

Public Board of Directors Meeting

**Wednesday, 19 April 2023 at 4pm
Robens Suite, Guy's Hospital**

BOARD OF DIRECTORS
Wednesday 19th April 2023, 4pm – 5.30pm
Robens Suite, Guy’s Hospital and MS Teams

AGENDA

- | | | | |
|--------------------------|---|---------------|---------------|
| 1. | Welcome and apologies
<i>Charles Alexander</i> | <i>Verbal</i> | <i>4.00pm</i> |
| 2. | Declarations of interest | <i>Verbal</i> | - |
| 3. | Minutes of the previous meeting held on 25 th January 2023 and review of actions from previous meeting | <i>Paper</i> | - |
| 4. | Chairman’s report
<i>Charles Alexander</i> | <i>Verbal</i> | <i>4.05pm</i> |
| 5. | Chief Executive’s report
<i>Professor Ian Abbs</i> | <i>Paper</i> | <i>4.15pm</i> |
| 6. | Industrial action
<i>Julie Screamon, Avey Bhatia, Simon Steddon</i> | <i>Verbal</i> | <i>4.45pm</i> |
| 7. | Apollo Programme update
<i>Avey Bhatia</i> | <i>Paper</i> | <i>5.05pm</i> |
| Papers for noting | | | |
| 8. | Reports from Board committees: | <i>Papers</i> | <i>5.25pm</i> |
| 8.1 | Audit and Risk Committee:
a) Minutes 22 nd February 2023 | | |
| 8.2 | Finance, Commercial and Investment Committee:
a) Minutes 14 th December 2022
b) Minutes 1 st February 2023
c) Financial Report at Month 11 | | |
| 8.3 | Quality and Performance Committee:
a) Minutes 18 th January 2023
b) Integrated Performance Report for February 2023 | | |
| 8.4 | Strategy and Partnerships Committee:
a) Minutes 21 st September 2022 | | |
| 8.5 | Heart, Lung and Critical Care Clinical Group Board:
a) Minutes 17 th January 2023 | | |
| 9. | Register of documents signed under seal
<i>Professor Ian Abbs</i> | <i>Paper</i> | - |
| 10. | Any other business | <i>Verbal</i> | <i>5.25pm</i> |
| | • Date of next meeting: 26 th July 2023, 4pm – 5.30pm | | |

BOARD OF DIRECTORS

Wednesday 25th January 2023, 4pm – 5.30pm
Governors' Hall, St Thomas' Hospital and MS Teams

Members Present:

Mr C Alexander (Chair)	Baroness S Morgan
Prof I Abbs	Mr J Pelly
Ms A Bhatia	Mr I Playford
Prof M Brawn	Ms J Scream
Mr S Davies	Dr S Shribman
Mr J Findlay	Dr P Singh
Mr S Friend	Dr S Steadon
Dr F Harvey	Mr L Tallon
Dr J Khan	

In attendance:

Ms S Austin	Dr S Hanna
Mr E Bradshaw (minutes)	Ms A Knowles
Ms B Bryant	Mr P Mitchell
Mr A Gourlay	Ms J Parrott
Dr R Grocott-Mason	Ms T Wileman

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

1. Welcome and apologies

- 1.1. The Chair welcomed attendees to the meeting of the Trust Board of Directors (the Board), including to Professor Miranda Brawn who had joined the Trust earlier in the month as a non-executive director.
- 1.2. Apologies had been received from Reza Razavi and Steve Weiner.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the meeting held on 2nd November 2022

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

4. Chairman's Report

- 4.1. The Chairman thanked the Board and staff across the Trust for the warm welcome he had received since succeeding Sir Hugh Taylor as joint chair of the Trust and of King's College Hospital NHS Foundation Trust in December 2022. The Chairman had joined the Trust at a challenging time for the NHS. He paid tribute to the Trust's staff for the professionalism with which they were handling multiple pressures, including industrial action. The challenges would not abate over the coming months, particularly as the Trust approached the implementation of its new electronic health record system in April 2023 whilst continuing to focus on the restoration of elective care.

- 4.2. In his first weeks the Chairman had spent time familiarising himself with the Trust, including its internal operating model, and touring hospital and community sites. He highlighted the evident collective purpose and strong adherence to the Trust values that he had perceived from Trust staff during this period. He was also pleased to report that he had met many of the Trust's key external partners to discuss how they could increase collaborative working for the benefit of patients.

5. Chief Executive's Report

- 5.1. The Chief Executive thanked all of the Trust's staff for their work in providing safe, timely and compassionate care to patients over the festive period and during a very challenging period for the sector. The new Chairman was welcomed to his first public Board meeting; it was hoped he would build upon the legacy of Sir Hugh Taylor in continuing to promote joint working with King's College Hospital NHS Foundation Trust.
- 5.2. During the meeting the Board would be briefed about the final report into the review of the critical IT incident that had occurred in July 2022, and this would mark an important step in the review process. The Chief Executive reiterated his apology to all those who had been affected by the incident, including patients, their families and staff.
- 5.3. The Board noted a number of senior appointments and departures that had occurred over the past three months, and congratulations were passed to the members of staff who had been recognised in the New Year Honours List.
- 5.4. The recovery of elective activity continued to be a key organisational priority, and it was noted that the Trust was currently delivering less activity than planned. Trust staff were working hard to increase the number of patients treated and to reduce waiting times by making full use of capacity across all sites. The Trust remained committed to meeting the national requirement of having no patients waiting more than 78 weeks for treatment by the end of March 2023. Whilst the Trust had coped well during the recent periods of industrial action by nurses and ambulance staff, a significant number of elective and outpatient appointments had been cancelled to maintain inpatient safety and to ensure patients could access urgent and emergency services if required.
- 5.5. There was discussion about what further actions were within the Trust's control and so could support the return of activity to pre-pandemic levels, the baseline against which the Trust was measured. Activity was expected to increase in 2023/24 as a result of improvements to the Trust's estate, such as the refurbishment of the surgical admissions lounge, and also rising surgical productivity levels. However, further industrial action remained a risk. Board members also discussed the work being done to improve discharge, manage patient flow through the hospital, and identify more intermediate care beds.
- 5.6. The Trust had made good progress in reducing the number of patients waiting over 62 days for cancer treatment. The backlog had reduced since the peak in September 2022 which followed the IT outage. Progress has slowed in recent weeks, however teams were working hard to meet the agreed recovery trajectory and additional actions were being put in place, including new operating capacity, for the most challenged services. The Trust had met the two week wait first appointment standard for the past two months, as well as meeting the Faster Diagnosis Standard in November 2022 for the first time in twelve months.
- 5.7. Attendances at the Trust's emergency department remained extremely high, however the Trust's performance against the four-hour standard was amongst the best in London and nationally. The number of patients waiting over 12 hours for treatment also remained low. The Trust's comprehensive winter plan had enabled it to cope well with the seasonal challenges

including respiratory viruses and Streptococcus (Strep) A. The Trust's infection, prevention and control (IPC) outcomes benchmarked well with other trusts in the Shelford Group. There was discussion about the number of staff who had received the flu vaccination and COVID-19 booster, the possible reasons why the uptake was lower than in the previous year, and the actions being taken to address this.

- 5.8. The Trust had continued to invest in its workforce to ensure compliance with safe staffing levels and to support the health and wellbeing of staff. Positive outcomes were reported from recent local and international nursing recruitment, and there would be increasing focus on improving staff retention going forward. The Board noted that, on average, the Trust provided a greater number of staff-to-patient care hours than its peers, and the overall vacancy rate had reduced significantly in the second half of 2022.
- 5.9. At the end of November 2022 the Trust's year-to-date deficit of £24.9m remained behind plan, and the key reasons for this were set out. An overview was provided about the ongoing work to realise planned operational efficiencies and to identify further opportunities to improve the position. The Trust was continuing to forecast a break-even outturn at the year end, although this would require significant non-recurrent measures to be identified. Capital expenditure was being closely managed to ensure the Trust did not exceed its Capital Departmental Expenditure Limit (CDEL) allocation.
- 5.10. A key focus of the Trust over the coming months would be the Apollo programme and the final preparations for the planned implementation of the new Epic electronic health record system in April 2023. The Apollo governance arrangements had been strengthened and many activities were now being led by clinical and operational teams. The current area of focus was the roll-out of training for around 26,000 staff; this was due to start the following week. Technical dress rehearsals would be undertaken and the Board was assured that after go-live there would be considerable ongoing support available for staff.

6. Critical IT incident report

- 6.1. The Board was briefed about the content of the final report into the review of the critical IT incident that had taken place in July 2022. The review had sought to answer six principle questions and had been commissioned to prevent recurrence of similar incidents in the future.
- 6.2. The Board noted the key findings of the review were:
 - The incident occurred as a result of the extreme heat on 19th July 2022, but the outage was not caused by any single failure, but rather by a combination of factors, including sub-optimal cooling systems, ageing technology infrastructure and complex and distributed roles and responsibilities for managing elements of the data centre environment;
 - The Trust initially under-estimated the probable duration of the incident and this was reflected in the first few days' communications, which were felt by many staff and stakeholders to downplay the incident, but which were quickly adjusted to be proportionate to its severity;
 - The Trust's risk management processes did not adequately predict, mitigate or prevent the incident and, with the benefit of hindsight, the risk was insufficiently controlled, scored and escalated;
 - Whilst patient experience was significantly impaired during this period, only one case of moderate harm and no cases of serious harm to patients had been identified as a result of the incident; this reflected the expertise and dedication of the Trust's clinical and operational teams, and the effectiveness of the Trust's incident management protocols. A reporting field on the Trust's clinical incident system would be kept open

to enable the Trust to log any further instances of harm that may emerge at a later date; and

- The incident had taken a heavy toll, particularly in terms of fatigue and stress, impacting on morale amongst clinical and operational staff and the IT team, and had also impacted upon partner organisations that experienced increase operational pressures or were required to accept patient diverts.

- 6.3. The Board noted that an external review of the incident undertaken by NHS England had reached conclusions that were largely in line with those described in the internal report.
- 6.4. Board members agreed that this was a comprehensive report and that the need for both internal and external scrutiny of the incident had been fulfilled. The Board accepted all of the recommendations in the report and noted that they would be owned and overseen by the Trust's executive team, with oversight from the Board's Audit and Risk Committee. There was discussion about the action being taken to continue to strengthen the Trust's risk management arrangements.
- 6.5. There was discussion about the lessons that could be taken from the incident. The Trust had already commissioned expert advice on how to ensure greater resilience for both its digital and physical infrastructure in light of more frequent and challenging extreme weather events, and it was confirmed that the annual backlog maintenance expenditure allocation would be increased. A new data centre strategy was in development, and the implementation of the new Epic system would help rationalise the many legacy IT systems to provide further digital resilience.
- 6.6. The report would be published in full on the Trust's website the following morning. Particular thanks were given to Trust staff who had contributed to the review. During the incident, staff had been consistently kind and patient to the IT team as they sought to resolve the issues; this was testament to the Trust's values and culture. Thanks were also given to colleagues from partner organisations, particularly NHS England, the Integrated Care System and NHS Digital, who had supported the Trust.

7. Report following the Independent Investigation into East Kent Maternity and Neonatal Services

- 7.1. Dr Bill Kirkup's report following his independent investigation into maternity and neonatal services East Kent Hospitals University NHS Foundation in 2022 had identified many of the same themes identified in earlier reviews into maternity services such as those at University Hospitals of Morecambe Bay NHS Foundation Trust and Shrewsbury and Telford Hospital NHS Trust.
- 7.2. The Board was advised that the Kirkup review had identified issues at every level of the organisation under investigation and that the four broad areas of concern identified in the report were: the need to improve the identification of poor performance; giving care with more compassion and kindness; addressing poor team working; and responding to challenge with honesty. The report reaffirmed the need for NHS trusts to deliver personalised care, recognising that no two patients are the same, and the importance of listening to patients and their families as key barometers of the quality of care being provided.
- 7.3. The recommendations contained in the report were aimed specifically at national bodies rather than healthcare providers, although it was expected that NHS England would publish a single delivery plan for providers which would also incorporate the requirements of the Ockenden review. The Board agreed that the Trust would not wait for this plan, and that it would continue to reflect on the quality and safety of its maternity and neonatal services. The Trust had

comprehensive service improvement plans and remained focused and relentless on challenging its own data and clinical behaviours and improving its standard of care to all patients.

8. Reports from Board committees for noting

8.1. The Board noted the reports.

9. Register of documents signed under seal

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

10. Any other business

10.1. The next meeting of the Board of Directors is due to be held on 19th April 2023.

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 19 APRIL 2023

Title:	Chief Executive's Board of Directors Report
Responsible Director:	Professor Ian Abbs, Chief Executive Officer
Contact:	Jenni Yard, Head of Private Office
Purpose:	Chief Executive's Board of Directors Report
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY TO CARE FOR AND SUPPORT OUR STAFF TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	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 November Board meeting.
Recommendations:	The BOARD OF DIRECTORS is asked to: 1. Note the report

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

BOARD OF DIRECTORS

WEDNESDAY 19 APRIL 2023

CHIEF EXECUTIVE'S BOARD OF DIRECTORS REPORT

PRESENTED BY PROFESSOR IAN ABBS

1. Introduction

- 1.1. The aim of my report today is to provide the Board with an update on operational delivery across the Trust and its priorities, including progress on tackling the backlog of elective care.
- 1.2. The report will also highlight the latest quality, safety, access and financial performance of the Trust, and how the Trust is working hard to maintain a strong financial position and address increasing demand for our services, including cancer and urgent and emergency care.
- 1.3. The report also provides updates from our clinical and delivery groups, and on our major development and strategic programmes.

