

Public Board of Directors meeting (inc. Trust care awards)

Wed 31 July 2024, 15:30 - 17:30

Robens suite, Guy's Hospital and online



Guy's and St Thomas'
NHS Foundation Trust

Agenda

15:30 - 15:45 **Trust Care Awards Presentation**
15 min

15:45 - 15:50 **1. Welcome and apologies**
5 min
Charles Alexander

15:50 - 15:50 **2. Declarations of interest**
0 min

15:50 - 15:50 **3. Minutes of the previous meeting held on 24 April 2024 and review of actions**
0 min

20240424 Public BoD Meeting Minutes vFinal.pdf (4 pages)

15:50 - 16:00 **4. Chairman's report**
10 min
Verbal Update *Charles Alexander*

16:00 - 16:40 **5. Chief Executive's report**
40 min
Ian Abbs
 Chief Executive Report - July 2024 Public Board.pdf (9 pages)

16:40 - 16:55 **6. Synnovis critical IT incident update**
15 min
Verbal Update *Beverley Bryant, Jon Findlay*

16:55 - 17:10 **7. Children and Young People's Gender Service update**
15 min
Gubby Ayida
 Children and Young People's Gender Service update.pdf (5 pages)

17:10 - 17:25 **8. Updates from chairs of Board committees**
15 min
Board committee chairs

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25/07/2024 10:58:07

Papers for noting

17:25 - 17:25 9. Reports from Board committees:


0 min

9.1. Audit and Risk Committee:

9.1.1. Minutes 8 May 2024

 Audit & Risk Committee - Minutes of 8 May 2024 v.Final.pdf (4 pages)

9.1.2. Minutes 19 June 2024

 Audit & Risk Commtee - Minutes of 19 June 2024 v.Final.pdf (4 pages)

9.2. Finance, Commercial and Investment Committee:

9.2.1. Minutes 1 May 2024

 Finance, Commercial & Investment Committee - Minutes of 1 May 2024 v.Final.pdf (3 pages)

9.2.2. Financial Report at Month 3

 Finance Report for the three months to 30th June 2024.pdf (4 pages)

 Month 03 - Board Report V3.pdf (17 pages)


9.3. People, Culture and Education Committee:

9.3.1. Minutes 5 June 2024

 People Culture and Education Board Committee - Minutes of 5 June 2024_Final.pdf (5 pages)

9.4. Quality and Performance Committee:

9.4.1. Minutes 3 April 2024

 Quality and Performance Board Committee - Minutes of 3 April 2024 v.Final.pdf (6 pages)

9.4.2. Integrated Performance Report for May 2024

 GSTT IPR Public Board July 2024 Final.pdf (15 pages)

9.5. Transformation and Major Programmes Committee:

9.5.1. Minutes 22 May 2024

 Transformation & Major Programmes Board Committee - Minutes of 22 May 2024 v.Final.pdf (4 pages)

17:25 - 17:25 10. Register of documents signed under seal

0 min

Ian Abbs

 Documents Signed under Trust Seal, 18 April 2024 to 24 July 2024.pdf (3 pages)

17:25 - 17:25 11. Any other business

0 min

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25/07/2024 10:58:07

- Date of next meeting: 23 October 2024, 3.45pm – 5.30pm

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BOARD OF DIRECTORS

Wednesday 24 April 2024, 3:30pm – 5.30pm
Robens Suite, Guy's Hospital and MS Teams

Members Present:

Charles Alexander (Chair)	Felicity Harvey
Ian Abbs	Deirdre Kelly
Avey Bhatia	Sally Morgan
Miranda Brawn	Pauline Philip
Steven Davies	Reza Razavi
Nikunj Dodhia	Julie Screamton
Jon Findlay	Simon Steddon
Simon Friend	Lawrence Tallon

In attendance:

Andrew Asbury	Alice Jarvis
Gubby Ayida	Anita Knowles
Edward Bradshaw	Tendai Wileman
Richard Grocott-Mason	Lucy Yasin (minutes)

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

1. Welcome and apologies

- 1.1. The Chair welcomed the Board of Directors and all staff, governors and members of the public in the room and online. Apologies had been received from Beverley Bryant, Sarah Clarke, Jay Dungeni, Jackie Parrott and Ian Playford.
- 1.2. This was the last public Board of Directors meeting before Julie Screamton retired from her role as Chief People Officer for the Trust and Reza Razavi reached the end of his term as a non-executive director. The Board recorded its thanks to Reza and Julie for their outstanding contributions to the Trust.

2. Declarations of interests

- 2.1. There were no declarations of interest.

3. Minutes of the meeting held on 31 January 2024

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

4. Chair's Update

- 4.1. The Chair acknowledged the challenging financial and operating environment for NHS providers, noting this was unlikely to change significantly in 2024/25, but the Trust remained optimistic that it could maintain and improve quality of care and access to care for patients. The Chair recognised the significant efforts of the Chief Financial Officer, his team and the wider Trust in delivering a modest budgetary surplus for 2023/24 and developing a challenging financial plan for 2024/25 based on a break-even position.
- 4.2. Since the last public meeting of the Board of Directors, the Evelina London Women's and Children's Hospital had been selected to be the Principal Treatment Centre (PTC) for specialist paediatric cancer services in south London and much of south east England. Also, from 2 April 2024, the Trust was working in partnership with Great Ormond Street Hospital for Children NHS Foundation Trust and South London and Maudsley NHS Foundation Trust to deliver a new specialist service for children and young people who need gender-related care and support. These were important events for the

Trust and everything possible would be done to ensure these services provided the highest quality care for patients and their families.

5. Chief Executive's Update

- 5.1. The Chief Executive presented the Board with a comprehensive overview of the Trust's latest quality, safety, operational and financial performance, along with other noteworthy updates. Two new senior appointments had been made to the Trust since the last public board meeting. Louise Dark would join the Trust in June 2024 as the new Chief Executive of the Integrated and Specialist Medicine Clinical Group and Crystal Akass would succeed Julie Screaton as Chief People Officer in August 2024.
- 5.2. The selection of the Trust as the Principal Treatment Centre (PTC) for specialist paediatric cancer services would bring together staff from the current PTC, including the world-renowned team at The Royal Marsden NHS Foundation Trust, with the many specialist teams at Evelina London Women and Children's Clinical Group, ensuring joined-up care in family friendly facilities within a dedicated children's hospital. A significant programme of work would now take place to prepare clinical and capital plans to deliver the future vision of the PTC.
- 5.3. 2023/24 had been a very challenging year for NHS providers, who continued to work tirelessly to reduce waiting lists whilst managing a challenging financial environment and the impact of industrial action. The Trust had also been through a period of significant transformation with the implementation of a new electronic health record system 'Epic', which had required a planned reduction in activity to ensure safe delivery. Despite these challenges, and whilst there remained a lot of work to do, overall Trust activity and performance had returned to pre-Epic elective activity levels and the Trust had delivered the majority of its 2023/24 operational plans, which had been agreed with NHS England. Diagnostic and waiting times were reducing but there was no complacency and continued improvement in these areas remained a key focus. Cancer performance had also seen significant progress against improvement plans, and meeting the national standards for cancer treatment was a key operational priority for the Trust. This was a positive place from which to start the new financial year and further improvement was expected.
- 5.4. The Trust's draft accounts for 2023/24 had been submitted to NHS England. The outturn was a modest surplus following a major efficiency programme, which had seen the Trust deliver its planned of efficiency savings of £93m. A capital expenditure position compliant with the Trust's delegated expenditure limit was reported. The Trust's cash balance had reduced during 2023/24 but was in line with projections and being carefully managed. The 2023/24 outturn was acknowledged by the Board as a significant achievement and the considerable effort to reach this position recognised.
- 5.5. The financial planning process for 2024/25 had been delayed due to the late publication of the national planning guidance from NHS England but a draft plan for a break-even budget had been approved by the Board in March. Further significant efficiency savings would be required to deliver the plan, with a challenging financial year ahead. The capital plan had been submitted and would be focused on infrastructure, resilience and equipment replacement.
- 5.6. Following concerns raised via 'speak up' processes, the Assisted Conception Unit remained under active investigation and management. Information to date meant it was likely the Trust had not received any of the faulty media, however this would only be known definitively when further testing was complete with regard to a small number of patients. Further information would be provided to the Board in due course.
- 5.7. The Trust continued to ensure all relevant infection prevention and control measures were in place to manage an ongoing outbreak of *Candida auris* at St Thomas's Hospital and work was ongoing to eliminate this from the Trust's estate. There had been no reported harm or delays to patient care associated with this.
- 5.8. The NHS Staff Survey results had been published and the Trust continued to score above the national average in a number of areas. However, work was under way to understand the lower response rate

and where scores had reduced compared with previous years. The Trust remained committed to prioritising these areas in its action plans for 2024/25, to improve response rates and to demonstrate tangible improvements for all staff.

5.9. The Evelina London Women's and Children's Clinical Group Chief Executive advised that the children and young people's gender service had launched on 2 April 2024. This service was being delivered in a collaborative partnership between the Trust and Great Ormond Street Hospital and South London and Maudsley NHS Foundation Trust. The service had been set up in response to the significant increase in the number of children and young people needing support with their gender identity, and further to the report and recommendations to NHS England from Dr Hilary Cass in her role as Chair of the Independent Review of gender identity services for children and young people. The aim of the services was to provide high quality, safe care that would meet patient needs in ways that were holistic and effective.

5.10. The Heart, Lung and Critical Care Clinical Group Chief Executive reported that, in 2023/24, Harefield Hospital had completed 44 heart transplants with high survival rates. The hospital had also been included in the *'Guinness Book of World Records'* after a long-term patient celebrated their 40th year following a successful heart transplant. The Board noted these outstanding achievements.

5.11. The Board noted further updates including:

- The Trust had transitioned to the Patient Safety and Incident Response Framework, a key enabler for which had been the implementation of a new reporting system, RADAR to replace Datix;
- Work was taking place to ensure robust systems were in place to support the Trust's application to NHS England to become a pilot site for Martha's Rule;
- The ward accreditation programme had been running for two years and Princess Alexandra Ward at the Royal Brompton Hospital had become the first ward at the Trust to achieve 'Gold' status;
- The ability of patients to contact the Trust had been identified as a significant issue facing the Trust, and a key topic raised in patient experience groups. A number of measures to address this were being considered, of which MyChart would form a key part;
- The Trust had shown good progress in the national maternity survey and against its plans in this area;
- The Trust's first overarching strategy since its merger with Royal Brompton and Harefield NHS Foundation Trust was due to be launched in the coming months following significant engagement with staff, patients and the public;
- There continued to be significant focus on equality, diversity and inclusion. Ethnicity and disability pay gaps had been reviewed, and work was taking place with staff networks to review the results and agree actions in response; and
- The Trust awards to recognise staff and their contribution to the work of the Trust had been held for the first time since the COVID-19 pandemic. Thanks were recorded to Guys and St Thomas' Foundation and the Royal Brompton and Harefield charities for supporting the event.

6. Apollo Programme update

6.1. The Board received an update on the Trust's programme for the implementation of its new electronic health record system 'Epic'. The programme had moved from implementation to a period of stabilisation, which continued to run jointly with King's College Hospital and Synnovis, our pathology partner. A clear governance framework was in place to support this, and a set of programme stabilisation objectives had been developed which would be worked through alongside Clinical Group priorities.

6.2. Following implementation, there had been a number of technical challenges, including with diagnostics applications and this had impacted on reporting and performance levels, although technology fixes to address these issues had now been largely implemented. Issues with workflow

and individual user experience were also being addressed, with refresher training provided. A number of benefits were already being seen, including the ability to see a live bed state which had not previously been possible. The decommissioning of legacy IT systems was also providing immediate financial benefit.

- 6.3. MyChart, Epic's patient portal, was a key area of focus with over 300,000 patients registered at programme level since Epic launched in October 2023. This provided enormous transformative opportunities for how the Trust interacted with its patients and would be a major transformative platform in the future. The potential to link MyChart and the NHS App was being considered by NHS England.
- 6.4. The Board commended the Trust Executive on successful implementation of Epic, noting that its transformative potential could not be overstated, and recognising the significant positive changes that had already been delivered.

7. Trust Constitution update

- 7.1. The Trust's Constitution had last been updated in February 2022. To ensure this remained in line with current practice and consistent with legislation and regulatory guidance, an updated version was provided to the Board for approval. A summary of the key amendments was included and the full document appended with all changes clearly marked. The proposed updates had been collated by the Trust's lawyers, the Trust Secretary and a working group of governors. It was noted that approval would also be required from the Council of Governors, who were meeting later that afternoon.

RESOLVED

- 7.2. The Board approved the proposed updates to the Trust Constitution.

8. Updates from Board Committee Chairs

- 8.1. The non-executive chairs of the committees of the Trust Board summarised the key areas of discussion, the key risks noted and the decisions made in the committee meetings held since the last public Board meeting on 31 January 2024.

9. Reports from Board committees for noting

- 9.1. The Board noted the minutes from the committee meetings held since the last public Board meeting.

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. The Chair referred the Board to the Trust objectives that had been agreed for 2024/25 for information.
- 11.2. The next public meeting of the Board of Directors would be held on 31 July 2024.

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 31 JULY 2024**

Title:	Chief Executive's Board of Directors Report
Responsible executive:	Professor Ian Abbs, Chief Executive Officer
Paper author:	Edward Bradshaw, Director of Corporate Governance and Trust Secretary
Purpose of paper:	Chief Executive's Board of Directors Report
Main strategic priority:	All Trust strategic priorities
Relevant BAF risk:	<ul style="list-style-type: none"> All BAF risks
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 January 2024 Board meeting.
Paper previously presented at:	<ul style="list-style-type: none"> The content of this report has largely been discussed in other forums, including Board committees, but has been amalgamated for the first time in this report.
Recommendation(s):	<p>The BOARD is asked to:</p> <ol style="list-style-type: none"> Note the report.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 31 JULY 2024

1. Introduction

- 1.1. This report outlines the main developments since the last public Board meeting on 24 April 2024 that I wish to bring to the attention of the Board of Directors. 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 addressing increasing demand for many of our services.

2. Synnovis cyber-attack

- 2.1. On 3 June 2024 a criminal cyber-attack was perpetrated against Synnovis, the provider of the Trust's pathology services. This attack disabled much of the Synnovis digital infrastructure and, as a result, significantly decreased the speed at which the results of pathology tests are provided to the Trust. This has caused significant operational disruption at the Trust, with blood tests and blood transfusions particularly affected.
- 2.2. The Trust's immediate response upon being notified of the attack included disconnecting from all Synnovis servers to safeguard the Trust's systems and data and declaring a 'critical incident' by standing up resilience planning arrangements, including a reversion to paper-based processes to ensure urgent and emergency care, and as much elective activity as was safely possible, could continue to be delivered. Regrettably, however, the Trust has had to cancel a number of planned procedures and operations, although Trust staff have worked hard to prioritise the most urgent cases, and some patients have been transferred to other providers under mutual aid arrangements. At the current time, the vast majority of Trust services are still running and, whilst disruption remains, the capacity of pathology services is steadily increasing as the Synnovis digital environment is rebuilt, although this process is unlikely to fully complete until at least mid-September.
- 2.3. Synnovis also provides pathology services to King's College Hospital NHS Foundation Trust and mental health and community and primary care services across south east London, so the impact of the cyber-attack has extended far beyond the Trust's own services and populations. We are working closely with our partners across the south east London integrated care system to ensure a consistent and effective response. NHS England has also declared a level 3 critical incident at a regional level due to the scale of the impact and the need for mutual aid, whilst the National Cyber Security Centre is working with Synnovis to understand the cause of the cyber-attack and learn lessons to help prevent

recurrence elsewhere.

- 2.4. The Trust is working closely with the National Cyber Security Centre and other partners, including the Information Commissioner's Office, to understand the loss of patient data. NHS England has established a 'frequently asked questions' on their [dedicated website](#) which will be updated as more detail becomes available. A helpline is also available for any patients who are concerned: 0345 877 8967. I recognise the severity of the impact of this incident on our workforce and would like to thank all those staff who are working hard in response, particularly laboratory staff. I would also like to thank our partners across the health sector who have provided mutual aid to help us through this difficult time.

3. Infected Blood Inquiry

- 3.1. The Infected Blood Inquiry was established to examine the circumstances in which patients treated by the NHS before 1996 received infected blood and blood products. The final report was published in May 2024 and the conclusions of the Inquiry Chair, Sir Brian Langstaff, were stark: people were repeatedly and wrongly told that they were given the best treatment available at the time, while state institutions sought to avoid admitting wrongdoing and payment of compensation, and repeatedly refused calls for an independent inquiry. The report concludes that wrongs were done on individual, collective and systemic levels.
- 3.2. The Trust was asked by the Inquiry to supply documentary evidence and to comment on a variety of matters, including criticisms in patient/patient family witness statements of treatment received at the Trust many years ago. The Trust clinicians involved in the use of infected blood/blood products at the relevant time are either long since deceased or retired, and whilst the Trust always responded promptly and as helpfully as possible to the Inquiry's requests, the assistance the Trust could give in the historic context was necessarily very limited. While the Trust is not singled out or criticised in an express manner in the Inquiry Report, as a centre for the care of haemophilia and other bleeding disorders we place patient safety at the heart of everything we do, and we are all too well aware of the devastating impact that these tragic events have had on so many patients and their families. Our deepest sympathies are with all those affected by the use of infected blood products in the NHS.

4. Assisted Conception Unit (ACU)

- 4.1. In April I updated the Board about an incident following a manufacturing issue with bottles of a solution used to freeze eggs and embryos in the ACU at Guy's Hospital. Our external investigation has now been completed. We have shared the results with the regulator, the Human Fertilisation & Embryology Authority (HFEA); this includes a root cause analysis, quality improvement action plan and the externally validated clinical embryology data to assess potential patient harm. The HFEA submitted this documentation alongside their own final report for

discussion at their Licencing Committee on 27 June. On 12 July, the HFEA Licensing Committee published its final decision confirming that it is satisfied that Guy's and St Thomas' have thoroughly investigated the incident and agreed that it was likely that the ACU did not receive the affected media and therefore were able to downgrade the incident. The ACU will remain under enhanced regulatory oversight and the HFEA will also be conducting a full inspection on 6 August. Whilst many immediate actions in response to the incident have already been implemented, an ACU Improvement Programme has been established to deliver the full set of recommendations received from the external investigation.

5. Delivering healthcare across the Trust: activity, quality and performance

- 5.1. Activity and performance: A comprehensive activity and performance overview report is included in the Board's paper pack for this meeting which sets out how we are performing against the plans we have agreed with NHS England and against national standards more broadly. Overall activity continues to improve, and most services are now operating at normal volumes of activity. The cyber-attack on Synnovis has had a disproportionate impact on delivery of treatment in many of the more complex patient pathways, including cardiac surgery, thoracic surgery and urology. This cohort of patients, many of whom require urgent treatment, continues to grow and this will require a significant and coordinated recovery plan over the coming weeks and months.
- 5.2. The latest reported positions show the Trust is behind its planned performance trajectories across a number of areas including the urgent and emergency care, 62-day cancer and diagnostics standards, the size of the total elective backlog and the number of patients waiting longest for treatment. The Trust has, however, performed well against the cancer Faster Diagnosis Standard, which was previously identified by the Board as a priority area in 2024/25. Not all the performance is attributable to the cyber-attack, and it is evident that there remains considerable work to implement improvements and ensure patients receive high-quality care as quickly as possible.
- 5.3. On 17 July the Trust was notified by NHS England that it had been placed in 'tier one' of its regulatory support programme for elective performance. The Trust will work constructively with our regional colleagues to ensure we receive support to help deliver the Trust's commitment to delivering care within the timescales agreed with NHS England in our business plan.
- 5.4. Industrial Action: Junior doctors recently staged their latest round of strikes as part of their ongoing dispute over pay. This involved a full walkout from 7am on 27 June to 7am on 2 July. In addition, strikes by day surgery theatre nurses were held on 27 June, 2 July and 9 July. During these periods, both clinical and non-clinical staff across the Trust have continued to work hard to maintain the safety of our patients, maintaining access to urgent and emergency services and prioritising the treatment of patients with the most acute health needs. Whilst the Trust fully recognises colleagues' right to take part in these strikes, we condemn targeted campaigns against individuals and urge all unions to ensure the information they provide to their members is factually accurate.

- 5.5. Quality of Care: The ongoing provision of safe, high-quality care to our patients continues to be the Trust's overriding priority, and the Trust's Quality Accounts for 2023/24, now published on our [website](#), provides a comprehensive overview of the approach we have taken to improving quality and safety, and our commitment to a culture of clinical excellence across the organisation. In the past three months the Trust has reported two 'never events' which are being investigated in line with the new Patient Safety Incident Response Framework (PSIRF). The Framework was implemented six months ago and has already led to some excellent learning opportunities that have been shared with colleagues across the Trust much more quickly than when working under the previous serious incident framework. The Trust has also taken steps to review the recommendations from the Independent Inquiry into the actions of David Fuller, to ensure that the Trust has the appropriate arrangements for the safeguarding and dignity of the deceased.
- 5.6. The Trust is closely monitoring the clinical impact of the operational disruption caused by the Synnovis cyber-attack and capturing any instances of harm to patients. These incidents will then be carefully investigated and, where appropriate, duty of candour requirements will be undertaken. Weekly reporting of the impact of the cyber-attack on patient care is provided to the South East London Integrated Care Board.
- 5.7. Patient Experience: Notwithstanding the impact of the Synnovis cyber-attack, overall patient experience remains positive, as reflected by Friends and Family Test scores of 93% or higher in all areas of care except for the emergency department, although this score has been improving since April. The Trust's Patient Advice and Liaison Service team has been extremely busy in recent months, with a high volume of contacts linked to the new MyChart Patient Helpdesk and the ongoing industrial action. A programme has been initiated around improving patient communications.
- 5.8. Infection Prevention and Control: The Trust continues to implement a range of measures to tackle infection and to improve the safety and quality of our services. These include a strong focus on prevention and antibiotic stewardship and improved environmental hygiene, supported by continuous staff engagement and education. Data for 2023/24 shows the Trust performed well against its Shelford Group peers with the lowest rate of C. difficile and second lowest rate of healthcare-associated E. coli bloodstream infection, but had the third highest rate of MRSA BSIs. Several outbreaks have been identified and managed across the Trust, including Candida auris, CPE, MRSA, and norovirus. We have also seen an increase in contact tracing requirements related to measles and Bordetella pertussis, in line with regional and national trends. The rate of intensive care unit-associated central venous catheter-associated bloodstream infections across the Trust remain below national benchmark rates.
- 6. Sustaining and improving the Trust's financial performance**
- 6.1. The Trust delivered a small surplus of £1.9m in 2023/24 which was better than our planned breakeven outturn. The Trust also remained within

its capital expenditure allocation limit. Considering the significant financial challenges across the sector and the economy as a whole, I would like to thank all our staff for their efforts in helping deliver this positive outcome.

- 6.2. Although we know that 2024/25 will bring further financial challenges, we have a good track record for the delivery of our financial plans, and this is underpinned by strong financial management. We have set an ambitious cost improvement programme in 2024/25 in order to meet our breakeven plan for the year. Each of the Trust's corporate functions and clinical groups has a defined cost improvement target, and delivery of these is monitored closely by both the Trust executive and by the Finance, Commercial and Investment Board Committee. A robust quality impact assessment process, overseen by the Chief Medical Officer and Chief Nurse, is in place to ensure the cost improvements do not impair the quality of care the Trust provides.
- 6.3. At the end of month three in 2024/25 the Trust's financial position was a deficit of £25.1m compared to the planned deficit of £9m. This adverse variance is principally driven by reduced NHS and private income in June along with under-delivery against our planned efficiency target to date. The Trust will need to focus on efficiency delivery for the remainder of the year to meet its financial plan. An update will be provided by the Chief Financial Officer at the Board meeting.

7. Supporting our workforce

- 7.1. NHS staff survey: We are continuing to develop initiatives to improve the overall response rate to the NHS staff survey, which has been decreasing in recent years and was 38% in 2023. Work is also ongoing to address the findings of the 2023 survey, in particular in areas including equality, diversity, and inclusion; bullying and harassment; career progression; and staff health and wellbeing, and the data collected from staff through quarterly 'pulse' surveys is helpful in enabling us to track the impact of this work between the annual all-staff surveys. Clinical and delivery groups have assessed the survey results for their areas and are empowered to develop local action plans to ensure they are tailored to their staff.
- 7.2. Celebrating equality, diversity and inclusion across the organisation: Since April there have been a number of occasions for celebrating diversity, including National Staff Networks Day on 8 May, Black Inclusion Week and Equality, Diversity and Human Rights Week both of which started 13 May, and Pride month in June. I want to express my gratitude to our colleagues who arranged or took part in these events. We continue to have dedicated work to improve our performance in the annual Workforce Race and Disability Equality Standards (WRES and WDES). The co-production work colleagues are doing in these areas will help transform the Trust into a more inclusive workplace.

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8. Strategic outlook

- 8.1. The Trust is in the final stages of developing its new organisational strategy and values, and we plan to publish them in September. The strategy is being developed in the context of the NHS facing perhaps the biggest challenge in its history – how to continue to deliver high quality care against a backdrop of rising demand, increasing acuity, pressure on workforce and finance, all in a post-pandemic world.
- 8.2. Nevertheless, we believe we can meet these challenges through the talent of the diverse people who live and work here, and with our clear expectation of continuing scientific and technological progress. Our strategy to 2030 will therefore set out how we can continuously, productively and sustainably improve delivery within our available resources and unlock better, faster, fairer healthcare for all.

9. Epic: Our new electronic health record system

- 9.1. As reported previously, since the go-live of Epic, our new electronic patient record system, in October 2023, our focus has shifted from implementation to stabilising use of the new system, and this work has continued in recent months. In doing this, the Trust continues to work closely with its partners King's College Hospital NHS Foundation Trust and our shared pathology provider Synnovis. The number of registrations for the MyChart app continues to increase, and work remains ongoing to collate as much patient feedback as possible to continue to improve the functionality and user experience of the app.

10. Other news

- 10.1. Since the last public Board meeting Professor Graham Lord has been appointed as the new Senior Vice President (Health & Life Sciences) of King's College London and Executive Director of King's Health Partners (KHP). Graham will also serve as the Chief Academic Officer, a Non-Executive Director role on the Board of Directors of both Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts subject to approval from our respective councils of governors. This is a unique role with senior responsibilities across four organisations, newly created to draw us together to capitalise on the opportunities and synergies of our partnership and I am delighted to be welcoming Graham back to Guy's and St Thomas' at this important time. His distinguished health and leadership background and passion for academic healthcare ecosystems will be invaluable in supporting us to realise the unrivalled possibilities for better health that lie across our organisations.
- 10.2. On 26 June the Trust celebrated Armed Forces Day with a series of events and activities in the gardens at St Thomas' Hospital including live music from the Band of the Welsh Guards, and a rendition of The Last. This allowed us to honour those who serve or have served our country, and to acknowledge their courage, dedication and sacrifices. The Trust's active Armed Forces programme continues to go from strength-to-strength and the Trust also work with our colleagues in King's Health Partners to organise a recent two-day conference on the topic of

'Improving healthcare for our Armed Forces Community'.

10.3. A key objective over the coming years is to modernise our infrastructure and significantly improve the resilience, reliability and user-experience of our physical and digital estate, making sure we get the basics right for patients, visitors and staff. I am delighted that the new Evelina Children's Day Treatment Centre, opened by HRH The Princess of Wales in December 2023, won London's best public sector project from the Royal Institute of Chartered Surveyors. A key factor in this award was the comprehensive patient engagement programme In the design phase, that resulted in demonstrable evidence of patient input to improve health outcomes.

10.4. We are very proud that two Trust staff were recognised in the King's Birthday Honours list. Professor Jane Davies, honorary consultant in paediatric respiratory medicine at Royal Brompton Hospital was awarded an OBE for services to people with cystic fibrosis, and Debra Holloway, gynaecology nurse consultant who recently retired after working for the Trust for over 25 years, was awarded an MBE for services to women's health. Anne Hamilton, Headteacher of the Evelina Hospital School, which is rated 'Outstanding' by Ofsted, has also been recognised and was awarded an MBE for her services to education. I would like to offer my personal congratulations to Jane, Debra and Anne.

11. Board committee meetings and supporting information

11.1. Since the last public Board meeting we have met a number of times as a Board and the following meetings have taken place since the last public Board meeting in April 2024. Minutes for all of these meetings are included in the Board paper pack, together with meeting minutes that were finalised too late for inclusion in the paper pack from the previous Board meeting.

