission from London Borough of Lambeth adjacent to the existing Evelina London Hospital. The Trust had also submitted a comprehensive Outline Business Case to NHSE/I for review.
- Two new theatres at Queen Mary's Hospital, Sidcup had opened in September to provide additional surgical capacity for South East London patients. These theatres will enable surgical teams from the Trust and its partners to carry out high volume, low complexity procedures and the first specialities to use the facility would be general surgery and gynaecology; and
- A multi-agency long term condition team had been established for North Lambeth, sponsored by NHS England. Team members from across primary, secondary, community and social care will come together to better understand population health data to improve support for local people with multiple long term conditions.

6.9. The Board received an update about progress following the merger with Royal Brompton and Harefield almost nine months ago. Work was going well to integrate teams and services and

identify opportunities for improvement. A programme of 'strategic reviews' to support teams to combine and enhance functions, with a focus on transformation and getting maximum benefit from the merger, had recently commenced. Work was also well underway to bring together the leadership and governance arrangements for the children's cardiac, respiratory and intensive care services into a single clinical directorate within the Evelina London Women's and Children's Services Clinical Group and, separately, to integrate the leadership and governance of the adult Cardiovascular and Critical Care Clinical Group and the Royal Brompton and Harefield Clinical Group. This post-merger integration and transformation work was continuing to support and drive delivery of the shared King's Health Partners clinical-academic vision for heart and lung care, education and research.

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

6.11. The Board noted the consultant appointments made since the previous meeting in July.

7. <u>Freedom to Speak Up annual update</u>

7.1. The Trust's Deputy Freedom to Speak up Guardian updated the Board on the case numbers and themes raised through the Speaking Up service at Guy's and St Thomas' over the last 12 months. Whilst the update excluded the Royal Brompton and Harefield hospitals, Guardians from both sides were working closely and the following year's report would cover the whole Trust. It was also noted that a strategic review of the service was underway which includes a review of current resourcing and governance and a proposal for a new model for Freedom to Speak Up across the combined organisation.

7.2. From October 2020 to September 2021 the Speaking Up service dealt with 234 cases. This was a slight increase from the previous 12 month total of 222 cases. The Board noted that the Guy's and St Thomas' Speak Up service sees significantly more cases than comparator trusts, but that this reflected positively on staff awareness and willingness to use the service. The reporting period covers the COVID-19 pandemic during which staff concerns relating to safety continued to be higher than pre-pandemic levels. This trend aligns with that reported by the National Guardian's office which includes concerns regarding personal protective equipment and social distancing measures.

7.3. Speaking Up service user feedback showed that 84% report a positive or very positive experience, a small increase from last year. The Board welcomed news that the Trust remained above the national average for all the Speak Up indicators, and that the number of Speaking Up Advocates had increased by 25% to over 200 staff volunteers and was continuing to grow. New training from Health Education England and the National Guardian's Office would soon be made available to all staff.

7.4. The Guardian did not recall any cases of bullying and harassment being racially-aggravated, although it was possible that cases of discrimination may have been directed to the Trust's equality, diversity and inclusion team or directorate-based inclusion agents. The Board agreed that the volume of the reports reflected positively on the service and the awareness that had been created, and that it was vital that senior leaders from across the Trust listened to the issues being raised and then acted on them.

7.5. The Board welcomed and noted the update.

8. Sustainability update report

8.1. The Trust's mission was to be at the forefront of delivering sustainable healthcare for both today's patients and those of tomorrow, by actively protecting the environment. The Board received an overview of how the Trust's Sustainability Strategy had been developed prior to its launch in June 2021; this had included significant levels of collaboration both within the organisation and with external stakeholders. The Strategy was focused on three main themes: carbon zero; connecting with nature; and cycle of resources, each of which was underpinned by a set of key aspirations, for example reaching net zero carbon emissions for the Trust's fleet of vehicles. The Board was taken through the phase one priority commitments during the first two years of the Strategy implementation (2021-2023), which was being overseen by the Trust's Sustainability Steering Committee. An update on progress with the key projects and next steps in each theme was noted.

8.2. The Board was supportive of the work being done and the progress that had been made to date, particularly the incorporation of clear metrics into the strategy to assess delivery. The scale of the challenges were acknowledged, and the Board agreed that a great deal of innovation would be needed to achieve the strategic objectives set out; this would require ongoing collaboration with clinical and academic partners going forward. Board members encouraged the sustainability team to be even more ambitious and asked how colleagues from Royal Brompton and Harefield hospitals were involved with the work. There were other questions focused on specific sections of the strategy, for example the plans to reverse the trend of the use of single use instruments.

9. Reports from Board committees for noting

9.1. The Board noted the reports.

10. Register of documents signed under seal

10.1. The Board noted the record of documents signed under the Trust Seal.

11. Any other business

11.1. There was no other business.

The next meeting of the Board of Directors is due to be held on 26th January 2022.

NHS
Guy's and St Thomas'
NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 26 JANUARY 2022

Title:	**Chief Executive's Board of Directors Report**
Responsible Director:	**Professor Ian Abbs, Chief Executive Officer and Chief Medical Officer**
Contact:	**Louise Moore, Head of Private Office**

Purpose:	Chief Executive's Board of Directors Report
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY TO CARE FOR AND SUPPORT OUR STAFF TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	As we respond to continuing operational pressures, the Board of Directors will receive an update on our ongoing COVID-19 pandemic response, as well as an update on overall Trust performance, including quality, access and finance. The report will also include updates on major and strategic programmes of work, as well as updates from our clinical groups where key milestones or significant achievements have been made since the October Board meeting.
Recommendations:	The BOARD OF DIRECTORS is asked to: 1. Note the report

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

WEDNESDAY 26 JANUARY 2022

CHIEF EXECUTIVE'S BOARD OF DIRECTORS REPORT

PRESENTED BY PROFESSOR IAN ABBS

1. **Introduction**

1.1. The aim of my report today is to provide you with a summary of our ongoing response to the COVID-19 pandemic, including the most recent increase in COVID-19 cases and the subsequent impact this has had across our organisation. I will also be sharing how the Trust is working hard to manage the demand for urgent and emergency care, and our collective effort to reduce the number of patients waiting for diagnosis or treatment.

1.2. In my report, I will provide you with an important update on the Trust's delivery of the national COVID-19 vaccination programme, as well as the latest quality, access and financial performance of the Trust. The report will also include further information on the Trust's commitment to our workforce and the steps we have taken to ensure our workforce is supported during this challenging time.

1.3. The report also provides a number of key updates from our clinical groups, as well as updates on our major development and strategic programmes, where significant achievements have been made since the October Board meeting.

2. **Visits and key events**

2.1. On 19th November 2021, we were very pleased to welcome Florence Eshalomi, MP for Vauxhall, to mark the completion of the outer frame of the new Children's Day Treatment Centre at Evelina London Children's Hospital. The construction milestone was celebrated with a 'topping out' ceremony on the roof of the new building, which will include two new operating theatres, allowing the Trust to treat an additional 2,300 children and young people each year.

2.2. The Trust also welcomed the Prime Minister, Boris Johnson, to our vaccination centre at St Thomas' Hospital on 25th November 2021. The Prime Minster received his booster vaccination and met with staff working in the centre to discuss the importance of the vaccine programme in the national response to the pandemic.

2.3. The unveiling of a new Mary Seacole portrait by artist Richard Wilson took place on 23rd November 2021. This artwork was commissioned by City & Docklands developers and the Trust gratefully accepted the generous offer made by the Mary Seacole Trust to publicly display the new portrait in Atrium 2 at Guy's Hospital for staff and visitors to enjoy. It is on loan for a year before relocation to a permanent home.

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

3.1. Appointment of Tendai Wileman, Director for the Trust Operating Model

We are in the process of embedding a new Operating Model to manage the increasing scale and complexity of the organisation. This is a process of organisational change that is common to several of the other very large acute Trust's around the country.

We are delighted to have appointed Tendai Wileman as the Director to lead this work, bringing with her experience of one of the first UK hospital group models at the Royal Free, as well as her recent experience of running the South West London Acute Provider Collaboration.

3.2. Appointment of Andrea William-Mckenzie, Deputy Chief People Officer/Director of People and Organisational Development

We welcomed Andrea William-Mckenzie to the Trust in January 2022 as our new Deputy Chief People Officer and Director of People and Organisational Development. We are delighted to welcome Andrea who is an experienced Human Resources Director having worked extensively in the wider public sector (London Boroughs of Hackney & Lambeth and Royal Borough of Kingston upon Thames), voluntary sector and the civil service. Andrea has also been a Senior Civil Service Race Champion and has an MSc in Strategic Human Resources Management and is a Fellow of the Chartered Institute of Personnel and Development (CIPD).

3.3. Appointment of Sarah Maskell MBE Chartered FCIPD FCMI RAF, Director Equality, Diversity and Inclusion (EDI)

The Trust has established the new role of Director of EDI to further advance our ambition to be a more inclusive employer and we welcomed Sarah Maskell to the role in January 2022. Sarah served in the Royal Air Force for 19 years as a human resource specialist before taking up EDI leadership roles at HSBC and most recently the Home Office where she was worked on the Windrush response and Diversity and Inclusion Reform.

Sarah was recognised with an MBE in 2015 for her services to diversity and inclusion, is a Chartered Fellow of Chartered Institute of Personnel and Development (CIPD), Fellow of the Chartered Management Institute (CMI) and a regular panellist and judge on diversity awards and initiatives at a national level.

4. Our continued response to the Covid-19 pandemic

4.1. I would like to start by thanking the incredible staff working across our hospitals and community services, for everything that they have done throughout 2021, and will do as we look towards the year ahead. Our primary focus is always on the safe care of our patients and this comes from the compassionate high quality care delivered by our workforce.

4.2. The past few months have brought additional challenges and operationally, as the Omicron variant spread rapidly across the country, we have responded to significant pressures across the Trust.

4.3. On 12th December 2021, the UK Chief Medical Officers increased their assessment of the COVID-19 threat level to 4 and the advice from SAGE was that the number of people requiring specialist hospital and community care could be significant. A Level 4 National Incident was declared in recognition of the impact on the NHS, both of the need to support a vital increase in the vaccination programme and to prepare for a potentially significant increase in COVID-19 cases. The Trust, once again, stood up its command and control structure to co-ordinate the Trust's critical incident response.

4.4. The operational pressures faced by the Trust in December and early January were different compared to previous waves of the pandemic. As the community prevalence of COVID-19 rapidly escalated across the country, with the Omicron variant becoming dominant, we saw significant increases in not only COVID-19 admissions, but also high levels of COVID-19 related workforce absences.

4.5. The rapidly evolving and highly unpredictable environment began to affect our ability to deliver services, and as a consequence of these pressures, the Trust unfortunately needed to reduce routine outpatient appointments and non-urgent surgery. On 17th December 2021, a collective decision was made with King's College Hospital NHS Foundation Trust and Lewisham and Greenwich NHS Trust, through the South East London Acute Provider Collaborative, to begin reducing non-urgent activity. This supported redeployment of staff against the Government's priority to significantly increase vaccination delivery. Importantly, it also enabled us to manage high levels of staff absences, respond to increasing COVID-19 admissions and to focus our efforts on maintaining priority services across emergency and community services, as well as on site medicine, surgery and diagnostic care.

4.6. December saw the numbers of patients presenting with COVID-19 rapidly increase and the number of admissions peaked during the first week of January, with just over 240 COVID-19 admissions across all of our hospital sites on 5th January 2022.

4.7. Evidence suggests that the Omicron variant is less likely to result in severe illness and hospitalisation than previous forms of the virus and we have seen this reflected in the higher demand for ward admissions and shorter length of stay, particularly in critical care. It is important to note that this is not a mild disease for everyone and a significant proportion of our current critical care patients are Omicron cases.

4.8. The latest data confirms that we continue to deliver good outcomes for our COVID-19 patients and these outcomes are a testament to the compassionate high quality care provided by all our staff working across the Trust. To date, the national data from the Intensive Care National Audit & Research Centre (ICNARC) shows that the Trust has one of the best COVID-19 critical care survival rates in the country.

4.9. As the prevalence increased across the community, staff absences simultaneously increased and peaked during the week commencing 20th December 2021, with almost 1400 staff absent from work. To mitigate the impact of short term staff sickness the Trust redeployed staff to areas that needed them the most, increased our pay rates for bank and agency shifts, and implemented shadow rotas to improve staffing resilience. The Trust also enhanced its testing services to ensure staff had timely access to rapid testing, allowing staff to come back to work as quickly as possible following a negative test.

4.10. All patients are required to undertake a COVID-19 test on admission, and as the prevalence increased across the community the number of incidental cases of patients testing positive for COVID-19 increased, so for many the primary reason for admission was not COVID-19. The challenge, therefore, was to create pathways and ward areas for confirmed and suspected COVID-19 patients, as well as maintaining protected pathways and ward areas for patients who required hospital care but did not have COVID-19. This meant reconfiguring and relocating a number of our wards and services across our sites, often at speed, to ensure we had the required capacity to safely treat COVID-19 and non-COVID-19 patients, including those presenting for emergency care and urgent surgery.

4.11. To ensure the safety of our staff and patients, Public Health England's infection prevention and control guidance remains in place across all of our hospital and community sites and, unfortunately, due to the high prevalence in the community, the Trust needed to implement a period of restricted visiting during December and January, and continues to encourage asymptomatic testing for staff and all visitors.

4.12. We have begun to see COVID-19 pressures stabilising, with fewer workforce absences and COVID-19 admissions. The Trust

continues to have 167 patients with COVID-19 admitted across our hospital sites, and as of 20th January 2022 there are 27 patients in critical care and 140 patients admitted to our general and acute wards across all of our hospital sites.

4.13. The Trust established, on behalf of south east London, a Covid Medicines Delivery Unit (CMDU) at St Thomas' Hospital. The CMDU administers antibody and antiviral treatments to patients with COVID-19 who are at risk of deterioration. These treatments can be delivered orally or via an infusion, to help patients manage their COVID-19 symptoms and prevent them from becoming seriously unwell. As of 12th January 2022 the Trust has administered 298 oral Molnupiravir prescriptions and delivered 13 Sotrovimab infusions. Referrals remain higher than originally expected, and we believe this new service has prevented many hospital admissions.

5. Trust's delivery of the National Covid-19 Vaccination Programme

5.1. The Trust remains rightly focused on its important role in delivering the national COVID-19 vaccination programme and has scaled up, through recruitment and redeployment, the vaccination programme. The evidence continues to strongly suggest that the COVID-19 vaccine, including boosters, remain the best defence against the virus and provide strong protection from becoming seriously ill with COVID-19 in most cases. As of 12th January 2022, the Trust has delivered well over 842,000 COVID-19 vaccines to people across south east London.

5.2. The Trust continues to encourage vaccination, and as of 20th January 2022, the Trust has vaccinated 88% of the Guy's and St Thomas' workforce.

5.3. There is now a national requirement for the vast majority of health and social care workers to receive two doses of a COVID-19 vaccination by 31st March 2022 as a condition of their deployment. These new regulations have been introduced by the Government and mean that as a NHS Trust we have a legal duty to implement them. The new requirements apply to anyone who has face-to-face contact with patients, either because they deliver patient care, or because their role or location of work may bring them into contact with patients at some time. This will affect the vast majority of our staff, around 97% based on our initial analysis, and we are working in partnership with our staff and trade union representatives to define the roles in scope. Under the new regulations, all staff in scope will need to have had their first dose by 3rd February 2022 in order to receive a second dose by 31st March 2022. We are working across the South East London Integrated Care System to ensure consistency of approach and to maximise the redeployment opportunities for those staff in scope who choose not to take the vaccine.

5.4. The Trust continues to encourage vaccination through tailored support, although there continues to be variability in uptake across different ethnic and staff groups. As an organisation we are working extremely hard to understand and address the key issues

behind the barriers to vaccine uptake and our priorities remain to ensure that all Trust staff are supported throughout this process and have the information they need to make an informed choice.

6. Delivering healthcare across the Trust

6.1. Since the conclusion of the pandemic's first wave, our primary goal has always been to treat as many patients as we can safely. For a number of months, the organisation's focus has been to treat patients whose treatment has been delayed because of the pandemic. However, with the arrival of the Omicron variant, we have needed to reassess this focus to prioritise the delivery of safe care to those patients who have the highest clinical needed. This includes urgent and emergency care, and life-saving surgery.

6.2. In responding to the latest increase in COVID-19 cases, the organisation has focused its efforts on three operational priorities:

1. Maintaining safe urgent and emergency pathways to preserve core services needed to treat patients requiring urgent, emergency or lifesaving care;

2. Creating and protecting capacity to diagnose and treat all patients with the highest clinical priority within acceptable timeframes;

3. Ensuring our covid vaccination and treatment capacity (CMDU) are able to meet demand, and that no eligible patients are denied access to timely intervention.

6.3. This work currently continues, but is under constant review to ensure that the organisation is able to return to treating patients whose care has been delayed because of the pandemic as soon as possible.

6.4. Prior to the Omicron variant, progress against recovery plans was promising and our recovery rates for October and November averaged 83% of outpatient activity, 82% of elective admissions and 103% of diagnostic activity, when compared to 2019/20.

6.5. The delivery of this activity also had a positive impact on some of the Trust's key waiting time targets. In November, the Trust reported 86.7% of patients had received their diagnostic test within six weeks. This is a significant improvement compared to our May 2020 position, where 35.4% patients had received their diagnostic test within six weeks following the first wave of COVID-19. In addition to this, the number of patients waiting over 52 weeks for treatment had also reduced by 68% compared to March 2021.

6.6. We continue to see an increase compared with pre-pandemic levels in the number of patients referred for cancer diagnosis or treatment, and we are working hard to minimise waiting times, although this remains challenging.

6.7. The Trust has also continued to work hard to manage an increasing number of patients who are accessing our urgent and emergency care services. Prior to December, our Emergency Department continued to experience a high level of activity across all patient types. At times, daily attendances for the month regularly exceeded 550 per day. In total, the Trust recorded over 17,800 attendances for the month; our second busiest month since the start of the pandemic.

7. Looking after our workforce wellbeing

7.1. We are absolutely committed to ensuring the health and wellbeing of our staff, and the Trust has placed significant focus on investing in our workforce. Where necessary we are working to recruit to our vacancies as quickly as possible and, more importantly, to focus on how we can retain our staff. This is especially true in a number of areas that are experiencing increased demand and additional pressures.

7.2. Our 'Showing we care about you' programme supports an enhanced wellbeing offer for our staff, including additional services to support mental and physical wellbeing, focused on recognising the recent demands and pressures that have been placed on our workforce. In the run up to Christmas, as we prepared our response to the Omicron variant's impact on our services, the Guy's and St Thomas' Charity made additional support available to our staff. This financial support allowed us to offer subsidised costs of food and drink, access to free parking and free hotel accommodation to those working over this busy period.

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

8.1. A review of our latest operational performance took place at the Quality and Performance Committee on 12th January 2022. The latest formally reported operational position, reflects our activity and performance across November and December 2021.

8.2. The Emergency Department's performance remained relatively stable, with a confirmed performance of 83.3% in November. For December 2021, this stands at 82.4%, reflecting on-going pressures on our emergency pathways as we continue to care for a number patients who are acutely unwell. Approximately 50% of patients attending our Emergency Department in December required input from our Majors or Resus teams, reflecting a higher level of acuity and complexity.

8.3. Our reported 62 day cancer performance for November was 62.0%. This has been affected by a number of factors, including the pandemic, but is an improved position compared to that reported earlier this year. A number of factors have contributed to this, including the pandemic, and we continue to do everything possible to improve both our internal performance and to work with the Trusts that refer patients to us to ensure all patients are diagnosed and treated as quickly as possible.

8.4. Cancer referral rates continue to remain above pre-pandemic levels and this has resulted in the need for our cancer services to continually assess the number of first outpatient appointments available to meet demand. Our performance against the 2 week wait standard in November is 83.0% and key actions are being put in place to improve this.

8.5. Our November performance against the national 18-week referral to treatment (RTT) standard was 72.4%. This performance shows a static trend when compared with recent months and reflects the organisation's efforts to treat as many patients as we safely can. For November, the 52 week position continued to improve compared to previous months, though the rate of reduction has slowed due to current pressures caused by the Omicron variant.

8.6. At the end of November 2021, 13.3% of patients were reported as having waited more than 6 weeks for a diagnostic test. This position is broadly in line with performance reported earlier in the year and demonstrates our ability to offer diagnostic tests within a timely manner, despite the current pressures.

8.7. The Trust's Finance, Commercial and Investment Committee monitors the Trust's financial performance, both in terms of revenue and capital.

8.8. The Trust's financial position in 2021/22 has remained stable, and at the end of November (month 8), the Trust has posted a surplus of £9.2M against a phased surplus plan of £11.3M. The Trust is forecasting to break-even at the end of this financial year.

8.9. The Trust continues to be supported by a fixed top-up allocation, with some variable funding allocated for specific initiatives and additional expenditure incurred as a result of the pandemic from NHS England and NHS Improvement.

8.10. Year to date, the financial impact of COVID-19 costs have been assessed as £33.6M. The major areas of expenditure are the COVID-19 vaccination programme £13.4M, pathology testing £4.5M, site service support costs, patient transport costs and increased ITU capacity.

8.11. Year to date, COVID-19 and top up funding of £135.6M has been recorded comprising £115.7M under the fixed block arrangement and a further £19.9M to meet the cost of the vaccination and testing programmes.

8.12. The Trust is continuing to spend capital to invest in service improvements for the benefit of our patients. At the end of November £91.1M has been recorded against the phased capital plan for the year.

9. Key updates from our Clinical Groups

9.1. Cancer and Surgery Clinical Group

Cancer strategy

The 2022-27 Cancer Strategy was approved at the December Strategy and Partnerships Board meeting. The next steps are to define the key projects that support delivery, agree phasing and resourcing, and finalise the programme plan and governance to enable implementation to begin April 2022.

Surgical strategy and vision

We continue to make excellent progress with the implementation of our surgical strategy and vision, and over 100 members of staff from across the Trust attended a launch event on 15th November 2021. Feedback from the attendees was very positive and implementation workstreams are now up and running, focusing on the high impact areas of work that support the recovery of services from the pandemic.

Higgs Yard Development

The business case to develop a joint renal dialysis centre between King's College Hospital and Guy's and St Thomas' (in partnership with Diaverum) is progressing well. The new unit will be the first jointly run unit in south east London and is planned to replace the Guy's Camberwell Dialysis Unit, creating much needed additional capacity.

9.2. Cardiovascular, Respiratory and Critical Care Clinical Group

Critical Care Workforce

The clinical group has placed significant focus on recruitment and retention of our staff, including significant investment in the critical care workforce. The recruitment pipeline for critical care remains positive and in January 2022 we will welcome 13 new critical care nurses, with a further 13 joining in February and March. A successful international recruitment drive is also underway with an additional 34 nurses expected to join the Trust.

Stereotactic Ablative Radiotherapy

Stereotactic ablative radiotherapy (SABR) is a novel non-invasive treatment for ventricular tachycardia (VT) which can be used on patients for whom routine therapies have been unsuccessful. The first patient with this condition was treated at St Thomas' Hospital using this new technique in January and was the first procedure of this kind to be done in London.

9.3. **Evelina London Women's and Children's Clinical Group**

Children and Young People's Patient Experience Survey 2020-21

The results of this biennial national inpatient survey, which covers 125 hospitals providing inpatient care to children and young people were published in December 2021. Responses were received from over 27,000 children and their families and relate to admissions between November 2020 and January 2021, through the pandemic's second wave. The survey is segmented by age group - parents/carers of babies and children up to the age of 7; children aged 8-11 and their parents; and children and young people aged 12-15 and their parents/carers.

Overall, Evelina London was identified as one of eight hospitals nationally which performed statistically significantly "better than expected" in responses from parents/carers of babies and children under 7, and Royal Brompton was identified as one of three hospitals nationally which performed statistically significantly "much better than expected" in responses from children and young people aged 8-15. Lessons and approaches are being shared across these teams to ensure the best possible experience for all age groups.

IQIPS accreditation for our children's community audiology service

Improving Quality in Physiological Services (IQIPS) is a professionally led national accreditation scheme. We are therefore thrilled that following our recent assessment, Evelina London's Community Audiology Service, which serves south east London, has been recommended for accreditation against the new IQIPS 2 standard.

9.4. **Integrated and Specialist Medicine Clinical Group**

GP centre

The Trust continues to develop its GP offering with the GP Centre now able to see and review children who have a primary care need. In addition a GP Virtual Assessment option is now available to NHS 111 supporting patients without the need for them to

attend the hospital. The GP Centre has capacity to see over 900 patients every week and has appointed Dr John Crawshaw to our first GP Lead role to oversee the service.

New team to improve multiple long term conditions

North Lambeth Primary Care Network (PCN) is working with partner organisations, including Guy's and St Thomas', to improve care for patients with multiple long term conditions (MLTC). The multi-disciplinary team will seek to address mental and physical health needs, as well as other social and economic factors that may impact our health. The team are using a coaching process to bring them together around a shared objective - to provide personalised care using a multi-disciplinary approach.

9.5. **Royal Brompton and Harefield Clinical Group**

Diagnostic Centre

Construction of the new £50m Diagnostic Centre at the Royal Brompton Hospital site is complete and the building was handed over to the Trust in November 2021. Since then, commissioning work has been progressing smoothly and the first patients are scheduled to attend for scans on 17th January 2022. The building will be fully operational in February 2022 and will improve access to imaging services all of which will be housed in a bigger, better space.

Academic achievements

An Annual Research Showcase event took place in December and was well attended virtually by staff from across the Trust. The event aims to build awareness of research activity taking place across the Royal Brompton and Harefield Clinical Group.

A number of recent successful funding awards were also publicised since the last Board meeting. Professor Claire Hogg's project to train an artificial intelligence (AI) system to diagnose ciliary dysfunction in patients with Chronic Lung Disease was awarded National Institute for Health Research (NIHR) i4i funding and Dr Elizabeth Renzoni's project to help predict the progression of lung disease in patients with scleroderma was awarded funding from Scleroderma & Raynaud's (SRUK).

9.6. **Essentia Group**

Lambeth Living Wage Award

The Trust was represented by the Chief Executive of Essentia Group, which manages our capital, estates and facilities, at a virtual

ceremony in November 2021 where the London Borough of Lambeth presented us with their Living Wage Award for "Recognising the Impact of Key Workers". The award celebrates the Trust's commitment to being a living wage employer and our policy of in-house employment for estates and facilities staff.

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

10.1. Progress with integration following our merger with Royal Brompton and Harefield Hospitals

We are approaching the one year anniversary, on 1st February 2022, of the historic merger between Guy's and St Thomas' and Royal Brompton and Harefield; a key element of our vision to deliver world class heart and lung medicine and research across King's Health Partners. The Board will recall that we decided to press ahead with the merger, as the right strategic move for the long term future of both organisations, and this was completed near the peak of the second wave of COVID-19 in February 2020.

The anniversary arrives when our efforts and attention are again largely consumed by the impact of the Omicron variant, but it is important to reflect on the significant progress that has been made despite the pressures.

Patient care: We have begun integration without disruption to operational services and have been able to use the opportunities of the merger to help manage some of the operational pressures we have faced. In addition to some urgent non-elective patient transfers, we are now working across sites to schedule patients for high priority cardiac surgery who might otherwise have had their operations postponed due to COVID-19. For example, cardiac surgical teams from St Thomas' Hospital are operating on high priority patients at Royal Brompton Hospital where there is greater availability of operating theatres and beds. We have also played a full and supportive role in the operational response to the pandemic in north west as well as south east London.

Innovation: Patients are benefitting from clinicians sharing expertise and working together to spread innovation across the expanded Trust, with improvements in care being made in a number of areas such as interstitial lung disease and congenital heart disease, and helping to reduce kidney complications post cardiac surgery.

Integration: We are making good progress to integrate the leadership, management and governance of our clinical groups by April 2022 on the basis of one team operating across multiple sites. There will be a combined clinical group for adult heart, lung and critical care services, operating across our adult services, and children's heart, lung and critical care services will come together in the women's and children's clinical group.

Technology*:* One of the first major investment decisions that the Board made following the merger was to expand the scope of

the Apollo electronic health record programme to Royal Brompton and Harefield Clinical Group. Progress on Apollo is described elsewhere in this report and the clinical teams have come together to design future clinical pathways that will be a key driver of clinical integration going forward.

Research and education: Clinical academics from across King's Heath Partners (KHP) are working together on education and research initiatives and over 1400 people have benefitted from innovative education programmes. Clinician scientists from across the expanded Trust have collaborated on our NIHR Clinical Research Facility (CRF) and Biomedical Research Centre (BRC) applications, the outcomes of which will be known later this year.

Leadership and appointments: We are cementing integration through a number of appointments and it is now normal practice for all relevant sites or services to be represented on consultant appointment panels. We have also seen managers move into new roles in different parts of the organisation and a number of clinicians from Royal Brompton and Harefield Hospitals have taken up honorary academic appointments at King's College London.

Synergies: As planned, all corporate departments are undertaking strategic reviews to consider how best to integrate across their services in ways that are consistent with the new Trust Operating Model, and which will help to deliver financial benefits of the merger.

10.2. Apollo Programme

The Apollo programme to deploy an Epic Electronic Health Record across Guy's and St Thomas' and King's College Hospital NHS Foundation Trust continues at pace and is on track to go live in April 2023 at Guy's and St Thomas' and October 2023 for King's College Hospital NHS Foundation Trust. The programme continues to engage with clinical and operational colleagues, as well as patient groups, to assist in the design and build of the new system. This work has included colleagues from both organisation to ensure a consistent approach to designing both clinical and operational pathways. To date over 1,500 colleagues and over 60 patients have been consulted. All programme milestones, have to date, been achieved, and the forward plan at this stage sees no barriers to a successful implementation.