2. Board and Senior Appointments

- 2.1. I am pleased to inform the Board of Directors that Dr Gubby Ayida has been appointed as the new Chief Executive Officer of the Evelina London Women and Children's Clinical Group. Gubby is currently the Medical Director of The Hillingdon Hospitals NHS Foundation Trust and has been a consultant obstetrician and gynaecologist at Chelsea and Westminster Hospital NHS Foundation Trust since 2001. With a strong background in medical management and leadership, Gubby has successfully led the Women and Children's Division across their two acute hospital sites. She was also Associate Medical Director for Strategic Programmes from 2017 to 2020 and, more recently since 2020, has been the Special Adviser to the Trust Board on diversity and inclusion. Gubby will join the Trust on 30 May 2023.
- 2.2. As part of the Trust's commitment to become a more inclusive organisation, I am proud to inform the Board of Directors that Jay Dungeni has been appointed as the new Director of Equality, Diversity and Inclusion (EDI). This important executive and board level role will provide strategic leadership and oversight of the EDI agenda. Jay started in this role on 1 April for a period of one year and will take on this role alongside his existing responsibilities as Deputy Chief Nurse, a role he has held since May 2021. Jay has been an advocate of the EDI agenda

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since joining the Trust and we look forward to working with him as we further develop our vision to be an inclusive and anti-racist organisation.

2.3. In March 2023 the Trust bade farewell to Alastair Gourlay, the Chief Executive Officer of Essentia Delivery Group and we thank him for his many years of dedicated service to the Trust, including his role in the building of both the Evelina London Children's Hospital and Guy's Cancer Centre. Phil Mitchell has stepped in to the role on an interim basis while recruitment for a permanent Chief Executive takes place.

3. Delivering healthcare across the Trust: activity and performance

3.1. Throughout 2022/23 the Trust remained committed to delivering safe and effective care to patients and progressing the national priorities outlined in the NHS operational planning guidance. Most notably the Trust has seen a reduction in its cancer backlog, a reduction in the number of patients waiting over 78 weeks for treatment, and an increase in theatre productivity.

3.2. As we move into 2023/24 the Trust has set itself an ambitious plan for activity and performance delivery, with a key priority continuing to be the recovery of elective activity. The Trust recognises the challenges that ongoing industrial action will have on achieving this plan, and is working hard with system partners to minimise the impact of patients.

3.3. While it is positive that aggregate patient activity is on a trajectory to return has now returned to the business as usual levels last reported in 2019/20, elective inpatient activity and day case activity remains below the London average and our staff are working extremely hard to address this and increase the number of patients we can treat.

3.4. The Trust is working hard to reduce the longest waiting times and to achieve the national requirement of having no patient waiting more than 78 weeks for routine treatment by the end of April 2023. At the end of March 2023, 99 patients were waiting more than 78 weeks and we are making every effort to treat these patients during April. Looking forward, we are now also focused on achieving the next national requirement, which is to leave no patient waiting more than 65 weeks by the end of 2023. Significant collaboration across south east London, and further country-wide partnership working in highly specialised and challenged services, such as paediatric spinal care, will be required to achieve this target.

3.5. The Emergency Department at St Thomas' continues to see high levels of attendances and has faced significant pressure throughout 2022/23. Although the Trust's performance against the four hour A&E standard decreased from 78.8% in January to 74.3% in February from, which is slightly below the national ambition of 76%, we remain one of the best performing Trusts in the country on that measure.

3.6. The Trust has seen an improvement in the number of patients waiting less than six weeks for a diagnostic test or procedure, with the percentage of patients waiting longer than six weeks reducing from 17.6% in January to 13.6% in February. Particular improvements have been made in imaging and the Trust remains committed to achieving the national ambition of fewer than 5% of patients waiting longer than six weeks by March 2025.

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- 3.7. The Trust has made significant progress in reducing the backlog of patients waiting for cancer treatment and this has reduced by 50% since the peak in September 2022. The most recent position at the end of March reported 264 patients waiting over 62 days against our end of year target of 211. This is due to slight growth in this cohort following industrial action in early March.
- 3.8. The Trust has made good progress in ensuring patients are seen quickly when referred for an urgent cancer diagnosis, and continues to report strong performance against the two week wait standard and the Faster Diagnosis Standard (FDS).

Impact of Industrial Action

- 3.9. The Trust sought to manage the recent waves of industrial action in a collaborative and supportive manner and to maintain safe care of patients. Significant efforts from staff across the Trust, clinical and non-clinical, as well as external partners, ensured that urgent and emergency services were maintained during recent periods of industrial action.
- 3.10. Recent industrial action significantly reduced the number of patients that could be seen in outpatients clinics and admitted for elective and day case procedures. During days on industrial action, performance of outpatient and elective activity dropped to an average of 83% and 43% respectively of January activity levels. This represents a significant reduction from the Trust's business as usual performance and colleagues are working hard to reschedule patients affected as soon as possible.
- 3.11. The Trust has managed through several waves of industrial action taken by members of the RCN, CSP and BMA. Staff whose pay is governed by Agenda for Change are currently balloting on the government's revised pay offer and the result of those ballots are expected soon.
- 3.12. The Trust continues to prepare for further industrial action and recognises that colleagues have the right to take part and has been engaging with unions, staff and the wider regional and national services to address all industrial action being taken. The Trust also recognises the impact that industrial action is having on patients and staff and has highlighted the support available during this challenging time to all Trust staff.

Patient Experience

- 3.13. The Trust performance in the Friends and Family test remains above 90% for all areas of care with the exception of the emergency department and the patient transport service. Lengthy waits in the Emergency Department are a prominent theme within patient comments. Response rates continue to improve for inpatients, maternity and community services, and the central patient experience team continues to offer support to help improve response rates.
- 3.14. As a result of feedback, a Trust-wide patient experience priority for 2023/24 is to further improve patients' ability to contact individual departments by telephone.

Infection Prevention and Control

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- 3.15. COVID-19 outbreaks continue to occur but at a relatively low frequency. New national COVID-19 guidance has been published which recommends further reductions in patient and staff SARS-CoV-2 testing, and the Trust plans to adopt these recommendations.
- 3.16. There was an increased prevalence of Influenza A within the Trust throughout the winter period. This has, however, started to decrease.
- 3.17. A multi-professional group is in place to develop a pilot intervention to reduce the risk of Gram-negative bloodstream infections (BSI), with a view to launch a Trust-wide campaign in 2023/24.

4. Apollo Programme

- 4.1. In February the Trust took the decision to postpone the go-live of its new electronic patient record system, provided by Epic. As part of this decision, it was also agreed that the Trust would go live jointly with King's College Hospital NHS Foundation and Synnovis, our shared pathology partner. This decision was taken in partnership with KCH and collectively we are working to a planned go-live date of 5 October 2023.
- 4.2. We are now working to a planned go-live date of 5 October 2023 and developing a comprehensive delivery plan that will enable both Trusts and Synnovis to go-live safely and with minimal disruption to services.

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

- 5.1. The Finance, Commercial and Investment Committee monitors the Trust's financial performance in terms of revenue and capital. At its meeting in April, the Committee discussed the Trust's financial performance for the first 11 months of the financial year. Although the Trust's revenue plan for 2022/23 was to achieve an Adjusted Financial Performance plan of break-even, we were asked by the South East London Integrated Care System to deliver a surplus to ensure the sector met its control total overall. At the end of February (month 11), the Trust reported a deficit of £3.7m against the year to date planned deficit of £2.0m, which is £1.7m worse than plan.
- 5.2. Work continued to deliver operational efficiencies and to identify further opportunities to achieve the required financial position by the year end, and we now have a reasonable level of confidence that we will meet our revised revenue target for the year.
- 5.3. The Trust is continuing to spend capital to invest in service improvements for the benefit of our patients. The Trust's Capital Department Expenditure Limit (CDEL) was set at £111m for 2022/23. At month 11, year-to-date expenditure of £103.1m was £1.4m above the equally phased plan. The programme continues to be tightly managed and the Trust expects to report a position that is within its 2022/23 CDEL limit, which is now a statutory requirement.

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5.4. The Trust has submitted its 2023/24 financial plan to NHSE following the release of planning guidance in December. We can expect the coming financial year to be much more pressurised than we have experienced over recent years, driven by the re-introduction of efficiency targets and the removal of some of the funding we had for responding to the pandemic. The Trust is implementing an ambitious and wide ranging efficiency programme for 2023/24.

6. Supporting our Workforce

Staffing

6.1. The Trust has continued its commitment to invest in recruitment to our workforce to ensure compliance with staffing requirements, delivery of safe care and in support of the health and wellbeing of our staff. We have recently run a successful international recruitment campaign, with more people due to join us over the coming months. In addition, our priority continues to be the retention of existing staff and ensuring that all who work at Guy's and St Thomas' have a good experience and opportunities to develop their careers.

6.2. On average, the Trust has had higher staffing levels providing a greater number of patient care hours when compared to peers, with the Trust averaging 11.1 Care Hours per Patient Day compared to the national benchmark of 8.0. This gives us the assurance that our staffing policies are effective and we can reduce reliance on temporary staff.

6.3. The Trust vacancy rate has seen a decrease from 11.9% in September 2022 to 10.8% in February 2023. Annual nursing and midwifery turnover has also reduced, with a current annual turnover of 13.7%, down from 16.2% in May 2022.

Staff Survey

6.4. The results of the national Staff Survey 2022 results were published in March and were overall positive and above the national average including areas in staff engagement, recommending the Trust as a place to work and that the care of patients is the Trust's top priority.

6.5. To respond to these results, the Trust is launching a new People Manager Programme in April. The programme will help staff with people management responsibilities to support the wellbeing, performance and careers of individuals within their teams. Diversity and inclusion will also be an integral part of all modules within the programme and will support the Trust in creating a fair and inclusive environment where colleagues want to stay and are able to grow.

Equality, Diversity and Inclusion

6.6. The Trust is developing a new vision and strategy for Equality, Diversity and Inclusion with a specific focus on anti-racism in 2023. New thinking and cultural change at scale lie at the heart of this work, which is being supported by Guy's and St Thomas' Foundation and represents a far reaching programme of change.

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Gender Pay Gap

- 6.7. The Trust is one of the largest in the country and one of the largest employers locally. Like the wider NHS, the Trust's workforce is predominantly female, with 72% of female staff. The Trust recently published its 6th Gender Pay Gap Report which has reported a decrease of 2.36% in the mean gender pay gap to 13.31%, and a decrease of 0.62% in the median gender pay gap to 6.93%.
- 6.8. Although the overall position is improving, we recognise there is still more to do and that the gender pay gap is driven by fewer women in senior posts. Substantial change takes time and the Trust remains committed to addressing this imbalance.

7. Updates from the Trust's Clinical Groups

7.1. **Cancer and Surgery Clinical Group**

World first surgery

A team of head and neck surgeons in the Trust have become the first in the world to operate through a patient's mouth using a new Versius robotic surgery system. This less invasive approach can remove cancerous and benign tumours growing in the mouth and throat and speed up the patient's recovery time. The technique is well established but has never been performed before with this new surgical robot.

New free lung health checks for Southwark residents

A new campaign has launched in Southwark to offer residents a free lung health check. Residents aged 55 – 74 and who are registered as current or former smokers with their GP are being invited for the check which can detect lung cancer before symptoms appear, allowing doctors time to treat patients early on when chances of survival are higher. The campaign is being run in partnership with the South East London Cancer Alliance and has plans to extend to other parts of south east London later this year.

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

Staff nominated for awards

Members of the anti-Racism Implementation Advisory Group (ARIA) have been highly commended for their work within the maternity service by the Kofoworola Abeni Pratt Fellowship Inclusion Awards and also shortlisted for a Royal College of Midwives (RCM) Award. The Lambeth Early Action Partnership (LEAP) midwives who provide care to disadvantaged women and families in the most deprived areas of Lambeth have also been shortlisted for an RCM Award.

7.3. **Heart, Lung and Critical Care Clinical Group**

Pioneering new CPR service

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A new service has been launched by Harefield Hospital in partnership with Thames Valley Air Ambulance. Patients who have had an out-of-hospital cardiac arrest and do not respond to standard CPR (cardiopulmonary resuscitation) will be transported to Harefield Hospital to receive Extra-CPR (ECPR), a process that passes the patient's blood through a machine in a process to oxygenate the blood supply. This service is the first of its kind in the UK and the technique has been found to improve survival rates of patients with cardiac arrest.

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

Expansion of the Patient Initiated Follow Up programme

The Patient Initiated Follow Up programme (PIFU) empowers patients to initiate follow up care when they need it and is key to reducing unnecessary follow up outpatient appointments. In the last year, more than 36,000 patients have entered PIFU pathways at the Trust meaning that thousands of appointments have been freed up to see new patients, reduce waiting lists and better match clinical time to patient need. The PIFU programme will be extended to further services throughout 2023/24, and the Trust is working closely with partners in south east London and beyond to share learning.

7.5. **Essentia Group**

Theatre Refurbishment Programme

New modular theatres have arrived on site at Guy's and work is now underway to prepare them for use from June. The arrival of these theatres means the Trust will now be able to start its planned Theatre Refurbishment Programme and create further capacity for patients requiring surgical procedures.

8. **Working in south east London and beyond**

8.1. The South East London Acute Provider Collaborative (SEL APC) continues to focus on the effective delivery of high volume low complexity elective surgery, diagnostic services, critical care and dental services. The Trust is committed to playing an active role in this work, which aims to ensure equity of treatment through shared waiting lists, and initiatives such as the recently opened ophthalmology service at Minnie Kidd House in Clapham to increase diagnostic and treatment capacity.

