

Board of Directors Meeting

Wednesday, 18 October 2023 at 3.45pm
Robens Suite, Guy' Hospital and MS Teams

BOARD OF DIRECTORS
Wednesday 18th October 2023, 3.45pm – 5.30pm
Robens Suite, Guy's Hospital and MS Teams

A G E N D A

- | | | | |
|--------------------------|--|---------------|---------------|
| 1. | Welcome and apologies
<i>Charles Alexander</i> | <i>Verbal</i> | <i>3.45pm</i> |
| 2. | Declarations of interest | <i>Verbal</i> | - |
| 3. | Minutes of the previous meeting held on 26 th July 2023 | <i>Paper</i> | - |
| 4. | Chairman's report
<i>Charles Alexander</i> | <i>Verbal</i> | <i>3.50pm</i> |
| 5. | Chief Executive's report
<i>Professor Ian Abbs</i> | <i>Paper</i> | <i>3.55pm</i> |
| 6. | Apollo programme update
<i>Avey Bhatia</i> | <i>Paper</i> | <i>4.30pm</i> |
| 7. | Updates from chairs of Board committees
<i>Board committee chairs</i> | <i>Verbal</i> | <i>5.00pm</i> |
| Papers for noting | | | |
| 8. | Reports from Board committees: | <i>Papers</i> | <i>5.15pm</i> |
| 8.1 | Audit and Risk Committee:
a) Minutes 21 June 2023
b) Minutes 20 September 2023 | | |
| 8.2 | Finance, Commercial and Investment Committee:
a) Minutes 14 June 2023
b) Minutes 13 September 2023
c) Financial Report at Month 5 | | |
| 8.3 | Quality and Performance Committee:
a) Minutes 5 July 2023
b) Minutes 9 August 2023
c) Integrated Performance Report for August 2023 | | |
| 8.4 | People, Culture and Education Committee:
a) Minutes 27 September 2023 | | |
| 8.5 | Transformation and Major Programmes Committee:
a) Minutes 9 August 2023 | | |
| 9. | Register of documents signed under seal
<i>Professor Ian Abbs</i> | <i>Paper</i> | - |
| 10. | Any other business | <i>Verbal</i> | <i>5.25pm</i> |
| | • Date of next meeting: 31 st January 2024, 3.45pm – 5.30pm | | |

BOARD OF DIRECTORS

Wednesday 26 July 2023, 4pm – 5.30pm
Governors' Hall, St Thomas' Hospital and MS Teams

Members Present: Charles Alexander (Chair) Deirdre Kelly
Ian Abbs Sally Morgan
Avey Bhatia Pauline Philip
Miranda Brawn Reza Razavi
Steven Davies Julie Screamon
Nilkunj Dodhia Priya Singh
Jon Findlay Simon Steddon
Simon Friend Lawrence Tallon
Felicity Harvey

In attendance: Sarah Austin Jay Dungeni
Gubby Ayida Richard Grocott-Mason
Gordan Bain (from item 7) Anita Knowles
Beverley Bryant Phil Mitchell
Stephanie Calvert (minutes) Tendai Wileman

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

1. Welcome and apologies

- 1.1. The Chair welcomed three newly-appointed Non-Executive Directors to their first public meeting of the Board of Directors (the Board): Nilkunj Dodhia, Deirdre Kelly and Pauline Philip.
- 1.2. Apologies had been received from Javed Khan and Ian Playford.

2. Declarations of interests

- 2.1. There were no declarations of interests.

3. Minutes of the meeting held on 19 April 2023

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

4. Chair's Update

- 4.1. Having welcomed the new Non-Executive Directors, the Chair acknowledged the additional expertise they would bring to the Board. The Chair referred to the Trust's objectives, which included seven priority areas for 2023/24, on which the Board had focused its attention since the previous public meeting. It was reported that progress was steady with improvements having been made in all areas. The Chair emphasised the need for the Board to maintain both the pace of improvement and focus on the priority areas in the context of the multiple challenges facing the Trust.

5. Chief Executive's Update

- 5.1. The Chief Executive thanked all Trust staff working across its hospital and community sites, recognising in particular the challenges brought by a sustained period of industrial action.

- 5.2. Dr Gubby Ayida was congratulated on her appointment as Chief Executive of the Evelina London Women and Children's Clinical Group and introduced to the Board. Other key updates included the marking of the 75th anniversary of the creation of the NHS and the forthcoming implementation of the Epic patient electronic record system as part of the Apollo transformation programme.
- 5.3. The Board received a detailed update on the Trust's operational performance over recent months. The challenging operating environment was further emphasised with the impact of the industrial action noted as being very significant. Despite the additional pressure, it was reported that good progress had been made. Notwithstanding, there was opportunity to improve productivity. This would remain a key area of focus, specifically the reduction of the longest waiting times. Reassurances were given that prioritisation plans were in place and that the Trust was developing a consistent approach to patient updates. The Trust was also working with South East London partners to develop standardised waiting list management.
- 5.4. Further industrial action was noted as being expected for August. The risk of this becoming normalised was highlighted as a concern. As part of the Trust's preparations, engagement with unions, partners and wider regional and national services would continue, to minimise the impact on patients, particularly those requiring emergency or urgent care. The Trust's ongoing commitment to staff wellbeing was also highlighted.
- 5.5. The Board was informed that work was on track to support the safe go-live of Epic on 5 October 2023. It was confirmed that mitigations were in place to manage any risks brought about by industrial action.
- 5.6. The Trust's financial position at the end of June (month 3) equated to a deficit of £15.8million against a planned deficit of £1.6m. The main drivers for the adverse position were additional costs from industrial action, inflation and shortfalls in the delivery of efficiency savings. The Trust had anticipated that 2023/24 would be extremely challenging financially given the loss of COVID-19 funding and introduction of a new financial regime. The need to expedite the delivery of the planned efficiency programme was emphasised.

6. Critical IT – update on recommendations

- 6.1. The review into the technology incident which took place in summer 2022 identified 29 recommended actions by the Trust. These had been signed off by NHS England. The large majority of the recommendations were reported as being well on the way to being implemented, with some still in progress but broadly in line with where they should be.
- 6.2. The incident had resulted in much reflection by the Trust. It had highlighted the level of reliance on technology and provided opportunity for important lessons to be learned, including greater testing of business continuity and plans. The candid and transparent approach taken to the report publication was again welcomed by the Board, and was considered helpful to other organisations. Whilst the Trust could not put measures in place to avoid all technology failures, there was confidence that an event of this nature and severity would not happen again due to the mitigations since put in place.

7. Sustainability Annual Report

- 7.1. The Trust's Sustainability Strategy was published in 2021, and the Board had received periodic updates regarding its delivery. It was acknowledged that implementation of the strategy had

been slower than expected, though substantive progress was nevertheless considered to be good.

- 7.2. The board considered that the sustainability strategy commitments to 2031 were quite numerous, and encouraged greater prioritisation. Many targets were reported as being achievable with minimal investment. It was noted that alignment with the Trust's strategic objectives and governance was key to success.

8. Modern Slavery Statement

- 8.1. The Board was reminded that the Trust was legally required to provide an annual statement of the steps taken to ensure that slavery and human trafficking were not present in any of its supply chains or business. Accordingly, a statement was presented for approval.
- 8.2. The Board was supportive of the statement and agreed it would require engagement on the practical application of its content.

RESOLVED:

- 8.3. The Board approved the Modern Slavery Statement for 2023/24.

9. Reports from Board Committees for noting

- 9.1. The Board noted the Committee 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 subject to discussion by the Board.

The next public meeting of the Board of Directors would be held on 18 October 2023

NHS CONFIDENTIAL - Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 18 OCTOBER 2023

Title:	Chief Executive's Board of Directors Report
Responsible executive:	Professor Ian Abbs, Chief Executive Officer
Paper author:	Jenni Yard, Head of Private Office
Purpose of paper:	Chief Executive's Board of Directors Report
Main strategic priority:	Work with our partners
Key issues summary:	<ul style="list-style-type: none"> • The primary focus of this report is to provide the Board of Directors with an update on operational delivery across the Trust including urgent and emergency care pressures and progress on tackling the backlog of elective care. • The Board will receive an update on overall Trust performance, including quality, access and finance as well as key updates from our clinical and delivery groups. • The report also includes updates on major and strategic programmes of work, where significant achievements have been made since the April Board meeting.
Paper previously presented at:	<ul style="list-style-type: none"> • N/A
Recommendation(s):	<p>The BOARD is asked to:</p> <ol style="list-style-type: none"> 1. Note the report

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 18 OCTOBER 2023

1. Introduction

- 1.1. This report outlines the developments since the last Public Board meeting on 23 July 2023 which I wish to bring to the attention of the Board of Directors.
- 1.2. The report also highlights the latest quality, safety, access and financial performance of Guy's and St Thomas' NHS Foundation Trust and how the Trust is working hard to maintain operational performance and deliver a strong financial position, whilst and address increasing demand for many of our services, including cancer and urgent and emergency care.

2. Delivering healthcare across the Trust: activity and performance

- 2.1. The Trust has set itself an ambitious plan for activity and performance delivery in 2023/24, with a key priority continuing to be the recovery of planned (elective) activity to improve access to our services for patients. Ongoing industrial action is presenting challenges in fully realising this plan, with significant disruption to planned activity levels during each period of industrial action. Despite these challenges which affect both our staff and patients, the Trust has continued to increase the number of patients it cares for each month, with improvements made in both day case and inpatient admissions, albeit activity levels in these areas are not yet above pre-pandemic levels. Outpatient activity levels are now consistently higher than they were before the COVID-19 pandemic.
- 2.2. The national drive to eliminate long waits is central to the Trust's operational priorities, with the number of patients who have waited 78 weeks or longer being reduced from 107 in May, to 51 in July. Challenges to achieving this ambition have arisen from within specialities such as children's spinal where there is currently limited capacity across the country.
- 2.3. The Trust's clinical services have been working at pace to reduce the number of people waiting 65 weeks or longer, and to provide a first appointment date for those patients who will wait longer than 65 weeks by 31 March 2024. To date, the Trust has made significant reductions in the number of patients who had been without a first appointment date before 31 October 2023.
- 2.4. The Emergency Department at St Thomas' Hospital has continued to see high levels of attendances in recent months with admissions seeing an increase of 2.3% since August. In addition, the Department continues to see high numbers of patients with severe mental health needs. There is ongoing work with partners across south east London to increase the capacity of specialist care for patients with mental health needs and to

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reduce long waits in the Department for patients and staff. In August the Department saw 75.67% of patients within four hours and this remains above the national average of 73%.

- 2.5. National demand for diagnostic testing continues to increase and has created capacity challenges for the Trust. Between July and August, the number of patients waiting longer than six weeks for a diagnostic procedure fell by 3.73% and further work is ongoing to create greater capacity to address longer waits.
- 2.6. Improvements have been made to reduce the number of patients waiting over 62 days for cancer treatment. Between June and July, performance improved from 48% to 50.4% but has since regrettably fallen to 43.2% against the national target of 85%. The Trust is implementing a performance improvement plan and is working with partners to improve patient pathways and increase its capacity to provide treatment.
- 2.7. The Trust has unfortunately been unable to meet the Faster Diagnosis Two Week Wait standard in July by 1.4% and in August by 2%. Historically, the Trust has overperformed against this target and there is now a focus to return to this level of sustained performance.
- 2.8. The Evelina London has seen a significant increase in treating women and children, particularly in gynaecology, general children's and children's allergy. Additionally, the new Children's Day Surgery Unit has treated over 300 children since it opened in July and is now open five days per week to provide the Trust with additional capacity for children. The Children's Emergency Department has consistently maintained strong performance since April with 90% of children being admitted, transferred or discharged within four hours.

Impact of Industrial Action

- 2.9. The Trust sought to manage the recent waves of industrial action in a collaborative and supportive manner, with the maintenance of safe care for our patients. Significant efforts from staff across the Trust, clinical and non-clinical, as well as external partners, ensured that urgent and emergency services were maintained during all periods of industrial action.
- 2.10. Recent industrial action significantly reduced the number of patients that could be seen in outpatient clinics or admitted for planned (elective) and day case and inpatient procedures. To date, the Trust has cancelled or rescheduled 59,461 outpatient appointments and nearly 6,000 planned admissions.
- 2.11. The Trust continues to prepare for further industrial action and recognises colleagues' right to take part. We have been engaging with unions, our staff, partners in south east London and wider regional and national services to minimise the impact of patients, particularly those requiring emergency or urgent care. It has also worked in partnership to highlight the need for a resolution to the government and unions. The Trust recognises the impact that industrial action is having on patients and staff, and has highlighted the support available during this challenging period.

Winter Pressures

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- 2.12. The Trust has developed a Winter Plan in line with guidance from NHS England. This year the Trust's plan includes additional capacity for consultants, junior doctors, pharmacy and physiotherapist within our children's services. The recent opening of a Surgical Ambulatory Care Unit to provide same day emergency care will also support the Trust treat patients without delay.
- 2.13. The delivery of the Winter Plan will be closely monitored and additional resources will remain in place until April 2024.

Patient Experience

- 2.14. The Trust's performance in the National Emergency and Urgent Care Survey remains positive and performance is among the best when compared to Shelford and London peers. This is to be commended given the high levels of activity and operational pressures over the last two years. The Trust performance in the National Adult Inpatient Survey has also improved and the Trust has scored 'better' across several areas which places the Trust as one of the best performing in Shelford. The Trust does, however, acknowledge there is more to do and is continuing to work to improve performance further.
- 2.15. The Trust performance in the Friends and Family test also remains above 90% for almost all areas of care. The Emergency Department continues to see extremely high levels of attendance and as a result lengthy waits are a frequent theme in patient comments. In addition, some patients continue to report significant waits for patient transport and the transport department continues to work to implement a new and improved patient transport service.
- 2.16. Within the Patient Advice and Liaison Service, appointments being cancelled or rescheduled continues to be a prominent theme from patients. This is reflective of operational pressures, including industrial action.

Infection Prevention and Control

- 2.17. Going into the autumn and winter, the Trust is anticipating increasing levels of COVID-19 and a vaccination programme to protect staff against COVID-19 and Influenza has already commenced.
- 2.18. Water safety remains under constant review. Essentia is leading a programme of work to support the Trust's water safety risk management processes. The progress of this is being monitored closely by the Chief Nursing Officer and Directors of Infection Prevention and Control.
- 2.19. Further to outbreaks of Methicillin-resistant Staphylococcus aureus (MRSA), Carbapenemase Producing Enterobacteriaceae (CPE) and COVID-19 in one clinical area, several interventions have been implemented and the acute phase of outbreak management has concluded.
- 2.20. An outbreak of CPE affected 15 patients in the Transplant Unit and Intensive Care Unit (ICU) at Harefield Hospital. A range of interventions have been implemented and the acute phase of outbreak management has concluded.

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3. Apollo Programme

- 3.1. I am pleased to confirm that the Apollo Joint Steering Board met on 20 September and supported the decision to go-live with the new Epic electronic patient record system on 5 October 2023. This Joint Steering Board is responsible, on behalf of the Trust Boards, to make sure that the programme to deliver a joint go-live of the Epic systems at Guy's and St Thomas', King's College Hospital and our pathology partner, Synovis, was done as safely and successfully as possible.
- 3.2. Go Live was achieved as planned on 5 October and I would like to thank all the collective efforts of both the Apollo Programme and all the staff that have enabled us to progress to a go-live. This is an historic moment for the Trust and one that will have a significant and positive benefit on staff and the care we provide our patients.
- 3.3. A separate paper will be presented to the Board during the public Board meeting with a comprehensive update on progress of go-live.

4. Sustaining and improving the Trust's core financial performance

- 4.1. The Finance, Commercial and Investment Committee monitors the Trust's financial performance in terms of revenue and capital. At its meeting in September, the Committee discussed the Trust's financial performance for the first four months of the financial year. The month five position has been included in this update being the most recent financial results.
- 4.2. The Trust plan for the year is to breakeven, although this carries significant risk and is much more challenging than we have experienced in recent years. To achieve this plan delivery of a £125 million efficiency programme is required.
- 4.3. At the end of month 5 (August) the Trust has posted a deficit of £24.7 million against a planned breakeven position. The main drivers of the adverse position to date are additional costs from industrial action, inflation and shortfalls in efficient delivery.
- 4.4. The Trust has established a financial efficiency programme and reasonable progress has been made in identifying schemes to meet the overall target for the year. Further effort in delivering planned schemes will be required during the final half of the year.
- 4.5. The Trust is continuing to spend capital to invest in service improvements for the benefit of our patients. The Trust's total planned capital programme for year stands at £109 million including its Capital Department Expenditure Limit (CDEL) and other funding sources. At month 5, year-to-date expenditure of £62.4 million was £6.9 million above the phased plan. The programme will need to be tightly managed for the remainder of this year.
- 4.6. At the end of month 5, cash holdings were £89.7 million. The Trust is pursuing capital cash financing from NHSE to support the capital programme in 2023/24.

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5. Supporting our Workforce

Staffing

- 5.1. The Trust has continued its commitment to invest in recruitment to our workforce to ensure compliance with staffing requirements, delivery of safe care and in support of the health and wellbeing of our staff. The Trust's international and local recruitment initiatives continue to be successful, and we have also maintained focus on staff retention, including programmes of work convening career development, flexible working initiatives and self-rostering. The nursing and midwifery vacancy rate has also been above the national target of 10% and was last reported as 11.5% in July.
- 5.2. On average, the Trust has had higher staffing levels providing a greater number of patient care hours when compared to peers, with the Trust averaging 11.6 Care Hours per Patient Day compared to the national benchmark of 8.1. This gives us the assurance that our staffing policies are effective and we can reduce reliance on temporary staff.

Anti-Racism

- 5.3. The new People, Culture and Education Board sub-committee held its first meeting on 27 September. Designed to support the delivery of the Trust's key strategic objective for 2023/24 to 'support and empower its workforce' and its renewed commitment to equality, diversity and inclusion (EDI) and in being an anti-racist organisation. The Committee approved the proposed Trust's anti-racism statement, which had been developed as part of our ongoing commitment to becoming an anti-racist organisation.
- 5.4. Over the past few months, a stocktake has been undertaken to inform a revised delivery approach which recognises and reaffirms the need to build on successes to date and establish a work programme that is aligned to Trust and national strategy. An EDI Programme Board will be established to oversee the effective delivery across the whole EDI work programme, reporting into the Trust Executive Committee and the People, Culture and Education Committee.

Freedom to Speak Up

- 5.5. In light of the tragic case reported from the Countess of Chester NHS Foundation Trust, there has been much public interest in the NHS's Freedom to Speak Up (FTSU) services. A dedicated, full-time Guardian post has been in place since 2016 and two new Deputy FTSU Guardians have recently been appointed to ensure that service capacity is commensurate with the size of the Trust. The Trust's FTSU policy is being updated in line with NHS England guidance, to be submitted to the People, Culture and Education Committee in December.

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6. Working in south east London and beyond

Children's cancer services

- 6.1. In November 2022, Evelina London Children's Hospital submitted a bid to NHS England to become the new Children's Cancer Principal Treatment Centre, covering the areas of south London, Kent, Medway, most of Surrey, East Sussex and Brighton and Hove. Following evaluation, Evelina London was identified as NHS England's preferred option.
- 6.2. On 26 September, NHS England launched a public consultation on the relocation of the Centre and Evelina London remains committed to its bid to become the new provider for this important service. The Trust believes it is vital that children's cancer services are co-located within the same hospital site as other specialist children's services including intensive care, and is committed to providing the very best care for children and their families.
- 6.3. The consultation will run for 12 weeks and it is expected that the outcome will be announced in early 2024.

Acute Provider Collaborative

- 6.4. The Trust continues to prioritise work with system partners through the Acute Provider Collaborative (APC) to improve the support available to all patients while they wait for treatment and to address the inequalities in patient health outcomes for those patients experiencing the greatest barriers to accessing healthcare.
- 6.5. Within the current challenging operating context, the Trust has continued to collaborate with the APC to tackle its position on long waiters. Reductions in elective activity mean it has proved challenging to improve and the number of patients waiting longer than 78 weeks has increased. Regional support has been requested for Ear, Nose and Throat (ENT) and children's ENT due to the high demand for these specialities. Further work has also been undertaken to address long waits for children and young people and there remains significant challenges in children's ENT and children's spinal. Given the highly specialised nature of children's spinal work, the APC has requested regional and national support.
- 6.6. The South East London Acute Provider Collaborative Executive, of which the Trust is a part of, approved the following appointments in August:
 - **Sarah Clarke** (Chief Executive, Cancer & Surgery at Guy's and St Thomas') as the Senior Responsible Officer for Theatres.
 - **Roger Fernandez** (Chief Pharmacist at King's College London) as the Interim Senior Responsible Officer for Diagnostics.
 - The group further agreed that **Dr Leonie Penna**, (Chief Medical Officer at King's College London) should continue as temporary Senior Responsible Officer for the Ears, Nose and Throat network (ENT) until the current work to create a plan for the future ENT service is complete. At this point, **Vanessa Purday** (Chief Medical Officer at Lewisham and Greenwich Trust) will take over the role.

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6.7. Additionally, **Jo Johnson**, the APC Clinical Director, has been appointed as Director of Operations post at Guy's and St Thomas'. This means she will step down as both the Clinical Director for the APC and the Clinical Lead for the Dental Network.

7. Key events

7.1. The Evelina London Children's Hospital Neonatal Unit has won the prestigious London School of Paediatrics 2023 PAFTA Award for the Best Training Unit in London. The Unit allows trainees to experience managing neonatal intensive care patients with the support of seniors around them to create the best environment for babies, their families and staff. This is a fantastic achievement and reflects the great leadership, team and learning culture across the staff in the Unit.

7.2. In September the Trust celebrated becoming the first NHS Foundation Trust to complete 10,000 cases using the da Vinci Surgical System. The Trust installed its first da Vinci system in 2004, with thanks to a grant from Guy's and St Thomas' Foundation, and is now home to the largest robotic surgery programme in the country. The robotics programme operates across a wide range of specialities including urology, thoracic, head and neck, gynaecology, transplant and gastrointestinal surgery.

7.3. The annual St Thomas' Abseil took place in September where participants abseiled down 14 floors of the North Wing to help raise vital funds for three charities supporting Guy's and St Thomas'. Sponsored by Livingbridge, the raised money will be shared between Guy's Cancer Charity, Guy's and St Thomas' Charity, and Evelina London Children's Charity and will help the Trust's hospitals go above and beyond what the NHS can provide.

8. 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 the last public Board meeting in July 2023. Minutes for all of these meetings are included in the Board paper pack.

- Quality and Performance Board Committee: 9 August 2023
- Transformation & Major Programmes Board Committee: 9 August 2023
- Finance, Commercial & Investment Committee: 13 September 2023
- Audit & Risk Committee: 20 September 2023
- People, Culture & Education Committee: 27 September 2023

9. Consultant Appointments from 1 July 2023 – 30 September 2023

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

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Name of post	Appointee	Post Type	Start date
Consultant in Rheumatology	Muhammad RA Shipa	Vacant post	09/11/2023
Consultant in Infectious Diseases &/or Medical Micro/Viro/GIM	Elda Righi	Newly created post	23/10/23
Consultant in Infectious Diseases &/or Medical Micro/Viro/GIM	Devan Suresh Vaghela	Newly created post	01/07/2024
Consultant in Infectious Diseases &/or Medical Micro/Viro/GIM	Ho Kwong Li	Newly created post	30/10/2023
Consultant in Infectious Diseases &/or Medical Micro/Viro/GIM	Jessica Lindsey Longley	Newly created post	06/09/2023
Consultant in General Genetics	Ana Maria Beleza Meireles	Newly created post	08/01/2024
Consultant in Plastic Surgery (Limb Trauma Reconstruction)	Vincenzo Ottaviano	Vacant post	04/09/2023
Consultant in Anaesthesia (Adult Cardiac and Vascular)	Paul Balfour	Vacant post	02/10/2023
Consultant in Anaesthesia (Adult Cardiac and Vascular)	Laura Elena Alvaro-Gracia Heredero	Vacant post	10/02/2024
Consultant in Emergency General Surgery	Emma Patricia Stewart-Parker	Newly created post	02/10/2023
Consultant in Emergency General Surgery	William Robert Knight	Newly created post	02/10/2023
Consultant in Emergency General Surgery	Linda Ferrari	Newly created post	04/10/2023
Consultant in Paediatric ENT	Shradha Sharma	Newly created post	01/10/2023
Consultant Cellular Pathologist – Gynaecological Histopathology	Kate Dinneen	Vacant post	27/11/2023
Consultant Cellular Pathologist – Gynaecological Histopathology	Mojisola Oluwabumi Giwa	Vacant post	27/11/2023
Consultant Cellular Pathologist – Gynaecological Histopathology	Sophie Rose Lane	Vacant post	04/12/2023
Consultant in Paediatric Plastic Surgery	TBC	Vacant post	TBC
Consultant in HIV and Sexual and Reproductive Health (SRH)	TBC	Newly created post	TBC
Consultant-Specialist Interest in Inherited Cardiac Conditions	Zohya Khalique	Vacant post	20/06/2023
Consultant in Adult Cardiac Surgery (Mitral Valve)	Rajdeep Bilkhu	Newly created post	02/10/2023

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 18 OCTOBER 2023

Title:	Epic (Electronic Health Records) Implementation Update
Responsible executive:	Avey Bhatia, Apollo Programme SRO and Chief Nurse
Paper author:	Sarah Lomax, Apollo Programme Director
Purpose of paper:	To an update on the Epic system Go Live 5th October 2023
Main strategic priority:	Safely implement Apollo
Key issues summary:	The Epic System went live as planned on 5 th October 2023 across Guy's and St Thomas and King's College Hospital NHS Foundation Trust and Synnovis.
Paper previously presented at:	-
Recommendation(s):	The BOARD OF DIRECTORS is asked to: <ul style="list-style-type: none"> • Note the update

NHS CONFIDENTIAL - Board

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

WEDNESDAY 18 OCTOBER 2023

EPIC (ELECTRONIC HEALTH RECORD) IMPLEMENTATION UPDATE

- 1.1. This paper's purpose is to update the Public Trust Board on the progress of the Apollo Go-Live, noting that Epic went live on 5th October 2023. The JSB received a full, Go / No-Go assessment from the Apollo programme on 20th September 2023 with the recommendations that the Trust was ready to Go-Live on 5th October 2023 alongside King's College Hospital. This decision was subsequently ratified on 02nd October 2023 by the joint CEOs. This update will focus on the progress at Guy's and St Thomas' since Go-Live.
- 1.2. The Joint Apollo Senior Responsible Officers (SROs) view is the Apollo programme Go-Live has gone well. The Apollo Go-Live was not only the largest single EPR Go-Live in the UK, but also the supplier's (Epic) largest single Go-Live globally. Since the go live Epic now provides one single EPR system for over 42,000 staff across multiple hospital and community sites across GSTT and KCH, which includes the launch of a new Laboratory Information Management System for the pathology service.
- 1.3. Patients and staff across Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts are benefitting from a 'game-changing' new electronic patient record. The launch of Epic integrates hundreds of varied IT systems previously in use across both organisations into one single, electronic system, giving staff a complete overview of a person's care, and freeing up more time to spend on patient care.
- 1.4. Epic was officially 'switched on' at Guy's and St Thomas' and King's at 06.15 5th October 2023. It follows years of detailed planning by hundreds of team members from both Trusts, which included the secure migration of patient information from a number of historic IT systems and paper records into the one single system now in use.
- 1.5. Simultaneously, Synnovis (pathology provider), a partnership venture between the two Trusts and SYNLAB, has gone live with a new Laboratory Information Management System which consolidates the Trusts' multiple systems into one, also powered by Epic.