10.3. Launching our new Charity brands

In November and December, our three new Charity brands were launched. The Guy's & St Thomas' Charity has a new look and is joined by two new charities: Guy's Cancer Charity and Evelina London Children's Charity – all working to support services Guy's and St Thomas' NHS Foundation Trust.

Guy's & St Thomas' Charity has a long history of supporting service innovation and our staff, helping them go that bit further beyond what the NHS can provide. The Guy's Cancer Charity will focus on people's very personal experience with cancer and the teams that are driving advances in cancer care. Evelina London Children's Charity supports the Evelina London teams to provide compassionate, trailblazing care for children, young people and their families.

10.4. 2022/23 Operational Planning Guidance

On 24th December 2021, NHS England and NHS Improvement (NHSE/I) published the 2022/23 operational planning guidance which sets out the priorities for the next financial year. The immediate focus is on reducing the backlog and waits for treatment across the NHS, restoring services and putting more capacity in place. Local healthcare systems are being asked to deliver on the following ten priorities:

1. Investing in the workforce and strengthening a compassionate and inclusive culture
2. Delivering the NHS COVID-19 vaccination programme
3. Tackling the elective backlog, cancer waits and improving maternity care
4. Improving the responsiveness of urgent and emergency care and community care
5. Improving timely access to primary care
6. Improving mental health services and services for people with a learning disability and/or autistic people
7. Developing an approach to population health management, preventing ill-health, and addressing health inequalities
8. Maximising the potential of digital technologies
9. Getting back to and beyond pre-pandemic levels of productivity
10. Establishing Integrated Care Boards and enabling collaborative system working

More detailed guidance is awaited on revenue and capital allocations. The legal establishment of Integrated Care Systems is now expected to take effect from 1st July 2022 to allow the Health and Care Bill to pass through the parliamentary process.

10.5. Specialised Commissioning

Given the delay in the establishment of Integrated Care Systems, from April to July 2022, the proposed establishment of joint committees to manage the planning and delivery of specialised services will also be with effect from July this year. Meanwhile work continues to prepare for the expected change and notification of the list of highly specialised services that will continue to be commissioned by NHSE is expected early this year.

Across London we are working collectively to identify those services which will be delivered across more than one Integrated Care System or on a regional basis, and therefore those that will be delivered within a single Integrated Care System. Across south London we are developing four pilots in HIV, renal, cardiac and neurology to help us test and learn how the new arrangements might work and to ensure that we use the opportunity to improve population health, the quality of care and/or efficient and effective service delivery.

10.6. Commitments to advance Health and Wellbeing

During November and December we have been consulting with key partners in south east and north west London on our draft commitment statements, priorities and overall approach to advancing health and wellbeing. This has been extremely valuable and we are now developing plans to seek the views of patients and staff. A Health and Wellbeing Learning Forum has also been established so that learning, approaches and ideas can be shared across the clinical groups and with corporate teams.

11. Board committee meetings and supporting information

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

- Audit and Risk Committee: 17th November 2021
- Finance, Commercial and Investment Committee: 3rd November 2021
- Quality and Performance Committee: 24th November 2021 and 12th January 2022
- Strategy and Partnerships Committee: 15th December 2021
- Transformation and Major Programmes Committee: 1st December 2021
- Royal Brompton and Harefield Clinical Group Board: 11th November 2021

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

- Audit and Risk Committee: 15th September 2021
- Finance, Commercial and Investment Committee: 7th July 2021
- Quality and Performance Committee: 13th October 2021 and 24th November 2021, month 8 Financial Report, October IPR
- Strategy and Partnerships Committee: 6th October 2021

- Transformation and Major Programmes Committee: 29th September 2021
- Royal Brompton and Harefield Clinical Group Board: 12th October 2021

Attached also is the Trust's Integrated Performance Report. This report is in a new format and will be developed further over the coming months, with additional indicators and more up to date data.

12. Consultant Appointments from 1st October 2021 - 31st December 2021

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

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
01/10/2021	CON715 - Consultant in Pleural Disease and Respiratory Medicine	Owais Iqbal Kadwani	Newly created post	Approved	No	10/01/2022
14/10/2021	CON720 - Consultant In Dermatopathology	Eglantine Lebas	Newly created post	Approved	No	01/01/2022
21/10/2021	CON722 - Obstetric Medicine Consultant	Oseme Tolulope Etomi	Newly created post	Approved	No	07/01/2022
12/11/2021	CON713-A - Consultant Gynaecologist with special interest in Early Pregnancy and Emergency Gynaecology	Annette Julie Reid	Newly created post	Approved	No	01/02/2022
12/11/2021	CON725 - Consultant in Obstetrics and Gynaecology	Sheela Swamy	Newly created post	Approved	No	01/01/2022
16/11/2021	CON721 - Consultant in Paediatric Respiratory Medicine	Anna-Louise Nichols Noor Zehan Abdul Rahim	Newly created post	Approved	No	01/03/2022
24/11/2021	CON731 - Obstetric Medicine Consultant	Lizemarie Wium	Newly created post	Approved	No	01/01/2022
25/11/2021	CON727 - Consultant in Histopathology	Holly Rose White Maria Lorena Stefania Buttice Ahmed Ali	Newly created post	Approved	No	TBC
16/12/2021	CON728 - Consultant in Anaesthetics with Special Interest in Adult Cardiothoracic & Vascular	John Cronin	Newly created post	Approved	No	TBC
22/12/2021	CON736 - Consultant Paediatric Cardiologist with interest in Catheter Interventions	San Fui Yong	Newly created post	Approved	No	03/01/2022
23/12/2021	CON732 - Consultant Cardiologist Specialising in Inherited Cardiac Conditions	Zohya Pavlu	Newly created post	Approved	No	01/04/2022

Name of post	Appointee	Department	Start Date	End Date
Consultant	Sam Dawkins	Cardiology	26.10.2021	25.10.2022
Consultant	Musaab Yasin	Urology	15.11.2021	14.11.2022
Consultant	Salim Jivanji	Paediatric Cardiology	17.11.2021	16.11.2022
Consultant	Stella Veronica Tan	Neurology and Clinical Neurophysiology	15.12.2021	14.12.2022
Consultant	George Greenhall	Renal	08.11.2021	07.11.2022
Comments:	Extension			
Consultant	Bernard Prendergast	Cardiology	01.12.2021	01.12.2024
Consultant	Richard Barlow	Dermatology	14.10.2021	13.10.2022
Consultant	Khaled Alfakih	Cardiology (Cardiac MRI)	05.10.2021	04.10.2022
Consultant	Sukhbinder Jeet Singh Minhas	Urology	25.10.2021	01.09.2022
Consultant	Andrew Countinho	Renal	14.10.2021	13.10.2022
Consultant	Shivakumar Kenchayikoppad	Renal	18.10.2021	17.10.2022
Consultant	Hayley Moore	Vascular Surgery	01.10.2021	30.09.2022
Consultant	Dr Aparajita Das	Royal Brompton and Harefield Clinical Group	TBC	
Consultant	Dr Amy Chan-Dominy	Royal Brompton and Harefield Clinical Group	21/10/2021	
Consultant	Dr Ilaria Bo	Royal Brompton and Harefield Clinical Group	01/01/2022	
Consultant	Dr Laura Vazquez Garcia	Royal Brompton and Harefield Clinical Group	01/01/2022	
Consultant	Dr Imogen Jones	Royal Brompton and Harefield Clinical Group	01/10/2022	
Consultant	Dr Saraswathi Murthy	Royal Brompton and Harefield Clinical Group	TBC	
Consultant	Dr Aparajita Das	Royal Brompton and Harefield Clinical Group	TBC	

NHS
Guy's and St Thomas'
NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

BOARD OF DIRECTORS

WEDNESDAY 26 JANUARY 2022

Title:	**Patient and public engagement (PPE) annual report 2020-21 and bi-annual update 2021-22**
Responsible Director:	**Jackie Parrott, Chief Strategy Officer**
Contact:	**Andrea Carney, Head of Patient and Public Engagement**

Purpose:	A report to provide an overview of Trust patient and public engagement, covering the year 2020-21 and the period April to September 2021-22.
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY
Key Issues Summary:	• Evidence of PPE across Trust activities, including COVID recovery and recommendations to build on embedding PPE in the Trust's work • The Trust PPE Strategy requires review to ensure it remains aligned to and supports strategic priorities across the internal and external landscape • The pandemic continues to affect how PPE can be undertaken
Recommendations:	The BOARD OF DIRECTORS is asked to: a) **NOTE** the range of programmes where PPE is evident and that the Trust continues to meet its 'duty to involve' and recommendations of the PPE Team (see 3.8) b) **NOTE** how PPE has been and continues to be affected by the pandemic c) **AGREE** the proposal to review the Trust PPE Strategy

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

BOARD OF DIRECTORS

WEDNESDAY 26 JANUARY 2022

PATIENT AND PUBLIC ENGAGEMENT ANNUAL REPORT 2020-21 AND BI-ANNUAL UPDATE 2021-22

PRESENTED BY JACKIE PARROTT

1. Introduction and background

1.1 The following paper is the sixth annual report on patient and public engagement (PPE) across the Trust. Its purpose is to provide:-

a) A brief overview of how the Trust Patient and Public Engagement Team supports Trust programmes and clinical services in the new operating model.

b) An overview of PPE activities across the Trust, including:

- A recommendation to review the Trust's PPE strategy
- Transformation, capital and major programmes
- Examples of good practice
- Providing assurance of the Trust's compliance with the 'duty to involve' (s242 NHS Act 2006, amended 2012)

c) A summary of patient and public involvement in COVID recovery

d) A brief discussion on the impact of COVID on PPE in light of the necessity to move to online / virtual methodologies.

e) How we are meeting our duties in respect to local authority Overview and Scrutiny Committees and Healthwatch bodies.

1.2 In providing this annual report, the following is noted:-

- It covers an extended period of reporting over 18 months, with activities dating from April to March 2020/21 and April to September 2021/22.
- This report is usually informed by an extensive audit of PPE activities across all clinical groups and corporate functions. As the audit requires considerable input, especially from clinical groups, it was not undertaken due to the ongoing operational demands. This decision also recognises the demands on the PPE Team.
- With the exception of activities relating to the KHP Cardiovascular and Respiratory Programme, the report does not include the activities of the Royal Brompton and Harefield Clinical Group, which became a part of the organisation in February 2021. We are currently working with colleagues from the Royal Brompton and Harefield Clinical Group to consider the future operating model for PPE support across the whole Trust.

2. Trust Patient and Public Engagement Strategy

2.1 In 2018 the Trust refreshed its three year Patient and Public Engagement Strategy, which consists of six broad objectives (see Annex A) and provides a framework for PPE across the Trust. Given the considerable changes to the internal and external context, it is prudent to review the strategy to ensure it continues to align with and supports:-

- Our organisations strategic priorities, including the wide range of major programmes
- The Trust's group operating model and the outcome of the strategic reviews following the merger of Guy's and St Thomas' and the Royal Brompton and Harefield.
- Changes to the NHS landscape more broadly, in particular in response to COVID recovery and the ongoing development of and the Trust's role in Integrated Care Systems (ICS).

2.2 The PPE Team, with support from Strategy Team colleagues, propose to lead a review of the Trust PPE Strategy, review progress and achievements against the existing objectives, reflect on the internal and external landscape and consider whether the existing aims and objectives remain fit for purpose particularly as the clinical groups mature and review their strategies and as we begin a review of the overall Trust strategy.

3. An overview of PPE activities across the Trust: transformation, capital and major programmes, the legal 'duty to involve', good practice and recommendations for improvement

3.1. Demand for PPE support has continued to grow with the many Trust-wide strategies in development, and the capital and major programmes that are ongoing. This is encouraging evidence of the Trust's ongoing commitment to its strategy 'Together We Care' and the related Trust objectives.

3.2. The Trust PPE team prioritises and directs the vast majority of their resource into the Trust's biggest programmes, which require significant PPE expertise and longer-term, intensive input. At the time of reporting there are some **40** activities in which the patient-public voice continues to influence the Trust's work, which includes strategy development, major transformation and capital programmes.

3.3. The PPE Team has continued to provide 'light touch support' to small-scale improvement activities with approximately **69** recorded from April 2021 to date. This highlights clinical groups' commitment to involving patients in continuing to improve services in response to and throughout the pandemic

3.4. The table below briefly highlights the number of strategies, programmes, as well as clinical group activities in which patients, carers and families and other public stakeholders are engaged.

Table 1. No. of PPE activities recorded

Programmes various *(inc. strategy, transformation activities and those defined as major programmes)*	**Clinical group activities**	**Other business activities** (*e.g. regulatory requirements, stakeholder liaison)*	**Total no. activities**
27	69	13	109

3.5. The Trust PPE Team continues to contribute in different ways to PPE activities in King's Health Partner's, the Acute Provider Collaborative (e.g. dental workstream) and the Integrated Care System (ICS) Engagement Strategy development.

3.6. The Trust continues to focus its PPE resources in work that offers the greatest potential to improve and transform patient care at scale (please see Chart 1 at Annex B that highlights these activities). In doing so, to the best of our knowledge, the Trust continues to meet its 'duty to involve' patients and the public in the development and delivery of its services.

3.7. Notable good practice examples from different programmes, strategies and clinical groups include:-

- **Surgical strategy development** – early and active patient involvement informed the development of the strategy and continues to support its implementation.
- **Apollo** – with a clear and ambitious plan for patient engagement that will see 50+ **Patient Influencers** working together with staff in a range of ways, including through design workshops and Rapid Decision Groups.
- **Evelina Expansion Programme –** since April 2020 the programme has continued to involve young patients and families from across Evelina London and Royal Brompton & Harefield in the design process – from informing the selection of the design partner to 1:200 scale designs.
- **KHP Cardiovascular and Respiratory Programme** – commitment to involving patients, their families and carers continues to be illustrated in relevant work streams and in the ongoing development and delivery of its vision for heart and lung, including:-
    - **Adult Respiratory** – including Interstitial Lung Disease and Critical Care
    - **Children's cardiovascular and respiratory** - including trialling innovative ways to involve children and young people through the use of online theatre and arts workshops.

3.8. Building on these good practice examples the PPE Team recommends the following actions to further strengthen our approach:-

- All programmes that have a direct impact on patient care and clinical groups should have PPE plans
- Colleagues in clinical groups and programmes to fully utilise the recently re-launched PPE Hub which is an extensive on line resource to support PPE plans
- Ensuring that clinical groups' and Trust programmes' governance arrangements are set up to review the development of patient engagement plans, their implementation and the impact of PPE.

4. Patient and public involvement in COVID-19 recovery

4.1 The Trust PPE Team has strongly advocated the participation of patients and the public in the ongoing recovery and transformation of services that has been necessitated by the pandemic. The Joint Programme for Patient, Carer and Public Involvement in COVID Recovery continues to make good progress and is responsible for driving engagement in three key areas: virtual access to care; waiting for treatment; and self-management and Long COVID. Bi-annual reports are submitted to the Trust's Strategy and Partnerships Executive Committee (SPEC) and the Guy's and St Thomas' Foundation. A separate report summarising the work of this programme to date is included on the Board's agenda (26 January 2022).

5. How the pandemic continues to affect the efficacy of patient and public engagement: risks

5.1 It is important to highlight the effect the pandemic continues to have on PPE. To protect the health and well-being of patients, their families and carers, all patient and public engagement activities have been and continue to be conducted virtually, e.g. through online discussion groups and events, e-surveys or telephone surveys. In the early stages of the pandemic there was relatively strong engagement as people adjusted to life online, in particular during the national lockdown. As time has gone on the Trust and its partners have seen increasing challenges in successfully involving people through virtual methods. In some cases, there have been attrition rates (drop-out following initial recruitment to activities) of 50-80%. Until the Trust and its patient populations are comfortable moving from virtual to face-to-face PPE activities, we remain conscious of the following risks, for which there are no immediate mitigations and the impact on our ability to involve:

- The limitations of 'virtual engagement' methods;

- Difficulties recruiting patient-public participants and the knock on effect this has on our ability to support the meaningful participation of a broad and diverse range of people;

6. Meeting other legal and regulatory duties relating to public engagement: Overview and Scrutiny Committees (OSCs) and Healthwatch bodies

6.1 During the course of the pandemic, the Trust has continued to take a proactive approach to fostering its relationship with, communicating its activities to, and responding to Local Authority Overview and Scrutiny functions. OSCs have welcomed the opportunity to be informed of and / or discuss the subjects noted in Table 1, Annex C.

6.2 The PPE Team continues to facilitate liaison between the Trust and local Healthwatch bodies in Lambeth and Southwark. A summary of activities can be seen in Table 2, Annex C. Most notably, Healthwatch colleagues continue to contribute to COVID recovery efforts, supporting patient and public engagement through their independent work and collaboration with the Trust, wherever possible.

7. Recommendations

The Board is asked to:-

a) NOTE the range of programmes where PPE is evident and that the Trust continues to meet its 'duty to involve' and recommendations of the PPE Team (see 3.8)

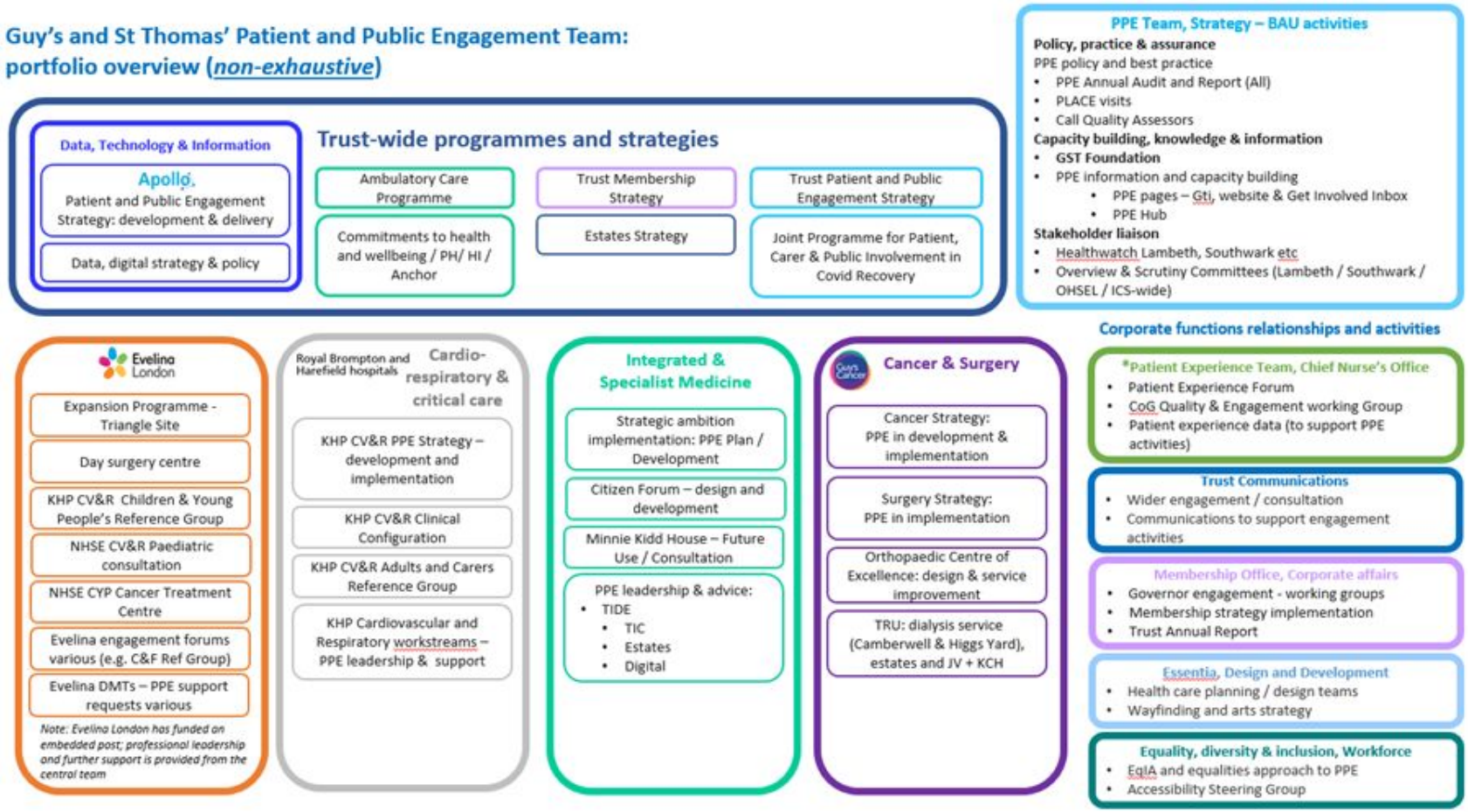
b) AGREE the proposal to review the Trust PPE Strategy

c) NOTE how PPE has been and continues to be affected by the pandemic

Annex A: Trust Patient and Public Engagement Strategy Objectives

Our strategic priorities are….	Our updated PPE strategy objectives are…
1: Patients Transforming our relationships with our patients	**Objective 1: Make patient and public engagement central to transformation and capital programmes** Transformation and capital programmes will develop and implement patient and public engagement plans to ensure the patient voice is always at the centre of the design and implementation of projects that directly affect the patient experience. The plans will ensure the participation of a the diverse range of people who use our services to ensure we meet the different needs of our patients, their families and carers.
	Objective 2: Make improving the patient experience a priority across our services All services will use the findings of the Trust's patient surveys and other sources of patient experience feedback to identify areas for improvement, drive and track the progress of improvements against local priorities and the Trust's patient experience priorities. We will use patient experience feedback and data to inform our improvement priorities.
	Objective 3: Ensure the patient voice influences clinical research, from development to delivery NIHR-funded research activities across the Trust will continue to implement a Patient and Public Involvement strategy and share best practice on approaches to involving patients in the development and delivery of clinical research through involvement in the PPE Strategy Steering Group.
	Objective 4: Maximise opportunities to involve our Foundation Trust governors and members We will continue to work with Foundation Trust Governors to review and implement the Foundation Trust Membership Development and Engagement Plan, so they continue to play an active role in the Trusts work.
2: People Supporting our staff to improve the way we work and securing our finances for the future	**Objective 5: Support staff to develop skills and embed patient and public engagement in change, improvement and capital projects** Improvement and Patient and Public Engagement teams will work with staff to embed patient and public engagement in service change and improvement projects, for example the Trust's Quality Improvement process and capital projects. We will develop tools and support to enable the capacity of staff to deliver effective patient and public engagement as part of their programmes.
3: Partnerships Building new partnerships and strengthening existing relationships	**Objective 6: Make the patient voice central to our partnership work** We will continue to work with partners to support a strategic approach to patient and public engagement that places patients' views at the centre of our work and enables partners to meet their respective legal duties.

Annex B: Chart 1. PPE Team portfolio overview



Note: This is a non-exhaustive overview; the PPE Team is also supporting a range of other activities including Integrated Care System (ICS) communications and engagement strategy development, the Acute Provider Collaborative (APC) network, etc.

Annex C. Meeting our other legal duties: Overview and Scrutiny Committees (OSCs) and Healthwatch bodies

Table 1. A summary of activities relating to Overview and Scrutiny Committees in Lambeth and Southwark

Subject matter / request	Method of communication and engagement	Clinical groups and NHS partners involved and / or informed	Date(s)

KHP CV&R vision & merger of RBHH with GSTT	• Chairs briefings:
	  ○ Cllr Masters, Lambeth
	  ○ Cllr Olisa, Southwark
	• Written briefing pack
	  ○ OHSEL OSC
	  ○ Cllr Masters, Lambeth
	  ○ Cllr Olisa, Southwark
	• Health & Social Care Scrutiny Commission, Southwark (attendance online)
		SEL CCG / Lambeth Integrated Commissioning	19.10.2020
			
			10.11.2020

Evelina London, Evelina Expansion, planning application submission	• Briefing letter and invitation to online public event
	  ○ Cllr Masters, Lambeth
	  ○ Cllr Olisa, Southwark
			27.10.2020

I&SM, Minnie Kidd House closure and future use	• Letters to OSC chairs + ward councillors
	• Chairs briefing (online):
	  ○ Cllr Masters, Lambeth
	  ○ Cllr Olisa, Southwark
		SEL CCG / Lambeth Integrated Commissioning	20.11.2021
			12.3.2021
			& work ongoing

Temporary relocation of inpatient rehabilitation care from the Pulross Centre in Lambeth	• Briefing letter to OSC chairs + ward councillors
	  ○ Cllr Masters, Lambeth
	  ○ Cllr Olisa, Southwark
			15.03.2021

Trust Quality Accounts	• Invitation Trust workshop:-
	  ○ Cllr Masters, Lambeth (attended)
	  ○ Cllr Olisa, Southwark (declined)
	• Draft Quality report shared for comment
			11.02.2021
			
			03.06.2021

Table 2. A summary of activities relating to Healthwatch bodies in Lambeth and Southwark

Subject matter / request	Method of communication and engagement / activity type	Date(s)
Various - as guided by MDT committee members	Quarterly liaison meetings *(notes and reports available on request)* ▪ Healthwatch Southwark ▪ Healthwatch Lambeth	21.05.2020 08.07.2020 07.08.2020 09.12.2020 09.04.2021 17.06.2021 29.09.2021
Perinatal mental health, Healthwatch Lambeth	Independent research by Healthwatch Lambeth into women's experiences of perinatal mental health support – shared with the Trust for noting and response	August to October 2020
Trust Quality Report / Quality Priorities	▪ Meeting (virtual)	19.01.21
Healthwatch Southwark, Annual Report – Trust requested to comment on their work	▪ Head of Patient and Public Engagement provided a response on behalf of the Trust	
Minnie Kidd House, families and relatives experience pf closure and relocation, Healthwatch Lambeth	▪ Healthwatch Lambeth commissioned to support resident and family feedback and provide a report	November 2020 to August 2021
Waiting for hospital treatment, Healthwatch Southwark	▪ Independent report by Healthwatch Southwark, shared with the Trust. Will inform JPPIC (see below) ▪ Presentation	May to June 2021
Joint Programme for Patient, Carer and Public Involvement in Covid Recovery	Healthwatch Southwark & Healthwatch Lambeth, Membership of / attendance at JPPIC Steering Group	08.10.2020 02.11.2020 27.01.2021 25.05.2021 01.07.2021 15.09.2021
Joint Programme for Patient, Carer and Public Involvement in Covid Recovery: project outline development workshops	Healthwatch Southwark & Healthwatch Lambeth – invited:- ▪ Self-management of care ▪ Virtual and remote access ▪ Wider changes to outpatient and elective care ▪ Long Covid	 25.03.2021 25.03.2021 30.03.2021 30.03.2021

Guy's and St Thomas' NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

BOARD OF DIRECTORS

WEDNESDAY 26 JANUARY 2022

Title:	**Joint Programme for Patient, Carer and Public Involvement in Covid Recovery**
Responsible Director:	**Jackie Parrott, Chief Strategy Officer**
Contact:	**Andrea Carney, Head of Patient and Public Engagement**

Purpose:	This is the first report to the Board on the **Joint Programme for Patient, Carer and Public Involvement in Covid Recovery** - a collaboration between Guy's and St Thomas' and King's College Hospital. The two-year programme (funded by GST Charity, supported by KCH Charity) aims to ensure the views of patients, carers and the public inform the ongoing service changes that continue to develop in response to the COVID pandemic.
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	• The programme's first patient-public project – an attitudes and behaviours telephone survey of 1,501 patients and carers – has reported. Key findings have been disseminated widely and will continue to inform the programme • Three further patient-public projects have been scoped and commissioned – virtual access to care; waiting for treatment and Long COVID.
Recommendations:	The **BOARD OF DIRECTORS** is asked to: a) **NOTE** the programme's progress, completed and ongoing work. b) **NOTE** and **DISCUSS** the programme's three projects

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

STRATEGY AND PARTNERSHIPS EXECUTIVE

WEDNESDAY 26 JANUARY 2022

JOINT PROGRAMME FOR PATIENT, CARER AND PUBLIC INVOLVEMENT IN COVID RECOVERY

PRESENTED BY JACKIE PARROTT

1. Introduction

1.1. The Joint Programme for Patient, Care and Public Involvement in Covid Recovery (JPPICR) was established in September 2020, as a partnership between Guy's and St Thomas' (GSTT), Royal Brompton & Harefield (RBH) and King's College Hospital (KCH). It is funded by GST Charity and supported by KCH Charity to ensure the involvement of patients, carers and the public in ongoing changes and the development of services necessitated by the COVID pandemic.

1.2. This report provides an overview of the programme and highlights progress since its inception, which includes:-

- A patient and carer telephone survey of attitudes and behaviours to accessing care and services during the pandemic, its findings and how they are being used.
- An extensive scoping exercise and work to refine the programmes focus and develop briefs for the programme's 3 projects.
- An open tender to procure specialist suppliers - Health Systems Innovation Lab, London South Bank University (LSBU) - who are now working with us to deliver of the programme.
- Planning the delivery of co-design activities (to commence end of February to early March), with patients carers and the local communities working together with clinicians.

1.3. This paper will be accompanied by a presentation at the Board of Directors (26 January) to provide further information on the programmes 3 projects:

- Virtual access to care
- Waiting for treatment and self-management
- Long COVID

2. Background: the programme's aims, its partners, Steering Group and governance arrangements

2.1 The proposal for the JPPICR was developed in collaboration with patient and public engagement leads across GSTT, Royal Brompton and Harefield Trust (and now the Clinical Group as part of GSTT) and KCH. Ongoing service delivery and rapid changes to models of care, including the urgent integration and transformation of services necessitated by COVID-19, means that patient care and services for our local populations and beyond, continue to be affected. Importantly, the programme continues to support each partners' commitment to patient participation, with its primary aim being to work with patients, carers and the public to understand:

- shifts in public attitudes and behaviours toward accessing care in different parts of the healthcare system and the risk that patients and the public may retract from accessing the care they need now or in the future
- how the changes we are making or have made continue to affect patients, their families and carers experiences' of accessing care, using new or rapidly changing models of care
- variations in experience of care between different protected characteristics
- how we can improve and further develop services

2.2 The programme's SRO and Steering Group Chair is Jackie Parrott (Chief Strategy Officer, GSTT). The Chief Nursing Officers and Medical Directors of each partner trust nominated clinical leads to support the programme through what is a very active and engaged **Steering Group,** that has **met 7 times**. The Steering Group includes partners from South East London Clinical Commissioning Group, the GSTT Charity, KCH Charity, RBHH Charity,

along with patient-public stakeholders, including governors and Healthwatch bodies. It is hosted by the GSTT Patient and Public Engagement Team (Strategy), led by Andrea Carney (Head of Patient and Public Engagement) and supported by Philippa Yeeles (Patient and Public Engagement Specialist). In GSTT it reports to the Strategy & Partnership Executive and up to the Strategy & Partnerships Board and within KCH to King's Executive and up to the Strategy, Research and Partnerships Board.