9. **Key events**

9.1. Marsha de Cordova MP (Labour, Battersea) visited the eye department at St Thomas' Hospital on 24 February to speak to staff and patients about the services provided in the hospital and more widely in the community. This was to inform her ahead of her second reading in Parliament of a draft Bill for a new National Eye Health Strategy. Ms de Cordova learned how the Trust had transformed its services during COVID to continue to care for patients most in need, and how it continues to adapt to serve the needs of the local population.

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10. Board committee meetings and supporting information

Since the last public board meeting we have met a number of times as a Board and the following meetings have taken place since January 2023:

- Audit and Risk Committee: 22 February 2023
- Finance, Commercial and Investment Committee: 1 February and 12 April 2023
- Quality and Performance Committee: 5 April 2023
- Strategy and Partnerships Committee: 22 March 2022
- Heart, Lung and Critical Care Clinical Group Board: 28 March 2023

11. Consultant Appointments from 1 January 2023 – 31 March 2023

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

Name of post	Appointee	Post Type	Start date
Consultant, Nuclear Medicine	Pushan Bharadwaj	Substantive	01/03/2023
Consultant, Respiratory Medicine	Richard Hewitt	Substantive	10/03/2023
Consultant Surgeon, Laryngology	Natalie Watson	Newly created	23/01/2023
Consultant, GI and Nuclear Medicine	Cherry Sit	Newly created	01/04/2023
Consultant, Dentistry	Samina Nayani-Low	Newly created	01/04/2023
Consultant, Dentistry	Joanna Dick	Newly created	01/04/2023
Consultant, Oncology (Breast and Gynaecology)	Emma Beddowed	Vacant post	01/03/2023
Consultant, Dermatology	Wisam Alwan	Newly created	03/04/2023
Consultant, Dermatology (Community)	Roberto Corso	Vacant post	03/04/2023
Consultant, Orthopaedic Surgery (hip preservation)	Christian Smith	Vacant post	01/08/2023
Consultant, Rehab Medicine	Yuying Liang	Vacant post	01/05/2023
Consultant, Orthopaedic Surgery (knee revision)	Alexander Charalambous	Newly created	01/03/2023
Consultant, PET Imaging	Rohit Srinivasan	Newly created	01/09/2023

NHS CONFIDENTIAL - Board

Consultant, Cellular Pathology (Respiratory and GI Pathology)	Vivek Sekhawat	Newly created	05/06/2023
Consultant, Plastic Surgery	Hawys Lloyd-Hughes	Newly created	27/03/2023
Consultant, Anaesthetist (Thoracic)	Sarah Yu Tian	Newly created	17/04/2023
Consultant, Paediatric Neurology (Neuromuscular)	Maria Vanegas	Vacant post	01/04/2023
Consultant, Paediatric Neurology (Epilepsy)	<i>TBC – awaiting outcome</i>	Newly created	<i>TBC</i>
Consultant, Thoracic Surgery	<i>TBC – awaiting outcome</i>	Newly created	<i>TBC</i>
Consultant, Dermatology	<i>TBC – awaiting outcome</i>	Newly created	<i>TBC</i>
Consultant, Urology	Suks Minhas	Extension	09/01/2023
Consultant, Cardiology	Thomas Always	Extension	31/01/2023
Consultant, Paediatric Endocrinology	John Anthony Hulse	Extension	01/01/2023
Consultant, Orthodontics	John Ahn	Extension	17/03/2023
Consultant, Paediatric Urology	Kalpana Patil	Extension	28/02/2023
Consultant, Interventional Radiology (Clinical Imaging and Medical Physics)	Gregory Makris	Extension	02/03/2023
Consultant, Urology	Marios Hadjipavlou	Extension	25/04/2023
Consultant, Cardiovascular	Sven Plein	Extension	23/03/2023

NHS CONFIDENTIAL - Management

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

PUBLIC BOARD OF DIRECTORS

WEDNESDAY 19 APRIL 2023

Title:	Apollo Programme Update
Responsible Director:	Avey Bhatia, Chief Nurse & SRO Apollo Programme GSTT
Contact:	Sarah Lomax, Programme Director Sarah.Lomax@gstt.nhs.uk
Purpose:	Provide an update on the Apollo Programmes progress and revised Go Live date
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY; TO CARE FOR AND SUPPORT OUR STAFF; TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<ul style="list-style-type: none"> • The Apollo programme is focused on re-planning for the new Apollo go-live on Thursday 05 October 2023, aligning activities to the new date and joint go-live model between Guy's and St Thomas Trust (GSTT), Kings College Hospital (KCH) and Synnovis. • The change of date and the joint go live strategy requires changing some of the programme's governance to incorporate equal presence of GSTT and KCH leadership across governance forums, to reflect the joint go-live model.
Recommendations:	<p>The BOARD OF DIRECTORS is asked to:</p> <ol style="list-style-type: none"> 1. Note the update

NHS CONFIDENTIAL - Management

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
PUBLIC BOARD OF DIRECTORS
WEDNESDAY 19 APRIL 2023
APOLLO PROGRAMME UPDATE
PRESENTED BY AVEY BHATIA

- 1.1. The Joint Apollo Assurance Committee (JOC) took the difficult decision in February to delay the GSTT Apollo go-live date of the 27th April 2023. This is due to a number of critical delivery issues that would not be safely resolved by the planned go-live date. These include challenges in data migration to the new system, which we want to be sure is thoroughly addressed to maximise safety and minimise disruption.
- 1.2. Following the decision to delay the Apollo go-live, an assessment was undertaken to inform the revised go-live approach and date. This assessment concluded that moving to a joint go-live between Guy's and St Thomas Trust (GSTT), Kings College Hospital (KCH) and Synnovis on 05 October 2023 was the best option, offering the lowest overall risk to the organisations. Therefore, the 05 October 2023 was selected as the new go-live date. The revised joint go-live date, and risks will be further discussed at the next JOC in May 2023.
- 1.3. The new go-live approach and date necessitates a round of replanning which the programme will complete by end of April 23. The replanning includes revising delivery activities and introducing changes to programme governance to reflect the joint go-live approach between KCH and GSTT. As part of the joint governance, a Senior Responsible Officer (SRO) for each organisation has been assigned to the programme - Avey Bhatia, from GSTT and Ellis Pullinger, from KCH.
- 1.4. With the change in governance is a change in reporting processes. The new reporting will facilitate quicker decision making, through greater use of delivery metrics and reporting by exception, focussing senior leadership attention on the key decisions that move the programme forward. Revised non-financial delegation of authorities will empower teams and lower levels of governance to make more of the tactical decisions.

NHS CONFIDENTIAL - Management

- 1.5. A key element of any governance is the provision of progress reporting against a robust programme plan. As part of the replanning, a revised critical path will be identified and monitored closely for any risks and deviations. Escalations on the critical path will become a key focus of senior leadership to quickly address items which may impact the 05 October go-live.
- 1.6. Despite the change to the go-live date, the programme continues to make progress. Staff engagement across all organisations has increased with frequent demonstrations of the new workflows receiving positive feedback. A new training strategy has been approved, which builds in greater flexibility for staff to complete key elements of their training when it is convenient for them, along with further face to face training to check understanding and enable personalisation.
- 1.7. One significant opportunity arising from the delay to the programme is the opportunity to further equip our 2,500 digital change champions with additional Epic and digital skills. These additional skills will prove invaluable during and after go-live, leading to enhanced support for our staff and increased opportunities to familiarise staff with new ways of working. We are pleased to be investing additional time in ensuring a safe go live and building a sustainable capability thereafter. This will reinforce our ability to reap the benefits of the investment made in this major programme.
- 1.8. All organisations are investing in the technical infrastructure to support the EPIC. This involves the purchasing and deployment of new end user computers across all sites. At GSTT alone, over 2,500 devices have been deployed in advance of the go-live. Alongside the purchase of new equipment, there is significant investment in the underlying infrastructure for example Wi-Fi, power points and cabling. This investment will directly improve the experience and efficiency of staff using the new system.
- 1.9. The programme over the next few weeks will finalise its replanning efforts and start working to the new plan, empowered by the new governance. Key areas of focus include:
 - 1.9.1. Finalising the Epic build and technical infrastructure
 - 1.9.2. Improving the data migrated into the EPIC system
 - 1.9.3. Relaunching training for the new go-live across GSTT and KCH, with greater flexibility for staff
 - 1.9.4. Using the extra time to increase further the clinical and operational input into the preparations for go-live.
- 1.10. Despite the disappointment of the delay to go-live, we remain confident about the incredible clinical and operational benefits for our patients and staff and remain hugely excited about the future.

**BOARD OF DIRECTORS
AUDIT AND RISK COMMITTEE**

**Wednesday 22nd February 2023, 1pm – 4.30pm
Boardroom, Royal Brompton Hospital**

Members present: John Pelly (Chair) Priya Singh
Simon Friend

In attendance: Ian Abbs Ruth Liley
Charles Alexander Charles Martin (until item 7)
Simon Bampfylde (until item 8) Clare McMillan
Edward Bradshaw (Minutes) Phil Mitchell
Steven Davies Satwinder Nandhra
Paul Dossett (to item 10) Fiona Nicholls
Catherine Eyre Damien O'Brien
Alastair Gourlay Adeola Ogunlaja
Richard Horne (until item 6) Catherine Philpott (until item 12)
Simon Lane Lawrence Tallon (until item 6)

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the Audit and Risk Committee (the Committee). Apologies had been received from Steve Weiner.

2. Declarations of interest

- 2.1. No declarations of interests were made.

3. Minutes of the previous meeting of the Committee

- 3.1. The minutes of the previous meeting of the Committee, held on 30th November 2022, were agreed as an accurate record.

4. Review of the action log and matters arising

- 4.1. The Committee reviewed the action log and noted the open actions and the work that was underway to close these. Two actions would be carried forward to future meetings of the Committee.

- 4.2. The Chief Executive gave an overview of the reasons for the recent decision to delay the go-live of the Epic electronic health record system from 27 April 2023 until later in the year. There were a number of factors which had led to the delay, including the anticipated ability of the new system to generate data of a sufficient quality to support clinical operations and management reporting. As a joint programme the decision had been taken in collaboration with King's College Hospital NHS Foundation Trust. The main implications of the delay were summarised, and steps were being taken to review and strengthen the programme governance and the arrangements to oversee operational readiness.

- 4.3. Committee members were supportive of the need to ensure implementation was carried out as safely as possible. Questions were asked about how the Trust's data and reporting requirements had been defined in its contract with Epic, and about how other trusts implementing electronic health record systems had dealt with similar issues. Committee members sought assurances about whether the Trust's existing systems were able to support the ongoing delivery of safe clinical services for a further six months. There was discussion about the potential new implementation dates that had been considered and the reasons why the Trust had decided to choose the same date as King's College Hospital. It was agreed that an update would be taken to the full Board of Directors in due course.

ACTION: BB, JF

5. Cyber risk and the Irish health service experience

- 5.1. The Committee welcomed Richard Horne, a Cyber Security Partner at PwC UK, who provided an overview of the most common types of cyber-attack, the primary characteristics of these, and the typical experiences and responses of organisations that had been attacked. The Committee noted details of the cyber-attack that had taken place on the Irish Health Service in 2021 and the key lessons for organisations that PwC had distilled from the incident, including governance and cyber security leadership; effective cybersecurity capability; and preparedness to respond and recover.
- 5.2. Committee members agreed the presentation was helpful in supporting the Committee to understand the key cyber-security risks for the Trust and the main assurances they should be seeking from executive management about the Trust's mitigation plans. There was discussion about how the Trust could protect its medical devices from the impact of cyber-attacks, and about its ongoing risk exposure from its legacy IT estate. The need for both proactive and reactive controls was noted, and the role of NHS England in helping trusts improve their resilience to these risks was also explored. The Committee concluded this was a complex area that would require considerable attention and investment over the coming years.

6. IT critical incident

Review recommendations action plan

- 6.1. The final report from the review into the previous summer's critical IT incident had been presented to the Board of Directors on 25th January 2023 and published on the Trust's website the following day. The Board had fully accepted the 28 recommendations in the report, including the need to rebuild trust, to care for those affected, and to ensure a similar incident did not happen again.
- 6.2. The Committee approved the proposed process for how the implementation of the recommendations would be overseen to ensure the Trust did not lose focus on their delivery. Some of the indicative implementation dates were queried; it was explained that following the decision to delay the Epic go-live, all of the dates in the action plan would be reviewed to ensure they remained appropriate.

Strategic data centre plan

- 6.3. A key recommendation from the review of the critical IT incident was that the Trust should develop a strategic plan to ensure future computer processing, data storage and backup and recovery capabilities were robust in the face of expanding demand and resilient to foreseeable risks. The report had also recommended a blend of cloud and onsite hosting of data services.

The Committee noted that under the existing model the Trust hosted all of its digital infrastructure. The strategic vision was a new hybrid model using cloud and on-site hosting, and the advantages of this were set out, together with an outline of the plan to deliver this.

- 6.4. The Committee supported the broad vision and sought further information about the residual risk exposure the Trust would have under the new model, and about the likely capital and revenue costs. There was discussion about whether the Trust should seek external assurance on the proposed approach. It was confirmed that the capacity of the cooling systems at both Guy's and St Thomas' hospitals had recently been upgraded to significantly mitigate the risk of over-heating during the coming months.

Third party risks and operational risk management arrangements

- 6.5. The Committee noted a summary of the operational risk management arrangements across the Trust that supported the management of the Trust's exposure to third-party risks and set out the accountability for risks linked to physical infrastructure between corporate functions and the Essentia delivery group.
- 6.6. The Trust uses the standard NHS contract when it contracts with third parties, and there was discussion amongst Committee members about how staff managed these contracts to ensure relevant risks were identified and managed appropriately. It was important that staff received training to do this effectively. There was consideration about the information that the Trust needed to receive from its major suppliers to aid this process, and whether additional provisions could be added to some contracts to reduce its risk exposure. The extent of the risks beyond the Trust's control meant it needed to have reactive controls in place.
- 6.7. The Committee agreed that an external review of the Trust's risk management arrangements should be undertaken once the arrangements had been fully embedded across the clinical group operating model. Pending this, external advice should be taken to identify any issues, omissions or areas of concern about the risk management framework.