- Finance, Commercial and Investment Board Committee: 1 May 2024 (the Committee also met on 24 July, but minutes are not yet available)
- Audit & Risk Committee: 8 May 2024 and 19 June 2024
- Transformation and Major Programmes Board Committee: 22 May 2024
- People, Culture & Education Committee: 5 June 2024
- Quality and Performance Board Committee: 10 July 2024 (however minutes are not yet available)

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12. Consultant Appointments from 1 April 2024 – 30 June 2024

12.1. The Board is asked to note the following Consultant appointments made since the last report:

Name of post	Appointee	Post Type	Start date
Consultant in Paediatric Urology	Sara Cristina Pires Lobo	Newly created post	6 May 2024
Consultant in Hand Surgery	George Richard Francis Murphy	Vacant post	10 May 2024
Consultant in Anaesthesia and Critical Care	Anders Peter Kenneth Hulme	Newly created post	1 May 2024
Consultant in Congenital Cardiothoracic Surgery	Halkawt Ali Nuri Nuri	Vacant post	22 May 2024
Consultant Cellular Pathology - Head & Neck Pathology	Paris Tamiolakis	Newly created post	12 August 2024
Consultant Paediatric Cardiologist	Alessandra Mazzola	Newly created post	1 June 2024
Consultant Paediatric Neurologist with an interest in Epilepsy	Despoina Mandelenaki	Vacant post	1 September 2024
Consultant in Endocrinology	Philippa Mary Prentice	Vacant post	10 June 2024
Consultant in Cardiac Electrophysiology	Haseeb Valli	Newly created post	1 June 2024
Consultant in Infectious Diseases	Julian Anthony Rycroft	Vacant post	1 June 2024
Consultant in Infectious Diseases &/or Medical Micro/Viro/GIM	Elda Righi	Vacant post	1 July 2024
Consultant in Clinical Genetics	Mohamed Wafik Abdelhamid	Newly created post	9 September 2024
Consultant in Paediatric Respiratory	Andres Fernando Almario	Vacant post	1 September 2024
Consultant in Paediatric Respiratory	Elliott James Davis	Vacant post	1 September 2024
Consultant in Oral Surgery	Marianne Henien	Newly created post	12 August 2024
Consultant Anaesthetist	Charles Edward Graham Robertson	Current post holder has reduced their hours	1 August 2024
Chief of Congenital Cardiothoracic Surgery	David James Barron	Vacant post	1 January 2025
Consultant Haematologist - Plasma Cell Disorders	Dana Bertha Warcel	Vacant post	1 July 2024
Consultant in Electrophysiology and Inherited Cardiac Conditions	Christopher Jason Miles	Vacant post	1 October 2024
Consultant in Weaning, Rehabilitation & Complex Home Ventilation	Khaled Al Arfi	Vacant post	4 November 2024
Consultant in Neonatology	Dr Sandy Kirolos	Vacant post	9 September 2024

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25/07/2024 10:58:07

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 31 JULY 2024

Title:	NHS Children and Young People's Gender Service (London) End of Quarter One Quality and Performance Update
Responsible executive:	Gubby Ayida, Chief Executive - Evelina London Women's & Children's Clinical Group
Paper author:	Jude Connolly, Programme Director for the Gender Service Development
Purpose of paper:	To provide a Q1 summary of the Gender Service programme relating to quality and performance since the new service went live on 1 April 2024
Main strategic priority:	Ensure all patients receive timely, high quality care - focus on treating more patients who need planned care, and on diagnosing and treating cancer
Relevant BAF risk:	<ul style="list-style-type: none"> The Trust may fail to deliver safe, high quality care to patients across all sites and services.
Key issues summary:	<ul style="list-style-type: none"> The new service went live as planned in April 2024 with all 127 cases transferred from the Tavistock and Portman. All transferred cases will have an MDT wholistic assessment by the end of Autumn. Progress being made to ensure recruitment targets are in place and a permanent location is secured. The national position continues to deliver the outcome of the Cass National Review – NHSE response and action plan due end of July 2024. Work continues to enable assurance for the approval of all partner Boards to commence accepting those on the national waiting list.
Paper previously presented at:	<ul style="list-style-type: none"> Evelina London Clinical Group Executive Committee (29 July 2024) and Trust Executive Committee (30 July 2024)
Recommendation(s):	<p>The BOARD is asked to:</p> <ol style="list-style-type: none"> Note the progress of the service during its first quarter operation.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 31 JULY 2024

1. Introduction and Background

The new national service providing specialist care and support for those living with distress and anxiety related to their gender identity began on 1 April 2024. Initially the first two regional centres in London and North West have focused on the safe transfer of children and young people who were being seen by the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Foundation Trust. GIDS, which closed on 31 March 2024, was previously the only NHS provider of gender services for young people.

The new service was shaped by an NHS England (NHSE) independent review of gender services, led by Dr Hilary Cass. This was commissioned in 2020 in response to a significant increase in the number of referrals by children and young people to GIDS, resulting in long waiting times. The review generated interim recommendations in February 2022 on how to improve the services, and NHSE set out its plan in July 2022 to establish a network of up to eight new regional centres.

Following the Cass Interim Report recommendations, the two new regional centres are partnerships of specialist children's hospitals, ensuring a focus on child health and development, with strong links to mental health services. The final Cass report was published in April 2024, following public consultation, after which NHSE confirmed its intention to continue establishing more regional centres. A full response from NHSE to the final Cass report is expected soon.

2. Summary of Progress

2.1 Service update

The London regional centre has progressed well in its first three months. It continues to build a multidisciplinary team of physical and mental health professionals including paediatricians, nurse specialists, mental health professionals, occupational therapists, social workers, youth workers, family therapists, and speech and language therapists.

In the first six weeks, the London service's clinicians met all 127 children and young people transferred across to check how they were and to

understand their expectations. All of them will have a full holistic multi-disciplinary assessment by the end of autumn 2024. As the workforce increases, it means that more full assessments can be offered each week. This has resulted in an increase in number of assessment slots available each week from the beginning of July. The assessment will cover: developmental history (including neurodiversity); family and home environment; education and peer relationships; sexual development; mental health; safeguarding; physical health needs; and gender development over time. Each patient will then have a co-produced, longer-term plan for intervention based on their individual needs. The service is making connections with local providers of health and social care to ensure patients have continuity of care. It has already begun offering appointments to support individuals needs for occupational and speech and language therapy.

2.2 Patient Experience

Children and young people, their families and carers have been giving largely positive feedback about the new service:

- 100% of parents/carers and young people reported that they felt they and their child were listened to.
- 100% of parents/carers reported that their views and worries were taken seriously.
- 91% reported that if a friend needed similar help, they would recommend the service.

Some very useful areas for improvement have been identified through the feedback:

- 80% reported that they had been given enough explanation about the help available from the service, so this will be an area to improve further to ensure 100% of families are given enough information.
- Several families reported that there was a delay in receiving communication or a follow up appointment after their first appointment. The service is working hard to increase staff within the service (see workforce section below) to be able to offer appointments more quickly.
- Several families reported that it was a long journey to travel to their appointment. The service will be offering virtual appointments, where clinically appropriate, to reduce the travel burden for families.

The service is also collecting a range of clinical routine outcome measures (ROMS) which will be used to inform service evaluation and research over the coming months and years, with the consent of children and young people.

Of the 127 children and young people open to the service, 68 consented to a referral for an assessment by their local children and young people's mental health services, and 23 were already known to these services. A total of 51 have been confirmed as booked in for appointment. This local support will be important to supplement the gender service's work and ensure ongoing care for this population while the service stabilises.

NHSE has offered all those children and young people on the national waiting list an assessment by mental health providers during 2024/25. The London regional centre is not expected to receive people on the waiting list until it is ready.

2.3 Workforce

The service has been recruiting since November 2023 to provide the best possible care to the children and young people and their families. Building a workforce is taking time as there are known shortages in the roles required, such as doctors and psychologists. By September 2024 the service will have the majority of staff in place.

2.4 Estates

Children and young people attending the London regional centre are being seen in temporary accommodation. A permanent community base is being progressed however this is taking time as we ensure we have the right long-term facility for this service.

2.5 Governance and oversight

The Strategic Partnership Board, and Programme Board meet monthly for oversight and ongoing development for the service. There is also a monthly Performance Review Meeting (PRM) providing operational oversight. Clinical oversight leads are involved weekly in the Clinical Reference Group jointly with the North West hub. This ensures robust governance to support the service.

3. Update on NHSE Position

Following the publication of the final Cass Review report, NHSE immediately responded with its primary plan. It set out its intention to publish an implementation plan to respond to the final Cass report, which is anticipated later in July 2024. We are currently commissioned against the NHSE Interim Service Specification for Specialist Gender Incongruence Services for Children and Young People, developed from Interim Cass Report recommendations. Any further requirements from the final Cass Review and NHSE implementation plan will be built into the future service specification.

NHS England has set out its commitment to having more regional centres, building to up to eight over the next few years. The third regional centre will be in the South West, based in Bristol, from winter 2024. As recommended by the Cass Review, a National Provider Collaborative is being set up by the regional centres to ensure standards of care and equitable access is maintained.

4. Proposed Next Steps

This Q1 performance report will be presented to each of the partner trusts' quality and safety committees (or equivalent) by September 2024.

All partner Trust Boards approved the start of the service on the 1 April 2024 for the open caseload from the Tavistock. It was agreed that a further paper will be presented to all Trust Boards ahead of progressing to accepting patients from the national waiting list. This paper is likely to be scheduled before winter 2024.

As details of the National Provider Collaborative of NHS Children and Young People's Gender Services are developed, the proposed contractual arrangements, likely to be in the form of a Memorandum of Understanding, will also be shared with Trust Boards later this year.

5. Recommendations

The Board is asked to:

- Note the progress of the service during its first quarter operation.

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25/07/2024 10:58:07

**BOARD OF DIRECTORS
AUDIT AND RISK COMMITTEE**

**Wednesday 8 May 2024, 1.00pm – 4.00pm
Robens Suite, Guy's Hospital and MS Teams**

Members present:	Nilkunj Dodhia (Chair)	Simon Friend
	Miranda Brawn	Deirdre Kelly
In attendance:	Edward Bradshaw	Victoria Macleod
	Paul Dossett	Gary McAllister (item 10)
	Catherine Eyre (item 5.1)	Satwinder Nandrha
	Anita Knowles	Fiona Nicholls (item 9)
	Simon Lane	Damien O'Brien
	Kemi Lawal (minutes)	Tendai Wileman
	Ruth Liley	

1. Welcome and apologies

1.1. The Chair welcomed colleagues to the meeting of the Audit and Risk Committee (the Committee). No apologies were received from Committee members, but apologies had been received from regular attendees Ian Abbs, Charles Alexander, Beverley Bryant, Andrew Asbury and Pia Larsen.

2. Declarations of interest

2.1. There were no declarations of interest.

3. Minutes of previous meeting

3.1. The minutes of the previous Committee meeting held on 28 February 2024 were approved as an accurate record.

4. Review of action log

4.1. The Committee reviewed the action log, noting that a number of the open actions would be addressed at this meeting, including action 100 regarding cyber security. Whilst actions 102 and 103, relating to findings from internal audits of workforce systems, would be overseen by the People, Culture and Education Committee, it was agreed that updates would be reported back to this Committee for completeness. As such, these actions would remain open.

5. Annual Report and Accounts 2023/24, including Annual Governance Statement

5.1. The Committee noted the Trust's draft annual accounts for 2023/24, an initial version of which had been submitted to NHS England. Two of the Committee members had met with the Trust's finance team the previous week to review the accounts in detail, and comments from this review had been incorporated into an updated version. The accounts were now being audited by the Trust's external auditors, Grant Thornton. The Committee was advised that the final annual report and accounts were due for submission on 28 June 2024. The Committee noted that, for the first time since the merger with Royal Brompton and Harefield hospitals, the Trust's 2023/24 accounts had been compiled from a single financial system which had eased the process. Committee members thanked the finance team for their hard work in generating a high-quality set of draft financial statements so quickly after year-end.

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- 5.2. The draft full-year position showed that the Trust had posted an adjusted financial performance surplus of £1.9m. An overview was provided to show how this had been calculated and some of the key accounting estimates underpinning the position, including the valuation of the Trust's estate and valuation of the Epic electronic health record system. There was discussion about elements of the draft accounts including depreciation, clinical negligence, and pay.
- 5.3. The Committee noted that the Trust's Annual Report was progressing well and . commended the content to date. Whilst the final Annual Report, together with the accounts, would be brought to the Committee on 19 June for review, prior to being presented to the full Board for approval, an updated version of the narrative would be sent to Committee members later in May.
- 5.4. The Committee reviewed the draft Annual Governance Statement (AGS) and noted how it had been developed. NHS England had made only minimal change to the content of the AGS since the prior year, which was to increase the narrative about the development of the Trust's green plan, in pursuit of its environmental sustainability objectives.
- 5.5. Committee members suggested a few amendments to the Annual Report and AGS, and was substantially content that the Trust had appropriate systems in place to effectively manage risk.

6. External audit update

- 6.1. The Trust's external auditors, Grant Thornton, provided an update on the progress of the external audit of the Trust's 2023/24 financial statements. The auditors commended the high quality of the working papers they had received and had no issues or technical accounting concerns to report. The auditors would start their review of the Annual Report narrative and the accuracy of the information in the tables within the Report.
- 6.2. The Committee noted Grant Thornton's sector update which highlighted relevant national issues and developments, including common themes emerging from audits of NHS organisations. The Committee took assurance that the Trust was well-sighted on the key risk areas identified, including cyber security. The Committee noted the Trust's responses to the 'general enquiries of management' made by the auditors as part of the audit planning, with Committee members noting that there were no material differences to the responses that had been made in previous years. There was discussion about whether there had been any changes to the general enquiries of management, and how these might change in future years, in light of potential changes in the political and economic environment.

7. Internal audit update

- 7.1. The Committee reviewed and discussed the findings of the five audits that had been completed since the last meeting, four of which had received ratings of 'substantial assurance'. Questions were asked about specific aspects of the audit findings, for example, issues relating to pay progression for some medical staff, and updates were provided about how these were being resolved. The Committee considered how the internal audit findings could be most effectively extrapolated across the Trust. There was also discussion about the importance of the work being done to refresh the Trust's capital operating model, which was being overseen by the Transformation and Major Programmes Board Committee, and how no significant project would proceed without a business case and thorough period of planning. A progress update regarding the findings would be brought to the Committee in six months' time.

ACTION: AA

- 7.2. The Committee noted the Head of Internal Audit's annual opinion which, once finalised, would be incorporated into the AGS. The Head of Internal Audit had not identified any material concerns or significant control issues during 2023/24.

- 7.3. The Committee received the final internal audit plan for 2024/25 and noted the updates to the draft plan that the Committee had reviewed at the previous meeting. It was recognised that the plan would evolve throughout the year as other issues and risks emerged. There was discussion about how the plan was sufficiently comprehensive and aligned with the Trust's strategic objectives to provide the Trust with the assurances it needed. Clarification was sought on how the plan included key areas such as Epic costs and benefits realisation, the difference between an audit and an advisory review and on the capacity of the internal audit team to deliver the plan. It was agreed that future internal audit updates to the Committee would include a column for the frequency and date of the last audit of that area.

ACTION: SL

RESOLVED:

- 7.4. The Committee approved the final internal audit plan for 2024/25.

8. Counter fraud update

- 8.1. The Committee noted the annual counter fraud report for 2023/24 that set out the work of the counter fraud team and data around the numbers of referrals received and investigations opened and closed in the year, together with the outcomes. This included a summary of the cases where fraud or irregularity had been identified. Key themes, as also found in other NHS organisations, included staff members working whilst off sick from their substantive posts, staff amending their payroll records, and the theft of Trust property. There was consideration of the possible frauds that the counter fraud team may not yet be sighted on, and how these may be identified.

RESOLVED:

- 8.2. The Committee approved the 2024/25 counter fraud plan.

9. Subject Access Requests and Freedom of Information Act update

- 9.1. The Committee received an update about the Trust's compliance with responding to Subject Access Requests (SAR) and applications made under the Freedom of Information Act (FoIA) within the statutory deadlines, and the improvement actions being taken to improve compliance rates.
- 9.2. The Trust had made substantial progress in reducing the SAR backlog, which had peaked in March 2023 after the negative and near-simultaneous impacts of the Advanced Carenotes and Trust IT systems outages in summer 2022. Disclosure compliance was now at 95%. The Information Governance team was commended for the rate of progress that had been made.
- 9.3. The Committee noted that FoIA compliance remained significantly below expected levels and improvement of this had been identified by management as a key area of focus. An overview was provided about the review that had been undertaken to diagnose the issues affecting compliance and the associated improvement actions that were under way. Committee members were supportive of the efforts being taken. There was discussion about the themes that were present in the FOIA applications received, increasing the content of the Trust's Publication Scheme and the possible use of artificial intelligence to aid the Trust's responses. Committee members also queried the consequences of continued low compliance rates.

10. Cyber Security update

- 10.1. The Committee received an update on how the Trust routinely monitors and manages cyber security arrangements where it engages with third parties. This was primarily in response to action 100. Committee members noted a summary of the Trust's Third Party Supplier Security Policy,

which requires that third party suppliers maintain acceptable levels of information security, cyber security and information governance processes to ensure that Trust personal and sensitive data is protected and managed in line with statutory and good practice requirements. An overview was also provided about the arrangements for the monitoring and auditing of these third-party processes, including through regular penetration testing.

- 10.2. Committee members identified medical devices as a particular area of vulnerability and sought assurance around how cyber security risk in this area was being mitigated. It was agreed a written update about this would be brought to the Committee later in the year.

ACTION: GM

- 10.3. The Committee discussed and noted the importance of up-to-date business continuity plans and regular testing of these. The Committee noted that the Trust's Data, Technology and Information function was undergoing an external review to identify opportunities to strengthen governance and working arrangements. An update on the findings of this review, as they related to cyber security, would be brought back to the Committee in due course.

ACTION: GM

11. Compliance Reports

- 11.1. The Committee noted an update about staff compliance with requirements regarding declarations of interest, in line with regulatory requirements and good governance principles. The number of decision-making staff who had complied with the requirements in 2023/24 had decreased from the previous year. The actions being taken to improve compliance were set out, with emphasis placed on the role of corporate governance leads within the Trust's clinical and delivery groups to help facilitate this improvement.

- 11.2. The Committee noted that the Trust had self-assessed itself as compliant with the vast majority of the conditions set out in the NHS Code of Governance for provider trusts. The NHS Code works on a 'comply or explain' approach, and in the areas where the Trust was not fully compliant with the conditions – principally regarding non-executive director tenure and remuneration – the Trust would provide an explanation in its Annual Report.

12. Any other business

- 12.1. The Committee noted the poor audio in the room and it was noted that work was being done to improve the audio-visual capability in the room.

The next meeting will be held on Wednesday 19th June 2024

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25/07/2024 10:58:07

**BOARD OF DIRECTORS
AUDIT AND RISK COMMITTEE**

**Wednesday 19 June 2024, 1.00pm – 4.00pm
Robens Suite, Guy's Hospital**

Members present:	Nilkunj Dodhia (Chair) Miranda Brawn (from 2pm)	Simon Friend Deirdre Kelly
In attendance:	Charles Alexander Robert Barr (item 11) Edward Bradshaw Beverley Bryant (until 2.30pm) Steven Davies Paul Dossett Catherine Eyre (item 6) Jon Findlay (item 5)	Nick Halliwell (item 7) Anita Knowles Simon Lane Victoria Macleod (item 6) Fiona Nicholls (item 5) Damien O'Brien Adeola Ogunlaja (minutes) Tendai Wileman

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Audit and Risk Committee (the Committee). No apologies had been received from Committee members, but apologies had been received from regular attendees Ian Abbs, Andrew Asbury, Pia Larsen, Ruth Liley, Satwinder Nandrha and Lawrence Tallon.

2. Declarations of interest

- 2.1. In relation to item 5.1, Steven Davies declared he was a member representative on the Partnership Board of Synnovis Group LLP. It was agreed that his recusal from that item was not necessary.

3. Minutes of previous meeting

- 3.1. The minutes of the previous Committee meeting held on 8th May 2024 were approved as an accurate record.

4. Review of action log

- 4.1. The Committee reviewed the action log, noting that a number of the open actions would be addressed at the meeting, including actions 101 and 111 regarding cyber security of medical devices which could be combined. Due dates were to be provided for actions 102, 103 and 112.

5. Digital, technology and information

Synnovis critical IT incident update

- 5.1. The Committee received an update on the criminal cyber-attack on the Trust's pathology partner, Synnovis. The Committee noted the Trust's immediate response upon being notified of the attack, which had included disconnecting from all Synnovis servers to safeguard the Trust's systems and data, and standing up resilience planning arrangements, including a reversion to paper-based processes, to ensure urgent and emergency care, and as much elective activity as was safely possible, could continue to be delivered. There was no current evidence to suggest that Synnovis' back-up had been contaminated, which would allow for a more rapid recovery. Investigations were being undertaken into the potential loss of data, and the Information Commissioner's Office had been notified of the cyber-attack which continued to be treated as a critical incident by the Trust and NHS London.

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- 5.2. The Committee noted that, following the mitigations that had been put in place since the attack, access to pathology testing and levels of activity were improving, and that the majority of Trust services were still running. However, there continued to be significant delays and disruption to the delivery of routine clinical services and reduced operational activity as a result. The Trust was now in the recovery phase, with a particular focus on blood transfusion services, and was working closely with NHS Blood and Transplant, including to secure extra blood supplies. It was anticipated that, with this support, operational pressures would begin to alleviate.
- 5.3. The impact of the incident on the South East London region was significant, with primary care testing affected across six boroughs, and expected to be prolonged, albeit gradually improving as systems were restored. NHS England had declared a regional incident for London and was working with the affected Trusts, and those offering mutual aid, to coordinate a regional response to help manage and minimise disruption. An overview was provided on the contractual position.
- 5.4. The Committee was updated on and acknowledged the systems the Trust had in place to monitor and assure the strength of cyber security arrangements of its critical suppliers. There was discussion about the renewed need to ensure these systems were effective. The Committee noted the need to understand where similar vulnerabilities with other third-party suppliers could arise, and how these could be managed.
- 5.5. The operational and financial impacts of the critical incident, including recovery plans, would be discussed at the next Board meeting. The Finance, Commercial and Investment Board Committee would focus on the contractual element of the incident at its next meeting. It was also agreed that an external review of the incident would be needed at the appropriate time.
- 5.6. Following a request made by members at a previous meeting, the Committee received an update on the Trust's cyber security arrangements in respect of medical devices, and how cyber risk in this area was being mitigated. This included the teams responsible for oversight of medical devices, the due diligence undertaken on new devices, and the way in which cyber risks were identified and managed. The Committee would be further updated on management of attendant testing and risks at a future meeting.

ACTION: BB

- 5.7. It was agreed that the update received meant actions 101 and 111 on the Committee action log could now be closed.

Bi-annual information governance and health records report

- 5.8. The Committee received a report outlining key activities of the information governance and health records service from October 2023 to March 2024. NHS England had raised the data security and protection toolkit (DSPT) requirements for the 2024 assessment, and the internal audit team was currently reviewing the Trust's responses for independent assurance prior to submission to NHS England at the end of June 2024.
- 5.9. The Committee discussed the Trust-wide roll-out of Windows 10, the incomplete status of which had contributed to NHS England's assessment that the Trust had not fully met the DSPT requirements the previous year, with a rating of "Approaching standards – Plan Agreed". Significant progress had been made since then, with a plan now in place to achieve full deployment of Windows 10.
- 5.10. As noted by the Information Commissioner's Office, there had been significant improvement in subject access requests performance, with a 95% compliance rate and no current backlog. However, there remained significant challenges in ensuring timely responses to Freedom of Information Act requests. An improvement plan was now in place, and an update on its impact would be brought to the next meeting of the Committee.

ACTION: BB, FN

6. Annual Report and Accounts 2023/24

- 6.1. The Committee received the final draft of the 2023/24 Annual Report. The key changes made since the previous version were highlighted, including additional disclosures regarding the cyber-attack on Synnovis. The Committee noted the Head of Internal Audit's opinion that formed part of the Annual Governance Statement, and, following discussion, agreed that the cyber-attack on Synnovis should not, at this stage, be considered a significant internal control weakness.
- 6.2. The Committee also discussed the Annual Accounts, noting that no significant changes had been made to the figures since the previous version was circulated to the Committee.

REOLVED:

- 6.3. The Committee agreed that the Annual Report and Accounts could be shared with the Trust Board, once finalised, for approval prior to submission.

7. External audit

Audit findings report

- 7.1. The Committee received a report outlining the key findings and matters arising from the statutory external audit of the Trust and the preparation of the Trust's financial statements for the year ended 31 March 2024. The audit fieldwork had been completed two weeks ahead of the NHS England reporting deadline, which was an improvement on previous years, a key reason being the move to a single finance ledger across Guy's and St Thomas' and Royal Brompton and Harefield hospitals.
- 7.2. There was discussion about the audit findings relating to accounting estimates and judgements, particularly in connection with the Epic electronic health record system. Overall, the auditors' work was substantially complete, and it was anticipated that there would be no modification to the audit opinion or material changes to the financial statements. The external auditors, Trust's finance teams and communications team were thanked for their hard work.

Auditor's annual report

- 7.3. The Committee received a report outlining the work undertaken by the Trust's external auditors to be satisfied that the Trust had made proper arrangements to be economic, efficient and effective in its use of resources. It was noted that no significant weaknesses had been identified in the Trust's arrangements to achieve financial sustainability and the auditors were content with the Trust's plans for cost improvement delivery, which would be monitored.
- 7.4. The auditors were also satisfied that the Trust had robust corporate governance arrangements in place, with effective systems to monitor and assess risks and to gain assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud. The auditors would give more consideration to the impact of the Synnovis cyber-attack during the 2024/25 audit.

8. Provider licence self-certification

- 8.1. Under the NHS Provider Licence the Trust was required to self-assess its compliance with one specific licence condition, namely Continuity of Services (CoS) 7. This required the Trust to consider the extent to which it had the necessary resources to continue to provide healthcare services for the coming 12 months. It was proposed that the Trust should declare it had all resources available to do this, and the key factors for this assertion were reviewed and discussed.

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25/07/2024 10:58:07

RESOLVED:

8.2. The Committee approved the self-certification against condition CoS7.

9. Internal audit progress report

9.1. The Committee received a report summarising progress against the internal audit plan. This included details of two audits from the previous year's plan, relating to key financial systems, which had now been completed. Both audits had concluded the controls in place were effective, resulting in the audits providing 'substantial' assurance.

10. Counter fraud update

10.1. The Committee received an update on fraud cases since 1 April 2024, noting there was broad consistency with the volume of the previous year's caseload. There continued to be an increase in cases of staff working while on sick leave and having double, remunerated employment. Discussion followed on ways to detect and manage this issue.

11. Arup climate change report: implementing recommendations

11.1. An update was given on the work being done to implement the recommendations of the Arup report on infrastructure resilience, following the Trust's critical IT incident in July 2022. The Trust had made a sizable investment to support backlog maintenance over a five-year period, and several infrastructure schemes had already been completed.

11.2. The Committee welcomed the progress made, and recognised that there was still considerable work to do to continue to modernise the Trust's infrastructure and improve its resilience to unforeseen issues and risks. Further information was sought about how these risks were being managed. It was agreed that implementation of the recommendations of the Arup report, which was expected to take five years to deliver in full, would be reported back to the Committee on an annual basis.

ACTION: RB

11.3. The Committee also discussed the ways in which the Trust's plans would support the achievement of its environmental sustainability objectives. It was noted that the Transformation and Major Programmes Committee would look at sustainability in more detail at its next meeting in September.

12. National cost collection: pre-submission report

12.1. The annual national cost collection exercise provided NHS England with Trust level information about the cost of services. This informed a number of work streams and national tariff prices. The Committee was asked to confirm that it was satisfied that the Trust was complying with the mandated requirements, noting the assurance provided by Trust's costing teams. Discussion followed about the possibility of using other local systems for costing submission, and the limitations of current systems were noted.

RESOLVED:

12.2. The Committee approved the approach taken by the finance costing teams to submit the 2024 national cost submission.

13. Any other business

13.1. There was no other business.

The next meeting will be held on Wednesday 25th September 2024

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

**Wednesday 1 May 2024, 1.00pm – 3.00pm
Robens Suite, Guy's Hospital**

Members present: Simon Friend (Chair) Steven Davies
Ian Abbs Pauline Philip
Charles Alexander Ian Playford
Avey Bhatia Lawrence Tallon

In attendance: Jordan Abdi Simon Mendy
Andrew Asbury Alison Mould
Edward Bradshaw (Minutes) Damien O'Brien
Beverley Bryant David Shrimpton
Anita Knowles Karen Southcombe
Pia Larsen (item 8 onwards) Simon Wombwell (item 6)

1. Welcome and apologies

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

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 24 January 2024 were approved as an accurate record.