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- 1.6. The use of more comprehensive data, provided in real-time, will support the delivery of improved patient outcomes, higher quality research, and advanced service planning. New kit and software will help speed up patient observations, patient monitoring, and prescribing. It will also provide a new platform for innovation, from the use of voice recognition to the integration of medical devices to free up nurses from recording data to spend more time with patients.
- 1.7. The launch of Epic also sees the introduction of MyChart, a new app and online service that puts information about their own care in the hands of patients. MyChart allows patients to access their health record securely and easily, giving them more control over their care.
- 1.8. In relation to the launch of Epic on 5th October 2023, the programme has achieved:
 - Over 80% of the workforce across GSTT were trained in advance of go live.
 - Nearly 16,060 members of GSTT staff have accessed Epic since Go-Live.
 - GSTT have 4,092 trained digital champions (members of staff who champion the system in their area). They are supported by over 1082 external floorwalkers shifts from either Epic or other healthcare organisations which use Epic.
 - Over 240 babies have been born since Epic was implemented.
 - Over 60,000 patients have registered in myChart, receiving secure access to their medical appointments and notes. Of these over 130 are over 90.
- 1.9. The programme will exit intense Go-Live support in the next couple of weeks, transitioning into a period of stabilisation where the programme will focus on embedding the use of Epic across the hospital and providing support to staff to fully adopt the system.

**BOARD OF DIRECTORS
AUDIT AND RISK COMMITTEE**

**Wednesday 21st June 2023, 1pm – 4pm
Robens Suite, Guy's Hospital**

Members present:	John Pelly (Chair) Simon Friend	Priya Singh
In attendance:	Charles Alexander Edward Bradshaw (Minutes) Steven Davies Nilkunj Dodhia Paul Dossett Catherine Eyre Hameem Gulraiz Nick Halliwell Simon Lane Anita Knowles	Vicky Macleod Charles Martin Clare McMillan Satwinder Nandhra Fiona Nicholls Damien O'Brien Ashley Parrott Lawrence Tallon Tendai Wileman Andrea Williams-Mckenzie

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the Audit and Risk Committee (the Committee), including Nilkunj Dodhia, an incoming non-executive director who was observing the meeting. Apologies had been received from Steve Weiner.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting of the Committee

- 3.1. The minutes of the previous meeting of the Committee, held on 17th May 2023, were agreed as an accurate record.

4. Review of the action log and matters arising

- 4.1. The Committee reviewed the action log and noted updates in respect of the open actions.
- 4.2. In recent weeks work had been done jointly with King's College Hospital NHS Foundation Trust to review how risks associated with the Apollo programme were being documented on both trusts' Board Assurance Frameworks (BAF) and corporate risk registers, to ensure these were sufficiently comprehensive, being managed appropriately and in line with the organisations' risk appetites. As a result of this review, work was in train to establish subsets of both trust boards to create an additional BAF risk focused on possible operational disruption to the trusts at go-live, and to create Apollo-specific risk appetite statements. This would help supplement the existing assurance framework to ensure both trusts fully understood the risks of going-live with the implementation of the new electronic health record system in October, and any risks of delaying the go-live date.

5. Governance and compliance

- 5.1. The Committee reviewed an assessment of the Trust's compliance with the NHS Code of Governance and noted the small number of areas where the Trust had disclosed non-compliance in the Annual Report.
- 5.2. The Trust is required to comply with the conditions of the NHS Provider Licence, which helps ensure that healthcare services benefit patients. On an annual basis the Trust is required to self-certify whether it is compliant with three specific licence conditions (G6, CoS7 and FT4) and confirm that governors have had the necessary training to undertake their role. The Committee reviewed the evidence supporting a positive assertion of compliance with all requirements, and were supportive of the recommendations.

RESOLVED:

- 5.3. The Committee agreed to recommend to the Trust Board that the Trust should declare it is compliant with each condition.

6. Annual Report and Accounts 2022/23

- 6.1. A small number of minor amendments had been made to the draft 2022/23 accounts since they were presented to the previous Committee meeting in May 2023. In addition, a further immaterial adjustment was likely to be required to the balance sheet in relation to the implementation of the new International Financial Reporting Standard (IFRS) 16 regarding leases although these had not yet been reflected in the accounts circulated to the Committee. This was also likely to lead to a potential deterioration in the Trust's 2022/23 outturn of £2.9m.
- 6.2. Since the last Committee meeting the Annual Report narrative had been shared with the full Board of Directors; whilst a number of changes had subsequently been made, none had been made to the Annual Governance Statement. There were no further comments from Committee members on the latest version of the Annual Report. The Committee noted the dates that the final Annual Report and Accounts should be submitted to NHS England and subsequently laid before Parliament.

RESOLVED:

- 6.3. The Committee agreed that the Committee Chair should review the final accounts and final audit findings report and, following this, recommend to the Board of Directors that the Annual Report and Accounts could be formally signed.

7. External audit reports

External audit interim report

- 7.1. The external audit of the Trust's financial statements remained ongoing, and the audit partner from Grant Thornton provided an overview of the progress made and key findings to date. The Committee noted that the auditors were still in the process of reviewing the Trust's accounting treatment of the new International Financial Reporting Standard (IFRS) 16, regarding leases, which had been challenging due to the Trust's size, and it having a significant number of complex leases. The auditors had also experienced challenges in obtaining reports from the new finance system in an appropriate format or in as timely a manner as in previous years. Although no issues had been identified regarding the accuracy of the reports produced, the format and volume of transactions posted by the new system added to the time spent on several audit procedures.

- 7.2. Committee members sought further detail from the auditors about the Trust's internal controls and it was confirmed these remained robust and had not deteriorated since the previous year, although during the audit it had become apparent that there were opportunities to strengthen some aspects of the Trust's capital accounting arrangements.
- 7.3. There was discussion about developments that would reduce the complexity of the following year's audit, including the transfer of Royal Brompton and Harefield hospitals onto the Oracle Fusion finance system in July 2023. Work was also being done to strengthen the interface between the Trust's finance and estates functions.
- 7.4. The Committee noted the adjustments identified by the external auditors which had not been made within the final set of financial statements, and approved the decision of management not to make the adjustments. The timeline for finalising the audit work was set out and discussed.

Value for money audit

- 7.5. The Committee reviewed the findings and associated management responses from Grant Thornton's interim value for money audit. No significant weaknesses had been identified in respect of either corporate governance or the Trust's economy, efficiency and effectiveness, although the auditors had raised a concern regarding the Trust's planned delivery of a high savings target in 2023/24, particularly given the current gap between the cost improvement programme (CIP) target and the savings realised to date. The Trust acknowledged the scale of the financial pressures and that the high level of CIPs required would present a significant challenge.
- 7.6. The auditors confirmed that they had not classified the critical IT incident that occurred during July 2022 as a 'significant weakness' in the Trust's use of resources due to the way in which the Trust had responded to and recovered from the incident. Committee members identified aspects of the report that they felt, as currently presented, were not wholly representative of the Trust's position, and Grant Thornton agreed to make a number of adjustments to better reflect the context of their work.
- 7.7. The Committee Chair thanked the Trust's finance team for their hard work in producing an accurate set of accounts, the Trust's communications team for their work on the annual report, and representatives from Grant Thornton for their work in auditing the financial statements.

8. Internal audit

- 8.1. The Deputy Chief People Officer was in attendance to discuss the findings of the audit of payroll costs that had been presented at the previous meeting. The Committee received an overview of the steps being taken to address the findings and noted an update would be brought back to the Committee in six months' time.
ACTION: AWM
- 8.2. Ongoing oversight would also be considered as part of the review of the terms of reference for the Trust's Remuneration Committee.
ACTION: EB
- 8.3. The Committee noted that one internal audit had been completed since the previous Committee meeting in May: the mandated annual review of the Trust's Data Security and Protection (DSP) Toolkit self-assessment, the submission deadline for which was 30 June 2023. The Head of Internal Audit expressed some concern about the delivery of the 2023/24

internal audit plan due to the complexity of the work and the resources available, but would report progress to the next Committee meeting.

- 8.4. The Committee noted the progress the Trust had made with implementing recommendations from previous internal audit reports. The Head of Internal Audit reported that no parts of the Trust were resistant to implementing recommendations.
- 8.5. The Committee received a proposal about how the Trust would receive assurance from internal audit in relation to cyber security, noting that the risk of data loss or ability to access and use Trust data systems as a result of a cyber-attack or incident was a key corporate risk for the Trust. The Committee was supportive of the proposal that internal audit should use the National Cyber Security Centre Cyber Assessment Framework and the ISACA Ransom Ware Incident Management Guide to assess and benchmark the maturity of the Trust's arrangements. It was also agreed that:
 - The Trust would commission an external review of the scope of the work proposed to ensure it was complete; and
 - The Trust would run a penetration test focused specifically on medical devices.

ACTION: CM

- 8.6. The Committee noted there was not currently a national policy regarding how NHS trusts should deal with ransomware, and that the Trust would both seek to push for such a policy and react to such a policy if and when released.

9. Counter fraud update

- 9.1. The Committee noted the work undertaken by the Trust's counter fraud team in April and May 2023. The team had completed a review of the tenants occupying staff accommodation. Whilst this review did not identify any sub-letting, it had raised some issues regarding occupation beyond the stated maximum length of tenancy. A draft report was currently with Essentia management and will be reported to the Committee at its next meeting.
- 9.2. The Committee also received a summary of the data matches arising from the Cabinet Office National Fraud Initiative (NFI). It was explained that data matching involves comparing sets of data, such as the payroll or benefits records of an organisation, against other records held by the same or another organisation to see how far they match. This allows potentially fraudulent claims and payments to be identified. Committee members sought more detail about the matches and how the Trust was responding to these. There was also discussion about the data matching process and the regularity at which data matching searches were run.

10. Review of the Children's Day Surgery Centre

- 10.1. At the request of the Trust, PwC had undertaken a review into the Children's Day Surgery Centre project in October 2021. The report had made recommendations in respect of both programme management and oversight and scrutiny.
- 10.2. The Committee received an update about the progress the Trust had made in implementing the recommendations, following the previous update it had received in November 2022. The Committee noted the good progress the Trust was making, and there was discussion about a number of the key changes that had been made, including to the capital governance process and defining the role of programme Senior Responsible Owners (SRO). Current work included

streamlining the programme delivery model to make it more focused on patient needs, and strengthening the link between the procurement and estates functions.

- 10.3. The Committee were supportive of the objective to accelerate the pace of change, and agreed that this would help define and underpin the Trust's broader approach to programme management and should no longer be specifically linked to the Children's Day Surgery Centre. An update would be taken to the Board in six months' time.

11. Corporate risk register

- 11.1. The Committee reviewed the corporate risk register, which it had previously been agreed would be provided twice a year. In recent months two new risks had been added, regarding CQC well-led compliance, and the potential failure to consistently meet regulatory deadlines for subject access requests and freedom of information requests due to the increasing volume of these. Two risks relating to COVID-19 had also been de-escalated from the corporate risk register.

- 11.2. The Committee received an explanation about how risks were added to the corporate risk register and the process for review of the register at executive level. In response to a query about whether a broader pandemic risk remained on the register it was confirmed that such risks were now being managed locally and would be escalated if required. There was discussion about the gaps between the current and target risk scores, and about the reduction in the score for the risk that reductions in funding may impact the ability to deliver comprehensive, safe 0-19 universal children's services.

12. Any other business

- 12.1. The Trust Chair noted that this was John Pelly's final meeting before he stood down from the Trust Board of Directors at the end of June 2023. John was thanked for his outstanding contribution to the Trust and to the Audit and Risk Committee, and was wished all the best for the future.

- 12.2. The next meeting of the Committee would take place on 20th September 2023.

**BOARD OF DIRECTORS
AUDIT AND RISK COMMITTEE**

**Wednesday 20th September 2023, 1pm – 4pm
Robens Suite, Guy's Hospital**

Members present:	Nilkunj Dodhia (Chair) Miranda Brawn	Simon Friend
In attendance:	Charles Alexander Ian Abbs Jennifer Bell (Item 7) Eve Bignell (Items 1-5) Beverley Bryant (Items 7–10) Steven Davies Paul Dossett Catherine Eyre Victoria Fairhurst (Item 7) Olaf Hartberg (Item 7) Laura Hendry (Item 7)	Nick Halliwell Simon Lane Anita Knowles (Items 1-11) Charles Martin Phil Mitchell (Item 7 onwards) Satwinder Nandhra James Oakley (Item 7) Damien O'Brien Julie Scream (Items 1-5) Tendai Wileman

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the Audit and Risk Committee (the Committee) which was his first as Chair. Apologies had been received from Priya Singh.

2. Declarations of interest

- 2.1. In the interests of full transparency, the Chair declared his employment with Oracle Cerner. The Committee agreed there was no conflict in respect of Item 11, which was an update on the implementation of the Oracle Cloud system and for noting only.
- 2.2. There were no further declarations of interest.

3. Minutes of the previous meeting of the Committee

- 3.1. The minutes of the previous meeting of the Committee, held on 21st June 2023, were agreed as an accurate record.

4. Review of the action log and matters arising

- 4.1. The Committee reviewed the action log and noted updates in respect of the open actions.
- 4.2. The Committee was updated that action 76, which was to ensure staff had a clear understanding of the Trust's policy on working whilst on sick leave, had been closed with a reminder included in the July anti-fraud newsletter.
- 4.3. The remaining open actions were due to be discussed on the agenda or were tabled for the next meeting in December.

5. Freedom to Speak Up

- 5.1. The Chief People Officer provided an overview of the 'Freedom to Speak Up' arrangements, referencing the staff survey as a tool to take the pulse of the organisation and the importance

of getting out on the ground to better understand the Trust's culture. Mandated training for people leaders and a rapid allegations process were highlighted as two of the ways the Trust was taking this important work forward. The Committee considered the arrangements to be sufficient.

- 5.2. The Chief People Officer introduced Eve Bignell, the independent Speak Up Guardian for the Trust. It was reported that circa 300 staff across the Trust had been trained as Speak Up Advocates. This group provided an opportunity for the Speak Up Guardian to inform the Board of what was happening on the ground and any thematic staff concerns. The work of the advocates would continue to be a priority for the Trust.
- 5.3. It was noted that Speak Up was highly pertinent across the Board's work. Whilst the Audit and Risk Committee was reviewing Speak Up from a process perspective, it would also be considered through a cultural lens at the People, Culture and Education Committee and a quality lens at the Quality and Performance Committee.
- 5.4. It was agreed it was timely to refresh the Board's Freedom to Speak Up training. **ACTION EB**
- 5.5. The report was noted.

6. External Audit Update

- 6.1. The key deliverables for the 2023/24 audit were at preliminary stages, and the key risks to the 2023/24 audit would be set out at the next meeting of the Committee in December.
- 6.2. It was agreed that the auditor's judgement on page eight of the report be redrafted in the past tense to clarify that this related to the previous year's audit.
- 6.3. The auditor reported progress against the key recommendation from the 2022/23 audit in respect of financial sustainability, including improved rigour and focus on finance across the organisation. Delivery of the financial target in 2023/24 remained challenging, and it was appropriate that the recommendation remained in place.
- 6.4. The increase in the number of NHS Trusts being assessed as having significant weakness in terms of financial sustainability was noted. The auditor's view was that the Trust was on the right trajectory and had the potential to achieve its target, but further evidence would be required as the financial year progressed. The Committee discussed a number of opportunities to help deliver the target, noting that a plan was in place.
- 6.5. The report was noted.

7. Internal Audit Progress Report

- 7.1. Progress against the internal audit plan was steady with a number of competing priorities, the implementation of Epic and industrial action affecting timeframes. A significant piece of work on water safety had also required flex to the plan.
- 7.2. Five reviews had been completed since the last meeting, including Safeguarding Vulnerable Adults, Data Security and Protection Toolkit, Utilisation of theatres at Queen Mary's Sidcup Pathology, South East London (SEL) Genomics Laboratory Hub and Innovate UK Grant.
- 7.3. Management arrangements for the Queen Mary's theatres were recognised as complex, and a plan to resolve the current, multi-factorial issues preventing full utilisation and financial

efficiency was urgently required. The Committee was advised that a significant programme of work was underway to address these issues, and it was anticipated that usage would improve in the near future.

- 7.4. The SEL Genomics Laboratory Hub advisory audit was discussed, which focused on the financial risks to the Trust as contractual host not having full operational control as Synnovis was the provider. It was noted that the funding model had changed significantly, and that demand for genomic testing was likely to continue to grow. It was agreed that a transparent partnership approach would be key to the success of the arrangement.
- 7.5. The reviews and report were noted.

8. Counter Fraud Update

- 8.1. The caseload for counter fraud was reported as relatively stable with no significant findings to report. The proactive audit on staff accommodation had been completed with no significant findings, and it was noted that there would be a substantial reduction in staff accommodation in the next year. Work to understand the implications of this for the international recruitment strategy was being progressed by the Chief Nurse’s team.
- 8.2. The Counter Fraud policy was approved, with two amendments. The first amendment was to remove the reference to the Audit and Risk Committee Chair as a joint counter fraud champion as this role was to remain solely with the Chief Financial Officer. The second amendment was to include approval of the policy under the responsibilities of the Audit and Risk Committee.

ACTION SL

9. Freedom of Information (Fol) and Subject Access Requests Update

- 9.1. The Trust had been experiencing significant challenges in compliance with statutory deadlines for Fol requests and subject access requests owing to a number of factors. An action plan had been implemented and the Committee noted its positive impact. It was agreed that Trust Executives needed more visibility of Fols and subject access requests that fell within their remits to drive compliance.
- 9.2. The Committee noted the report and supported the measures to improve Trust compliance with the Freedom of Information Act 2000. It was requested that a further update was brought to the March 2024 meeting of the Committee.

ACTION BB

10. Data Security and Protection Toolkit

- 10.1. The Trust had been rated as ‘standards not met’ owing to a number of legacy systems and aging infrastructure. There was a significant long-term project to improve the situation and the Data Security and Protection Toolkit self-assessment that had been submitted to NHS England at the end of June had moved the Trust to ‘approaching standards’ which was a positive step.
- 10.2. The Committee noted the progress.

11. Finance System Implementation – lessons learned

- 11.1. A report had been provided on the implementation of the Trust’s new finance system (Oracle Cloud) which had brought a number of disparate systems together. There had been issues with the implementation due to a number of factors, including the COVID pandemic. Lessons

had been learned from the initial roll out and the system was in place across the whole Trust. The focus had now moved to system optimisation.

11.2. The Committee noted the report.

12. Standing Financial Instructions (SFIs) Update

12.1. A number of adjustments to the SFIs were proposed, including:

12.1.1. Clarification in respect of the delegation of powers to deputies.

12.1.2. An increase in capital project approval limits for the Essentia Chief Executive and Chief Digital Information Officer from £300k to £500k.

12.1.3. The addition of further role titles in 'Group C' approvers and the addition of the Chief Pharmacist to Group B.

12.1.4. The splitting out of charity grant applications, award and variation limits from Research and Development (R&D) grants.

12.1.5. An increase in R&D grant approval limits for the Director of R&D Strategy and Clinical Group Medical Directors from £100k to £250k recognising their knowledge and expertise.

12.2. The amendments were approved with effect from 25th September 2023.

12.3. The Committee noted that the SFIs did not specifically cover the disposal of significant assets, such as property. The Chief Financial Officer reported this would be aligned with the main executive limits but took an action to ensure there was clear narrative within the SFIs to this effect to avoid any confusion.

ACTION SD

13. Single Quotation Approval Requests (SQARs)

13.1. The Committee noted the need to improve compliance and process. It was agreed that, given the aggregated value of the SQARs to date, the matter should be remitted to the Finance, Commercial and Investment Committee to review in more detail with input from internal audit.

ACTION PL/EB

13.2. The paper was noted.

14. Managed Services Agreement Update

14.1. The paper provided an update on work with providers of managed services to ensure adequate and consistent levels of assurance were in place, particularly in respect of maintenance. Significant progress had been made, with the level of risk reduced, but there remained further work to do and plans were in place to deliver this.

14.2. The Trust was working in partnership with those suppliers where it did not have contractual levers.

14.3. The paper was noted.

15. Audit and Risk Committee updated Terms of Reference

15.1. The updated terms of reference were approved with the addition of the Chief Procurement Officer and Chief Accountant as routine attendees.

ACTION EB

16. Papers for noting

- 16.1. IT incident update: the paper was noted alongside recognition that the mitigations which had been put in place following the IT incident in 2022 had been tested in the early September 2023 heatwave without any outage or significant issues.
- 16.2. Data Centre Remediation: the paper was noted.
- 16.3. Declarations of interest compliance: steps to address compliance with the 2023/24 return, year to date, were noted. Executives requested transparency of those within their teams who had not completed their required declarations.

ACTION EB

17. Any other business

- 17.1. There was no other business.

The next meeting of the Committee would take place on Wednesday 20th December 2023.

**BOARD OF DIRECTORS
FINANCE, COMMERCIAL AND INVESTMENT COMMITTEE**

**Wednesday 14th June 2023, 1pm – 4pm
Robens Suite, Guy's Hospital**

Members present:	Simon Friend (Chair) Ian Abbs Avey Bhatia (to item 12) Steven Davies	Jon Findlay John Pelly Lawrence Tallon
In attendance:	Edward Bradshaw (minutes) Robert Barr (item 15) Beverley Bryant (to item 12) Tom Davies (items 9-11) Pia Larsen Anita Knowles Simon Mendy	Phil Mitchell (item 15) Alison Mould Damien O'Brien David Shrimpton (item 12) Matthew Tagney Simon Wombwell (items 6-7)

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Finance, Commercial and Investment Board Committee (the Committee). Apologies had been received from Ian Playford, Reza Razavi and Steve Weiner.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting

- 3.1. The minutes of the meeting held on 12th April 2023 were approved as an accurate record.

4. Review of action log

- 4.1. The Committee noted the open actions and the work that was underway to address these.

5. Board Assurance Framework risks

- 5.1. The Committee was reminded about the three strategic risks on the Board Assurance Framework that it owned; these related to the Trust's financial sustainability, the impact of specialised commissioning and the impact of restrictions on capital expenditure. These would be kept in mind during discussions and the risks would be reviewed later in the meeting.

6. Financial position – month 1

- 6.1. The Trust's 2023/24 revenue plan was to break-even over the course of the year. Its financial position to the end of April 2023 was a deficit of £12.9m, which was behind its planned year-to-date outturn. An overview of the main reasons for the variance was provided, the most significant of which was the under-delivery of cost improvement programmes (CIPs). The Committee noted the financial position assumed full receipt of income from the elective recovery fund and that no adjustments against the reported income position had yet been made in respect of the recent

industrial action. An early update was also provided about the likely month 2 position, although this had not yet been finalised.

- 6.2. Committee members discussed the financial position and the work that was ongoing to address this. There was evidence that Trust staff understood the severity of the situation and the need for increased financial grip at all levels of the organisation. There was discussion about the impact of continued industrial action on both direct costs and on income. In the absence of a sustainable resolution, the strikes were expected to continue and would have a significant financial impact on the Trust. No commitment had yet been made by national or regional bodies about providing funding to mitigate their impact. There were further questions from Committee members about the work being done to improve coding and billing.
- 6.3. The Committee also noted the cash position and the capital expenditure incurred to date against the phased plan. There was discussion about the likely availability of additional capital departmental expenditure limit (CDEL) allocation, and cash to support the Trust's capital programme.

7. Financial improvement plan

- 7.1. The Trust's core CIP target in 2023/24 was £92m, but after including carry-forwards linked to unmet savings targets from the prior year, and the need to create a break even plan, the savings target had increased to £125m. This represented approximately 5% of the Trust's prior year outturn spend.
- 7.2. The Committee noted the work of the financial improvement programme over recent months, which was focused around four specific areas: improving financial discipline, controlling costs, increasing income through improved productivity, and returning a balanced cash position. Committee members welcomed the increased rigour with which the Trust was managing its finances, including the recruitment freeze in corporate services and greater scrutiny of costs and CIP delivery at clinical group level. CIPs amounting to approximately 80% of the £125m target had been identified to date, although not all were yet supported by robust implementation plans.
- 7.3. The need for significant CIP delivery required the Trust to focus on pay costs, as its largest area of spend. The need for a robust quality impact assessment process was acknowledged by the Committee to protect the quality and safety of services provided. There was consideration of the costs of the Apollo programme, and the feasibility of addressing any shortfall in CIP delivery through income growth.

8. Final business plan 23-24

- 8.1. The Trust had submitted Board-approved activity, finance and workforce plans for 2023/24 to South East London Integrated Care System (SEL ICS) and NHS England (NHSE) in March 2023. Whilst its workforce and activity plans were accepted, the Trust had been required to submit further financial plan submissions. The Board had approved the final breakeven financial plan in April, ahead of submission to NHSE on 4th May. The Committee noted the update and reiterated its view that there was a significant degree of risk in the final financial plan.

9. Medium- and long-term financial model

- 9.1. The Committee noted updates about financial developments across SEL ICS; the Trust's financing strategies for its major programmes considering the new International Financial Reporting Standard 16 regarding leases; the Trust's CDEL allocation; and the latest

developments regarding specialised commissioning, where there remained significant risks to the Trust.

10. Managed services agreements

10.1. An update was provided about the process developed by the Trust's commercial services team to support clinical and delivery groups in scoping, shaping, and delivering successful managed service agreements (MSAs) at the Trust. Committee members discussed the financial benefit of MSAs to the Trust, and the mechanisms by which the Trust ensured that performance under the MSAs was of a high quality and benefited patients and staff. The MSA governance process and pipeline of possible agreements were also noted.

11. Apollo finances

11.1. Following the decision to delay the go-live of the Epic electronic health record system until October 2023, programme budget holders had undertaken in-depth reviews of their workstreams to analyse future forecast spend. This work had established there would be capital and revenue overspend against the programme's original full business case, both as a result of the delay to go-live and of unknown cost pressures which had emerged since the business case was developed. The capital overspend would add further pressure to the Trust's 2023/24 capital plan.

11.2. The Committee noted the areas of forecast overspend and considered the risk that these may increase further over the coming months. There was discussion about the financial mitigations to manage these risks. Assurance was sought about how the programme finances were being managed and controlled; it was noted that the financial reviews, with oversight from the joint programme Senior Responsible Owners (SROs) at both the Trust and at King's College Hospital NHS Foundation Trust, had led to the implementation of additional financial controls.

RESOLVED:

11.3. The Committee approved the revised capital budget of £22m and the revenue expenditure for 2023/24 of £22.9m.

12. Private Patients Financial Performance

12.1. Although the Trust's income from private patient activities in month 1 was slightly below plan, Committee members were pleased to note that income in month 2 was likely to have exceeded the plan. There was discussion about the extent to which performance was being impacted by the ongoing industrial action and the increasingly competitive independent healthcare market. The Committee requested that future updates include information about profitability as well as income.

ACTION: DS

12.2. The Committee recognised that whilst the Trust was now delivering pre-pandemic levels of private patient income, this was unlikely to grow substantially without significant changes to the way these activities are managed. There was debate about possible adjustments to the bank rate paid to staff doing private patient work and this would be considered in more detail by Trust executives.

ACTION: EB

13. Commercial services update

13.1. The Committee noted an update on several aspects of the work of the Trust's commercial services team, including the business development team supporting the commercial work within the clinical and delivery groups, commercial education and events, genomics, and the commercial legal team.