ACTION: RL, CM

- 6.8. The corporate risk register would be presented to the Committee twice a year; this would be added to the Committee's forward plan.

ACTION: AO

7. Emergency preparedness resilience and response

- 7.1. The Committee received an update about the work of the Trust's Emergency preparedness resilience and response (EPRR) team during the past 12 months. The team was now fully-staffed and with leads assigned to the Trust's clinical groups and corporate services.
- 7.2. In late 2022 the team had completed an assurance return against NHS England's core standards for EPRR which, for the first time, was an amalgamation of the Guy's and St Thomas' and Royal Brompton and Harefield submissions. As a result of the review the Trust had remained substantially compliant against the core EPRR standards. The Committee agreed that in future the returns would be assessed at the Trust's Risk and Assurance Committee prior to being approved for submission by the Chief Operating Officer. The Audit and Risk Committee would then be notified of the submission, and the action plan taken to the Quality and Performance Committee for review. These arrangements would be added to the committees' forward plans.

ACTION: EB

- 7.3. The Committee thanked the EPRR team for their involvement in helping coordinate the Trust's response to a wide range of critical and serious site incidents over the past 12 months, including the IT outage, the heatwave, mpox, cyber-attacks and a bomb threat.

8. Annual external audit

- 8.1. The Trust's external auditors, Grant Thornton, presented their indicative plan for the audit of the Trust's 2022/23 accounts. This set out the scope of the audit work that would be undertaken and the significant risks that were common to many external audits including the potential for management override of controls, fraud in revenue recognition and the valuation of land and buildings. An overview was provided about the approach to auditing the Trust's treatment of the new international financial reporting standard (IFRS) 16 regarding leases, where a primary area of audit focus would be the completeness of related disclosures. The Committee noted the planned level of materiality, and an explanation was sought about how the auditors would treat immaterial errors that, in aggregate, met the materiality threshold.
- 8.2. The Committee noted the questions that Grant Thornton had asked of the Trust's management, together with the responses that had informed the audit risk assessment. This included general enquiries as well as areas including fraud, laws and regulations and related parties. The lead auditor confirmed he was content with the management responses that had been provided, and that these were consistent with his observations.
- 8.3. The Committee noted an overview of emerging national issues and developments that Grant Thornton had considered may be relevant for the Trust and health sector more broadly.

9. Internal audit

- 9.1. Six internal audits had been completed since the previous update to the Committee although progress against the agreed delivery plan remained behind plan due to resources in the team. An overview was provided of the main findings from these audits, including from the review of lone working procedures, which had received limited assurance. Committee members queried the definition of 'lone working' and what this encompassed. There was discussion about whether the recommendations arising from this review would help fundamentally address the issues identified, and how the possible under-reporting of the number of security incidents could be addressed.
- 9.2. The Committee noted the advisory audit on the Somerset Cancer Registry project that had been requested by the Trust's digital management team. In discussion there was consideration of whether the issues identified were isolated to this specific project or likely to be prevalent across a wider range of projects. The other advisory audit, relating to the Trust's waiting list management, had been mandated by NHS England following publication of its *Delivery Plan for Tackling the Covid-19 Backlog of Elective Care*. It was hoped the analysis and testing would help the Trust's elective recovery, which was one of its key organisational priorities. The review of payroll and pensions had received substantial assurance, although it was noted that there was an ongoing national issue with exception reporting of underpayments and overpayments.

10. Counter Fraud

- 10.1. The Committee noted the progress made by the counter fraud team during the current financial year, including the numbers of new cases opened and cases closed. Disciplinary hearings had

been held for all cases which had concluded that fraud or irregularity had been identified. It would be important to ensure staff were aware of and fully understood the Trust's policy about working whilst on sick leave.

ACTION: AK

- 10.2. The Committee reviewed and approved the draft counter fraud work plan for 2023/24 which, as in previous years, was split between reactive and proactive work.

11. Finance updates

Final accounts 2022/23 preparation

- 11.1. The Committee received an update on the Trust's preparation for the production of its year-end accounts, with specific focus on a number of areas of enhanced accounting risk or contention. As part of this, Committee members confirmed that they were not aware of any material uncertainties that may question the appropriateness of preparing the accounts on a going concern basis.
- 11.2. An overview was provided about how the Trust would approach key accounting estimates, including its leases under the new IFRS 16, bad debts and annual leave. There was discussion about whether, and how, the decision to delay the Epic go-live would have any impact on the financial valuation of the Trust's assets. The Committee confirmed that it supported the proposed approach that would be taken to the valuation of the Trust's estate.
- 11.3. The Committee noted that the matrices used to value impaired receivables were currently being reviewed, but that this was not anticipated to lead to any material change in the total value of debt that was assessed as impaired. The Committee was content for disclosures on segmental reporting to take a narrative form for 2022/23, following a similar approach to previous years.

Finance systems update

- 11.4. In June 2022 the Trust had implemented a new financial system across the organisation, with the exception of the Royal Brompton and Harefield hospitals. The new system had experienced a number of issues since implementation. Whilst a large volume of these had been addressed, the unresolved issues were a deciding factor in the decision made in January 2023 to postpone the implementation of the system at Royal Brompton and Harefield until July 2023.
- 11.5. Committee members sought more information about the status of the issues and the realism of the revised implementation date. Reassurances were provided that the issues affected the functionality of the system rather than the integrity of the data it produced, and that this reduced the risk that the issues might compromise the production of the annual accounts and the audit of these accounts. The Trust's external auditors were aware of the issues. It was suggested that a review should be undertaken to identify the reasons for the issues and how the same situation could be avoided on similar projects in the future.

ACTION: SD

Standing financial instructions update

- 11.6. The Committee reviewed and approved, subject to a small number of minor amendments, the proposed changes to the Trust's Standing Financial Instructions (SFIs) that were due to be effective immediately. The Committee also approved the further amended SFIs that would be effective from the go-live date of the new finance system being implemented at Royal

Brompton and Harefield hospitals, which was currently planned for July 2023. This would enable delegated financial limits to be aligned across all of the Trust's clinical groups.

11.7. The Committee welcomed the production of a 'simple guide' to the SFIs to support staff compliance. Whilst this was not a new initiative, the updated guide would be promoted more widely across the organisation.

12. Papers for noting

12.1. The Committee noted the management of Risk Annual Report and a report on the Advanced cybersecurity incident summary that had affected a number of systems including Carenotes.

13. Any other business

13.1. There was no other business. The next meeting of the Committee would take place on 17th May 2023.

DRAFT

**BOARD OF DIRECTORS
AUDIT AND RISK COMMITTEE**

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- 11.1. The Committee received an update on the Trust's preparation for the production of its year-end accounts, with specific focus on a number of areas of enhanced accounting risk or contention. As part of this, Committee members confirmed that they were not aware of any material uncertainties that may question the appropriateness of preparing the accounts on a going concern basis.
- 11.2. An overview was provided about how the Trust would approach key accounting estimates, including its leases under the new IFRS 16, bad debts and annual leave. There was discussion about whether, and how, the decision to delay the Epic go-live would have any impact on the financial valuation of the Trust's assets. The Committee confirmed that it supported the proposed approach that would be taken to the valuation of the Trust's estate.
- 11.3. The Committee noted that the matrices used to value impaired receivables were currently being reviewed, but that this was not anticipated to lead to any material change in the total value of debt that was assessed as impaired. The Committee was content for disclosures on segmental reporting to take a narrative form for 2022/23, following a similar approach to previous years.

Finance systems update

- 11.4. In June 2022 the Trust had implemented a new financial system across the organisation, with the exception of the Royal Brompton and Harefield hospitals. The new system had experienced a number of issues since implementation. Whilst a large volume of these had been addressed, the unresolved issues were a deciding factor in the decision made in January 2023 to postpone the implementation of the system at Royal Brompton and Harefield until July 2023.
- 11.5. Committee members sought more information about the status of the issues and the realism of the revised implementation date. Reassurances were provided that the issues affected the functionality of the system rather than the integrity of the data it produced, and that this reduced the risk that the issues might compromise the production of the annual accounts and the audit of these accounts. The Trust's external auditors were aware of the issues. It was suggested that a review should be undertaken to identify the reasons for the issues and how the same situation could be avoided on similar projects in the future.

ACTION: SD

Standing financial instructions update

- 11.6. The Committee reviewed and approved, subject to a small number of minor amendments, the proposed changes to the Trust's Standing Financial Instructions (SFIs) that were due to be effective immediately. The Committee also approved the further amended SFIs that would be effective from the go-live date of the new finance system being implemented at Royal

Brompton and Harefield hospitals, which was currently planned for July 2023. This would enable delegated financial limits to be aligned across all of the Trust's clinical groups.

11.7. The Committee welcomed the production of a 'simple guide' to the SFIs to support staff compliance. Whilst this was not a new initiative, the updated guide would be promoted more widely across the organisation.

12. Papers for noting

12.1. The Committee noted the management of Risk Annual Report and a report on the Advanced cybersecurity incident summary that had affected a number of systems including Carenotes.

13. Any other business

13.1. There was no other business. The next meeting of the Committee would take place on 17th May 2023.

DRAFT

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

**Wednesday 14th December 2022, 2.30pm – 5pm
MS Teams**

Members present: Mr S Friend – Chair
Prof I Abbs
Mr C Alexander – to item 9
Mr S Davies

Mr J Pelly
Mr L Tallon
Mr S Weiner

In attendance: Mr E Bradshaw – minutes
Mr M Bryan
Mr T Davies – items 6 & 7
Mr R Guest
Ms A Knowles

Ms M McEvoy
Mr D O'Brien
Mr P Parr – item 6
Mr M Rowe – item 7
Mr J Wolff – item 6

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Finance, Commercial and Investment Board Committee (the Committee). This meeting was being held specifically for an in-depth consideration of the Trust's financial position and opportunities to improve productivity and efficiency.
- 1.2. Apologies were noted from Avey Bhatia, Jon Findlay, Ian Playford and Reza Razavi.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting

- 3.1. The minutes of the meeting held on 12th October 2022 were approved as an accurate record.

4. Review of action log

- 4.1. The Committee noted the open actions and the work that was underway to address these. Updates on the development of a commercial strategy and the estate utilisation review would be brought back to the next Committee meeting.
- 4.2. NHS England had taken a decision not to delegate specialised commissioning responsibilities to Integrated Care Boards (ICBs) until April 2024. However, South East and South West London ICBs had been assessed as ready and suitable for delegation and proposals were being developed with NHS England for them to be a national pathfinder pilot 2023/24. There was discussion about the implications of this, including the potential financial risks for the Trust. A date would be identified for the full Trust Board to be appraised of developments.

ACTION: EB

- 4.3. There was discussion about whether a non-executive director from the Trust Board should be appointed to the Board of Guy's and St Thomas' Enterprises Limited (GSTE). It had previously been suggested that Trust Board members could be a minority on the GSTE Board to maintain sufficient independence from the Trust. It was agreed to appoint a Trust non-executive director to the GSTE Board in an advisory capacity. Further consideration would be given outside of the meeting as to who should fill this role.

ACTION: CA, SF

5. Board Assurance Framework Risks

- 5.1. The strategic risks on the Trust's Board Assurance Framework had been reviewed by the Board in October. Work was underway to update the risks owned by the Committee to reflect the decisions made in October and these would be presented at the next Committee meeting.

6. Financial position – month 7

- 6.1. The Trust's financial position to the end of October 2022 remained behind plan although was reported as being comparable with peer trusts in London. The monthly position had stabilised over the preceding three months and was close to breakeven; this led to discussion about whether the phasing of the financial plan should be refined in future years. The Committee noted the financial positions of the clinical groups, Essentia and the Trust's corporate services and thanked the finance team for the increased granularity provided in the new monthly finance report. There was discussion about the specific interventions that were being undertaken in the areas of the organisation where the financial position was of most concern.
- 6.2. The reasons for the movements in the cash position were explained and the Committee was supportive of the increasing focus on cash management to protect the position as much as possible.
- 6.3. The Committee was presented with a range of scenarios for a year-end position and noted the opportunities available to meet the current break-even forecast. As was common across the sector, the Trust's 'block contract' had supported its financial position as activity levels had yet to fully return to pre-pandemic levels. Whilst some concern was expressed about the financial impact if the NHS moved back to a payment by results regime, work was taking place internally to re-establish the link between activity and income to improve productivity and to mitigate this risk. There was discussion about how realistic the breakeven forecast was and about the impact of the Apollo programme. Concern was also raised regarding the underlying financial position and the implications for the Trust's ability to maintain a break-even position in subsequent years.
- 6.4. There was discussion about the extent to which the Trust would be required to help support the current year's financial position across the integrated care system. A number of Committee members felt that deficits should remain with the responsible organisation. The wider economic uncertainty and the level of financial risk in the Trust's own position made it difficult to provide financial support to system partners at this stage.
- 6.5. The Committee remained supportive of the current proposal to continue to forecast a breakeven outturn in 2022/23.