4. Review of action log and matters arising

4.1. The Committee noted the open actions and the work that was taking place to address these. It was agreed that a number of actions could be closed. There was discussion around action 35, regarding the retail space near the front entrance of St Thomas' Hospital, and an update was provided about the Trust's retail strategy more broadly. A self-assessment of performance against the Healthcare Financial Management Association checklist on grip and control would be presented at the next Committee meeting to address action 42.

ACTION: SD

5. Board Assurance Framework

5.1. The Committee was reminded about the two strategic risks on the Board Assurance Framework (BAF) that it owned; these related to the Trust's financial sustainability 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. Finance updates

6.1. The Committee thanked the Trust's finance team for their hard work in preparing the year-end accounts, which had been submitted on time the previous week. The final year-end position was a surplus of £1.9m before technical adjustments. This was still subject to external audit. An overview was provided about the reasons for the variance between the final position and the planned surplus of £10.9m, and the Committee queried some of the technical adjustments that had been made. Whilst the outturn was regarded as positive, given the challenging operating environment in the NHS and

wider UK economy, Committee noted the Trust's underlying deficit, and sought assurances about the work that was being done to reduce this.

- 6.2. The Trust's cash position was lower at year end than the opening balance; this reflected the underlying deficit, under-delivery of cash-releasing financial improvement plans and the funding of major capital schemes, including the Trust's new electronic health record system. The Committee noted the Trust's cash position.
- 6.3. The Committee's focus turned to the 2024/25 draft financial plan. Whilst the Trust had planned a breakeven outturn, the Committee noted that there was risk to this position including inflation, activity levels and industrial action. There was discussion about how these risks were being mitigated, and also about the opportunities for the Trust to grow its income during the year. The planned breakeven outturn was also predicated on delivery of a significant financial improvement programme. This had started well, with a large proportion of schemes identified already, and the wider organisation was reported to have understood the scale of the challenge. There was considerable discussion about the progress being made to identify and deliver cost improvement schemes across each clinical group and in the corporate functions including, oversight of delivery by the Trust Executive Committee. It was acknowledged that the finance and HR functions needed to be closely aligned regarding workforce reductions, and the importance of a robust quality impact assessment process was also emphasised. The next report to the Committee would include more detail about the level of cost improvement plans that had been identified and delivered, and the planned phasing of delivery over the course of the year.

ACTION: DO'B

- 6.4. The Committee noted the 2024/25 capital plan that had been approved by the Board the previous month.

RESOLVED:

- 6.5. The Committee agreed to recommend to the Board of Directors that the 2024/25 financial plan was approved.

7. Private Patient financial performance

- 7.1. Private patient income was ahead of plan in month 12 of 2023/24 and the full-year total income of £73.7m exceeded the plan by £1.3m, with the Evelina London Women's and Children's Clinical Group posting particularly strong performance as a result of targeted investment and effort. There was discussion about the reasons why performance in Heart, Lung and Critical Care Clinical Group was behind plan, and about the opportunities that would likely present in 2024/25.
- 7.2. There was discussion about the private healthcare market more generally, including trends in customer profile and funding source, and about staffing models. The market was recognised as both growing but increasingly competitive, and all clinical groups were encouraged to focus more on increasing private patient income to help achieve their financial improvement plans. Bank rates were recognised as a key incentive for Trust staff to undertake more private work, and this would be discussed with the new Chief People Officer once in post. The importance of diagnostics in underpinning a step change in the level of private patient income was also acknowledged.

8. Procurement update

- 8.1. An update was provided about ongoing work to refine the Trust's procurement operating model following an initial assessment of procurement and supply chain activities across the organisation that had identified a range of challenges and opportunities for greater cohesion; to deliver enhanced governance and assurance; and to reduce risk and deliver improved value. The Committee noted the design principles guiding the work, the timescales, financial implications and the next steps. The Trust Executive Committee was overseeing the development of the new operating model and would review

a set of more detailed proposals in the coming weeks. Committee members discussed how this work would align with the similar work being done to refine the capital operating model, and how the new operating models would dovetail with the Trust's Data, Technology and Information (DT&I) directorate in the future. The Committee would continue to be updated on progress of the work.

9. Clinical waste contract re-procurement

- 9.1. The Committee was reminded about the procurement challenge that the Trust had received in respect of the clinical waste contract that had originally been awarded in August 2023. The Trust had agreed to cease the defence of the litigation launched by Stericycle Ltd.
- 9.2. The Committee noted that the Trust now intended to commence a new procurement with a new specification, evaluation criteria and evaluation panel in May 2024. The procurement would be run by a third-party organisation and would be overseen by the Chief Procurement Officer. Work had already begun to produce new tender documentation and a new evaluation team had been identified.

10. RBH facilities services appraisal

- 10.1. The Committee reviewed an appraisal of options that had been identified regarding the future provision of a number of key facilities services at Royal Brompton and Harefield hospitals. One option was to bring these services in-house; the Committee noted the benefits of such a decision, including consistency of services across Trust sites and equity of remuneration and terms and conditions for all relevant staff. It was agreed that future processes would continue to test insourcing with other options.

11. Board Assurance Framework review

- 11.1. The Committee reviewed the two principal risks on the BAF, noting that the format of the framework had changed since the previous meeting to enable the Committee to track the risk score and assurance levels. The risk regarding capital expenditure had a number of gaps in controls, and the Committee queried how the backlog maintenance register was being monitored to avoid linked operational and clinical risks materialising. It was agreed that an overview of the capital planning process would be presented at a future Committee meeting to demonstrate the robustness of the risk assessments and prioritisation process undertaken, and provide assurance that this process enabled the most important backlog maintenance schemes to be undertaken.

ACTION: SM

12. Any other business

- 12.1. There was no other business.

Date of next meeting – Wednesday 24 July 2024

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 31 JULY 2024

Title:	Finance Report for the three months to 30th June 2024
Responsible executive:	Steven Davies, Chief Financial Officer
Paper author:	Damien O'Brien, Director of Operational Finance
Purpose of paper:	To update on the financial performance of the Trust for the three months to 30 th June 2024
Main strategic priority:	Deliver our financial plan
Key issues summary:	<ul style="list-style-type: none"> • The annual plan is to achieve breakeven at year-end • YTD performance to June 2024 of a deficit of £25.1m represents a £15.4m deterioration in month. Patient activity was reduced by £12.2m in month. YTD Expenditure on pass through drugs and devices is over spent by £12.5m which is offset by income over performance. • The cash balance at the end of June of £68.3m is a decrease of £21.6m against the opening balance. • The capital programme has been set at £97.5m with the Capital Department Expenditure Limit (CDEL) agreed at £92.5m and a £5.0m allocation from donations. This was reduced by £2m due to the SEL system shortfall against the SEL fair share deficit target for 2024/25. YTD expenditure is £8.3m which is £10.7m below the phased plan of £19.0m.
Paper previously presented at:	<ul style="list-style-type: none"> • None.
Recommendation(s):	<p>The COMMITTEE is asked to:</p> <ol style="list-style-type: none"> 1. Discuss and note the content of this report.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
FINANCE, COMMERCIAL & INVESTMENT BOARD COMMITTEE
WEDNESDAY 31 JULY 2024

1. Introduction

1.1. This paper updates the committee on financial performance for the three-month period to 30th June 2024.

2. Financial Performance Summary

2.1. The Trust has agreed a financial plan for 2024/25 of breakeven.

2.2. Performance for the three months to June 2024 is a deficit of £25.1m

2.3. The main drivers of the reported financial position are:

- There was a reduction in income of £11.0m for NHS activity and an under performance against Private Patient income of £1.5m in month 3. This has been partially offset by an estimated reduction in pathology costs of £3.0m.
- High clinical supplies costs (£7.0m above plan) are partially offset by estimated additional VCM (excluded devices) income of £2.1m. The remaining costs are being reviewed to understand if driven by activity levels or linked to inflationary pressures;
- Remaining income has been assumed to plan in month 3 whilst NHS contracts are agreed and contract monitoring reporting is developed. The reporting focus has been on ensuring statutory activity submissions of prior-year activity post Epic go-live which were made in May. The favourable income variance offsets the overspends seen on high cost drugs and VCM devices year to date.

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Income and Expenditure	Budget Mth £m	Actual Mth £m	Variance Mth £m	Budget YTD £m	Actual YTD £m	Variance YTD £m
Income	233.7	229.8	(3.9)	691.8	708.8	17.0
Pay	(130.5)	(133.0)	(2.6)	(390.7)	(397.9)	(7.2)
Non Pay	(106.3)	(112.2)	(5.9)	(310.1)	(336.0)	(25.9)
Surplus / (Deficit) - Adjusted Financial Position (AFP)	(3.0)	(15.4)	(12.4)	(9.0)	(25.1)	(16.1)
DODA	(1.0)	(1.0)	(0.0)	(2.9)	(3.1)	(0.1)
Capital Donations	0.0	0.6	0.6	0.0	0.9	0.9
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit) - Excl Fin Adj's	(4.0)	(15.8)	(11.9)	(11.9)	(27.2)	(15.3)

3. Cash, Capital and Cost Improvement Programmes

3.1. **Cash:** the cash position at the end of April is £68m which is a decrease of £22m from the opening balance £90m. An analysis of the main drivers of the cash reduction is contained within the finance report.

3.2. **Capital:** The capital plan has been set at £97.5m for the year and CDEL has been agreed at £92.5m. A further £5.0m is planned for schemes funded by donations. CDEL has reduced by £2m due to claw back of CDEL funding from the SEL system not achieving their fair share deficit plan.

- Expenditure to date of £8.3m has been recorded against CDEL funded schemes which is £10.7m less than core CDEL allocation.

3.3. YTD CIP achievement stands at £9.4m against a YTD plan of £12.2m. Work is on-going to assess the impact of further CIP opportunities across a range of themes including discretionary spend, merger synergies and reductions in COVID and independent sector expenditure.

4. Recommendations

4.1. The Committee is asked to:

- Note the AFP which is to achieve a breakeven position.
- Note that the Trust has reported a YTD deficit of £25.1m.
- Note the current cash balance of £68.3m.
- Note the current capital expenditure of £8.3m which is within the phased capital plan.
- Note the contents of Appendix A – CIP.

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Guy's and St Thomas'
NHS Foundation Trust



BROMPTON HOSPITAL

Trust Operations Board

23rd July 2024

Finance Report - 24/25

Month 3

Guy's and St Thomas' NHS Foundation Trust

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Guy's and St Thomas' NHS Foundation Trust



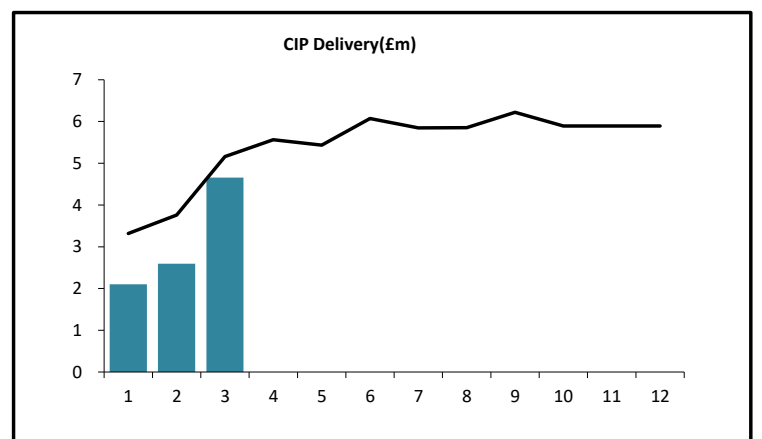
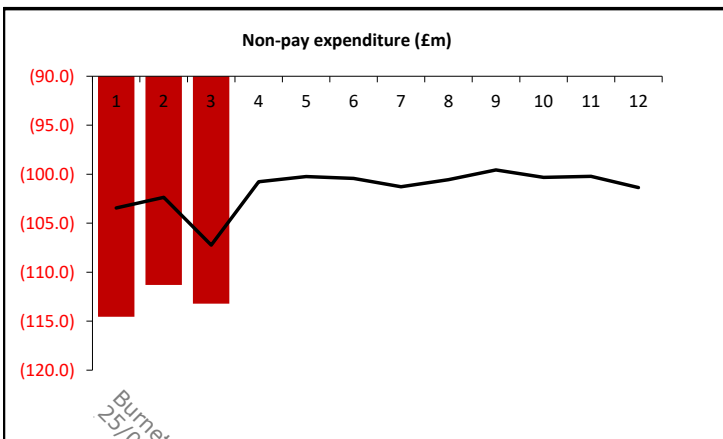
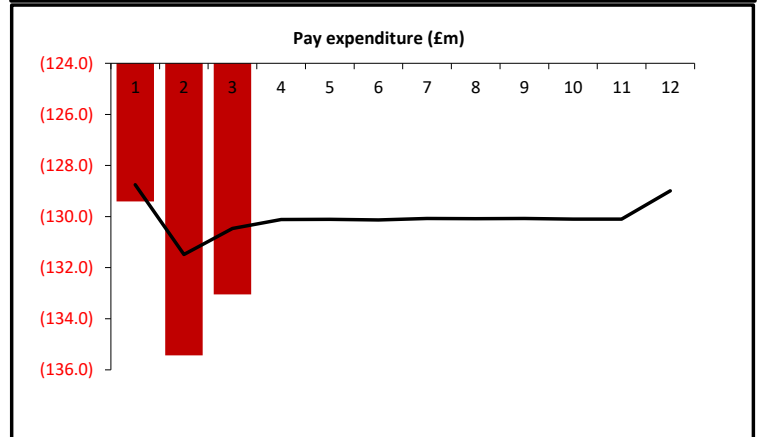
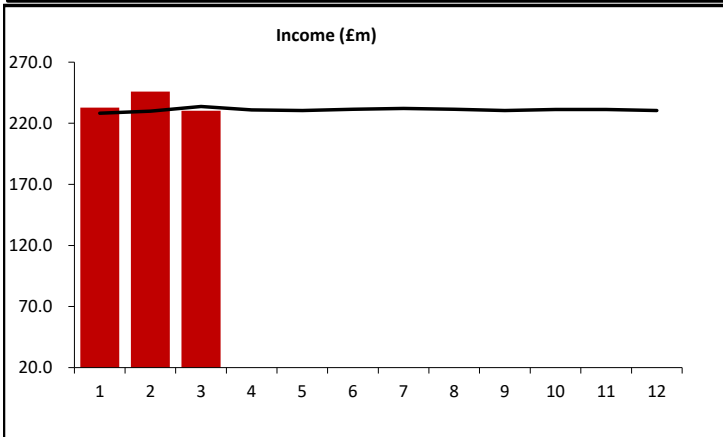
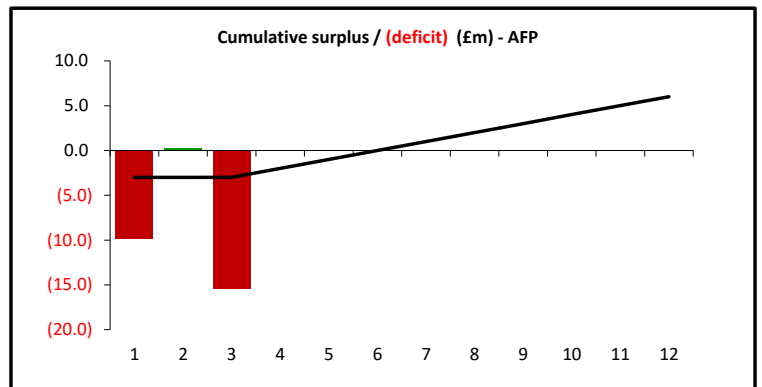
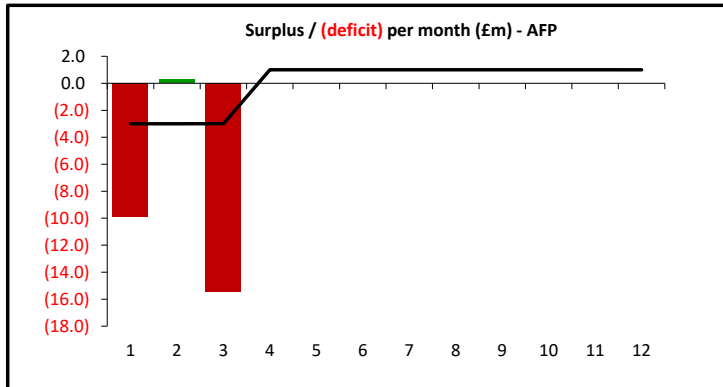
Contents

	Page
Summary Financial Performance	01
Summary Financial Performance - Narrative	02
Variance by Group Summary	03
Underlying Performance	04
Group Detail - Cancer and Surgery	05
Group Detail - Evelina London	06
Group Detail - Heart, Lung and Critical Care	07
Group Detail - ISM	08
Group Detail - Essentia	09
Group Detail - Corporate Areas	10
Key Payroll Metrics	11
Staffing Utilisation (WTEs)	12
Capital Programme	13
Balance Sheet	14
Cashflow	15

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Summary Financial Performance - Trust

Income and Expenditure	Budget Mth £m	Actual Mth £m	Variance Mth £m	Budget YTD £m	Actual YTD £m	Variance YTD £m
Income	233.7	229.8	(3.9)	691.8	708.8	17.0
Pay	(130.5)	(133.0)	(2.6)	(390.7)	(397.9)	(7.2)
Non Pay	(106.3)	(112.2)	(5.9)	(310.1)	(336.0)	(25.9)
Surplus / (Deficit) - Adjusted Financial Position (AFP)	(3.0)	(15.4)	(12.4)	(9.0)	(25.1)	(16.1)
DODA	(1.0)	(1.0)	(0.0)	(2.9)	(3.1)	(0.1)
Capital Donations	0.0	0.6	0.6	0.0	0.9	0.9
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit) - Excl Fin Adj's	(4.0)	(15.8)	(11.9)	(11.9)	(27.2)	(15.3)



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Finance Report Commentary

Executive Summary

Summary: YTD the Trust is reporting a deficit of £25.1m in terms of the adjusted financial performance measurement, which is £16.1m adverse to plan:

- **Clinical income** was below plan by £12.4m in month.
- **CIP delivery:** YTD £9.4m of CIPs achieved resulting in a total under delivery against the Trusts CIP programme of £2.9m driven both by unidentified and unachieved CIPs. The under-delivery is included within both pay and non pay budgets.
- **High levels of activity** shown in the interim Apollo data for 2023/24 have led to an estimate of 2023/24 ERF benefit of £3.3m in the position.
- **Independent Sector:** expenditure incurred in respect of independent sector usage is £0.9m more than budgeted.
- **Non Pay:** high levels of spend YTD in drugs and devices, which has been partially offset by pass through income. Net position is an overspend of £13.2m. Excess Inflation impact is an overspend of £2.2m

Income: YTD performance £17.0m favourable to plan, the main drivers of which are:

- **Clinical Income:** Income reduction has been included of £12.4m, of which £11m is due to estimated NHS income loss based on cancellations. £1.4m reduction is due to Private Patients.
- **Genomics** income from Specialist Commissioning is £1.7m above plan.
- **NHS Contract Income** has been assumed to plan in month.
- **High levels of activity** shown in the interim Epic data for 2023/24 have led to an estimate of 2023/24
- **Pass through drugs and devices** income is £10.6m and £2.1m above plan respectively. This will be offset by a corresponding overspend in non pay.
- **Other Operating income:** £10.1m above plan YTD, of which £3.0m relates to Apollo recharges that are offset by expenditure. R&D income is £1.1m above plan.

Pay budgets: YTD expenditure of £397.9m is £7.2m worse than plan;

- There are costs of £1.6m relating to staff that were previously classed as capital which are currently being reviewed, but are reflected in the position.
- **Apollo Stabilisation** costs of £0.5m are showing an adverse variance.
- **Prior Year costs** relating to pay errors incurred totalling £1.5m
- Costs that are covered by income for R&D, Apollo or Lexica totals £3m.

Non Pay budgets (including Reserves and Unidentified CIPs): YTD performance is £25.9m worse than plan, the main drivers of which are:

- Unidentified CIP targets of £2.9m
- On-going use of the Independent sector has resulted in expenditure above plan of £1.2m.
- Depreciation costs have resulted in expenditure above plan of £0.6m
- Drugs and clinical supplies budgets are £12.5m overspent.
- Premises and Other operating expenses are £6.7m overspent, due to £5.9m of Apollo costs of which £3.0m is to be invoiced to KCH (income is accrued).
- Excess Inflation costs unfunded in the position total £2.2m adverse variance

Balance Sheet: The Trust closed month three with a cash balance of £68.3m; this is a decrease of £21.6m from the opening balance on 1st April 2024.

Drivers of YTD Group Variances £000

Variance Type	Cancer & Surgery	Evelina London	HLCC	ISM	Essentia	Corporate	Other	Trust Total
Pay	(1,695.7)	1,974.1	(100.8)	(408.5)	(1,696.6)	(276.4)	(4,982.3)	(7,186.2)
Further Improvement Target	(526.0)	(1,651.7)	(769.6)	(28.1)	501.0	(4,442.4)	(7,054.2)	(13,971.0)
Internal Recharges	110.8	(23.8)	173.6	29.0	128.8	(478.7)	(220.7)	(281.0)
Non Pay	(6,355.3)	(406.9)	(7,280.4)	(6,241.8)	(2,251.1)	(11,814.2)	22,733.2	(11,616.5)
Income (Excl Clin Income Adj)	(663.0)	15.1	(1,783.3)	(1,621.4)	(449.1)	9,344.2	12,161.4	17,004.1
Total (Excl Clin Income Adjs)	(9,129.2)	(93.1)	(9,760.4)	(8,270.8)	(3,767.1)	(7,667.4)	22,637.4	(16,050.5)
Clinical Income Adjustment (excl pass through D&D)	2,033.5	(27.4)	(361.1)	(332.0)	(0.0)	695.0	(2,008.1)	0.0
Pass Through Drugs & Devices Clinical Income	2,427.2	271.5	3,830.6	3,206.6	0.0	0.0	(9,735.9)	0.0
Total (Incl Clin Income Adjs)	(4,668.4)	151.0	(6,290.9)	(5,396.1)	(3,767.1)	(6,972.4)	10,893.4	(16,050.5)

SNAPSHOT VARIANCE DRIVERS - £000's

Staffing								
Medical Staff	(616.9)	(327.1)	(378.0)	46.3	(4.6)	(234.1)	(3,362.7)	(4,877.1)
Nursing Staff	(521.0)	855.7	609.8	862.5	(33.6)	(134.2)	(354.3)	1,285.0
PAMs	(56.9)	47.0	653.5	622.9	(27.9)	(147.7)	0.0	1,090.9
Professional & Technical (PTB)	4.0	169.1	679.8	744.4	0.0	(217.2)	(12.1)	1,368.1
Admin & Clerical	536.7	807.5	(1,171.4)	269.7	(475.3)	60.1	(958.7)	(931.4)
Estate and Facilities Staff	2.5	16.7	21.3	(6.4)	(830.5)	(87.8)	0.0	(884.2)
All Other Staff	(1,044.2)	405.2	(515.7)	(2,947.9)	(324.7)	484.5	(294.5)	(4,237.4)
Total Pay	(1,695.7)	1,974.1	(100.8)	(408.5)	(1,696.6)	(276.4)	(4,982.3)	(7,186.2)
Non-Pay								
Drug Costs	(3,911.2)	671.1	(681.7)	(2,405.1)	(0.6)	1.9	820.5	(5,505.1)
Clinical Supplies	(1,143.3)	(1,187.3)	(4,346.2)	(1,512.7)	11.1	(3,331.5)	4,472.2	(7,037.7)
Premises Costs	(108.5)	57.6	(696.2)	(253.8)	(830.9)	(7,051.7)	(81.4)	(8,964.9)
Purchase of Healthcare from non-NH	189.2	(187.4)	(722.5)	(379.9)	0.0	(683.0)	0.0	(1,783.6)
Establishment Costs	144.6	89.4	360.2	184.5	2.6	566.5	(140.4)	1,207.5
Other Non-Pay Costs	(1,526.2)	149.8	(1,194.1)	(1,874.8)	(1,433.4)	(1,316.4)	17,662.4	10,467.4
Total Non-Pay	(6,355.3)	(406.9)	(7,280.4)	(6,241.8)	(2,251.1)	(11,814.2)	22,733.2	(11,616.5)

Summary: YTD the Trust is reporting an adverse variance to plan of £16.1m measured on an adjusted financial performance basis.

The key drivers of the adverse position are CIP delivery which to date has under-performed by £2.9m across both unidentified and unachieved CIPs.

Following the implementation of Epic, clinical income within Clinical Groups is now reported on a block contract basis with some adjustments in respect of pass through drugs and devices income. This is likely to continue for the first half of the financial year until recording and reporting issues are resolved.

Underlying Performance £000

Variance Type	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Trust Total
												(0.0)	(0.0)
Current Month Adjusted Financial Performance (AFP)	(9,908.0)	285.9	(15,428.3)										(25,050.4)
Industrial Action	0.0	0.0	0.0										0.0
Current Year Independent Sector Usage	(493.2)	(336.2)	(336.2)										(1,165.6)
Balance Sheet Flexibility	0.0	0.0	0.0										0.0
Prior Year (Costs) \ Benefits	(4,096.2)	5,007.2	(2,108.3)										(1,197.4)
Non-Recurrent \ One-Off Items	(1,503.7)	(910.6)	184.0										(2,230.3)
Accruals Released	0.0	0.0	85.8										85.8
Current Month Errors \ Omissions	240.4	369.3	74.3										683.9
Prior Period Corrections	0.0	411.6	(216.2)										195.4
Capital \ Revenue Transfers	(403.0)	10.0	(84.0)										(477.0)
Movements in Bad Debt Provisions	(478.0)	0.0	478.0										0.0
Reserve Accruals \ Released	0.0	0.0	0.0										0.0
Additional Funding \ Clawback \ Elective Recovery Funding (ERF) \ Genomics	1,000.0	1,500.0	800.0										3,300.0
Synnovis Incident	0.0	0.0	(9,343.0)										(9,343.0)
Underlying Recurrent AFP position	(4,174.4)	(5,765.3)	(4,962.7)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(14,902.4)

Summary: the reported position for June is a deficit of £15.4m; within this position there are potential net non-recurrent \ retrospective impacts which total £10.5m (adverse) giving an Underlying AFP position of a £5.0m deficit.