14. Guy's and St Thomas' Enterprises Portfolio Update

14.1. The Committee received an overview about a number of matters within the Guy's and St Thomas' Enterprise (GSTE) portfolio. This included news that the GSTE Board of Directors had restarted the process to seek potential investors to enable Lexica's strategy for growth. It was noted that decisions on Lexica may be needed ahead of the next Committee meeting and it was agreed that decisions made in correspondence may be needed.

15. Tender Report – Linen and Laundry Contract

15.1. The Trust's current contract for the provision of linen and laundry services across all sites except Royal Brompton and Harefield hospitals was due to expire and could not be extended further. The Committee received an overview of the process to tender the contract through the NHS Shared Business Services Framework and the Trust's evaluation of the bids received.

15.2. The Committee noted the proposal that the contract should become a managed service, which would involve the transfer of a small number of staff under Transfer of Undertakings (Protection of Employment) regulations. There was discussion about the reasons for the proposal to move to a managed service and the implications of this.

RESOLVED:

15.3. The Committee approved the proposal to award the contract.

16. Cancer Centre Cladding

16.1. The Committee received an update on the work to remove the aluminium composite material (ACM) cladding on the Guy's Cancer Centre and replace it with A1 compliant panels, including about the progress of the work itself and the timescales involved. At no time had the Cancer Centre been unsafe to occupy and it continued to operate as usual.

16.2. The Committee reviewed the full business case for the work; members agreed they remained supportive of the work being done to remove and replace the cladding as soon as possible. Assurance was sought that the additional costs being requested had been incorporated into the Trust's 2023/24 capital expenditure plan. Further updates on the progress of the work would be reported to the Committee as appropriate.

RESOLVED:

16.3. The Committee approved the additional budget of £7.7m and approved the recommendation to reserve the Trust's legal position.

17. Board Assurance Framework update

17.1. The Committee reviewed the updates that had been made to the three strategic financial risks facing the organisation. There was support for the changes proposed and for the assessments regarding the level of assurance and sufficiency of controls for each risk. The Committee also

agreed that the three risks continued to be relevant and appropriate to retain on the Board Assurance Framework.

RESOLVED:

17.2. The Committee approved the proposed changes.

18. Any other business

18.1. There was no other business. The next meeting would be held on Wednesday 13th September 2023.

**BOARD OF DIRECTORS
FINANCE, COMMERCIAL AND INVESTMENT COMMITTEE**

**Wednesday 13th September 2023, 1:20pm – 3:45pm
Robens Suite, Guy's Hospital**

Members present: Simon Friend (Chair) Nilkunj Dodhia
Ian Abbs Jon Findlay
Charles Alexander Pauline Philip (to item 11.2)
Avey Bhatia Lawrence Tallon
Steven Davies

In attendance: Tom Davies (item 8) Matthew Rowe (item 8)
Damien O'Brien Johannes Wolff (item 6)
Anita Knowles Simon Wombwell (item 6)
Simon Mendy Neil Wright (item 11)
Phil Mitchell (items 9 & 10) Edward Bradshaw (Minutes)
Alison Mould Tara Knight (Minutes)

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Finance, Commercial and Investment Board Committee (the Committee). Apologies had been received from Beverley Bryant and Ian Playford.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting

- 3.1. The minutes of the meeting held on 14th June 2023 were approved as an accurate record.

4. Review of action log

- 4.1. The Committee noted the open actions and the work that was underway to address these.

5. Board Assurance Framework risks

- 5.1. The Committee was reminded about the three strategic risks on the Board Assurance Framework that it owned; these related to the Trust's financial sustainability, the impact of specialised commissioning and the impact of restrictions on capital expenditure. These would be kept in mind during discussions and the risks would be reviewed later in the meeting.

6. Financial position – Month 4 2023/24

- 6.1. The Committee noted the Trust's financial position for the four-month period to 31st July 2023. Performance was behind plan primarily because of the under-delivery of the Cost Improvement Programme and the detrimental impact of industrial action on both income and costs. The reported position included the full elective recovery fund income, in line with the national planning guidance. There was discussion about the mitigating steps that were being taken, including working more closely with clinical groups and corporate functions to identify both financial risks and opportunities to improve the position. There had been positive engagement

across the Trust with the internal financial improvement programme, and clinical groups were being asked to validate the financial impact of industrial action to enable the Trust to evidence the costs and lost income incurred.

- 6.2. There was consideration of a likely full-year forecast and the financial impact of the Epic implementation planned for 5th October. The Committee recognised the difficulty in keeping the organisation focused on financial improvement with the multiple competing priorities.
- 6.3. The Committee discussed the Trust's cash balance and the reasons why this was lower than planned. An application for cash support had been submitted to NHS England assist the capital programme. There was clarification about the status of the Trust's capital expenditure position, including the agreed Capital Expenditure Departmental Limit allocation and the funding that was anticipated from the South East London Integrated Care Board. The Committee acknowledged that the Trust was operating in a constrained and uncertain financial environment. There was discussion about an issue that had arisen regarding the agreement of contracts with the Trust's commissioners and the financial implications of this. Committee members highlighted specialised commissioning as an ongoing risk which the Trust needed to ensure it was adequately mitigating, given its scale.
- 6.4. The Committee noted an update about NHS England's 2022/23 implied acute productivity assessment which showed that overall productivity for acute trusts in England improved on 2021/22 by 1.4%, but still lagged behind the 2019/20 position by 14.7%. Committee members noted that the Epic electronic health record system would improve the granularity and timeliness of data and therefore increase opportunities to improve patient delivery services and drive operational and financial productivity.

7. GSTT Financial Oversight Framework

- 7.1. The Committee noted that the Trust had developed an internal financial oversight framework in response to the challenged financial environment and to support delivery of the organisation's financial improvement plan. The framework provided a standardised mechanism for the objective assessment of corporate functions and clinical and delivery groups across four key dimensions of financial management and improvement. The framework linked to the Trust's wider accountability framework, which is discharged primarily through quarterly executive performance review meetings. The framework also acted as a signal for intervention and support to address the risk of unsustainable finances in any corporate function or clinical or delivery group. Committee members supported the steps being taken with regards to the framework.

8. Long-term financial model update and medium-term financial plan

- 8.1. The Committee reviewed analysis that indicated the Trust would need to deliver recurrent financial improvements and efficiencies of around £266m over the next five years, and proposed that a medium-term financial plan was prepared to show, at a high level, how this might be achieved over the five-year period from 2024-25 to 2029-30, whilst ensuring the Trust remained within the four main financial parameters that the Committee had previously agreed.
- 8.2. The Committee was supportive of the proposed work and the timeline for the development of a medium-term plan. It was acknowledged that the Trust's major programmes would be incorporated into the model as more clarity emerged about how they would be funded. There was discussion about how this would link into, or align with, a similar plan at an Integrated Care System level as well as the implications for the Trust's cash position. The next steps for the work were outlined, and it was agreed that an update would be provided to the Committee in spring 2024.

ACTION: MR, TD

9. Great Dover Street lease renewal

- 9.1. Updates were provided about the status and cost of the leases related to the Trust offices at 200 Great Dover Street and We Work at 10 York Road. The Committee discussed recommendations about what the Trust should do when the leases expired in December 2023 and March 2024 respectively, and sought information about the value that the leases were providing. It was noted that work would be done to develop a longer-term strategy for the Trust's office hubs; this would incorporate feedback from clinical groups and be aligned to the Trust's wider estates strategy.

RESOLVED:

- 9.2. The Committee approved proposals to:
- Enter into a new lease for 200 Great Dover Street for a period of five years until December 2028); and
 - Not seek to renew the lease at 10 York Road when it expires in March 2024.

10. Waste services contract

- 10.1. In February 2023, the Committee had approved the award of a contract for lot 1 waste services. This had subsequently been challenged and, following an in-depth review of the evaluation and moderation process, a decision had been taken to withdraw from the lot 1 award decision and to appoint a new evaluation panel to re-evaluate the technical submissions. The Committee noted the outcome and its financial implications.
- 10.2. The Committee sought clarification on aspects of the original process and received assurances on the improvements that had been made.

RESOLVED:

- 10.3. The Committee agreed to approve the award of the contract to Sharpsmart Ltd.

11. Commercial Services Update

- 11.1. The Committee noted an update on the work of the Trust's commercial services team and the key developments regarding commercial activity across the organisation. There was discussion about the value of commercial innovation, and strong endorsement that the Trust must remain an attractive organisation for clinical innovators. The Committee would receive updates on the Trust's commercial retail strategy and the intellectual property policy at its next meeting.

ACTION: SM

- 11.2. The Committee noted the income attached to each category of the Trust's commercial services activity, both on an aggregate basis and split by clinical group. The total financial position across commercial services was marginally ahead of plan for the year to date. The Committee supported the proposal for greater ownership of commercial activities across the Trust as a whole rather than have them concentrated in the central commercial services team.

12. Cardiology Centre of Excellence

- 12.1. As part of a consortium, the Trust had submitted a bid to be the Clinical Knowledge Partner in relation to the Cardiology Centre of Excellence (CCoE), which was a new facility based in Dubai. If the consortium was successful, the Trust would act as an advisor to the CCoE over a period of six years, and it was clarified this would not involve any clinical service delivery or

management of patients. The proposal was fully supported by the Heart, Lung and Critical Care Clinical Group.

- 12.2. The Committee sought clarification over a number of aspects of the proposal and were supportive that it would align with the Trust's strategy for income diversification.

13. Board Assurance Framework update

- 13.1. The Committee noted that the specialised commissioning risk had been re-assigned to the Chief Strategy Officer. The Committee reviewed proposed updates to the remaining two risks, and noted that no changes were proposed to the sufficiency of the controls in place or the levels of assurance that the risks were being managed appropriately. The Committee agreed that these two risks should remain on the Board Assurance Framework.

14. Finance, Commercial & Investment Committee Terms of Reference

- 14.1. The Committee's terms of reference had been reviewed and refreshed in light of the wider corporate governance changes to ensure they would reflect the Committee's remit and the relevant issues the Trust was facing. The proposed changes were outlined; these included an additional reference to oversight of an effective procurement function and refinements to the Committee membership.

RESOLVED:

- 14.2. The Committee approved the updated terms of reference.

15. Papers for noting

- 15.1. The Committee noted papers on the updated Capital Investment Case Process and the Trust's performance against the Better Payment Practice Code.

16. Any other business

- 16.1. There was no other business. The next meeting would be held on Wednesday 1st November 2023.



Guy's and St Thomas'
NHS Foundation Trust



BROMPTON HOSPITAL

Board of Directors

18th October 2023

Finance Report - 23/24
Month 5

Guy's and St Thomas' NHS Foundation Trust



Guy's and St Thomas'
NHS Foundation Trust

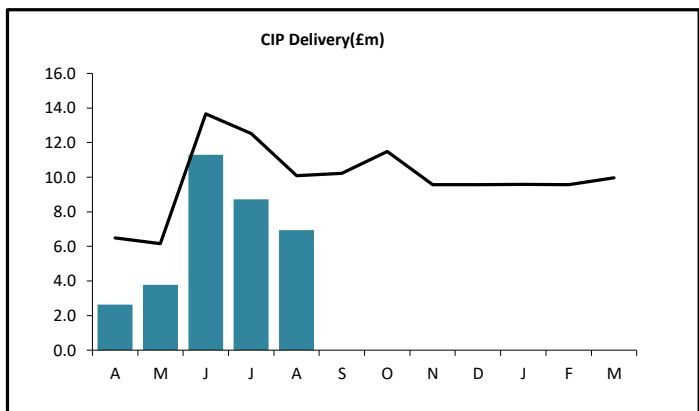
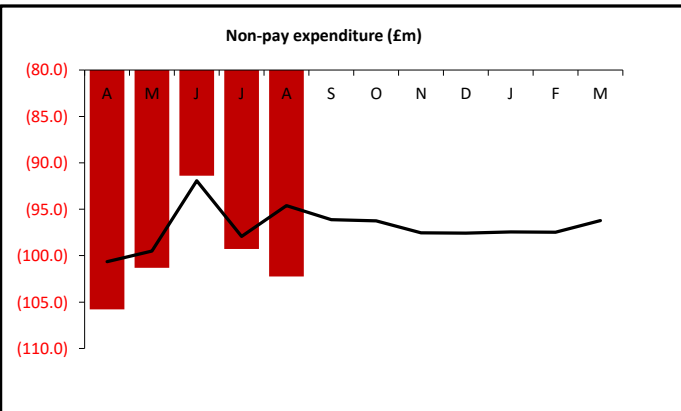
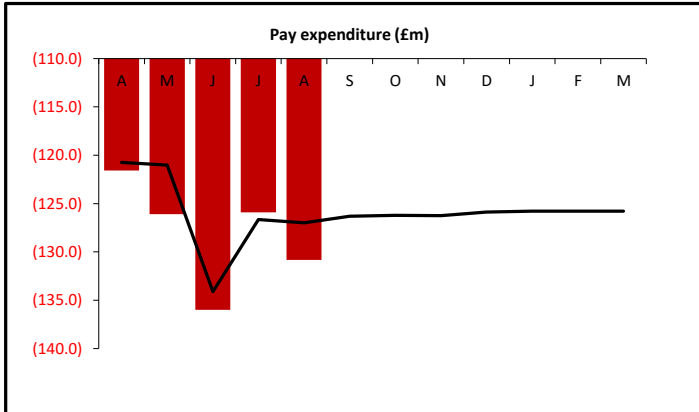
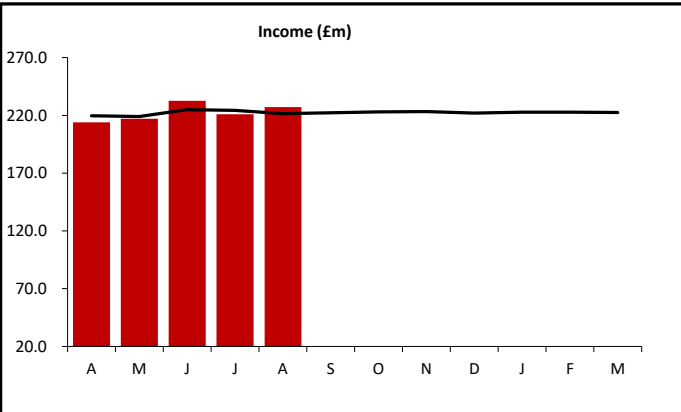
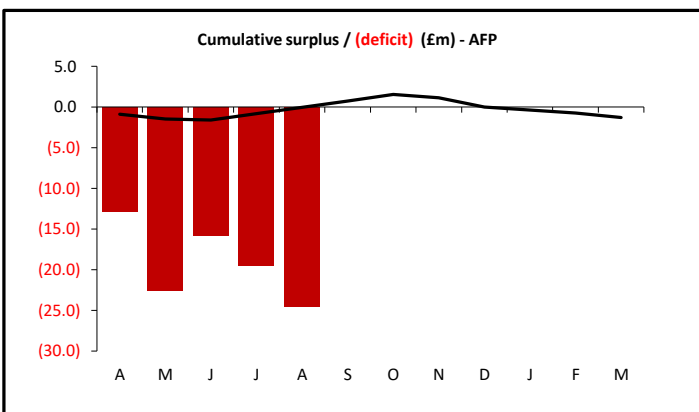
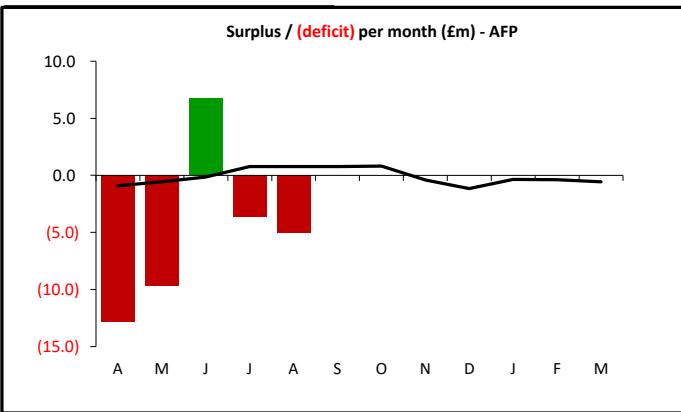


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Summary Financial Performance - Trust

	Budget Mth	Actual Mth	Variance Mth	Budget YTD	Actual YTD	Variance YTD
	£m	£m	£m	£m	£m	£m
Income	221.3	227.1	5.8	1,108.6	1,110.9	2.3
Pay	(127.0)	(130.8)	(3.8)	(629.5)	(640.4)	(10.9)
Non Pay	(93.5)	(101.3)	(7.8)	(479.2)	(495.1)	(16.0)
Surplus / (Deficit) - Adjusted Financial Position (AFP)	0.8	(5.0)	(5.8)	(0.0)	(24.7)	(24.6)
DODA	(1.1)	(1.0)	0.1	(5.5)	(4.8)	0.6
Capital Donations	0.1	0.2	0.1	0.6	0.8	0.2
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit) - Excl Fin Adj's	(0.2)	(5.8)	(5.6)	(4.9)	(28.7)	(23.8)



Finance Report Commentary

Executive Summary

Summary: YTD performance the Trust is reporting a deficit of £24.7M in terms of the adjusted financial performance measurement which is £24.6M worse than plan, the main drivers of which are:

- **CIP delivery:** YTD £33.4M of CIPs achieved resulting in a total under delivery against the Trusts CIP programme of £15.5M driven both by unidentified and unachieved CIPs. The under-delivery is included within both pay and non pay budgets.
- **Industrial Action:** an assessment of the impact of industrial action since April is £6.1M. The main drivers of which are increased pay expenditure to cover colleagues less salary deductions made and reductions in private patient activity.
- **Independent Sector:** expenditure incurred in respect of independent sector usage is £5.9M more than budgeted.
- **Balance Sheet Flexibility:** to date £9.5M of non-recurrent benefits have been realised which £1.2M better than plan..

Income: YTD performance £2.3M better than plan, the main drivers of which are:

- **Genomics** income from Specialist Commissioning is £6.6M above plan.
- **Non patient care services income** is £0.5M above plan.
- The reported position includes income of £0.6M in respect of the Elective Services Recovery Fund allocation reflecting performance in April and May.
- **Other Income sources currently ahead of plan include** Other Operating income £1.7M and Vaccination Programme £2.4M.
- **Pass through drugs and devices** income is £5.9M below plan.
- **Private patient income** is £0.9M below plan, predominantly from the RBH sites where the impact of industrial action has impacted performance.
- Where Commissioners are paying less than the nationally mandated contract calculations the underpayments are currently being accrued pending resolution of the disputes.

Pay budgets: YTD expenditure of £640.4M is £10.9M worse than plan; August pay costs of £130.8M represents an increase reduction of £3.4M when compared to the prior period average.

- Two main drivers of the overspend are the impact of the recent industrial action which has been assessed as £4.5M and costs incurred in relation to the vaccination programme of £2.1M, the latter has currently been off-set by additional income.
- There is a significant overspend against pay budgets within the ISM CG of £7.3M. Whilst £1.7M of this is attributed to the impact of the industrial action there remain concerns over the planned CIP delivery in this area.

Non Pay budgets (including Reserves and Unidentified CIPs): YTD performance £16.0M worse than plan, the main drivers of which are:

- Unidentified CIP targets of £29.5M across operational budgets with a YTD impact of £12.2M
- CIPs totalling £9.5M have been realised against the central target which is £1.2M better than plan.
- On-going use of the Independent sector has resulted in £6.4M of costs, which is £5.9M more than plan.
- Drugs and clinical supplies budgets are £10.7M overspent which is inconsistent given the current level of income underperformance relating to pass through drugs and devices.
- Provisions for unpaid invoices have increased by £2.0M since the start of the year which is in line with the planned increase.
- Establishment costs are £1.1M overspent, primarily within DT&I although their overall performance is within budget.
- To support the current position and to mitigate expenditure in the current run rate reserves of £13.5M have been released.

Balance Sheet: The Trust closed month five with a cash balance of £89.7M; this is a decrease of £41.0M from the opening balance on 1st April 2023.

- An application for cash support for £49.5M has been submitted and is incorporated into the cashflow forecast.

Drivers of YTD Group Variances £000

Variance Type	Cancer & Surgery	Evelina London	HLCC	ISM	Essentia	Corporate	Other	Trust Total
Pay	(3,407.3)	568.1	197.4	(7,266.1)	(1,261.4)	4,185.1	(3,938.4)	(10,922.5)
Further Improvement Target	(1,658.8)	(2,054.7)	(1,746.0)	(71.5)	(1,350.4)	(5,205.2)	(146.0)	(12,232.5)
Internal Recharges	(1,066.8)	(672.8)	594.4	(1,512.9)	1,434.5	805.2	1,311.7	893.3
Non Pay	(5,670.9)	3,045.8	(2,052.7)	(7,773.6)	(3,023.6)	(3,189.1)	14,022.5	(4,641.6)
Income (Excl Clin Income Adj)	(2,995.9)	365.1	(5,675.3)	(2,125.9)	783.4	(3,929.8)	15,839.5	2,261.2
Total (Excl Clin Income Adjs)	(14,799.7)	1,251.5	(8,682.1)	(18,749.9)	(3,417.5)	(7,333.8)	27,089.4	(24,642.1)
Clinical Income Adjustment (excl pass through D&D)	(7,738.0)	(2,549.9)	7,106.7	(2,923.7)	(0.0)	(3,564.5)	9,669.5	0.0
Pass Through Drugs & Devices Clinical Income	602.4	(2,892.1)	628.7	1,399.7	0.0	0.0	261.3	0.0
Total (Incl Clin Income Adjs)	(21,935.3)	(4,190.5)	(946.7)	(20,273.9)	(3,417.5)	(10,898.3)	37,020.2	(24,642.1)

SNAPSHOT VARIANCE DRIVERS - £000's

Staffing								
Medical Staff	(2,424.1)	(1,804.7)	(597.3)	(3,837.9)	(9.9)	(1,688.1)	479.6	(9,882.3)
Nursing Staff	131.6	1,633.7	219.2	(1,233.8)	(46.2)	609.8	(489.7)	824.6
PAMs	(236.7)	14.1	275.5	(143.5)	1.3	(182.9)	(645.6)	(917.8)
Professional & Technical (PTB)	144.2	43.2	1,311.0	349.1	0.0	(428.7)	1,331.0	2,749.9
Admin & Clerical	971.0	252.9	(1,080.1)	(1,953.5)	(754.1)	5,542.9	(3,007.0)	(28.0)
Estate and Facilities Staff	(3.6)	11.2	3.7	(15.1)	(329.3)	(106.2)	(201.0)	(640.3)
All Other Staff	(1,989.8)	417.6	65.5	(431.3)	(123.3)	438.3	(1,405.7)	(3,028.7)
Total Pay	(3,407.3)	568.1	197.4	(7,266.1)	(1,261.4)	4,185.1	(3,938.4)	(10,922.5)
Non-Pay								
Drug Costs	(4,862.1)	3,567.4	(93.9)	(5,016.3)	(10.9)	909.3	3,790.4	(1,716.2)
Clinical Supplies	(1,273.5)	(816.6)	(2,879.4)	29.1	(410.9)	612.9	(4,248.4)	(8,986.8)
Premises Costs	(110.8)	(10.2)	51.4	(922.5)	(637.8)	152.2	786.4	(691.4)
Purchase of Healthcare from non-NH	(143.9)	(161.1)	(694.1)	(1,056.5)	0.0	(4,540.5)	(6.2)	(6,602.3)
Establishment Costs	1.7	77.9	565.1	(468.5)	(398.2)	540.5	(1,394.1)	(1,075.7)
Other Non-Pay Costs	717.7	388.3	998.2	(338.8)	(1,565.7)	(863.4)	15,094.4	14,430.8
Total Non-Pay	(5,670.9)	3,045.8	(2,052.7)	(7,773.6)	(3,023.6)	(3,189.1)	14,022.5	(4,641.6)

Summary: YTD the Trust is reporting an adverse variance to plan of £24.7M measured on an adjusted financial performance basis.

The key drivers of the adverse position are CIP delivery which to date has under-performed by £15.5M across both unidentified and unachieved CIPs, the impact of industrial action of £6.1M, use of the independent sector where costs are £5.9M in excess of budget. These are partly off-set by the release of non-recurrent benefits which are £1.2M above plan.

Clinical income is now reported on a payments by results (PbR) basis at M5 any impact of industrial action will be reflected within CG performance. The variances shown relate overall income performance including pass through drugs and devices income. In 2023/24 this is in effect protected by a block contract arrangement. Across a number of areas pay budgets will have incurred additional costs as a result of the recent industrial action and CIP delivery within ISM remains a concern.

At a clinical group level, only Evelina London is ahead of plan once the clinical income adjustment on a PbR basis and pass through drugs and devices are taken into account.

Underlying Performance £000

Variance Type	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Trust Total
Current Month Adjusted Financial Performance (AFP)	(12,898.6)	(9,625.5)	6,709.4	(3,841.8)	(5,031.5)								(24,688.1)
Industrial Action	(1,475.8)	(1,780.9)	(798.7)	(960.5)	(1,067.5)								(6,083.3)
Current Year Independent Sector Usage	(1,223.0)	(1,192.5)	(1,199.0)	(1,519.1)	(1,257.7)								(6,391.4)
Balance Sheet Flexibility	0.0	0.0	4,975.0	4,552.2	(18.4)								9,508.8
Prior Year (Costs) \ Benefits	(526.0)	616.4	(101.9)	(3.7)	93.9								78.7
Non-Recurrent \ One-Off Items	(627.6)	(371.0)	(180.8)	(1,029.0)	(1,183.4)								(3,391.8)
Accruals Released	47.7	150.0	0.0	494.3	0.0								692.0
Current Month Errors \ Omissions	(1,049.3)	(65.8)	293.0	(231.0)	173.5								(879.6)
Prior Period Corrections	0.0	1,105.6	93.8	(364.0)	285.0								1,120.4
Capital \ Revenue Transfers	(76.0)	(390.0)	466.0	(130.2)	130.2								0.0
Movements in Bad Debt Provisions	(1,233.7)	(234.3)	(2,630.4)	599.2	(95.9)								(3,595.2)
Reserve Accruals \ Released	0.0	0.0	11,799.2	623.2	1,087.5								13,509.8
Elective Recovery Funding (ERF)					564.0								564.0
Underlying Recurrent AFP position	(6,734.9)	(7,462.9)	(6,006.7)	(5,873.3)	(3,742.6)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(29,820.5)

Summary: the reported position for August is a deficit of £5.0M; within this position there are potential net impacts which total £1.3M (adverse) giving an Underlying Recurrent AFP position of a £3.7M deficit

- Within the reported monthly deficit there are charges of £1.9M that are potentially non-recurrent in nature, these are summarised above.
- The majority of these non-recurrent adjustments will remain within our reported position. The possible exceptions to this are Current Month Errors \ Omissions which will be corrected next month, Capital \ Revenue transfers which if deemed appropriate will be transacted and the Movements in bad debt provisions which if the unpaid invoices are resolved will reduce.
- The reported position includes accrued income with regard to Elective Recovery Funding of £0.6M.
- The financial impact on expenditure of industrial action and the use of the independent sector continue at broadly the same level as previous months.