7. Efficiency and productivity update

- 7.1. The Trust's Operational Productivity Unit had continued to identify opportunities for delivery of increased productivity and efficiency, as well as support the implementation of a range of central financial controls. A particular focus was to develop a greater understanding of workforce growth against activity growth by clinical group, directorate and service line, and this intelligence was being used to drive in-year financial improvements and to prepare for 2023/24 business planning. The team was now fully-staffed with dedicated resource aligned to each of the main areas of the Trust. There was also a focus on medium- and longer-term opportunities linked to theatre utilisation, improvements in patient flow and reductions in length of stay.
- 7.2. The Committee received the latest productivity report which benchmarked the Trust against its peers across a number of Model Hospital metrics and compared data over the past three years. This showed the Trust's productivity was improving compared to 2020/21, but continued to lag behind 2019/20. Whilst not perfect, the data was sufficiently reliable to provide actionable insights and direct the attention of the organisation to key improvement opportunities.
- 7.3. Committee members thanked the team for its work and the improvement in the quality of the data that had been generated. There was recognition that, once implemented, the new Epic electronic health record system would further improve data quality. There was a discussion about how the Trust would measure the Operational Productivity Unit's impact, and it was agreed that the primary barometer would be delivery against the Trust's overall cost improvement target. Accountability for delivery of the improvement opportunities would sit with clinical groups with support from corporate functions and the Trust's Centre for Innovation, Transformation and Improvement (CITI).

8. Capital forecast

- 8.1. The Trust had been projecting to exceed its Capital Departmental Expenditure Limit (CDEL) for 2022/23, although the extent of overspend had significantly improved since the previous report to the Committee in October due to a range of mitigating actions. The Committee noted the plans to address the outstanding gap, whilst being mindful not to increase clinical risk or delay delivery of key operational objectives. The position would be closely monitored and managed over the remaining months of the year.
- 8.2. Pressures on the Trust's capital budget were unlikely to ease over the coming years, and it was expected that capital allocations to maintain the Trust's estate and facilities, and for digital and medical equipment would need to increase to support the resilience of the Trust's infrastructure. This meant a significant prioritisation exercise would be required, informed by an assessment of strategic priorities and risks. Consideration of the cash flow implications would also require scrutiny to ensure that cash reserves were being maintained. Committee members fully endorsed the ongoing development of a five-year medium-term plan to inform this process and noted that good progress was being made.
- 8.3. A further update on this work, including a cash flow assessment, would be brought to the next Committee meeting.

9. Finance integration update

- 9.1. There had been a number of operational issues following the implementation of the new Finance Cloud system in June 2022 and the Committee noted these. Whilst the majority of the issues had now been resolved, and the system was operating as expected, a task and finish group was overseeing the resolution of the remaining issues prior to the Royal Brompton and Harefield hospitals implementing the new system.
- 9.2. There was discussion about the extent to which the issues might have been avoided. The Trust's external auditors, Grant Thornton, would be fully-briefed ahead of their interim audit in the New Year.

10. Papers for noting

10.1. The Committee noted the following further updates:

- In November 2022 NHS England had issued a new protocol outlining the steps trusts and integrated care systems must follow should they wish to change their financial forecast;
- All proposed capital investments over £50million would now require approval through the Department for Health and Social Care and HM Treasury. It was anticipated that this change would affect a small number of major schemes at the Trust, adding time to the approval process and the risk of schemes not being approved. The Committee was informed that this would include the impact of the new IFRS16 standard about leases; and
- In July the Committee had approved a contract award for the provision of core non-emergency patient transport services. Having asked to be kept apprised of post-tender negotiations the Committee noted the Trust would proceed to award on the terms negotiated in the original contract and would implement a regime to manage and measure performance throughout the life of the contract.

11. Any other business

- 11.1. Committee members were supportive of proposals to increase the frequency of the Committee meetings from quarterly to bi-monthly in 2023/24. This change should be supported by having a semi-standard agenda supplemented with topical items.
- 11.2. The next meeting would be held on 1st February 2023.

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

**Wednesday 2nd February 2023, 1pm – 4pm
MS Teams**

Members present:

Mr S Friend (Chair)	Mr J Pelly
Ms A Bhatia	Mr I Playford
Mr C Alexander	Prof R Razavi
Mr S Davies	Mr L Tallon
Mr J Findlay (to item 9)	Mr S Weiner

In attendance:

Mr E Bradshaw (minutes)	Mr E Middleton (item 12)
Mr M Bryan	Mr D O'Brien
Ms E Burgess (item 11)	Mr P Parr (to item 6)
Ms V Curran (item 12)	Mr M Rowe (item 9)
Mr T Davies (item 9)	Mr P Ward (to item 8)
Mr R Guest	Mr N Wright (item 12)
Ms A Knowles	

1. Welcome and apologies

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

2. Declarations of interest

- 2.1. Steve Weiner declared that he had joined the King's College London Council.

3. Minutes of the previous meeting

- 3.1. The minutes of the meeting held on 14th December 2022 were approved as an accurate record.

4. Review of action log

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

5. Board Assurance Framework Risks

- 5.1. The Board Assurance Framework had been reviewed by the Trust Board of Directors in October 2022. Work had been done to update the strategic risks owned by the Committee in line with the decisions made in that meeting; these would be reviewed in agenda item 14.

6. Financial position – month 9

- 6.1. The financial position to the end of December 2022 was a deficit of £24.6m which remained behind plan, primarily due to the under-delivery of cost efficiencies. An overview was presented

about how the Trust could bridge the gap between its current position and a break-even year-end position. This would require significant non-recurrent mitigations which would not improve the Trust's underlying financial position and so not alleviate the financial pressure on the Trust that was anticipated in 2023/24. The cash balance was noted, together with the steps being taken to improve working capital. The South East London Integrated Care System was also behind its financial plan and discussions were being held with NHS England about how this could be addressed.

- 6.2. Committee members expressed concern about the financial position and how this did not appear to be improving. There were queries about the scope and effectiveness of the remedial actions the Trust had taken to date, and about the reasons for the under-delivery of the efficiencies. There was support for a more programmatic approach to the delivery of these, which would make clinical groups more responsible and accountable for delivery. A central approach would also be adopted to direct clinical and delivery groups to implement cost controls.
- 6.3. There was further discussion about:
 - Restoring the link between activity and income to promote better ownership of the financial position within each clinical directorate;
 - The steps being taken by the Trust to improve its cash balance;
 - Exploring what additional measures should be adopted to support process improvement; and tighten controls over expenditure;
 - How the new Epic electronic health record system would help transform ways of working and therefore help generate significant cost reductions over time; and
 - Streamlining the range of complex activities the Trust was undertaking, to reduce costs and prioritise four main areas: safely implementing and embedding Apollo; increasing elective activity; delivering cost savings; and focusing on the workforce.
- 6.4. The Committee agreed that whilst new actions being established were unlikely to materially improve the 2022/23 position, they would be crucial to enabling the Trust to start the new financial year on a strong footing.
- 6.5. It was agreed that there should be established a more rigorous programme scrutinising the financial positions of clinical groups and corporate functions with targets, plans and status reporting to the central finance function.

7. Estates utilisation review

- 7.1. The Committee watched a short video demonstrating how the Trust was using Wi-Fi to calculate occupancy levels across each of its hospital sites. The data generated could be split into specific floors, wards, departments and rooms. This would support the Trust to assess how efficiently it used its space, and inform decisions about the changes that could be made to improve this, particularly to ensure treatment was delivered in the most appropriate settings. This could have significant benefits for the Trust's cost base.
- 7.2. Committee members welcomed the work being done, and the plans to expand the exercise to the Trust's community sites. There was discussion about how staff could be trained to interpret and analyse the data to support decision-making. It was agreed that as this work progressed planned changes would be discussed with the Committee.

8. Annual planning update

- 8.1. The Trust was developing its business plan for 2023/24 following the release of the NHS England planning guidance in late December 2022. Although some further guidance was awaited, the Committee noted the draft full-year projections both before and after growth and efficiencies, and recognised that the Trust would face considerable financial pressure in 2023/24.
- 8.2. The Committee agreed that the return to a variable episodic payment scheme meant that the Trust's financial performance in 2023/24 would be determined by the extent to which it could improve levels of elective activity with its current resources. The Committee was supportive of setting an operational savings target of 2.5%, recognising the need to deliver this in full to meet the financial challenge.
- 8.3. There was consideration of how the Trust's draft projections and savings target compared to other trusts, and the impact of the convergence adjustment on the South East London Integrated Care System financial position. There was further discussion about the level of inflation assumed in the plan and the contingencies that would be incorporated into the plan to mitigate cost increases. Some Committee members felt the Trust should plan, at a minimum, to deliver a breakeven position in 2023/24. The receipt of outstanding guidance would enable the Trust to make a final decision about its forecast.
- 8.4. The Committee noted the implications of the draft plan on the Trust's cash position and the mitigations that would be required. The Trust would need to take action to improve its productivity run rate and cash generation over the remaining months of 2022/23 to enter the next financial year as strongly as possible.

9. Medium term financial plan

- 9.1. The Trust's ability to spend on capital projects was constrained by both the amount of cash it had available and its capital departmental expenditure limit (CDEL) allocation. The value of capital projects in the pipeline over the next five years exceeded the likely resources available, and capital expenditure for new schemes and routine infrastructure maintenance in 2023/24 would be significantly constrained by existing commitments and in-flight schemes. This meant the Trust would need to prioritise its spending. It was agreed that spend on existing infrastructure, medical equipment and technology should have greater priority over new capital builds. Discussions were taking place with clinical groups and corporate functions to identify the greatest need in these areas, as well as the improvements needed to capacity and services. The Committee recognised the importance of assessing the clinical risk of stopping or de-prioritising current or planned projects.
- 9.2. Committee members agreed that maintaining a pipeline of items in excess of the Trust's CDEL allocation was important to mitigate slippage in other capital spending, and enable the Trust to take advantage of external funding opportunities, should these arise. However, it was accepted that the Trust's cash reserves were now the most important determinant of capital spend. The critical IT incident the previous summer had reinforced the need to improve the resilience of Trust infrastructure. There was discussion about the Trust's approach to fundraising and how increased external funding could be generated through philanthropic or commercial channels. Caution was expressed about the sale of assets to provide extra funds. Going forward, major strategic schemes would only be approved if they had agreed external funding attached.

10. Finance integration update

- 10.1. The implementation of the new Finance Cloud system in June 2022 had resulted in a number of issues, not all of which had yet been fully resolved. Consequently, a decision had been taken not to move the Royal Brompton and Harefield hospitals onto the same finance system in February 2023 as originally planned. The Committee was informed about the key issues that remained unresolved, the steps being taken to address them with the support of a team from Oracle, and the implications of these on the Trust's financial reporting capability.
- 10.2. Committee members were supportive of the decision that had been taken, and asked about the impact on the year-end accounts and the external audit. A report detailing the impact of the new finance system on the production of the year-end accounts would be taken to the Audit and Risk Board Committee in February

11. Commercial update

Commercial services

- 11.1. The Committee noted an update about the activities of the Trust's commercial services team in recent months. The Trust had been successful in its bid to provide fertility services in Luton, Bedford, Milton Keynes, Peterborough and Cambridgeshire, but had been unsuccessful in its bid to provide the adult critical care transport services across London. Negotiations had also been ongoing with NHS England in respect of the contract for the provision of services by the Genomics Laboratory Hub (GLH), with the current contract term coming to an end in 18 months.
- 11.2. Positive meetings had taken place with relevant teams regarding the ongoing development of a commercial strategy, a first draft of which would be brought to the next Committee meeting. Richard Guest, the Trust's Director of Strategic Finance, would soon leave the Trust and was thanked by the Committee for all his work, including the years he had served as Chief Financial Officer at Royal Brompton and Harefield NHS Foundation Trust.

Guy's and St Thomas' Enterprises Limited

- 11.3. The Committee noted the good progress that was being made in implementing recommendations relating to Guy's and St Thomas' Enterprises (GSTE) Limited and its portfolio entities following the review undertaken by Ron Kerr the previous year.

RESOLVED:

- 11.4. The Committee approved:
- The appointment of Philip Whitecross as Chair of GSTE;
 - The appointment of Lawrence Tallon as a director of GSTE;
 - The principles for Board representation on the Boards of GSTE and its portfolio entities;
 - The updated articles of association and shareholder agreement for GSTE.

12. Private patients update

- 12.1. The Trust's year-to-date income from private patient activities continued to exceed its plan, with strong performance across all of the Trust's hospital sites. Monthly income had now exceeded

pre-pandemic levels in absolute terms, and all allocated private patient capacity had been re-established. Committee members thanked the team for these achievements. There was discussion about the impact of independent sector providers competing with the Trust and further measures being considered to incentivise staff to undertake private patient work within the Trust without jeopardising services to NHS patients. It was requested that an update was provided at the next meeting about how the private patient income was split by different customer types to enable analysis about which areas were growing.

ACTION: VC, DS

- 12.2. Good progress was being made with the implementation of recommendations from the Trust's private patients strategy that had been approved the previous year. The Committee noted the status of the work relating to each recommendation. The Trust's dedicated private patient capacity meant it would be able to deliver its private patient strategy without compromising its key objective to maximise NHS elective activity to reduce the backlog of patients waiting for treatment. Whilst it was likely that further private patient capacity would be required in the long-term, the Trust's immediate aim was to utilise its existing capacity better, principally at off-peak times. There was also discussion about how the Trust's private patient activity was branded.

13. King's Health Partners Ventures 2023-24 Planning Brief

- 13.1. The Committee noted an update about proposals being made by the King's Health Partners Ventures Board of Directors in respect of its operations in 2023/24. Committee members provided their views about the plans, noting these would be formally considered in due course by the GSTE Board, as a shareholder in the joint venture. Whilst the Committee was supportive of the work being done to advance healthcare innovation, a number of risks were highlighted that the GSTE Board should ensure were appropriately mitigated.

14. Board Assurance Framework update

- 14.1. The Committee reviewed and approved the risks on the Board Assurance Framework that had been updated following the strategic risk session held the previous autumn. It was agreed these remained the right risks to inform the Committee's business, with one request to ensure that the risks regarding cashflow were made more explicit in the risk regarding CDEL.