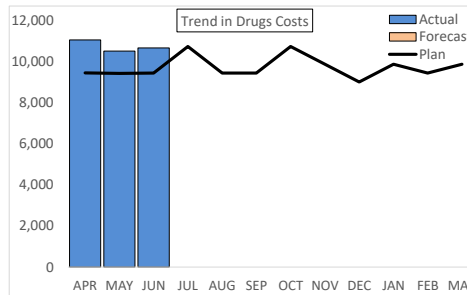
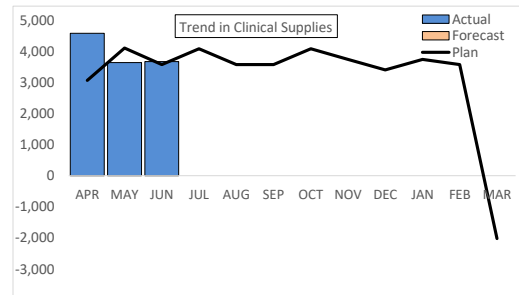
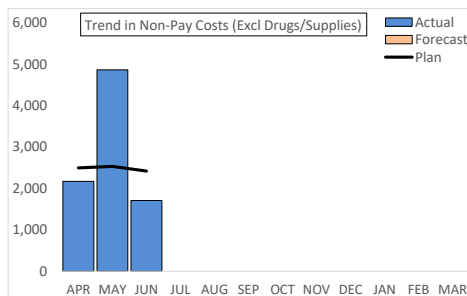
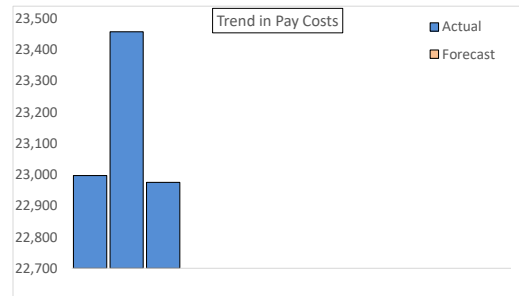
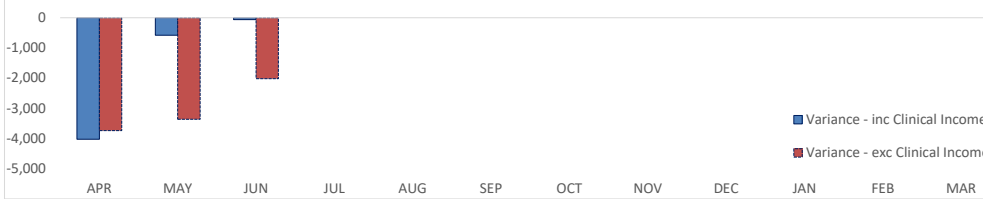
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Cancer & Surgery Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(22,908)	(22,975)	(67)	(67,733)	(69,429)	(1,696)
Further Improvement Target	32	0	(32)	526	0	(526)
Internal Recharges inc Overheads	(10,931)	(10,781)	150	(32,583)	(32,472)	111
Non Pay	(15,416)	(16,032)	(616)	(46,461)	(52,816)	(6,355)
Income (Excl Clin Income Adj)	3,324	1,867	(1,457)	9,362	8,699	(663)
Total (Excluding Income Adjustment)	(45,899)	(47,921)	(2,022)	(136,889)	(146,018)	(9,129)
Clinical Income Adjustment (excl pass through D&D)	34,477	36,580	2,103	105,787	107,821	2,034
P/T Drugs & Devices Clinical Income	9,646	9,505	(142)	26,169	28,596	2,427
Total	(1,775)	(1,836)	(61)	(4,932)	(9,600)	(4,668)

Variance to Plan by Month, £k



Type	Budget (#)	Actual (#)	Variance (#)	Budget (#)	Actual (#)	Variance (#)	2019-20 YTD	% of 2019-20
Elective								
Daycase								
Non-elective								
Outpatient New								
Outpatient Refun								
Dialysis								
Chemo Delivery								
Radiotherapy								

To Follow

Summary

YTD Position

The Clinical Group has reported a position of £4.7m behind plan in June (M03). The main drivers of the position YTD are:

Pay £1.7m overspent

- Medical pay £0.9m overspent, mainly within Trainee Grades, in Haematology, TAP and TR&U, drivers includes i) unmet vacancy factor £0.1m, ii) high bank and agency usage £0.3m and iii) over-established substantive posts £0.2m. See actions
- Nursing £0.6m overspent, mainly within Surgery, TAP and Oncology, due to i) unmet vacancy factor £0.2m and ii) high bank and agency usage £0.2m, drivers include enhanced care and sickness. See actions
- A&C £0.3m underspent, driven by vacancies.
- Unmet Headcount reduction target 1.0m.
- Hosted Service £0.2m underspent, offset within Income.

Further Improvement Target £0.5m behind plan

- Clinical Group had £11.7m to identify as part of 24/25 business planning and have identified £7.3m or 62% to date.

Non Pay & Internal Recharges £6.2m overspent

- Bad debt £1.8m overspent, due to provision for unpaid 23/24 HCA gain share £1.0m and LGT relating to QMS theatres £0.6m.
- Drugs £4.0m overspent, partially offset by passthrough income, net position £0.5m behind plan. See actions
- Clinical Supplies £0.8m overspent, within TAP, TR&U and GMS, partially offset by P/T Income, net position £0.6m overspent. See actions.
- Independent sector (Cromwell) spend £0.2m, offset within Clinical Income.
- R&D £0.6m overspent, partially offset in Income.
- Hosted Service £0.5m underspent, offset within Income.

Income £0.7m behind plan.

- R&D £0.6m ahead plan, offset in Non Pay.
- Hosted Services £1.5m behind plan, offset in Clinical Income, Pay and Non Pay.
- Private patients £0.2m ahead of plan, driven by HCA gain share overperformance.
- Cancer Recovery £0.2m ahead, offset by independent sector spend within Non Pay.

P/T Drugs & Devices Clinical Income £2.4m ahead of plan

- Variable Drugs & Blood income £2.4m ahead of plan, offset by Non Pay
- Device income £0.2m ahead of plan, offset within Non Pay.

Clinical Income Adjustment (excl pass through D&D) £2.0m ahead of plan

- Variable Drugs & Blood income £1.2m ahead of plan, offset by Non Pay. Miscode to be corrected.
- Hosted Service £0.8m underspent, offset within Income.

Key Issues

1. CIPs

- Identification of further CIPs to address the remaining target c.£4.2m
- Delivery of prior year unidentified headcount challenge of c.£3m
- Transacting headcount reductions identified, but not yet implemented, as awaiting QIAs.

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. Procurement Support

- In understanding the drivers of the high clinical supply spend. Including price, volume changes and product changes.

4. Medical Pay

- Reducing reliance on premium bank rates (RTT) to provide cover.
- Review of areas Trainee Medical over-entitlement and high bank usage.
- Educational income, estimated at £1.2m, awaiting HEE data.
- Cancer recovery funding £1.0m to be claimed in M03.

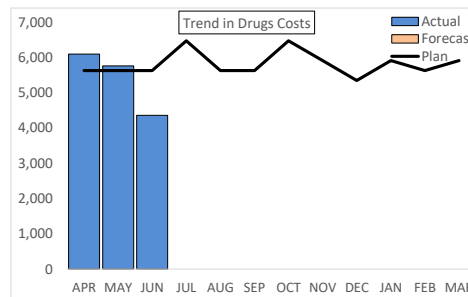
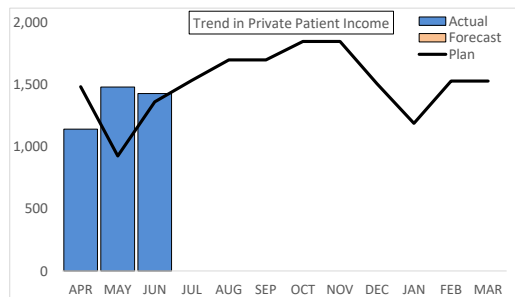
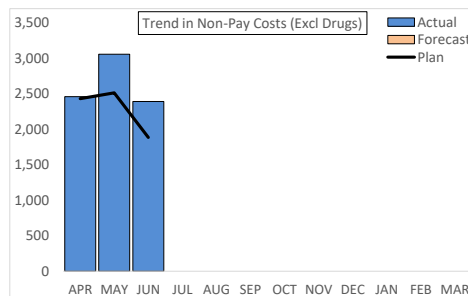
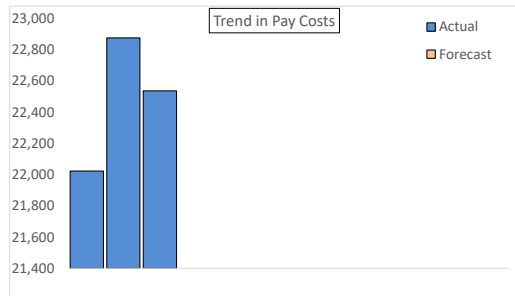
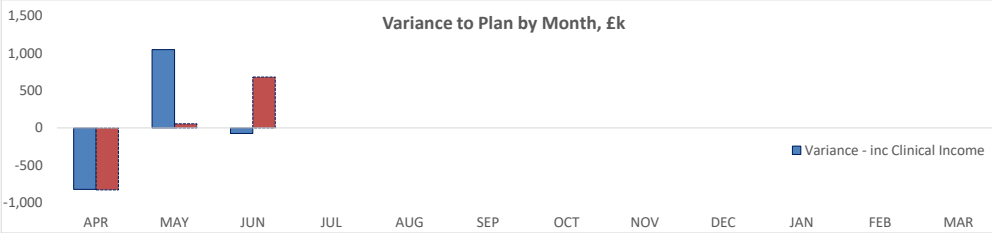
5. Drugs pass-through

- Review methodology of drugs income estimate included in M03.
- Understand drivers of areas underperforming, mainly TR&U and Haematology.

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	(23,399)	(22,536)	863	(69,407)	(67,433)	1,974
Further Improvement Target	556	0	(556)	1,652	0	(1,652)
Internal Recharges inc Overheads	(9,008)	(9,012)	(4)	(27,024)	(27,048)	(24)
Non Pay	(7,511)	(6,749)	762	(23,705)	(24,112)	(407)
Income (Excl Clin Income Adj)	2,737	2,354	(383)	8,791	8,806	15
Total (Excluding Income Adjustment)	(36,625)	(35,943)	682	(109,694)	(109,787)	(93)
Clinical Income Adjustment (excl pass through D&D)	31,382	31,547	164	93,820	93,793	(27)
P/T Drugs & Devices Clinical Income	5,107	4,186	(920)	15,506	15,778	271
Total	(136)	(210)	(74)	(367)	(216)	151



Type	Budget (#)	Actual (#)	Variance (#)	Budget (#)	Actual (#)	Variance (#)	2019-20 YTD	% of 2019-20
Elective								
Daycase								
Non-elective								
Outpatient New								
Outpatient (w/up)								
Paediatric Critical Care								
Antenatal pathway								
Deliveries								
A&E attendances								

To Follow

Summary
Evelina reported M3 performance of £74k behind plan, taking the YTD position to £151k ahead of plan.

Pay and Non-Pay both significantly underspent (£0.9m and £0.8m respectively) in month, offset by an adverse pass through income position and unidentified CIP target (£0.9m and £0.6m respectively).

YTD Position
The key drivers of the YTD positions are:

- **Further Improvement Target behind plan (£1.7m).**

- **NHS Income £0.2m favourable.** NHS income is largely broken even except for high cost drugs and devices which are pass through. Included in this is Zolegensma were we have administered two infusions against a plan of three. Meaning a pass-through position for Zolegensma of £1.6m adverse. This is mostly offset by favourable drugs and devices income within CRIC (£1.3m).

- **Pay is £2m underspent.** Medical staff are overspent (£327k), predominantly driven by training grades being overspent (£236k). However, we estimate the Clinical Group is waiting for £207k of LTFT funding from NHSE. Bringing the underlying overspend on Medical staff to £120k. Nursing underspent by £856k, notably reflecting continued high vacancy levels in PICU (£195k), Universal Community Services (£147k), and Day Surgery vacancies (£190k).

- **Non-pay is £405k overspent,** Clinical supplies are £1.2m overspent, which is predominantly driven by NHS Supply Chain spend. CRIC (£750k), Medicine (£295k) and Women's (£269k) seeing the majority of overspends. The increased run rate seen in the final part of 23/24 has been maintained and further work is required to fully understand this, with procurement support. The Bad Dept Provision is £247k overspent mostly driven by a low-risk unpaid L&G NHSP invoice from FY23-24 (£129k). This is offset by an underspend on drugs of £671k, of which a significant proportion is pass through related and is offset with income as of this month.

- **Other income is £10k ahead of plan,** within which private patient income is £280k favourable primarily driven by CRIC performance (£662k). Offset by staff recharges and other operating income being behind £168k and £160k respectively.

Key Issues

- Significant focus by all directorates is being given to developing the maturity of current CIP plans and identifying further savings ideas, particularly pay savings, considering persistent vacancies and pay underspends. The scale of savings still to find however are material and delivering savings to the full extent of the target without compromising activity delivery or safety will be challenging.

- High level procurement CIPs have been identified to date, however the group is working with procurement to assess viability and investigate further opportunities.

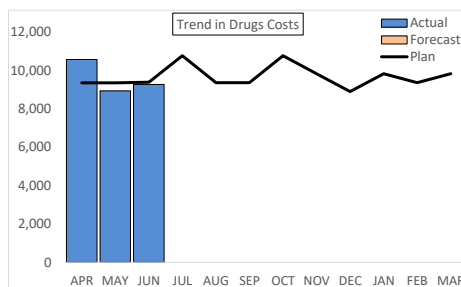
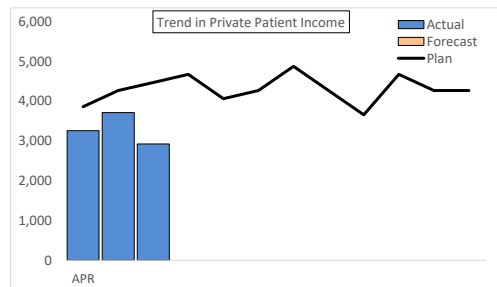
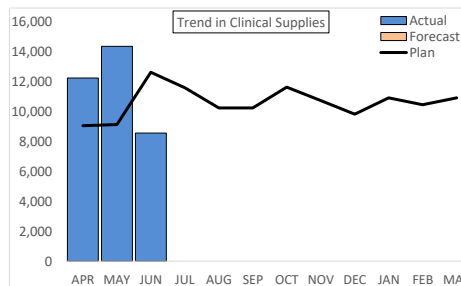
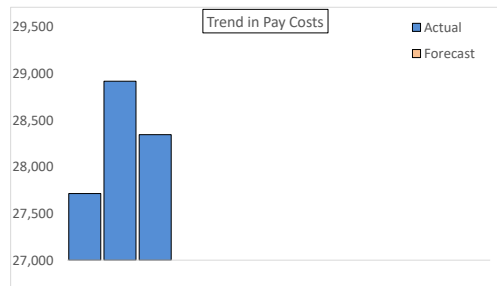
- The £2.4m of unapproved funding requests for unbudgeted items in run rate and cost pressures will need to be managed within the Group. Surplus funding from NHSR is expected to offset the MAU Safe Staffing cost pressure of £713k but confirmation of value TBC.

- High clinical supplies spend to date is currently being investigated. Support has been requested from Procurement to understand key drivers and degree of recurrence in levels of spend, given that the run rate increase in Q4 24/25 has continued in M3. ACU, NICU and Cardiology are key areas of focus area where costs are running materially higher than prior year trend.

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	(28,390)	(28,346)	45	(84,876)	(84,977)	(101)
Further Improvement Target	586	0	(586)	770	0	(770)
Internal Recharges	(8,843)	(8,771)	72	(26,530)	(26,356)	174
Non Pay	(24,313)	(21,357)	2,956	(65,654)	(72,935)	(7,280)
Income (Excl Clin Income Adj)	7,344	5,992	(1,351)	19,607	17,824	(1,783)
Total (Excluding Income Adjustment)	(53,617)	(52,481)	1,136	(156,684)	(166,444)	(9,760)
Clinical Income Adjustment (excl pass through D&D)	37,569	37,292	(278)	112,708	112,347	(361)
P/T Drugs & Devices Clinical Income	16,298	15,399	(899)	41,673	45,504	3,831
Total	251	210	(41)	(2,302)	(8,593)	(6,291)



Type	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

The Clinical Group's financial performance is on plan in month while reporting an adverse variance year-to-date (YTD) of (£6.3m). Income targets and expenditure budgets for VCM devices have been realigned in month by an additional £14.4m annually, to more accurately reflect prior year activity levels. This reduces the YTD favourable variance to plan seen in Clinical Income last month, but is fully offset in expenditure.

Within the YTD position, Clinical Income is £0.6m favourable to plan. Income from VCM devices and pass-through drugs are reported based on estimates as at M2, while all other NHS contract income continues to be reported on a breakeven (no variance) basis following EPIC go-live. VCM device income is £0.5m favourable YTD, while pass-through drugs income is £3.4m favourable. Private Patient income is adverse to plan in-month by (£1.6m), YTD by (£2.7m). There may be an adverse impact on Private Patient Income from the Synnovis incident for several months after normal capacity is restored, as clinicians prioritise management of their NHS waiting lists.

Pay costs are adverse to plan by (£0.1m) YTD. Nursing budgets are underspent YTD by £0.6m, predominantly in the PACCS directorate, while non-clinical staffing budgets are overspent by (£1.1m), driven by the clinical group's vacancy factor (£1.2m) YTD. Medical budgets are overspent YTD by (£0.4m), predominantly in the Cardiovascular directorate. Other clinical staff budgets including AHPs are underspent £0.8m collectively.

Excluding estimated pass-through drugs and VCM overperformance, drugs expenditure budgets are underspent by £2.7m YTD and Clinical Supplies are overspent by (£3.9m). The latter represents a reduction in spend for Clinical Supplies of approximately 36%, to be expected given the Synnovis incident earlier in the month. Provisions for bad debt are generating a (£1.1m) adverse variance YTD.

The Clinical Group's allocated CIP target for 24/25 is £14.8m, of which £11.4m has been identified to date. Overall CIP performance is (£1.7m) adverse to plan: identified schemes are behind plan by (£0.9m) and unidentified schemes result in a further (£0.8m) adverse variance YTD.

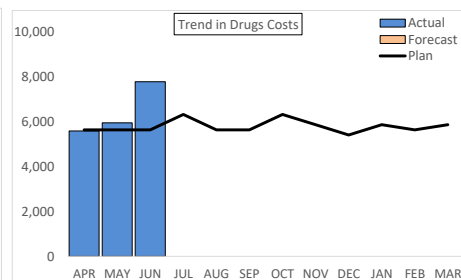
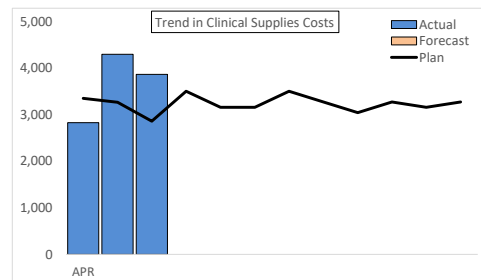
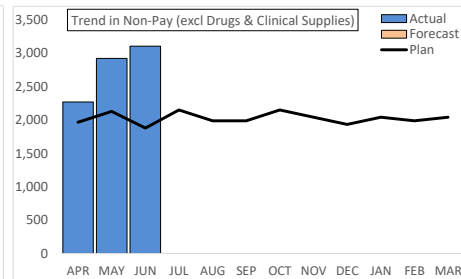
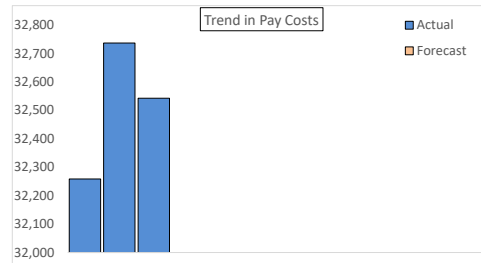
Key Issues

- Candida auris: ongoing refurbishment work in East Wing wards @ STH affecting ward capacity
- Essential Cath Lab replacement projects anticipated to reduce cardiology capacity in Q3/Q4
- While still unable to report NHS Income based on activity and pass through expenditure, it is extremely challenging to understand the true scale of adverse variances, especially on non-pay

Integrated and Specialist Medicine Clinical Group - Financial Performance

1. Summary Financial Performance

	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(32,176)	(32,542)	(366)	(97,128)	(97,536)	(408)
Further Improvement Target	9	0	(9)	28	0	(28)
Internal Recharges inc Overheads	(11,437)	(11,407)	29	(34,659)	(34,630)	29
Non Pay	(10,363)	(14,736)	(4,373)	(32,322)	(38,564)	(6,242)
Income (Excl Clin Income Adj)	5,278	4,860	(418)	16,396	14,775	(1,621)
Total (Excluding Income Adjustment)	(48,689)	(53,826)	(5,137)	(147,685)	(155,955)	(8,271)
Clinical Income Adjustment (excl pass through D&D)	37,022	36,912	(110)	111,793	111,461	(332)
P/T Drugs & Devices Clinical Income	5,433	6,483	1,050	16,691	19,898	3,207
Total	(6,234)	(10,432)	(4,198)	(19,201)	(24,597)	(5,396)



Type	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

Summary

YTD Position

The YTD position at M3 is £(4.2m) adverse. There was an in month adverse position of (£5.4m) for the Clinical Group

FIT

- £(0.01m) Adv - annual target (£0.1m) posted centrally within Integrated Care Management. Unidentified CIP remains in the pay and non-pay account lines in the I&E

CLINICAL INCOME - excl adj

- £(1.7m) ADV cumulatively, (£0.4m) in month- specific shortfalls against budget in CLIMP NucMed income, Pharmacy clinical tests.

CLINICAL INCOME - adj

- £2.9m FAV YTD, £0.9m FAV in month - the £0.9m in month variance due to Drugs & Blood income offset by Non Pay drugs expenditure. Prior month £2m variance, due to the correction of the Devices and Drugs income for both M1 and M2, offset by Non Pay costs expenditure. All other commissioned activity lines transacted as breakeven.

P/T DRUGS & DEVICES

- as above

PAY

- £(0.4m) ADV in month, £(0.4m) Adv YTD. Payroll costs are marginally higher than FY23/24 Q4 run rate, whilst Agency & Bank are lower. Overall, Q1 average total pay costs are £0.75m lower per month than Q4. The adverse variance is due to an increased CIP target for the period.

- AGM, CLIMP, T&R & Management report adverse positions in month and cumulatively against budget. All other directorates report both FAV variances in month and YTD;

NON-PAY

- £(4.4m) ADV in month

- £(2.1m) ADV for total drugs costs (pass-thru and non pass-thru). All teams show adverse cumulative positions against budget. Pass Through drugs spend exceeds income in the month by £0.2m, with income exceeding expenditure by £2m;

- £(0.4m) ADV bad debt provision, increasing position to (£0.9m) ADV YTD, primarily within Dental, Pharmacy & SAS;

- £(1m) ADV - Clinical Supplies in month and £(1.5m) YTD. The in month position was due to a cumulative catch up on expenditure within Med Specs. The cumulative variances being attributable to Med Specs, ILS (continence spend) & T&R.

RECHARGES

- £0.0m FAV in month.

- Internal Recharges and Overheads broadly aligned to budget for the ISM group. We are awaiting an update on the Pathology Activity M3 charge due to Synnovis not providing service to us in the period.

Key Issues

- ISM: a number of the above and below matters are included in the CG financial improvement plan as workstreams to improve

- Principally focused on income within CLIMP (MHRA) and Pharmacy (clinical tests & external sales)

- Pay reports a cumulative position (£0.4m) adverse against budget. However, overall average month Q1 costs are £0.75m lower than FY23/24 Q4 run rate. Whilst, the payroll costs for the period are £0.15m (0.005%) higher than Q4, there is a notable reduction in the use of Agent and Bank workers (£0.9m). There remain individual challenges within AGM, CLIMP & T&R. The ISM Group current year Pay CIP challenge is £11.4m, of which £8.8m is identified and £2.6m unidentified. We are currently going through the approval process of all QIA's and aim to be drafting new schemes to replace any QIA's that are rejected, as well as on going review of existing and new schemes.

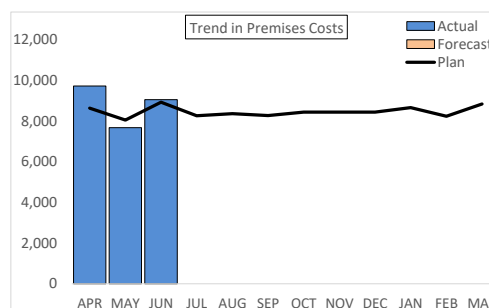
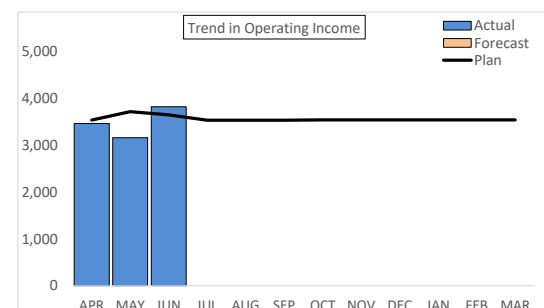
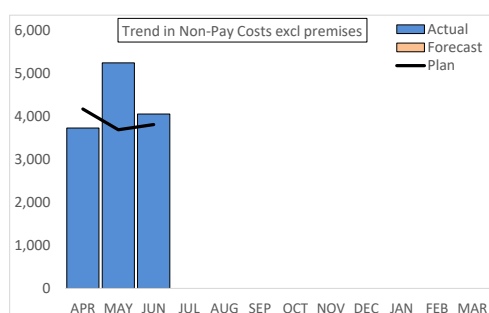
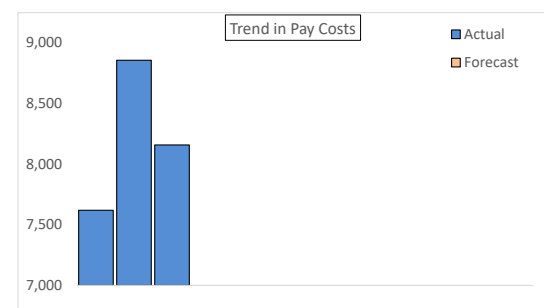
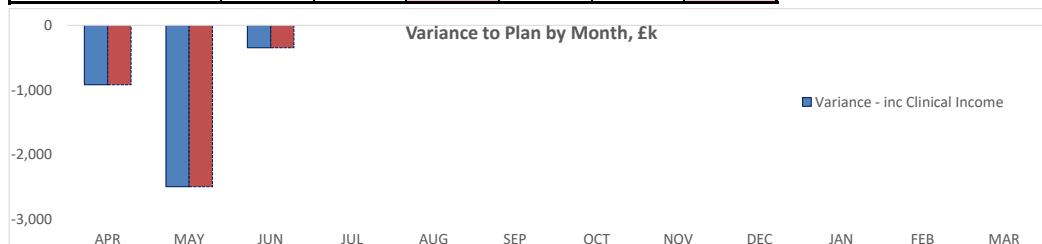
- Drugs spend is aligned to prior year run rate, although we show a cumulative non pay pressure against budget, offset by pass through income. Drugs costs are now based on actual expenditure via the EPIC system

- Clinical Supplies continue to show a pressure against budget (YTD £1.5m - 16%) and a significant pressure in key areas as well as monthly expenditure remaining volatile. Within ILS, continence supplies costs remain high, aligned to last years budget overspend. Focus and trust support is required to bring to resolution.

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	(7,685)	(8,157)	(472)	(22,933)	(24,630)	(1,697)
Further Improvement Target	(292)	0	292	(501)	0	501
Internal Recharges inc Overheads	11,254	11,293	38	33,763	33,892	129
Non Pay	(12,807)	(13,190)	(382)	(37,493)	(39,745)	(2,251)
Income (Excl Clin Income Adj)	3,643	3,820	176	10,890	10,441	(449)
Total (Excluding Income Adjustment)	(5,887)	(6,235)	(348)	(16,274)	(20,041)	(3,767)
Clinical Income Adjustment (excl pass through D&D)	2,147	2,147	(0)	6,441	6,441	(0)
P/T Drugs & Devices Clinical Income	0	0	0	0	0	0
Total	(3,740)	(4,088)	(348)	(9,833)	(13,600)	(3,767)



Summary

YTD Position

The Group reported an overspend of £3.8m to the end of June.

Income £0.4m under achieved

The position includes a shortfall on E&U income of £0.2m as the cost per unit chargeable has reduced. There are also shortfall on accommodation income and recharges to KCL.

There is also a shortfall in catering income at RBHH. There is pass through income of £0.1m for environmental waste.

Pay £1.7m over plan

In the overspend, £0.34m relates to services that were included in the internal recharges. This mainly relates to St Thomas' site services.

In month a change has been actioned relating to the costs of Project managers previously charged to capital, The impact of this is £0.9m YTD.

Non-Pay £2.3m over plan.

In month there has been an increase of £0.9m for bad debts. The debtors have been identified and will be chased for payment.

Inflationary costs of £0.4m have been incurred around rates and FM contracts. This has been claimed from central finance and will be reflected in month 3.

There is an on going pressure on transport services of £0.5m partially around on going pressures and partially around PTS.

A net £0.2m relates to services that were included in the internal recharges.

Across Building and engineering costs to date are £0.6m over planned where the Group has seen a significant increase in reactive works.

Offsetting these costs is a £1.2m underspend on utilities due to price reductions.

Internal recharges £0.1m over achieved

This refers to the continuing recharges for hosted services.

CIPs £0.5m over achieved

The overachievement to date is mainly due to vacating of properties.

Key Issues

The Group still has an underlying deficit of c£8m relating to the costs relating to internal recharges and the unfunded pressures. This is before the impact of the capital staffing change.

In year there are other potential pressures around properties across GSTT and contracts at RBH.

The Group is still looking for CIP opportunities and the fortnightly Directorate call continue to review the position for 24/25.