3. Patient and carer telephone survey of attitudes and behaviours to accessing care and services, its findings and how they are being used

3.1. The programme's first public-facing activity involved the design and delivery of a telephone survey. Its key objective was to understand patient, carer and public attitudes and behaviours in relation to accessing care and services during the COVID pandemic. **Ipsos MORI conducted a telephone survey**, to be inclusive of people who do not have access to, or prefer not to use, digital technology. **A total of 1,501 people were interviewed** during May 2021. Quotas were set for each partner, broad service types, age and gender. Data was weighted to the known partner population proportions for age and gender for those services included in the survey.

3.2. Key findings and implications from the survey include:

- There remain high levels of concern about coronavirus – these worries continue to affect how people feel about using health services. These concerns are evident throughout the results and demonstrate the need to continue to reassure patients, carers and visitors.
- Survey analysis explored experiences of different population groups. Some groups express particular concerns about coronavirus and using services:
    - Carers consistently show higher levels of concern or unease – particularly about virtual appointments and staying in hospital as an inpatient.
    - Patients from ethnic minority backgrounds have higher levels of concern, and lower levels of comfort using services face-to-face (reflecting wider trends seen), and virtually.

- Any communication needs to be particularly sensitive to these differences in concern and experiences. The analysis also explored other differences between groups, such as those based on gender, age and deprivation. Whilst there were some small differences between groups, the data did not show any consistent themes.
- Future communications also need to provide reassurance about the level of risk and measures that are in place to keep patients, carers and visitors safe when attending health service facilities. Findings also suggest a need for staff to be even more understanding and compassionate than in usual circumstances.
- There is a small group of very concerned people who say that nothing could make them feel comfortable about using a face-to-face service. While virtual alternatives are a useful solution in some cases, some patients or carers may choose not to access services when they need to.
- Relatively small numbers of participants had used a virtual appointment. However, it is clear that some people may be disadvantaged if more appointments and services are only provided virtually. Offering a choice of mode of appointment or reassuring people that they can be followed up face-to-face if necessary will be important.
- Views on restrictions on visitors and carers or family members accompanying patients to appointments were divided amongst participants – with particular disquiet about restrictions on visitors to adult and children inpatients.

3.3. The programme developed and implemented a comprehensive communications plan with input from Ipsos MORI and the Steering Group, to ensure that the survey findings and implications were disseminated systematically, widely, locally and nationally. Key messages focused on the need for services to consider, respond to and apply the findings and implications in the context of their own service. The programme continues to use the survey findings to shape its patient and public involvement activities.

3.4. Please refer to **Annex A** for an executive summary and **Annex B** for an infographic that highlights key findings. A copy of the full report can be found here: https://www.ipsos.com/ipsos-mori/en-uk/joint-programme-patient-carer-and-public-involvement-covid-recovery

4. Defining the scope and refining the programme's areas of focus and the development and tender of three project briefs

4.1 The early proposals for the programme purposely included a broad potential scope to allow partners, including patient-public stakeholders, the opportunity to shape the programme. Between October 2020 and September 2021, the programme undertook a range of stakeholder engagement activities (summarised in the table below) to arrive at the **3 projects** and their related briefs that were developed to form tender documents and an open competition for a delivery partner. The 3 projects the programme is taking forward are:-

- **Virtual access to care**
- **Waiting for treatment and self-management**
- **Long COVID**

	Activity description	Who was involved	Date	Facilitated by
1.	**Scoping interviews** To explore a range of issues including immediate and longer-term priorities for service delivery, and what issues, services or patient groups should be taken into account when designing the programme.	**21** key stakeholders from each of the partners, including: • Nursing, Paediatrics, and Allied Health Professional (AHP) leads and clinical directors from GSTT, KCH and RBHT • GSTT, KCH and RBHT charities • South East London Clinical Commissioning Group (CCG)/ Integrated Care System (ICS). • Healthwatch Lambeth and Healthwatch Bromley[1]	Oct to Nov 2020	Ipsos MORI

[1] Healthwatch Southwark were unable to participate and Healthwatch Bromley were involved as a key stakeholder for KCH. RBHH colleagues advised that it would not be necessary to involve their Healthwatch bodies, as the Trust (now clinical group) is a specialist provider, with the majority of its patients residing in many boroughs across London and countrywide.

	Activity description and notes	Who was involved	Date	Facilitated by
2	**Prioritisation exercise** (informed by findings of the above)	• All Steering Group members	January '21	Ipsos MORI GSTT PPE Team
3	**Stakeholder engagement: project brief development workshops**	• 60+ people (multi-professional and clinical staff in related services along with Steering Group members, including patient-public participants) participated in workshops to develop the project briefs.	March '21	Ipsos MORI GSTT PPE Team
4.	**Tender documents x 3 briefs drafted**	• Steering Group and others who had participated in earlier workshops	April to May '21	GSTT PPE Team
5.	**Tender documents finalised and agreed**. Views sought on proposed approach to involve broad populations rather than a handful of specialties or sub-specialties and a strong focus on seldom heard and marginalised groups so that learning and application could be maximised across partners.	• Steering Group • Medical Directors and Chief Nursing Officers, via Programme SRO		GSTT PPE Team SRO
6	**Open tender competition launched and completed (including 3 x evaluation panels)**	• Chief Procurement Officer, GSTT • Steering Group (members various)	July to Sept '21	GSTT PPE Team
7	**Tender award and contracting arrangements**	• London South Bank University • GSTT PPE Team • Chief Procurement Officer, GSTT	Sept to Oct '21	GSTT PPE Team

4.1. In September 2021, the 3 tender evaluation panels met and unanimously agreed the contract for all three lots would be awarded to the **Health System Innovation Lab (led by Professor Becky Malby), London South Bank University**, with whom we are now taking the programme forward.

5. Taking the three projects forward

5.1 A brief presentation will accompany this agenda item to outline the three projects. While approaches and outputs will vary, each has the following in common. Using LSBU Health Innovation Lab's tried and tested approaches to co-design and sustainable service improvement, the projects will:-

- Use a genuine co-design method – patients and carers will work together with healthcare staff to identify and develop tools and solutions for improvement and ongoing change
- Involve broad patient populations (rather than a handful of services), so that learning and application is maximised across partners, with a strong focus on seldom heard and marginalised groups
- Have a 'Virtual Advisory Group' - to act as a source of advice and content knowledge for each project. Members will include subject matter experts (e.g. clinicians, operational leads and patient-public stakeholders)
- Create a network of participants who can continue to work with us beyond the 2-year programme
- Be overseen by the existing programme Steering Group

5.2 Following completion of contracting arrangements in October, the programme has:-

- Held a series of design groups with various operational, clinical and transformation stakeholders to refine our approach to identifying and inviting patient and carer participants.
- Planned co-design workshops and activities to begin from end of February / early March (postponed from January, due to ongoing operational pressures).

6 Recommendations

6.1 The Board is asked to:

a) **NOTE** the programme's progress, completed and ongoing work.
b) **NOTE** and **DISCUSS** the attitudes and behaviours survey, to support the dissemination and application of its findings.

Guy's and St Thomas' NHS Foundation Trust

Joint Programme for Patient, Care and Public Involvement in Covid Recovery

Annex A

Executive summary: Attitudes and behaviours telephone survey (September 2021)

Joint Programme for Patient, Carer and Public Involvement in COVID Recovery: Attitudes and behaviours telephone survey

September 2021

Ipsos MORI

Executive summary

Introduction

The **Joint Programme for Patient, Carer and Public Involvement in COVID Recovery** is a collaboration between Guy's and St Thomas' NHS Foundation Trust - including Evelina London Children's Hospital and Royal Brompton and Harefield hospitals - and King's College Hospital NHS Foundation Trust.

The **two-year programme**, generously funded by the Guys' and St Thomas' Foundation and supported by King's College Hospital Charity, aims to ensure the views of patients, carers and the public **inform a number of the ongoing service changes** that continue to develop in response to the COVID-19 pandemic.

This report contains the findings from a survey carried out by Ipsos MORI on behalf of the Joint Programme for Patient, Carer and Public Involvement in COVID Recovery. The objectives of the research were to **understand patient, carer and public attitudes and behaviours in relation to accessing care and services during the pandemic**.

Overall, **1,500 participants from across the partners** involved in the programme took part in the survey, which was conducted via telephone in May 2021.

Executive summary

Key findings and implications

Concerns about coronavirus

There remain **high levels of concern about coronavirus** – these worries continue to affect how people feel about using health services. These concerns are evident throughout the results and demonstrate the need to continue to reassure patients, carers and visitors:

- **Experiences of using hospital services face-to-face during the pandemic were largely positive** – the majority (91%) said they felt comfortable using these services.
- Parents and carers, responding on behalf of a child or adult, were less positive (84% and 78% respectively), reflecting **higher levels of concern amongst people with caring responsibilities**.
- The small group who said they **felt uncomfortable using a health service face-to-face** (7% of those that used them) tended to say they felt this way **because they were worried about catching coronavirus**.
- Although only a small proportion (less than 5%), **some participants chose to stay away from services** during the pandemic **because they were worried about catching coronavirus**.
- The **majority of participants say they would feel comfortable using most services** if they needed to in the future.
- Of those who said they would be uncomfortable using a hospital service face-to-face (37%), the most **common reason for feeling concerned relates to the perceived risk of catching coronavirus** (mentioned by 54% of this group).
- On the whole, participants find the **prospect of staying as an inpatient as the most worrisome** (20% would feel uncomfortable).

Executive summary

Key findings and implications continued…

There are implications arising from these continued high levels of concern:

- Communications ought to provide **reassurance about the level of risk and measures that are in place** to keep patients, carers and visitors safe when attending a health service. Findings also suggest a need for staff to be understanding and compassionate, even more so than in usual circumstances.
- However, there is a **small group of very concerned people** who say that **nothing could make them feel comfortable about using a face-to-face service**. While **virtual alternatives** are a useful solution in some cases (see next slide), some patients or carers may choose not to access services when they need to. The programme may wish to consider how to engage with this group to understand whether they will stay away from services in the longer-term.

Ipsos MORI

Executive summary

Key findings and implications continued…

Virtual appointments

Relatively **small numbers of participants had used a virtual appointment** (e.g. online using a smart phone or other device, or by telephone); most via telephone. **Most felt comfortable using a virtual service**; however, some expressed unease or experienced difficulties. For some people, there appears to be distrust, linked to not having a physical examination and a concern that something may get missed.

The survey collected suggestions from some participants as to how to support them to make use of virtual services (and to feel comfortable doing so), including:

- **More information in advance and to have a set time** for the appointment.
- Support to help them **overcome connectivity and communication issues**.

However, it is clear that some people may be left behind if more appointments and services are only provided virtually. **Offering a choice of mode of appointment** or reassuring them that they can be **followed up face-to-face** if necessary will be important for this group.

Executive summary

Key findings and implications continued…

Views on restrictions

Views on restrictions on visitors and carers or family members accompanying patients to appointments were very divided amongst participants – **there was particular disquiet about restrictions on visitors to adult and children inpatients**. Further work is needed to understand how to keep patients and staff safe in a way that is acceptable and seen as proportionate and reasonable.

Differences in experiences

Survey analysis explored experiences of different population groups. Some groups express particular concerns about coronavirus and using services:

- **Carers consistently show higher levels of concern or unease** – particularly about virtual appointments and staying in hospital as an inpatient.
- **Patients from ethnic minority backgrounds have higher levels of concern, and lower levels of comfort** using services face-to-face (reflecting wider trends we have seen), and virtually.

Any communications will need to be particularly **sensitive to these differences in concern and experiences**. Further work is recommended with these groups to understand how best to design services that meet their needs.

The analysis also explored other differences between groups, such as those based on gender, age and deprivation. Whilst there were some small differences between groups, the data did not show any consistent themes.

Executive summary

Programme next steps

The findings from this survey will be disseminated widely for services to consider, respond to and apply in the context of their individual services.

In addition, the Joint Programme will use the findings to inform further patient and public involvement activities related to **three key areas of service transformation**, identified through extensive stakeholder engagement across the partnership:

- **Virtual access to care**
- **Waiting for treatment and self-management**
- **Long COVID**

Patient and public and engagement research specialists are being commissioned to deliver a range of engagement activities to explore these key areas. Each project will consider the survey findings as part of an initial evidence review to inform the scope of work.

Guy's and St Thomas' NHS Foundation Trust

Joint Programme for Patient, Care and Public Involvement in Covid Recovery

Annex B

Infographic: Attitudes and behaviours telephone survey key findings

HEADLINE FINDINGS: October 2021

Joint Programme for Patient, Carer and Public Involvement in COVID Recovery: Attitudes and behaviours telephone survey

For more information: https://www.ipsos.com/ipsos-mori/en-uk/joint-programme-patient-carer-and-public-involvement-covid-recovery

About the survey

1,501
responses received

Includes data on:
(Participants could be in more than one group)

- **495** users of outpatient services
- **494** users of inpatient services
- **344** users of accident and emergency/ urgent care services
- **168** users of community services
- **431** parents
- **246** carers

Levels of concern about coronavirus

There are still high levels of concern about coronavirus, particularly among carers about the people they care for

- **57%** of those responding about themselves
- **68%** of those responding about their family
- **75%** of those responding about the person they care for

Sub-group analysis

Levels of concern about coronavirus are higher amongst women, people from ethnic minority groups and some age groups

- **52%** MEN
- **60%** WOMEN
- **68%** ETHNIC MINORITY GROUPS
- **52%** WHITE
- **47%** 16-35 YEAR OLDS
- **65%** 36-50 YEAR OLDS
- **63%** 51-65 YEAR OLDS
- **60%** 66-79 YEAR OLDS
- **53%** 80+ YEAR OLDS

Sub-group analysis was undertaken to understand potential differences across different groups of the population (including age, gender, ethnicity, deprivation).

Experience of using services

The majority felt comfortable using services for themselves, particularly face-to-face services

91%
said they felt comfortable attending a face-to-face appointment

Sub-group analysis

Those from ethnic minority groups were less likely to say they felt comfortable

- **84%** Ethnic minority groups
- **90%** White participants

Addressing concerns about using services

7%
were uncomfortable using a health service face-to-face

- Concern about being exposed to/catching coronavirus at the health service was the most common reason for concern
- Knowing the risks and the measures in place to reduce the risk of being exposed to coronavirus would help participants feel more comfortable

Views about virtual appointments (phone or video appointments)

6%
reported using a virtual service

- The majority of virtual appointments were conducted by telephone
- When asked about what would make using virtual services easier, comfort and choice were important

Comfort using services in the future

Patients reported high levels of comfort using services in the future if they needed to

- **91%** attending face-to-face GP appointments
- **90%** visiting a hospital or community service for a test
- **87%** visiting a hospital as an outpatient

Patients reported slightly lower levels of comfort using certain services

- **78%** using accident and emergency or urgent care services
- **75%** staying as an inpatient

The Joint Programme for Patient, Carer and Public Involvement in COVID Recovery is a collaboration between Guy's and St Thomas' NHS Foundation Trust - including Evelina London Children's Hospital and Royal Brompton and Harefield hospitals - and King's College Hospital NHS Foundation Trust. This two-year programme is generously funded by Guy's and St Thomas' Charity together with King's College Hospital Charity.

Survey conducted by telephone in May 2021 with participants from Guy's and St Thomas' and King's College Hospital.

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Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS
AUDIT AND RISK COMMITTEE

Minutes of the meeting held on Wednesday 15th September 2021 at 1pm, held virtually via Microsoft Teams

Members Present:	Mr J Pelly (Chair)	Dr P Singh
	Mr S Friend	
In attendance:	Mr E Bradshaw – Secretary	Mr A Gourlay
	Mr S Bailey	Mr R Guest
	Ms R Burnett	Mr S Lane
	Ms J Dahlstrom	Mr D Lawson
	Ms G Daly	Mr K Leakey
	Mr S Davies	Ms R Liley – until 3pm
	Mr P Dossett	Mr C Martin – item 14
	Ms C Eyre	Mr S Nandrha
	Mr R Gard – item 9	Mr M Shaw

8.1

1. Welcome and apologies

1.1. The Chair welcomed colleagues to the Audit and Risk Committee (the Committee). Apologies had been received from Ian Abbs, Hugh Taylor and Steve Weiner. The Chair extended his thanks to Paul Cleal, who would no longer be a member of the Committee, for his work and contributions to the Committee.

2. Declarations of interest

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

3. Minutes of the previous meetings of the Committee

3.1. The minutes of the two previous meetings of the Committee, held on 16th June and 23rd June 2021, were agreed as accurate records.

4. Matters arising from the previous meeting and review of the action log

4.1. There were four open items on the action log. Two would be addressed during the meeting. The Counter Fraud policy would be updated outside of the meeting, and the action to update the Stranding Financial Instructions would be carried forward.

4.2. The Chair reported that the Risk Management Policy would come to the Committee meeting in November 2021 for review and approval.

5. External audit progress report

5.1. Grant Thornton had concluded the external audit work in respect of the 2020/21 financial year. Royal Brompton and Harefield NHS Foundation Trust had been issued with an unqualified

audit opinion for the 10 month financial statements ending 31 January 2021. Guy's and St Thomas' had been issued a qualified audit opinion for the full year ending 31 March 2021, with a limitation of scope regarding the prior year's inventory balance. The detailed work on the value for money reporting had also been concluded. The Committee noted the final external audit fees and considered how these may change for the merged organisation going forward.

5.2. The Grant Thornton *Transparency Report* for the year ending 31 December 2020 had been published. The Committee asked whether there were any sections in the report, or in the Financial Reporting Council's (FRC) thematic review of transparency reporting that may be relevant to the Trust. Grant Thornton would respond to these queries, and explain how it was responding to the *Transparency Report*, at the November Committee meeting.

ACTION: PD

6. External audit closure reports

6.1. The Committee was presented with the Auditor's Annual Report for 2020/21, the Audit Certificates for both Guy's and St Thomas' and Royal Brompton and Harefield and the Value for Money Report for Guy's and St Thomas'. It was noted that the Council of Governors would formally receive the Audit Certificates that evening.

6.2. Included in the Auditor's Annual Report was an assessment of the Trust's financial sustainability, its governance, and how well it was improving economy, efficiency and effectiveness. The auditors had concluded that the Trust was "financially well-managed", "well-governed" and had "dealt very well with the challenges of the COVID-19 pandemic". Two recommendations had been made, including the need to continue to revisit the current year's financial plans as a result of emerging NHS Improvement guidance. Both recommendations had been accepted by the Trust. The Committee thanked representatives from Grant Thornton for their work.

7. Internal audit strategic planning

7.1. At its meeting in June 2021 the Committee had both approved the 2021/22 internal audit plan and requested a longer term plan to ensure that all key risks for the Trust had appropriate internal audit oversight and coverage. The plan was underpinned by the Trust's strategy *Together We Care 2018-2023* and had been aligned to the Board Assurance Framework and the Corporate Risk Register. Mandated audits had also been taken into account.

7.2. The Committee thanked the internal audit team for developing a clear and comprehensive forward plan. There was discussion about whether the plan could incorporate:

- Reviews from the perspective of the Integrated Care System (ICS) or the Trust's partners;
- Review of the Trust's emerging commercial strategy, beyond private patients; and
- Reviews of the impact of adverse weather conditions.

7.3. It was confirmed that the Trust's approach to managing adverse weather conditions would be considered more fully at the Quality and Performance Committee meeting in November.

8. Internal audit progress report 2021/22

8.1. An update was provided about the internal audit work that had been done since the previous report to the Committee in June 2021. Four audits had been completed, two of which had been

outstanding from 2020/21. One further report from 2020/21, the Mobile Working Business Case review, had been completed but was awaiting final management sign-off. Once finalised, this would complete all work from the prior year internal audit plan.

8.2. The 2021/22 internal audit plan had focused on audits at Royal Brompton and Harefield. Although work had commenced, the Committee noted that the internal audit team had encountered a number of challenges including IT access issues which had led to delays with delivery of the work. The audit of the Trust's supply chain function had established that the Datascope system, used by the supply chain hubs to scan and track deliveries, was being used across the Trust's hospital sites, but was not interfaced with the main Oracle Procurement system. This presented a risk that goods may not be received as ordered. Whilst there was no evidence of significant loss or fraud, it was agreed that a follow-up review would be done after a new process had been implemented to ensure that the risks had been appropriately mitigated.

ACTION: SL

8.3. The Committee received an update about the status of the recommendations from previous audit reports which remained outstanding. It was agreed that such recommendations should either be implemented or a decision taken that they were no longer required, with appropriate justification provided. The Committee noted that there were two recommendations that had been outstanding for some time relating to Medical Physics Disposals and Pharmacy. These would be picked up with the Trust's Medical Director.

ACTION: SL, SS

8.4. The Committee discussed a number of specific points of other internal audit reports, including the risk that Smart Cards were not routinely being retrieved from staff leavers. Support would be needed from the Trust's Human Resources directorate to resolve this. The audit of the Royal Brompton and Harefield payroll and pensions had identified an issue with a cohort of administrative and clerical staff who appeared to be on a 'hybrid' form of agenda for change contract which appears to contradict NHS national requirements. This would be checked and clarification provided to the internal audit team.

ACTION: RG

9. External quality assessment of internal audit report

9.1. The Public Sector Internal Audit Standards require that internal audit services are subject to an independent external assessment once every five years, designed to test compliance with a set of national standards set by the accounting and auditing governing bodies. The assessment of the Trust's internal audit function had been undertaken by Gard Consultancy, who gave the Committee an overview of the work he had undertaken. The review had been subject to delays, primarily due to the impact of the pandemic and difficulties in arranging the secure data transfer of audit files, but had now been completed. It had concluded that the Trust's internal audit service was compliant with all standards. Six recommendations had been made; none were rated as 'high priority' and all had been accepted by the Trust. Committee members were pleased with the report and congratulated the internal audit team.

10. Counter fraud progress report

10.1. The Committee received an update about the work of the Counter Fraud team since April 2021. There was a debate about whether the outcomes of disciplinary action following fraud case investigations should form part of these routine updates. Some members felt this would be a helpful indication of whether the Trust was taking a 'zero tolerance' approach to fraud, whereas

other members felt that the focus should be on the adequacy of the inputs into any such investigations, to highlight where improvements in the process may be needed. A consistent approach to this, with input from the Trust's Human Resources team, would be established for future reports.

ACTION: SL

10.2. The Committee agreed that fraud occurrence was often linked to a breakdown in controls and that it would be helpful for more detail on what the Trust was doing in response. This information would be added to future counter fraud reports.

ACTION: SL

10.3. An enhanced phishing threat, previously reported to the Committee, remained ongoing and the Trust was continuing to be targeted by fraudsters attempting to obtain staff login details. Further mitigations were being established, for example a two-factor authentication for email access, and communications to staff were planned to raise awareness of the risks. It was agreed that these communications should be aligned with a similar campaign to raise the profile of cyber risks.

ACTION: SL, KL

10.4. The Counter Fraud Policy had not yet been finalised and there were likely to be differences in how counter fraud investigations were being undertaken at Guy's and St Thomas' compared to Royal Brompton and Harefield. Harmonisation of these procedures would be done through the strategic review process.

11. Update on finance integration and finance 2020

11.1. The Finance Integration project aims to fully merge the finances team at Guy's and St Thomas' and at Royal Brompton and Harefield, as the current arrangements meant that all finance activities were being duplicated. The strategic review underpinning this project had commenced in early August and had three main workstreams. The risks and mitigations of financial integration were set out, and the Committee debated whether the planned project completion date of July 2022 could or should be expedited with external support.

11.2. Finance 2020 is a project to implement a new finance system across the Trust. The go live date for the new system at Guy's and St Thomas' was November 2021, with Royal Brompton and Harefield to follow subsequently. Clarification was sought about whether the new finance system would introduce new financial controls and processes. Progress against the project timeline, together with the key risks and mitigations, was noted, and the Committee was advised that the work had been more complicated than anticipated. The Chair expressed concern that the risks set out in the paper were insufficiently detailed and that, although the project would have gone live by the time of the next Committee meeting in November, greater detail about the risks to the Finance Integration project were needed in the next update.

ACTION: MS, CE

12. Better Payment Practice Code update

12.1. The Better Payment Practice Code (BPPC) target is to pay all NHS and non-NHS trade payables within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed. The Department of Health and Social Care expects a compliance rate of 95%. The Trust had never met this target: in 2020/21 it had reported 77% by number and 79% by value. Royal Brompton and Harefield had recorded

performance (to January 2021) of 100% by number and 98% by value, although this would be double-checked for accuracy.

ACTION: RG

12.2. NHS England and NHS Improvement (NHSE/I) had recently written to the Trust requesting confirmation that an action plan to improve performance was in place. The Committee welcomed the national focus and noted that, as a 'first stage response' to the issue an action plan had been developed and that actions fell into two main categories:

- Reviewing the process for recording BPPC performance and ensuring this approach was consistent with other trusts; and
- Taking action to improve the turnaround of invoice payments.

12.3. Advice from Grant Thornton was also being sought. The Committee felt that the issues raised were consistent with those discussed as part of the earlier internal audit agenda item. The Committee approved the proposed action plan, although felt the plan should explicitly reference the opportunity for shared learning from Royal Brompton and Harefield.

13. Information governance and health records report – Q1 2021/22

13.1. The main activities of the Information Governance and Health Records service between April and June 2021 were set out. In particular, the Committee's attention was drawn to the following updates:

- The annual Data Security and Protection Toolkit (DSPT) return against National Data Guardian Standards had been submitted to NHS Digital. This had achieved an assessment of 'Standards Not Met – Plan Agreed', reflecting the need to upgrade the Trust's Windows 10 IT environment. An approved plan had since been submitted to NHS Digital, progress against which would be reported quarterly;
- Compliance rates of responses to Freedom of Information requests (FoI) within statutory deadlines had been affected during the quarter by staff availability and increased request volumes of requests. A tactical plan to address this had been developed with a consequent significant reduction in backlogged requests towards the end of the quarter;
- The demand for paper health records in outpatient areas increased in the quarter, but records availability remained above the 98% throughout; and
- An awareness campaign was being developed for launch in late September to raise the profile of cyber risks such as phishing attempts, and to refer to published resources on the Trust intranet which outline data privacy and protection tips and guidance. This would be aligned with similar plans underway in Royal Brompton and Harefield.

13.2. Committee members were pleased with the progress that was being made. Questions were asked about whether there were any particular themes from the FoI requests received by the Trust, and where the requests had originated. There was discussion about why requests for paper records had increased by 54% and the risks of this trend as the Trust was moving towards a new electronic patient record system. It was noted that the Director of Technology Services would attend the next Committee meeting to provide an update about the risks connected to cyber security and legacy IT systems.

14. Assurance Map Update

14.1. All NHS trusts are required to comply with a broad set of statutory and regulatory responsibilities and the Committee has a duty to "review the adequacy and effectiveness of…the policies for ensuring compliance" with these responsibilities. A paper exploring this, predicated on the concept of an 'Assurance Map', had been presented to the Committee in November 2020. The work had been revisited in recent months following a number of significant strategic and operational developments across the Trust, including the merger with Royal Brompton and Harefield and the new Trust operating model. A simplified two-step approach was proposed that aimed to identify a complete list of statutory and regulatory responsibilities and explore how the Board receives assurance over compliance with each.

14.2. The Committee queried whether the work done to date had identified any gaps in reporting to the Board. It would be important to ensure that clinical groups and corporate functions knew what information needed to be provided and to what forum, whilst mitigating the risk of duplication of reporting. Committee members suggested that the work needed to tie in with the accountability matrix that was being developed as part of the Trust Operating Model Programme.

15. Any Other Business

15.1. There was no other business.

The next meeting would be held on 17th November 2021, with meeting details to follow.

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS
FINANCE, COMMERCIAL AND INVESTMENT COMMITTEE

Minutes of the meeting on Wednesday 7th July 2021
1pm – 3pm, held virtually via MS Teams

Members Present:	Mr S Friend – Chair	Mr M Shaw
	Prof I Abbs	Dr S Steddon
	Ms A Bhatia	Mr L Tallon
	Mr P Cleal	Sir H Taylor
	Mr J Pelly	Mr S Weiner
	Prof R Razavi	
In attendance:	Mr E Bradshaw – Secretary	Mr R Knott
	Mr R Bray – item 7	Mr D Lawson
	Ms J Dahlstrom	Mr P McCleery
	Mr S Davies	Mr M Rowe
	Mr R Guest	Mr D Shrimpton
	Ms B Jegede	

8.2

1. Welcome, Introductions and Apologies

1.1. The Chair welcomed colleagues to the first meeting of the Finance, Commercial and Investment Committee (the Committee). Apologies had been received from Jon Findlay.

2. Declarations of Interest

2.1. There were no declarations of interest.

3. Finance, Commercial and Investment Committee terms of reference

3.1. The Finance, Commercial and Investment Committee had been established to allow Trust Board members to devote more time and attention to financial matters. This would be particularly important at a time when the COVID-19 pandemic had created an uncertain financial environment; when forthcoming changes to health policy and legislation may increase financial risk; when the Trust is looking to diversify its revenue streams through a refreshed commercial strategy; and when the financial implications of a growing strategic agenda require careful consideration.