Cancer & Surgery Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(21,157)	(22,610)	(1,453)	(106,940)	(110,348)	(3,407)
Further Improvement Target	184	0	(184)	1,659	0	(1,659)
Internal Recharges inc Overheads	(12,082)	(12,193)	(110)	(60,179)	(61,245)	(1,067)
Non Pay	(15,234)	(17,604)	(2,370)	(74,425)	(80,096)	(5,671)
Income (Excl Clin Income Adj)	3,641	3,191	(450)	17,842	14,846	(2,996)
Total (Excluding Income Adjustment)	(44,649)	(49,216)	(4,567)	(222,043)	(236,843)	(14,800)
Clinical Income Adjustment (excl pass through D&D)	30,517	32,586	2,069	169,721	161,983	(7,738)
P/T Drugs & Devices Clinical Income	12,489	10,535	(1,955)	41,185	41,788	602
Total	(1,643)	(6,095)	(4,452)	(11,136)	(33,072)	(21,935)

Summary

YTD Position

The Clinical Group has reported a year to date position of £21.9m behind plan to M05.

The main drivers of the position are:

Clinical Income £7.7m behind plan. Can be viewed as

- ERF/variable categories £(10.9m) behind plan, can be split : Elective/Daycase £7.4m, Outpatient first and procedure £4.0m, partly offset by Chemo £0.3m.

- P/T drugs £2.0m ahead of plan, to be transferred to P/T Drugs income for M06.

- Hosted Services £1.2m ahead of plan, offset in Income.

P/T Drugs & Devices Clinical £0.6m ahead of plan

The net P/T drugs and devices position is £2.9m behind plan. The expectation is this position will be recovered.

Further Improvement Target £1.7m behind plan

This is a pro-rata of the £4.0m remaining target. As background, the Group had £13.9m to identify as part of 23-24 business planning.

Pay £3.4m overspent

Themes to note :

- Headcount Target £2.1m [total £5m]
- Industrial Action associated pay cost £650k
- HCA related RTT payments £75k

Non Pay & Internal Recharges £6.7m overspent

High cost drugs & devices c.£5.9m overspent. See comment within P/T Income.

SLR recharges £1.1m overspent, which are expected to be suspended from M06 reporting. Clinical Supplies £0.8m overspent. See actions. R&D £1.5m underspent, offset within Income.

Income (Excl Clin Income Adj) £3.0m behind plan

Driven by Hosted Services £1.4m behind plan, offset in Clinical Income. R&D £1.8m behind plan, offset within Non Pay.

Key Issues

1. CIPs

(a) Delivery of agreed CIPs - including headcount challenge of c.£5m
 (b) Identification of further CIPs to address the remaining target c.£4.0m

2. Activity Recovery

Recovery will be two fold :

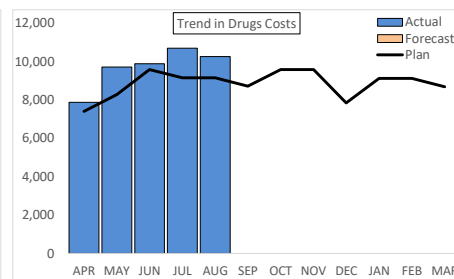
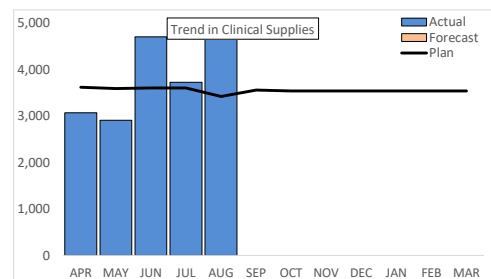
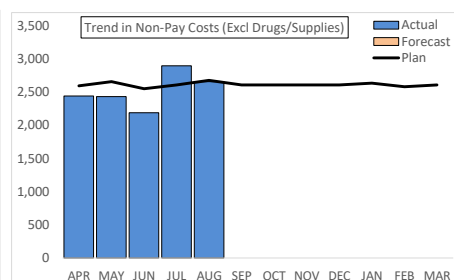
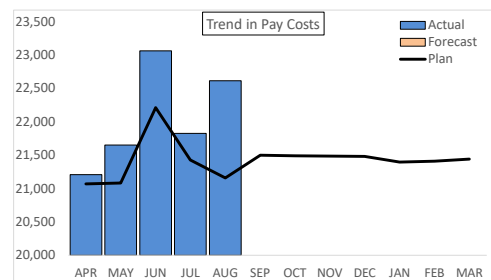
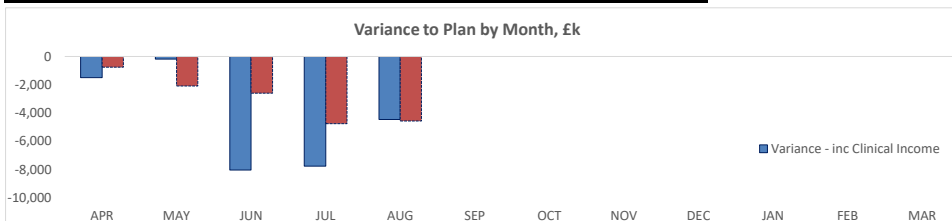
- Capture and coding - particularly around resolving the issues around outpatient activity capture and understanding the drivers of the pass-through position
- Operational recovery, appreciating IA will impact on this aspiration.

3. Exiting HCA

This will support the centrally reported CIP. Currently delayed as awaiting the opening of refurbished Nuffield Theatres.

4. Procurement Support

In understanding the drivers of the high clinical supply spend. For example price and volume changes. This is of particular concern within TAP, which has a c.£1.0m overspend to M05.



Clinical Activity Volumes

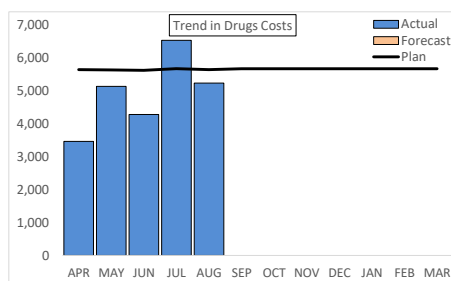
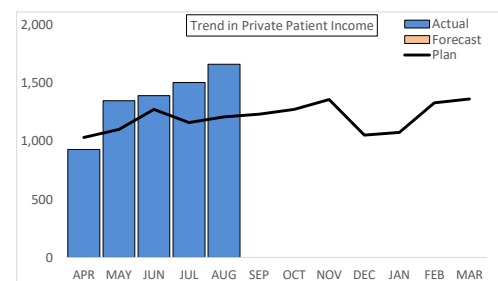
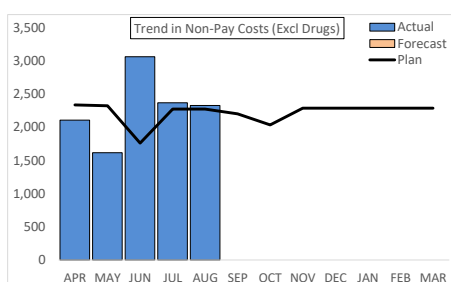
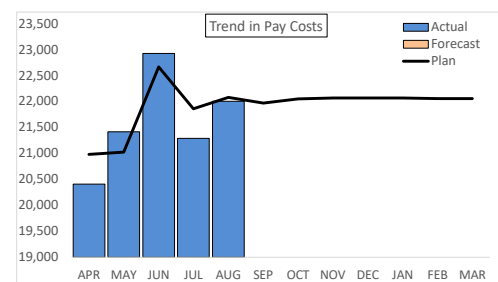
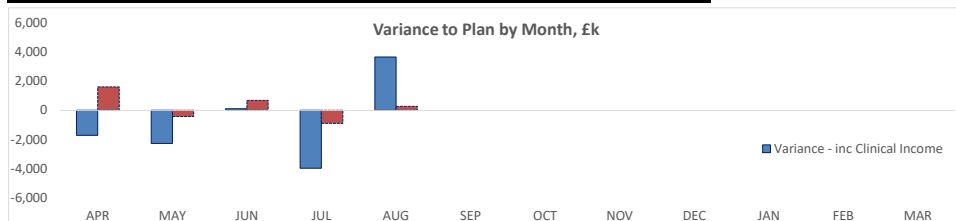
Type	This Month			Year to Date			Vs 2019-20	
	Budget (#)	Actual (#)	Variance (#)	Budget (#)	Actual (#)	Variance (#)	2019-20 YTD	% of 2019-20
Elective								
Daycase								
Non-elective								
Outpatient New								
Outpatient F/up								
Dialysis								
Chemo Delivery								
Radiotherapy								

To Follow

Evelina London Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(22,077)	(22,000)	76	(108,600)	(108,032)	568
Further Improvement Target	378	0	(378)	2,055	0	(2,055)
Internal Recharges inc Overheads	(11,063)	(11,154)	(91)	(54,986)	(55,659)	(673)
Non Pay	(7,920)	(7,563)	357	(39,183)	(36,137)	3,046
Income (Excl Clin Income Adj)	3,127	3,444	317	15,351	15,716	365
Total (Excluding Income Adjustment)	(37,555)	(37,274)	281	(185,363)	(184,112)	1,252
Clinical Income Adjustment (excl pass through D&D)	30,915	31,619	703	150,422	147,872	(2,550)
P/T Drugs & Devices Clinical Income	4,263	6,941	2,678	24,808	21,916	(2,892)
Total	(2,378)	1,286	3,663	(10,134)	(14,324)	(4,190)



Clinical Activity Volumes

Type	This Month			Year to Date			Vs 2019-20	
	Budget (#)	Actual (#)	Variance (#)	Budget (#)	Actual (#)	Variance (#)	2019-20 YTD	% of 2019-20
Elective								
Daycase								
Non-elective								
Outpatient New								
Outpatient F/up								
Paediatric Critical Care								
Antenatal pathways								
Deliveries								
A&E attendances								

To Follow

Board of Directors

18th October 2023

Summary

Evelina reported M5 performance £3.7m ahead of plan taking the YTD position to £(4.2m) behind plan.

Clinical income and Private Patient Income were the largest drivers in month being £3.4m and £0.5m adverse respectively.

YTD Position

The key drivers of the M5 YTD positions are:

- **Further Improvement Target (£2.1m)**
- **NHS Income (£5.4m)** behind plan.
- Within this (£2.9m) is reported as being driven by pass through drugs and devices income (£2.96m and £0.03m adverse respectively). This is at odds with the £3.6m underspend on drugs YTD and clinical supplies spend in services that have significant high cost device usage, and as such requires investigation. However, the income position reflects M4 projected forwards and this may be contributing to the discrepancy.
- £(3.0m) relates to variable activity income, notably driven by daycases (medical and surgical) and surgical electives. The limitations of current contract monitoring information mean it is proving challenging to correlate this position with activity reporting, review the completeness and accuracy of clinical income reported and investigate the drivers of financial underperformance.
- **Pay is £0.6m underspent.** Within this there is £(1.06m) attributable to IA costs. Excluding identified IA costs, Nursing remains underspent reaching £1.9m YTD reflecting continued high vacancy levels in PICU and Universal Community Services. Medical is (£0.85m) overspent after identified IA costs, notably in Medicine & Women's, High sickness & maternity leave, additional sessions to recover work cancelled due to IA (notably in maternity) & missing flexi trainee funding are key drivers.
- **Non pay is £3.0m underspent**, of which £3.6m relates to drugs. There have been three Zolgensma infusions to date at a cost of £4.8m, against a plan of five. Clinical supplies are £(0.82m) overspent, with Women's and Medicine seeing the majority of overspends. Bad debts are £(0.44m) adv, entirely reflecting the in month movement which requires investigation.
- **Other income is £0.4m ahead of plan**, within which private patient income is £1.1m ahead wholly driven by Cardiac and PICU work. This is offset by salary recharge income not yet billed for in R&D (£0.4m adv) and ODN income not yet received (£0.22m adv).

Key Issues

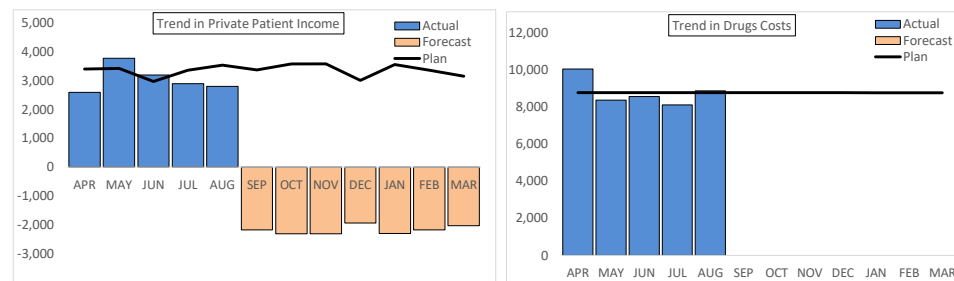
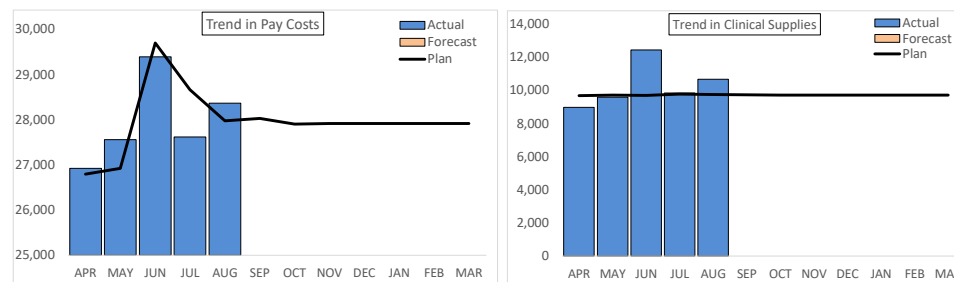
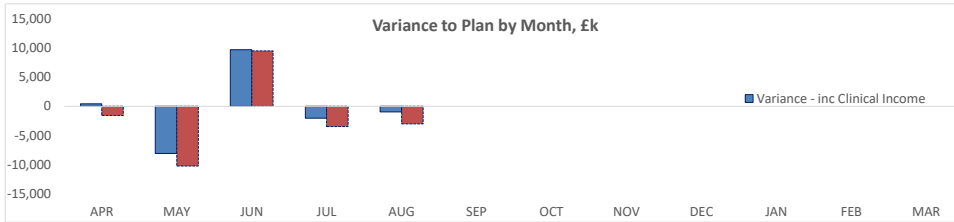
- Significant focus is being given within the group and all directorates to identifying further savings ideas, particularly pay savings, considering persistent vacancies and pay underspends. The scale of savings still to find however are material (£4.0m; 1.4% direct expenditure excluding pass through costs) and delivering savings to the full extent of the target without compromising activity delivery or safety will be challenging, especially given continued IA and management focus on Apollo.
- High sickness rates and particularly long term sickness issues are widespread, are impacting service capacities, and in some places are causing overspends and increased temporary staffing use. This is affecting all staff groups but is a material component of continued medical overspends. Resolving the more complex cases needs support from Workforce.
- High clinical supplies spend to date requires further investigation to confirm extent to which this should be and is offset in income, and degree of recurrence in levels of spend. ACU a key focus area where costs are running materially higher than prior years month on month - may require procurement support to investigate options to reduce spend.

Finance Report M5 23/24 - Supporting Papers P06

Heart, Lung and Critical Care Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(27,976)	(28,362)	(386)	(140,044)	(139,847)	197
Further Improvement Target	289	0	(289)	1,746	0	(1,746)
Internal Recharges	(10,391)	(10,245)	146	(51,953)	(51,358)	594
Non Pay	(21,828)	(22,688)	(859)	(106,980)	(109,033)	(2,053)
Income (Excl Clin Income Adj)	6,156	4,557	(1,599)	29,774	24,099	(5,675)
Total (Excluding Income Adjustment)	(53,751)	(56,738)	(2,987)	(267,457)	(276,139)	(8,682)
Clinical Income Adjustment (excl pass through D&D)	39,789	41,133	1,344	185,047	192,154	7,107
P/T Drugs & Devices Clinical Income	11,651	12,340	690	58,182	58,811	629
Total	(2,311)	(3,265)	(953)	(24,228)	(25,174)	(947)



Clinical Activity Volumes

Type	This Month			Year to Date			Vs 2019-20	
	Budget (#)	Actual (#)	Variance (#)	Budget (#)	Actual (#)	Variance (#)	2019-20 YTD	% of 2019-20
Elective								
Daycase								
Non-elective								
Outpatient New								
Outpatient F/up								
Critical Care Days								

To Follow

Summary

YTD Position

The Clinical Group is reporting an adverse position of (£1.0m) in Month 5 and (£0.9m) YTD. The adverse in-month position includes a (£1.0m) prior period correction identified between HLCC and RBH Estates and as such the Clinical Group would have otherwise been on plan for August.

Within the YTD position, non-pay costs are overspent by £2.0m, predominantly within clinical supplies. Although this is offset by overperformance seen in clinical income overall, it is inconsistent with pass-through drugs and device income, which is close to plan. The Clinical Group received funding in month for known areas of non-pay inflation, full year value £1.6m.

Pay budgets are underspent YTD by £0.2m, which reflects an increase in pay expenditure during the month. This increase is predominantly within medical pay across all directorates. Within the YTD position, the adverse impact of Industrial Action on pay is estimated to be (£1.0m). The underlying pay position is therefore favourable to plan by £1.2m YTD.

The Clinical Group is reporting having identified £8.5m (81%) of its £10.5m CIP target, however additional schemes are being finalised to close this gap, including on procurement and non-patient income. YTD CIP delivery is adverse by (£1.5m), within which identified schemes are behind plan by (£0.4m).

Key Issues

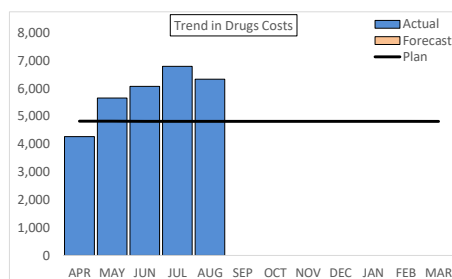
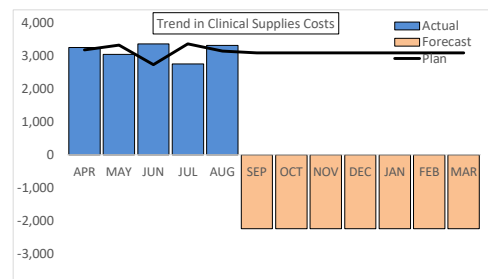
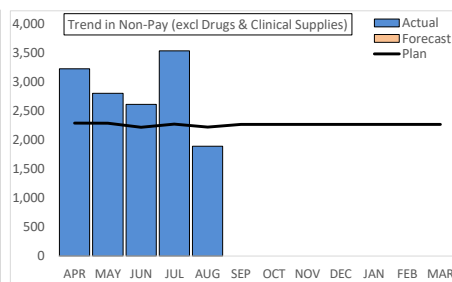
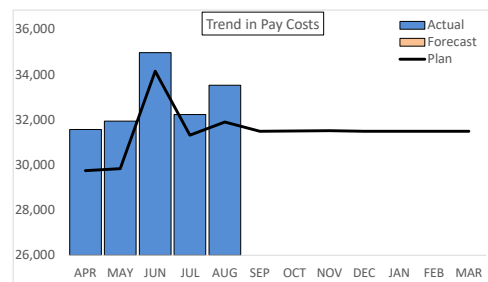
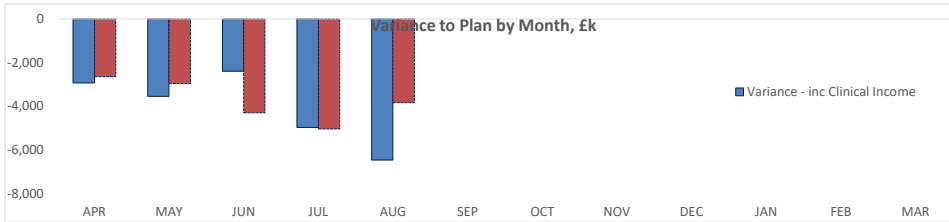
- The impact of Industrial Action on income flows and expenditure is estimated at (£2.4m) YTD, of which (£1.4m) relates to reduced PP income

- Ongoing concerns about the adverse impact on capacity and resilience of delays in capital schemes (e.g. Nuffield Theatres @ Guy's reducing sleep service; replacement for Cath Lab 3 @ STH unlikely to be commissioned before 2025; EW 10 available late September 23).

Integrated and Specialist Medicine Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(31,899)	(33,514)	(1,615)	(156,936)	(164,202)	(7,266)
Further Improvement Target	14	0	(14)	71	0	(71)
Internal Recharges inc Overheads	(6,734)	(7,165)	(432)	(34,447)	(35,960)	(1,513)
Non Pay	(10,191)	(11,545)	(1,354)	(51,155)	(58,929)	(7,774)
Income (Excl Clin Income Adj)	5,247	4,833	(414)	26,352	24,226	(2,126)
Total (Excluding Income Adjustment)	(43,563)	(47,391)	(3,828)	(216,115)	(234,865)	(18,750)
Clinical Income Adjustment (excl pass through D&D)	39,498	34,016	(5,482)	183,681	180,758	(2,924)
P/T Drugs & Devices Clinical Income	5,403	8,262	2,859	25,704	27,104	1,400
Total	1,338	(5,113)	(6,450)	(6,729)	(27,003)	(20,274)



Clinical Activity Volumes

Type	This Month			Year to Date			Vs 2019-20	
	Budget (#)	Actual (#)	Variance (#)	Budget (#)	Actual (#)	Variance (#)	2019-20 YTD	% of 2019-20
Elective								
Daycase								
Non-elective								
Outpatient New								
Outpatient F/up								
Imaging								
A&E attendances								

To Follow

Board of Directors

18th October 2023

Summary

YTD Position

at M05 is £(20.3m) adverse for the Clinical Group

FIT

- £71k A - unidentified target in Pharmacy due to RBH / GSTT merge.

CLINICAL INCOME - excl adj

- £(2.1m) adv includes the anticipated run-rate variance to income tgt in Pharmacy Tech Svcs: £(0.7m) adv, as well as CLIMP Nuclear Medicine paused capacity of £(0.7m); both driven by Pharmacy Regulator compliance capacity pause.
- R&D comprises the majority of the balance of £(1.0m) adv - with offsets seen in the cost base

CLINICAL INCOME - adj

- £1.5m fav reflecting M04 ytd actuals transacted as per aligned payment incentive (API) principles within directorates + pro-rata estimate for M05.
- Private/Overseas Pts £(0.1m) behind plan within which MedSpecs are over-performing.

PAY

£(7.3m) adv

- £(1.7m) Major Incident - majority, Industrial Action
- £(3.9m) adv is due to Agency.
- £(£2.0m) in AGM and ILS; AHPs £(0.7m) in CLIMP, T&R (0.2m). Sci/Prof/Tech accounts for £(0.4m) in Pharmacy Tech Svcs; balance is A&C.
- MH-driven 1-1 specialising is £(0.5m).
- Favourable R&D pay offsets income above, the majority of which is in T&R speech therapists £0.36m.
- Bank expenditure stands at ytd of £(7.3m) adv overall.
- Value of yet to be identified CIP in pay is £(2.2m).

NON-PAY

£(7.8m) adv in non-pay

- £(1.4m) is pass-thru cost effects both drugs & devices (offset in commissioned income).
- £(0.6m) is net clinical supplies across MedSpecs Dental, CLIMP and Pharmacy includes impacts of Pharmacy Regulator compliance pause & remediation.
- £(1.3m) is MH-driven external bed capacity in Purch of Healthcare
- £(0.3m) is additional activity initiatives in Imaging
- £(1.5m) is non pass-thru drugs split across AGM (ED and Gen Med) as well as CLIMP (NucMed) - activity with some phasing effects but subject to directorate and pharmacist review to pinpoint drivers
- £(0.3m) bad debt in CLIMP Radiology & Medical Physics in LGT contracts - in discussion for resolution.
- £(0.9m) across Premises, split CLIMP R&D & Pharmacy, where key driver is remediation costs but includes other repairs - STH Aseptic facility
- £(0.5m) across Establishment with overspends in Dictation Svcs, Travel and Other. (To review for recurrency and options)

Key Issues

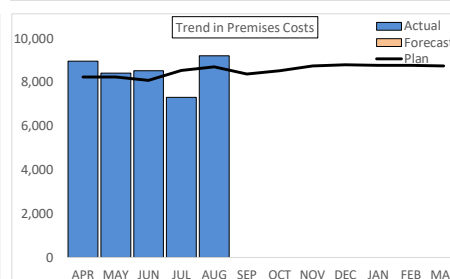
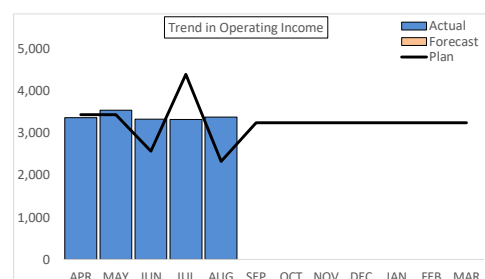
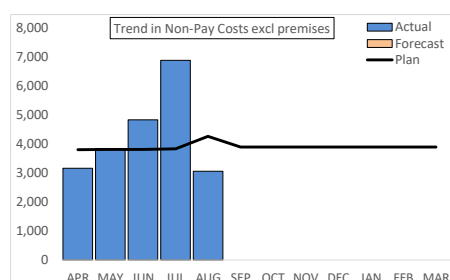
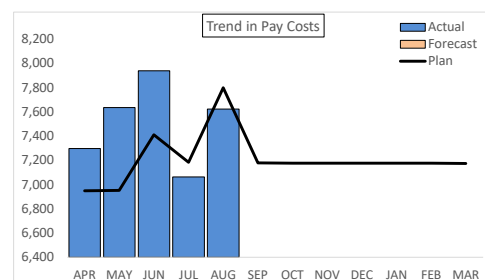
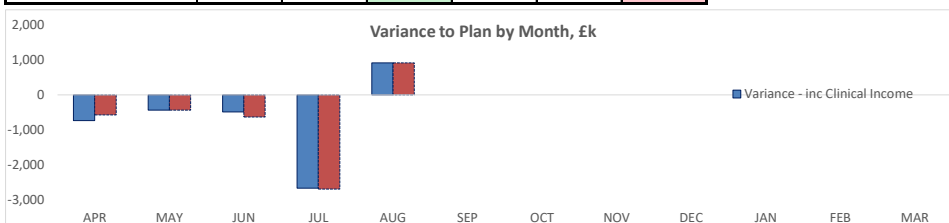
- ISM: commissioned activity income actuals
- ISM: Vacancy, bank and agency - improved trend continues in M05 but remains a focus in order to turn around and recover; Nursing & AHP agency remain material spends, although offset by vacancies in some directorates.
- ISM: Elevated sickness levels and their contribution to higher temporary staffing costs
- ISM: Drugs (non-pass-thru) - AGM
- ISM: Clinical supplies - various including MedSpecs (diabetes devices) and Dental (various sub-specialties). Further assessment required as well as procurement leverage for high volume purchases.
- ISM: CIP progress for 23/24: plans to underpin unidentified targets - to progress
- ISM: Pharmacy Regulator compliance & remediation pause impacts - impact on year-to-go
- BP: run-rate and funding matters: AGM - SDEC returns & other facilities related; ILS/Mgmt - community building security + lease cars; Junior Doctor rotation - SAS, CLIMP & AGM; testing for Mpox and POC
- AGM: bed pressures - both expanded internal (MSAU and AEC which are increasing staffing due to Trust bed pressures) and external (MH - Cynet) capacity. Incremental costs of MH activity.
- ISM: ongoing Industrial Action impacts

Finance Report M5 23/24 - Supporting Papers P08

Essentia - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(7,797)	(7,622)	175	(36,290)	(37,551)	(1,261)
Further Improvement Target	1,323	0	(1,323)	1,350	0	(1,350)
Internal Recharges inc Overheads	12,560	12,904	345	62,799	64,233	1,434
Non Pay	(13,021)	(12,351)	670	(61,617)	(64,641)	(3,024)
Income (Excl Clin Income Adj)	2,330	3,381	1,051	16,178	16,962	783
Total (Excluding Income Adjustment)	(4,606)	(3,688)	918	(17,580)	(20,998)	(3,418)
Clinical Income Adjustment (excl pass through D&D)	5,265	5,265	0	10,325	10,325	(0)
P/T Drugs & Devices Clinical Income	0	0	0	0	0	0
Total	659	1,577	918	(7,255)	(10,672)	(3,418)



Summary

YTD Position

The group reported an overspend of £3.4m to the end of August. This includes RBH.