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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 Adj)	Internal Income Adjustment (Offsets with Trust Income)	Total (Incl Clin Income Adj)
Chief Operating Officer	(190.2)	(423.3)	(0.0)	(967.7)	(21.3)	(1,602.5)	0.0	(1,602.5)
Director of Finance	498.9	(631.1)	(5.9)	(1,387.5)	302.8	(1,222.8)	0.0	(1,222.8)
DT&I	(88.8)	(2,019.4)	0.0	(6,044.4)	4,346.9	(3,805.7)	0.0	(3,805.7)
Workforce	(3.9)	(540.8)	26.8	(622.3)	114.2	(1,026.0)	0.0	(1,026.0)
Chief Executive	229.0	(132.4)	(857.0)	738.7	90.5	68.8	(78.6)	(9.8)
Hosted Services	105.5	0.0	21.3	(661.9)	90.8	(444.4)	0.0	(444.4)
Medical Director	289.7	(350.1)	(2.2)	(3,704.4)	4,596.7	829.7	773.6	1,603.3
Chief Nurse	(174.8)	(345.3)	0.0	(36.6)	29.8	(526.9)	0.0	(526.9)
GSTT R&D NIHR	(941.8)	0.0	338.4	876.3	(206.2)	66.7	0.0	66.7
Commercial	0.0	0.0	(0.0)	(3.5)	0.0	(3.5)	0.0	(3.5)
GSTS Pathology Payroll	0.0	0.0	0.0	(0.7)	0.0	(0.7)	0.0	(0.7)
Other Adj	(0.0)	0.0	0.0	0.0	0.0	(0.0)	0.0	0.0
Total Corporate	(276.4)	(4,442.4)	(478.7)	(11,814.2)	9,344.2	(7,667.4)	695.0	(6,972.4)
Trust Income	0.0	0.0	0.0	20.3	5,845.7	5,866.0	(8,383.4)	(2,517.4)
Reserves	(2,418.8)	(7,007.8)	0.0	22,552.4	524.6	13,650.5	0.0	13,650.5
Pathology	21.1	(46.5)	0.0	(1,990.5)	370.8	(1,645.1)	0.0	(1,645.1)
Interest Receivable	0.0	0.0	0.0	1,593.2	0.0	1,593.2	0.0	1,593.2
Vaccination Programme	(1,268.3)	0.0	0.0	(175.7)	1,448.1	4.1	0.0	4.1
Coronavirus [HCOVID]	0.0	0.0	0.0	59.1	0.0	59.1	0.0	59.1
GSTT Enterprises Ltd	(31.6)	0.0	0.0	(68.7)	0.0	(100.3)	0.0	(100.3)
Pathology Services Ltd	0.0	0.0	0.0	(138.4)	0.0	(138.4)	0.0	(138.4)
Lexica	(1,284.6)	0.0	0.0	(237.6)	613.3	(909.0)	0.0	(909.0)
Capital Depreciation	0.0	0.0	0.0	555.8	0.0	555.8	0.0	555.8
Other	0.0	0.0	(220.7)	563.4	(1.8)	(8,042.4)	0.0	341.0
Total Corporate and Other	(5,258.7)	(11,496.6)	(699.4)	10,919.0	18,145.0	3,226.0	(7,688.4)	3,921.0

Summary - YTD Position

COO:

Directorate is reporting an adverse YTD position of £1.6m in M3, primarily driven by COO and Health Informatics. COO has overspent by £1.1m YTD, largely attributed to unfunded Independent Sector expenditure (c£935k). The secondary driver is the pay spend within Health Informatics, where a number of unfunded posts (c£504k) have been reallocated from DT&I and Capital (Apollo Programme Posts) to establish the Post Apollo Stabilisation team that was approved at TEC earlier in the year.

Director of Finance:

The Director of Finance reports a year-to-date adverse variance of £1.2m in M3, consisting of £515k favourable variance from Finance and £1.7m adverse variance from Procurement.

In Finance, key contributing factors include underspend on Pay due to vacancies, overstated consultancy recharge out and pending Education and Events income transfers that is earmarked for allocation to Clinical Groups.

Meanwhile Procurement's adverse variance primarily stems from several factors: unmet FIT target of £ 377k, £876k Bad Debt provision related to unpaid 23/24 Lewisham SLA invoices, overspend on Linen and Laundry of £222k and underperformance against the income target.

DT&I:

DT&I reports a YTD overspend of £3.8m in M3, largely attributed to non-pay expenditure of c£1.7m stemming from additional Apollo-related costs, some of which will be recharged to KCH. Pay is reporting an adverse variance of c£90k, an improvement of £404k compared to last month due to an adjustment to cost of redundancy estimate. Furthermore, the unmet BAU efficiency target also contributes to the overall adverse position.

Workforce:

The Directorate reports a YTD adverse position of c£1m in M3, largely driven by unfunded VISA costs (£658k) associated with international recruitment. Historically, these costs were recharged to respective clinical groups before the suspension of Internal Recharges. Additionally, the unachieved FIT target (£540k) and underperformance in Occupational Health income (£247k) contribute to the adverse position.

Chief Executive:

The Directorate reports an overall adverse position of £9k in M3. Both Chief Executive and Deputy Chief Executive are reporting a combined favourable variance of £186k due to underspends in Pay and Non-Pay whilst Private Patients is overspend by £195k YTD due to historic overstated Internal Recharges budgets and underperformance against the income target.

Hosted Services:

Hosted Services report a YTD adverse variance of £444k. The main driver of this position is HIN, with a YTD adverse variance of £464k due to high in-month Non-Pay spend. This is being validated with the HIN finance team to understand the underlying cause.

Medical Director:

The directorate reports an overall YTD favourable position of £1.6m. This is predominantly attributed to:

- Genomics, with a favourable YTD variance of £1.9m due to an income uplift from NHSE - budgets will be adjusted in M4.
- Quality and Assurance, reporting a favourable variance of £345k due to understated charges for CNST and CQC.
- Conversely, the Medical Director presents a YTD overspend of £658k due to unmet FIT target (£272k) and inadvertent overstatement of Non-Pay (£475k).

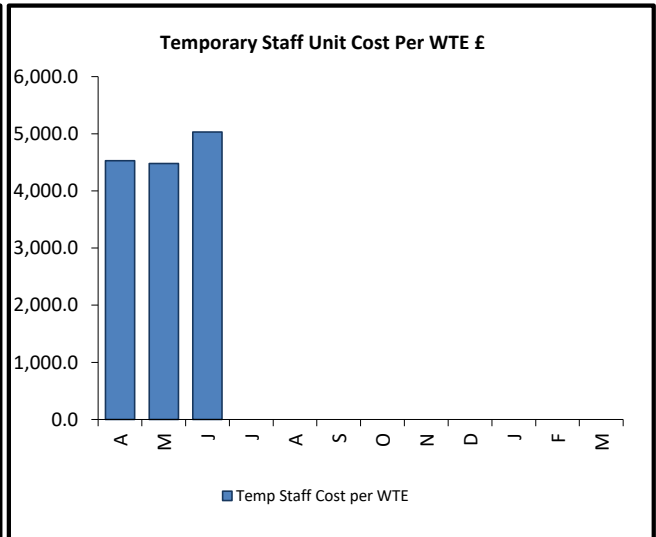
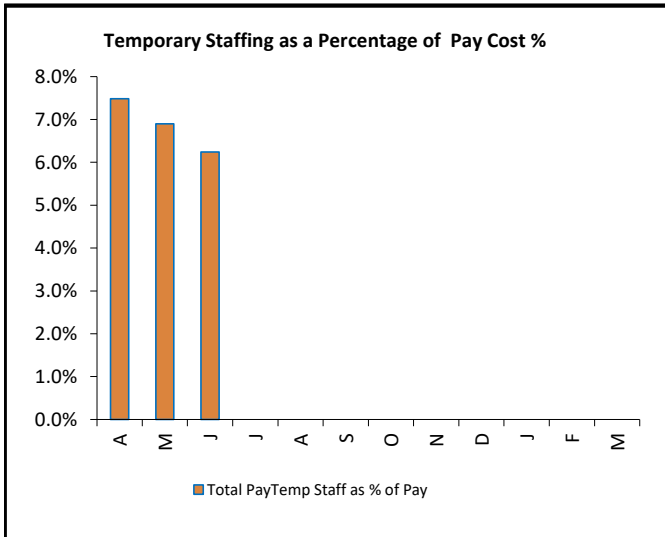
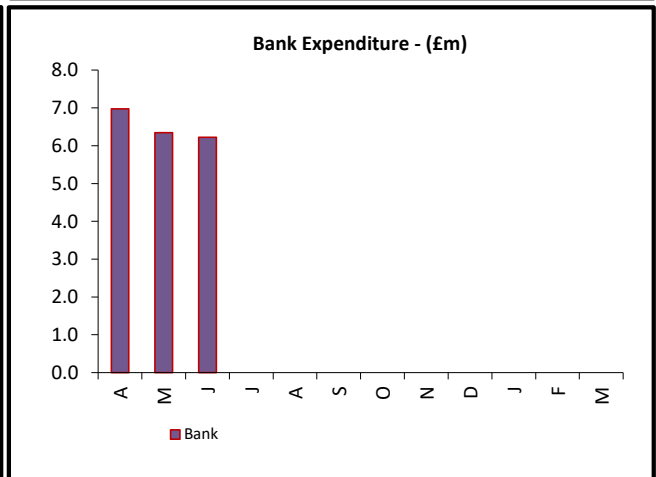
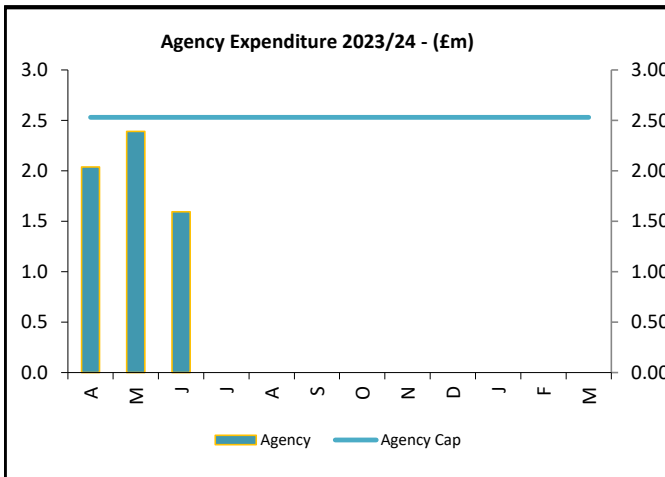
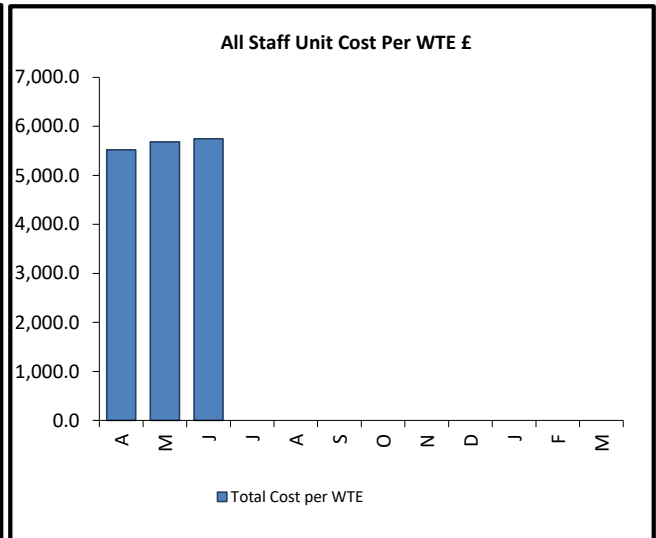
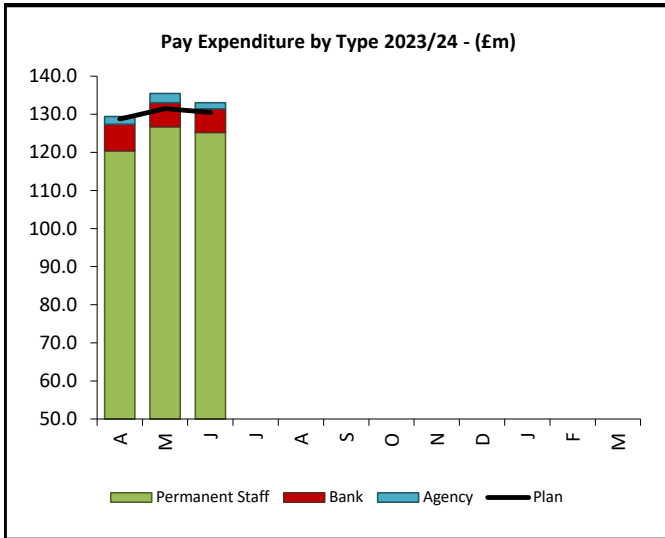
Chief Nurse:

The Directorate has recorded an adverse year-to-date balance of £527k in M3. This is due to a combination of factors, including unmet the FIT target (£345k) (currently phased in twelfths but delivery is forecast towards the back end of the FY), pay overspend of £175k due to unfunded substantive clinical positions in Infection Control, additional in-month cost resulting from a grievance settlement, and unfunded ongoing projects where income could not be carried over from the previous year.

Commercial:

The Commercial directorate has been dissolved in M2, with the majority of its service lines transferred to the Finance Directorate, except for Site Businesses, now under Essentia's purview

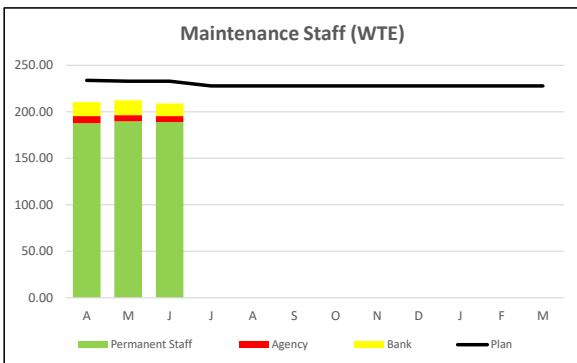
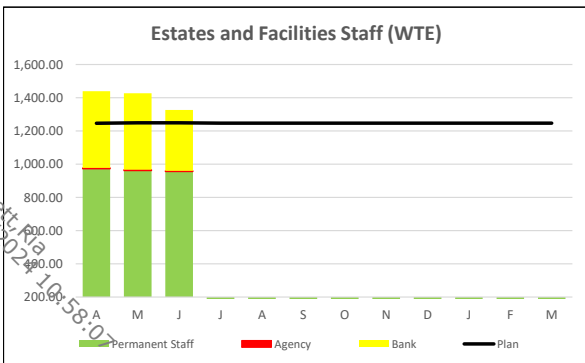
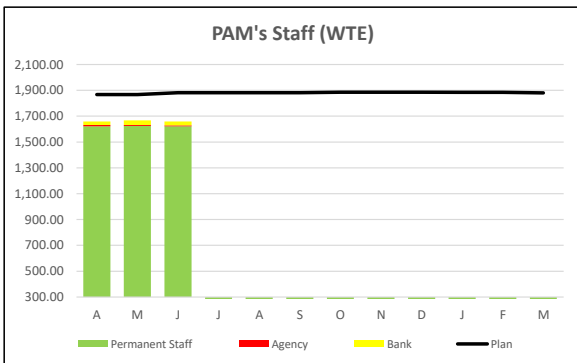
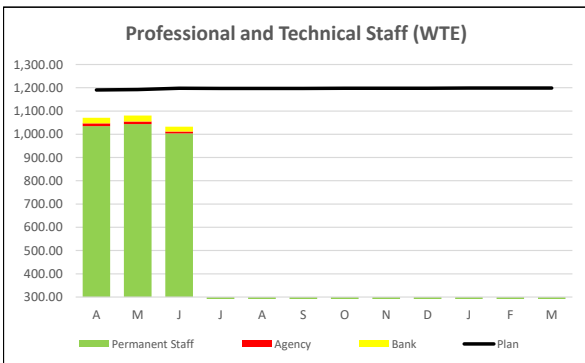
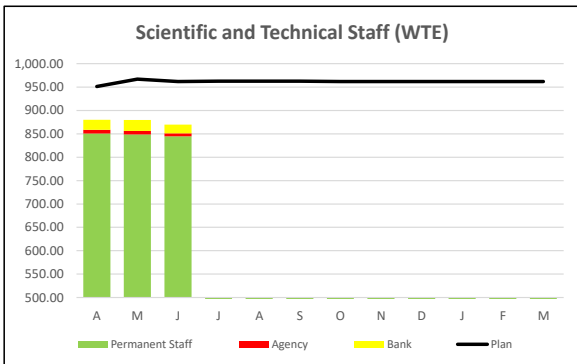
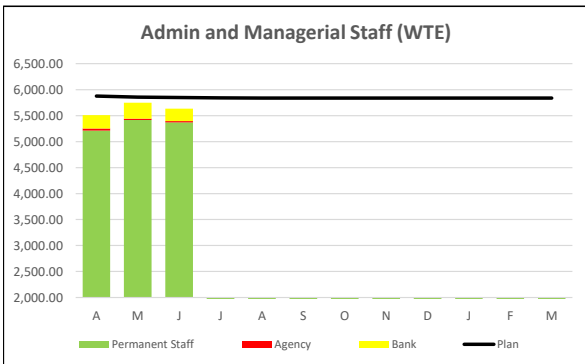
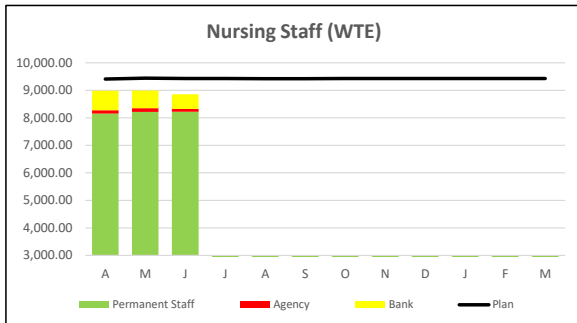
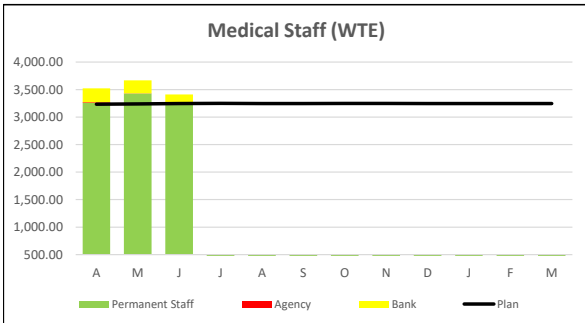
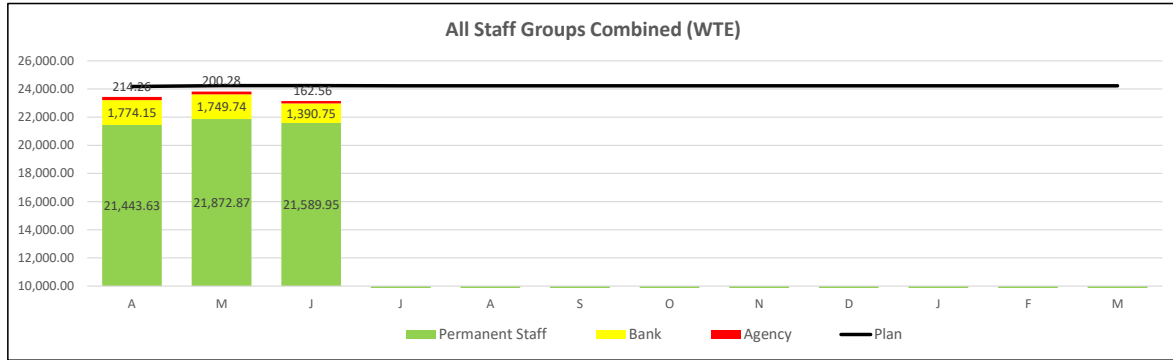
Key Payroll Metrics - Trust



The NHSE agency cap for the Trust for 24/25 is £2.53M per month (based on 100% of 23/24 spend). YTD the Trust has been averaging agency spend of £2.01M per month; £0.52M below the 24/25 cap, for the current month the Trust was below the agency cap by £0.94M.

Bank expenditure, when flattened to take account of 4 or 5 week months is c.£6.51M per month, this is slightly below the trend noted in 2023/24 of £8.5M, driven by the impact of the industrial action. The Trust is in the process of reviewing its temporary staffing controls.

Staffing Utilisation (WTE's) - Trust



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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							
TYA Cancer Ward relocation	307	216	91	920	971	(51)	3,680
East Wing Critical Care Unit	60	56	4	179	103	76	715
Nuffield Theatres	48	223	(176)	143	744	(601)	574
DTI Strategic Network	265	72	193	796	30	766	3,183
Telephony refresh	106	5	102	319	40	279	1,275
Investment in MedTech company	58	0	58	175	0	175	700
Mary Seacole Centre (Joint Imaging)	41	120	(78)	124	120	4	495
Allowance for further slippage of 23-24 schemes	250	335	(85)	750	894	(144)	3,000
Maternity Assessment Unit	49	1	48	147	23	124	586
Third Obstetric Treatment Room	111	(0)	111	333	1	332	1,333
Linac at Guys	423	29	393	1,268	645	623	5,070
Data Centres	208	(1,177)	1,385	625	(61)	686	2,500
NHS Mail	167	0	167	500	0	500	2,000
Block Allocations							
Estates Maintenance Backlog	1,333	1,916	(583)	4,000	3,646	354	16,000
Medical Equipment (exl. Cath Labs)	1,333	822	512	4,000	1,607	2,393	16,000
DT&I (exc. Data Centre and NHS Mail)	400	(808)	1,208	1,200	1,789	(589)	4,800
Infrastrucutre and Resilience							
Theatres	400	11	389	1,200	20	1,180	4,800
Cath Labs	525	6	519	1,575	45	1,530	6,300
Trust Major Programmes							
Delivery Group Priorities							
Priority 1 Schemes	372	0	372	1,117	0	1,117	4,469
Central Assumptions							
Slippage	(442)	0	(442)	(1,325)	0	(1,325)	(5,300)
Others							
Asset Management	0	(814)	814	0	(1,779)	1,779	0
DT&I		1,176	(1,176)	0	104	(104)	
Others	0	(1,324)	1,324	0	(2,981)	2,981	0
TOTAL MTCP CDEL	6,332	874	5,457	18,995	5,947	13,048	76,000
Unallocated CDEL	0	0	0	0	0	0	16,450
TOTAL CDEL	6,332	874	5,457	18,995	5,947	13,048	92,450
Donations	0	1,730	(1,730)	0	2,389	(2,389)	5,000
TOTAL	6,332	2,604	3,728	18,995	8,336	10,659	97,450

Trust Balance Sheet - £000

	Opening Balance @ 31/03/24 £000	Closing Balance @ 30/06/2024 £000	Movement £000
Fixed Assets			
Property, Plant Equipment	1,760,910	1,756,516	(4,394)
Intangible Assets	151,998	145,791	(6,207)
Investment property	71,548	71,549	-
Trade & Other Receivables Non-Current	15,220	6,967	(8,253)
Other Financial Assets	1,954	1,894	-
Total Fixed Assets	2,001,630	1,982,717	(18,795)
Current Assets			
Inventories	50,730	53,491	2,761
Cash & Cash Equivalents	89,863	68,260	(21,603)
Trade & Other Receivables - Current	223,838	278,014	54,176
Total Current Assets	364,431	399,765	35,334
Creditors: Amounts Falling Due Within One Year	(434,335)	(487,354)	(53,019)
Borrowings: Amount Falling Due within One Year	(39,341)	(30,379)	8,962
Provisions For Liabilities & Charges	(5,658)	(5,037)	621
Net Current Assets / (Liabilities)	(114,903)	(123,005)	(8,102)
Fixed & Net Current Assets / (Liabilities)	1,886,727	1,859,712	(26,897)
Creditors: Amounts Falling Due More Than 1 Yr	-	-	-
Borrowings: Amount Falling Due More Than 1 Yr	(287,086)	(287,120)	(34)
NET ASSETS	1,587,002	1,559,809	(27,075)
Financed by:			
Taxpayers Equity			
Public Dividend Capital	661,263	661,262	-
Revaluation Reserve	529,138	529,138	-
Other reserves	743	743	-
Retained Earnings	395,858	368,666	(27,193)
Total Taxpayers Equity	1,587,002	1,559,809	(27,193)

The Trust closed the month with a cash balance of £68.3M, a decrease of £21.6M from the opening balance on 1st April 2024.

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

Trust Cashflow

Apr-24 £m Actual	May-24 £m Actual	Jun-24 £m Actual	Jul-24 £m Forecast	Aug-24 £m Forecast	Sep-24 £m Forecast	Oct-24 £m Forecast	Nov-24 £m Forecast	Dec-24 £m Forecast	Jan-25 £m Forecast	Feb-25 £m Forecast	Mar-25 £m Forecast
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Opening Balance	90	107	74	68	69	57	22	21	56	49	54	47
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RECEIPTS												
NHS Acute Activity Income	201	188	196	201	201	201	201	201	201	201	201	201
Education/Merit awards/R&D	20	5	0	20	0	0	20	5	0	20	0	0
Other income	44	32	32	35	35	35	35	35	35	35	35	35
Loan / PDC received	0	0	0	0	0	0	0	40	0	0	0	0
Salaries & Wages	72	75	72	72	72	72	72	72	72	72	72	72
PAYE / Superannuation/ NI	58	58	54	58	58	58	58	58	58	58	58	58
Creditors	116	127	103	125	115	115	125	115	110	120	110	110
Dividend Paid / Loan repayment	1	0	3	0	3	26	1	1	3	0	3	23
Sub-total Payments	248	259	233	255	248	271	256	246	243	251	243	263
Net in Month Cash Movement	17	-33	-6	1	-12	-35	-1	35	-7	5	-7	-27
Subsidiaries Bank Bal.	5	5	5	5	5	5	5	5	5	5	5	5
Closing Balance	107	74	68	69	57	22	21	56	49	54	47	20

Debtors	> 90 Days £m's
NHS debtors	18.7
Contract ICB debtors	6.5
Non-NHS debtors	53.2
Total	78.4

Creditors	> 90 Days £m's
NHS creditors	17.9
Non-NHS creditors	35.1
Total	53.0

Cashflow Movement to Current Balance	£m's
Opening balance 1st April 2024	89.9
I&E YTD Deficit	-27.2
Bal' Sheet Flexibility - Non Cash	2.8
Depreciation - Non Cash	24.6
Contract payment shortfalls	-33.6
PDC	9.8
VAT Rebate	0.0
Capital Payments	-7.3
Loan Repayments	-4.9
Cash Support	0.0
Movement in Working Capital	14.2
Closing balance 30th April 2024	68.2

The Trust began the new financial year with a cash balance of £90m, which had decreased to £68.3m by June month-end.

Contributory factors to this decrease were

- a reduction in receipts from NHS (including some ERF performance clawbacks for 2023/24) and non-NHS organisations.
- higher creditor payments to ensure continuation of goods & services.

There is ongoing pressure on Creditor payments, even though our NHS debtors compare favourably, proportionately, to most other NHS organisations. In addition to the capital payments of £7.32m, there are £14.08m in 2023/24 accruals still outstanding. A significant element of our non-NHS debtor position is driven by Private Patient debt, for the most part successfully collected, albeit some elements (Embassies), taking a prolonged period of time to collect. Additional collaborative working measures are being developed to progress a co-ordinated approach to invoicing and collection across all areas of our Private Patient business.

Please note that:

- the above forecast figures include an estimated £40m capital cash support receipt in November
- do not factor in any pay award (or funding)
- creditor payments is the element of the forecast over which we have most control, and the forecast has been set to achieve month-end balances, whilst still allowing for a reasonable level of creditor payments.

BPPC YTD performance 2023/24		
	Volume %	Value %
NHS Invoices	51%	77%
Non NHS Invoices	83%	70%
Total	67%	74%

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

**Wednesday 5 June 2024, 1pm – 4pm
Boardroom, Chelsea Wing, Royal Brompton Hospital**

Members Present: Miranda Brawn (Chair) Daghni Rajasingam
Charles Alexander Julie Screamon
Felicity Harvey Lawrence Tallon
Deirdre Kelly

In attendance: Ria Burnett (minutes) Alice Morrissey – item 9
Gordan Bain Paul Mouzourous
Jay Dungeni Sandra Noonan
Jill Eastmond Frances Talbot – on behalf of ISM
Rob Godfrey Tendai Wileman
Mary Hardman – item 9 Andrea WilliamsMckenzie
Mags Jubb Claire Wills
Claire Mallinson Lucy Yasin
Margaret McEvoy

1. Welcome and Apologies

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

2. Declarations of Interest

2.1. There were no declarations of interest.

3. Minutes of the previous meeting held on 6 March 2024

3.1. The minutes of the previous meeting of the Committee on 6 March 2024 were agreed as an accurate record.

4. Review of Action Log

4.1. The Committee reviewed the action log. It was agreed that the seven actions recommended for closure could all be closed.

5. Board Assurance Framework Risks

5.1. The Committee owned two strategic risks on the Board Assurance Framework (BAF) regarding the recruitment and retention of sufficient numbers of staff to deliver high-quality services, and the health and wellbeing of these staff. These risks would be kept in mind during discussions.