3.2. A draft terms of reference for the Committee had already been shared with a number of executive and non-executive directors for comment and an updated version was formally presented to the Committee for review. There was discussion about the scope of the Committee and its balance between focus on in-year financial performance and more strategic matters, the Committee membership and attendance and practical arrangements including the frequency and duration. A number of proposed changes were suggested; it was agreed that these would be considered and an update version of the terms of reference circulated to Committee members in correspondence for final review and approval.

ACTION: SF, EB

3.3. There was discussion about whether oversight of Guy's and St Thomas' Enterprises Limited should be undertaken by the Committee or by the Transformation and Major Programmes Committee. A proposal would be developed outside of the meeting.

ACTION: SF, SW, MS

4. In-Year Financial Update

4.1. The month two and year-to-date financial performance outturns were set out for the Committee's consideration, together with explanations for the variances to plan and the financial impact of the ongoing COVID-19 pandemic. The Trust had recognised income from the new elective recovery fund, although a provision had been made against this pending further work to validate the amount. The cash and capital positions were summarised; it was noted that upon detailed examination it was appropriate for some capital costs be transferred to revenue and but also noting that the Trust's capital allocation remained oversubscribed internally. This seemed to be a regular feature each year requiring consideration for capital budget allocations in future years.

4.2. The Committee received an update on the business planning process. This included a recap of the 2020/21 financial framework, the context in which planning for 2021/22 had been undertaken and the main initial planning assumptions for inflation, efficiencies and market forces factors. An update was provided about the Integrated Care System (ICS) system financial plan; this had been amended in mid-June which had resulted in a revision to the Trust's plan. Discussions were ongoing to ensure all plans were aligned and around the ICS governance process for financial plan changes that impact the Trust.

4.3. Committee members agreed that greater visibility of the ICS's financial outturn was needed going forward because financial performance was increasingly being measured at a system level. Whilst sharing of information between system partners would be important to support greater collaboration, commercially-sensitive financial information would need to be kept confidential. There was debate about a possible long-term move away from the tariff and the extent to which this might affect productivity. Committee members felt that in the current environment there would need to be a mechanism to reward volume due to the elective backlog. The Committee would welcome further clarity from national bodies about the future financial policy.

5. Commercial Strategy

5.1. At its away day in March 2021 the Board had given strong support to proposals to review the organisation's commercial activities and develop an ambitious new commercial strategy for the newly-merged Trust. The emerging findings of the review were presented to the Committee, which noted it incorporated a number of approaches that had proved to be successful at Royal Brompton and Harefield. The ownership of the commercial strategy by the clinical groups would be important to its success, as would clarity over the lines of accountability and the link between the clinical groups and the corporate commercial team.

5.2. Committee members agreed that it would be critical to change the culture of the organisation through a clear commitment to growing commercial activities. It would also be important to take this work forward with pace. The governance arrangements for commercial activities at an executive level and across the Trust's non-NHS business, for example its commercial property portfolio, would require review.

ACTION: EB

5.3. A key component of the review was that the Trust should enhance its private patients offer. It would be difficult to create additional space for private patients at St Thomas' Hospital due to its emergency department, so more lateral thinking on the matter would be needed. An update on this work would be brought back to the next meeting of the Committee.

6. Corporate Synergies

6.1. The merger with Royal Brompton and Harefield had been driven primarily by clinical and academic reasons, rather than for financial savings. Nevertheless, to meet future plans for expansion in a sustainable way, the Trust needed to manage its cost base as effectively and efficiently as possible. There had been an assessment of the expected corporate costs of the newly-merged Trust and the expected opportunities about savings targets associated with integration. This would be complemented by the upcoming strategic review process, which would develop bottom-up plans for corporate functional integration across the newly-merged Trust.

6.2. The Committee discussed savings opportunities for the Trust and the next steps to take this work forward. Once broad saving levels had been agreed, these would be translated into more granular objectives and actions with clear bases of measurement with accountability for delivery. An update would be given at the next meeting

7. Evelina Expansion Programme LinkCity Update

7.1. Following advice received from the Department of Health and Social Care the Trust had switched from a shell and core build to an integrated build with a single contract for building the shell and core and the fit out. This new approach would require a fresh competitive procurement for the construction. In bringing the current Conditional Development Agreement to an end the Trust was in discussions with LinkCity regarding the settlement of fees. Following advice from its lawyers the Trust had arrived at a proposal that would not expose it to disproportionate risk. There was a possibility that additional fees would be required if the costs could be fully justified and evidenced.

7.2. Committee members thanked the Programme team for its work in this complex area. Clarification was sought that the proposed settlement would enable the Trust to exit the Agreement with the necessary warranties and documents to ensure future competitive dialogue could be conducted fairly. An external review would help to provide assurance on this point. The Committee further discussed how any financial settlement would impact future fees should LinkCity be successful in any subsequent procurement.

RESOLVED:

7.3. The Committee agreed to:

- Approve a settlement with LinkCity for the amount proposed by the Trust; and
- Approve delegated authority to the Trust Chief Financial Officer to increase this settlement up to the agreed amount should it be appropriate.

8. Contract Awards

- **Homecare Medicines Services for Antibiotic Products**

8.1. The Royal Brompton Hospital provides a home delivery of Outpatient Parenteral Antimicrobial Therapy (OPAT) intravenous antimicrobials and nursing support to adult respiratory patients. The contract for the supply of these services had been awarded to Pharmaxo Pharmacy Services Ltd in November 2019, but this contract had been terminated earlier in 2021 with Baxter Healthcare Ltd stepping-in to ensure service continuity. A competition had been run to identify a replacement provider for a three-year term with the option to extend for a further two years. As a result of the competitive process it was recommended that the contract was awarded to Baxter.

RESOLVED:

8.2. The Committee agreed to award the contract to Baxter Healthcare Ltd.

- **Water and Waste Water**

8.3. The Trust's contractual arrangements for the supply of water and waste water are currently split across two suppliers. The contract was last subject to a competitive tender in 2017 following the deregulation of the retail water market, but had recently been subject to a reverse auction undertaken by the Crown Commercial Service. The prices for wholesale supply of water and wastewater are fixed and controlled by the Water Regulator, OfWat, with interested parties therefore having to submit their management fees for consideration. The Committee noted that Smarta Water Ltd was the lowest-cost option and achieved the highest overall score. The other framework bidders did not offer any additional qualitative advantages to justify a cost premium. The contract term was two years (August 2021 – July 2023), with the option to extend for a further 12 months.

8.2

RESOLVED:

8.4. The Committee agreed to award the contract to Smarta Water Ltd.

- **Cardiology Contract Extension**

8.5. Following a tender process through the NHS Supply Chain Super Cardiology Framework in 2018 a 'two year plus two' contract had been awarded by the Royal Brompton and Harefield NHS Foundation Trust in September 2018 for cardiology devices and consumables. The contract had since been extended to 31 July 2021, and the Committee received a recommendation that the provision in the contact was triggered to extend the expiry date to 30 September 2022, which would be the end of the original 'two plus two' term. The Committee noted that the original procurement had been subject to a mini-competition under the NHS Supply Chain Super Cardiology Framework in accordance with Royal Brompton and Harefield Trust's standing financial instructions and in compliance with public procurement regulations. There was discussion around how this contract linked in with existing Trust cardiology contracts, collaboration around cardiology at a system level and possible future opportunities to join these together.

RESOLVED:

8.6. The Committee approved the extension of the contract with NHS Supply Chain.

9. Committee forward plan

9.1. A forward plan would help the Committee to discharge its duties appropriately and in a way that provided most value to the organisation. Potential topics were presented to Committee members; this would be circulated for comment outside of the meeting.

ACTION: EB

10. Any Other Business

10.1. The Committee agreed that the next Committee meeting should be held on Wednesday 3 November 2021 and that meetings should be scheduled quarterly going forward but for three hours rather than two as currently intended.

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE

Wednesday 13th October 2021, 1pm – 4.30pm
held virtually via MS Teams

Members Present:	Dr P Singh – Chair	Prof R Razavi
	Prof Ian Abbs	Ms J Screaton
	Ms A Bhatia	Mr M Shaw
	Mr J Findlay	Ms S Shribman
	Mr S Friend	Dr S Steddon
	Dr F Harvey	Mr L Tallon
	Dr J Khan	Sir H Taylor
	Mr J Pelly	Mr S Weiner
In attendance:	Mr E Bradshaw – Secretary	Ms A Knowles
	Ms S Austin – until 3pm	Ms R Liley
	Mr J Bradbury	Dr M Mason
	Ms R Burnett	Cllr M Masters – until 3.30pm
	Ms S Clarke – until 3.15pm	Ms C McMillan
	Ms J Dahlstrom	Ms K McCulloch
	Mr S Davies	Ms K Moore
	Mr B Falk	Ms S Noonan – until 2.30pm
	Ms J Godden	Mr A Parrott
	Mr A Gourlay	Ms J Powell – until 2.15pm
	Ms S Hanna	Mr D Williams – until 1.30pm
	Ms S Ibrahim – until 2.45pm	

8.3

1. Welcome, Introductions and Apologies

1.1. The Chair welcomed colleagues to the meeting of the Quality and Performance Committee (the Committee). Apologies had been received from Paul Cleal and Sally Morgan.

2. Declarations of Interest

2.1. There were no declarations of interest.

3. Minutes of the previous meeting held on 8th September 2021

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

4. Review of Action Tracker

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

5. Staff Story Presentation

5.1. Dino Williams, the outgoing and longstanding chair of Staff Side at the Trust, reflected on his experiences in the role. He was proud to work for an organisation that was never willing to rest on its laurels, but to lead, innovate and drive change for the benefit of patients. The organisation had grown and become increasingly complex, but there was optimism that the clinical group structure would help manage this. There had been positive developments linked to equality, diversity and inclusion, and greater support for staff health and wellbeing – partly prompted by the COVID-19 pandemic – but there were concerns that managers' heavy workload reduced their capacity to properly support their staff. It was suggested that creating a 'just culture' was one of the most important things the Trust could do. The 'strategic reviews' were causing some anxiety amongst staff, and further clarity was also needed about the Trust's long-term plans for hybrid working.

5.2. Committee members thanked Dino for his significant contribution to the Trust over many years and asked him questions about the morale of staff and how this could be improved given the challenging operating environment and the difficult winter anticipated. There was discussion about how to reduce hierarchical structures and how senior leaders could better convey the Trust's values through language.

6. Feedback from Trust Site Visits

6.1. Two non-executive directors had visited a number of Trust services, including Gassiot House, Urology, Neurosciences, Maternity and the Camberwell dialysis unit, whilst the Chief Nurse had visited the Sexual Health Centre at Burrell Street. Staff across all areas were described as enthusiastic, dedicated and proud to work for the Trust. However, there were common issues relating to staff rostering including pressure from sickness absence and occasional difficulty getting bank or agency workers to fill rota gaps. Many staff were demonstrably engaged with the Apollo Programme, but there was concern about how this staff engagement would be backfilled to ensure it did not impact on patient care. It was noted that there were a number of small changes that could be made which would have a comparatively big impact on staff's working experiences and there was commitment to addressing these.

7. People and Culture Update

7.1. The South East London Integrated Care System (SEL ICS) People Board had developed a 'one workforce' approach across health and social care which was supported by three core overarching priorities: equality, diversity and inclusion; workforce supply and staff health; and wellbeing. The Committee noted the key initiatives in each priority area. The Guy's and St Thomas' and Royal Brompton and Harefield staff payroll data had now been merged, which would enable access to better information for future reporting to the Committee about workforce risks, developments and plans also in the North West London ICS.

7.2. The Committee received a summary of the key workforce metrics and performance indicators for the financial year 2020/21 and an update on the current situation with regards to workforce supply. Across the ICS, work was underway to grow the local workforce pipeline in addition to international recruitment. Recruitment activity across the Trust was high, and a large cohort of newly-qualified nurses would soon join the Trust to supplement staffing numbers in both adults and children's services. Staff absence due to COVID-19 was low, but multiple short-term bouts of sickness absence within the same clinical areas were proving problematic. However, the Trust was reported to be generally successful at filling bank and agency shifts. Committee members queried whether the Trust could use local pay flexibility to incentivise higher rates of staff retention, particularly for nursing staff. This would be looked at in more detail.

ACTION: JS

7.3. Each ICS would develop a five-year workforce strategy that would set out the current and forecast workforce deficit. It was likely that this would indicate a need for more mental health staff. There was discussion about the possible impact of EPIC on the numbers of administrative and clerical staff and the importance of training and education as a means of both maintaining a skilled workforce and incentivising staff retention. There was a debate about the role of Higher Education England in supporting workforce supply in London, the impact of which would be monitored.

7.4. The Trust's staff health and wellbeing programme, 'Showing we care about you' was recently assessed by the London Mayor's Office Healthy Workplace Award and had received the 'Excellence' level of accreditation. An overview of the key initiatives was presented to the Committee and the Guy's and St Thomas' Foundation was thanked for its support in helping provide a comprehensive and varied package of support and benefits to all employees. The Committee acknowledged that ensuring basic principles of good line management support and time for personal development were as important as other wellbeing activities, and work was in train to provide more support and guidance to line managers. The Trust's estate was also a key enabler of wellbeing, for example the provision of rest and recharge areas. It was reported that staff across the sector were becoming less tolerant of working standards they deemed unacceptable. Comparative data from the Trust's latest 'pulse' survey would be shared with the Committee once available.

ACTION: JS

7.5. There was discussion about the future of hybrid working, and consideration of the advantages and disadvantages of working from home for those that were able. The importance of team spirit and team identity was highlighted, and some clinical groups described increasing frustration from staff where the main form of communication continued to be virtual. Any decision taken with regards to hybrid working would need to balance individual preferences with the needs of the team. The Committee discussed the implications of ongoing hybrid working on the provision of office space and on the London weighting allowance that Trust staff received.

8. Operational Performance Update

8.1. The Committee received and noted the July 20201 Integrated Performance Report. The operational impact of the COVID-19 pandemic had stabilised and there was a downward trend in COVID-19 admissions. The vaccine booster programme had commenced and almost 700,000 COVID-19 vaccinations had been administered to date. Mortality figures on general and acute wards and in critical care continued to be low. However, operational pressures were growing in other areas, with increasing length of stay across both adults and children's services and the cancellations of a small number of elective appointments.

8.2. Recent media coverage about staffing levels in the Trust's critical care was discussed and Committee members sought assurance that the Trust remained compliant with CQC Regulation 18, regarding the need for sufficient numbers of suitably qualified staff to meet the needs of patients and service users. In response, it was emphasised that patient safety was the Trust's first priority and at no stage had the Trust operated an unsafe critical care unit. Strong pre-COVID-19 staffing levels had meant that, even accounting for staff absence during the pandemic, the unit continued to be safe and to achieve good outcomes.

8.3. Performance against the four-hour emergency care standard remained lower than planned. The reasons for this were outlined and discussed; it was noted that staff vacancies in social care were contributing to patient flow issues at the Trust. There was optimism that recent investment across

the system would enable patients with mental health conditions to be seen and treated more quickly. Work to recover internal cancer performance was ongoing and the Trust was meeting with NHS England and NHS Improvement later in the week to provide an update on its progress. The Committee understood that treating patients in order of clinical priority, and providing mutual aid to other organisations, had affected cancer performance. Late referrals from other trusts were also persisting; Committee members considered why previous efforts to resolve issues with inter-trust transfers had failed and discussed possible new approaches. It was agreed that the Trust Chair would write to partner trusts to emphasise the need to place more focus on the issues driving system cancer performance and the importance of minimising any delays when referring patients for diagnosis or treatment.

ACTION: HT

8.4. Planning guidance for the second half of 2021/22 had recently been published. The Trust would undertake a high-level reforecast prior to submitting its refreshed activity, workforce and financial plans. This was likely to affect the amount of money the Trust would receive from the elective recovery fund (ERF) unless those thresholds were adjusted.

9. Infrastructure Update

- **Infrastructure Update Report**

9.1. As part of the diagnostic work supporting the refresh of the Trust's Estates Strategy, information was being collected to identity infrastructure risks across all hospitals and community sites, to support decision-making on future capacity requirements. Good progress was being made to mitigate the risks to fire safety under the oversight of the Trust Fire Safety Committee, and an update would be brought to the next meeting of the Committee.

9.2. Following questions from the Committee it was confirmed that there had been no operational impact of the fuel shortages on the Trust's supply chain at this time, and that the Trust had a business continuity plan, supported by a small contingency reserve, to manage unexpected incidents such as this. Committee members sought clarification about the ongoing maintenance of operating theatres, and noted that a schedule of theatre maintenance would be presented to the next Committee meeting.

ACTION: AG

9.3. Exploratory work had established that a previous suggestion from the Committee – to build additional theatres on top of the new modular theatres at Nuffield House – would be complex to deliver. Further consideration was needed of the benefit of additional capacity versus cost, delays to the existing plans and the temporary lack of access to services that would result.

ACTION: AG

9.4. An update was provided on progress to enable the Trust's Symphony system to report against the new emergency care data set and about a number of urgent technology requests that related to clinical safety and had been prioritised as a result. The digitisation of the patient health record through the Apollo Programme would remove a significant number of paper medical records currently stored on-site; which would release space for patient-facing activity and support the Trust's sustainability agenda. Committee members asked about risk of supply chain issues in accessing IT equipment and it was reported that this remained an issue partly due to a global shortage in semi-conductors. Work was ongoing with clinical groups to explore how more equipment could be re-used across the organisation.

- **Estates and Facilities support – Lewisham and Greenwich NHS Trust**

9.5. Lewisham and Greenwich NHS Trust (LGT) had approached the Trust's Essentia team for interim support following the departure of its Director of Estates and Facilities. It was anticipated this could lead to longer-term collaboration consistent with the objectives of both the acute provider collaborative (APC) and the south east London ICS. Essentia had agreed in principle to second its Special Projects Director on a part-time basis to provide leadership and support a 'due diligence' review of the estates compliance to help the executive team at LGT understand identify the main estates risks.

9.6. Committee members acknowledged the opportunities and risks of such a collaboration. There was broad agreement that, strategically, this was the right thing to do. Members expressed concern that the proposal would overstretch the Trust's resources and adversely affect the management and resolution of its own estates challenges. It was suggested that this support should form part of an overall plan about how the Trust would work more collaboratively with LGT across a range of areas. In response to a specific query, it was confirmed that accountability for the LGT estate would remain with the LGT Board.

10. Quality and Safety Update

10.1. There had been two never events declared in September. Whilst unacceptable, neither of the events had caused long-term harm to the patients, and action plans were in place following detailed investigations. A specific session was being held to discuss the never event in ophthalmology, at the next Surgical Safety Group meeting. Work on completing and closing overdue Datix reports was progressing well; once the backlog was cleared it would become easier to manage new reports and enable a greater focus on embedding improvement. Similarly, the complaints team was continuing to reduce overdue complaints and complete the process mapping and redesign of the process in collaboration with clinical groups.

10.2. There was concern around the re-emergence of hospital acquired methicillin-susceptible staphylococcus aureus (MSSA) bacteraemia associated with intravenous line care. This was being followed up with a Trust alert and a refocus at clinical group and directorate level to ensure that high impact interventions to reduce the risk were in place. The infection, prevention and control team was also working with the informatics department to review the indicators regularly monitored with respect to this and other organisms. It was noted that Royal Brompton and Harefield had triggered a mortality alert for lung transplants; this had been linked to a small cohort of patients over a period of time and of which the Trust was aware; following a full review no systemic themes had been identified and a comprehensive action plan was in place.

10.3. An update was also received on the Trust's responsibilities with regards to medical appraisal, revalidation and fitness to practise. The Responsible Officer function was now delivered through a devolved model that allowed the Associate Responsible Officers (the clinical group Medical Directors) to make decisions on behalf of the statutory Responsible Officer as they apply to practitioners in their services. The number of revalidation recommendations to the General Medical Council were set out, and the rate of compliance with appraisals in 2021/22 would be 93% across the combined organisation. The Committee agreed this was a great achievement, particularly given the growth in prescribed connections, the merger and the increased demand on the central team. It was noted that the revalidation model was evolving using just culture principles.

11. Finance Update

11.1. The Committee received an update on the financial position at month 5. A revenue business plan had been set for the first six months of 2021/22 which delivered a surplus of £5.5m. A break-even position had been reported for month 5, and the current full-year forest was also break-even. £20.8m of elective recovery fund had been received to date.

11.2. The block contract payment system would continue into the second half of the financial year, though no guidance had been published as yet on the distribution mechanism for the elective recovery fund. An updated financial plan was expected for the second half of the year and a planning process was underway with colleagues across the ICS. There were ongoing discussions regarding the future financial regime, and the Trust was seeking greater clarity on the tariff. The Committee requested that, if the reforecasting exercise had any direct implications for patients, for example the future availability of drugs, this should be brought back to the Committee for information.

12. Any Other Business

12.1. There was no other business.

The next meeting would be held on Wednesday 24th November 2021 with details to follow.

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE

Wednesday 24th November 2021, 1pm – 4.30pm
held virtually via MS Teams

Members Present:	Dr P Singh – Chair	Prof R Razavi
	Prof Ian Abbs	Ms J Screaton
	Ms A Bhatia	Mr M Shaw
	Mr J Findlay	Dr S Steddon
	Mr S Friend	Mr L Tallon
	Dr F Harvey	Sir H Taylor
	Mr J Pelly	Mr S Weiner
In attendance:	Mr E Bradshaw – Secretary	Ms A Knowles
	Ms J Akbar	Mr G Lee – item 10.3
	Mr W Akhtar	Ms R Liley
	Ms S Allen – items 6 & 7	Ms C Mackay – items 6 & 7
	Ms S Austin – from 2.30pm	Mr C Martin
	Mr J Bradbury	Cllr M Masters – from 1.10pm
	Ms R Burnett	Mr P Mitchell
	Ms S Clarke – until 3.45pm	Ms C McMillan – until 3.15pm
	Ms J Dahlstrom	Ms K Moore
	Mr S Davies	Ms S Noonan – until 3pm
	Ms S Franklin – until 4.20pm	Dr J Otter – item 10.2
	Ms J Godden	Mr A Parrott
	Mr A Gourlay	Dr A Rigg – until 3.30pm
	Dr R Grocott-Mason – until 3pm	Ms M Sadik – items 6 & 7
	Ms S Hanna	Ms J Turville
	Ms S Khawaja	Ms A Ugen

8.3

1. Welcome, introductions and apologies

1.1. The Chair welcomed colleagues to the meeting of the Quality and Performance Committee (the Committee), including Stella Franklin from the Care Quality Commission (CQC). Apologies had been received from Paul Cleal, Javed Khan, Sally Morgan and Sheila Shribman.

1.2. The Director of Communications and her team were congratulated for winning two prizes at the annual Corporate Communications Awards, including the best in-house Internal Communications.

2. Declarations of interest

2.1. There were no declarations of interest.

3. Minutes of the previous meeting held on 13th October 2021

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

4. Review of action tracker

4.1. The action log was reviewed and progress with the open actions noted. Steps would be taken to make future iterations of the log easier to read.

ACTION: RB

5. Board Assurance Framework – Quality and Performance Risks

5.1. Committee members were reminded about the strategic risks on the Board Assurance Framework (BAF) that were owned by the Committee; it would be important to ensure these were considered during the meeting. Time would be set aside at the end of the meeting to reflect on how the discussions had helped identify new risks or provide assurances regarding the current risks.

6. Patient Story

6.1. The Committee heard a recording of an elderly patient at St Thomas' Hospital who had attended the vaccination centre for a COVID-19 booster. The patient was visually-impaired and used a wheelchair, and had experienced significant difficulties in navigating the site. She also felt that Trust staff had been unsympathetic to her concerns when she suggested how improvements could be made to ensure other patients did not experience similar issues. The Committee expressed concern about the issues raised and also heard that the issues identified by the patient had all been subsequently addressed.

6.2. The Committee thanked the patient and patient experience team for bringing this story to their attention. It was important to consider access issues for all patients when setting up new services, including by canvassing the views of patients with physical disabilities. Committee members sought clarification about how the Trust addresses accessibility issues. It was noted that the Trust worked closely with AccessAble to receive input into new patient-facing developments and were looking to extend this into non-clinical staff areas. It would be important to ensure that these principles were also applied to temporary facilities such as the vaccination centres. The new Trust website was being developed with a strong focus on meeting the highest accessibility standards.

6.3. Committee members were disappointed that Trust staff had not been more helpful at the time but were pleased that the access issues, once logged, had been addressed quickly. Pictures were presented to show the improvements that had been made.

7. Feedback from Trust site visits

7.1. Feedback was received from a number of Board members who had recently undertaken visits to different areas of the Trust's acute sites including respiratory and sleep services, gastrointestinal medicine and the waste management service at St Thomas' Hospital, cardiac outpatients and cath labs at Guy's Hospital, and the radiology and imaging department at Harefield.

7.2. Common themes from these visits included meeting staff who were tired, but remained enthusiastic, passionate about their work and committed to the Trust. Many staff had also expressed frustration with physical space constraints and workforce availability, particularly on the wards. There was clear evidence of closer alignment and working relationships with colleagues from Royal Brompton and Harefield hospitals, and of the innovation taking place.

7.3. The Trust's Chief People Officer had undertaken an initiative to navigate around the Royal Brompton Hospital in a wheelchair; this had demonstrated the difficulties experienced by wheelchair users in navigating the site and accessing all areas. The kindness of staff in helping her was noted. This highlighted the need for Trust sites routinely to take mobility issues into account.

8. Infrastructure

Data, Technology and Information (DT&I)

8.1. In advance of the implementation of Epic software the Trust had updated much of the information technology (IT) infrastructure that was end of life or out of support from the manufacturers to ensure the ongoing provision of resilient, safe and effective services. The Committee was updated on the main areas of risk and mitigations linked to the Trust's:

- Network, where a network modernisation programme was in train to upgrade the network and ensure its resilience both as the foundation upon which the Trust delivers, operates, supports and manages clinical and operational IT services, but as a fundamental enabler for the Epic software;
- Data centres, where equipment maintenance and support is end of life and will require replacement in the near future, but where a number of improvement activities had taken place including a baseline review of the patching levels of all servers; and
- Telephony system, which was also end of life and where a number of tactical upgrades to discreet services had already completed ahead of the main refresh programme. This had included the upgrade of the contact centre technology which impacts the switchboard and the IT service desk.

8.2. A baseline review of technology across the Trust, including Royal Brompton and Harefield, was being undertaken to stand up a programme of work to address support and security risks and align technology services over the next three years. This would be formed of a number of different workstreams including email, networking, active directory and document management. The Committee also noted the work that had taken place to organise DT&I for the future which had included listening to staff and the development of an associated programme of cultural change covering leadership and management, development and career pathways and communication and engagement.

Estates infrastructure

8.3. The Committee noted that there had been no adverse changes from the previously-reported position in terms of the compliance of the Trust's estate with relevant legislation and regulations. Whilst progress was continuing to be made in improving the condition of the estate, its size, age and complexity would continue to present risks, issues and challenges to the organisation and significant investment would be required to address these. Funding was being directed to the priority areas of backlog maintenance across the estate.

8.4. More than half of the theatres at Guy's and St Thomas' hospitals had now undergone a programme of works to address backlog maintenance and required refurbishments. As the Trust aims to recover the clinical backlog, the opportunity to continue a similar programme of works was limited, although completion of the theatre decant scheme on the Guy's site in mid-2022 would enable improvement works to be made to the remaining main theatres. A business case was being developed for the refurbishment of the Surgical Admissions Lounge at Guy's Hospital, which was not currently in use and was adversely impacting on theatre productivity. Current expectations were that works on site could commence in January 2022 with a forecast go live date of September 2022.

8.5. The Committee noted further updates in respect of fire safety, water safety, ventilation, engineering compliance and the support being provided to staff in relation to wellbeing and engagement, including innovative ways that the Trust was looking at the provision of accommodation for staff. Plans were being formulated to move towards a planned preventative maintenance regime across the Trust's sites, for example taking into account trends from recent years to pre-empt the impact of future extreme weather conditions.

8.6. Following a request from NHS England and NHS Improvement (NHSE/I) the Trust had reviewed the security arrangements for all of its mortuaries; this exercise had concluded that the Trust is compliant with the existing national guidance and the return was submitted within the deadline

8.7. Committee members sought an update on progress with the re-cladding project at the Cancer Centre at Guy's Hospital and noted that the London Fire Brigade had assured the Trust that it was safe to maintain clinical operations in the building with its current cladding. The Trust would continue to work closely with the relevant authorities as this matter progressed.

9. Operational Performance

Operational performance and Integrated Performance Report

9.1. Demand for the Trust's urgent and emergency care services had significantly increased in recent months and was back to pre-pandemic levels. To manage pressures within the paediatric emergency department elective activity caps had been introduced to ensure sufficient resource and capacity could be accessed by these patients. 12-hour breaches in adult services continued to be driven by patients awaiting a mental health admission and work was ongoing with system partners to mitigate these waiting times.

9.2. The number of positive COVID-19 cases in the community was increasing, particularly in younger age groups, but these were not yet translating into more hospital admissions. The Committee welcomed the news that the Trust's mortality levels from COVID-19 continued to be extremely low. The number of requests for mutual aid in relation to COVID-19 had dropped, although there was still a need for extracorporeal membrane oxygenation (ECMO) support.

9.3. To help address the backlog of elective patients waiting for treatment, seven 'high volume, low complexity' networks had been established in south east London. The focus of the networks to date had been on short-term recovery efforts, and was now turning towards a longer-term strategy. The Committee noted the scope and principles of the programme as well as updates about of each of the specialties.

9.4. As activity returned to pre-COVID-19 levels, a decision had been made to continue with a number of referral restrictions that have been in place for the last few years to ensure key specialties were not overwhelmed. These restrictions do not apply to tertiary referrals for specialist care. The Committee was supportive of this approach continuing.