ACTION: PP

15. Papers for noting

- 15.1. The Committee noted the South East London Integrated Care System finance report at month eight.

16. Any other business

- 16.1. It was requested that the finance reports brought to the Committee going forward should have more benchmarking data where possible, to enable the identification of further opportunities.
- 16.2. The next meeting would be held on 12th April 2023.



Guy's and St Thomas'
NHS Foundation Trust



Finance, Commercial and Investment Committee

12th April 2023

**Finance Report - 22/23
Month 11**

Guy's and St Thomas' NHS Foundation Trust



Guy's and St Thomas'
NHS Foundation Trust

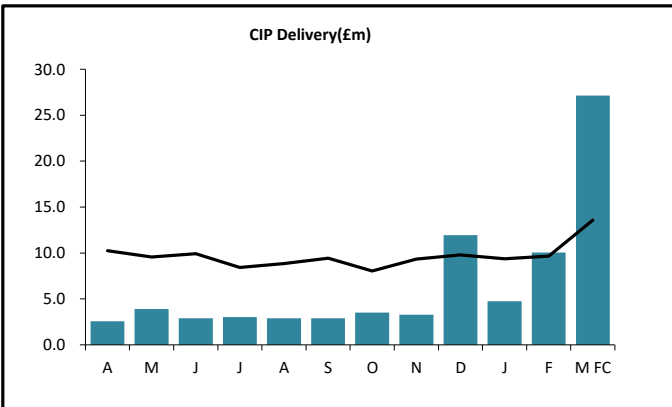
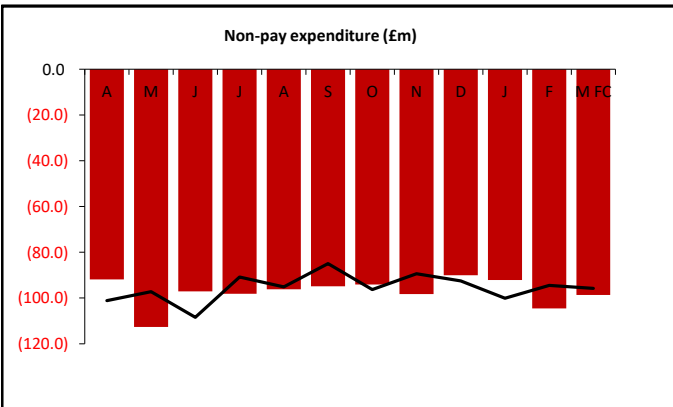
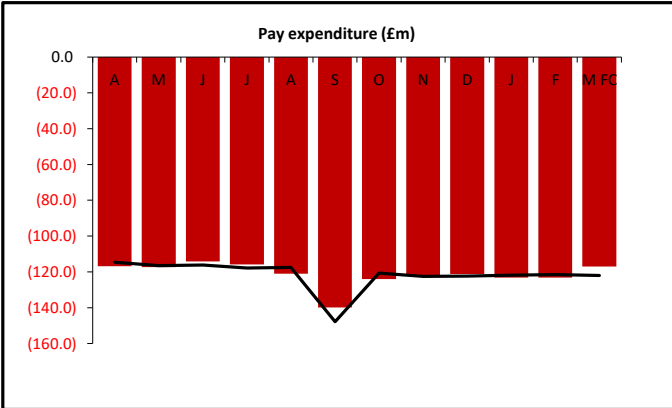
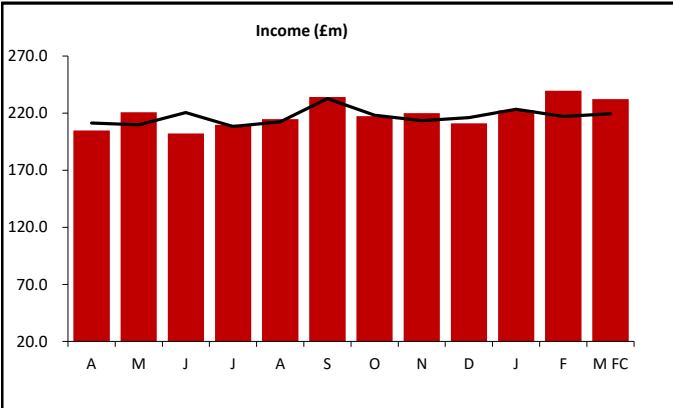
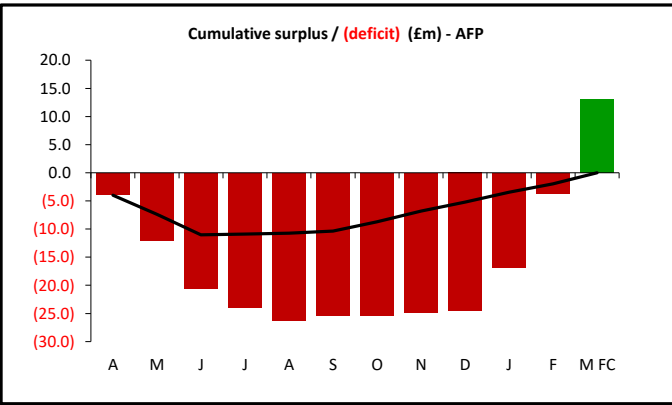
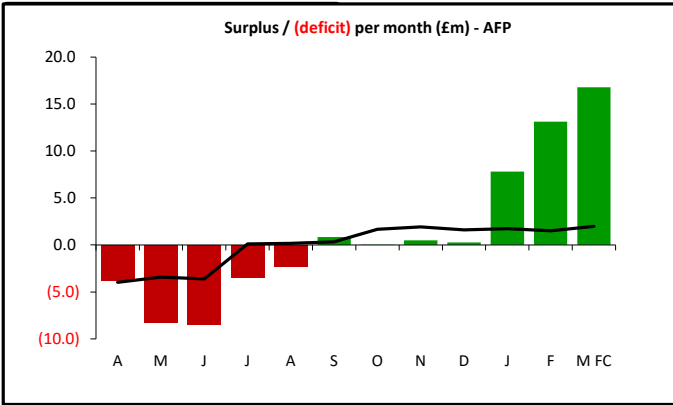


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Summary Financial Performance - Trust

	Budget Mth	Actual Mth	Variance mth	Budget YTD	Actual YTD	Variance YTD	Annual Budget	Actual Forecast	Variance Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	216.4	239.9	23.4	2,375.0	2,394.1	19.1	2,593.6	2,626.5	32.9
Pay	(121.6)	(123.2)	(1.7)	(1,339.3)	(1,338.6)	0.7	(1,461.2)	(1,455.5)	5.7
Non Pay	(93.3)	(103.5)	(10.2)	(1,037.7)	(1,059.3)	(21.5)	(1,132.4)	(1,157.9)	(25.5)
Surplus / (Deficit) - Adjusted Financial Position (AFP)	1.5	13.1	11.6	(2.0)	(3.7)	(1.7)	0.0	13.1	13.1
DODA	(1.1)	(1.0)	0.1	(12.6)	(10.7)	1.8	(13.7)	(11.7)	2.0
Capital Donations	0.8	(0.3)	(1.1)	8.3	3.9	(4.4)	9.0	6.2	(2.8)
Technical Adjustments	0.0	(0.0)	(0.0)	0.0	(1.1)	(1.1)	0.0	(1.1)	(1.1)
Surplus / (Deficit) - Excl Fin Adj's	1.1	11.8	10.6	(6.3)	(11.6)	(5.3)	(4.7)	6.6	11.3



Finance Report Commentary

Executive Summary

Summary: YTD performance the Trust is reporting a deficit of £3.7M in terms of the adjusted financial performance measurement which is £1.7M worse than plan, the main drivers of which are:

- **CIP delivery:** YTD £49.7M of CIPs achieved, which is £35.6M less than plan. £17.0M of those achieved are via central non-recurrent flexibilities.
- **Income:** from pass through drugs and devices is £31.9M below plan, considerably more than the expenditure underspends of £10.7M across clinical supplies and drugs. In year funding from Commissioners and non patient care activities have helped off-set this.
- **Non Pay:** services provided by NHS bodies which includes use of the independent sector are over spent by £10.7M and premises costs which includes energy and utilities are overspent by £12.7M.
- **Reserves:** £42.1M of reserves have been released to mitigate the above.

Income: YTD performance £19.1M better than plan, the main drivers of which are:

- **Pass through drugs and devices** income is £31.9M below plan.
- The main areas of income over performance relate to in year NHS initiatives funded by Commissioners, non-patient care activities including education income and other operating income streams.
- The reported position assumes the Trust will receive the planned Elective Services Recovery Fund allocation of £56.7M, £52.0M of which is reported to date. No provisions have been made for non-payment

Pay budgets: YTD expenditure of £1,338.6M is £0.7M better than plan:

- Two main areas of overspend by staff group remain Medical and Estates and Facilities staff; overall these continue to be offset by underspends across the Nursing & Midwifery, Administrative and AHP staff groups.

Non Pay budgets (including Reserves and Unidentified CIPs): YTD performance £21.5M worse than plan, the main drivers of which are:

- YTD £32.8M of CIPs have been achieved within operational budgets which is £17.8M less than plan, against the central target the £17.0M realised to date is £17.7M less than plan.
- Unidentified CIP targets of £30.0M across operational budgets with a YTD impact of £27.5M
- Drugs and clinical supplies budgets are £10.7M underspent which is considerably less than the level of income underperformance relating to pass through drugs and devices.
- Budgets relating to the purchase of healthcare from NHS bodies, primarily due to the use of the independent sector is £10.7M overspent.
- Premises costs, including energy costs are £12.7M overspent.
- To date Central Reserves of £53.1M have been released to partly mitigate the above.

Balance Sheet: The Trust closed month 11 with a cash balance of £127.9M; a reduction of £93.0M from the opening balance on 1st April 2022.

- The reduction in cash is being driven by movement in working capital, the underlying deficit, the release of non-recurrent flexibility to support the I&E position, capital expenditure being above the levels of cash being generated, and an invoicing backlog in part linked to the new system implementation.
- Additional resource is in place to support cash management moving forward in-year.

CIPs: YTD CIP achievement stands at £49.7M vs a plan of £85.3M with total CIPs identified at £84.5M vs a plan of £99.5M.

- All clinical groups, Essentia and Corporate areas have both identification gaps and delivery gaps.
- Just over 50% of those operational CIP schemes identified are RAG rated Green.
- £57.8M / 68.4% of identified schemes are planned to be delivered on a non-recurrent basis.

Drivers of YTD Group Variances £000

Variance Type	Cancer & Surgery	Evelina London	HLCC	ISM	Essentia	Corporate	Other	Trust Total
Pay	169.0	6,281.3	(817.4)	(2,293.0)	(4,051.3)	10,842.5	(9,431.7)	699.4
Further Improvement Target	(4,130.0)	(6,387.6)	(0.0)	(4,025.8)	(3,719.0)	(7,391.5)	(36,977.4)	(62,631.3)
Internal Recharges	747.2	1,993.9	1,017.8	(4,636.7)	1,045.2	1,015.9	(1,816.3)	(633.0)
Non Pay	20.5	16,102.0	5,902.1	(9,756.6)	(15,682.9)	(19,684.7)	64,848.7	41,749.1
Income (Excl Clin Income Adj)	(5,864.3)	(2,090.8)	(4,551.0)	(1,285.1)	(307.6)	(1,646.8)	34,864.0	19,118.3
Total (Excl Clin Income Adjs)	(9,057.6)	15,898.8	1,551.5	(21,997.2)	(22,715.6)	(16,864.6)	51,487.2	(1,697.6)
Clinical Income Adjustment	(30,551.2)	(33,498.0)	(21,647.7)	(39,039.5)	(1,256.6)	6,156.4	119,836.6	0.0
Total (Incl Clin Income Adjs)	(39,608.8)	(17,599.3)	(20,096.2)	(61,036.7)	(23,972.2)	(10,708.2)	171,323.8	(1,697.6)

SNAPSHOT VARIANCE DRIVERS - £000's

Staffing								
Medical Staff	(1,725.4)	(1,821.3)	(1,993.3)	(3,090.6)	(18.3)	869.0	(2,408.7)	(10,188.5)
Nursing Staff	(79.1)	6,896.5	497.8	(1,689.9)	(17.7)	(2,033.8)	5,423.1	8,996.8
PAMs	(0.2)	289.7	145.9	1,712.0	0.9	(356.9)	3.7	1,795.2
Professional & Technical (PTB)	368.1	368.6	1,672.2	1,397.0	(1.2)	439.9	(10.8)	4,233.9
Admin & Clerical	2,599.4	1,026.3	599.4	(1,079.7)	1,809.8	13,699.8	(10,911.6)	7,743.4
Estate and Facilities Staff	(27.9)	21.5	(757.5)	(2.6)	(4,299.4)	(840.2)	(95.8)	(6,001.9)
All Other Staff	(965.8)	(500.1)	(982.0)	460.7	(1,525.5)	(935.3)	(1,431.5)	(5,879.5)
Total Pay	169.0	6,281.3	(817.4)	(2,293.0)	(4,051.3)	10,842.5	(9,431.7)	699.4
Non-Pay								
Drug Costs	(2,760.3)	12,818.7	2,208.9	(9,382.8)	(6.3)	1,181.9	(2,194.1)	1,865.9
Clinical Supplies	(169.8)	1,367.2	1,797.7	216.4	(329.3)	2,335.1	3,684.1	8,901.2
Premises Costs	(207.3)	651.4	(1,393.6)	(742.0)	(7,157.8)	(5,069.0)	1,221.3	(12,697.1)
Purchase of Healthcare from non-NH	783.0	(87.7)	(2,269.2)	(965.1)	0.0	(8,263.1)	60.4	(10,741.8)
Establishment Costs	193.8	(102.5)	(1,628.7)	361.1	(661.3)	(3,603.8)	(1,572.1)	(7,013.5)
Other Non-Pay Costs	2,181.2	1,455.0	7,187.2	755.7	(7,528.0)	(6,265.8)	63,649.1	61,434.3
Total Non-Pay	20.5	16,102.0	5,902.1	(9,756.6)	(15,682.9)	(19,684.7)	64,848.7	41,749.1

Summary: YTD the Trust is reporting an adverse variance to plan of £1.7M measured on an adjusted financial performance basis.