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25/07/2024 10:58:07

6. Staff Story

- 6.1. The Committee heard from a member of staff about her experiences working in dental nursing prior to taking up her current role as a Guardian in the Freedom to Speak Up team. Reflections were shared about her career journey at Guy's and St Thomas' NHS Foundation Trust (the Trust), particularly about experiences during the Covid-19 pandemic and subsequent career progression with the help of a sponsor, who also acted as an advocate. She spoke about the importance of staff being happy, supported and encouraged to grow in their roles, and had herself continued to support colleagues through various pathways including the Schwartz Round and action learning set facilitation.

7. Operational People Metrics - Focus on PDR

- 7.1. The Committee received a summary of workforce metrics covering the period April 2023 to March 2024. It was noted that there had been an improvement in the staff vacancy rate, which was down by 3% to 10.2%. This was largely due to the work to cleanse the ledger removing unfunded posts, as well as cost improvement work, and was expected to reduce further as this work progressed, delivering a more accurate baseline from which to manage the vacancy rate in the future. Voluntary turnover remained relatively stable and was just below the Trust target of 12% at 11.1%. There were signs of a slowdown in turnover as Trusts managed their budgets resulting in fewer opportunities for movement and the retention initiative work had also began to show benefits. The importance of exit interviews was emphasised, as an opportunity to understand why staff were leaving the Trust, so that further learning and improvements could be made in staff retention.
- 7.2. Sickness absence remained high at 4%, which was above the Trust's target of 3% and had been so over the past 12 months. A new sickness policy had been launched at the beginning of June, which encouraged a more proactive approach to the management of sickness, as it was recognised more needed to be done to formally manage and support those on long term sick leave. The approach to capturing medical staff sickness across the Trust also needed to be harmonised. It was reiterated that the Trust has a duty of care to support staff who were off sick, and also those with disabilities.
- 7.3. The Committee discussed the latest data, including headcount figures that related to cost improvement. The PDR rate remained significantly below target and it was noted that there were obstacles to the completion of appraisals, including time and system issues on SARD and WIRED. The Committee noted the importance of the PDR system in investing in people and helping them to develop and grow; the need to ensure the PDR process was better linked to development and progression; and the need to ensure the systems in place encouraged completion. The Committee was pleased to note that a new PDR process was about to launch which would work towards resolving these issues.

The burden on line managers was discussed with a focus on how time could be ring-fenced to ensure delivery of development discussions, PDR completion and proactive management of often complex and sensitive long-term sickness cases. There was also

discussion about the role of occupational health in supporting both employees and managers. The Committee agreed to discuss this further outside of the meeting, and take the opportunity to showcase the support offered by Occupational Health.

ACTION: JS/AWM

8. Improving Our Performance in the 2024 NHS Staff Survey

- 8.1. The Committee received a summary of the high-level action plan that had been developed due to the gradual decline in the staff survey response rate and performance indicators. The trend began during the pandemic, but whilst neighbouring Trusts were seeing a recovery, this was not yet the case for Guy's and St Thomas' and the Trust was keen to understand what was driving the continued decline in responses, and how to reverse this and improve staff satisfaction. There were a series of recommendations set out for the Committee to consider.
- 8.2. The Committee had a detailed discussion, sharing their views on what had helped to capture and understand the feelings and experiences of staff who remained with the Trust. There were lessons to learn from the teams that continued to score highly on staff satisfaction and it was proposed to pair them with underperforming teams. Learning from the free text area in the survey was also beneficial to identify areas for improvement.
- 8.3. It was important to keep in context the challenges the Trust had worked through in recent years, including a merger, global pandemic, strike action and major IT challenges. Burnout, communication both routinely and in critical incident situations, staffing levels and sense of belonging, were identified as areas that needed focus.
- 8.4. There was strong support for the proposal to commit to delivering three tangible areas of improvement following the staff survey. A working group would be established to resolve the issue of locker availability for staff. It was noted the challenge was partly due to space issues, however, once resolved, this would demonstrate to staff that they were valued and being listened to.

9. Robotic Process Automation

- 9.1. The Committee received a progress update on the work to implement Robotic Process Automation (RPA) in the Workforce directorate. RPA provides a significant opportunity to drive efficiency, quality and staff experience. A number of automations had been implemented in recruitment and temporary staffing, and demonstratable benefits included an increase in transactions and subsequent increased capacity of staff to deliver more complex work.
- 9.2. There were challenges to progress RPA and it was important to articulate to staff the benefits of automation and reassure them that it was not about taking jobs away, rather making processes more efficient whilst reducing the potential for human error. The Committee raised a number of questions, including how the efficiencies seen to date could be scaled, and what checks were in place to ensure that the automation was

working correctly. There were also a number of suggestions about additional areas where automation could be used.

- 9.3. The technology funded itself and there was a discussion about how the RPA team could be supported to progress further opportunities for automation across the Workforce directorate at greater pace and scale.

RESOLVED:

- 9.4. The Committee were supportive of the recommendations set out in the paper noting these were matters to be agreed at Executive level.

10. Equality, Diversity and Inclusion – including WRES/WDES

- 10.1. The Committee received a summary of the latest data and noted the slow progress in closing the pay gap. There was a detailed discussion about the data, and suggestions made on immediate actions that could be taken to reduce pay and ethnicity gaps and increase equity of opportunities.

- 10.2. There was a need for greater focus on the plans in place for all equality, diversity and inclusion (EDI) strands and the progress against these. The Trust must continue to drive change and improvement and use performance review meetings to hold the clinical/delivery groups and corporate departments to account for delivery of their plans. It was also crucial to recognise that EDI had a direct impact on patients and the care provided. The Committee Chair agreed to meet with the EDI team outside the meeting to take forward ideas on achieving targets.

ACTION: JD/MB

RESOLVED:

- 10.3. The Committee approved the interim report and also agreed the proposal to produce an annual report.

11. Freedom to Speak Up Bi-annual Report

- 11.1. The Committee received a summary of the bi-annual Freedom to Speak Up (FTSU) report. An increase in cases had been seen, which maybe contributed to enhanced promotion of the service. The highest volume of concerns received related to behavioural incidents. It was expected that once the service moved over to the new RADAR system, the ability to capture more specific information, such as whether an issue related to racism or disability discrimination, would increase.

- 11.2. The team was currently working on improving the training and visibility of FTSU Champions, including encouraging the wearing of badges that identify them. The People Manager Programme was also being supported by the FTSU team.

- 11.3. The FTSU service recognised the good work being done by the Trust to raise awareness of the FTSU service and to respond to concerns raised. The FTSU team had expanded over the last year to include more staff and was subsequently able to do more positive

work. Increased visibility at FTSU meetings and forums by the Committee Chair and other members of the Board was agreed.

12. Education

12.1. A verbal update was given to the Committee. It was agreed there would be an education focus at the next meeting.

ACTION: Corp Affairs

12.2. There was work to do to take a more strategic approach to and, to raise the profile of, training and education within the organisation. A review of the statutory and mandatory training requirement for NHS staff was being completed by NHS England with a view to making this more manageable. A plan needed to be implemented within Trust to support continuous professional development training, which was not consistently funded.

12.3. It was agreed to have a follow up meeting with the meeting Chair to further consider some of the training and education issues raised and the focus for the next meeting.

ACTION: RG/MJ/MB

13. People, Culture & Education Board Assurance Framework

13.1. The Committee reviewed and approved the proposed updates to the two workforce-related risks on the BAF. A number of key action points were noted by the Committee. Overall there were no changes made to the controls or level of assurance since the last meeting.

14. Any Other Business

14.1. There was a suggestion to consider expanding benefits available to Trust staff for education and wellbeing to staff working in primary care across the community. This would be discussed further at a future meeting.

ACTION: Corp Affairs

14.2. The Chair thanked Julie Sreaton who was leaving the Trust on 25th June and wished her well for the future. The Committee applauded Julie for her time and contribution to the Trust.

Burnett, Ria
25/07/2024 10:58:07

**BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 3rd April 2024, 1:00pm – 4:00pm
Via MS Teams**

Members present:	Pauline Philip (Chair) Ian Abbs Gemma Craig (for Avey Bhatia) Jon Findlay	Felicity Harvey Deirdre Kelly Reza Razavi Lawrence Tallon
In attendance:	Sarah Allen Andrew Asbury Gubby Ayida Edward Bradshaw Beverley Bryant Sarah Clarke Richard Grocott-Mason Dawn Harper Sara Hanna Katherine Henderson Anita Knowles	Ruth Liley Mark Mason Marianna Masters (until 3pm) Simon Mendy Jacqueline Sinclair Robin Shone (CQC - until 2pm) Tendai Wileman Andrew Wilkinson Tara Knight (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 Charles Alexander, Avey Bhatia, and Simon Steddon.

2. Declarations of interest

2.1. There were no declarations of interest.

3. Minutes of the previous meeting

3.1. The minutes of the previous meeting held on 17th January 2024 were approved as an accurate record.

4. Review of the action log

4.1. Updates were received regarding the open actions from the action log, several of which were closed, including those related to the Patient Safety Incident Response Framework (PSIRF), the paediatric spinal summit, and the Trust's cancer performance trajectory.

4.2. A status update had been provided for action 63 regarding Epic user devices and it was agreed that a one-page summary would be brought back to the Committee on completion of the activity.

ACTION: BB

5. Board Assurance Framework

5.1. The Committee noted the BAF strategic risks for which it was responsible, namely operational performance and quality of care.

6. Patient Story

6.1. The Committee received two patient stories sharing their experience using Epic's patient portal, MyChart. The portal would allow patients to access and manage aspects of their care, such as

information about test results, and upcoming appointments. The stories highlighted both the benefits of MyChart and the difficulties that some patients were experiencing.

- 6.2. The Programme Director for Ambulatory Transformation provided a brief summary about MyChart and the services in place to support patients. An update was also given on recent funding from NHS England to support community engagement and work to further understand and support digital inclusion. Information on how to contact dedicated support helpdesks was included in the staff bulletin and on the intranet. The Trust's external website included an animation as well as contact details to access support. Staff were also invited to leave feedback.
- 6.3. Patient experience feedback had shown that communicating with the organisation could be challenging. The Committee was reminded that, whilst there was still progress to be made, MyChart was a significant advancement, allowing patients to securely and easily access information, thus giving them more control over their care.

7. Feedback from Trust site visits

- 7.1. The Committee noted the feedback received from visits by the non-executive directors which included gynaecology outpatients and the Assisted Conception Unit (ACU). Overall, the visits had been very positive. Staff were evidently proud to work for the Trust and did their best for their patients. Any concerns raised had already been brought to the attention of the executive team and were being addressed.
- 7.2. It was recognised that regular Board directors' visits to Trust sites was a key indicator of a well-led organisation, and that a more formal programme of visits would be established to ensure the Board remained visible. The visits would be evidenced, as would the responses. It was intended that this refreshed programme would encourage greater participation in Trust site visits.

8. Quality and safety update

- 8.1. Administration safety was one of the Trust's highest-rated risks. The Patient Pathway Administration Safety Improvement Group had now been established with responsibility for delivering the Administration Safety Improvement Plan. The overall aim of the Group was to improve the administration of patient referrals and treatment or assessment pathways to prevent harm as a result of administrative process and functions. The first meeting of the Group was scheduled for the following week.
- 8.2. PSIRF and the new Local Risk Management System, Radar, had been successfully launched. Since go-live, there had been no noticeable decline in incident reporting and no failed incident uploads to NHS England. Accordingly, the Trust's incident form continued to meet regulatory requirements, and these changes were considered to be a significant achievement.
- 8.3. The Committee was also informed that, since the launch of Epic, not all required reporting data could be collected due to the complex technical build. This had delayed the Trust's ability to submit some data and reports in line with external requirements. The executive team was aware of these issues; whilst they were being actively managed, they were impacting the level of assurance that could be given about the Trust's overall performance levels. There remained some concern about the timeliness of a resolution. The Committee requested a report from the Serious Incidents and Assurance Panel summarising the risk and mitigations in place.

ACTION: RL

- 8.4. NHS England had published formal notification that the first phase of Martha's Rule would be implemented from April 2024. The patient safety initiative would be rolled out to at least 100 NHS sites as a pilot. Committee members were supportive of the Trust expressing interest to take part in the pilot. The outcome would be shared at the next meeting of the Committee.

- 8.5. There was discussion about the ACU incident. Concerns had been raised with the Trust via the Freedom to Speak up Guardian and simultaneously to the Human Fertilisation & Embryology Authority (HFEA). The HFEA was a separate regulatory system and had a specific regulatory framework. The incident was under active investigation and management, the Trust was working in close co-operation with the HFEA and the CQC was being kept informed. Duty of Candour had been followed with all patients potentially affected, with a small number of patients now taking the matter through the Trust's formal complaints process. The Committee also noted that the governance of the ACU was being reviewed and refreshed. The matter would be further considered by the full Board at its away-day on 17th April.
- 8.6. The Committee was updated on the Trust's first gold award as part of the ward quality accreditation scheme. This was achieved by Princess Alexandra Ward at the Royal Brompton Hospital. The team was congratulated on their improvement work having achieved a bronze award last year.
- 8.7. A comprehensive response to a request from the Thirlwall Inquiry to all trusts with neonatal services had now been submitted. The new NHS Children and Young People's Gender Service had also successfully launched the previous day, the Trust having secured in advance appropriate indemnities required by the Board.
- 8.8. The National Quality Board would drive system alignment of quality across health and care and would provide advice, recommendations and endorsement on matters relating to quality. The Committee noted that the National Quality Board standards had been successfully maintained and that mandatory training and PDR compliance had started to improve. Within the PALS team, there had been a sustained increase in demand, with communication, including contacting the Trust, being one of the major themes.
- 8.9. It was drawn to the Committee's attention that there had been an outbreak of *Candida Auris* within the cardio-vascular service at St Thomas' Hospital. There had been no reported harm and a range of measures were in place to prevent further spread.

9. Operational performance and activity

- 9.1 The Committee received and noted the latest projected year-end outturn position and a summary of the national planning guidance that had been published the previous week. The trajectories in the operating plan would be updated in line with the guidance.
- 9.2 The Committee noted the Trust had outlined an ambitious plan to improve diagnostic performance and reduce waiting times. There was a significant backlog in patients waiting for diagnostic tests and the Trust was not compliant with the national target despite the range of measures to increase capacity. The Committee expressed some concern that this was impacting on the Trust's performance in other areas. There had also been much focus on the delivery plan to tackle the backlog of patients waiting elective care in some specialties, in particular the national requirement to eliminate patients waiting longer than 78 weeks by April 2024. The validated position was above plan although the specialty mix had changed, and good progress had been made with reducing the number of patients waiting for specialist paediatric spinal surgery.
- 9.3 The Trust had made significant progress in reducing the number of patients waiting for cancer treatment, and the backlog at 31 March was ahead of its target trajectory, with a plan to sustain improvement into the new financial year. The 62-day position was being monitored on two levels: firstly, the externally reported position, which was against the national standard to attain 70% by March 2025 and secondly, the internal position which tracked patients whose entire pathways had been managed by the Trust. It was expected that the Trust would meet the standard for the internal pathway and planned to achieve 65% for patients referred by other hospitals. At a SEL system level, the aggregate plan was to meet the 62-day cancer standard of 70%.

- 9.4 The Trust had maintained good performance against the emergency four-hour target which the Committee commended, noting the pressures throughout the year, including industrial action, Epic implementation and the challenges associated with the care of mental health patients in crisis.
- 9.5 The Committee made some suggestions about the presentation of data in future reports.

ACTION: JF

10. Infrastructure

- 10.1. The Committee received and noted the IT infrastructure update, action plan and next steps following the review of the IT Network outage in December 2023 and the partial unavailability of Epic in January 2024. It was recognised that, common to all sectors and organisations, the Trust was likely to experience periods of IT outage; it was therefore important to ensure these were mitigated as far as possible, and that the Trust's business continuity arrangements were appropriate.
- 10.2. The external review of the Trust's IT infrastructure services had commenced on 26th March. The Committee was advised about the scope of the review and noted it would include benchmarking arrangements across industry and other NHS organisations. The findings were expected in May, and the Trust was optimistic this would lead to opportunities to strengthen the Trust's digital infrastructure and, by association, the resilience of its clinical services.
- 10.3. Following media reports, there had been concerns surrounding the solvency of Atos, a major IT supplier to the Trust. Atos had given the Trust some verbal reassurances as to solvency of its UK business; this information had been requested in writing, and the situation would be kept under review.
- 10.4. The "Outlook to Teams" synchronisation, which would enable GSTT and RBH to communicate seamlessly, had been successfully launched on 25th March. Further integration would be delivered by the move to NHS Mail, which was expected to be completed between November 2024 and March 2025.
- 10.5. The latest Patient-Led Assessment of the Care Environment (PLACE) results demonstrated that the Trust was performing at or above the national average across the assessment domains. Patient satisfaction with transport services remained highly-rated.
- 10.6. New datasets had been developed by the water quality programme to help improve reporting on water safety. Water quality that related to pseudomonas and legionella would be subject to increased executive oversight and the focus now was identifying the root cause of the contamination.
- 10.7. Fire risk assessments were now in place across all Trust sites. The new process for tracking fire risk assessment actions was also now in place to ensure greater oversight and management of any outstanding actions. The NHS Premises Assurance Model would support the Trust to make more informed decisions about the development of estates and facilities services, and provide assurances that the estate was safe, efficient, effective and of high quality.
- 10.8. The Committee discussed the potential impact of maintenance works on activity levels and clinical productivity. Whilst the need for maintenance programmes was recognised, the Committee sought assurance about how these would be done to minimise theatre downtime and closures of clinical areas.

11. Clinical group assurance reports – information by exception

- 11.1. The Committee noted update reports from each clinical group that set out their most significant risks and mitigations, and the assurance scorecards from the recent Performance Review Meetings. All groups recognised the scale of the Trust's financial challenges and were taking positive and proactive

steps to develop financial efficiency plans for 2024/25 – each with quality impact assessments overseen by the Chief Medical Officer and Chief Nurse.

- 11.2. One of the Emergency Department (ED) x-ray rooms was no longer operational as the equipment had failed. The Committee queried the timescale to rectify the reduced capacity. A detailed update would come back to the Committee.

ACTION: JS

- 11.3. The Committee discussed the significant increase in numbers attending the emergency department at St Thomas' Hospital every day. The demand had surpassed the intended capacity of the department and it was agreed that a review of the rising number of attendances was needed and that it would be helpful for the Committee to be sighted on the trend data.

ACTION: JS

- 11.4. NHS England had recently issued correspondence related to cardiac surgery and the potential for harm amongst the cohort of patients waiting for surgery. The guidance had been welcomed, bringing clarity with respect to the criteria for according P2 status to cardiac surgical patients. Patients categorised as P2 should be treated within one month of the date that their priority coding was assigned. The clinical group would be working to ensure an equitable approach on each of the three relevant sites to according P2 status to any patients.

- 11.5. There were ongoing concerns from the Evelina London clinical group about potential safety issues related to the EPIC build affecting data capture, utilisation and workflow optimisation within some paediatric services such as prescribing, and the inability to provide mandatory reports to external partners in maternity. These issues had now been appropriately escalated and the clinical group was confident that they were being addressed. The Committee was updated on the level of investment into paediatric spinal surgery, and also the new maternity improvement programme, for which the Chief Nursing Officer was the Senior Responsible Owner (SRO).

12. Mental healthcare provision in the emergency department

- 12.1. The Committee discussed the care of mental health patients in crisis and the efforts to improve bed capacity and flow through the emergency department. The level of resources needed to care for mental health patients also presented a risk to the quality of care provided to other patients. Staff also reported the working environment to be very challenging.

- 12.2. A new senior nurse had been recruited to enhance mental health expertise across the urgent and emergency care pathway. The Trust was also working closely with South London and Maudsley NHS Foundation Trust which would provide 26 additional mental health beds. These were due to open in February 2024, but had been delayed until the end of April. In discussion, the Committee expressed concern at the ongoing insufficient bed capacity to meet demand across the system.

- 12.3. A business case for increased investment to improve the safe care for patients within the emergency department had been submitted to South East London Integrated Care Board (SEL ICB). It was agreed that the mental health issue was a matter for further consideration by the full Trust Board of Directors.

ACTION: EB

13. Board Assurance Framework

- 13.1. The Committee approved the proposed changes to the BAF risks owned by the Committee, including the new scores that had been assigned to the risks, and standing down risk 10c regarding the operational impact of Epic implementation, which had now safely taken place.

- 13.2. The Committee noted the risk of increased delays to the elective surgical pathway should the Trust reduce its use of independent sector capacity if this was assessed as not being financially viable. In such a situation the Trust would need to absorb more of this work back into its existing capacity.

13.3. Administration Safety remained the Trust's highest clinical risk. Its key mitigation, the Administration Safety Programme, had been paused during the implementation of Epic, but had been re-established following news that the Trust's activity levels had now returned to pre-Epic levels.

14. Statutory and Regulatory Reports

14.1. The Committee noted the contents of the statutory and regulatory reports.

15. Any Other Business

15.1. The purpose-built pathology hub had been opened the previous day and would alleviate some of the pressures on space across the Trust's estate. It was explained that the hub would also bring financial benefits to feed into the overall financial improvement programme.

*The next meeting of the Committee would be held on Wednesday 10th July 2024,
Robens Suite, Guy's Hospital*

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25/07/2024 10:58:07

Integrated Performance Report

May 2024

Burton, R.ia
25/05/2024 10:58:07

Introduction

About this pack

The Trust produces this Integrated Performance Report (IPR) on a monthly basis 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 is structured as follows:

- Performance Summary – this provides the reader with: an overview of the performance position for each domain and their priority indicators; and the position on sentinel indicators.
- Highlight Reports – this section provides further detail on the indicators selected this month as a highlight for the Executive team.
- Supporting Information – this section provides indicator definitions and information on reporting content and logic.

An accompanying Trust IPR dashboard is available at [here](#) which provides all Trust core indicators and drill-down functionality. Similarly, the Balance Scorecard is available [here](#).

For further information on this IPR please contact [:PlanningandPerformance@gstt.nhs.uk](mailto:PlanningandPerformance@gstt.nhs.uk)

**Royal Brompton and Harefield (RBH) data is not included in this IPR unless otherwise stated for an indicator. Work is ongoing to include this data in future reports.*



Contents

[Highlight Reports](#)

[Page 3](#)

¹The source of our core domains:

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

Synnovis Critical Incident and Industrial Action

Synnovis Critical Incident Impact

- Overall activity levels have improved since the beginning of the critical incident with many services operating at Business as Usual levels and the Trust continue to make steady progress in this area, however it is clear that there is a disproportionate impact on many of the more complex patient pathways. The Trust is in the process of formulating a significant recovery plan to address this concern.
- The Trust have reported a total of 941 cancellations through theatres and 2,934 in outpatients to date, with an additional 620 community outpatient cancellations during this period.
- Elective inpatient and day case activity levels against Business as Usual levels during this period are at 79% and 94% respectively.

Industrial Action

- In addition to the critical incident the Trust have seen a significant proportion of cancellations and 'lost' activity as a result of the recent Industrial Action for members of both Unite and the British Medical Association (BMA).
- A total of 177 electives and 1,843 outpatient appointments were cancelled during this period in addition to the 'lost' activity resulting from activity that was not booked as a result of the recent strikes.

Note Synnovis Critical Incident impact period used is 3 June to 7 July 2024. Business as Usual levels refer to a pre-incident average.

Highlight Report Contents

May 2024



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.

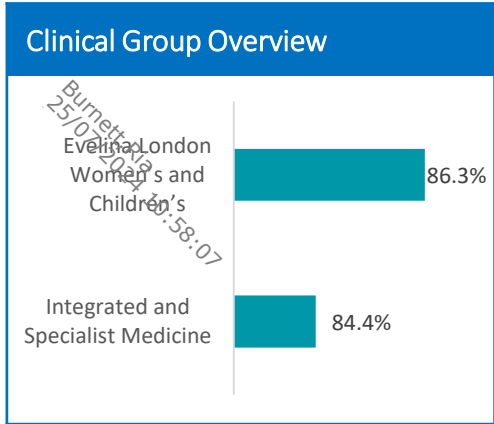
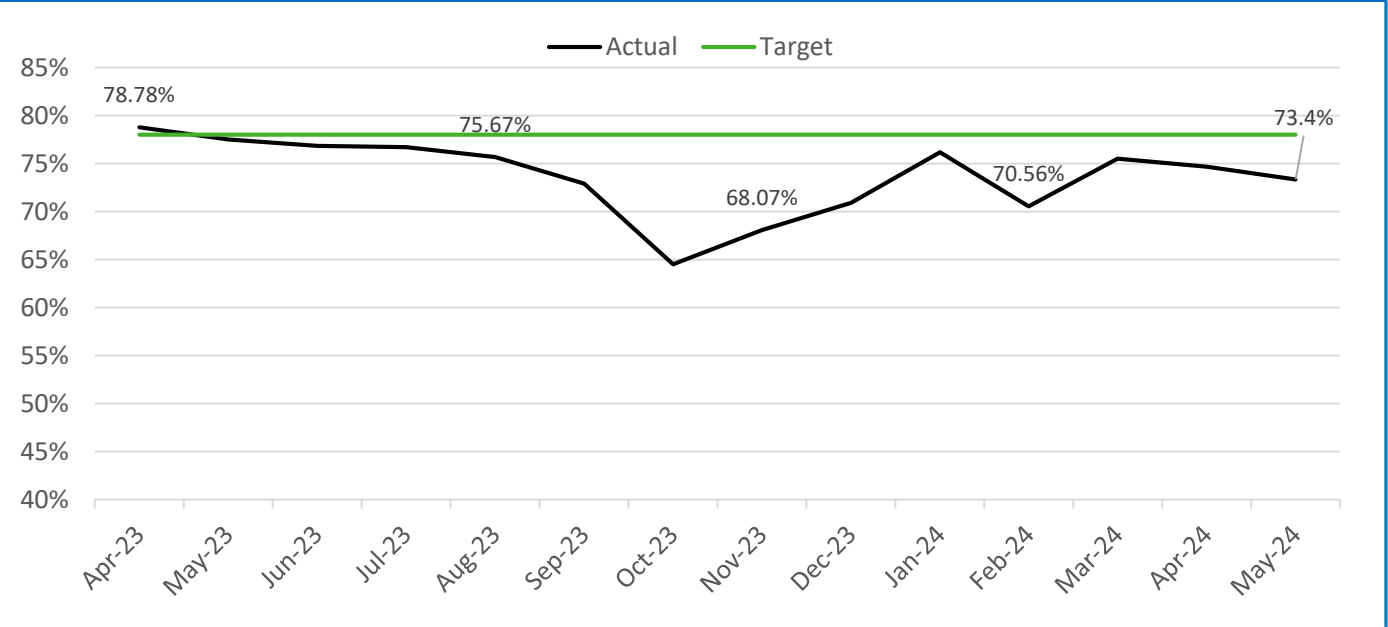
Domain	Indicator	Actual	Target/Plan
Responsive	Percentage of A&E patients that waited less than 4 hours to be seen (type 1, 2 and 3)	73.4%	78%
Responsive	Number of patients spending >12 hours in A&E from decision to admit (DTA)	39	-
Responsive	Percentage of cancer referrals meeting the faster diagnosis standard of outcome of suspected cancer within 28 days of referral	69.20%	75.0%
Responsive	Percentage of cancer patients starting their first treatment within 62 days of all urgent GP referrals	40.40%	85.0%
Responsive	62 Day Cancer Backlog (Internal)	252	-
Responsive	Percentage of patients waiting over 6 weeks for a diagnostic test and modality performance	49.89%	5.0%
Responsive	Outpatients New and Follow Up – 4 week average against 19/20 baseline	New: 111.8% FU: 102.8%	-
Responsive	Elective Overnight and Daycase - 4 week average against of 19/20 baseline	Overnight: 91.0% DC: 98.0%	-
Responsive	Number of pathways on the waiting list currently waiting more than 65 weeks to start treatment (with speciality breakdown)	1,131	781
Responsive	Number of pathways on the waiting list currently waiting more than 78 weeks to start treatment (with speciality breakdown).	48	48
Responsive	Total number of Incomplete RTT pathways	138,621	142,161

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

May-24	Target
73.4%	78.0%

A&E stays less than 4 hours (type 1 2 3) - At Trust Level



Updates since previous month

- All Type 4-Hour performance for the Trust is 73.4% in May, representing a marginal drop from April's figure of 74.67%.
- The Trust is committed to improving this position further in line with its operational planning priorities and meeting the 2024/25 target of 78% by March 2025

Key dependencies

- High volume of psychiatric patients, with longer lengths of stay.
- Diagnostics capacity.
- Increasing patient complexity.