Income £0.8m over plan

£0.24m of recharges relating to 22/23 have been identified and agreed with the other party.

The utility charges for tenants have been reviewed and updated (£0.5m YTD) there are also additional pass through income for Environmental waste offset by additional costs (£0.4m.).

Property income is £0.7m behind target and a review of all leases has been conducted and a list of targets no longer achievable has been identified. This is partially offset by one off rental of £0.2m.

Pay £1.3m over plan

Of the £1.3m overspend, £1m relates to services included in the internal recharges. £0.4m relates to unachieved vacancy factor. Of the original target 1/3 has been achieved

There are still specific issues in fire agency (£0.1m) and the use of firewatchers at St Thomas' (£0.1m). Additional over time in the site engineering teams is still to be used.

Overall bank costs showed an increase in month but the trend is still showing a reduction.

Non-Pay £3.0m over plan

Of the £3.0m overspend, £2.0m is estimated as excess inflation, £0.7m is the impact of in year business cases and £0.2m as the impact of industrial action.

A net £0.4m relates to services that are recharged to other Groups.

To date bad debts provisions are £0.3m adverse. Utilities costs are on target and this includes £0.4m of pass through costs.

Transport COVID costs are £0.1m to date. Additional engineering costs of £0.4m have been incurred for the hire of equipment and urgent maintenance work.

To date there have been non recurring benefits of £0.4m on rates rebates and reductions of £0.4m on service charges on properties. These benefits are included in the Groups CIPs achieved.

Internal recharges £1.4m over achieved

As noted about this offsets £1m of the pay overspend and £0.4m of the non pay overspend.

CIPs £1.3m below plan.

The Group is £1.3m below its recurrent target but has achieved £0.8m of one off benefits leaving a net £0.5m shortfall. The Group has identified £15.9m of CIP opportunities, of which £3.1m are recurrent.

Key Issues

The Group is preparing its forecast based on the M5 position

The financial focus is to identify recurring CIPs to meet the Groups target of £7.2m.

To achieve this there is a review of pay costs including understanding the reasons for bank and agency usage. There are also a series of deep dives on areas that are overspending

The Group also has a vacancy panel in place for all posts B4 and above.

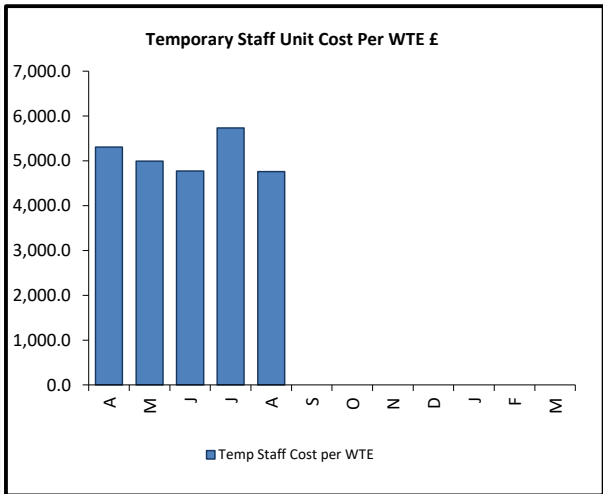
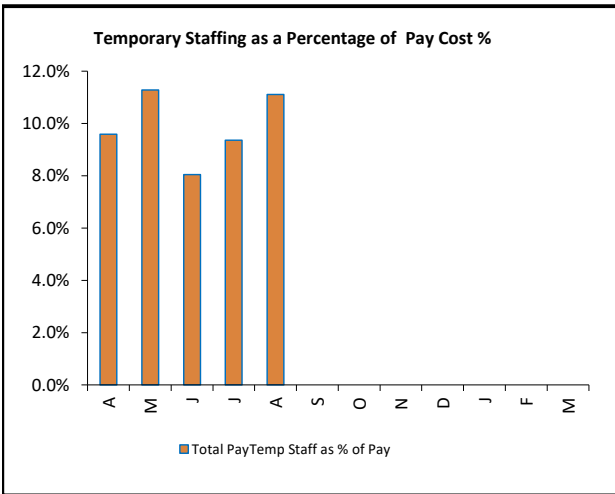
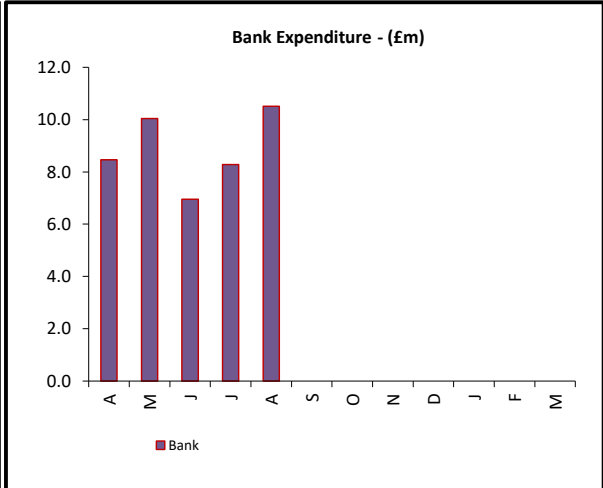
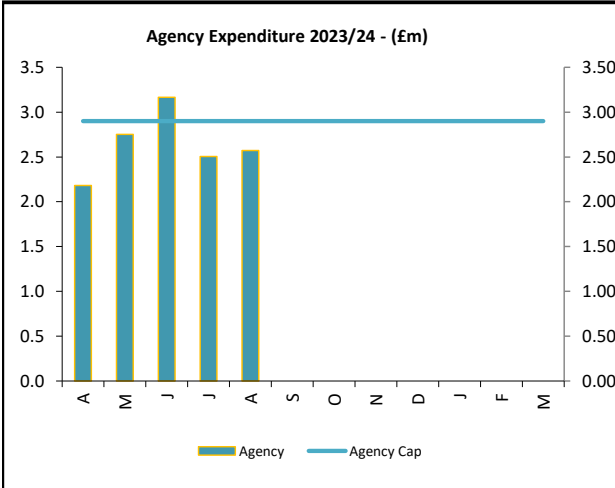
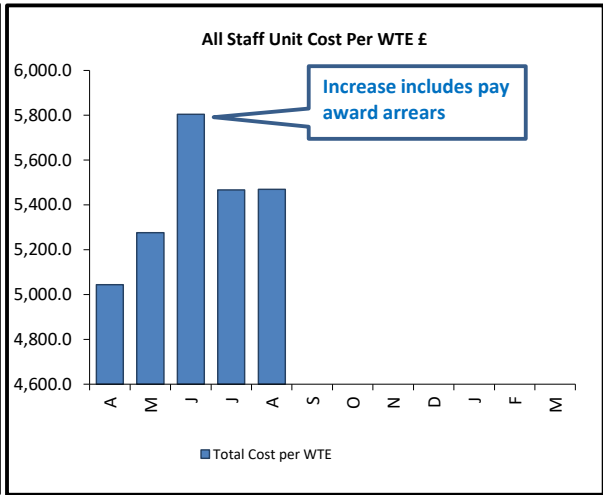
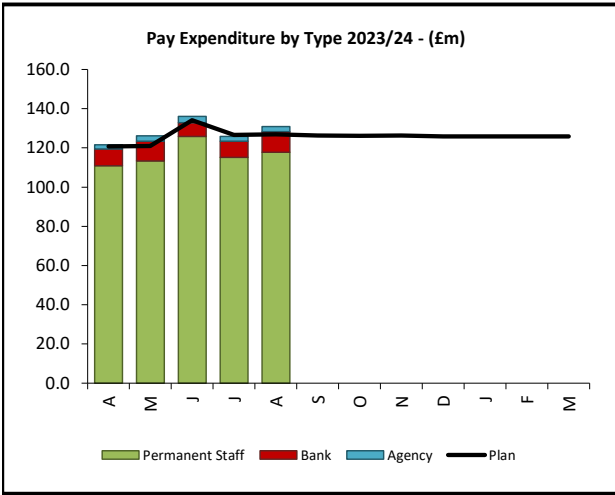
The Groups executive and Directors are involved in ensuring the workforce understand the financial challenge. The Finance team are working to improve the understanding of financial data across all budget holders.

Drivers of YTD Group Variances - Corporate and Other £000

Variance Type	Pay	Further Improvement Target	Internal Recharges	Non Pay	Income (Excl Clin Income Adj)	Total (Excl Clin Income Adjs)	Internal Income Adjustment (Offsets with Trust Income)	Total (Incl Clin Income Adjs)
Chief Operating Officer	(1.8)	(329.8)	239.2	(4,427.2)	(37.0)	(4,556.6)	0.0	(4,556.6)
Director of Finance	585.5	(948.2)	(38.6)	485.1	(318.5)	(234.7)	0.0	(234.7)
DT&I	1,731.8	(4.3)	(41.1)	(417.0)	(14.2)	1,255.1	0.0	1,255.1
Workforce	693.5	(922.5)	611.0	(232.3)	(919.2)	(769.5)	1,168.2	398.7
Chief Executive	643.1	(595.9)	(571.7)	(1,211.9)	(180.2)	(1,916.6)	(953.8)	(2,870.4)
Medical Director	204.3	(1,916.6)	(4.5)	909.1	(192.7)	(1,000.3)	(4,085.8)	(5,086.1)
Chief Nurse	(450.1)	(382.5)	(165.1)	(236.4)	774.9	(459.2)	338.9	(120.3)
GSTT R&D NIHR	472.5	0.0	695.9	1,772.9	(2,779.0)	162.3	51.3	213.6
Commercial	306.5	(105.5)	82.3	168.5	(264.0)	187.8	(83.3)	104.5
Rbh Corporate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Royal Brompton & Harefield Integrated SBU	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
RBH Corporate Costs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
GSTS Pathology Payroll	0.0	0.0	(2.2)	0.1	0.0	(2.1)	0.0	(2.1)
Total Corporate	4,185.1	(5,205.2)	805.2	(3,189.1)	(3,929.8)	(7,333.8)	(3,564.5)	(10,898.3)
Trust Income	0.0	0.0	0.0	(261.7)	10,624.9	10,363.2	5,769.9	16,133.1
Reserves	429.7	0.0	60.6	15,314.5	645.2	16,450.1	0.0	16,450.1
Pathology	611.7	(146.0)	1,300.3	(5,238.7)	1,192.6	(2,280.1)	(0.0)	(2,280.1)
Interest Receivable	0.0	0.0	0.0	1,968.4	306.3	2,274.7	0.0	2,274.7
Vaccination Programme	(2,102.9)	0.0	(25.0)	(291.0)	2,056.3	(362.5)	362.5	(0.0)
Coronavirus [HCOVID]	0.0	0.0	0.0	(11.6)	0.0	(11.6)	0.0	(11.6)
GSTT Enterprises Ltd	(50.0)	0.0	0.0	(100.5)	0.0	(150.5)	0.0	(150.5)
Pathology Services Ltd	0.0	0.0	0.0	(197.8)	0.0	(197.8)	0.0	(197.8)
Essentia Trading Ltd P/L	(2,827.0)	0.0	0.0	(1,451.1)	4,812.6	534.6	0.0	534.6
Capital Depreciation	0.0	0.0	0.0	4,343.9	0.0	4,343.9	0.0	4,343.9
Other	0.0	0.0	(24.2)	(52.0)	(0.0)	(76.3)	0.0	(76.3)
Total Other	(3,938.4)	(146.0)	1,311.7	14,022.5	19,637.9	30,887.7	6,132.4	37,020.2
Total Corporate and Other	246.7	(5,351.2)	2,117.0	10,833.4	15,708.1	23,553.9	2,567.9	26,121.8

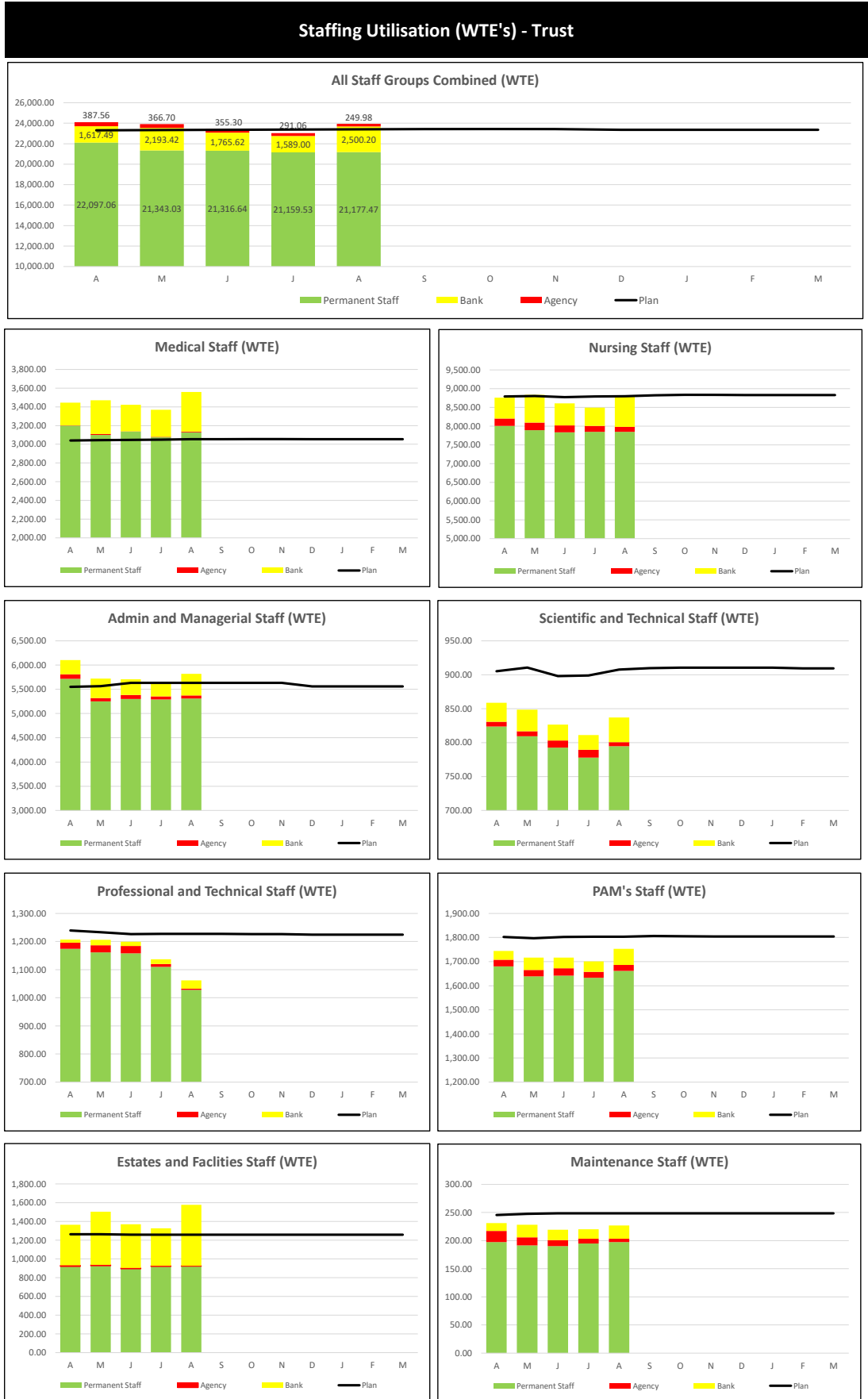
Summary:

Key Payroll Metrics - Trust



The NHSE agency cap for the Trust for 23/24 is £2.90M per month (based on 100% of 23/24 spend). YTD the Trust has been averaging agency spend of £2.64M per month; £0.26M below the 23/24 cap, for the month of Aug the Trust was below the agency cap by £0.3M. From 2023/24 performance against the agency cap will once again become a key performance metric.

Bank expenditure, when flattened to take account of 4 or 5 week months is c.£8.9M per month, this is above the trend noted in 2022/23 of £7.8M, driven by the impact of the industrial action. The Trust is in the process of reviewing its temporary staffing controls.



Trust Capital Programme							
Source	Current Mth Plan	Current Mth Spend	Current Mth Variance	YTD Capital Plan	YTD Spend	YTD Variance	Capital Plan
	£000	£000	£000	£000	£000	£000	£000
In-Flight Programmes							
Apollo	2,000	5,990	(3,990)	11,600	28,865	(17,265)	27,000
Children's Day Treatment Centre	0	1,933	(1,933)	7,000	7,706	(706)	7,000
TYA Cancer Ward relocation	900	221	679	7,900	2,343	5,557	6,300
East Wing Critical Care Unit	0	574	(574)	4,000	2,392	1,608	5,700
Nuffield Theatres	0	1,282	(1,282)	2,000	3,700	(1,700)	3,100
Oral Medicine Expansion	0	(122)	122	100	(120)	220	100
Assisted Conception Unit storage	200	235	(35)	800	356	444	1,000
RBH Chillers	100	0	100	500	0	500	1,000
DTI Strategic Network	200	1,010	(810)	5,100	4,448	652	11,000
Telephony refresh	167	139	28	833	676	157	2,000
Investment in MedTech company	0	0	0	0	0	0	900
Cancer Centre Re-cladding	0	496	(496)	0	2,890	(2,890)	0
Patient Centric Supply Chain	0	(274)	274	0	(133)	133	0
Oracle Cloud	0	78	(78)	0	213	(213)	0
Windows 10	0	277		0	697	(697)	0
Slippage on Inflight							(4,100)
Block Allocations							
Estates Maintenance Backlog	1,083	366	718	5,417	554	4,863	13,000
Medical Equipment (exl. Cath Labs)	750	336	414	3,750	2,147	1,603	9,000
DT&I (inc. Data Centre and NHS Mail)	742	0	742	3,708	0	3,708	8,900
Infrastructure and Resilience							
Theatres	250	82	168	1,250	270	980	3,000
Cath Labs	100	1	99	500	133	367	2,300
Trust Major Programmes							
Orthopaedics Centre of Excellence	167	213	(46)	833	438	396	2,000
Paediatric Oncology	0	0	0	0	0	0	0
Clinical Group Risk and Priority Schemes							
Maternity Assessment Unit	0	0	0	0	0	0	200
Third Obstetric Treatment Room	100	17	83	500	59	441	1,000
Linac at Guys	334	26	308	1,670	62	1,608	4,000
Central Assumptions							
Slippage	(833)	0	(833)	(4,167)	0	(4,167)	(10,000)
Contingency	100	0	100	500	0	500	5,600
Others							
Asset Management	0	641	(641)	0	2,466	(2,466)	0
DT&i	0	529	(529)	0	1,710	(1,710)	0
Others	0	(269)	269	0	(338)	338	0
TOTAL INTERNALLY FUNDED	6,359	13,781	(7,144)	53,795	61,535	(7,740)	100,000
CHARITY FUNDED							
AI Centre OLS Programme (Innovate UK)	67	65	1	333	401	(68)	800
Others - Notional	100	23	77	500	443	57	5,000
TOTAL CHARITY FUNDED SCHEMES	167	89	78	833	844	(11)	5,800
PDC FUNDED							
Image Sharing	100	0	100	300	0	300	600
iRefer	100	0	100	500	0	500	975
Lims and Interoperability	0	0	0	0	0	0	650
Digital Pathology	0	0	0	0	0	0	450
TOTAL PDC FUNDED SCHEMES	200	0	200	800	0	800	2,675
TOTAL CAPITAL	6,726	13,869	(6,866)	55,428	62,379	(6,950)	108,475

Trust Balance Sheet - £000

	Opening Balance @ 01/04/23 £000	Closing Balance @ 31/08/23 £000	Movement £000
Fixed Assets			
Property, Plant Equipment	1,849,003	1,852,676	3,673
Intangible Assets	157,171	178,664	21,493
Investment property	75,134	75,136	-
Trade & Other Receivables Non-Current	7,911	16,871	8,960
Other Financial Assets	2,196	2,240	44
Total Fixed Assets	2,091,415	2,125,587	34,172
Current Assets			
Inventories	48,015	54,717	6,702
Cash & Cash Equivalents	130,760	89,744	(41,016)
Trade & Other Receivables - Current	262,298	248,544	(13,754)
Total Current Assets	441,073	393,005	(48,068)
Creditors: Amounts Falling Due Within One Year	(499,350)	(533,102)	(33,752)
Borrowings: Amount Falling Due within One Year	(51,622)	(33,319)	18,303
Provisions For Liabilities & Charges	(1,755)	(722)	1,033
Net Current Assets / (Liabilities)	(111,654)	(174,138)	(62,484)
Fixed & Net Current Assets / (Liabilities)	1,979,761	1,951,449	(28,312)
Creditors: Amounts Falling Due More Than 1 Yr	-	-	-
Borrowings: Amount Falling Due More Than 1 Yr	(301,674)	(301,667)	7
Provisions For Liabilities & Charges	(13,925)	(14,281)	(356)
NET ASSETS	1,664,162	1,635,501	(28,661)
Financed by:			
Taxpayers Equity			
Public Dividend Capital	593,146	593,145	(1)
Revaluation Reserve	564,338	564,336	(2)
Other reserves	743	743	-
Retained Earnings	505,935	477,277	(28,658)
Total Taxpayers Equity	1,664,162	1,635,501	(28,661)

The Trust closed the month with a cash balance of £89.7M; a reduction of £41.0M from the opening balance on 1st April 2023.

An analysis of the reduction in cash is contained on P15..

Trust Cashflow

	Apr-23 £m Actual	May-23 £m Actual	Jun-23 £m Actual	Jul-23 £m Actual	Aug-23 £m Actual	Sep-23 £m Forecast	Oct-23 £m Forecast	Nov-23 £m Forecast	Dec-23 £m Forecast	Jan-24 £m Forecast	Feb-24 £m Forecast	Mar-24 £m Forecast
Opening Balance	131	134	122	106	88	90	102	101	94	83	75	84
RECEIPTS												
NHS Acute Activity Income	180	189	235	191	199	193	193	201	201	201	201	201
Education/Merit awards/R&D	20	1	0	17	0	0	20	0	0	0	20	0
Other income	72	68	28	28	51	22	25	25	25	25	25	33
Loan \ PDC received	0	0	0	0	0	51	2	2	2	2	2	2
Sub-total Receipts	271	258	263	236	250	266	239	228	228	228	247	236
PAYMENTS												
Salaries & Wages	66	68	96	69	72	71	74	73	74	73	73	73
PAYE / Superannuation/ NI	55	56	51	96	57	57	57	57	57	57	57	57
Creditors	146	144	128	89	121	98	107	104	105	106	105	104
Dividend Paid / Loan repayment	1	1	3	0	3	29	1	1	2	0	4	23
Sub-total Payments	268	269	278	254	253	255	240	235	238	236	239	257
Net in Month Cash Movement	3	-11	-15	-19	-3	11	-1	-7	-10	-8	9	-20
Closing Balance	134	122	106	88	90	102	101	94	83	75	84	64

Over 90 day debtors/creditors

Debtors	> 90 Days £m's
NHS debtors	17.4
Contract ICB debtors	3.2
Non-NHS debtors	41.4
Total	62.0

Creditors	> 90 Days £m's
NHS creditors	5.6
Non-NHS creditors	16.0
Total	21.6

Cashflow Movement to Current Balance	£m's
I&E YTD Deficit	-28.7
Bal' Sheet Flexibility - Non Cash	-9.5
Depreciation - Non Cash	39.3
Contract payment shortfalls	-19.6
PDC accrual (to be paid in Sept')	16.3
VAT Rebate	9.1
Capital Payments	-64.8
Loan Repayments	-7.2
Movement in Working Capital	24.1
Total	-41.0

The Trust finished M5 with a cash balance of £89.7m and is forecasting this to deteriorate to £63.6m by the end of the year.

The current cash balance of £89.7m is a reduction of £41.0m from the opening balance on the 1st April 2023. The main drivers of which are shown in the table "Cashflow Movement to Current Balance". These include our YTD deficit of £28.7m, contract payment shortfalls of £19.6m, capital payments of £64.8m, a VAT rebate of £9.5m and loan repayments of £4.2m. Also included are non-cash adjustments with regard to balance sheet flexibility, depreciation and PDC which form part of the YTD deficit of £28.7m.

The capital payments of £64.8m include £14.2m that relate to last year and were accrued. This is one of the main drivers of the increased movement in working capital.

The forecast cash balance of £64.0m includes the following key assumptions: full delivery of the agreed I&E plan including the CIP programme, the application for cash support of £49.5m is successful with receipt in September, a repayment from Synovis of £8.6m is received in March.

Having cleared down a higher value of RBH creditors prior to the transfer to Oracle Fusion we have factored in a slowing down of creditor payments to our cash-flow forecast in addition to a £5m improvement in terms of debt collection. Our NHS debtors compare favourably, proportionately, to most other NHS organisations.

A significant element of our non-NHS debtor position is driven by private patient debt, for the most part successfully collected albeit some elements (embassy), taking a prolonged period of time to collect.

**BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 5th July 2023, 1pm – 4pm
Governors' Hall, St Thomas' Hospital**

Members present:	Priya Singh (Chair) Charles Alexander Avey Bhatia Steven Davies Jon Findlay Simon Friend	Pauline Phillips Reza Razavi (from 1.20pm) Simon Steddon Lawrence Tallon Andrea Williams-McKenzie
In attendance:	Sarah Allen (to item 6) Loranna Alvarez (minutes) Gubby Ayida Rachel Burnham Gina Brockwell Stephanie Calvert Jay Dungeni David Gravells (to item 6) Dawn Harper Anita Knowles	Dorothy Kufeji Ruth Liley Charles Martin Mark Mason Phil Mitchell (from 2pm) Clare McMillan (from 1.40pm) Ashley Parrott Cindy Sethi Tendai Wileman Lucy Yasin

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Quality and Performance Committee (the Committee) and provided a summary of changes expected to take effect from October 2023 in relation to the membership and scope of the Committee.
- 1.2. Apologies had been received from Ian Abbs, Felicity Harvey, Javed Khan, Sally Morgan and Steve Weiner.

2. Declarations of Interest

- 2.1. There were no declarations of interest.

3. Matters arising and minutes from the previous meeting held on 5 April 2023

- 3.1. The minutes of the previous meeting of the Committee were approved as an accurate record.

4. Review of the action log

- 4.1. The action log was reviewed and the status of the open actions noted. It was flagged that some actions would transfer over to the new People, Culture and Education Committee once established in September 2023.

5. Board Assurance Framework – Q&P Risks

- 5.1. The risks on the Board Assurance Framework (BAF) owned by the Committee were noted and would be kept in mind during discussions.

6. Patient story

- 6.1. A statement from a patient that uses the patient transport service was read out to the Committee. The statement outlined some positive changes since the service contract had been awarded to a new provider in May 2023, as well as some difficulties and frustrations encountered previously. The statement highlighted the crucial nature of the patient transport service to overall patient experience. Further improvements were anticipated, including the introduction of a mobile application for patients to track their ride to alleviate anxiety whilst waiting, and a mandatory and comprehensive training package for all drivers and handlers, which would include a focus on the impact their role can have on patients.