The key driver of the adverse position is CIP delivery which is £35.6M less than planned at M11. The Trust has delivered on average £4.5M of CIPs each month to date, this is against a planned run rate for identified CIPs of £7.8M per month.

Clinical income on a payments by results (PbR) basis is £119.8M behind plan YTD at M11. In 2022/23 this is in effect protected by a block contract arrangement. Whilst Pay budgets are relatively well controlled at £0.7M underspent, with Non-pay budgets £41.7M underspent this still leaves material costs being incurred given activity levels.

At a clinical group level, the Evelina London and HLCC are YTD ahead of plan excluding the clinical adjustment on a PbR basis whilst no area is within budget once the clinical income variances are devolved.

Cancer & Surgery Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date			Forecast		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(20,463)	(21,469)	(1,005)	(227,427)	(227,258)	169	(248,182)	(247,850)	332
Further Improvement Target	399	0	(399)	4,130	0	(4,130)	4,506	0	(4,506)
Internal Recharges inc Overheads	(10,358)	(10,324)	34	(113,717)	(112,969)	747	(124,210)	(123,917)	293
Non Pay	(14,599)	(17,261)	(2,662)	(160,601)	(160,580)	20	(175,508)	(175,620)	(113)
Income (Excl Clin Income Adj)	3,115	2,968	(147)	34,347	28,483	(5,864)	37,462	30,773	(6,689)
Total (Excluding Income Adjustment)	(41,907)	(46,085)	(4,178)	(463,267)	(472,324)	(9,058)	(505,932)	(516,613)	(10,681)
Clinical Income Adjustment	40,340	38,773	(1,567)	454,039	423,488	(30,551)	498,285	462,321	(35,964)
Total	(1,568)	(7,312)	(5,745)	(9,228)	(48,837)	(39,609)	(7,647)	(54,292)	(46,645)

Summary

YTD Position

The Cancer & Surgery Clinical Group are reporting £39.6m behind plan as at M11 (February).

The main drivers of the position are:

- Clinical Income £30.5m behind plan, which is mainly due to underperformance against admitted and outpatient activities. Drivers of the underperformance include the IT outage, throughput not yet returning to pre-pandemic levels, capacity re-allocation, pathway changes and slippage against service developments (e.g. THLC and Laryngology).

- Remaining Efficiency target is £4.1m behind plan. The Group were issued with a Remaining Efficiency target of £9.9m, as at M10 the Group have identified £5.5m of cost reduction schemes.

- Clinical Supplies £1.3 overspent, due to increased NHS Supply spend. The February position included a backdated correction covering August to mid December.

- Bad debt £0.7m behind plan, driven by unpaid paid SLA income.

Forecast

The Group is forecasting to be £46.6m behind plan for the financial year, which is a £3.4m deterioration from a straight-line projection. Driven by deteriorations within:

- Clinical Income linked to reduced activity due to industrial action.

- Pay due to expected recruitment to capital service development posts.

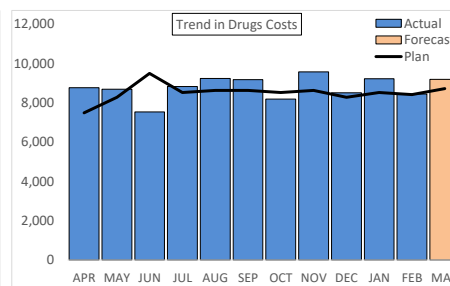
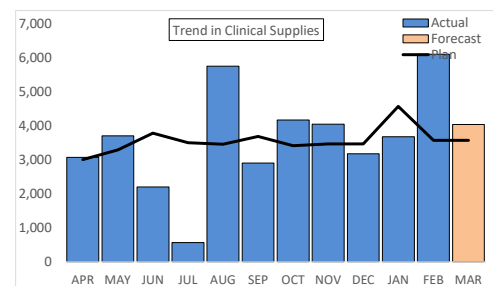
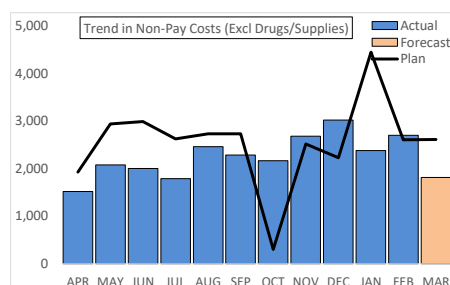
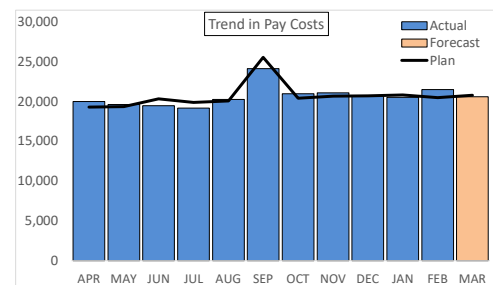
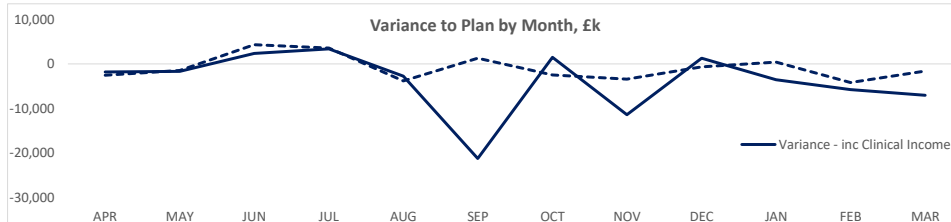
- Partially offset by improvements within non pay and internal recharges, due to reduced cost of delivery.

Key Issues

- Continuing support in identifying new cost saving initiatives.

- Impact of industrial action on activity recovery.

- Review of VAT treatments following implementation of new finance system.



Clinical Activity Volumes

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

To Follow

Evelina London Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date			Forecast		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(21,316)	(21,120)	196	(231,684)	(225,403)	6,281	(252,945)	(246,153)	6,791
Further Improvement Target	581	0	(581)	6,388	0	(6,388)	6,968	0	(6,968)
Internal Recharges inc Overheads	(10,302)	(10,155)	147	(113,089)	(111,096)	1,994	(123,392)	(121,224)	2,167
Non Pay	(9,093)	(9,337)	(244)	(100,475)	(84,373)	16,102	(109,567)	(92,745)	16,823
Income (Excl Clin Income Adj)	3,642	3,362	(280)	36,413	34,323	(2,091)	40,052	37,973	(2,078)
Total (Excluding Income Adjustment)	(36,488)	(37,251)	(762)	(402,447)	(386,549)	15,899	(438,884)	(422,149)	16,735
Clinical Income Adjustment	33,242	31,695	(1,546)	397,234	363,736	(33,498)	434,476	396,920	(37,556)
Total	(3,247)	(5,555)	(2,309)	(5,213)	(22,812)	(17,599)	(4,408)	(25,229)	(20,821)

Summary

YTD Position

The group reported a YTD performance £17.6m behind plan. The main drivers of this performance were:

- Unidentified savings of £7.2m YTD

- Clinical income is £33.5m behind plan. Within this, pass through drugs are £12m behind plan, but are offset by underspends in non-pay. Admitted activity income is £17.6m behind plan, outpatient income is £3.8m behind, & critical care £4m ahead of plan.

- Average prices for elective and day case activity are notably below plan in a number of specialties which warrants further investigation. This is contributing £3m to the YTD income variance & is inconsistent with the clinical experience of increasing patient acuity.

- Pay is £6.2m underspent at M11, with underspends of £6.9m in nursing & midwifery, particularly in PICU and universal services which are £1.7m and £1.1m underspent respectively. The former is a material contributor to the clinical income position. Medical pay overspends have reached £1.8m, driven by post graduate doctors, notably within PICU, NICU and maternity. Admin & Clerical are underspent by £1.0m, notably driven by hosted Networks and ICS funded programmes.

- Non-pay and internal recharges are £18.1m underspent, with drugs accounting for £12.8m of this, materially offset in income. Clinical supplies are £1.4m underspent, though this is significantly lower than previously reported due to backdated NHS Supply Chain invoices, which drove an in month overspend of £2.9m. Overall, lower than planned variable non-pay spend reflects clinical activity being behind plan.

Forecast

Evelina is projecting to finish the year £20.8m behind plan, of which £37.5m relates to clinical income (with £13.7m relating to drugs & offset in expenditure) and £7.0m reflects unidentified savings. Pay underspends of £6.8m and non-pay/IR underspends of £19.0m are also forecast.

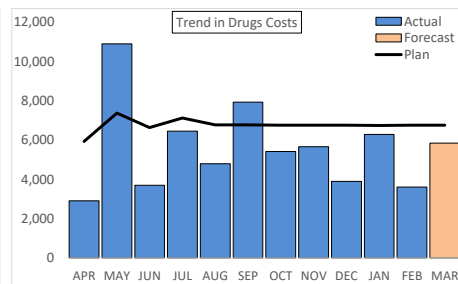
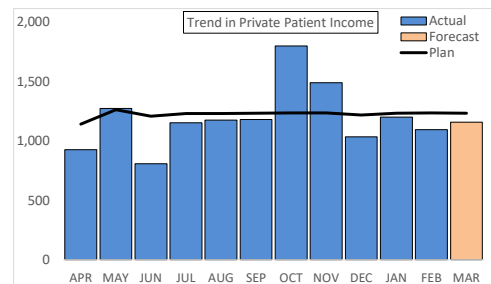
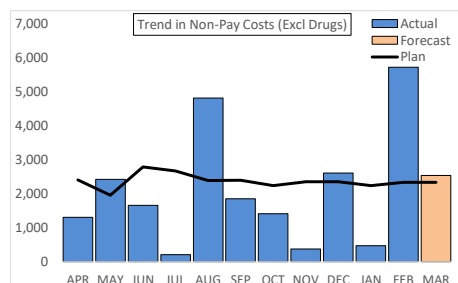
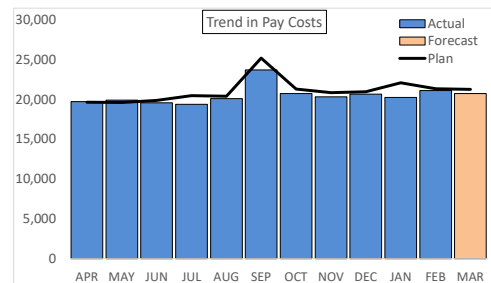
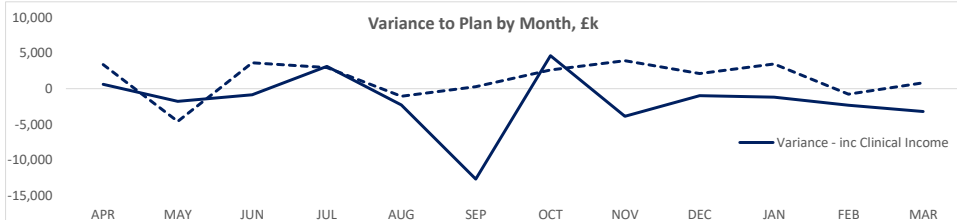
The forecast represents a £1.3m deterioration from s/1 but is materially unchanged from M10 in aggregate.

The main drivers of the deterioration from s/1 are:

- Additional Portland spinal lists approved in November & occurring in Q4
- Network and project income within the YTD position expected to be deferred at year end, subject to confirmation from project funders.
- Lower than trend activity income reflecting strike impacts in February and March and local data.

Key Issues

- Below plan average EL and DC prices at odds with patient acuity. Requires support from income and informatics teams to complete investigations & determine courses of action to resolve.
- Backdated NHS SC invoices have driven a £3.5m deterioration in forecast supplies spend. Further investigation required to understand the impact on next year, extent to which this is in line with activity and whether there are particular areas of cost pressure within this, inflationary or otherwise. May require procurement support to interrogate detailed spend.
- Recruitment delays are impacting clinical capacity – this is of particular concern in a competitive market place.
- Post graduate doctor overspends – to a significant degree these are expected to be recurrent, driven by rota compliance requirements and high numbers of LFT trainees.
- High sickness rates are impacting activity delivery and use of temporary staffing.
- Ongoing impact of strikes on activity delivery and temporary staffing use.



Clinical Activity Volumes

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

To Follow

Heart, Lung and Critical Care Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date			Forecast		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(26,877)	(27,362)	(486)	(295,977)	(296,795)	(817)	(322,809)	(323,863)	(1,055)
Further Improvement Target	0	0	(0)	0	0	(0)	0	(0)	(0)
Internal Recharges	(1,241)	(1,211)	30	(13,564)	(12,546)	1,018	(14,805)	(13,681)	1,124
Non Pay	(31,735)	(33,679)	(1,944)	(348,923)	(343,021)	5,902	(380,623)	(375,207)	5,415
Income (Excl Clin Income Adj)	48,191	53,992	5,801	524,808	520,257	(4,551)	574,572	567,029	(7,543)
Total (Excluding Income Adjustment)	(11,662)	(8,260)	3,402	(133,657)	(132,105)	1,552	(143,665)	(145,723)	(2,058)
Clinical Income Adjustment	12,917	13,872	955	115,910	94,263	(21,648)	127,356	106,079	(21,276)
Total	1,255	5,612	4,356	(17,746)	(37,843)	(20,096)	(16,309)	(39,644)	(23,335)

Summary

YTD Position

The group is reporting an adverse position of (£20.1M) YTD, with a favourable variance of £4.35m in-month. £5.5m of the favourable variance is driven by a correction in the activity recharged for Imaging and ECHOs on the Brompton site, £1m gain by releasing prior year Balance Sheet gains, and (£3.8m) adverse movement due to the catch-up for Supply Chain invoices.