Current issues

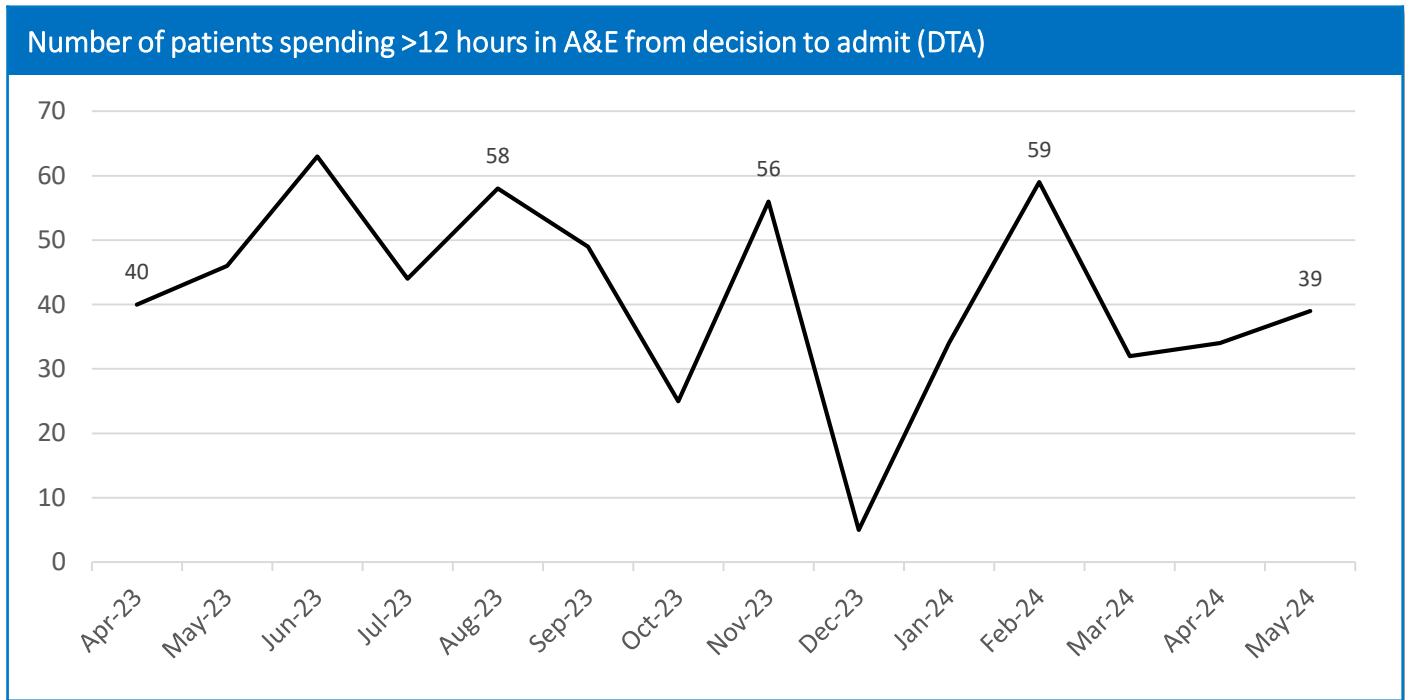
- A continued high volume of mental health patients impacting on length of stay.
- Tackling challenges with patient flow, including improved portering and discharge and transport

Future actions

- To implement the identified actions from the patient flow workstream which includes the acute medicines flow and home for lunch initiatives.

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

May-24	Target
39	0



Clinical Group Overview

Data only applies to Integrated and Specialist Medicine Clinical Group

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Updates since previous month

- The number of 12-Hour Decision to Admit breaches which took place in May is 39, an increase of 5 on the submitted position for April of 34.
- The high volume of patients with poor mental health or psychiatric conditions remains challenging, with the Trust engaged in pathway/service co-design events with patients and system partners to improve patient experience.

Key dependencies

- Capacity within A&E due to longer lengths of stay, and impact on patient flow.
- Mental health crisis line and inpatient bed availability capacity.
- Community mental health and social care provision.
- Availability of appropriate supported and affordable housing options.

Current issues

- Developing staff capabilities and service resilience to better manage psychiatric patients.
- The level of need and complexity for psychiatric patients often involves a longer length of stay which is not beneficial to the patient.

Future actions

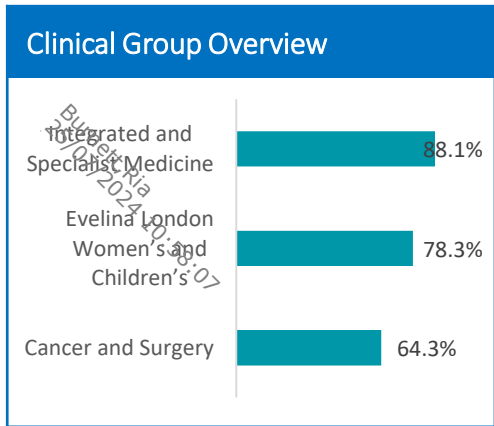
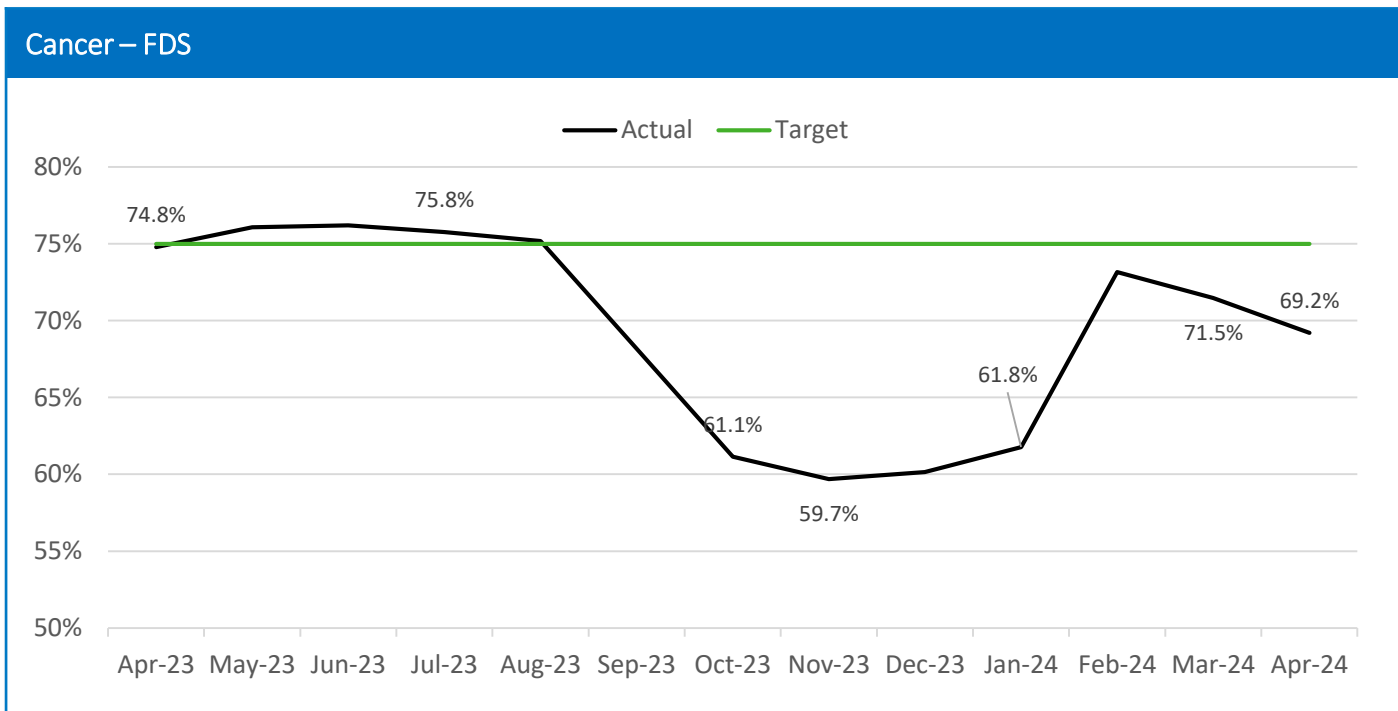
- Implement a Mental Health Strategy which includes, staff training.
- Work with system partners to ensure pathways and capacity flex to meet the need of this patient cohort.

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

Apr-24	Target
69.2%	75.0%



Updates since previous month

- The Trust's submitted position for April is 69.2%, this is a slight deterioration of 2.3 percentage points on April's position of 74.1%.
- This is a significant improvement on November's submitted position of 59.7% and the Trust remains committed through the Cancer Recovery workstream to achieve and sustain improved FDS performance.

Key dependencies

- Imaging, Pathology and Surgical Capacity
- Front end outpatient and diagnostic capacity.
- Demand fluctuations.
- Industrial Action.
- Being the sole tertiary provider for Cancer in South East London.

Current issues

- Sustainably delivering the required capacity for outpatients and diagnostics.
- Reaching and sustaining greater than 90% performance in high through-put services.
- Managing demand fluctuations and the impact of Industrial Action on capacity.

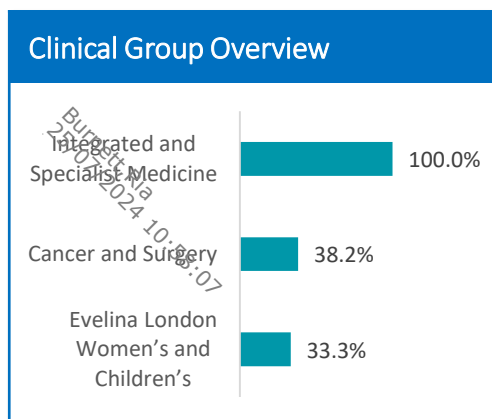
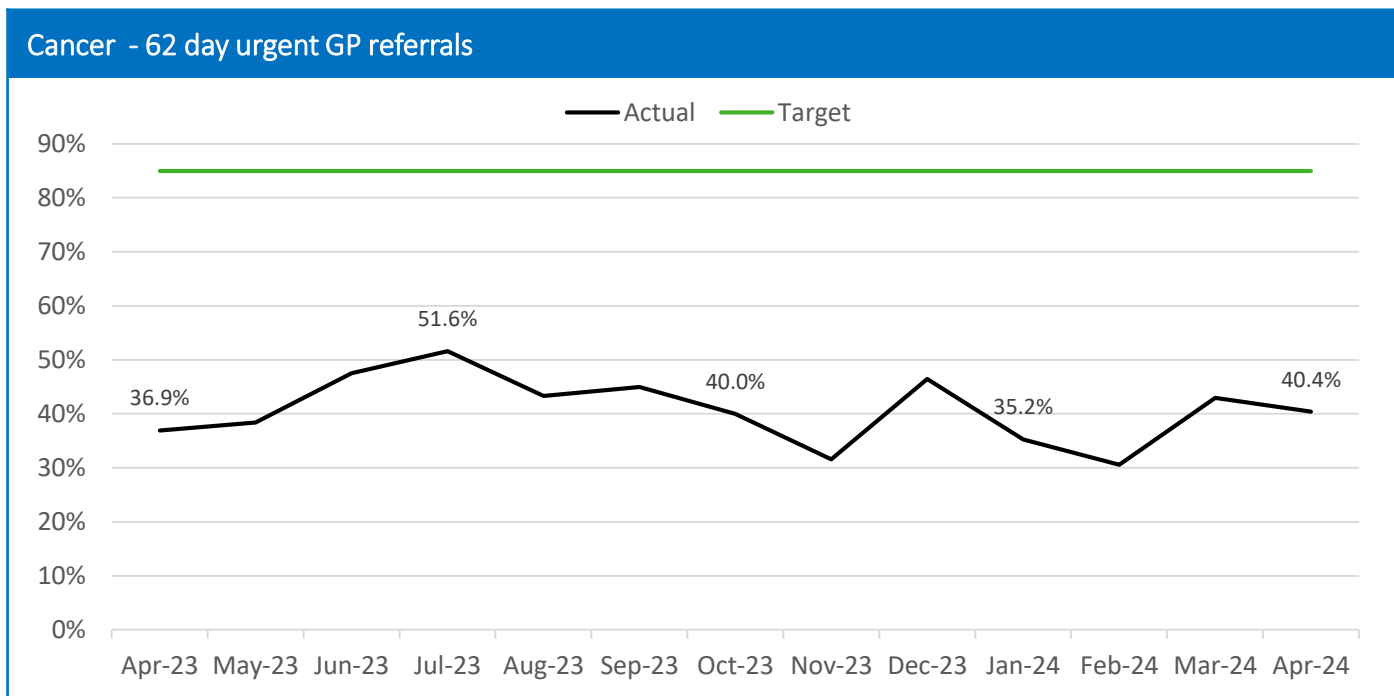
Future actions

- Focus on meeting the 24/25 ambition of reaching 77% by March 25 whilst aiming to ensure that diagnosed and undiagnosed cancers average wait to diagnosis are equal.

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



Apr-24	Target
40.4%	85.0%



- ### Updates since previous month
- The Trust's 62 day performance remains an outlier, with the Trust's position in April being 40.4%, against a national target of 85%.
 - Key interdependencies and resource implications are being addressed through the Trust's cancer recovery plan.

- ### Current issues
- Late referrals from other providers in South East London and the South East of England and treating patients within 24 days.
 - Trust focus on backlog clearance adversely impacting 62 day performance.
 - Reducing average FDS waits for cancer diagnosis.
 - Industrial Action and Bank Holidays impacting on activity.

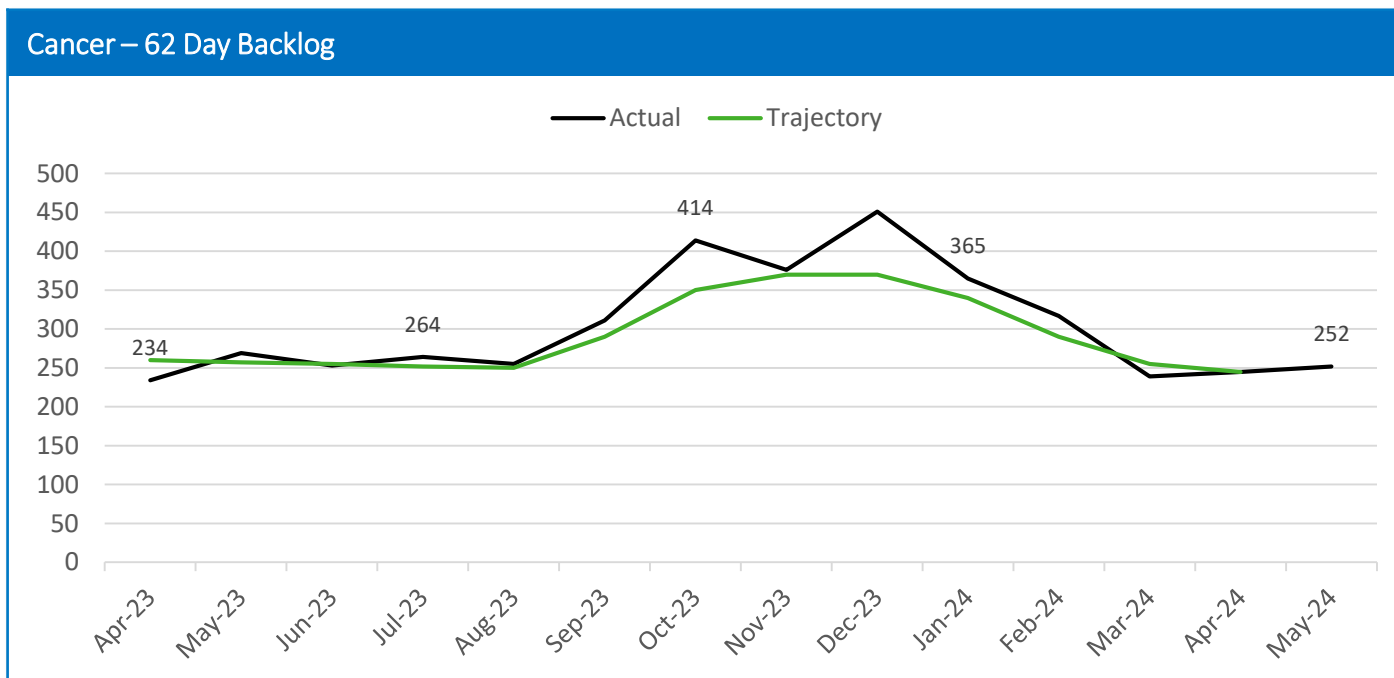
- ### Key dependencies
- Inter Provider Referrals.
 - Backlog clearance.
 - Imaging, Pathology and Surgical Capacity
 - Demand fluctuations.
 - Industrial Action.

- ### Future actions
- Focus on working with system partners to sustainably deliver the 24/25 ambition of reaching 65% overall performance for the Trust (70% internal).
 - Focus on the Trusts cancer recovery plan.

62Day Cancer Backlog

May-24	Trajectory
252	-

Latest weekly position w/e 7 th July
280



Clinical Group Overview

Cancer and Surgery	242
Integrated and Specialist Medicine	9
Evelina London Women's and...	1
Heart, Lung and Critical Care	0

- ### Updates since previous month
- The backlog saw a small increase in numbers in May, increasing by 7 from 245 to 252.
 - There has been an overall reduction of 46% (206) since the peak of 451 patients in December, and further work is underway to reduce the variation in performance across the tumour groups.

- ### Key dependencies
- Surgical and Diagnostic capacity.
 - Front end capacity to see and diagnose patients in a timely manner.
 - Demand fluctuations.
 - Inter Provider Referrals.
 - Industrial Action.

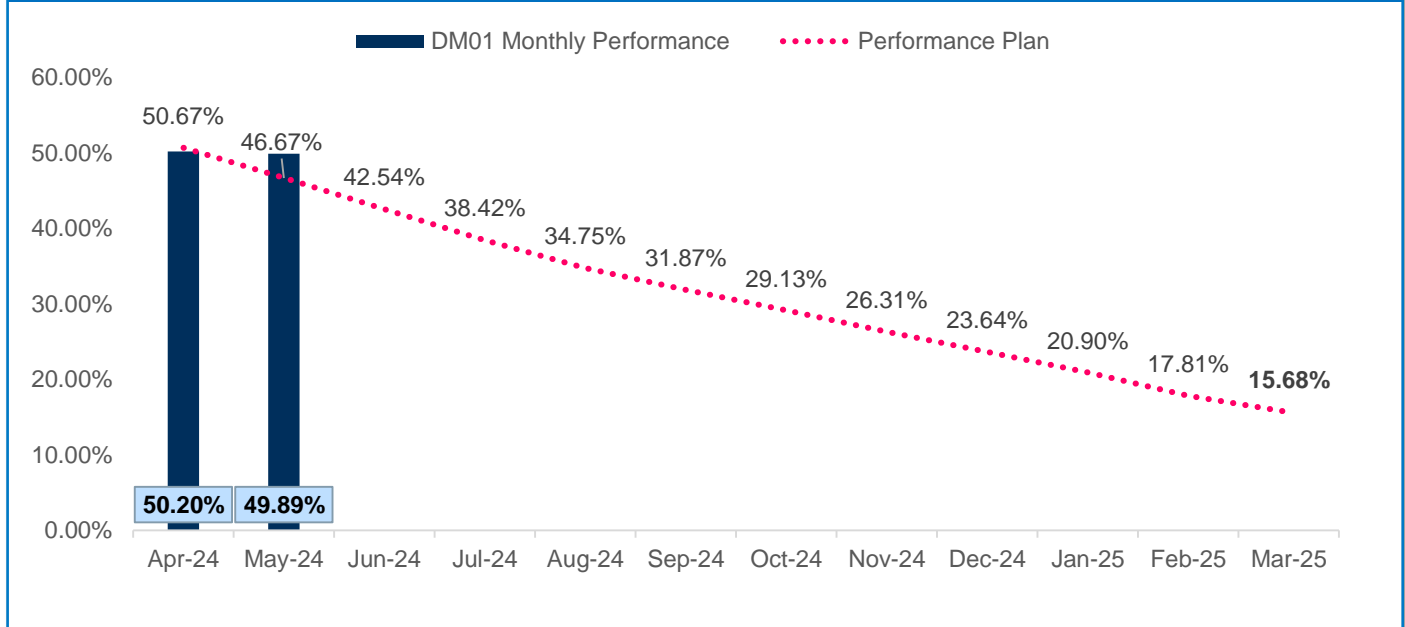
- ### Current issues
- Late referrals from other providers in South East London and the South East of England.
 - Matching capacity and demand for treatment and diagnostics.
 - Managing demand fluctuations and the impact of Industrial Action on capacity.
 - Latest number has been impacted by the Synnovis critical incident.

- ### Future actions
- Continue to build on great progress and further refine recovery plans to deliver a sustainable backlog position and to focus on reaching the 62 day performance ambition of 70% (internal) for the Trust in 2024/25.
 - Synnovis recovery plan to outline required mitigations against the latest position including mutual aid.
 - To work with system partners on improving performance for patients on a shared pathway.

Percentage of patients waiting over 6 weeks for a diagnostic test

May-24	Target
49.89%	5.0%

Trust DM01 Monthly Performance against performance plan



Clinical Group Overview

Clinical Group Overview Unavailable

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Updates since previous month

- The Trust's DM01 performance is currently a national outlier having increased from 26.17% in September 2023 to 50.2% in April 2024.
- Performance in May saw an improvement of 0.31 percentage points to 49.89%.
- The agreed 2024/25 operational plan has a DM01 target for the Trust of 19.5%, however additional resources and demand and capacity work is identifying which services could achieve the 5% compliance by March 2025.

Key dependencies

- Stabilising diagnostic data within EPIC in order to then optimise the available functionality.
- Outpatient capacity
- Balancing the demand from Primary Care across the ICS.

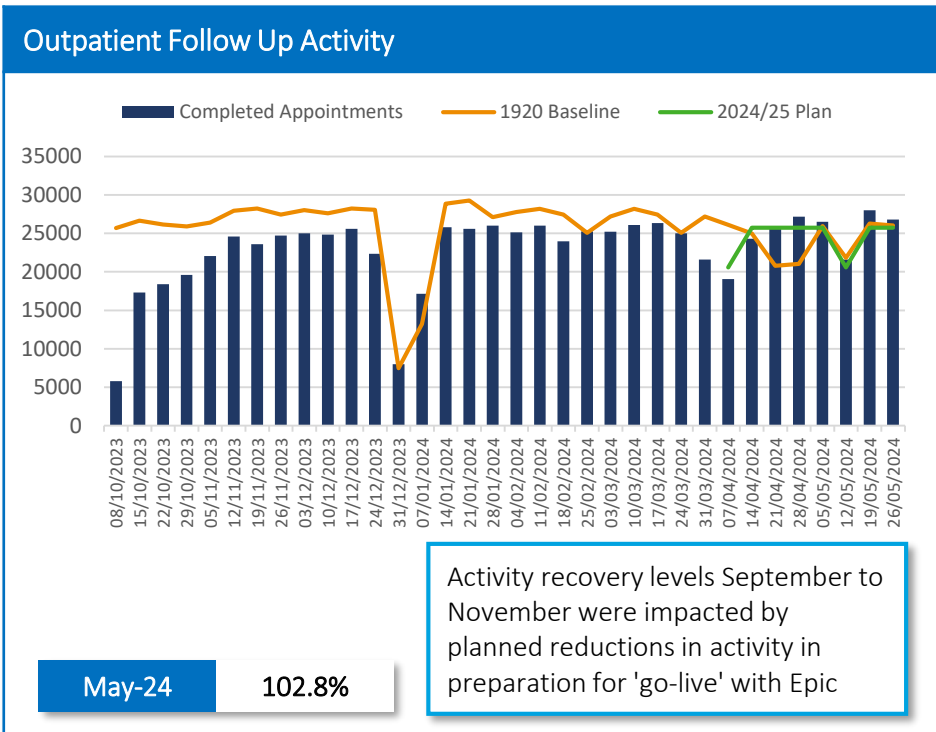
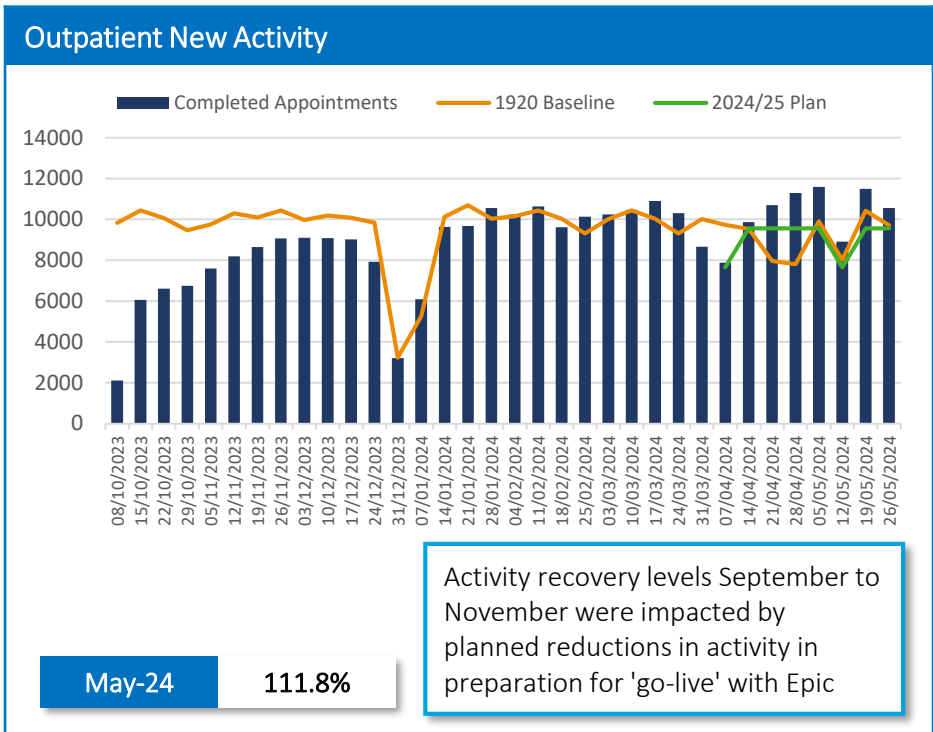
Current issues

- Stabilise migrated diagnostic data within EPIC.
- Resolve residual build issues relating to ordering, workflows, work queues and waiting lists.
- Increasing capacity through staffing and improved utilisation of infrastructure.

Future actions

- Work closely with services to ensure they have the resources to deliver on individual service performance trajectories (either to achieve 19.5% or 5% compliance).
- Complete demand and capacity work for cardiology and imaging where demand and performance is most challenged.

Outpatient New and Follow Up Activity



Updates since previous month

- The Trust's most recent 4 week average performance for New Outpatient activity is 111.8% against the 24/25 operational plan, which is above the position in April of 102.8%.
- The Trust continues to drive outpatient transformation and deliver more new appointments, follow up appointments with a procedure and support patients to access and utilise Patient Initiated Follow Up.

Current issues

- Developing staff capabilities across the Trust in using EPIC
- Optimise Epic functionality
- Maintaining good levels of activity which supports in driving down the total waiting list number alongside eliminating long waiting patients.
- Improve productivity.