9.5. The Committee received and noted the Integrated Performance Report (IPR) for September 2021; this prompted a discussion about the Trust's cancer performance, which remained below a level that the Committee felt acceptable. It was noted that waiting times for two-week referrals were higher than before the pandemic, and that the Trust had seen its highest-ever number of referrals with actual or suspected breast cancer. The main remedial steps being taken were set out. The Trust had participated in two pilots around lung cancer from which there had been clear improvements in early diagnosis.

9.6. It was reported that the provision of services at Queen Mary's Sidcup was going well. Committee members sought clarification about whether staff would be expected to work across the Trust sites, including the theatres at Sidcup, and about the diagnostic capacity across the system. It was also asked whether patients were bypassing referral systems by presenting at the Emergency Department. The importance of identifying patients on the waiting list whose condition was deteriorating as also discussed. An update would be brought to the next Committee meeting about how the Trust was working with GPs and patients to ensure good communications and management of these risks.

ACTION: JF

Long-term Proposals for Vaccinations

9.7. The Trust had delivered over 720,000 COVID-19 vaccines to staff, patients and the general public. The South East London Integrated Care System (ICS) had now commissioned a permanent vaccination provision across the system. Committee members were supportive of proposals to move the Trust's vaccination service from temporary to permanent, subject to acceptable terms of engagement, and to effectively create a vaccine directorate within the organisation to deliver up to 500,000 vaccines per annum.

9.8. It was recognised, however, that the current vaccination delivery model at the Trust was unable to support a permanent service. The Committee agreed a permanent workforce should be established and an estates solution identified, noting the importance of the Trust responding to the system's need for a permanent solution. There were questions about the longer-term role of primary care in the vaccination programme, and the financial impact of a permanent vaccination service.

Theatres Demand and Capacity Stocktake

9.9. The Trust's analysis of anticipated demand and capacity, as presented to the Board earlier in 2021, had been refreshed over recent weeks. The Committee noted the reduction in the projected theatre deficiency gap from 11 to nine following iteration of the assumptions with clinical teams. It was proposed that a six-monthly refresh of demand and capacity, current risks and productivity drivers would be shared with the Committee, with the detailed programmes of work sitting beneath this being monitored by clinical groups.

9.10. Theatre utilisation had improved, but was still well below pre-pandemic levels, and the main reasons for this were noted. As the Trust would be unable to address the theatre gap for a number of years, it would be vital to improve efficiency to support the Trust's elective recovery. Investment agreed by the Trust Board in April had been partially drawn-down, and had seen particular impact in recruitment to posts at Evelina London and additional use of the independent sector to support adult patients. Plans for the coming months included a renewed focus on a workforce strategy for theatres, and the need to maintain delivery of the theatres estates programme.

9.11. Committee members found it helpful to have a comprehensive analysis of the theatre position. There was consideration of whether the impact of improved day case performance had been modelled, and also about possible options to use the independent sector facilities differently. It was noted that some staff had expressed concern that they were unsighted on the Trust's plans for its theatres, particularly in operating theatres three and four. Communications would be improved to ensure staff were kept informed about developments.

ACTION: JF, SC

Minnie Kidd House

Cllr Marianna Masters, one of the Trust's public governors, declared an interest as vice-chair of the Lambeth Overview and Scrutiny Committee. It was agreed that she could participate in the discussion.

9.12. The Committee received an overview of the background to close Minnie Kidd House in autumn 2020, including the circumstances that led to the difficult decision to move residents, the communication that had taken place with residents and their families. The Committee was then appraised of a set of options that had been developed for the future use of the building. The Committee noted that these updates were still being developed and, once finalised, would be taken to Lambeth Council's Overview and Scrutiny Committee (OSC) on 16th December 2021.

9.13. The Committee thanked the Integrated and Specialist Medicine Clinical Group for handling such a complex and emotional case so sensitively. Committee members were broadly supportive of the recommended option that the Trust would not re-open the service, that it had been unable to identify any further use for the property and had therefore concluded it should dispose of the property. It was, however, suggested that this should be checked with King's College Hospital, which may be able to identify potential uses for the site. The Trust would write to the Chief Executive about this.

ACTION: HT, SA

RESOLVED:

9.14. The Committee approved option five for recommendation to the Lambeth OSC, subject to checking with KCH.

10. Quality and Safety

Quality and Safety Update

10.1. The Committee received an overview of the Trust's position against a number of clinical performance indicators, including the number and type of serious incidents recorded since the last Committee meeting, details of the key improvement schemes underway to support previous serious incident themes, the Trust's compliance with Duty of Candour requirements, never events and complaints management.

10.2. The Trust's Risk Management Framework had been updated in response to the new Trust operating model and associated changes in the Trust's corporate and clinical governance frameworks. A summary of the main changes made to the corporate risk register were set out, including the addition of a risk relating to fire safety. It was also noted that the Quality and Assurance team had drafted a quality improvement framework on the Trust's journey from *Good* to *Outstanding*. This was now being implemented through clinical group-led quality assessments of each directorate.

Infection Prevention & Control Bi-annual Report

10.3. The Committee was introduced to Dr Jon Otter who had joined the Trust as the joint Director of Infection, Prevention and Control. An overview was provided of Trust performance and activity regarding IPC and antimicrobial stewardship for the first six months of 2021/22 in order to provide assurance that suitable systems and processes were in place to prevent and control infections. As part of this update the Committee noted:

- Some outbreaks of COVID-19 continue to occur across the Trust, but they are currently small with a high proportion of asymptomatic infection;
- Nationally-reported data on antibiotic consumption now incorporates the Royal Brompton and Harefield Clinical Group, and the complexity of these patients is reflected in the new figures; and
- Surveillance for surgical site infection was ongoing in most surgical categories.

10.4. The Committee felt that the quality and detail of the Trust's investigations into hospital-onset COVID infection (HOCI) had been very thorough. The Trust's work on genomic sequencing of COVID-19 infections was likely to mean it would appear to have more infections than organisations which were not doing the same level of analysis. Work would be done to understand the extent to which genomic sequencing was happening elsewhere and where the Trust's figures sat amongst these.

ACTION: JO, AB

10.5. New national guidance for IPC had recently been published and the Trust was assessing how it could make changes to its pathways to support the elective recovery. Committee members asked whether the Trust had been set targets or thresholds related to healthcare-associated infections and how any such targets compared to the Trust's peers in the Shelford Group. It was confirmed the Trust was likely to breach its clostridium difficile target, but that as these were variable targets based on previous performance the Trust was nevertheless likely to record the lowest number of cases in the Shelford Group. It would be similarly challenging for the Trust to remain within its threshold for pseudomonas aeruginosa.

Maternity and Neonatal Update Report

10.6. The evidence submitted by the Trust in response to the recommendations of the Ockenden Report had been reviewed and initial feedback received. The Trust was working with the Local Maternity System to ensure the review team had access to all the evidence submitted and to try to understand how the data would be used, including whether further regular submissions would be required. The themes in the new NHS Resolution (NHSR) standards were broadly the same as the standards issued in the previous years, and it was anticipated that the Trust's maternity service would be able to declare full compliance with these standards as it has done in previous years.

10.7. The Committee noted that there had been significant positive activity in midwifery recruitment in recent weeks, including the appointment of a Chief Midwife and a Deputy Chief Midwife. However, there remained ongoing issues relating to workforce availability linked to vacancy, turnover and sickness rates. Staff retention was one of the key concerns for the maternity leadership, with work underway to support the culture within maternity services. Medical workforce remained a significant challenge across both obstetrics and gynaecology.

10.8. The Trust's neonatal service has the highest levels of activity in the country. The Committee noted the high level of performance across the service in terms of responsiveness to the network, outcomes for babies, parental and staff experience. There were areas of concern regarding the sustainability of the workforce model, with national reports showing areas of consistent understaffing relative to activity and acuity which need addressing. The Committee thanked the Evelina London team for such a thorough report.

11. People and Culture

11.1. The Chief People Officer acknowledged that workforce concerns had been a recurring theme of many of the updates to the Committee during the meeting. Work was ongoing to increase rates of recruitment and retention. Demand for temporary staffing continued to be higher than in previous years, reflecting the high levels of activity within the Trust to support recovery, and there was discussion about how locum and bank rates compared across providers in south east London. Committee members asked how the Trust's agency usage compared to other trusts in the Shelford Group and were told it had historically been low. The biggest area that would positively impact workforce numbers would be international recruitment.

11.2. Updates were received about the Trust's new internal 'pulse' survey which had been rolled-out earlier in the year; early findings indicated a downward trend in three key areas: equality, diversity and inclusion, bullying and harassment, and staff wellbeing. The annual NHS Staff Survey would shortly close; indications were that the Trust's response rate had improved from 2020.

11.3. The Committee was advised about the impact of the new government regulations requiring care home staff to demonstrate that they have had two doses of an approved COVID-19 vaccine or that have a specified exemption. Engagement with affected staff was continuing. Committee members expressed concern about the operational impact of the requirement for all frontline staff who work in health or social care settings to be fully-vaccinated by April 2022. There was a clear

need for fairness and equity in this area, including to ensure managers were supported to oversee the process of redeployment where possible. National guidance was anticipated in the coming weeks. It was important that this risk was reflected on the corporate risk register.

ACTION: CM

11.4. The Committee agreed that it would be helpful to schedule a briefing session for the Board on this issue in the coming months.

ACTION: EB

12. Finance

12.1. The Trust's financial performance to October 2021 was a surplus of £3.5m against the planned surplus of £5.5m. A deterioration was currently forecast in the remaining months of 2021/22. The main drivers of the variances, together with the risks and opportunities identified through scenario planning for the remainder of the year, were set out for the Committee's consideration.

12.2. An assessment of the 'half two' financial plan was currently being undertaken and budgets would be updated next month where any new risks will be recorded centrally. The Trust had not anticipated any further income from the Elective Recovery Fund due to the changes that had been made in how that fund was distributed. This assumption was mirrored across the majority of other trusts in the Shelford Group. CIP performance was steadily improving and was projected to continue to improve over the coming months. The Trust was currently in excess of its year to date Capital Expenditure Department Limit (CDEL) allocation and this position would need to be improved over the remainder of the year. Committee members recognised that the capital position was likely to be even tighter in 2022/23.

13. Supporting Information

13.1. The Committee noted the supporting information.

14. Board Assurance Framework

14.1. The Chair highlighted three key areas of risk that the Committee had focused on during the course of the meeting:

- The possible harm to patients who deteriorate whilst waiting for treatment;
- Insufficient capacity across adult theatres, primarily due to maintenance programmes and staff resources, which was affecting the Trust's elective recovery; and
- The need to improve recruitment and retention to ensure sufficient workforce capacity and capability, including to ensure fairness and equity in the treatment of staff in relation to the new vaccination requirements.

14.2. These, together with the assurances provided in specific areas, would be incorporated into the Board Assurance Framework and an update brought back to the next meeting.

ACTION: JF, JS

15. Any Other Business

15.1. Due to anticipated operational pressures during winter the next Committee meeting would be a shorter and more focused session. Committee members would be advised in due course.

The next meeting would be held on Wednesday 12th January 2022.

NHS CONFIDENTIAL - Board

NHS
Guy's and St Thomas'
NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 26 JANUARY 2022

Title:	**Finance Report for the eight months to 30th November 2021**
Responsible Director:	**Steven Davies, Director of Finance**
Contact:	**Steven.Davies@gstt.nhs.uk**

Purpose:	To update on the financial position of the Trust for the eight months to 30th November 2021
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	• The revenue business plan has been updated to incorporate changes agreed for H2. • The overall control total remains unchanged, to deliver a surplus of £5.5M. • Any new risks as a result of the plan have been recorded centrally. • Performance to November 2021 is a surplus of £9.2M against the YTD planned surplus of £11.3M. • A significant deterioration is currently forecast in the remaining months which would result in a deficit of £29.7M and would be £35.2M worse than the control total. • Significant excess capital demand needs to be tightly managed where YTD expenditure is £4.2M above the equally phased Capital Department Expenditure Limit (CDEL).
Recommendations:	The BOARD OF DIRECTORS is asked to: 1. Note the content and format of this report.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

BOARD OF DIRECTORS

WEDNESDAY 26 JANUARY 2022

FINANCE REPORT FOR THE EIGHT MONTHS TO 30TH NOVEMBER 2021

PRESENTED BY STEVEN DAVIES, DIRECTOR OF FINANCE

1. Introduction

1.1. This paper updates the Committee on performance for the period covering the eight months to 30th November 2021.

2. Financial Performance Summary

2.1. The revenue plan has been re-set from the original target of delivering a control total level break-even position to a surplus of £5.5M for this financial year.

2.2. An assessment of the plan for H2 has concluded and the required budget changes have been made, with new emerging risks being recorded centrally.

2.3. A year to date surplus of £9.2M is reported, which is £2.2M worse than the control total, the current forecast continues to assume a significant deterioration in the remaining months and would result in a deficit against the control total of £29.7M which would be £35.2M worse than plan.

	YTD			YEAR END FORECAST		
	Plan	Actual	Variance	Plan	Actual	Variance
Income	£1,657,376	£1,691,462	£34,086	£2,469,323	£2,522,656	£53,333
Pay	(£901,577)	(£906,819)	(£5,242)	(£1,363,590)	(£1,374,051)	(£10,462)
Non Pay \ Other	(£744,488)	(£775,491)	(£31,003)	(£1,100,221)	(£1,178,300)	(£78,078)
Control Total	**£11,311**	**£9,152**	**(£2,159)**	**£5,512**	**(£29,695)**	**(£35,208)**
DODA	(£8,980)	(£10,293)	(£1,313)	(£13,460)	(£14,642)	(£1,182)
Capital Donations	£4,109	£4,216	£107	£6,200	£14,108	£7,908
Surplus (Deficit)	**£6,440**	**£3,075**	**(£3,365)**	**(£1,748)**	**(£30,229)**	**(£28,481)**
Technical Adjustments	£0	(£1,633)	(£1,633)	£0	(£11,633)	(£11,633)
Total Surplus \ (Deficit)	**£6,440**	**£1,443**	**(£4,997)**	**(£1,748)**	**(£41,862)**	**(£40,113)**

3. Year to Date Performance: £9.2M surplus, £2.2M worse than plan

3.1. Income is £34.1M ahead of plan:

- Vaccination and testing programme income of £21.0M,which is off-set by increased expenditure
- Income from NHSE and CCGs is £8.6M ahead of plan, primarily driven by pass through drugs and devices and new in year initiatives and developments.
- ERF income of £21.8M has been recorded which is £0.6M more than plan
- Private patient income is £2.3M above plan, although RBH CG remains marginally below its plan
- Continued underperformance for patient care contracts not under the block arrangements of £4.7M.

3.2. Pay budgets are reported as £5.2M overspent:

- Vaccination programme costs of £10.0M, which is off-set by the income noted above.
- Underlying pay position of £4.8M underspent.

- Significant area of overspend after adjusting for vaccination programme costs relate to Medical and Ancillary staff groups.

3.3. Non pay budgets are reported as £31.0M overspent:

- Transfers from capital of £26.8M are £22.7M more than initially planned.
- Vaccination and testing programme costs of £11.0M which is also off-set by the income noted above.
- Clinical supplies and drug budgets have overspent by £15.7M
- Provisions in respect of block contract payment shortfalls of £9.7M.
- Underspends against COVID budgets and the release of other provisions have partly mitigated the above overspends.

4. Year End Forecast: £29.7M deficit, £35.2M worse than plan

4.1. Income is forecast to be £53.3M ahead of plan:

- Vaccination and testing programme income of £33.0M, which is off-set by increased expenditure.
- Income from NHSE and CCGs is £15.7M ahead of plan, primarily driven by pass through drugs and devices and new in year initiatives and developments. This includes Paediatric therapy (SMA) which is forecast to be £16.1M above plan.
- No further ERF income above the £21.8M to date is forecast which would be £0.6M more than plan.
- Private patient income is forecast to be £3.9M ahead of plan, a risk with potential bed constraints.
- Continued underperformance for patient care contracts not under the block arrangements of £7.9M.

4.2. Pay budgets are forecast to be £10.4M overspent:

- Vaccination programme costs of £15.6M, which is off-set by the income noted above.
- Buying back annual leave owed of £2.2M.
- Underlying pay position of £7.4M underspent.

4.3. Non pay budgets are forecast to be £78.1M overspent:

- Transfers from capital of £26.8M are forecast, £20.6M more than plan
- Vaccination and testing programme costs of £17.4M which is also off-set by the income noted above.
- Clinical supplies and drug budgets are forecast to overspend by £38.7M
- Provisions in respect of block contract payment shortfalls of £14.6M.
- Underspends against COVID budgets and the release of other provisions have partly mitigated the above overspends.

5. Year End Forecast deterioration

5.1. The current bottom up forecast is to move from a £9.2M surplus at month eight to a forecast deficit position of £29.7M.

5.2. The most significant of these changes are contained across the five Clinical Groups and are driven by run rate increases in pay expenditure of £11.7M and non-pay expenditure of £9.2M when compared to the YTD position. These are summarised below and further work is on-going to understand the drivers behind these assumptions.

Run Rate Changes	Pay	Non Pay	TOTAL
Cancer & Surgery	(£3,669)	£3	(£3,666)
Cardio-Respiratory	(£109)	(£1,365)	(£1,474)
Evelina London	(£3,698)	(£1,001)	(£4,699)
Integrated & Spec Medicine	(£1,400)	(£2,223)	(£3,623)
Royal Brompton & Harefield	(£2,777)	(£4,651)	(£7,428)
TOTAL	**(£11,652)**	**(£9,237)**	**(£20,890)**

5.3. Within the current forecast deficit of £29.7M deficit there are a number of risks but also significant opportunities that could improve the current reported position.

5.4. Page three of the supporting papers presents a high level view of these risks and opportunities detailing the current assumption that is made and presenting a re-forecast range across three criteria (Worse Case \ Mid Case \ Best Case).

5.5. Discounting the Worse Case range a revised forecast range of a £6.8M deficit to a potential break-even under the Best Case scenario is derived. The assumptions made are very high level and work remains on-going to refine the analysis.

6. Cash and Capital

6.1. **Cash:** the cash position at the end of November is £294.2M which is a reduction £11.3M from last month but an increase since the start of the year of £32.7M.

6.2. **Capital:** The CDEL has been increased by £7.4M from £123.1M to £130.5M. The increase will be received as additional PDC (Public Dividend Capital) in respect of elective recovery.

6.3. Capital expenditure of £91.1M was recorded to the end of November which is £4.1M more than the current equally phased plan of £87.0M. The current forecast of £156.6M will need to reduce by £26.1M to stay with the CDEL.

7. Recommendations

7.1. The Committee is asked to:

- Note that the Trust has achieved a YTD surplus of £9.2M but that this is £2.2M worse than plan.
- Note the current forecast is a deficit of £29.7M which would be £35.2M worse than plan.
- Note the risks and opportunities high-lighted in page three of the supporting papers and that an Best Case high-level re-forecast range of break-even to a £6.8M deficit at the Mid Case range is derived
- Note the inclusion of a £10.0M impairment in respect of the RBH CG Imaging Centre and a £1.6M loss on disposal in respect of returned ventilators.
- Note that the Trust will continue to seek a review of the block payment and baseline budget calculations and the level of pay award funding received.
- Note the additional capital allocation through PDC of £7.4.
- Note current constraints that have been placed on capital investments and the need to manage the excess capital demand to remain n within the CDEL.
- Note that the Trust is currently in excess of the YTD CDEL by £4.1M and that this position will need to be improved over the remainder of the year.

FINANCIAL PERFORMANCE HIGHLIGHTS
CURRENT MONTH - YTD - FORECAST - 2021-22 - MONTH 08

NHS
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	CURRENT MONTH			RAG	YTD			RAG	YEAR END FORECAST			RAG
	Plan	Actual	Variance	Rating	Plan	Actual	Variance	Rating	Plan	Actual	Variance	Rating
Control Total	£5,798	£5,620	(£178)		£11,311	£9,152	(£2,159)		£5,512	(£29,695)	(£35,208)	
Cash		(£11,291)				£294,174			TBC	TBC	TBC	
Capital (CDEL)	(£10,248)	(£12,264)	(£2,016)		(£86,980)	(£91,127)	(£4,147)		(£130,470)	(£156,559)	(£26,089)	
CIP Delivery	£2,926	£2,429	83%		£22,272	£9,048	41%		£34,934	£17,332	50%	
FTE's	23,463	23,288	175									

Control Total: current month surplus of £5.6M is £0.2M worse than plan and YTD performance a £9.2M surplus is £2.2M worse than plan. The main drivers of which are over spends against both pay and non-pay budgets, although significant aspects are off-set by additional income. The current forecast, a deficit of £29.7M assumes a significant deterioration in the remaining months primarily driven by the five Clinical Groups.

Cash: cash reduced by £11.3M in November; the YTD cash balance of £294.2M is an increase of £32.7M since last financial year. Further work is required to develop the cash forecast and to establish a plan going forward.

Capital (CDEL): the CDEL limit has been increased by £7.4M as additional PDC in respect of elective recovery. Expenditure of £12.3M was recorded in November, £2.0M in excess of the monthly CDEL allocation; YTD expenditure of £91.1M is £4.1M more than the equally phased CDEL limit. The current forecast of £156.5M is £26.0M above the CDEL and requires continued management to ensure that this does not exceed the limit set.

CIP Delivery: YTD CIPs of £9.0M have been validated as achieved which equates to 68% of planned CIPs. The Remaining Efficiency Requirement of £9.0M (YTD) means that only 41% of the overall required value have been achieved. The forecast to achieve £17.3M of CIPs is a significant improvement when compared to the YTD position.

FTE's: the 23,288 FTE's reported for November are 175 more than the established budget, of these 301 FTE's relate to the Vaccination Programme where a permanent budget has not been established. Other areas which appear to be significantly over their budgeted establishment are Essentia ancillary staff, the latter appears to relate to COVID related activities.

NB: there are currently different methodologies employed in reporting FTE's across the Trust, on a Worked hours basis within the RBH CG and on a Contracted hours basis across the rest of the Trust. this will be resolved upon consolidation on to a single ledger.

SUMMARY FINANCIAL PERFORMANCE
CURRENT MONTH - YTD - FORECAST - 2021-22 - MONTH 08

Guy's and St Thomas' NHS Foundation Trust

	CURRENT MONTH			YTD			YEAR END FORECAST		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income	£200,816	£214,034	£13,218	£1,657,376	£1,691,462	£34,086	£2,469,323	£2,522,656	£53,333
Pay	(£116,222)	(£115,335)	£887	(£901,577)	(£906,819)	(£5,242)	(£1,363,590)	(£1,374,051)	(£10,462)
Non Pay \ Other	(£78,796)	(£93,079)	(£14,283)	(£744,488)	(£775,491)	(£31,003)	(£1,100,221)	(£1,178,300)	(£78,078)
Control Total	**£5,798**	**£5,620**	**(£178)**	**£11,311**	**£9,152**	**(£2,159)**	**£5,512**	**(£29,695)**	**(£35,208)**
DODA	(£1,128)	(£1,387)	(£259)	(£8,980)	(£10,293)	(£1,313)	(£13,460)	(£14,642)	(£1,182)
Capital Donations	£492	£1,254	£762	£4,109	£4,216	£107	£6,200	£14,108	£7,908
Surplus (Deficit)	**£5,162**	**£5,487**	**£325**	**£6,440**	**£3,075**	**(£3,365)**	**(£1,748)**	**(£30,229)**	**(£28,481)**
Technical Adjustments	£0	£0	£0	£0	(£1,633)	(£1,633)	£0	(£11,633)	(£11,633)
Total Surplus \ (Deficit)	**£5,162**	**£5,487**	**£325**	**£6,440**	**£1,443**	**(£4,997)**	**(£1,748)**	**(£41,862)**	**(£40,113)**
	£0	£0	£0	£0	£0	£0	£0	£0	£0

Income: YTD over performance is primarily driven by "Out of Envelope Top Up Funding" in relation to the Vaccination and Testing Programmes and pass through drugs and devices . This accounts for £29.6M YTD and £48.7M Forecast. Areas of underperformance include those income streams not under block contract arrangements.

Pay: YTD position includes £10.0M YTD and £15.6M forecast in respect of the Vaccination Programme and the buying back of annual leave of £2.2M, adjusted performance would be YTD £4.8M (Fav). Pay expenditure is forecast to increase by £14.0M above current run rates, the majority of which is contained across the five Clinical Groups.

Non Pay \ Other: YTD performance includes £26.8M of expenditure transferred from Capital, £22.7M more than initially planned, over spends against drugs and devices the majority of which are off-set by additional income, an increase in Provisions of £9.7M relating to payment shortfalls by NHSE and Vaccination Programme costs of £11.0M. Under spends against COVID budgets have partly mitigated these.

Control Total: YTD performance is a surplus of £9.2M which is £2.2M worse than plan. Significant increases in both Pay and Non Pay expenditure are forecast and whilst additional income is forecast in some areas it would still result in an forecast deficit of £29.7M which would be £35.2M worse than the current Control Total.

DODA: over spends are linked to GSTT donated assets, further work is required to be undertaken to finalise the current forecast.

Capital Donations: a significant increase in donations is now forecast which sits outside of the current control total and CDEL.

Technical Adjustments: £1.6M loss on disposal relates to ventilators returned to NHSE and a £10.0M impairment is forecast in relation to the RBH CG Imaging centre.

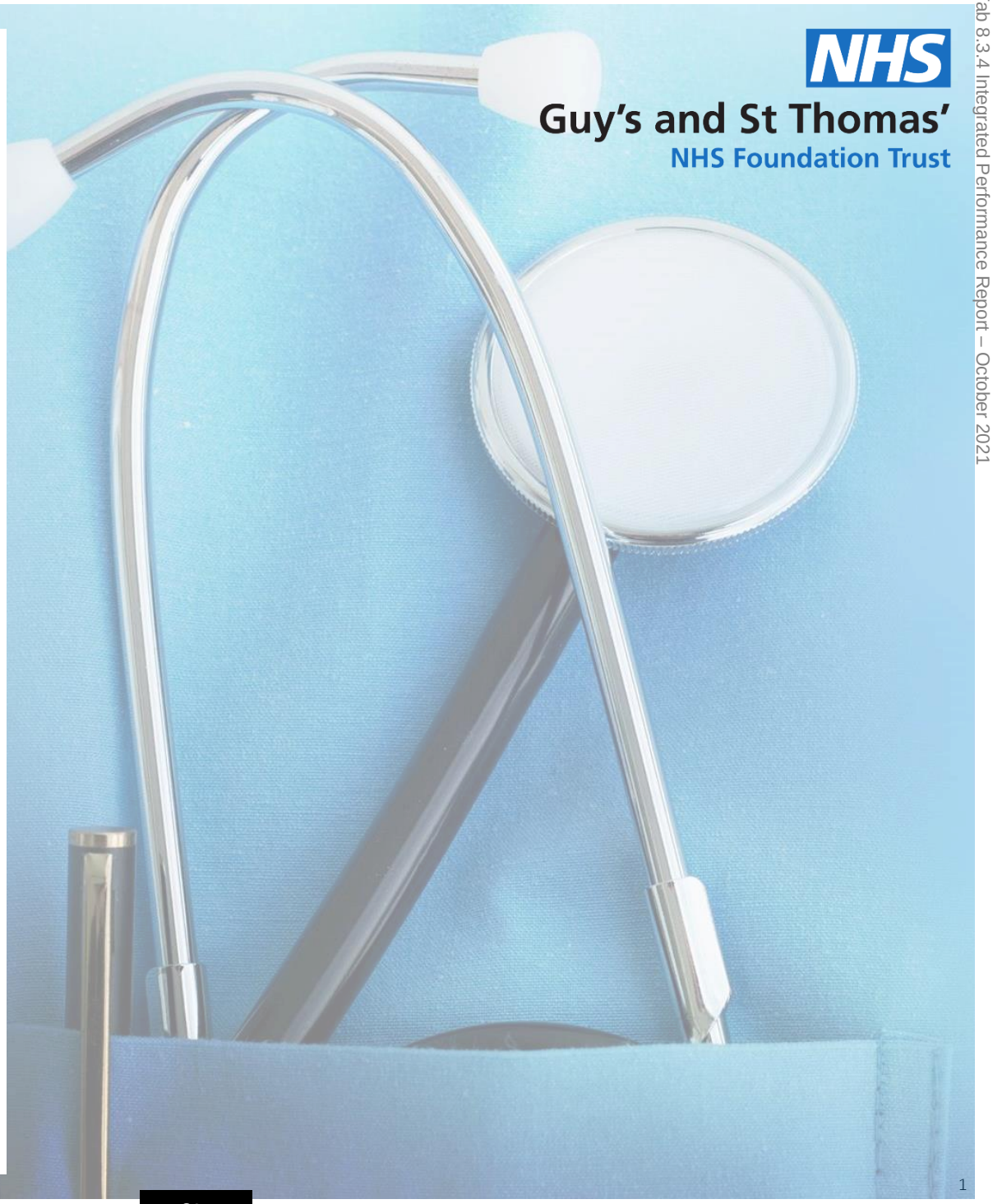
SUMMARY FINANCIAL PERFORMANCE
FORECAST - RISKS AND OPPORTUNITIES - RANGE

Guy's and St Thomas' NHS Foundation Trust

	Current Assumption	Range Change to Current Forecast		
		Worse Case	Mid Case	Best Case
MONTH 08 FORECAST - Control Total Surplus \ (Deficit)		**(£29,693)**	**(£29,693)**	**(£29,693)**
Increased inflationary costs				
- **Increased energy costs** of £4.4M are currently forecast and the remaining inflation reserves have been released to off-set this. Need to try to ensure that this position does not increase further	(£4,433)	(£500)	£250	£500
- **Increased general inflation** - contracts require review to assess contractual obligations in respect of clinical supplies, fuel and catering. Range assumes utilisation of non pay inflation reserve	£0	(£750)	(£400)	£0
- **3% pay award funding**, current shortfall will need to be managed against remaining pay reserves	(£2,100)	£0	£1,000	£1,500
NHSE contract shortfall	(£14,611)	£0	£1,500	£2,000
- Shortfall in payments by NHSE, re-open assessment of block calculation				
Elective Recovery Fund	£21,772	£1,500	£2,500	£3,500
- Reported position as notified by the sector, will look to secure additional funding				
COVID \ Top Up Funding	£239,218	£750	£1,000	£1,500
- Current Forecast has been updated for funding in H2; will look to secure additional funding				
Other Income streams	£0	£500	£2,000	£2,500
- Assess benefits from other income streams				
Trust Reserves	(£8,577)	(£500)	£1,500	£1,750
- Reserves of £8.5M not currently released, risk of over commitment				
Capital to Revenue Transfers	(£26,817)	£2,500	£4,000	£5,000
- assess opportunities to mitigate level of transfers from capital				
Clinical Group forecasts	(£69,215)	£3,000	£4,000	£5,000
- deficit of £69.2M currently forecast with a significant deterioration in remaining months				
Pathology contract	(£20,129)	£250	£750	£1,000
- assess in year opportunities under the new contract				
Essentia \ Corporate forecasts	(£115,588)	(£250)	£750	£1,000
- review assumptions contained in the current forecasts \ manage new costs				
Central Provisions \ Provisioning policies \ Balance Sheet	£1,613	£2,500	£4,000	£4,500
- review opportunities with regard to current provisions and any balance sheet opportunities				
MONTH 08 FORECAST - Control Total Surplus \ (Deficit) - Range		**(£20,693)**	**(£6,843)**	**£57**

Integrated Performance Report

October 2021



NHS
Guy's and St Thomas'
NHS Foundation Trust

Introduction

About this pack

The Trust produces this Integrated Performance Report (IPR) to provide our Board, Executive team, Clinical Groups and other stakeholders the performance position across our core domains[1] of Safe, Effective, Caring, Responsive, People and Enablers/Use of Resources.