7. Feedback from Trust Site Visits

- 7.1. Non-Executive Directors noted their observations from recent site visits which had largely focused on preparedness for the Epic implementation. It was noted that the lone-worker audit had concluded and the key themes would be drawn out and shared with the Committee ahead of the next meeting.

ACTION: RL

8. Quality & Safety

- 8.1. The Committee noted patient safety data including serious incidents, duty of candour compliance and never events, together with key updates from each of the Trust's patient safety sub-committees. It was reported that, since the last meeting, one never event had been recorded. Further work was required to reduce the number of open actions arising from serious incidents and to improve the complaints position.
- 8.2. The Committee was informed that issues linked to the IT outage in July 2022 had resulted in a delay in booking follow up appointments within the paediatric spinal service, and that this was being investigated.
- 8.3. Lessons learned from recent Care Quality Commission (CQC) hospital inspections were being collated to support preparations for the Trust's next inspection. A key theme was around staff morale, in the context of the outputs of the Staff Survey, ongoing operational challenges arising from industrial action and other major organisational changes, in particular, the Epic roll-out.

9. People & Culture

- 9.1. The NHS England improvement plan for equality, diversity and inclusion (EDI) had been published and the six high impact actions were noted to align with the initiatives already established within the Trust. The Trust continued to develop and deliver its vision to be an inclusive and anti-racist organisation as part of the EDI agenda, and was also working on measuring accessibility to help reconcile health inequalities and improve patient waiting areas, which would require capital investment.
- 9.2. A working group had been set up to drive these initiatives forwards. The key programme of focus was on changing behaviours and a funding grant to further this work had been secured from Guy's and St Thomas' Foundation. The key connection with the Trust's Freedom to Speak Up arrangements was noted.
- 9.3. The Trust had committed to improve support for staff, and the Committee noted other recent initiatives including improved junior doctor rotas and the ongoing importance of the Trust's communications with staff on all matters affecting them, including those such as pay over which the Trust has no direct control. The Committee noted that the Trust was in its final planning phase for the industrial action commencing on 16th July.

- 9.4. The outputs and continuous improvement required on all these matters would be monitored by the People, Culture and Education Committee.

10. Operational Performance and Activity

- 10.1. It was eight months since industrial action had begun in December 2022, and a five-day Junior Doctor strike was planned for the 13th to 18th July 2023, followed by a two-day Consultant strike on 20th and 21st July 2023. The Trust had recorded 20 days of industrial action in this period, compared with King's College Hospital and Lewisham and Greenwich Hospital which had recorded 15 and 11 days respectively. The Trust was seeing significant cumulative impacts having lost 55,000 outpatient appointments and there were five patients waiting over 104-weeks. There was also a risk that industrial action could impact the Epic rollout. The Trust continued to contribute to the national efforts to secure an immediate resolution to the industrial action.
- 10.2. Whilst the Trust's Emergency Department was managing to deliver relatively well against the four-hour target with minimal twelve-hour breaches, attendance levels remained significantly high and there was a continued issue with patients presenting with mental health issues due to the lack of space at dedicated facilities. This had resulted in a number of near miss issues and one serious incident. The Trust was funding the use of private sector beds to ease the problem, but this was not a sustainable position as the demand continued to be greater than supply. The Trust continued to lobby for an urgently required resolution via the Integrated Care Board, with the third CEO meeting with the South London and Maudsley Hospital taking place the following day.
- 10.3. Concerns around the cancer performance position were noted as the Trust had marginally missed the cancer diagnosis target, and there was a significant deterioration in the 62-day from referral to treatment position. Whilst the ongoing staff efforts and impacts of the unprecedented levels of industrial action were recognised, the Board required increased focus in this important area. It was agreed a sub-group, including the new Non-Executive Directors, would meet to better understand the challenges and to support in finding solutions.

ACTION: SC

11. Infrastructure

- 11.1. The Committee received an update on matters relating to the estate's infrastructure. Colleagues raised concerns about the level of slippage affecting key capital projects, including significant delays in the opening of much needed operating theatre capacity. It was noted that a collaborative review was underway with key stakeholders to ensure project timelines reflected a realistic position, and that lessons learned were being drawn out to prevent similar issues in future.
- 11.2. An update was provided on digital infrastructure, for which the key focus was technical readiness for the Epic roll-out. It was noted that the one-year anniversary of the critical IT outage was approaching and that, following the comprehensive investigation that took place after the incident, additional air conditioning units had been installed as part of a range of actions taken to prevent future problems.

12. Finance

- 12.1. The Trust's year to date financial position was a deficit of £22.5m which was driven by the cost impact of industrial action, underachievement against the Trust's Cost Improvement Programme (CIP), inflation and other pressures. The Committee queried whether there was any central funding that could help mitigate the financial impact of the industrial action. It was clarified that the full cost impact of the strikes was currently unknown but evidence was being

collated with a view to seeking central funding should it become available. The finance team would continue to monitor the position and ensure appropriate mitigations.

13. Clinical Group Updates

- 13.1. Representatives from each of the clinical groups provided updates about operational issues, risks and challenges in their areas, and the Committee noted the assurance scorecards from each clinical group across the CQC regulatory domains.
- 13.2. The Heart, Lung and Critical Care Clinical Group reported a significantly improved position for complaints, with only four overdue complaints remaining. The Clinical Group was committed to reaching a nil overdue position ahead of the next Committee meeting. The number of priority two patients waiting for vascular surgery had reduced despite operational challenges in light of ongoing industrial action.
- 13.3. A never event reported by the Evelina London Women's and Children's Clinical Group had led to a rigorous investigation to ensure accountability. The Clinical Group was also looking more widely at harm reviews to assess where capacity issues may have a role in underperformance. Concerns were shared with regard to the significant volume of vacancies for school nurses and health visitors, noting the potential for longer-term harm impacts arising from reduced community intervention. The option of allowances for hard-to-fill roles was being explored in light of the cost of living crisis, along with recruitment and retention incentives and a thorough educational programme to attract suitable candidates into these roles.
- 13.4. The Cancer and Surgery Clinical Group had reported a challenged position since March 2023, and highlighted the highly complex cases with multiple dependencies on the list of patients experiencing the longer waits. The direct correlation between waits, access to services and complaints was recognised. The headcount reduction target which formed part of the Clinical Group's CIP was proving difficult given the existing capacity issues arising from the ongoing industrial action alongside efforts to ramp up elective recovery.
- 13.5. An update was presented on challenges within the Integrated and Specialist Medicine Clinical Group, which included pressures around emergency care performance, mental health and diagnostics, as well as ongoing initiatives to deliver cost improvements in the face of rising costs. The mental health challenges were now owned at system level but it was acknowledged that solutions were difficult and the impact on the wards would remain until a system resolution could be found.

14. Board Assurance Framework – Quality & Performance Risks

- 14.1. The assurance position of each of the risks on the BAF was noted, and the Committee recognised the ongoing work to address these, which was considered sufficient.

15. Statutory reports

- 15.1. The Committee noted the statutory and regulatory reports provided.

16. Any other business

- 16.1. The Committee acknowledged the importance of staff wellbeing and need to ensure a continued focus in this important area.
- 16.2. The next meeting of the Committee would take place on 8th November 2023.

**BOARD OF DIRECTORS
EXTRAORDINARY QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 9th August 2023, 4pm – 5pm
Robens Suite, Guy's Hospital**

Members present:	Priya Singh (Chair) Ian Abbs Avey Bhatia	Felicity Harvey Pauline Philip
In attendance:	Gubby Ayida Beverley Bryant Cormac Breen Gemma Craig Richard Grocott-Mason Anita Knowles Ruth Liley	Charles Martin Phil Mitchell Ashley Parrott Daghni Rajasingam Tendai Wileman Loranna Alvarez Lucy Yasin (minutes)

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Quality and Performance Committee (the Committee). Apologies had been received from Steven Davies, Jon Findlay, Simon Friend, Javed Khan, Sally Morgan, Reza Razavi, Simon Steddon and Lawrence Tallon.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Clinical risk management for the Apollo Programme and the clinical safety case

- 3.1. Cormac Breen presented the item and advised the Committee that any healthcare organisation deploying software to support patient care had the responsibility to adhere to the NHS Digital standard DCB0160 'Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems'. The purpose of this standard, mandated by the Health and Social Care Act 2012, was to protect patients from harm caused by hazards in the software and ensure adequate mitigations were in place. The process is referred to as 'Clinical Risk Management' and covers deployment, use, maintenance and decommissioning of Health IT systems. The Clinical Safety Case (CSC) was required to support the decision to go live with Epic.
- 3.2. A clinical risk management process had been in place from the start of the Apollo programme, and would continue throughout the lifespan of the Epic system, with clinical risks identified and mitigated as far as possible in accordance with the Trust's risk appetite. The CSC presented to the Committee had been developed from this process and external expertise engaged to support its delivery, as well as providing training for clinical analysts and clinical information officers working within the Apollo Programme.
- 3.3. The risk appetite for the Apollo Programme was set by the Trust's Board in July 2023, and any clinical risk/hazard that posed a risk to patients and was expected to remain above the Trust's risk appetite at go live had been flagged as part of the CSC. Risks currently over the risk appetite threshold but expected to be below it at the point of go live were not included in the CSC but continued to be closely monitored as part of Apollo Programme governance. Assurance was provided that all clinical risks were identified and maintained in a detailed hazard log that was subject to regular review.

- 3.4. Four areas were reported as being expected to carry residual risk despite mitigation at go live:
 - 3.4.1. Laboratory processes and pathology result routing that had the potential to impact the Trust's ability to give care (shared with Synnovis);
 - 3.4.2. Legacy system data transfer into Epic (specifically the risk of legacy information not being available);
 - 3.4.3. Blood transfusion and blood sampling processes; and
 - 3.4.4. Risk of unexpected system downtime once the system has gone live.
- 3.5. A detailed description of the underlying causes for each of these areas was provided along with an explanation of current mitigations, future actions and residual risk. It was noted that, whilst the ideal position would be for all risks to be below the risk appetite threshold at the go live date, a significant proportion of planned actions required to reduce the risk score in these areas could only be actioned as part of, or following, go live.
- 3.6. Committee members had a number of comments and questions.
- 3.7. A key area for discussion was blood transfusion, given its importance and the double impact of the new 'Blood Track' system being introduced alongside Epic, which would be a new system for Trust staff and replace a paper-based tracking system. It was noted that a key mitigation was ensuring nursing staff had completed their blood administration training.
- 3.8. It was clarified that the risk of a cyber-attack at go live was no higher than at any other time, but there was potential for it to be more impactful. The Committee was provided with assurance that all appropriate measures to protect against a cyber-attack were in place, and the Trust was well practised in all eventualities with appropriate contingency plans in place should they be required.
- 3.9. There was a discussion around data transfer from legacy systems and the measures being taken to ensure no patient records were lost. The Committee was advised that lessons learned from other Trusts moving to Epic suggested the potential for duplicate records as opposed to losing information was the larger risk. The Committee was assured that based on these lessons learned there was a very detailed system in place to ensure neither of these eventualities arose.
- 3.10. The Committee was advised that, at the point of go live, a command and control structure would be in place with a ticketing system for raising issues alongside floor walkers. This would mean that as soon as any issues were identified they would be prioritised and dealt with as soon as possible. It was also confirmed that colleagues in primary care were being briefed on what to expect at go live.
- 3.11. The Committee noted the paper and acknowledged the next step was approval of the CSC at the Joint Steering Board, which would take place on 30 August. The Chief Nurse undertook to keep the Committee updated of any significant changes.

4. Any other business

- 4.1. The Committee discussed the risk of legionella within the Trust and measures being taken to ensure a sustainable clean water system and patient safety.

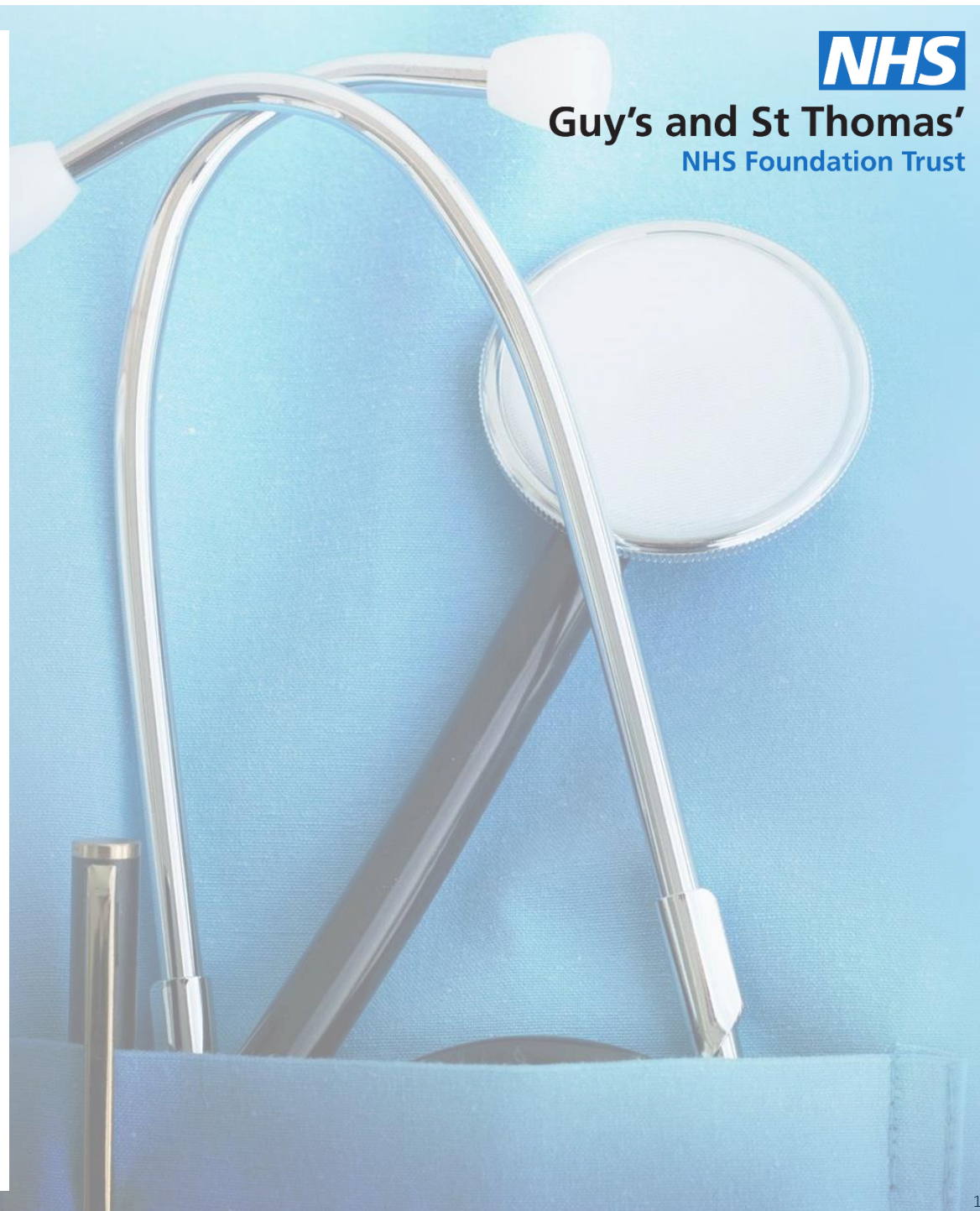
The next meeting of the Committee would be held on Wednesday 8th November 2023.



Guy's and St Thomas'
NHS Foundation Trust

Integrated Performance Report

August 2023



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 domains¹ 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 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.*



¹The source of our core domains:

- Safe, Effective, Caring and Responsive - CQC
- People - NHS People Plan
- Enablers/Use of Resources - NHS E/I

Highlight Report Contents

August 2023



Guy's and St Thomas'
NHS Foundation Trust

The indicators below have been determined by the domain leads as highlights for this month's report.

Domain	Indicator	Actual	Target	SPC Variance	Page
Responsive	Percentage of A&E patients that waited less than 4 hours to be seen (type 1, 2 and 3)	75.7%	76.0%	Common cause variation	4
Responsive	Number of patients spending >12 hours in A&E from decision to admit (DTA)	58	0	Common cause variation	5
Responsive	Percentage of patients waiting over 6 weeks for a diagnostic test	26.6%	1.0%	Special cause variation - single point	6
Responsive	Percentage of cancer referrals seen within 2 weeks	90.1%	93.0%	Common cause variation	7
Responsive	Percentage of cancer referrals meeting the faster diagnosis standard of outcome of suspected cancer within 28 days of referral	73.6%	75.0%	Common cause variation	8
Responsive	Percentage of cancer patients starting their subsequent treatment within 31 days of treatment plan agreement (surgical)	72.4%	94.0%	Common cause variation	9
Responsive	Percentage of cancer patients starting their first treatment within 62 days of all urgent GP referrals	50.4%	85.0%	Common cause variation	10
Responsive	62Day Cancer Backlog	311	290		11
Responsive	Outpatients – Percentage of 19/20 Activity	102.6%	-	Common cause variation	12
Responsive	Elective - Percentage of 19/20 Activity	91.7%	-	Common cause variation	13
Responsive	Number of pathways on the waiting list currently waiting more than 78 weeks to start treatment	81	-		14

SPC and level definitions

Definitions for [SPC flags](#) and [level thresholds](#) for each indicator can be found within the support information in the appendix

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

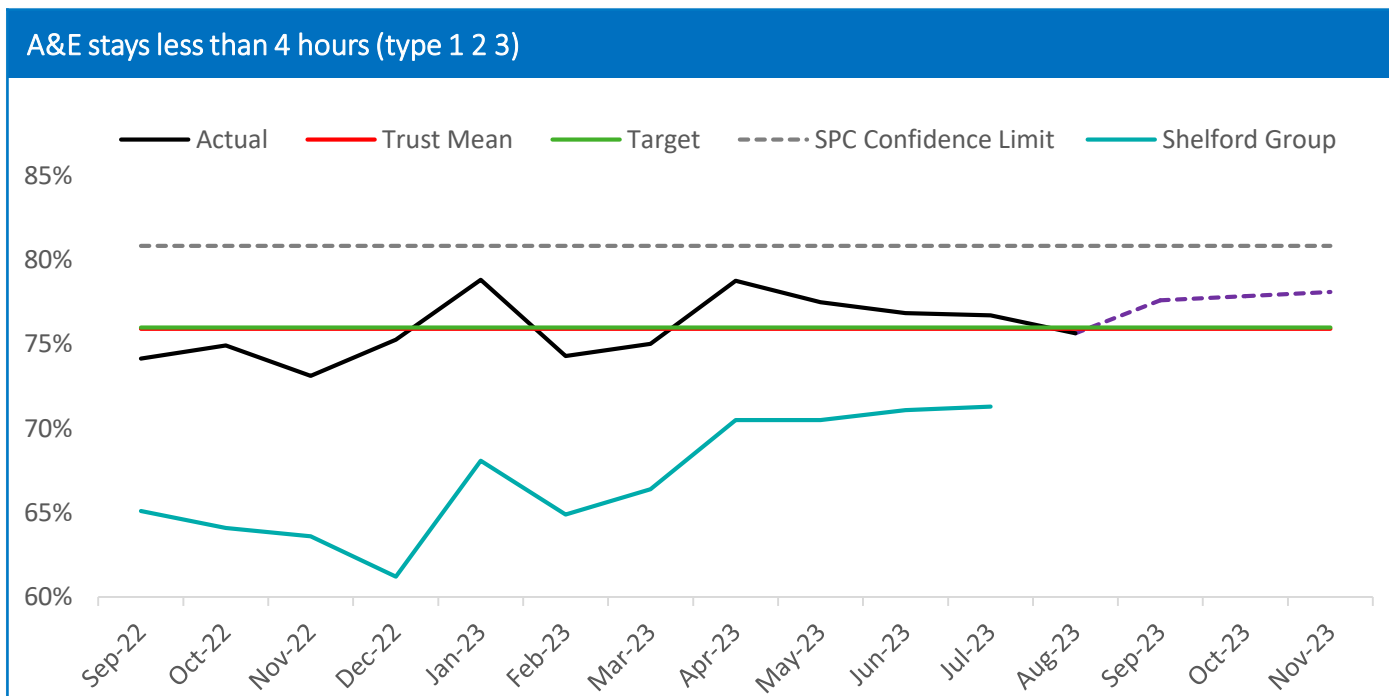
Aug-23	Target
75.7%	76.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jul - 23)
71%

Three Month Forecast		
Sep-23	Oct-23	Nov-23
77.6%	77.9%	78.1%

Clinical Group Overview
Data is unavailable at clinical group level



Updates since previous month
<ul style="list-style-type: none"> Decrease in performance from 76.7% in July narrowly missing the target of 76%. There were 8 days of industrial action in August compromising patient flow and in turn performance.

Key dependencies
<ul style="list-style-type: none"> 2.3% growth in the number of emergency admissions. Currently 96.3% of emergency adult admissions are admitted through A&E.

Current issues
<ul style="list-style-type: none"> There continues to be a high number of Mental Health patients within A&E impacting upon patients and staff.

Future actions
<ul style="list-style-type: none"> Continuous work with SLAM and SEL to improve service for Mental Health patients . Additional resources are being made available to respond to winter pressures.



Responsive

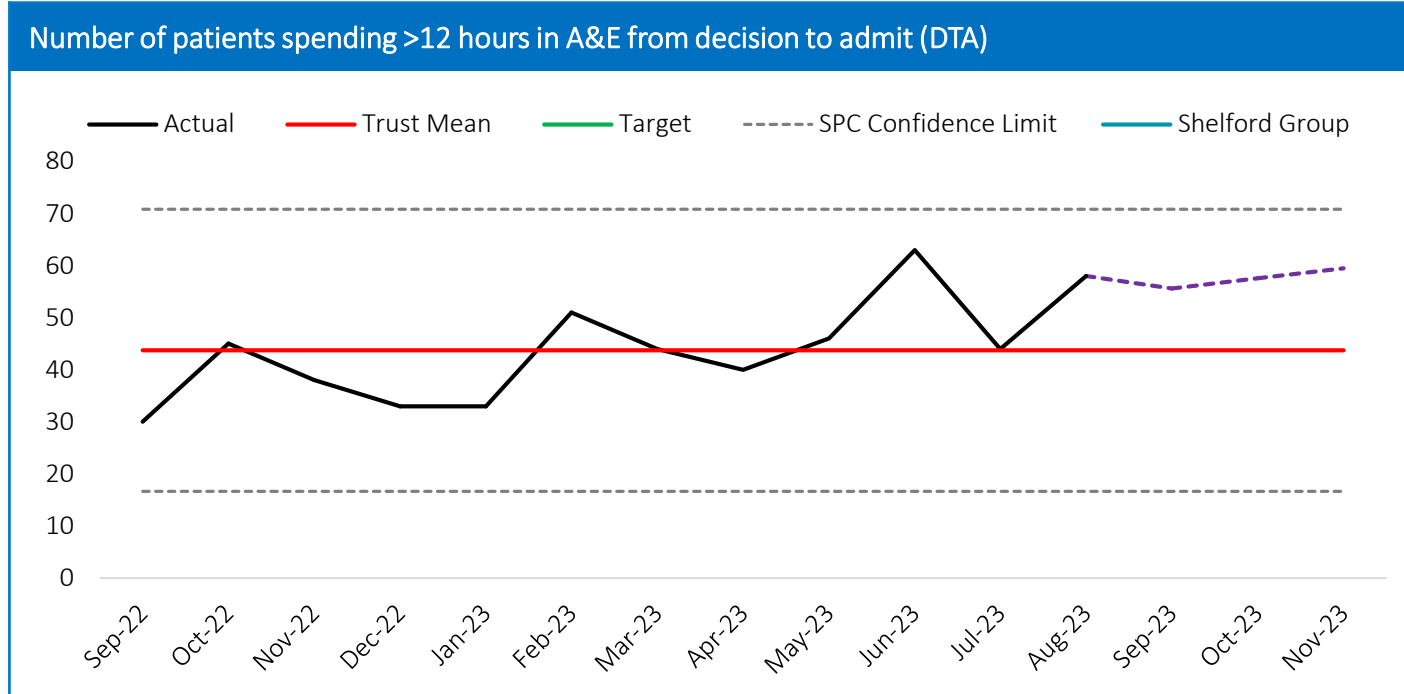
Number of patients spending >12 hours in A&E from decision to admit (DTA)

Aug-23	Target
58	0

SPC Variance
Common cause variation

Three Month Forecast		
Sep-23	Oct-23	Nov-23
56	58	60

Clinical Group Overview
Data is unavailable at clinical group level



Updates since previous month
<ul style="list-style-type: none"> The number of 12 hour decision to admit breaches increased from 44 in July to 58 August. There were 8 days of industrial action in August compromising patient flow and in turn performance.

Key dependencies
<ul style="list-style-type: none"> Additional bed capacity has been planned, this includes 15 additional beds within the Cygnet Hospital which provides mental health treatment and support for men.

Current issues
<ul style="list-style-type: none"> 97% of the 58 patients were attributable to Mental Health. Extremely limited capacity in SLAM for mental health patients, subsequently patients are experiencing a very long wait in ED for a bed.

Future actions
<ul style="list-style-type: none"> Continued work with the Cygnet Hospital to improve referral process and acceptance rate. The Trust will continue to review Mental Health roles to better support patients and staff.