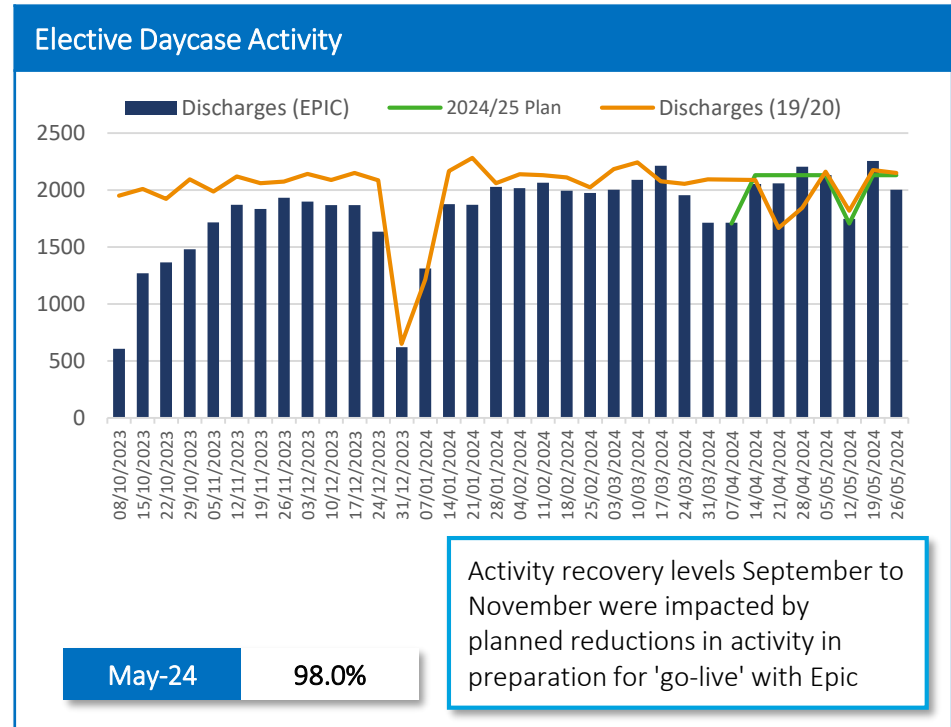
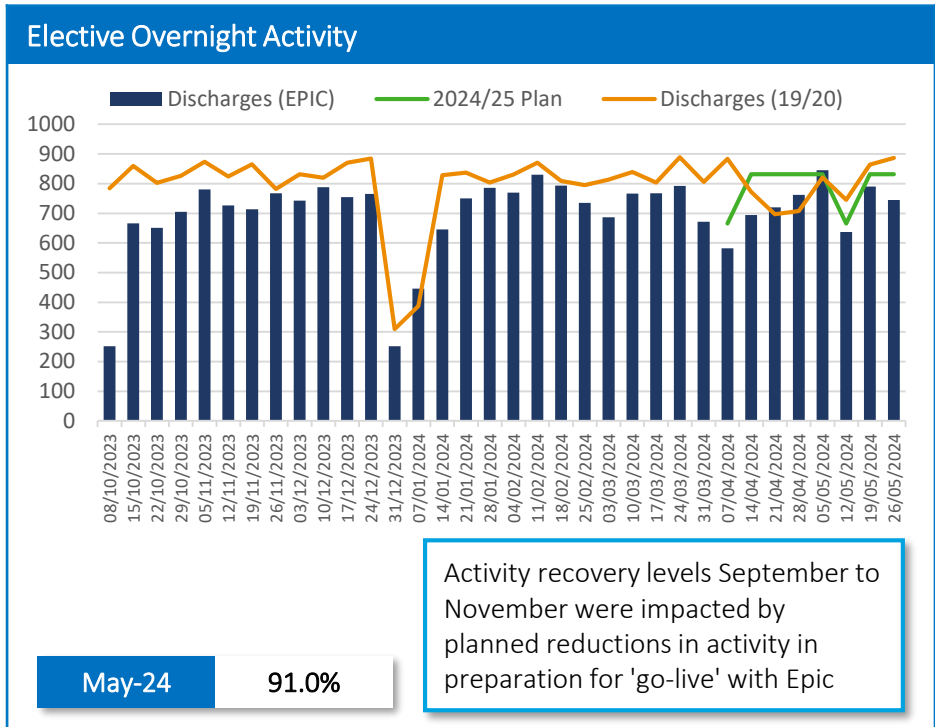
Key dependencies

- Stabilising activity data within Epic.
- Driving Outpatient transformation and supporting more patients to transfer to Patient Initiated Follow Up pathways and remote monitoring where clinical risk allows.
- Optimising EPIC functionality across Clinical Groups.

Future actions

- Continue to review service recovery plans.
- Provide ongoing support to stabilise and optimise data within Epic.
- Work with system partners to ensure demand is balanced with system capacity to improve patient experience and treatment outcomes.

Elective Overnight and Daycase Activity



Updates since previous month

- The Trust's most recent 4 week average for Elective Overnight activity levels in May is 91.0% against the 24/25 operational plan which is down on the April position of 91.3%.
- The Trust's 4 week average for Day Case activity in May is 98.0%, this is a deterioration of 13.1 percentage points and reflect the reduced activity in relation to Bank Holidays.

Current issues

- Developing staff capabilities across the Trust in using EPIC
- Optimise Epic functionality
- Eliminate long waits.
- Improve productivity.
- Improve patient flow and discharge.
- High levels of co-occurring conditions and complexity amongst patient population.

Key dependencies

- Increasing and protecting diagnostic and surgical capacity.
- Stabilise and optimise Epic data.
- Work with system partners to balance demand and capacity across the ICS through new community based initiatives.
- Industrial Action.
- Surgical capacity and theatre productivity.

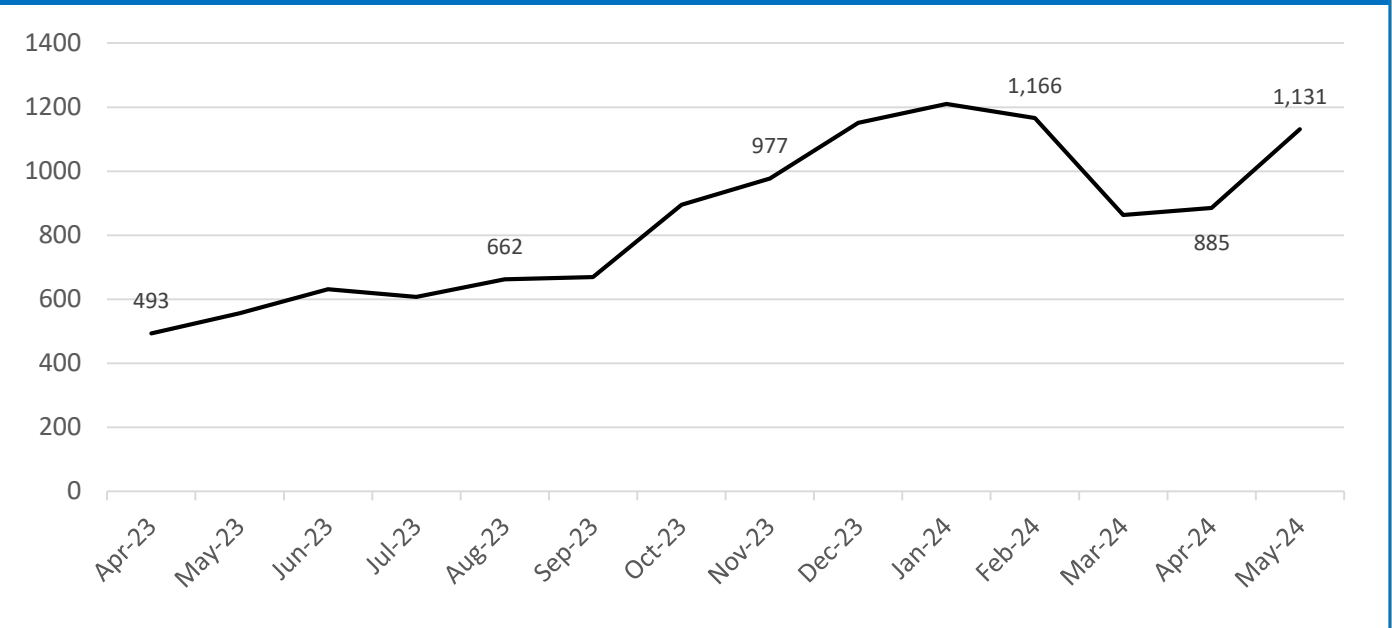
Future actions

- Continue to implement GIRFT recommendations across specialities to improve Day Case productivity.
- Provide ongoing support to stabilise and optimise data within Epic.
- Optimise surgical capacity in the Trust and externally where possible.
- Implement initiatives to improve patient flow and discharge

Number of pathways on the waiting list currently waiting more than 65 weeks to start treatment

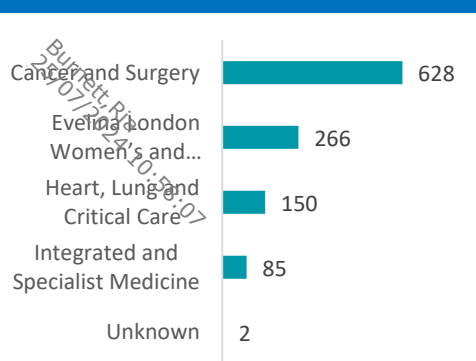
May-24	Plan
1,131	781

RTT - Incomplete pathways over 65 weeks at Trust level.



Latest weekly position w/e 7 th July	July 2024 Month End Trajectory
1,562	362

Clinical Group Overview



Updates since previous month

- In May the Trust's submitted position for the number of incomplete pathways over 65 weeks is 1,562, this is an increase of 246 on March's figures.
- The Trust continues to monitor the number of pathways which are 65 weeks and over weekly, working directly with services to ensure as many patients as possible are provided with appointments for treatment, and utilising mutual aid where appropriate.

Current issues

- Developing staff capabilities across the Trust in using Epic and in turn to fully optimise Epic functionality.
- Activity recovery and productivity.
- Prioritisation alongside cancer and urgent and emergency care.
- Industrial Action.
- Complexity of care and patient choice.
- Latest number has been impacted by the Synnovis critical incident.

Key dependencies

- Stabilising Referral-To-Treatment data within Epic.
- Continuing to work with system partners on mitigating against areas where demand and/or complexity/acuity is a challenge through mutual aid and any other supporting initiatives
- Limited national capacity for some specialities (Paed Spinal).

Future actions

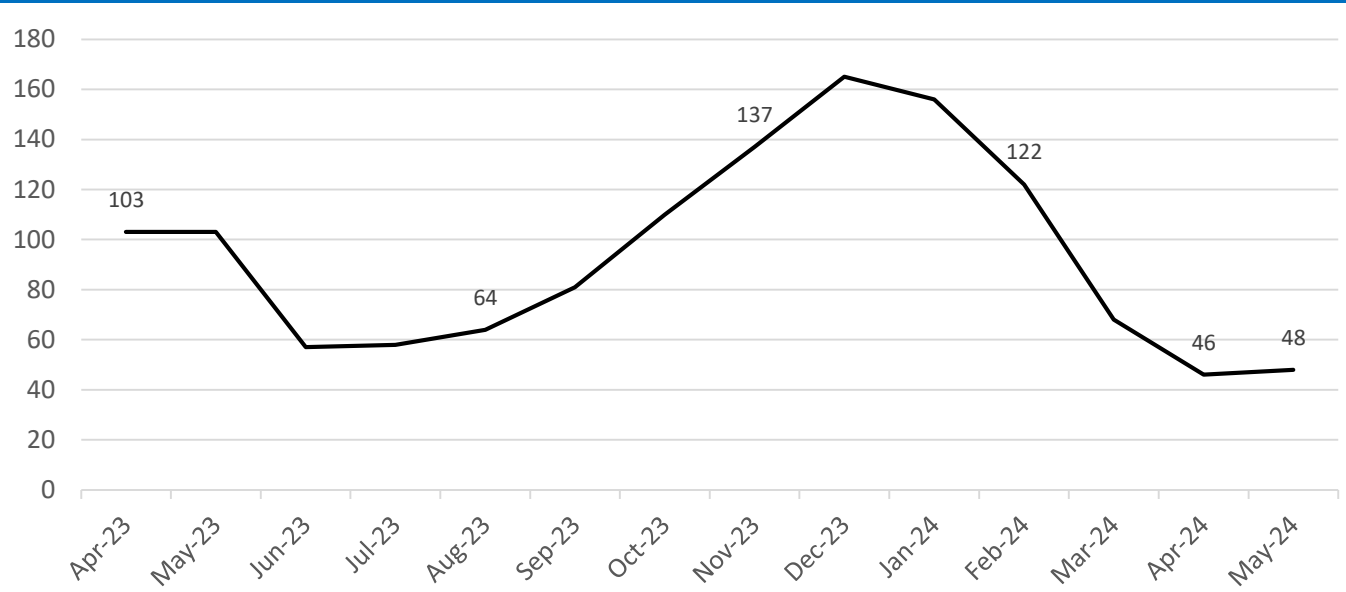
- Continue to refine service recovery plans to eliminate the number of patients waiting longer than 65 weeks in line with 2024/25 operational planning guidance.
- Synnovis recovery plan to outline required mitigations against the latest position including mutual aid.
- Ongoing support to stabilise and optimise data within Epic.
- Implement recommendations from GIRFT to improve productivity.

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

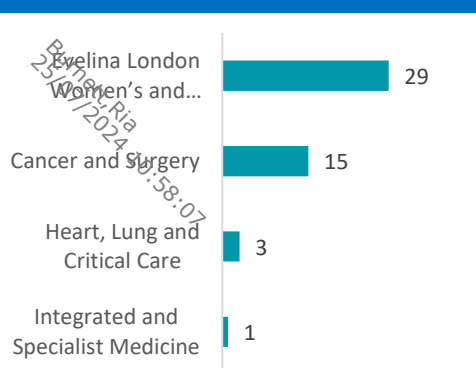
May-24	Plan
48	48

Latest weekly position w/e 7 th July	July 2024 Month End Trajectory
35	26

RTT - Incomplete pathways over 78 weeks by Clinical Group



Clinical Group Overview



Updates since previous month

- In May the Trust's submitted position for the number of incomplete pathways of over 78 weeks is 48, this is a slight increase of 2 patients on April's figure.
- Overall the Trust has sustained a downward trend, reflecting the hard work of services to eliminate 78 week waits for patients.

Key dependencies

- Stabilising Referral-To-Treatment data within Epic.
- Continue to work with system partners on mitigating against areas where demand and/or complexity/acuity is a challenge through mutual aid and any other supporting initiatives
- Limited national capacity for some specialities (Paediatric Spinal).

Current issues

- Developing staff capabilities across the Trust in using Epic and in turn to fully optimise Epic functionality.
- Activity recovery and productivity.
- Prioritisation alongside cancer and urgent and emergency care.
- Industrial Action.
- Complexity of care and patient choice.
- Latest number has been impacted by the Synnovis critical incident.

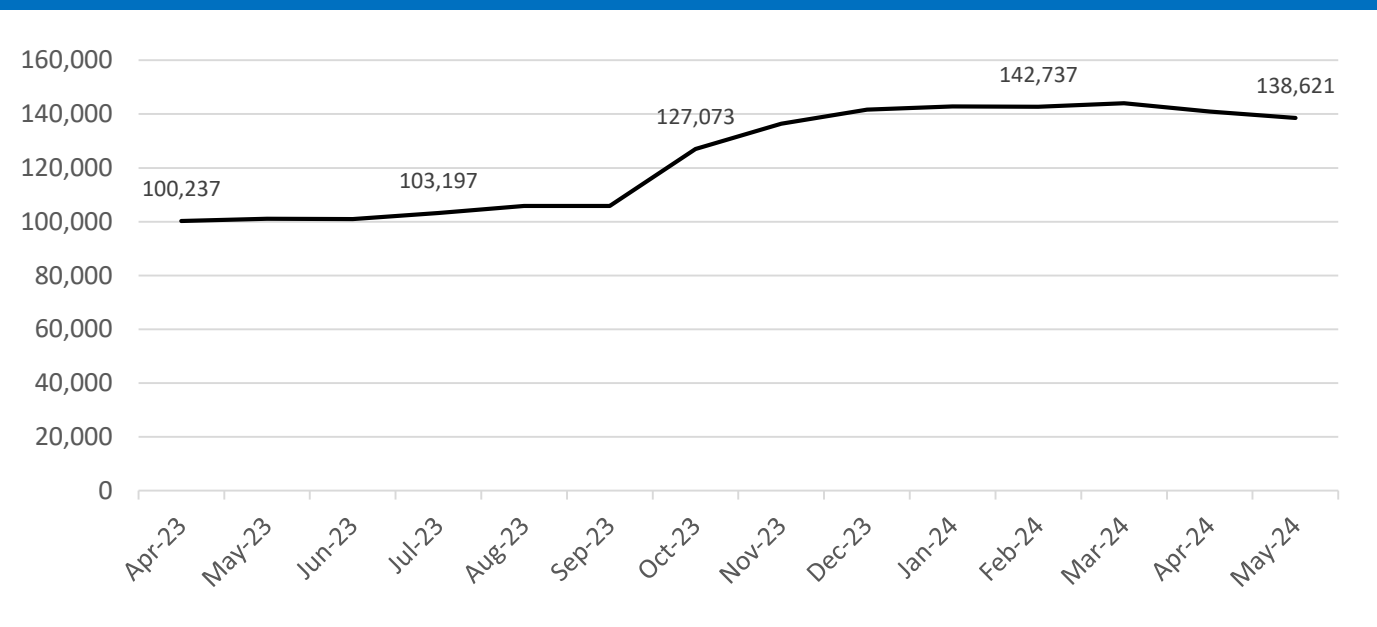
Future actions

- Continue to refine service recovery plans to eliminate the number of patients waiting longer than 78 weeks in line with 2024/25 operational planning guidance.
- Synnovis recovery plan to outline required mitigations against the latest position including mutual aid.
- Ongoing support to stabilise and optimise data within Epic.
- Implement recommendations from GIRFT to improve productivity.

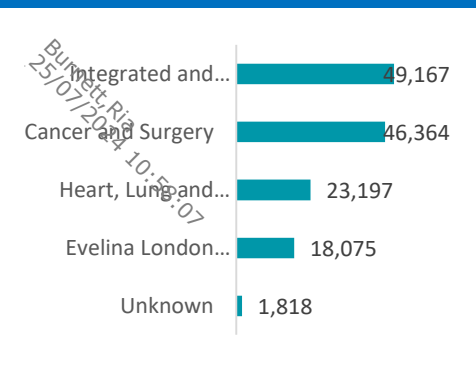
Total number of incomplete pathways

May-24	Plan
138,621	142,161

RTT – Total number of incomplete pathways



Clinical Group Overview



Updates since previous month

- The Trust's submitted position for May is 138,621. This is below the 24/25 operational planning target of 142,161.
- The 2024/25 plan for the Trust is to reduce the overall RTT waiting list by 13,057 (9%) to 132,184 in March 2025.

Current issues

- Whilst the visibility of RTT data has improved significantly since the transition to Epic, data quality issues remain creating a significant level of risk for the Trust.
- Industrial action.

Key dependencies

- Higher acuity and complexity of patients
- Productivity
- Diagnostic and surgical capacity
- Patient flow and discharge
- Outpatient transformation.
- Industrial action.
- Demand.

Future actions

- Continue to improve the visibility of RTT data across the Trust, whilst minimising Data Quality issues to within tolerable risk parameters.
- Implement the findings from programmes to improve productivity across the Trust to eliminate long waits and meet RTT national standards.

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

**Wednesday 22nd May 2024, 1:00pm – 4:00pm
Robens Suite, 29th Floor, Guy's Hospital and MS Teams**

Members Present: Ian Playford (Chair) Jon Findlay
Ian Abbs Simon Friend
Charles Alexander Simon Steddon
Avey Bhatia (part meeting) Lawrence Tallon
Steven Davies

In attendance: Gubby Ayida (part meeting) Anita Knowles
Andrew Asbury Sonia London
Simon Bampfylde Phil Mitchell
Beverley Bryant Tendai Wileman (MS Teams)
Sarah Clarke Victoria Borwick (Governor observer)
Richard Grocott-Mason Leah Mansfield (Governor observer)
Kate Jones Lucy Yasin
Alice Jarvis (part meeting) Tara Knight (minutes)

1. Welcome and Apologies

1.1. The Chair welcomed colleagues to the Transformation and Major Programmes Board Committee (TMP or the Committee). Apologies had been received for Felicity Harvey and Simon Mendy.

2. Declarations of Interest

2.1. There were no declarations of interest.

3. Minutes of the Previous Meeting held

3.1. The minutes of the previous meeting of the Committee, held on 7th February 2024, were agreed as an accurate record.

4. Matters Arising and review of Action Log

4.1. The action log was reviewed and it was agreed that the actions recommended for closure could be closed. It was also agreed that further work related to action 48 (quality management and improvement strategy) would go to the Quality & Performance Board Committee, although updates would be welcomed at TMP when required.

5. Board Assurance Framework (BAF) Risks

5.1. The Committee was reminded of the strategic risks assigned to it on the BAF.

6. Portfolio Stocktake

6.1. A high level, broad overview of the current status of the Trust's major capital programmes and initial plans for a framework was provided to ensure the Trust was more adaptable and responsive in its management of major programmes. There was a need for greater oversight at executive and

Board level to ensure improved programme coherence and alignment with the Trust's limited capital delegation and resources, as well as with the strategic plans of the Trust.

- 6.2. A review of the Trust's capital delivery model was underway with the intention to improve efficiency and effectiveness of the Trust's approach to the delivery of major capital programmes.
- 6.3. A scoping paper on the Trust's data, technology and artificial intelligence strategy would be brought to the next meeting of the Committee.

ACTION - LT

- 6.4. The Committee welcomed the proposals, noting it would be essential to develop a consistent and robust framework for identifying and prioritising major programmes, monitoring their progress and delivery, as well as the attendant financial and workforce commitments. It was anticipated that an iterative process would be conducted with the Board to decide which programmes would be approved to commence within the planned timeframes, which projects would need to be delayed or stood down, and whether any corrective actions would need to be taken.
- 6.5. A portfolio stocktake paper was to be added as a standing agenda item for future meetings, the scope of which was to be agreed.

ACTION – LT/IP

7. Children's Hospital Programme

Children's Hospital Programme Update

- 7.1. The Committee received an update on the various sub-projects of work that the Children's Hospital Programme encompassed and the personnel changes as the project entered into a new phase. There had been good progress developing the Outline Business Case (OBC). The Committee noted the importance of gaining approval of the financing proposals and the decant from St Thomas' House to programme delivery.
- 7.2. The Trust would submit the proposed financing model for the Children's Hospital Programme to NHS England's (NHSE) Joint Investment Committee (JIC) for approval in June. Following JIC approval, the Trust would seek approval from HM Treasury. A timely decision from JIC was key to maintaining momentum.
- 7.3. Work to identify suitable decant locations continued. The Committee requested assurance that the planned changes related to space and estates were being sufficiently prepared for at pace. Arrangements would be made with the space team to ensure a more proactive service.

Children's Cancer Principal Treatment Centre Update

- 7.4. The Principal Treatment Centre (PTC) had entered the delivery phase, for which the Chief Nursing Officer was the Senior Responsible Officer. The Committee discussed the complexity of the PTC workstream delivery within the wider Children's Hospital Programme, and noted the Trust was working closely with The Royal Marsden and St George's Hospitals.

8. Theatre Estate Programme update

- 8.1. Updates were provided on the two major strands of the theatre estate programme, the first of which was to develop additional theatre space, and the second to refurbish existing theatre space.
- 8.2. The Nuffield theatres had passed the final commissioning tests and were on track to open in June 2024, which would enable the refurbishment programme to commence.

- 8.3. A design and cost review had identified a potential solution for the development of additional theatre space known as 'Guy's Surgical Hub', which would involve building new theatre capacity in stages. Work to gather support for and endorsement of a revised OBC for submission to NHSE in July would continue.
- 8.4. A programme director and a programme manager were being recruited to provide greater capacity to progress the theatre estate programme at greater pace.
- 8.5. Plans to manage theatre capacity during the refurbishment project and ahead of the new capacity being delivered continued to be progressed. These included High Intensity Theatre lists. The number of completed lists continued to rise with six completed so far in 2024, and the team was developing an expansion plan.
- 8.6. An update would be brought to the Committee once a business case had been approved within the clinical group and appropriate executive committee(s).

9. SEL Pathology Transformation: Programme update and benefits realisation

- 9.1. The Committee received a progress update on the South East London Pathology programme and noted the key benefits outlined in the paper, including that the pathology hub had released clinical space at acute sites that could be repurposed. A number of substantive senior appointments had been made at the pathology business unit.
- 9.2. There was a discussion on the risk of industrial action and resilience planning.
- 9.3. The Committee discussed the savings benefits due to be delivered in 2024/25, noting that there remained commercial opportunities to scale further as pathology provision remained disaggregated nationally.

10. Integration: Programme update and benefits realisation

- 10.1. The Integration and Trust Operating Model Programme Board had been stood down and reconstituted as the Trust Integration Programme Board to oversee the delivery of the remaining integration workstreams. The Committee was updated on progress against agreed integration priorities, including work to fully integrate the Heart, Lung and Critical Care Clinical Group with unified leadership across all sites, and IT workstreams following the implementation of Epic and reduced barriers to cross site working.
- 10.2. The Trust continued to publish a large amount of research and it was noted that the recent appointment of the Chief Academic Officer would bring greater oversight, focus and coherence of approach.
- 10.3. The Committee noted the report and expected ongoing work to evolve into tangible next steps, including clear details about the merger benefits, along with timelines and ownership of workstreams for the next meeting.

ACTION - TW

11. Apollo Programme: stabilisation & benefits

- 11.1. Good progress had been made in terms of achieving the stabilisation objectives and benefits realisation, and a number of remaining challenges were being resolved. The Trust was receiving post-implementation support from Epic site analysts, and a major upgrade was scheduled to take place in July 2024, which would provide fixes for a number of outstanding issues. It was noted that the activity datasets for the last six months of 2023/24 had been submitted to NHSE, which was a significant achievement.

11.2. Epic data was providing a more comprehensive picture of the Trust's performance and activity and there was scope to boost productivity. The Trust now had dedicated resource to track benefits and the Committee discussed the need for consistency and central oversight in this important area.

12. Children's Day Surgery Unit: Benefits realisation

12.1. The Committee received an update on the first phase of delivery of the Children's Day Surgery Unit's revised benefits realisation plan. The facility had delivered above performance targets in areas such as income and capacity for clinical innovation. The unit was central to recovery plans for the paediatric spinal surgery waiting list.

12.2. It was reported that the staff morale was high on the Unit and there had been a significant improvement in the staff survey results within the directorate. The patient experience report was also very positive and feedback would be circulated to the Committee. The Unit would be embarking on the Getting It Right First Time (GIRFT) national accreditation programme with the aim of becoming the first dedicated paediatric day centre to achieve this accreditation.

13. Estates quarterly update

13.1. The Committee noted the quarterly update on the Capital and Estate Development programmes. The Nuffield theatres had passed the final commissioning tests and were on track to open in June 2024. Tenders for the remaining cancer centre cladding work were being analysed and the outcome of this process was expected the following week.

13.2. The priorities for the next few months would be the strengthening of OBCs and how to improve support to SROs; improvement of technical assurance; and the reshaping of the staffing model for the capital projects team.

14. TMP BAF

14.1. BAF risk three covered both the risk that a) estate issues may have clinical and operational impact, and b) the Trust could not transform its estate to support the strategic ambitions due to financial constraints. The Committee agreed to the proposal to split the risk with responsibility for (a) going to the Quality and Performance Board Committee and (b) to remain with TMP.

14.2. The Committee was keen to have further conversations related to future proofing against climate change as part of BAF risk three (b).

15. Any other business

15.1. There was no other business.

Date of next meeting – Wednesday 4th September 2024, 1:00pm – 4:00pm

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25/07/2024 10:58:07

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 31 JULY 2024

Title:	Documents Signed under Trust Seal, 18 April 2024 to 24 July 2024
Responsible executive:	Ian Abbs, Chief Executive
Paper author:	Joshua Roles, Senior Business Manager
Purpose of paper:	For Information
Main strategic priority:	Work with partners where this supports the delivery of common goals
Relevant BAF risk(s):	<ul style="list-style-type: none"> • N/A
Key issues summary:	<ul style="list-style-type: none"> • 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.
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 record of documents signed under Trust Seal.

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 25/07/2024 10:58:07

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 31 JULY 2024

1. Introduction

In line with the Trust's Standing Financial Instructions, Professor Ian Abbs, Chief Executive and Charles Alexander, Chairman signed document numbers 1065 to 1069 under the Foundation Trust's Seal during 18 April 2024 to 24 July 2024.

2. Recommendation

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

Number	Description	Date
1065	Three Leases between Guy's and St Thomas Trust (as landlord) Boots UK Limited (as tenant) relating to Premises at Guy's and St Thomas' site(s) from which Boots will provide pharmacy services in accordance with a Managed Services Contract that it will enter into with GSTT.	22/05/2024
1066	Lease and Restrospective Licence to alter in respect of premises on the 12th floor of the Tower Wing, Guy's Hospital, Great Maze Pond Road, London, SE1 9RT which is being let by (1) Guy's and St Thomas' NHS Foundation Trust to (2) Cell Therapy Catapult Limited.	25/06/2024
1067	Lease between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Synnovis Services LLP and (3) Colt Technology Services and (4) SYNLAB Limited and (5) Phoenix Limited for licence to alter and licence to install and permit the independent/secondary ICT and utilities connection to be completed at the Synnovis Central Laboratory Hub.	25/06/2024
1068	Extension to 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	15/07/2024

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25/07/2024 10:58:07

	<p>AND</p> <p>Extension to 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 the ground floor entrance Guy's Hospital (and storage area)</p>	
<p>1069</p>	<p>Second underlease (lease of additional space) to the underlease dated 16th October 2023 of part of ground floor of Mawbey Brough Health Centre, 39 Wilcox Close, London, SW8 2UD between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Caroline Angopa, Japser Mordhurst, John Harris and Anuji Samarasinghe being partners of the Mawbey Group GP Practice.</p> <p>AND</p> <p>Licence to Alterations of part of ground floor of Mawbey Brough Health Centre (as above)</p> <p>AND</p> <p>Deed of variation on the original underlease (so that both leases must be assigned together and to the same assignee).</p>	<p>15/07/2024</p>

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