The IPR includes:

- Highlight Reports – a selection of indicators highlighted for Board discussion on the basis of Statistical Process Control (SPC) variation[2] and those indicators that are most significant for national reporting.
- Supporting Information – this section provides information on reporting content and logic.

**Where Royal Brompton and Harefield (RBH) data is not included for an indicator, this will be stated. Work is ongoing to include RBH Clinical Group data for all metrics within this report.*

Contents

[1]The source of our core domains:
- Safe, Effective, Caring and Responsive - CQC
- People - NHS People Plan
- Enablers/Use of Resources - NHS E/I

[2] Statistical Process Control (SPC) charts allow you to identified statistically significant changes in data. The SPC confidence (or process) limits represent the expected range for data points if variation is within the expected limits. See the supporting information page for more information.

Safe

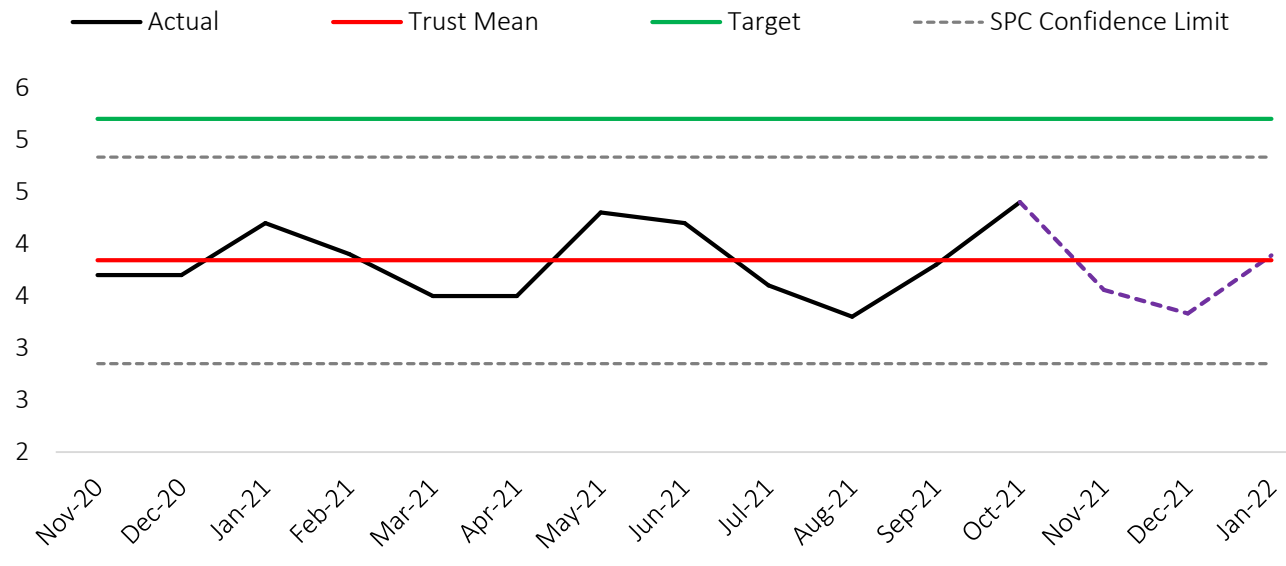
Incidents of falls per 1000 bed days

Guy's and St Thomas' NHS Foundation Trust

Oct-21	Target
4.4	5.2

SPC Variance

Common cause variation



Clinical Group Overview

Data unavailable at Clinical Group level

Updates since previous month

- 150 falls reported across inpatient sites, meaning per 1000 bed days, there was 4.4 falls
- October position shows an increase from September (at 3.8)

Current issues

- October sees the newly qualified nurses start their posts which requires additional support and focus on falls prevention agenda.
- Identification of Dementia and Delirium management within our patients

Key dependencies

- Ensure newly qualified nurses are fully inducted into the trust and aware of policies and falls management best practice.

Future actions

- Nursing falls lead has moved into a new role within the Chief Nurses Office. Falls lead role has been put to advert.
- Increased cohesive working across Dementia and Delirium team.

**RBH Clinical Group data is not included in this indicator*

Safe

Pressure ulcer acquisition within the Trust

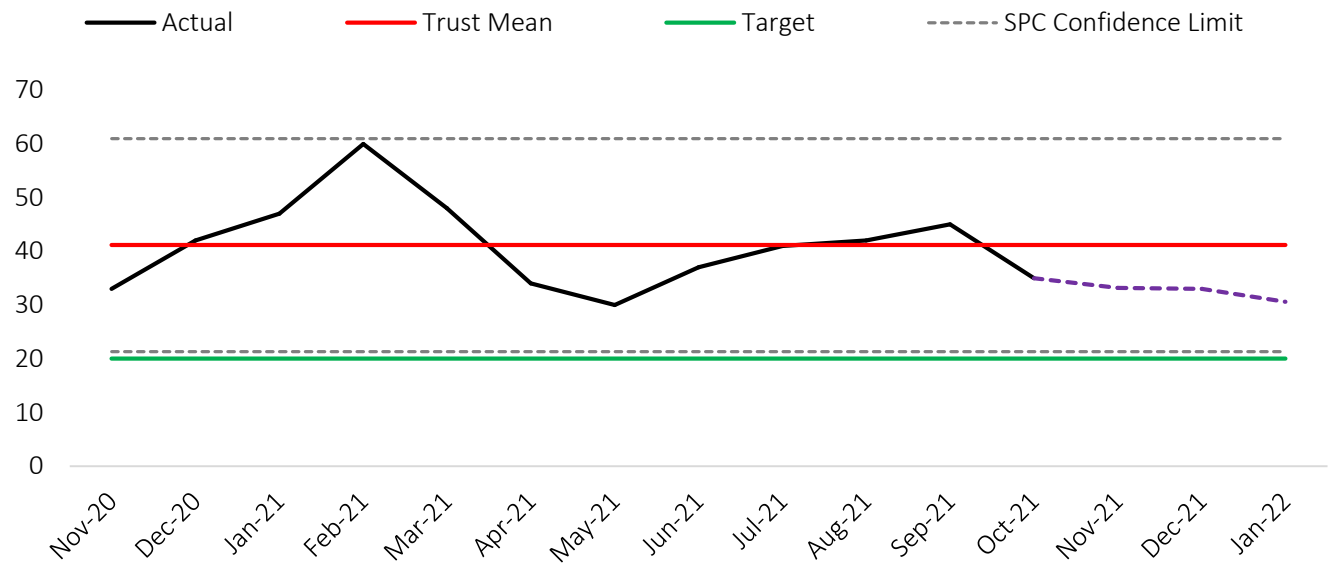
Guy's and St Thomas' NHS Foundation Trust

Oct-21	Target
35	20

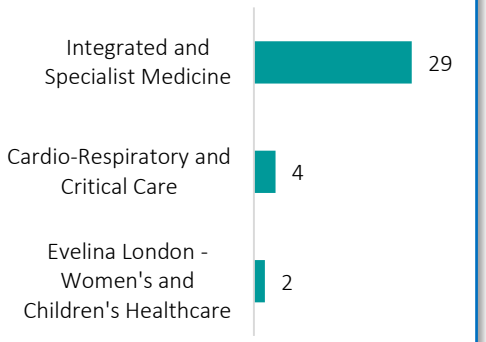
SPC Variance

Common cause variation

Pressure ulcer acquisition attributable to the Trust



Clinical Group Overview



Updates since previous month

- 11 acquired pressure ulcers in the acute setting
- 24 acquired pressure ulcers in the community

Current issues

- Prone position patients due to Covid
- Supporting new nurses joining the trust which requires additional focus on the pressure ulcer prevention agenda and training. Issues of inaccurate use of risk assessment tool, delay ordering pressure relief equipment
- High acuity patient ratio

Key dependencies

- Ensure all staff are trained on pressure ulcer prevention, follow the pressure ulcer policy and protocols

Future actions

- Train the trainers program
- Ensure uptake of Tissue Viability modules
- Pressure ulcer prevention audits, constructive feedback and Weekly nurses huddles

**RBH Clinical Group data is not included in this indicator*

Caring

Caring: Friends and family test % who responded good or very good

Guy's and St Thomas' NHS Foundation Trust

October-21 Caring Summary

Indicator (FFT, % good or very good)	Target	Actual	Compared to previous month	12 month trend (% good or very good)	Response rate
A&E	88%	85.5%	▲		11.8%
Admitted	97%	95.8%	▲		22.0%
Outpatients	93%	92.9%	▲		N/A*
Maternity	92%	90.5%	▲		17.4%
Community	96%	93.2%	▼		2.5%
Patient transport	92%	93.7%	▲		3.0%

Updates since previous month

- Positive scores in many areas are improving and in some areas such as Outpatients and Patient Transport they are on or above target.

Current Issues

- Positive scores within A&E remain below target however they have improved markedly on September scores. Negative comments about length of waiting times remain high and are impacting on experience but these are lower than the previous month.
- A review of the small number of comments relating to poor rating for community services has highlighted occasional instances of poor staff attitude and some issues relating to communication for adult domiciliary care

Key dependencies

- Low response volumes particularly for community children's services mean a very small number of negative responses are disproportionately affecting scores negative scores for that area.
- On going operational pressures within A&E are impacting negatively on patient experience.

Future actions

- Response rate targets have been shared with all teams. Further actions taken to support teams in increasing feedback for children's community services such as ensuring teams have good stocks of printed surveys and providing web links to enable families to share experience of virtual clinics

*Number of outpatient responders is 3237

Caring

Caring: Friends and family test % who responded poor or very poor

Guy's and St Thomas' NHS Foundation Trust

October-21 Caring Summary

Indicator (FFT, % poor or very poor)	Target	Actual	Compared to previous month	12 month trend (% good or very good)	Response rate
A&E	6%	9.5%	▼		11.8%
Admitted	1%	0.4%	▼		22.0%
Outpatients	3%	4.1%	▼		N/A*
Maternity	3%	3.8%	▼		17.4%
Community	1%	4.5%	▲		2.5%
Patient transport	2%	3.0%	▼		3.0%

Updates since previous month

- Negative scores have improved in almost all areas of care except Community since September however a number remain above target.

Current Issues

- Positive scores within A&E remain below target however they have improved markedly on September scores. Negative comments about length of waiting times remain high and are impacting on experience but these are lower than the previous month.
- A review of the small number of comments relating to poor rating for community services has highlighted occasional instances of poor staff attitude and some issues relating to communication for adult domiciliary care

Key dependencies

- Low response volumes particularly for community children's services mean a very small number of negative responses are disproportionately affecting scores negative scores for that area.
- On going operational pressures within A&E are impacting negatively on patient experience.

Future actions

- Response rate targets have been shared with all teams. Further actions taken to support teams in increasing feedback for children's community services such as ensuring teams have good stocks of printed surveys and providing web links to enable families to share experience of virtual clinics

*Number of outpatient responders is 3237

Responsive

Percentage of A&E patients that waited less than 4 hours to be seen (type 1, 2 and 3)

Guy's and St Thomas' NHS Foundation Trust

Oct-21	Target
82.9%	95.0%

SPC Variance

Special cause variation - 2 of 3

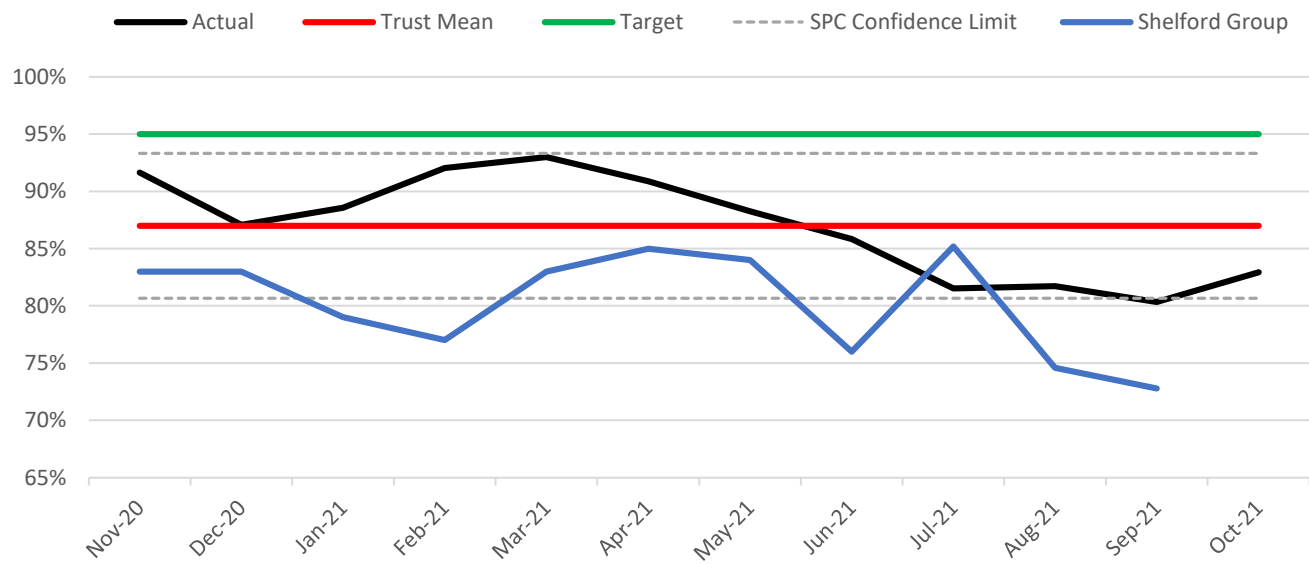
Shelford Group Avg. (Sept - 2021)

73%

Clinical Group Overview

Data only applies to Integrated and Specialist Medicine Clinical Group.

A&E stays less than 4 hours (type 1 2 3)



Updates since previous month

- Performance, while still below the Trust's mean of 86% has recovered slightly compared to September's position.
- Overall A&E attendances for the month exceeded a count of 19,000. This is highest volume of all type attendance recorded in a month since July 2021

Current issues

- All type attendance figures are regularly exceeding 600 per day. Typically, 84% of patents are being seen with the St Thomas' Emergency Floor footprint each day.
- Departmental flow is a challenge, particularly during peak demand times

Key dependencies

- Successful implementation of agreed winter plans across the Trust
- Ability to maintain departmental flow during surges in demand facilitated by senior decision makers

Future actions

- Gathering and implementing learnings from Support and Safety Initiative (planned for November 2021)
- Continuing to progress with winter initiatives

Responsive

Number of patients spending >12 hours in A&E from decsion to admit (DTA)

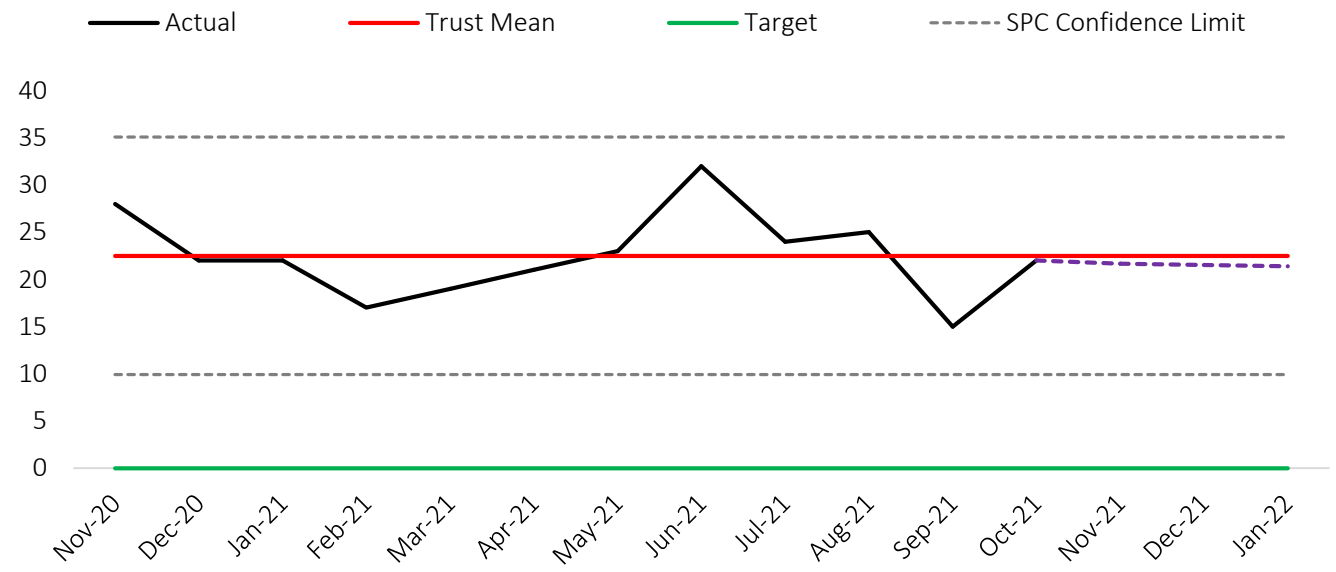
Guy's and St Thomas' NHS Foundation Trust

Oct-21	Target
22	0

SPC Variance

Common cause variation

Number of patients spending >12 hours in A&E from decsion to admit (DTA)



Clinical Group Overview

Data only applies to Integrated and Specialist Medicine Clinical Group.

Updates since previous month

- In October, 22 patients experienced length of stay in the department of 12 hours or more, all while an appropriate mental health admission was sought.

Current issues

- Timely access to mental health admission from point of decision to admit (DTA) continues to be challenge. This is predominately due to bed capacity constraints.

Key dependencies

- Continuing to work with partners across the sector, particularly with SLaM colleagues to address ongoing challenges
- Timely escalation to key stakeholders

Future actions

- Implementation of winter plans.
- Ensuring business as usual actions, such as escalation processes (both in and out of hours) and bed availability reviews are embedded.

Responsive

Percentage of cancer patients starting their first treatment within 62 days of all urgent GP referrals

Guy's and St Thomas' NHS Foundation Trust

Sep-21	Target
57.7%	85.0%

SPC Variance

Common cause variation

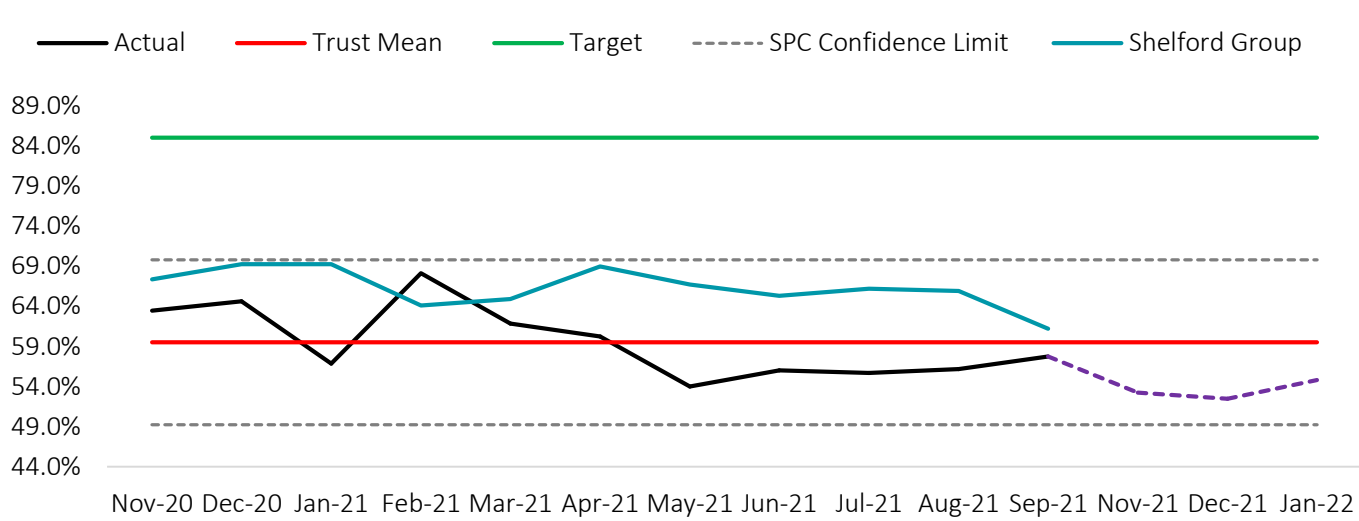
Shelford Group Avg. (Sept - 2021)

61%

Clinical Group Overview

Data only applies to Cancer and Surgery Clinical Group.

Cancer - 62 day urgent GP referrals



Updates since previous month

- There has been a slight improvement in performance since last month

Current issues

- Referrals are above pre-pandemic levels for many of our cancer services (this applies to GP and ITT referrals)
- Gynaecology pathway remains the most challenged pathway
- There are capacity challenges (including Estates, Theatre and Workforce) in some key tumour groups

Key dependencies

- Infection Prevention Control measures impacting on outpatient capacity and patient choice in some specific areas, for example endoscopy
- Workforce challenges in Theatres to support increased theatre bookings/extra lists

Future actions

- Weekly recovery meetings for most challenged tumour groups
- Return to 7 days' wait for first contact and 2 weeks' wait for decision to treat to receiving a time to come in
- Pre-assessment pathway review for cancer patients

Responsive

Percentage of cancer referrals seen within 2 weeks

Guy's and St Thomas' NHS Foundation Trust

Sep-21	Target
82.6%	93.0%

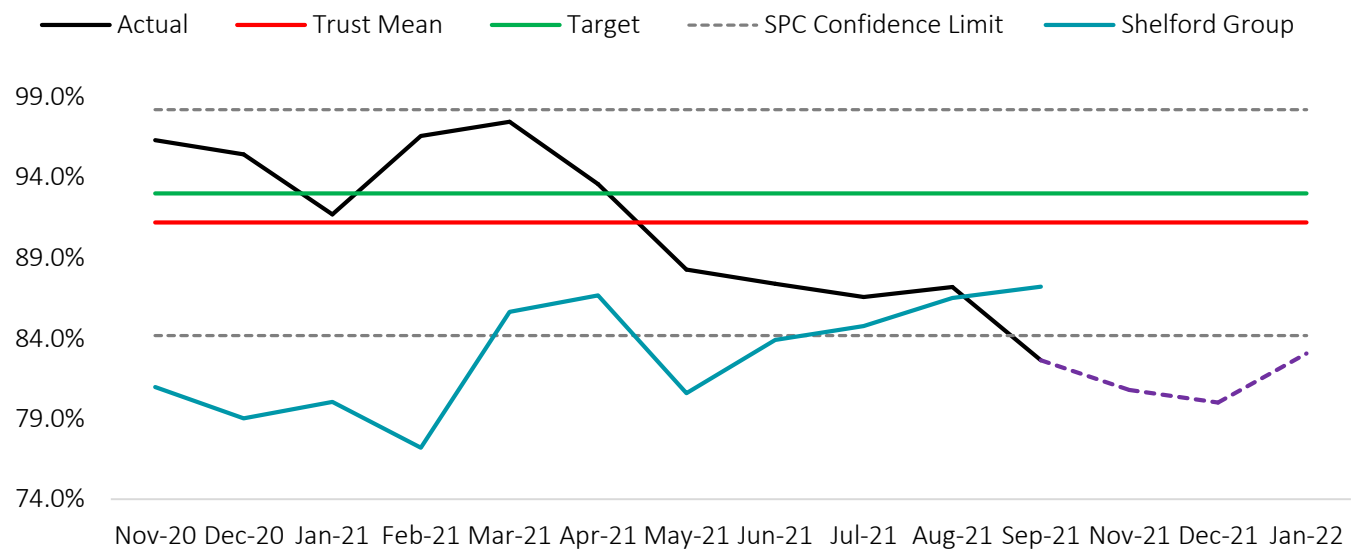
SPC Variance

Common cause variation

Shelford Group Avg. (Sept - 2021)

87%

Cancer - 2 week wait



Clinical Group Overview

Data only applies to Cancer and Surgery Clinical Group.

Updates since previous month

- While the position has deteriorated in September there will be an improvement in October

Current issues

- IPC challenges (distancing and room ventilation)
- Increased referral rates, particularly across some tumour groups
- Workforce challenges in some areas e.g. Urology and Gynaecology

Key dependencies

- Infection Prevention Control measures impacting on outpatient capacity and patient choice in some specific areas, for example endoscopy

Future actions

- Refreshed Demand and Capacity analyses
- Proactive service management to close capacity gaps identified by Demand and Capacity analyses
- Weekly recovery meetings in challenged tumour groups; with associated actions

Responsive

Percentage of cancer referrals meeting the faster diagnosis standard of outcome of suspected cancer within 28 days of referral

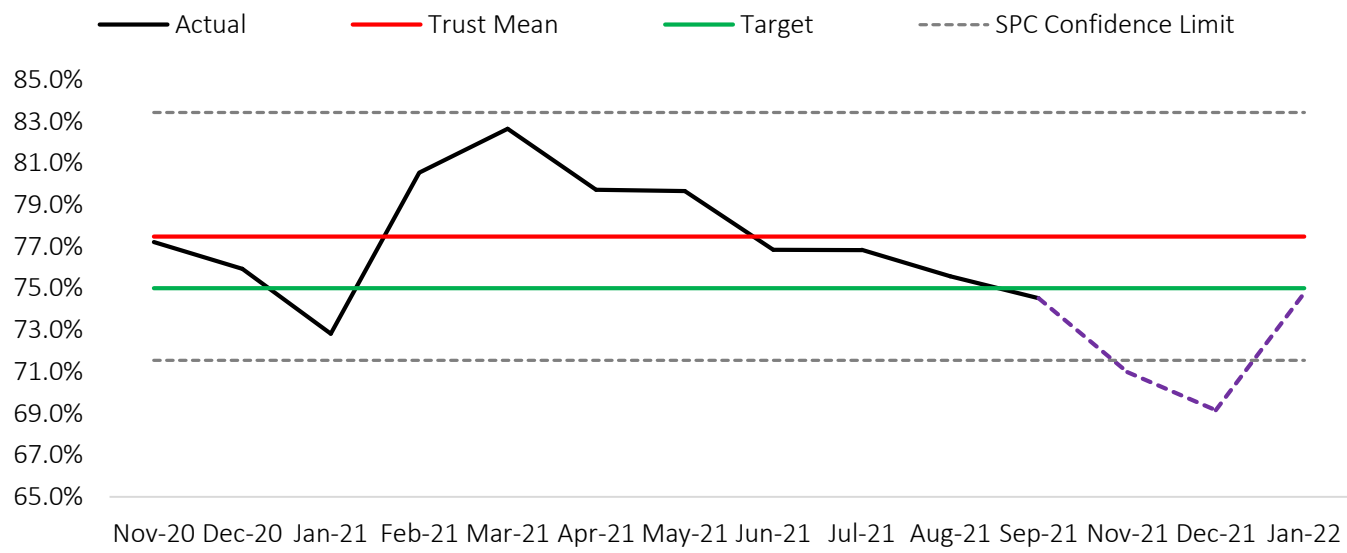
Guy's and St Thomas' NHS Foundation Trust

Sep-21	Target
74.5%	75.0%

SPC Variance

Common cause variation

Cancer - FDS



Clinical Group Overview

Data only applies to Cancer and Surgery Clinical Group.