Responsive

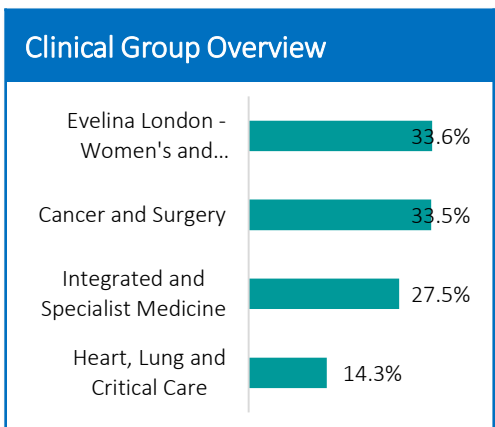
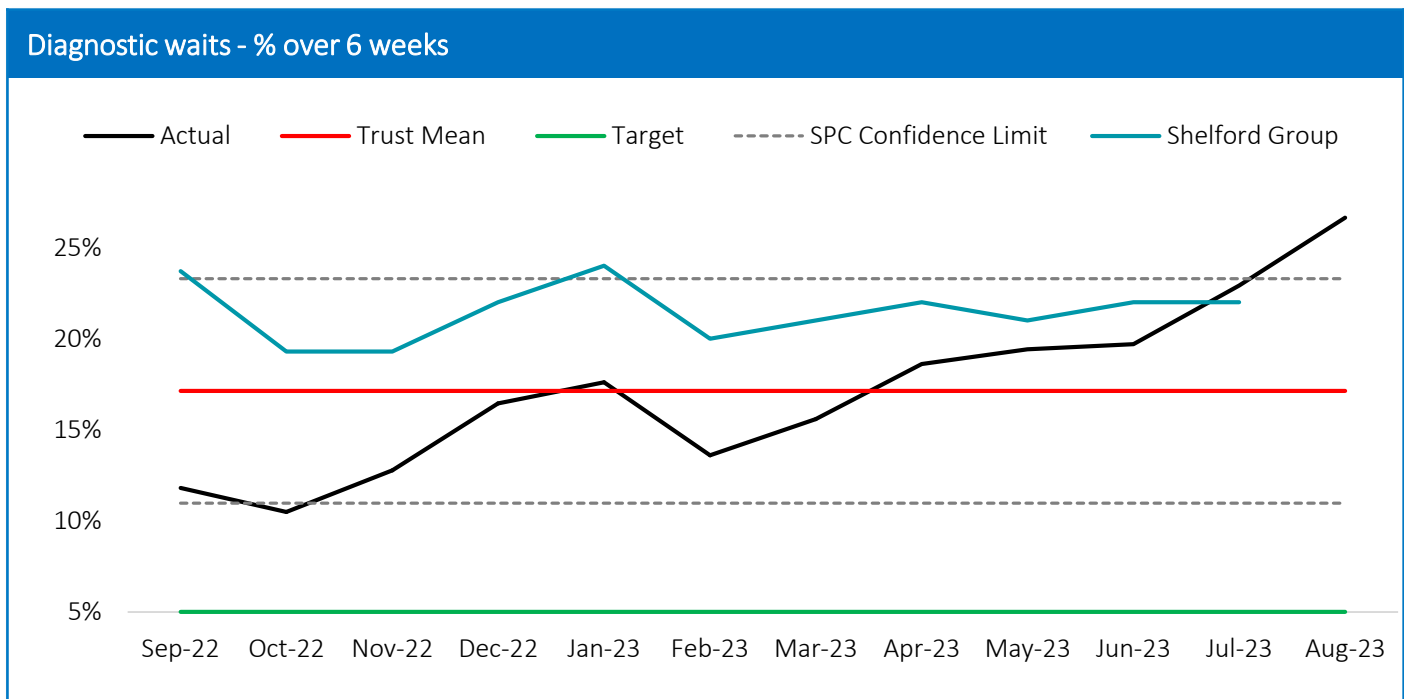
Percentage of patients waiting over 6 weeks for a diagnostic test



Aug-23	Target
26.6%	1.0%

SPC Variance
Special cause variation - single point

Shelford Group Avg. (Jul - 23)
22%



- Updates since previous month**
- DM01 performance deteriorated by 3.2 percentage points from 23.4% in July to 26.6% in August.
 - Cystoscopy (58.1%), Urodynamics (55.9%), Sleep Studies (52.2%) and US (31.6%) were found to have the highest number of 6-week breaches in August.

- Current issues**
- Low staffing levels due to leave.
 - Demand.
 - Radiographer vacancy number due to national shortage.
 - Industrial action cancellations and wider impact.

- Key dependencies**
- National increase in demand for diagnostic tests evident in referral levels at the Trust both from an internal and external perspective causing a mismatch in demand and capacity in a number of areas.

- Future actions**
- Working with SEL partners to explore any additional capacity offered by the Community Diagnostic Centres (CDC)
 - Diagnostic services are working to a Trust wide improvement plan.
 - Working to mitigate against activity reductions during EPIC go-live, prioritising urgent, cancer and long waiting patients.

Responsive

Percentage of cancer referrals seen within 2 weeks



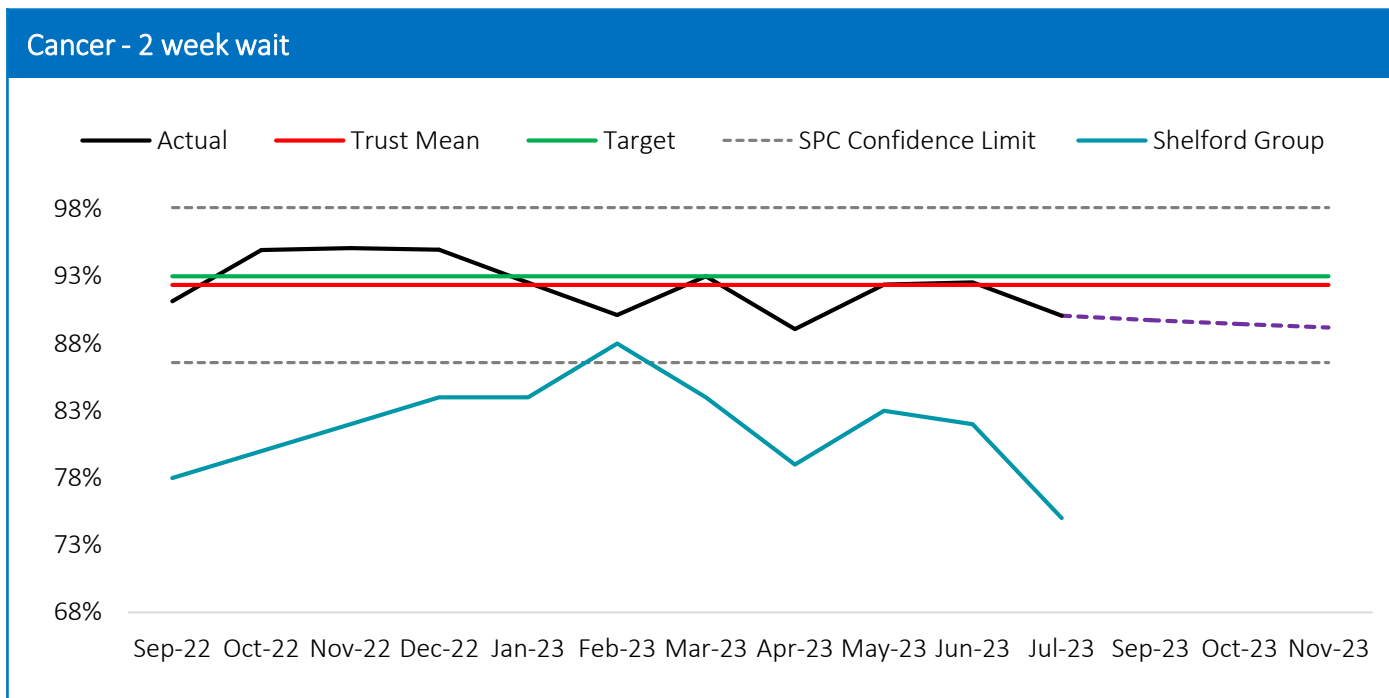
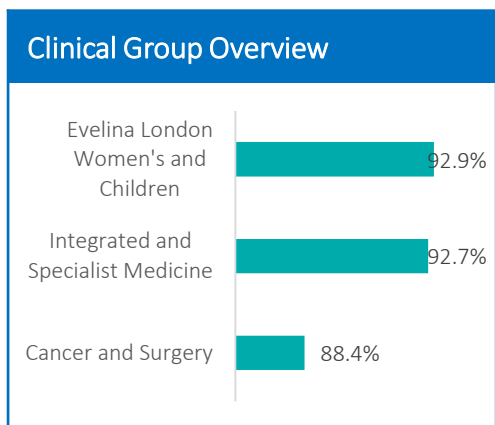
Jul-23	Target
90.1%	93.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jul - 23)
75%

Three Month Forecast

Sep-23	Oct-23	Nov-23
89.7%	89.5%	89.2%



Updates since previous month

- Number of patients seen within 2 weeks decreased by 2.5 percentage points on June's position of 92.6%.
- Industrial action continues to compromise performance.

Current issues

- Demand
- Ongoing industrial action
- Workforce challenges
- Diagnostics capacity.

Key dependencies

- Workforce challenges.
- SEL and national external referrals into the Trust.
- Diagnostics improvement work.

Future actions

- Continued close monitoring and delivery of the cancer improvement plan across tumour groups, imaging and pathology.

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

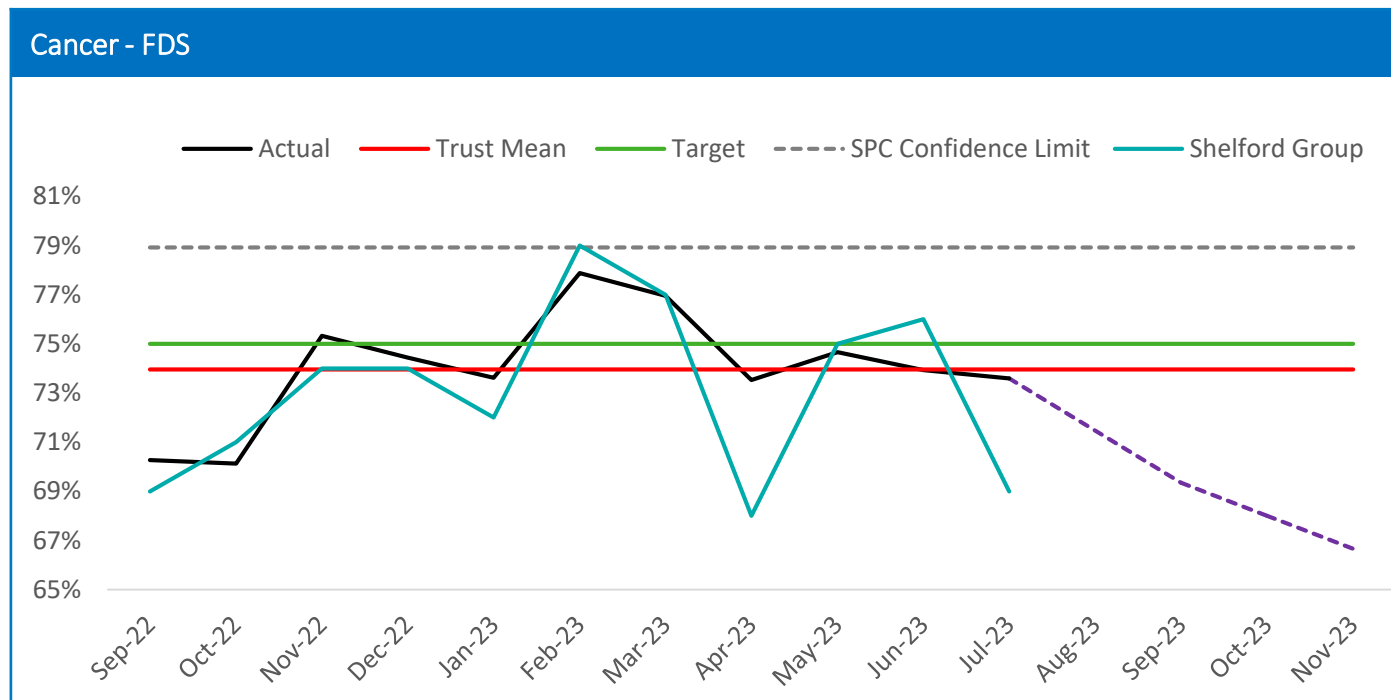
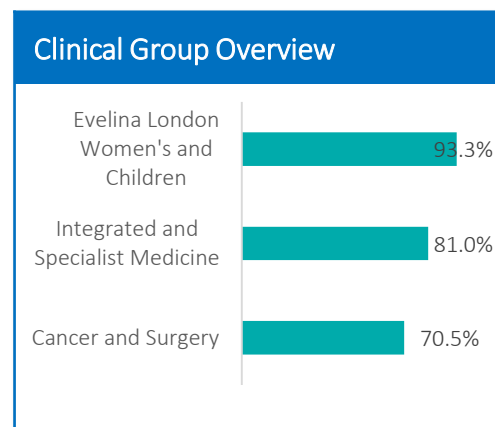
Jul-23	Target
73.6%	75.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jul - 23)
69%

Three Month Forecast

Sep-23	Oct-23	Nov-23
69.4%	68.0%	66.7%



Updates since previous month

- Performance on the Faster Diagnosis Standard deteriorated from 74.5% in June to 73.6% in July.
- Key drivers of this position includes the ongoing industrial action and the high volume of referrals requiring increased diagnostic capacity.

Key dependencies

- Workforce
- Capacity
- SEL system optimisation.

Current issues

- Demand.
- Patient choice delays.
- US FNA capacity
- Ongoing industrial action

Future actions

- Additional sessions being scheduled for US FNA backlog
- Continued implementation of cancer improvement plan
- Additional imaging capacity being sourced.



Responsive

Percentage of cancer patients starting their subsequent treatment within 31 days of treatment plan agreement (surgical)

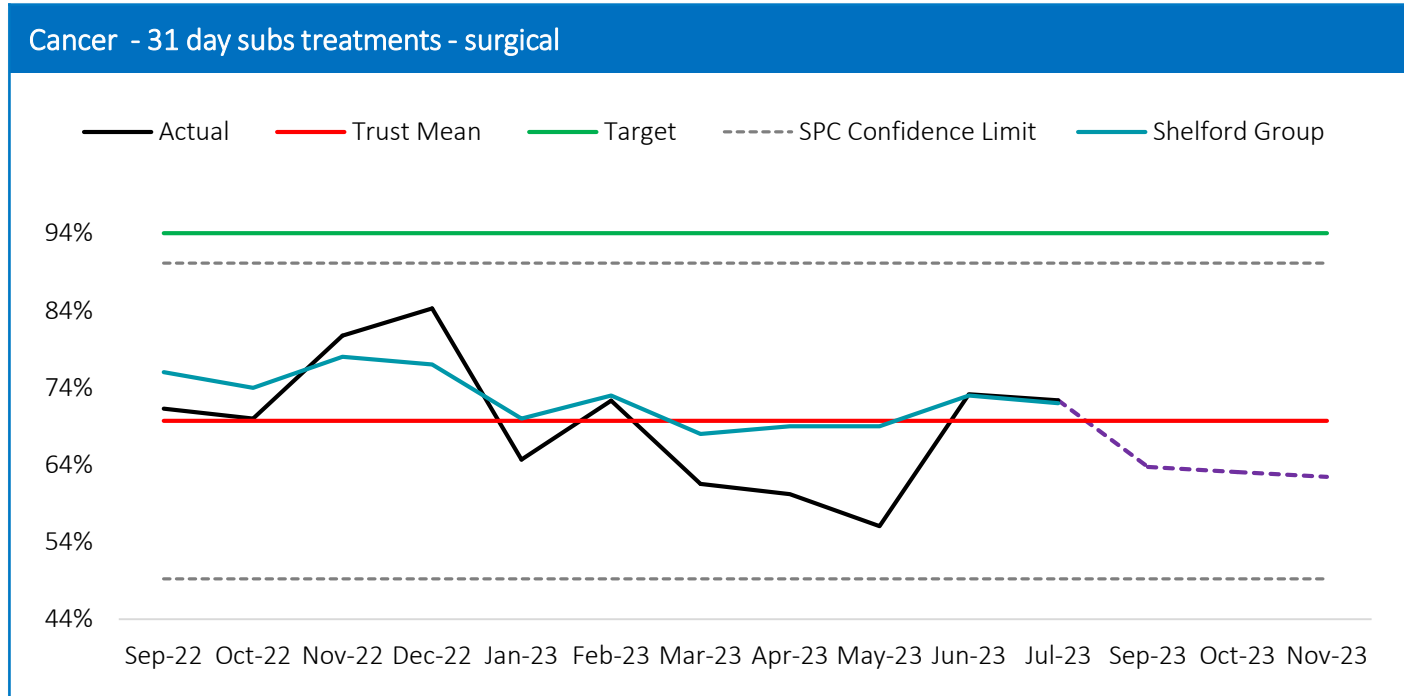
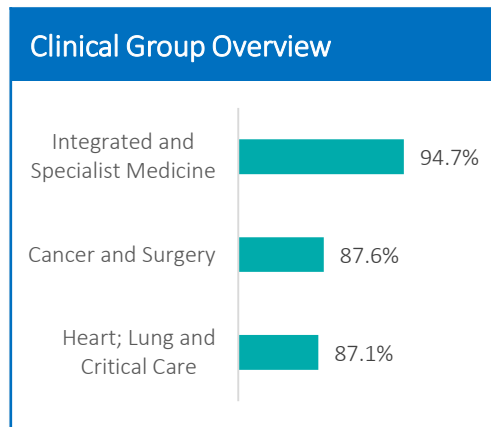
Jul-23	Target
72.4%	94.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jul – 23)
72%

Three Month Forecast

Sep-23	Oct-23	Nov-23
63.7%	63.1%	62.4%



Updates since previous month

- There was a slight deterioration in performance for the 31 day standard in July, a drop of 0.8 of a percentage point from 73.2% in June.
- The ongoing industrial action will have impacted on performance.

Current issues

- Ongoing industrial action
- Workforce capacity
- Reducing inequalities within the waiting list.

Key dependencies

- Interdependencies with delivering urgent and long waiting patient care.
- Workforce
- Pathway optimisation to ensure patients are fully prepared for surgery.

Future actions

- Implement actions identified from the CEO led deep dive sessions.
- Work with sector partners through regional forums to optimise cancer pathways and increase capacity.

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

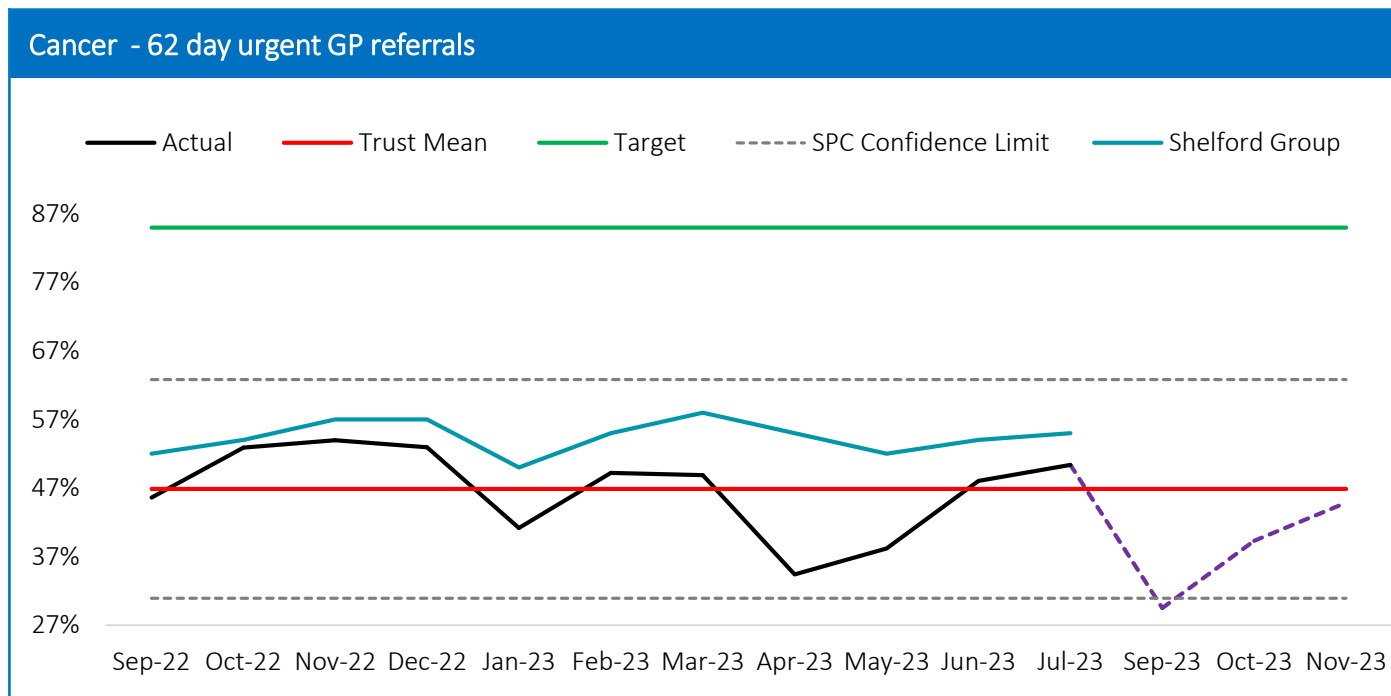
Jul-23	Target
50.4%	85.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jul - 23)
55%

Three Month Forecast		
Sep-23	Oct-23	Nov-23
29.5%	39.3%	44.9%

Clinical Group Overview	
Integrated and Specialist Medicine	82.6%
Heart, Lung and Critical Care	50.0%
Cancer and Surgery	47.4%



Updates since previous month

- July saw a continued improvement in performance, with an increase of 2.4 percentage points on June's position of 48.0%.
- The Trust remains committed to continuing to deliver ongoing improvements, and sustained delivery in line with the 85% target.

Key dependencies

- Workforce
- Treatment capacity
- Shared treatment arrangements.
- Diagnostic capacity

Current issues

- Late inter Trust transfers
- Surgical capacity
- Impact of industrial action
- Increased demand across the cancer and diagnostic pathways.

Future actions

- Continued engagement with referring providers to improve timeliness of pathways
- Focus on FDS to expedite pathways
- Implement Trust wide improvement plan

Responsive

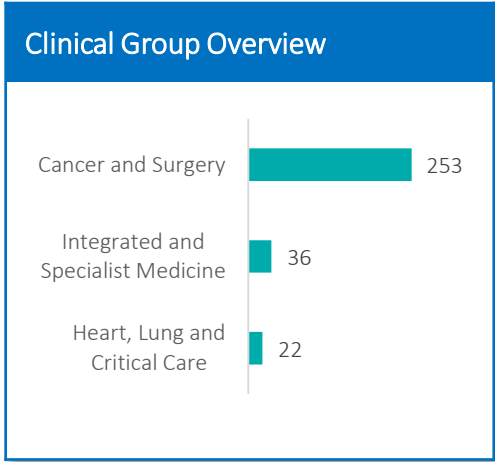
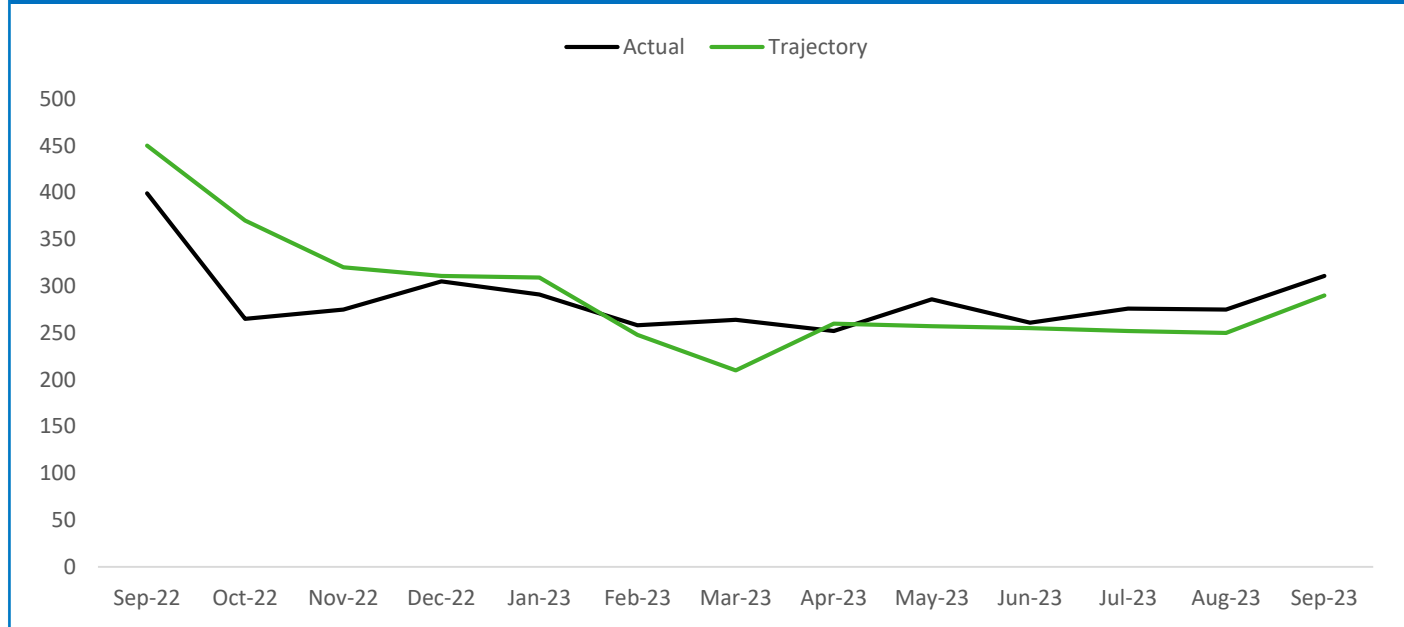
62Day Cancer Backlog



Guy's and St Thomas'
NHS Foundation Trust

Sept-23	Trajectory
311	290

Cancer – 62 Day backlog



- ### Updates since previous month
- The Cancer Backlog increased in the week ending 24th September to 311 against a trajectory of 290.
 - Increases were seen in Skin, H&N, Upper and Lower GI.
 - Decreases in the backlog were seen in Gynaecology and Breast.

- ### Current issues
- Late Inter Trust transfers directly into the backlog.
 - Capacity across whole cancer pathway.
 - Reduced activity levels and compromised surgical capacity during Industrial Action.

- ### Key dependencies
- Workforce
 - Treatment capacity
 - Patient choice delays
 - Diagnostics and pathology capacity.
 - Surgical capacity.

- ### Future actions
- Targeted backlog clearance and mitigation against industrial action where possible.
 - Ongoing engagement with the sector to fully optimise pathways across SEL and providers.
 - Additional training for admin staff to better support patients when booking appointments.

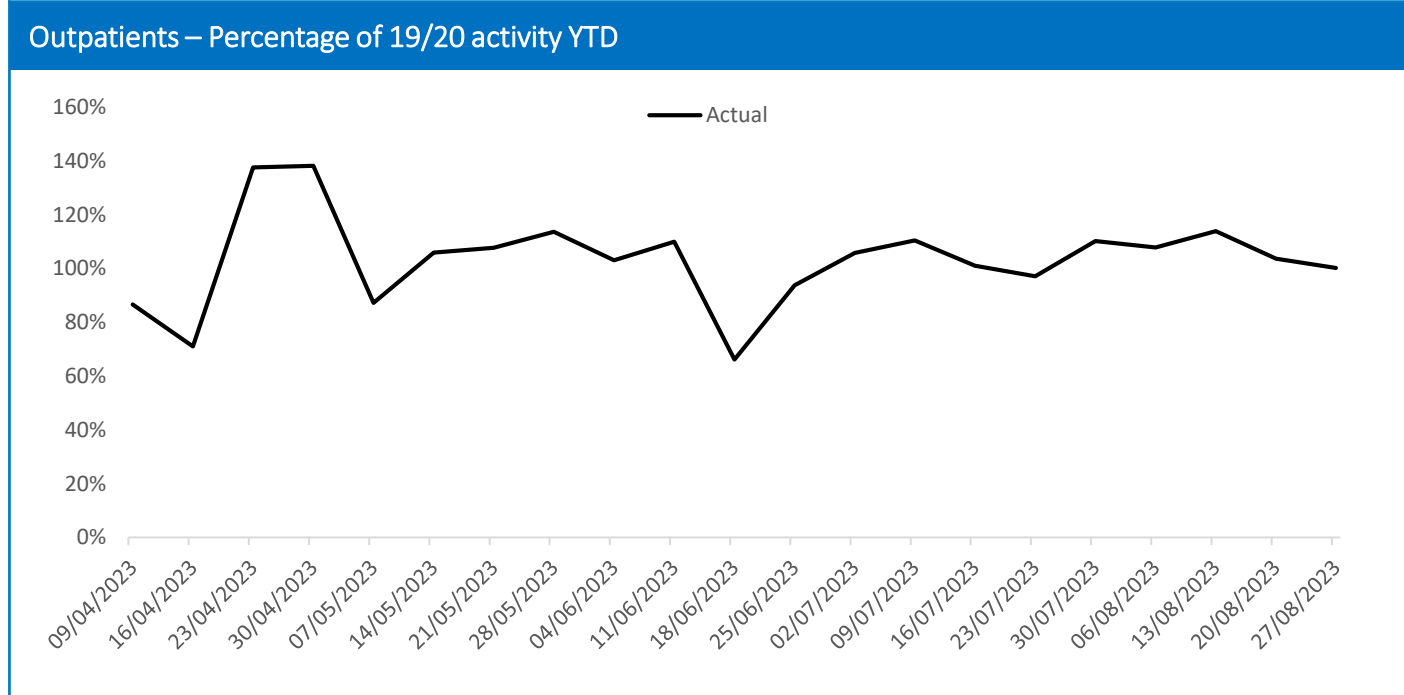


Responsive

Outpatients – Percentage of 19/20 Activity

YTD % of BAU	Target
102.6%	-

SPC Variance
Common cause variation



Clinical Group Overview

Heart; Lung and Critical Care	115.2%
Evelina London Womens and...	103.7%
Cancer and Surgery	100.6%
Integrated and Specialist Medicine	98.2%

Updates since previous month

- The Trust remain committed to improving activity levels for both outpatient and elective, noting that in September and October there are planned activity reductions due to EPIC implementation.
- Ongoing industrial action has impacted on performance year to date.