Updates since previous month

- The position continues to deteriorate slightly due to the challenges on the 14 day pathway
- The Trust marginally failed the target in September with expected improvements in October and November

Current issues

- IPC challenges (distancing and room ventilation)
- General anaesthetic diagnostic capacity and associated pre-assessment (POAC) processes
- Increased referral rates

Key dependencies

- Infection Prevention Control measures impacting on outpatient and diagnostic capacity and patient choice in some specific areas, for example endoscopy

Future actions

- Review of POAC processes for cancer patients
- Refreshed Demand and Capacity analyses
- Weekly recovery meetings in challenged tumour groups; with associated actions
- Intensive validation for the position prior to upload

Responsive

Percentage of patients waiting over 6 weeks for a diagnostic test

Guy's and St Thomas' NHS Foundation Trust

Oct-21	Target
12.05%	1%

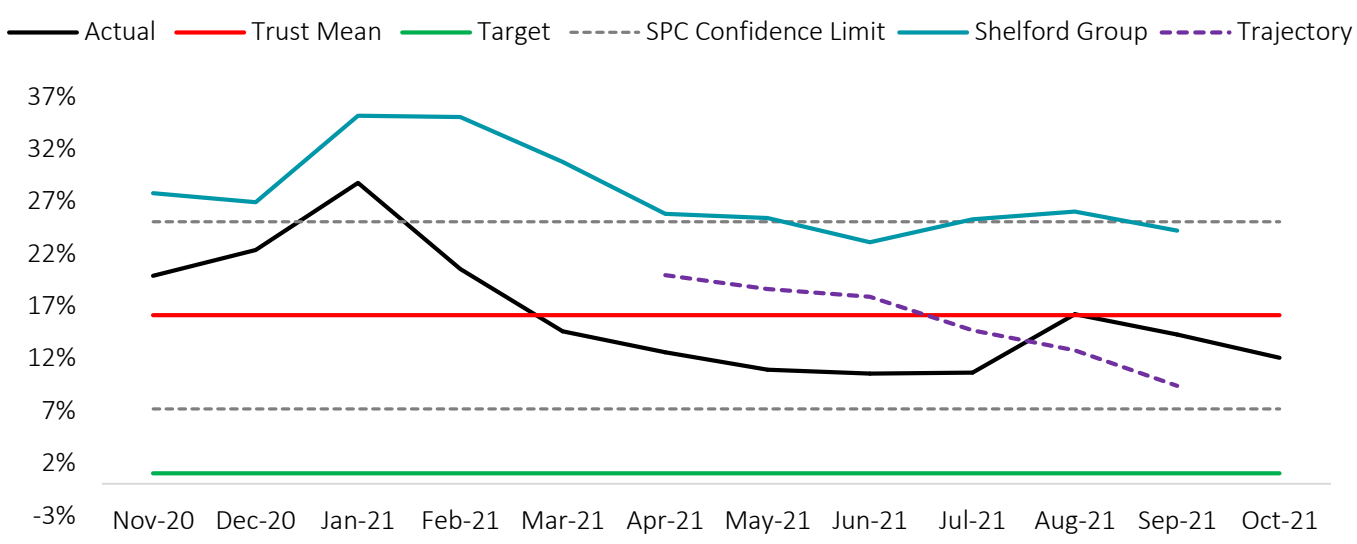
SPC Variance

Common cause variation

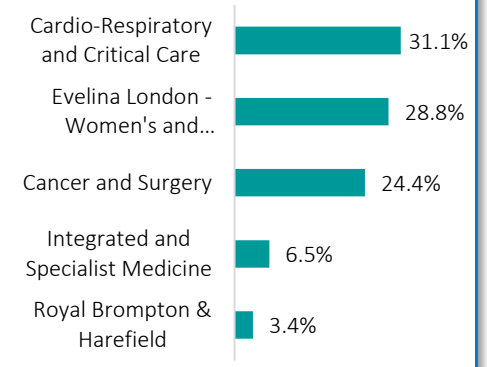
Shelford Group Avg. (Sept - 2021)

24%

Diagnostic waits - % over 6 weeks



Clinical Group Overview



Updates since previous month

- The Trust's diagnostic performance has begun to stabilise once again, returning to a month-on-month improvement position, following August's deterioration.

Current issues

- High volume modalities - MRI and non-obstetric ultrasound (NOUS) - continue to experience particular demand pressure
- Echo's performance had deteriorated following high referral volumes in the summer months.

Key dependencies

- MRI outsourcing arrangements to provide additional capacity
- Insourcing agreements in place for NOUS and Endoscopy; Insourcing arrangements for Audiology continue to be explored.

Future actions

- Completion of Echo's demand and capacity analysis to agree required improvement actions and trajectory for this modality.

Responsive

Total number of incomplete pathways

Guy's and St Thomas' NHS Foundation Trust

Oct-21	Target
84,204	N/A

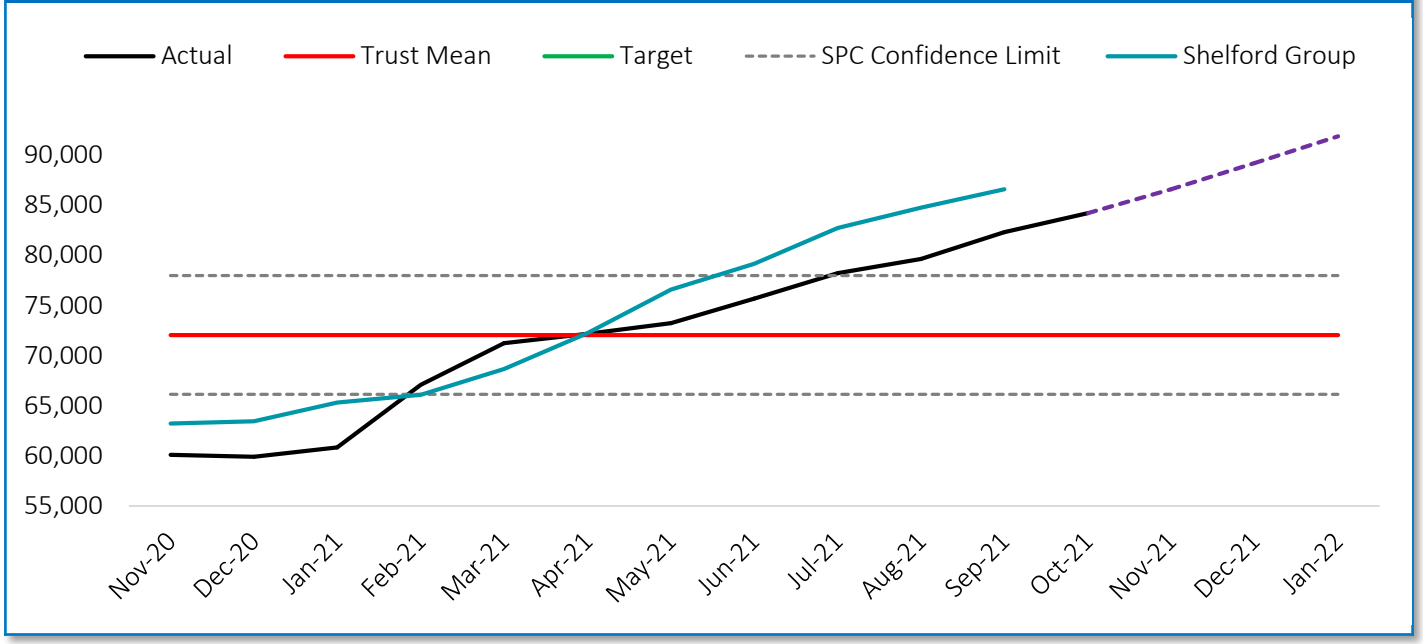
SPC Variance

Special cause variation - single point

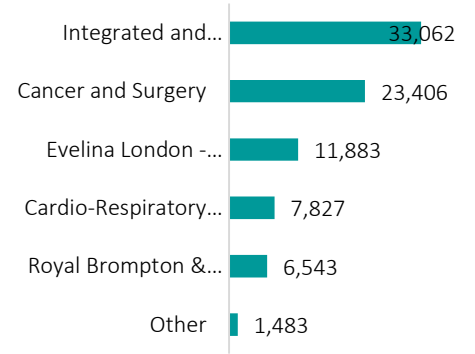
Shelford Group Avg. (Sept - 2021)

86573

RTT - Total incomplete pathways



Clinical Group Overview



Updates since previous month

- Overall waiting list growth continues and the Trust RTT PTL is now larger than it was pre-Covid.
- Submitted activity plans predict continued waiting list growth throughout Q3, plateauing in Q4.

Current issues

- Waiting list growth is particularly steep in high volume non-admitted specialties such as dermatology, dental and allergy
- Activity remains below 19/20 levels

Key dependencies

- Work is underway better inform the Trust's understanding of its waiting list growth including analysis into key drivers

Future actions

- Validation is underway to ensure all patients listed require care and are clinically prioritised
- Work is ongoing with services to explore opportunities to deliver more activity

Responsive

Number of pathways on the waiting list currently waiting more than 52 weeks to start treatment

Guy's and St Thomas' NHS Foundation Trust

Oct-21	Trajectory
1,400	2680

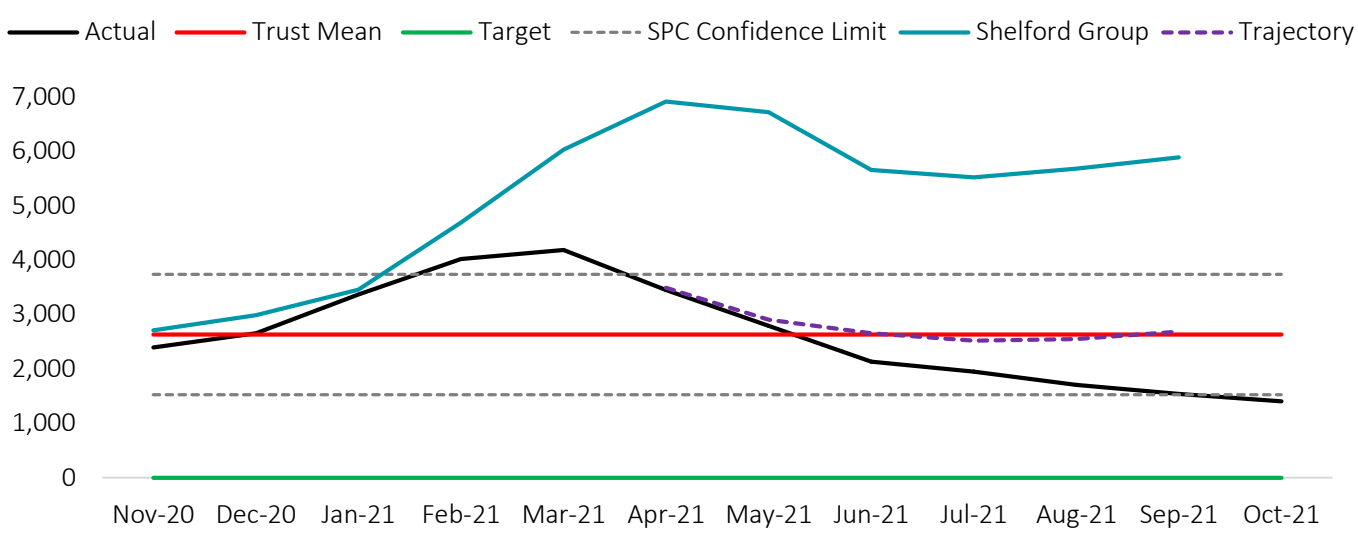
SPC Variance

Special cause variation - single point

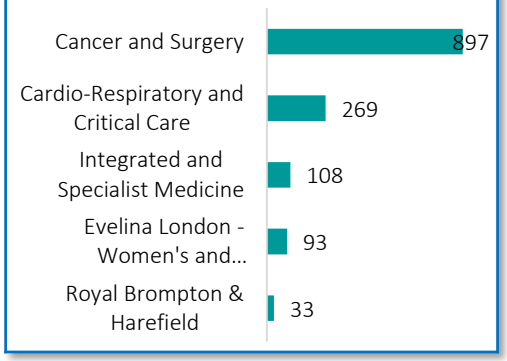
Shelford Group Avg. (Sept - 2021)

5885

RTT - Incomplete pathways over 52 weeks



Clinical Group Overview



Updates since previous month

- The Trust continues to reduce the number of patients waiting over a year for routine treatment and continues to perform comparatively well on this metric vs peers
- The rate of reduction has slowed in recent month.

Current issues

- Achieving our ambition to have no patient waiting over two years by March 22. We still plan to achieve this, whilst recognising challenges with the number of very long waiting patients with complex scheduling needs, for example, joint procedures.

Key dependencies

- The need to focus on cancer improvement and the anticipated pressure on bed stock over winter may on occasion necessitate a reprioritisation of patients with long routine waits, but this will be avoided wherever possible

Future actions

- Continue to monitor our performance against this metric closely and to support teams in continuing to improve their 52 week position over Winter

People

Overall vacancy rate

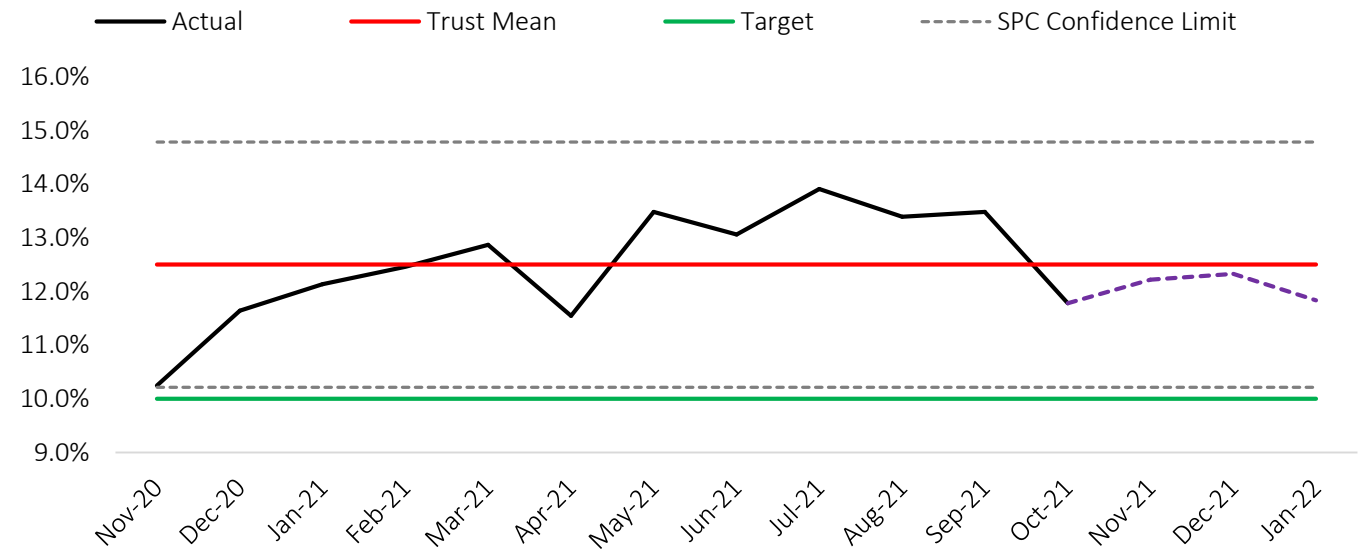
Guy's and St Thomas' NHS Foundation Trust

Oct-21	Target
11.8%	10.0%

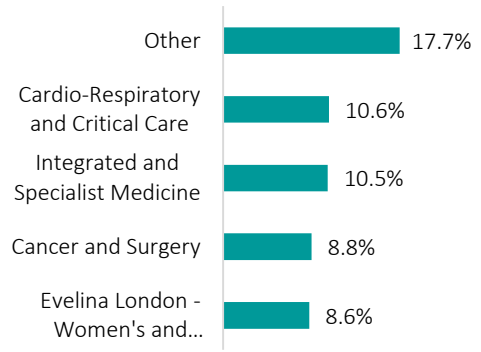
SPC Variance

Common cause variation

Overall vacancy rate



Clinical Group Overview



Updates since previous month

- Vacancy rate reduced from 13.49% in September to 11.8%
- Nursing & Midwifery reduced by 2.1 percentage points to 12.7%
- 3% reduction in Admin & Clerical absences and 2% in Additional Clinical Services

Current issues

- Recruit to vacancies as part of wider winter pressures preparation
- Hot spots – Theatres and Critical Care
- Bank supply and hard to recruit hot spots

Key dependencies

- Recruitment and Retention
- National shortages
- Data quality including Headcount / Establishment Changes

Future actions

- Ongoing International recruitment
- Development of internal strategic workforce planning capacity
- Promotion of GSTT as employer of choice

**RBH Clinical Group data is not included in this indicator*

People

Sickness and absence rate

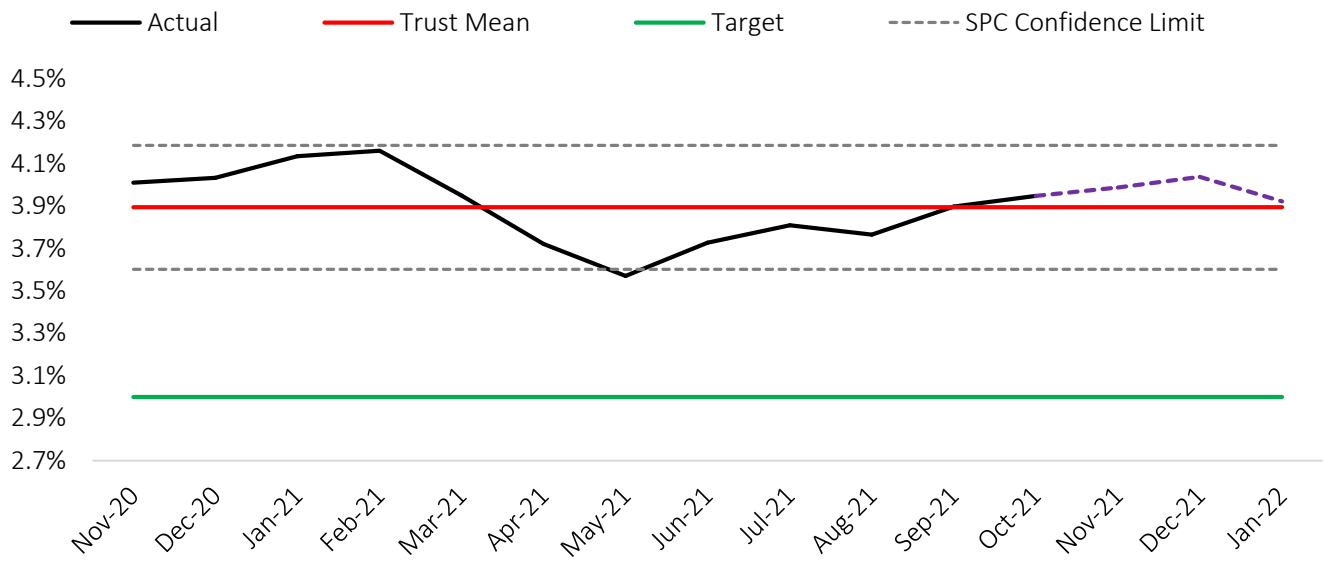
Guy's and St Thomas' NHS Foundation Trust

Oct-21	Target
3.9%	3.0%

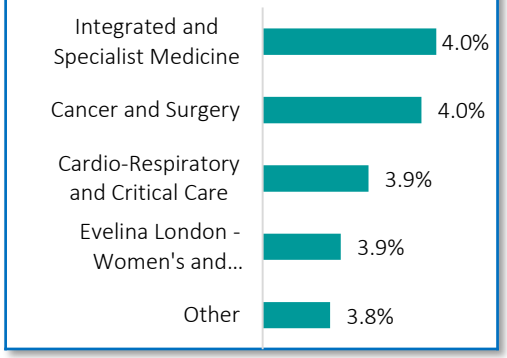
SPC Variance

Common cause variation

Sickness and absence rate



Clinical Group Overview



Updates since previous month

- Rate now at 3.95% an increase of 0.5% since September.
- All Clinical Groups on amber with exception of Integrated Specialist Medicine which is red rated

Current issues

- Number of staff absent with Covid fluctuates but largely within 50 – 60 cases.
- Stress related absence
- Ability to access Occupational Health (OH) support

Key dependencies

- Absence support / management including OH
- Ability to access health and wellbeing support
- Management awareness process / risk assessment

Future actions

- Monitor absence reasons
- Absence surgeries being held to support both managers and staff.

**RBH Clinical Group data is not included in this indicator*

Supporting Information

SPC definitions

Guy's and St Thomas' NHS Foundation Trust

Statistical Process Control (SPC) charts allow you to identified statistically significant changes in data. The SPC confidence (or process) limits represent the expected range for data points if variation is within the expected limits. A number of rules have been applied in line with the NHSE SPC approach to identify when indicators are showing special variation. Each rule is calculated using the latest month values.

Common cause variation

Indicator has not triggered any SPC rules for current month

Special cause variation – single point

A single point outside the SPC confidence limits (mean +/- 3 sigma)

Special cause variation – trend/shift

A run of 7 points above or below the mean (a shift), or a run of 7 points consecutively ascending/descending (a trend)

Special cause variation – moving range

There is a large change in the moving range (greater than 3.27 & average moving range)

Special cause variation – 2 of 3

2 out of 3 points are within 1 sigma of the upper or lower confidence limit

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS
STRATEGY AND PARTNERSHIPS BOARD COMMITTEE

Minutes of the meeting on Wednesday 6th October 2021
Held virtually via MS Teams, 9am – 12pm

Members Present:	Sir H Taylor, Chair	Mr J Pelly
	Prof I Abbs	Prof R Razavi
	Ms A Bhatia	Ms J Screaton
	Mr P Cleal	Mr M Shaw
	Mr S Friend	Dr P Singh
	Dr F Harvey	Dr S Shribman
	Dr J Khan	Dr S Steddon
	Baroness S Morgan	Mr L Tallon
	Ms J Parrott	Mr S Weiner
In attendance:	Mr E Bradshaw – Secretary	Ms A Jarvis – item 7
	Ms S Austin	Ms B Jegede
	Ms J Dahlstrom	Ms A Knowles
	Mr S Davies	Ms R Liley – from 10am
	Mr B Falk	Ms C Lloyd – item 7
	Ms E Henderson – from 10am	Mr A Mazumder – item 7
	Mr R Grocott-Mason	Ms A Rigg – from 10am
	Mr A Gourlay	

8.4

1. Welcome and introductions

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

2. Apologies

2.1. Apologies had been received from Jon Findlay.

3. Declarations of interest

3.1. There were no declarations of interest.

4. Minutes of previous meeting, review of action log and matters arising

4.1. The minutes of the previous meeting held on 30th June 2021 were approved as an accurate record. The action log was reviewed and it was noted that an update

on the Sustainability Strategy would be presented to the Board of Directors at its meeting on 20th October.

4.2. The Committee received reports about a number of recent developments across the Trust, including the appointments of a new Director of Workforce and a Director of Equality, Diversity and Inclusion. Committee members were delighted that Lambeth Council had unanimously approved the Trust's planning application for the expansion of the Evelina London Children's Hospital, and all those involved were thanked for their hard work.

4.3. The Trust was under considerable operational pressure from unprecedented numbers of patients attending the emergency department and the ongoing work to reduce the elective backlog and treat those on urgent cancer pathways. This was exacerbated by workforce challenges, including high vacancy and sickness rates in some directorates, and particularly in critical care. A small number of elective operations had recently been cancelled due to the reduced availability of critical care beds. The Trust was working tirelessly to alleviate these pressures, and the Committee noted actions being taken to address temporary pay rates, recruitment and retention of staff. Committee members discussed the extent to which the Trust could take more action to address workforce concerns and how it was balancing treating increased numbers of patients with supporting staff wellbeing. It would be important to analyse workforce indicators comparatively to identify issues that were common to trusts regionally and nationally and those that were specific to the Trust.

5. Board Review

5.1. The bi-annual Board of Directors away day had taken place on 23rd and 24th September 2021 and was branded as 'Framing the Future', with presentations examining both the current financial and operational context and looking ahead to the future in terms of health innovation, technology and workforce. Time had also been devoted to learning more about each of the Trust's clinical groups. The main objectives of the event had been to foster togetherness and establish a common purpose in identifying and making plans on how the Trust would address the challenges facing the health sector.

5.2. The Board reflected on the key themes coming out of the event, including business planning, the Trust operating model, innovation and change, capacity and capability, and workforce. It was noted that the themes were closely aligned to the strategic risks on the Board Assurance Framework. A number of actions or aspirations had been identified during the event, which could form the building blocks of work programmes for each theme. In discussing the key themes, Committee members requested greater emphasis was needed on:

- The aspirations to accelerate work around the Trust operating model;
- The implications of the capital departmental expenditure limit (CDEL) on the Trust's cash position;

- The importance of a diverse workforce with equal access to opportunities;
- The increased risk profile of the Trust and how this is being managed through the Board Assurance Framework;
- The complexity of the external environment and operating in two Integrated Care Systems (ICSs);
- The Trust's role in supporting the wider system, and the Trust's success being linked to the success of the ICS; and
- Business planning as a process driven by demand and capacity and workforce projections rather than by a financial plan, and also the need to ensure the Trust has a firm grip on its own cost base given the uncertain financial environment.

6. Update on Specialised Services Developments

6.1. Since the last update to the Committee there had been a number of developments relating to the future of specialised services. Key amongst these were engagement documents that had been shared by NHS England on the future proposed financial model, and the categorisation of specialised services into those that could be planned and delivered at an ICS level, on a 'north and south' London model, at a pan-London level and at a national level. The Committee also noted the outcomes from the first meeting of the South London Specialised Services Interim Programme Board that had taken place on 10th September.

6.2. The Committee identified two separate considerations linked to specialised commissioning: the allocation of income, and how services were planned and delivered. A number of Committee members expressed concern that there remained a significant lack of clarity about the timetable, process and governance at both a regional and national level, and that this represented a significant clinical and financial risk to the organisation. It would be important to ensure the Trust understood the risks as they evolved in order to mitigate them.

6.3. It was agreed that the Trust should continue to be active in understanding developments in this area and engaging with relevant stakeholders to influence policy. Whilst awaiting further detail, the Trust should continue to collaborate with system partners in addressing operational challenges and consolidate its networks to build resilience. Clear options should also be developed to manage the enhanced risks to services delivered by Royal Brompton and Harefield. It was suggested that this may involve research into how other specialist organisations with similar patient flows are approaching the changes.

7. The Development of Community Diagnostic Hubs and Imaging Networks

7.1. In recent years there had been a national push towards the reform of diagnostic services through the establishment of collaborative imaging networks and Community Diagnostic Hubs in order to maximise the use of existing capacity,

provide faster access to specialist opinion and make efficiencies through economies of scale. Whilst a south east London Imaging Network Board had been formed, there remained no shared imaging strategy across the system. The Committee noted that policy was evolving fast and there was a need for clarity on future funding arrangements and the clinical service model including the staffing. This had led to a risk that providers would develop their own Community Diagnostic Hubs, particularly to deal with the significant backlog of elective work including cancer patients that had built up during the COVID-19 pandemic.

7.2. The Committee agreed that there were significant clinical benefits in establishing collaborative imaging networks and diagnostics hubs, and welcomed the efforts that its teams were already making to push this important agenda forward. One proposal was to replicate the success to date of the Pathology Programme and establish a joint venture to mitigate the risks of a unilateral approach and to ensure the hubs were closely linked into the service providers. There was strong support from Committee members for developing a vision and seeking a leadership role across the system to ensure the work proceeded with pace. It was also recognised that this work would form an important part of the Trust's Outpatients and Ambulatory Care major programme.

8. Our Commitments to Advance Health and Wellbeing

8.1. The Trust Board had previously decided that a statement of the Trust's wider social purpose, which included developing our role as an anchor organisation, should be established. This had now been drafted with input from a number of colleagues across the organisation and was presented to the Committee for comment and to seek feedback on how best to embed this agenda across the organisation, including all clinical groups. The Committee noted that the commitment stated was rooted in the Trust's strategy *Together We Care* and that previous descriptions of the Trust's purpose to "improve population health and reduce inequalities" had been changed to "advance health and social wellbeing" to ensure greater clarity of purpose. Further examples were being developed to enable stakeholders to understand how the Trust was turning these aspirations into action.

8.2. The Committee welcomed the work that had been done and supported the wider publicising of the statement. It was agreed that it would need to be owned by the whole organisation, and was applicable to all clinical groups. It would be important to ensure the statement did not imply the Trust had fully-achieved its aspirations.

9. Strategic Risks and Board Assurance Framework Update

9.1. Updates had been made to three of the strategic risks owned by the Strategy and Partnerships Board Committee, regarding research delivery and research

industry partnerships (risk 8), the impact of national policy and legislation changes (risk 10) and Local Health Economy and Integrated Care (risk 14).

9.2. The Committee reviewed the updates and agreed that the Strategy team should revisit the risks and consider whether any further updates were required following the discussions held in the meeting.

ACTION: JP, MH

10. Any Other Business

10.1. There was no other business.

The date of the next meeting is Wednesday 15th December 2021, with arrangements to be confirmed.

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS
TRANSFORMATION AND MAJOR PROGRAMMES COMMITTEE

Wednesday 29th September 2021, 2pm – 4pm
held virtually on MS Teams

Members Present:	Mr S Weiner – Chair	Ms J Parrott
	Prof I Abbs – until 3pm	Prof R Razavi
	Ms A Bhatia – until 3.40pm	Ms J Screaton – until 3.45pm
	Mr P Cleal	Mr M Shaw
	Mr J Findlay – until 3.40pm	Dr S Steddon
	Mr S Friend	Mr L Tallon
	Dr F Harvey	Sir H Taylor
	Baroness S Morgan	
In attendance:	Mr E Bradshaw – Secretary	Mr R Firth – item 12
	Mr J Abdi	Mr A Gourlay
	Ms C Berwick	Dr R Grocott-Mason
	Ms V Borwick	Mr R Guest
	Mr R Bray	Ms A Knowles
	Ms B Bryant	Ms R Liley
	Dr E Chevretton	Ms K Moore
	Ms S Clarke	Ms A Ogunlaja
	Ms J Dahlstrom	Mr M Parker – item 12
	Mr S Davies	Mr I Playford

8.5

1. Introductions and apologies

1.1. The Chair welcomed colleagues to the meeting of the Transformation and Major Programmes Committee (the Committee). He gave a special welcome to Jordan Abdi, Elfy Chevretton and Victoria Borwick who were the new governor representatives on the Committee. Apologies had been received from Javed Khan, John Pelly, Marian Ridley, Priya Singh and Sheila Shribman.

2. Declarations of interest

2.1. Martin Shaw and Simon Steddon declared interests as members of the Viapath Board for item 6 on the meeting agenda. They would leave the meeting when this item was being discussed.

3. Minutes of the previous meeting held on 3rd September 2021

3.1. The minutes of the previous meeting of the Committee were approved with the following amendments to the attendance record: Jackie Parrott and Julie Screaton would be recorded as having been present.

4. Matters arising and review of action tracker

4.1. All matters arising from previous meetings of the Committee would be addressed through items on the meeting agenda.

5. MPO/IPO Benefits Management

5.1. The Major Programme Office (MPO) and the Investment Portfolio Office (IPO) had developed a joint process, based on the HM Treasury *Green Book*, to align the approaches to managing the benefits from the Trust's major programmes and capital schemes. The process would support the Trust to invest in the most effective programmes through strategic alignment and prioritisation, and provide assurance to the Committee that business cases it had approved would realise their intended benefits over time.

5.2. The Committee noted that whilst projects and programmes were often considered finished when their deliverables were discharged, the new process would provide a focus on benefits throughout the programme lifecycle. It was acknowledged that further work was needed on the tracking of longer-term benefits. Some Committee members enquired how frequently the benefits would be assessed and how the benefits would be quantified. The MPO and IPO teams were building a set of metrics for this, with reference to relevant national guidance, and an update would be brought to a future meeting of the Committee.

ACTION: CB

5.3. The capacity and capability of the MPO and IPO teams was continuing to increase, and there was an intention to build more resources to support prioritisation and planning efforts. It was suggested that the scope of the benefits management system should be extended beyond major programmes and capital schemes to support other internal decisions being taken. There was consideration of how the work might also link into the business planning process.

6. Our Healthier South East London: Pathology Transformation

- **Status of Royal Brompton and Harefield Pathology Services** (Martin Shaw, Chief Financial Officer and Simon Steddon, Medical Director, left the meeting for this item)

6.1. Whilst a formal decision had yet to be taken about the extension of pathology services to Royal Brompton and Harefield it was reported that an options appraisal and business case process was underway, with a final recommendation to be presented to the Board by December 2021.

6.2. The Committee was reminded that Royal Brompton and Harefield currently used a different Laboratory Information Management System (LIMS) to the Beaker LIMS, an Epic product that was being built as part of the Apollo Programme. Royal Brompton and Harefield was therefore exploring the adoption of Beaker as its new LIMS as part of its options appraisal. In parallel, Royal Brompton and Harefield was engaging with the Apollo Programme Rapid Design Groups to ensure that its staff had the opportunity to provide input into the design of the Beaker LIMS. The benefits to patients and staff of moving to an integrated data platform were noted.

- **Pathology, Apollo and KHP Cardiovascular and Respiratory Partnership Programme Interdependencies**

6.3. There are significant interdependencies between the Apollo and Pathology programmes and a number of associated risks had emerged in recent weeks. The timelines for the next stages of each programme were not sufficiently aligned and work was being done to understand the operational impact and the potential costs of any delays. A number of possible options would be taken through the programme governance framework and then come back to the Committee in due course.

ACTION: BB, SS

6.4. Committee members acknowledged the challenges presented, and encouraged the teams to work at pace to identify a solution.

7. Outpatient and Ambulatory Transformation Programme Update

7.1. Many of the Programme workstreams were progressing well and recruitment for the Programme Director was in its final stages. Successful implementation of the Epic system was recognised as a key enabler for the achievement of the Programme objectives, and the two teams were already working closely, with ongoing engagement with the Apollo Rapid Design Groups. Going forward, the Programme aimed to explore creative ways of maximising the benefits of digital technology, for example looking at different models of care outside the acute hospital setting, while also continuing to work in line with national direction for transforming outpatient and ambulatory care. Committee members queried how the assessment of the Programme status had been determined. A more detailed description of the assessment criteria would be circulated to Committee members.

ACTION: CB

8. King's Health Partners Cardiovascular and Respiratory Partnership Programme

8.1. A number of corporate areas had formally commenced the 'strategic review' process with plans in place to ensure the necessary support and expertise was available to support teams with these reviews. The post-merger savings already being delivered were continuing to be tracked monthly, by function, and a branding project had commenced.

8.2. Implementation plans were being developed to bring together the clinical groups for adults and children's cardiovascular and respiratory services by April 2022. Opportunities for both groups to come together included through work to help design new patient pathways in Epic. There had been further developments with the Trust's academic partnerships and partners, including at Imperial College London, had worked together on the Trust and King's College London pre-qualification questionnaire (PQQ) for the Biomedical Research Centre (BRC) application. Committee members emphasised the importance of this work to enable the necessary research to take place for the benefit of patients. The colleagues involved were thanked for their hard work.

8.3. It was confirmed that the final regulatory requirement linked to the merger had been discharged in July with the submission of the Trust's corporate governance statement to NHS England.

9. Trust Operating Model Programme Update

9.1. Significant progress had been made in developing the new Trust operating model over the past year, despite the challenges posed by the COVID-19 pandemic. The first round of the Trust Executive-to-Clinical Group Executive Performance Review Meetings had been scheduled for October and these would act as the central forum where the clinical groups would be held to account for their performance by the Trust Executive.

9.2. Work had begun to develop a revised Accountability and Performance Framework, outlining the devolved accountability and rules of engagement between the Trust executives, clinical group and corporate service leadership teams in line with the Trust Operating Model. The Scheme of Delegation and Standing Financial Instructions, and other key documents supporting the operating model, would also be reviewed in the coming weeks.

9.3. Committee members sought clarification on what lessons had been learned from the work to date and how these had been incorporated into the current work. The clinical groups were at different stages of maturity, but the Evelina London Clinical Group had set a helpful precedent that the Trust would look to replicate across the other clinical groups. Some Committee members felt the Trust was still working in a centralised way as part of its response to the COVID-19 pandemic, and a careful transition was needed towards the new ways of working.

10. Apollo Programme Update

10.1. The Apollo Programme to implement a new electronic health record (Epic) was continuing to make good progress and the pace of work had increased since the Rapid Decision Groups had been launched in September. It was reported that there had been extensive clinical and operational engagement on the Rapid Decision Groups across sites at Guy's and St Thomas' and at King's College Hospital. The Omnicell integration was underway and programme governance was embedded and working well. One of the main risks was around the interdependencies with the Pathology Programme, as previously discussed, and these were being worked through.

10.2. The Committee noted that the Board of King's College Hospital, which was supportive of formally joining the Programme, would meet in late October to make a final decision about whether sufficient funding was available to do so. In the meantime, colleagues from King's College Hospital would continue to engage with the Rapid Decision Groups to maintain momentum and their involvement in patient pathway design. The next phase of assurance for the Programme had been agreed and would review the Programme design stage in November. The report would be brought back to a subsequent meeting of the Committee.

ACTION: BB

10.3. Committee members discussed the importance of data to the Trust and sought clarification on whether the Epic implementation would include a data analysis centre. This would need to be worked through with the Trust's Chief Operating Officer who was responsible for the data analytics for operational reporting and the Trust's Medical Director who was responsible for the clinical analytics faculty.

ACTION: BB, JF, SS

10.4. Some Committee members expressed concern about the operational pressures on the Trust during the winter period and asked whether the Programme would be able to maintain the current level of engagement and representation at the Rapid Decision Group meetings. Attendance would be monitored and actions taken as necessary, although it was reported that many staff were enthusiastic about providing input into the design phase and looked forward to the benefits of the new system. Nevertheless, there was some anxiety from Committee members about the time commitments that the training would place on nursing and medical staff. An update about staff whose roles may be significantly impacted by the new technology would be brought to a future meeting.

ACTION: BB, JS

11. Orthopaedics Centre of Excellence Update

11.1. Developments with the Orthopaedics Centre of Excellence had moved quickly in recent weeks as the Trust worked through the implications of the feedback and recommendations received from London Fire Brigade on the designs. An update was received on the discussions that had been held with Johnson & Johnson and the Committee noted that an options appraisal, with an overview of the background to the project and a summary of the legal position, would be undertaken to support a Board decision expected in November.

ACTION: JF, SD

12. Cath Lab 3 – Full Business Case

12.1. The existing imaging equipment in Cardiac Catheter Laboratory 3 (Cath Lab 3) had passed the end of its useful life and this was impacting on timely service delivery. The manufacturer had also advised that it could not guarantee further repair of the equipment beyond December 2020. The Full Business Case (FBC) for replacing the existing imaging equipment, including its Air Handling Unit, was presented to the Committee for approval. The Committee was also asked to approve the award of the contract to Phillips Medical.

12.2. There was strong support from the Committee for the proposal, although some members queried the delay in the replacement plan for the equipment. Reassurance was sought that about the steps that were being taken to provide early visibility of other equipment that needed replacing so that similar delays could be avoided in the future. It was agreed that the Quality and Performance Board Committee should be sighted on maintenance requirements across the Trust's 14 catheter laboratories.

ACTION: AG

12.3. There were further questions about the procurement process that had taken place for the supplier of the imaging equipment, which had been done as a full competitive process.

RESOLVED:

12.4. The Committee resolved to approve the FBC and to approve the award of the contract to Philips Medical.

13. Board Assurance Framework

13.1. The Committee was responsible for three of the strategic risks on the Trust's Board Assurance Framework (BAF). These risks, together with an assessment of the sufficiency and adequacy of the controls and of the current assurance levels, had been updated and reviewed by the Trust's executive management and were presented to the Committee for review and approval.

13.2. Some concern was expressed about the assessments of the controls and assurance regarding the Trust's ability to improve and flex its estate to help deliver its strategic objectives (risk 3), due to ongoing theatre capacity constraints. A staff governor reported that, whilst ongoing work to build new decant theatres would be helpful, many staff were not aware of the plans and closures for maintenance were having adverse effects on staff and patients. It was noted that the quarterly estates report would be brought to the next meeting of the Committee, and that a comprehensive estates maintenance plan would also be presented at the Quality and Performance Board Committee meeting in November.

ACTION: AG

13.3. The Committee agreed that there should be reporting on theatre utilisation and productivity to the Trust Board.

ACTION: JF

13.4. The Trust had commissioned a formal review of senior management capacity to provide an objective assessment of possible delivery issues for the Trust's operational requirements and strategic programmes. The results may impact the current level of assurance for the BAF risk that the Trust may fail to deliver all its planned major programmes and projects due to internal and external pressures (risk 13). An update would be brought to a future meeting of the Committee.

ACTION: LT

14. Any Other Business

14.1. There was no other business.

The Committee was next due to meet on Wednesday 1st December 2021.

Royal Brompton and Harefield

NHS Guy's and St Thomas' NHS Foundation Trust

ROYAL BROMPTON & HAREFIELD CLINICAL GROUP BOARD

12 October 2021 at 11.00 – 13.00

Via MS-Teams

MINUTES

PRESENT: Baroness Morgan of Huyton (Chair)*, GSTT Deputy Chair and NED
Simon Friend*, GSTT NED
Dr Felicity Harvey*, GSTT NED
Avey Bhatia*, GSTT Chief Nurse, Executive Member
Lawrence Tallon*, GSTT Deputy Chief Executive, Executive Member
Dr Richard Grocott-Mason, Managing Director, RB&H Clinical Group, Executive Member
Lis Allen, Director of Human Resources, RB&H CG, Executive Member
Robert Craig, Director of Development & Operations, RB&H CG, Executive Member
Joy Godden, Nursing Director & Director of Clinical Governance, RB&H CG, Exec Member
Richard Guest, Chief Financial Officer, RB&H CG, Executive Member
Nicholas Hunt, Director of Service Development, RB&H CG, Exec Member
Dr Mark Mason, Medical Director, RB&H CG, Exec Member
Luc Bardin, Non-executive Advisor, Clinical Group
Mark Batten, Non-executive Advisor, Clinical Group
Janet Hogben, Non-executive Advisor, Clinical Group
Prof. Peter Hutton, Non-executive Advisor, Clinical Group
Prof. Bernard Keavney, Non-executive Advisor, Clinical Group
Ian Playford, Non-executive Advisor, Clinical Group
** voting rights*

8.6

OBSERVERS: Cllr John Hensley, GSTT Governor Representative
Leah Mansfield, GSTT Governor Representative
John Bradbury, GSTT Governor Representative

IN ATTENDANCE: Jo Carter, Director of Nursing, CRCC Clinical Group, GSTT
Prof Richard Leach, Medical Director, CRCC CG, GSTT
Prof Gerry Carr-White, Medical Director, CRCC CG, GSTT
Denis Lafitte, Chief Innovation and Technology Officer (CITO), RB&H CG
David Shrimpton, Managing Director Private Patients, RB&H CG
Luke Blair, Interim Director of Communications and Public Affairs, RB&H CG
Ross Ellis, Hospital Director, Royal Brompton Hospital
Penny Agent, Director of Allied Clinical Sciences, RB&H CG
Derval Russell, Hospital Director, Harefield Hospital
Sharon Ibrahim, Head of Assurance, RB&H CG
Eve Mainoo, EA to the Managing Director, RB&H CG
Simon Padley, Consultant Radiologist and Director of Radiology, RB&H CG
Nadia Yousaf, Medical Oncology Consultant, The Royal Marsden NHS FT
Miranda Wicking, Associate Director, Service Development, RB&H CG

APOLOGIES: Ben Falk, Director of Operations/ Interim Managing Director, CRCC Clinical Group, GSTT

1. **Notice of Meeting Given, Quorum, Apologies for Absence & Welcome**
Due notice had been given, and the meeting was quorate. Apologies had been received from Ben Falk, Director of Operations, CR&CC Group, GSTT.

The Chair (BSM) welcomed all present especially the new GSTT Governor representatives.

2. Declarations of interest

Prof Peter Hutton informed the meeting of his previous link to Birmingham University Hospital and also his role as chair of the partnership board of the Joint Thoracic Service with The Royal Marsden Hospital.

3. Minutes of the Meeting held on 13 July 2021

The minutes of the previous meeting were approved subject to a minor amendment (the change of name of Janet Pamment to Janet Hogben).

4. Managing Director's Report

The RB&H Clinical Group Managing Director (RG-M) began his report by thanking all staff for their dedication and hard work carried out on behalf of our patients and also his gratitude to his executive colleagues for their support.

On covid-19:

- It was noted that the overall number of covid patients across north-west London had remained relatively stable throughout the summer. While the number of covid patients in our hospitals had dropped, although a requirement for ECMO treatment for covid patients in critical care had continued.
- The covid booster vaccine programme was being delivered alongside the annual flu jab; there was an also an ongoing government consultation as to whether the covid vaccine should be mandated for frontline health workers.

Elective activity:

- Clinical activity had risen during September, such that the RB&H Clinical Group were aiming to achieve for Q2 of FY21-22 the activity level of 95% of the FY19/20 baseline required to qualify for funding from NHS England's Elective Recovery fund.
- Both Royal Brompton (RBH) & Harefield (HH) heart divisions exceeded this target, with the Lung and Children's Services' divisions falling slightly below this level. Although activity is measured and funds are allocated at ICS level it is unclear as to when and how much funding will be allocated.

Constraints on capacity:

- Restrictions remained on the number of patients that could be accommodated on the wards due to the infection prevention and control guidelines. Staffing pressures have led to bed closures affecting Level 1 beds at RBH and Levels 1 to 3 at HH.
- Cath Labs on both sites had been closed for repair/replacement – the two at HH were due to re-open in October, and the one at RBH in February 2022 – although a mobile cath lab had been in use at Harefield since July 2021.
- The Bronchoscopy suite on Lind ward had been out of use since March 2020, although its capacity would be fully replaced within the new diagnostic centre in early 2022. The re-opening of inpatient beds in Fulham Wing has boosted the respiratory teams' morale.

Non-NHS Clinical Activity Recovery

- Non-NHS / private patients' clinical activity and income were recovering due to strong market demand, although they were still below pre-Covid levels due to restricted availability of in-patient beds. RG-M confirmed that we are utilizing both NHS and PP facilities to try to deal with the backlog of patients waiting for interventions.

Harefield Hospital

- RG-M touched upon a number of operational and development issues and achievements at Harefield site. A clinical strategy paper for the Harefield Hospital site has been developed and will be presented at the next clinical group board meeting for discussion.

Heart & Lung Transplantation

- Dr Mark Mason (MM) highlighted both the recent notification of 'triggering' for lung and transplant mortality and also the full set of steps already taken to address it; he also mentioned the significant number of transplants undertaken recently with positive outcomes.
- Recent appointments of Consultants in Heart and Lung Transplantation and a Director of Heart and Lung Transplantation would strengthen the transplant services going forward.

Estates & capital projects

- An estates working group had been formed to provide a strategic oversight of the use and redevelopment of its real estate such as reviewing the development strategy; co-ordinating a Clinical Group response to Trust-wide estates' reviews; considering funding for broader programmes as well as individual projects; and having a major oversight of investment and divestment schemes. A number of schemes are in the initial stages of feasibility evaluation for feasibility to be developed.
- The RB&H Diagnostic Centre will be handed over by the contractor in mid- / late-November, followed by a 8-10 week commissioning phase, and with services opening for patients from mid-January to mid-February 2022.

Integration

- With the integration of the adult cardiovascular, respiratory and critical care Clinical Group at STH with RB&H CG set for April 2022, a proposed leadership model paper for the expanded group would be discussed at the Part B session of this Board meeting. Two joint Clinical Directors for the newly integrated clinical directorates across EL and RBH had been appointed.
- Cost savings targets had been set from the integration of corporate functions which would be incorporated into each function's strategic review process, and delivered via a combination of pay and non-pay reductions with no compulsory redundancies.
- The first tranche of corporate functions were about to complete the review process, with the outcomes to be presented at the Integration Board meetings in October and November.

Academic Update

- Prof Martin Cowie had been appointed as Executive Director of Cardiovascular Research for RB&H CG who will work alongside Prof Andy Menzies-Gow (Executive Director of Respiratory Research). An agreement between GSTT, Imperial College and KCL on the BRC application submission was close to being achieved.

Digital Health

- Denis Lafitte (CITO, RB&H CG) provided an update on the system design process within the Apollo programme which commenced in September and which will be completed by May 2022, in advance of an ultimate go-live in April 2023. A new Voice recognition system would be rolled out at RB&H for clinicians to automatically record their notes. Programme implementation and the process to backfill especially clinical staff were discussed.
- There has been a focus on improving several aspects of data analytics to enable the provision of accurate, timely and meaningful data for operational decision making, covering technology, training and process improvement. New performance reporting dashboards in line with GSTT data requirements and strategy would be rolled out during Q3.
- Other key improvements made over Q2 included the development of a self-booking platform for inpatient visitors on every ward, the introduction of a new cath labs' and theatres' scheduling system in place at RBH, continued digitization of paper and automation processes, and an investment in cyber security.

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

5. Integrated Performance report for the Cardiovascular, Respiratory & Critical Care CG

Jo Carter (JC) apprised that the report was still incomplete and will be made available at the next meeting.

Action: JC to present a full report at the next Board meeting

6. Draft Business Plan for Joint Thoracic Service with The Royal Marsden Hospital NHSFT

- Prof Peter Hutton (PH) and Robert Craig (RC) introduced the business case on the Joint Thoracic Service partnership with The Royal Marsden Hospital (RMH) to provide a better-integrated lung cancer service with enhanced capacity, aligning with NHSE/I requirements to support robust thoracic surgery pathways in NWL.
- Dr Nadia Yousaf, RMH consultant oncologist, identified the benefits from this partnership in it would improve efficiencies in diagnostic pathways and increased ICS diagnostic capacity, thereby bringing about an improvement in line with the National Optimal lung cancer pathway standards and cancer waiting-time targets. This was echoed by Prof Simon Padley, RBH consultant radiologist.
- A discussion followed on the configuration and implementation of the EPIC IT system across RMH and RBH.

The Board approved the business case and its preferred option (Option 3).

7. Nurse Staffing

The Director of Nursing & Clinical Governance (Joy Godden) presented the Nurse Staffing report.

- The current national pressures on nurse staffing are being felt as well within the RB&H CG, but there are plans in place to improve the situation short- and longer-term. As with the rest of the NHS this has led to restrictions in clinical activities, delays in discharge preparations and extended hospital stays.
- Nursing vacancy rates had fallen from 14% to 6% pre-pandemic during 2019/20 – more recently the vacancy rates across both RBH & HH hospitals in August 2021 were standing at 9%. Underlying factors were sickness absence rates and staff taking their leave **entitlement.** Although recruitment and retention plans were already in place, other factors have been identified to strengthen these.

The report was noted by the Board.

8. Report from the Risk & Safety Committee

Members were updated on the matters considered by the Risk & Safety Committee meeting held on 14th September 2021 by the Chair of the Committee, Prof Peter Hutton.

- The following key matters were covered:
    - Quality Presentation on the 'Digital Nurses'
    - Risk Review Report
    - Infection, Prevention & Control Board Assurance Framework –
    - Learning from Deaths
    - Serious Incident Summary – one report in M5
    - Keep Patients Safe whilst Waiting
    - Annual Inpatient Survey
    - Governance & Quality Committee Minutes

- PH commended the bridging of the gap between IT and clinical services and improved digital literacy; pointed out the implications of the lack of clarity at a national level in relation to mandating covid vaccines for all patient-facing NHS staff; and noted that the Annual inpatient survey - run digitally / electronically for the first time - had yielded a response rate of 65% across services, with high patient satisfaction levels above the national standard.

  The Board noted the minutes and the report.

9. Month 3-5 Clinical Quality Report

The Month 3-5 Clinical Quality Report was presented by JG.

- Three cases of c.difficile were reported in M5 at HH with investigations underway whilst RBH had an outbreak of norovirus during M5 on a ward with six patient positive cases.
- A cross-site comprehensive programme for treating cardiogenic shock has been developed which has improved the chances of patient survival.
- RC reported that the number of patients waiting for treatment longer than 52 weeks had reduced by over 50% during the months of July and August 2021: there were 38 such patients in that category at the end of M5 including 12 patients who had chosen to defer their treatment.

The Board noted the report.

10. Finance & Performance Committee Report and Minutes – 20 September 2021

Mr Mark Batten, Chair of the Finance & Performance committee presented the minutes and gave a verbal update on matters considered at the recent meeting held on 20 September 2021 and highlighted the following:

- Staffing pressures and the financial implications due to agency spend
- ERF achievement being dependent on performance
- The discovery phase of the strategic review of the finance teams was under way
- The delay in the lifting of the Crossrail 2 safeguarding of Chelsea Farmers Market would necessitate the repayment of the bridging loan from the Trust's cash reserves.

The Board noted the minutes and verbal report.

11. Month 5 Finance Report

Richard Guest, CFO of RB&H CG, gave an overview of the Month 5 Financial position.

- RB&H CG had achieved an in-month surplus of £0.5m with a favourable variance of **£0.5m** against a break-even plan, and an adverse variance of (£0.1m) against the original CG plan. This translated into a total YTD surplus of £5.7m.
- The **cash position of** £82.4m was healthy, being at £0.8m behind plan, including **the** drawdown of the remainder of the **bridging loan** for the Diagnostic **Centre.** A reforecasting exercise of the budgeted c**ap**ex spend for H2 would be carried out following new guidance **from** NHSE**.** Further details around allocations across the Trust would be made available next month.

The Board noted the report.

12. Update on the People Committee

Janet Hogben, chair of the committee, highlighted the following:

- Bringing Clinical Groups together and overcoming people challenges faced over the past 18 months especially in recruitment retention
- Strategic review update – focused discussion on staff engagement within the process
- Staff survey - improved responses by the HR teams to respond to messages / themes from the staff survey
- Staff support – continuous reminder around the merger vision
- Flu Vaccination and Booster campaign update – possible mandating of vaccination by the government for patient facing staff
- People Innovation – a retention focus
- Inclusivity – future leaders and Supporting our global workforce

- A discussion followed in relation to the staff survey, especially as to how to achieve a high response rate and the importance of creating a spirit of healthy competition. RB&H **had**

achieved a 17% response rate as compared to 10% for the rest of GSTT during the first week after the survey had been opened.

- Innovation programmes to enhance the diversity of future potential leaders would be building on a successful previous programme to assist female potential leaders. A programme had been designed to help international fellow staff-members to feel connected, supported and valued, having been away from home over an extended period of time

The Chair thanked JH for the update.

13. Recommendations of the Advisory Appointments Committee

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

- Dr Janet Stowell - Consultant in Respiratory Medicine with Expertise in Chronic Lung Infection
- Prof Margarita Brida - Consultant Cardiologist in Adult Congenital Heart Disease with an Interest in Heart Failure and Echocardiography
- Dr Ee Lin Heng – Consultant Cardiologist in Adult Congenital Heart Disease and Structural Heart Catheter Intervention
- Prof John Dunning as Director of Heart and Lung Transplantation, Consultant in acquired Cardiac Surgery, Heart and Lung Retrieval & Transplantation and Mechanical Circulatory Support
- Dr Joana Alcada Tomas da Costa as a Consultant in Critical Care Medicine
- Dr Katrina Bramley as a Consultant in Adult Cardiothoracic Anaesthesia and Critical Care
- Dr Shabana Anwar as a Consultant in Critical Care Medicine
- Dr Katherine Good as Consultant in Adult Cardiothoracic Anaesthesia and Critical Care
- Dr Andrew Morley-Smith as Consultant Cardiologist in Heart Failure, Transplant & Mechanical Circulatory Support

14. Any other business

None

15. Date of next meeting

The date of the next meeting of the RB&H Clinical Group Board will be Thursday 13 January 2022 at 11.00 – 14.00.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 26 JANUARY 2022

Title:	Documents Signed under Trust Seal, 1 November to 31 January 2022
Responsible Director:	Ian Abbs, Chief Executive
Contact:	**Ian Abbs, Chief Executive**

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

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

WEDNESDAY 26 JANUARY 2022

DOCUMENTS SIGNED UNDER TRUST SEAL
1 NOVEMBER 2021 TO 31 JANUARY 2022

PRESENTED FOR INFORMATION

1. Introduction

In line with the Trust's Standing Financial Instructions, Professor Ian Abbs, Chief Executive and Hugh Taylor, Chairman signed document numbers 996 to 1010 under the Foundation Trust's Seal during 1 November 2021 and 31 January 2022.

2. Recommendation

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

Number	Description	Date
996	Oral Medicine Expansion project to increase clinical space capacity within Oral Medicine, Oral surgery and Special Care Dentistry by creating a new dedicated Oral	19.10.21

	Medicine Department on Floor 25 of Tower Wing at Guy's Hospital. FBC was approved in October 2020 and the construction contract awarded to ISG Construction Limited.	
997	Agreement (Amended NEC4 Engineering and Construction Short Contract) for the provision of works relating to 2020-AM016 Fracture Clinic ED STH: Enabling work, refurbishment – building works & mechanical electrical to deliver Fracture Clinic building between (1) Guy's and St Thomas' NHS Foundation Trust and (2) G&M Building Contractors (Essex) Limited.	01.11.21
998	Deed of Termination of a guarantee relating to the Triangle Site at St Thomas' Hospital, Lambeth Palace Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Bouygues Baitment International.	16.11.21
999	Transitional Services Agreement relating to the Triangle Site at St Thomas' Hospital, Lambeth Palace Road, London SE1 7EH between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Bouygues Baitment Development Limited.	
1000	Agreement (Amended NEC4 Engineering and Construction contract) related to the design, demolition and refurbishment works required in the North Wing lower ground floor disused LINAC bunkers and ancillary areas, to enable the installation of 2 new MRIs between (1) Guy's & St Thomas' NHS Foundation Trust and (2) Siemens Healthcare Limited.	30.11.21
1001	Lease of Naum Gabo's Revolving Torsion Fountain (in steel). The document formally connects the Charity's obligations to the Tate for artwork with a landlord and tenant relationship with the Trust that, amongst other things, makes the Charity's obligation	15.12.21

	to insure and repair explicit between (1) Guy's & St Thomas' NHS Foundation Trust and (2) Guy's & St Thomas' Foundation.	
1002	Revised Lease plans for Under-Lease plus Agreement, Gracefield Gardens, Streatham, London SW16 2ST between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Community Health Partnership. Under a previous Agreement completed in March 2021, the Trust was obliged to take a ULPA (Lease) of premises upon completion of reconfiguration works.	15.12.21
1003	A Section 106 Agreement related to the Orthopaedic Centre of Excellence. The Planning Committee of Southwark Council approved the project in March 2021 and the document outlines the agreed obligations that must be fulfilled as part of construction between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Southwark Council.	15.12.21
1004	Compensation Deed and Deed of release (rights of light regarding the premises on 75-79 York Road, London). Compensation payable to the Trust of £20,000 and the Trust's legal and external surveying costs. The Trust permits the developer to carry out the development of Elizabeth House and releases/surrenders all claims to respect of rights of light in connection to the proposed development between (1) Guy's and St Thomas' NHS Foundation Trust and (2) HB Reavis UK Ltd.	15.12.21
1005	Underlease between (1) NHS Property Services Ltd and (2) Guy's and St Thomas' NHS Foundation Trust and Deed of Consent to Underlet between (3) Oslo Holdings Ltd of office premises on second floor of 1 Lower Marsh, London.	19.01.22

1006	Deed of Surrender of Lease between (1) Lloyd's Pharmacy Ltd and (2) Guy's and St Thomas' NHS Foundation Trust regarding the second floor, Southwark Wing, Guy's Hospital, London SE1 9RT.	19.01.22
1007	Settlement Deed relating to dilapidations at a site at Black Prince Road and Sancroft Street, London SE1 between (1) South London and Maudsley NHS Foundation Trust and (2) Guy's and St Thomas' NHS Foundation Trust.	19.01.22
1008	Occupational Lease of premises at 198 Railton Road, Herne Hill, London between (1) 198 Contemporary Arts and Learning Ltd and (2) Guy's and St Thomas' NHS Foundation Trust.	19.01.22
1009	Construction Deed of Access Licence and Easement, Minnie Kidd House, 51a Hazelbourne Road, Clapham SW12 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Sitehold London Ltd.	19.01.22
1010	Deed of Variation Lease to reduce service charge contributions, Lloyds Pharmacy LTD, Outpatient Pharmacy, Unit 1A, Atrium 1 Southwark Wing, Guy's Hospital between (1) Lloyd's Pharmacy Ltd and (2) Guy's and St Thomas' NHS Foundation Trust.	19.01.22