Key dependencies

- Outpatient transformation plan to create more new appointment slots and reduce the number of follow up appointments for patients where appropriate.
- Long waits and inequalities in terms of the impact on patients waiting for treatment.

Current issues

- Ongoing industrial action
- Current new to follow up ratio
- Preparation for the transition to EPIC
- Reducing inequalities within the waiting lists

Future actions

- Increase activity post EPIC go live, once safe to do so.
- Continue to transform outpatient services.
- Work with Acute Provider Collaboratives to launch initiatives which provide support to patients who are waiting for treatment.

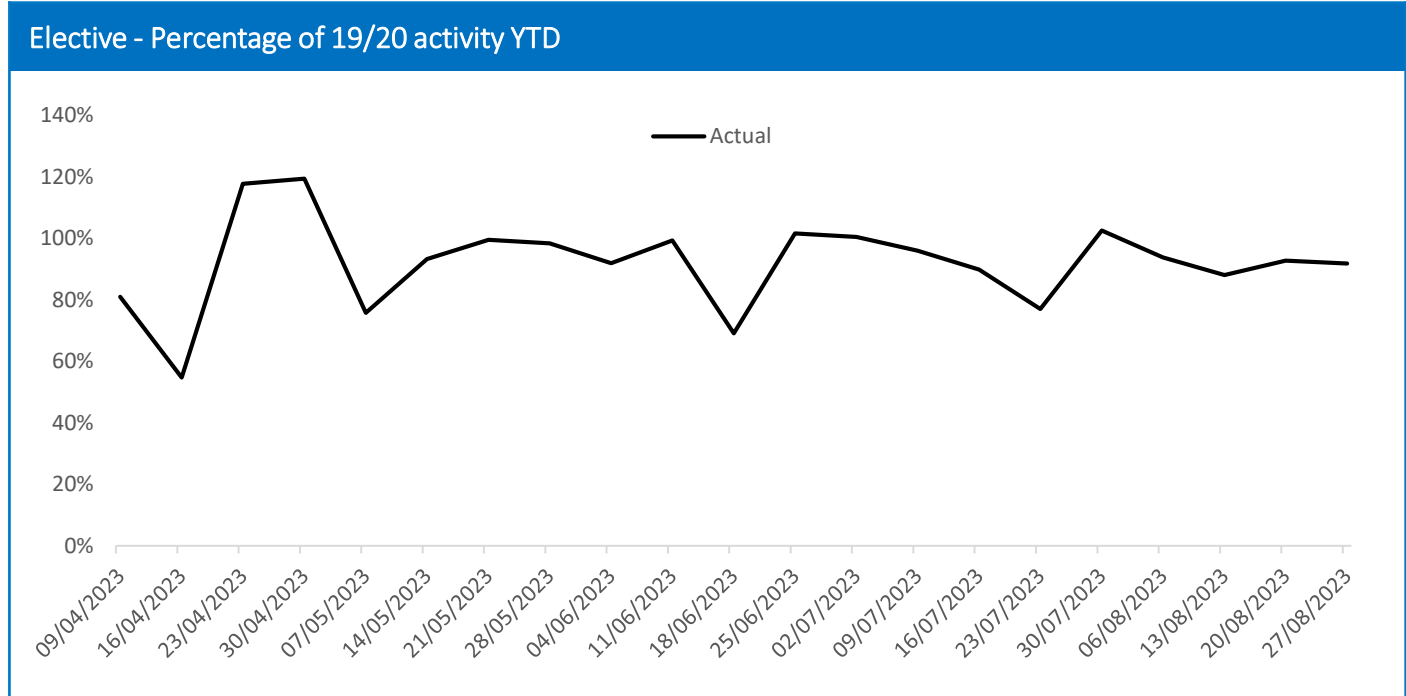


Responsive

Elective - Percentage of 19/20 Activity

YTD % of BAU	Target
91.7%	-

SPC Variance
Common cause variation



Clinical Group Overview	
Cancer and Surgery	96.9%
Integrated and Specialist Medicine	92.5%
Evelina London Womens and...	90.0%
Heart; Lung and Critical Care	85.9%

Updates since previous month

- The Trust remain committed to improving activity levels for both outpatient and elective, noting that in September and October there are planned activity reductions due to EPIC implementation.

Current issues

- Ongoing industrial action has impacted on performance year to date.
- The transition to EPIC and the associated activity reductions.
- The need to increase surgical capacity.

Key dependencies

- Exploration of Independent Sector operating.
- The increase in patient co-morbidities and increased complexity.
- Theatre productivity programme.

Future actions

- Increase activity post EPIC go live once safe.
- Ongoing focus on theatre productivity programme.
- Work with Acute Provider Collaboratives to launch initiatives which support patients whilst waiting for treatment.

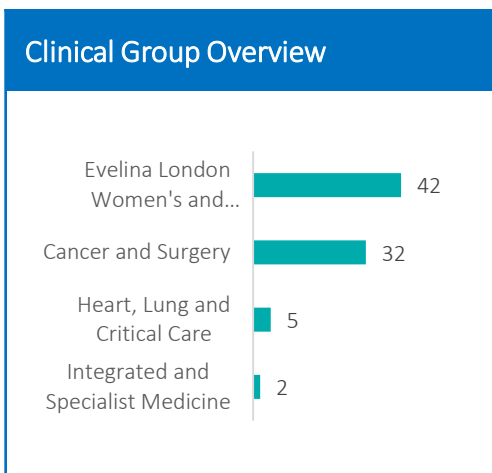
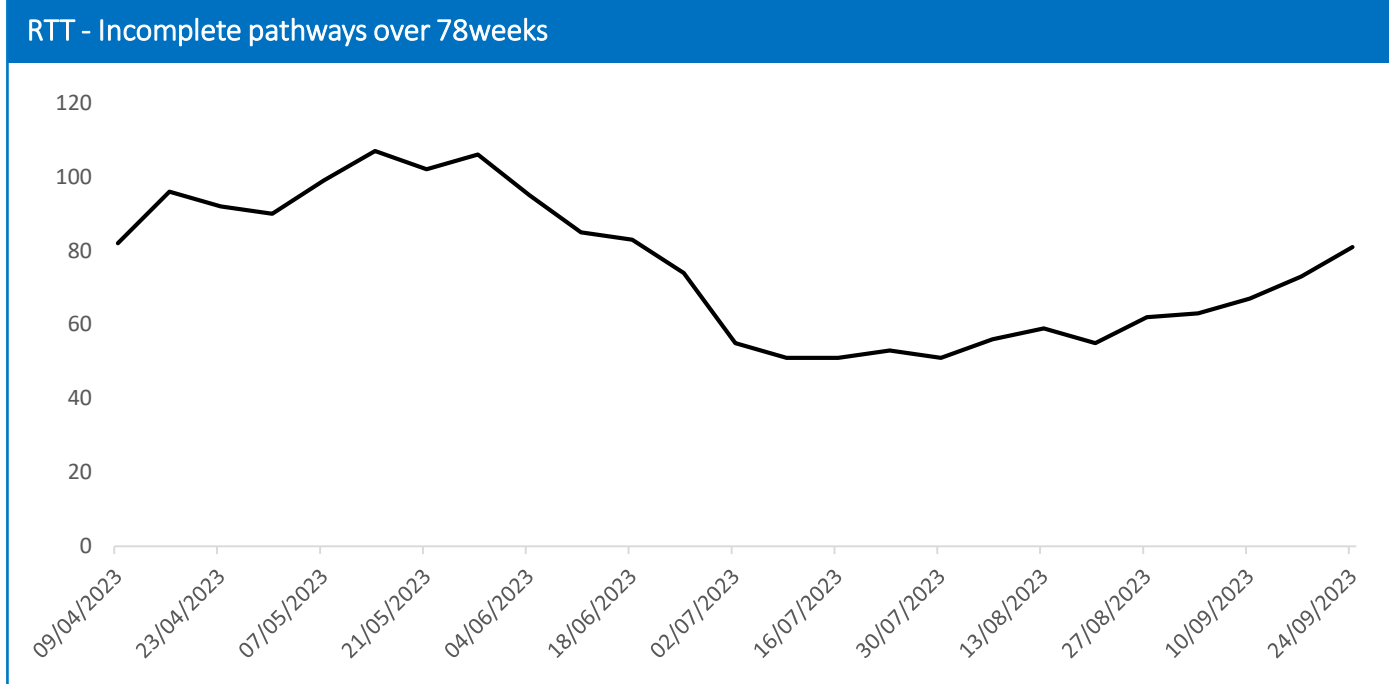
Responsive

Number of pathways on the waiting list currently waiting more than 78 weeks to start treatment



Guy's and St Thomas' NHS Foundation Trust

Week Ending	Target
24 th Sept 23	-
81	-



Updates since previous month

- The Trust remains committed to the national ambition to eliminate all 78 week wait patients.
- The Trust saw an increase in 78 week wait.

Current issues

- Paediatric Spinal issue which is a national issue.
- Industrial action
- Vacancy rates
- Capacity and workforce.
- Patient choice.

Key dependencies

- Surgical/diagnostic/pathology/outpatient capacity.
- Competing priority of cancer and urgent patients.
- Backlog treatments.
- Wraparound community support
- Transition to EPIC

Future actions

- Reducing the number of patients currently waiting more than 78 weeks for treatment remains a priority for the Trust.
- The Trust is currently also working to reduce and in turn eliminate 65 week waits.

Supporting Information

SPC definitions

Statistical Process Control (SPC) charts allow you to identify 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

**BOARD OF DIRECTORS
PEOPLE, CULTURE AND EDUCATION COMMITTEE**

**Wednesday 27th September 2023, 3.15pm – 5.45pm
Becket House**

Members Present: Miranda Brawn (Chair) Sandra Noonan (for Simon Steddon)
 Charles Alexander Reza Razavi
 Felicity Harvey Julie Screaton
 Deirdre Kelly Lawrence Tallon

In attendance: Gubby Ayida Anita Knowles
 Eve Bignell Tendai Wileman
 Edward Bradshaw (Minutes) Andrea WilliamsMckenzie
 Jay Dungeni Claire Wills

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the inaugural meeting of the People, Culture and Education Committee (the Committee). Apologies had been received from Ian Abbs and Simon Steddon.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Board Assurance Framework risks

- 3.1. The Committee was informed about the two strategic risks on the Board Assurance Framework that were owned by the Committee, regarding the recruitment and retention of sufficient numbers of staff to deliver high-quality services, and the health and wellbeing of these staff. These would be kept in mind during discussions.

4. Committee terms of reference

- 4.1. The Committee noted the main reasons why it had been established, and reviewed the terms of reference that had been drafted to set out its remit and how it would function. There was general acceptance of its proposed membership and duties, with Committee members suggesting additional responsibilities including a role in the relationships with key relevant internal and external partners such as staff side, the staff networks and the clinical royal colleges. It would be important to ensure the Committee had a clear set of success measures, and this would be considered further under item 6. The importance of working with the Trust's Remuneration Board Committee to support talent development was emphasised. It was agreed that the terms of reference would be updated to reflect the discussions, and a final draft brought back to the next meeting for review and approval.

ACTION: EB

5. Our People Strategy 2019 – 2023: A review and next steps

- 5.1. The Committee received an overview of the delivery of the people strategy since it had been developed in 2019. Delivery had been materially impacted by the Covid-19 pandemic and the merger with Royal Brompton and Harefield. Overall the metrics showed that the Trust had done well in managing and caring for its staff during this difficult period. Areas that needed significant ongoing focus in the successor strategy included reducing sickness absence levels,

delivering on commitments made around equality, diversity and inclusion, and increasing flexible working opportunities. The next people strategy would need to ensure the Trust empowered its staff to be creative, in order to continue to attract high calibre staff including clinical innovators who could bring many benefits for patients. Guy's and St Thomas' Foundation was thanked for the work it had done to fund a range of health and wellbeing initiatives for staff.

- 5.2. The Committee recognised the challenges that NHS staff were facing and would face in the future, and noted that these were common across the sector and not unique to the Trust. There was discussion about the specific workforce issues the Trust may face in the coming years, including as a result of new ways of working and new models of care. There was consensus that education was a key enabler to helping the Trust navigate through these challenges, develop new career pathways for its staff, and deliver its strategic and operational ambitions.
- 5.3. Some Committee members felt that improving factors such as better facilities and working environments could also be a relatively cost-effective way of improving morale, productivity and performance. It would be important that the new people strategy had clear plans with targets, and milestones to enable measurement.

6. Operational people metrics (Sept 2022 to August 2023)

- 6.1. The Committee reviewed a suite of metrics that the Trust used to assess the sufficiency, health and wellbeing of its workforce and to give visibility of the current and future workforce challenges. Committee members noted the Trust's sickness absence rate had been higher than its target in each of the last 12 months and discussed the possible reasons for this and what was being done in response.
- 6.2. Committee members requested that the next report should be expanded to include education metrics and, where possible, contain more granularity in areas such as sickness absence, to enable the Committee to get a greater insight into the specific issues and more easily track the impact of the actions that management was taking. Clarification was sought about how the Trust's targets had been set and whether any should be reviewed and recalibrated.

7. Freedom to Speak Up

- 7.1. The Freedom to Speak Up Guardian provided an overview of the service. Two new Deputy Freedom to Speak Up Guardians had recently been appointed and would help ensure the service capacity was commensurate with the size of the Trust. The Trust's Freedom to Speak Up policy was being updated in line with NHS England guidance and would be shared with staff forums before being brought back to the next meeting of the Committee in December. It was also clarified that the Trust's 'speak up month' would be moved from October to November due to Epic go-live.
- 7.2. Committee members welcomed a revamp and relaunch of the Freedom to Speak Up policy. There was discussion about the steps being taken to ensure all Trust staff were aware of the service and used it when appropriate. The next update would inform the Committee about the diversity and ethnicity of those staff who have used the service and of the speaking up advocates.

ACTION: EB

- 7.3. The Committee felt that speak up training should to be mandatory for senior staff, including the Board of Directors, to help the Trust develop compassionate leaders and role model a culture of transparency. It would be important to ensure that staff knew what changes were being

made as a result of their speaking up to maintain confidence that the service was effective. The Committee felt the high numbers of reports that the Trust's service received indicated the service was a trusted one, and noted the factors contributing to the high demand.

8. Equality, diversity & inclusion and anti-racism delivery plan

- 8.1. The Committee was reminded about why the Trust had committed to becoming an anti-racist organisation and why the principles of equality, diversity and inclusion were so important to staff and patients. An overview was provided about the programmatic approach that had been set up to deliver this work, including the key next steps that were planned over the coming months.
- 8.2. The Committee reaffirmed the Board's strong support for the work. There was discussion about how the delivery plan had been developed, and how the Trust could ensure staff were held accountable for not following the values that had been set. Committee members agreed there should be more focus on patients with a view to embedding accountability for helping to support population health equity. It was recognised that it would take time to see visible change in the environment, the frameworks and the feedback surveys.
- 8.3. Committee members welcomed the boldness of the proposed anti-racism statement, but recognised the statement would need to be accompanied by more concise communications that helped to build momentum in this area. The statement and communications would also need to be accompanied by visible action. It was important for Trust Board members to give a consistent articulation of what it means to be an anti-racist organisation.

RESOLVED:

- 8.4. The Committee approved the anti-racism statement.

9. Organisational values and behaviours

- 9.1. Two sets of values and behaviours had co-existed since the merger between Guy's and St Thomas' and Royal Brompton and Harefield NHS foundation trusts; this was considered to have hindered cultural alignment and sense of belonging to one organisation. The Committee members noted the work that had been done to date, discussed some of the values that mattered most to them, and were supportive of proposals to continue the work to develop a set of shared values ready for launch with the Trust's new organisational strategy in spring 2024.

10. Education update

- 10.1. The Committee agreed that education would be a key area of focus at the next meeting in December.

11. People, Culture & Education Board Assurance Framework

- 11.1. The Committee reviewed the proposed updates to the two workforce-related risks on the Board Assurance Framework, although no changes had been made to either the sufficiency of controls or level of assurance that the risks were being managed. There was discussion about the risk that the Trust may be unable to ensure the resilience of its workforce by failing to maintain staff health and wellbeing, primarily as it was felt that many staff did not have the capacity to take up the Trust's health and wellbeing offers. The Committee would seek

assurance at future meetings about how these offers were being promoted across the clinical groups and the extent to which they were being taken up.

RESOLVED:

11.2. The Committee approved the proposed changes to the two risks.

12. Committee forward plan

12.1. Committee members agreed that this first meeting had been helpful in establishing the Committee's remit and some of the key areas of focus going forward. A more structured forward plan would be brought to the next meeting setting out skeleton agendas for the next 12 months, in order to prioritise the Committee's focus and reflect any relevant timelines relating to the areas of focus in the Committee's scope and the development of the Trust's new organisational strategy.

13. Any other business

13.1. There was no other business. The next meeting of the Committee was due to take place on 6th December 2023.

**BOARD OF DIRECTORS
TRANSFORMATION AND MAJOR PROGRAMMES COMMITTEE**

**Wednesday 9 August 2023, 1pm – 4.00pm
Robens Suite, Guy's Hospital**

Members Present:	Ian Playford – Chair Ian Abbs Avey Bhatia Miranda Brawn Steven Davies	Simon Friend Felicity Harvey (via MS Teams) Pauline Philip Julie Screaton Lawrence Tallon
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In attendance:	Loranna Alvarez (minutes) Gubby Ayida Simon Bampfylde Gail Beer – item 7 Victoria Borwick Sarah Clarke	John Deverill – item 13 Richard Grocott-Mason Claire Harrison – item 10 Anita Knowles Lucy Yasin
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1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the Transformation and Major Programmes Committee (the Committee). Apologies had been received from Charles Alexander, Jon Findlay, Sally Morgan, Reza Razavi, Simon Steddon and Priya Singh.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting of the Committee

- 3.1. The minutes of the previous meeting of the Committee, held on 10 May 2023, were agreed as an accurate record.

4. Matters arising and review of the action log

- 4.1. The action log was reviewed; the Committee noted the open actions and the work that was underway to close them.

5. Board Assurance Framework risks

- 5.1. The Committee was reminded about the strategic risks on the Board Assurance Framework that were owned by the Committee. These would be kept in mind during discussions.

6. Apollo programme update

- 6.1. The Senior Responsible Owner for the Apollo programme provided an overview of the discussions and developments at the Joint Oversight Committee. The programme was reported as being in a good position for go-live, which was in 57 days' time, and face to face training had begun. Plans had been worked through to ensure clinical safety and best manage the impact of industrial action. Floor walkers would be in place for the initial three weeks post go-live and testing would be ongoing from the point of go-live to ensure continuous improvement.

7. Pathology Programme Update

- 7.1. The Pathology Hub was a consolidation of pathology services across south east London (SEL) that would bring technological advances and transformations, with national benefits. One floor had opened for viewing and further spaces would open from September.
- 7.2. The Hub's operating model had been agreed and was aligned to the Trust's operating model. Data was being mapped out in preparation for the transfer to the new Beaker system. It was anticipated that Beaker would fully launch in April 2024, and the Chief Information Officer committed to support the work to achieve this timeline.
- 7.3. It was noted that the governance, reporting and staffing for the Hub continued to be worked through.

8. Guy's Surgical Hub

- 8.1. There were ongoing challenges in meeting the 62-day referral to treatment position with the increasing complexity of cases and demand. A key driver of this was operating theatre capacity. A number of initiatives had been put in place to help address this including extending operating theatre opening hours, use of the independent sector and upgrades to existing theatres. To sustainably address the challenges, however, demand modelling showed more capacity would be required than these measures could deliver, meaning a step change in approach was needed.
- 8.2. An outline business case had been developed to build eight new theatres but no path to fund this had been identified. As such, a project group had been established to identify other opportunities to incrementally expand the theatre estate and theatre usage.
- 8.3. The Committee supported the submission of the outline business case to the SEL Integrated Care Board (ICB), recognising that this was a sector issue. The Chief Executive of the Cancer and Surgery Clinical Group reported that she had been asked to lead the theatres portfolio for the Acute Provider Collaborative, which had initiated a discussion around longer-term systemic issues of restricted capacity and capital at system level. The work of the Trust's project group to address alternative options would continue in parallel. In the meantime, an urgent resolution was required to deal with immediate supply and demand issues, and an analysis would be carried out to consider the options available, including increasing medical support services to extend weekend working and longer days and best use of available theatres.

9. Evelina London Programmes

Evelina Expansion Programme

- 9.1. The Children's Day Treatment Centre had opened one day after the target date and had completed 55 cases at the time of the Committee meeting, with plans to increase activity from three days a week to five from September. The programme would be absorbed into the Children's Hospital Programme from 13th September and a 'lessons learned' exercise completed in line with good governance to inform the planning and delivery of future capital programmes.

Children's Hospital Programme

- 9.2. The Strategic Outline Case (SOC) was being developed for Board consideration, with updated demand and capacity modelling, estates and funding options. Where possible the

requirements in the SOC would be developed to an outline business case level to maintain pace.

10. Cell Therapy GMP Manufacturing Expansion Case

- 10.1. The business case put forward a partnership case for investment by the Trust and King's College London (KCL) in advanced therapies infrastructure, including the expansion of the Cell Therapy GMP Manufacturing Unit. Delegation to the Chief Financial Officer to agree the final terms and values of the arrangements with KCL (subject to these not worsening the overall financial metrics by more than 5%), was sought.
- 10.2. The Committee recognised the strategic benefit and opportunities of the GMP expansion, and sought assurance on contingencies, particularly in relation to budget overspend and length of lease. It was explained that inflation had been factored into the budget and the Trust would hold the risk on capital overspend.

RESOLVED:

- 10.3. The Committee approved the GMP expansion case and delegation to the Chief Financial Officer subject to the considerations outlined above.

11. Integration and Trust Operating Model Programme Update

- 11.1. The Integration and Trust Operating Model Programme had made good progress over the last year. The focus was on system integration and governance whilst enabling a flexible approach for Clinical Groups to exercise innovation and agility. Whilst work remained, the Programme was progressing well and moving towards a business as usual position.

12. Central Portfolio Update

- 12.1. A review of the Trust's major and capital programmes would take place post-Epic go-live to determine a manageable volume of projects aligned with the Trust's long-term goals and vision. Digitalisation of the Trust's clinical operations afforded an opportunity to optimise usage of the estate, take stock and reframe existing ambitions. This would also provide a natural point to reassess the scope and remit of the Committee, and to increase its focus on transformation and system innovation.
- 12.2. An improved process for capital projects had been designed following a review of lessons learned from previous projects. The Committee welcomed this and emphasised the importance of demonstrating the ability to deliver projects to time and budget. There was also unanimous support for the workstream looking at how the Trust recruits and trains project managers.

13. Estates Quarterly Update

- 13.1. An update was provided on matters relating to the Trust's estate. It was clarified that Essentia was now reporting progress on the removal of cladding from the Cancer Centre directly to NHS England on a monthly basis.

14. London Diagnostic and Treatment Centre

- 14.1. The Committee considered a revised approach to the proposed London Diagnostic and Treatment Centre (DTC) for SEL with a commercial partnership. To further test the case for the DTC, a proposal which focused on gastroenterology and which had the support of the Chief Executives of the Trust and KCH, would be submitted for consideration by the ICB.

15. TMP Board Assurance Framework Risks

15.1. The Committee reviewed the two strategic risks on the Board Assurance Framework that were owned by the Committee. The five-year plan to set aside capital each year to tackle infrastructure backlog repairs was noted.

16. Any other business

16.1. There was no other business. The next meeting would be held on 22 November 2023.

Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 18 OCTOBER 2023

Title:	Documents Signed under Trust Seal, 13 July 2023 to 11 October 2023
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, Charles Alexander 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.

Documents signed under Trust Seal – Board of Directors, 18 October 2023

Board

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 18 OCTOBER 2023**

**DOCUMENTS SIGNED UNDER TRUST SEAL
13 JULY 2023 TO 11 OCTOBER 2023
PRESENTED FOR INFORMATION**

1. Introduction

In line with the Trust's Standing Financial Instructions, Professor Ian Abbs, Chief Executive and Charles Alexander, Chairman signed document numbers 1046 to 1052 under the Foundation Trust's Seal during 13 July 2023 to 11 October 2023.

2. Recommendation

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

Number	Description	Date
1046	Signing and Sealing of lease between (1) Guy's and St Thomas' NHS Foundation Trust as landlord and (2) Select Service Partner UK Limited, as tenant, relating to Premises serving refreshments at Third Floor Evelina Children's Hospital and at the ground floor entrance to Guy's Hospital.	16/08/2023
1047	Signing and Sealing of lease between (1) Guy's and St Thomas' NHS Foundation Trust as landlord and (2) Guy's and St Thomas' Foundation of the land and building (excluding air space) known as Francis House, King's Head Yard, London, SE1 1NA. In addition, the licence and consent to occupy between (1) Guy's and St Thomas' NHS Foundation Trust as landlord and (2) Synnovis Group LLP of the Second Floor, Francis House, King's Head Yard, London, SE1 1NA	16/08/2023
1048	Signing and Sealing of lease between (1) Guy's and St Thomas' NHS Foundation Trust and (2) King's College London of the land adjacent to the building known as Nuffield House, Newcomen Street for the construction of a modular building containing temporary operating theatres on land belonging to King's College London.	23/08/2023
1049	Signing and Sealing of renewal lease between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Guy's and St Thomas' Foundation of Basement Strong Room	04/10/2023

Documents signed under Trust Seal – Board of Directors, 18 October 2023

Board

1050	Signing and Sealing of lease between (1) Guy's and St Thomas' NHS Foundation Trust as landlord and (2) Plant'd Limited as tenant for premises to trade from within part of the Cancer Treatment Centre	04/10/2023
1051	Signing and Sealing of lease between (1) 198 Contemporary Arts Ltd as landlord and (2) Guy's and St Thomas' NHS Foundation Trust as tenant relating to the first-floor occupancy of premises at 198 Railton Road, Herne Hill, London to accommodate the Neighbourhood Nursing team.	04/10/2023
1052	Signing and Sealing of lease between (1) Guy's and St Thomas' NHS Foundation Trust as landlord and (2) Quell Therapeutics Limited relating to Office space on the 15th Floor and the Clean Room of Tower Wing, Guy's Hospital, Great Maze Pond Road, London.	04/10/2023

Documents signed under Trust Seal – Board of Directors, 18 October 2023