The Clinical Group has both identified and is delivering our full CIP target for 22/23

Overall income shortfall (£26.2m) YTD, the combined impact of (£33.3m) NHS Income shortfall and over-performance £1.9m non-NHS Clinical Income and £5.0m Non-NHS non-Clinical Income.

Of the (£33.3M) NHS Income shortfall, (£27.3M) relates to activity protected by Block Contracts at Trust level - most significantly (£22.7M) VV ECMO/Critical Care, and (£5.3M) Lung Transplant. VV ECMO activity has reduced nationally for all providers, and Lung Transplant's significant reduction is due to the success of triple therapy for Cystic Fibrosis patients.

There is an (£8.0M) income shortfall against ERF income targets, though the Trust will not feel the financial impact in 22/23, (£7.2M) elective inpatients and daycases, (£0.8M) outpatients and diagnostics.

The adverse variance for spell activity is generated by Cardiothoracic at STH (£9.4M), due to bed capacity pressures linked to medical outliars, patient flow through theatres, and reduced capacity to theatres and cath labs compared to 19/20. In addition, a review of coding is being undertaken, as perceived increased acuity at STH is not reflected in an increased average tariff price. Across RBH and HH the average Elective I/P and Daycase tariff per spell has increased by over 20% compared to 1920 activity at 2223 tariffs.

The ERF outpatient shortfall is primarily on the Harefield site, further analysis is being completed to ensure all activity is being correctly counted.

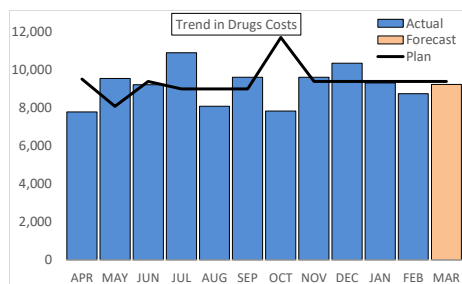
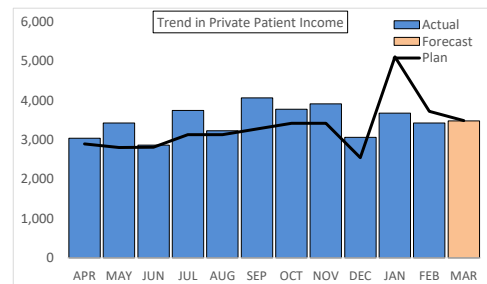
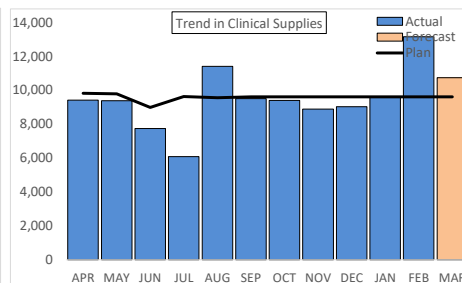
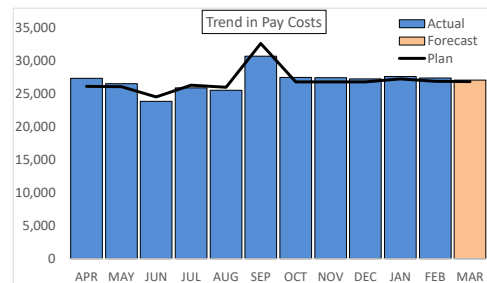
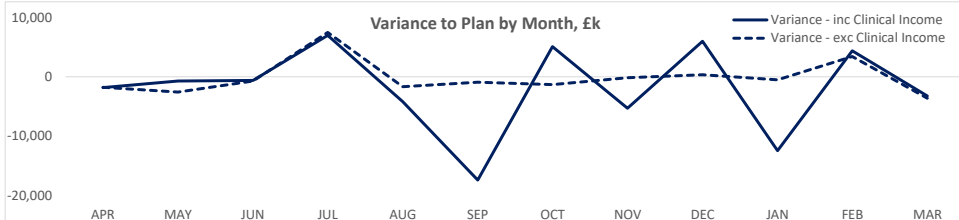
Combined YTD expenditure favourable variance £6.1m with reduced expenditure linked to vacancies and below plan activity.

Forecast

It is forecast our underlying I&E position will marginally deteriorate compared to pro-rata M1-11, as the impact of lost income due to the delayed opening of East Wing 10 ward. The forecast does not reflect further balance sheet gains in M12

Key Issues

- Reduced activity nationally for VV ECMO generating income under-performance.
- Reduced activity and income for Lung Transplant generating income under-performance following the success of triple therapy for CF patients.
- Cardiothoracic under-performance on STH site due to bed capacity pressures from outliars and access to theatres. In addition, the baseline for Cardiothoracic STH is based on a year with high levels of weekend WLI activity that cannot be replicated in 22/23.
- Concerns around the continued availability of Cath Lab capacity given ageing assets and further delays to the CL3 STH capital scheme.
- The delayed completion of East Wing 10 project until next financial year will have an adverse clinical, operational, and financial impact..



Clinical Activity Volumes

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

To Follow

Integrated and Specialist Medicine Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date			Forecast		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(30,608)	(31,576)	(968)	(334,436)	(336,729)	(2,293)	(364,988)	(367,529)	(2,542)
Further Improvement Target	364	0	(364)	4,026	0	(4,026)	4,390	0	(4,390)
Internal Recharges inc Overheads	(5,050)	(6,321)	(1,271)	(60,425)	(65,062)	(4,637)	(65,582)	(70,715)	(5,133)
Non Pay	(9,395)	(12,671)	(3,276)	(107,255)	(117,011)	(9,757)	(117,573)	(128,712)	(11,139)
Income (Excl Clin Income Adj)	5,115	5,252	137	55,373	54,088	(1,285)	60,487	59,282	(1,205)
Total (Excluding Income Adjustment)	(39,575)	(45,316)	(5,741)	(442,717)	(464,715)	(21,997)	(483,266)	(507,674)	(24,408)
Clinical Income Adjustment	39,760	38,935	(825)	442,203	403,163	(39,040)	484,559	441,702	(42,857)
Total	185	(6,381)	(6,566)	(515)	(61,551)	(61,037)	1,293	(65,972)	(67,265)

Summary

YTD Position

The YTD position for the Clinical Group (Mth11) is (£61m) adverse of which the in-month variance reports as (£6.6m) adverse.

- The most significant component of the YTD adverse is Commissioned Activity where cost & volume contracts are being reported as actuals as per activity counted and coded. This is (£39m) of the YTD leaving an adverse variance of (£22m) due to other factors including the FIT.
- Due to the trust wide VAT correction from prior months as well as prior month NHS Supply Chain invoice/costs that were processed into directorates at M11, there was a material Non-pay deterioration in the month: (£3.3m). This was seen in Clinical supplies which reported as (£2.3m) adverse. The two YTD corrections comprised: NHS Supply Chain invoices catch-up & processing resulting in (£1.3m) adverse in-month across ISM; the VAT correction impact was a (£1.2m) adverse for the CG.
- Drugs expenditure remains the key non-pay adverse variance (£9.4m) YTD in SAS specialities (Derm, Rheum) & Med Specs (Neuro, Pain) due principally to ICS, with some NHSE, pass-thru; as well as in Pharmacy Technical Services driven by Parenteral Nutrition and CIVAS activity. [£0.4m of Gallium supply erroneously coded to Drugs in M11 in CLIMP; to be re-coded to supplies in M12]
- Nursing Pay continues to be overspent in aggregate with pressure in AGM (Unqualified Nursing - enhanced care protocols) the primary driver of the YTD position centred on the A&H and Stroke specialities; Gen Med and ED also contribute
- Bad debt (£0.7m) adverse - SAS & AGM
- Purchase of Healthcare line adverse of (£0.96m) comprised of (i) income offsets, (ii) outsourced costs, partially offset by pay and (iii) outsourced capacity in CLIMP (imaging) and AGM (outsourced MH beds).

Forecast

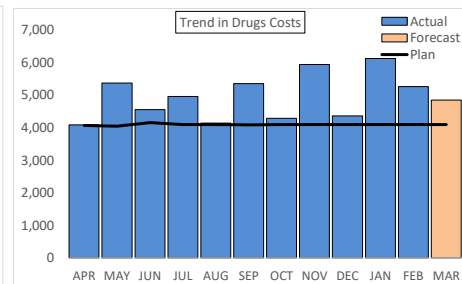
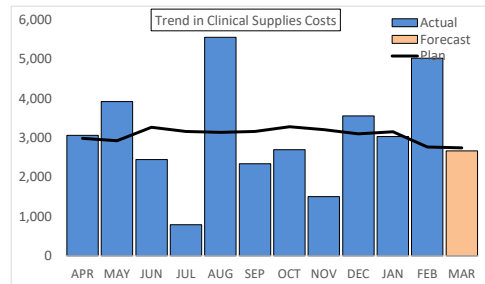
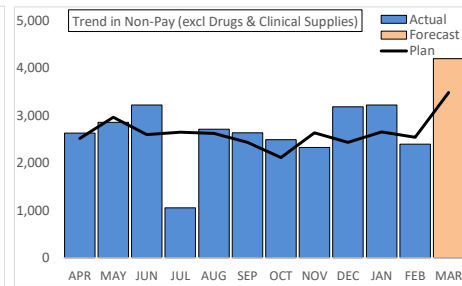
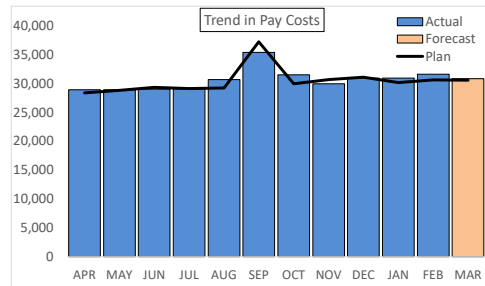
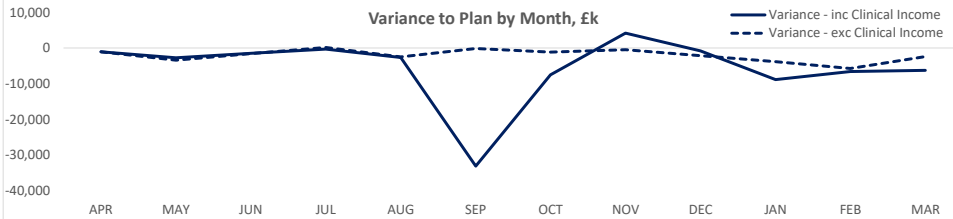
- (£67.3m) projected adverse variance of which (£41.7m) adverse is the full year shortfall of Commissioned Activity Income.
- The total I&E forecast has deteriorated (£2.1m) on prior month and this is principally felt in the Clinical Supplies line of Non-pay where the M10 to M11 forecast has moved adversely by (£2.8m), reflecting the fact of the above outlined YTD corrections now sitting in the directorate positions. Clinical supplies now projecting to be £0.3m favourable at M12; overall Non-pay at (£11.1m) adverse full year of which Drugs is (£10m)

Key Updates

- Mpox funding received sufficient to cover the excess costs in SAS and AGM ca £0.4m

Key Issues

- ISM has a number of 22/23 run-rate issues for funding consideration
- Commissioned Activity: ongoing data improvement to resolve issues raised by directorates - to continue to progress with Informatics team.
- MH beds management, including contract. Liaison with SEL partners.
- Clarification & alignment of pass-thru devices methodology and ensuring process for 23/24 is embedded prior to new year
- Covid non-recurrent funded schemes and additional capacity - decisions required in Q4 22/23 as covid funding anticipated to expire at end of financial year.
- CIP progress for 23/24 - definition and maturity of schemes



Clinical Activity Volumes

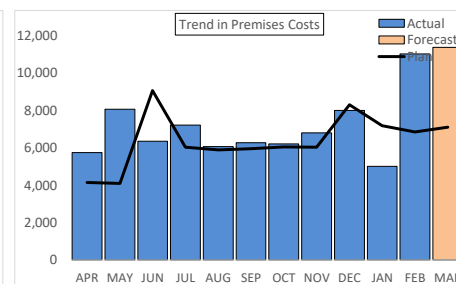
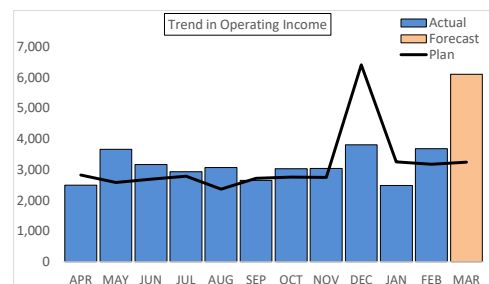
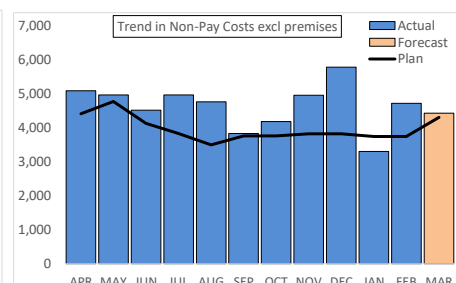
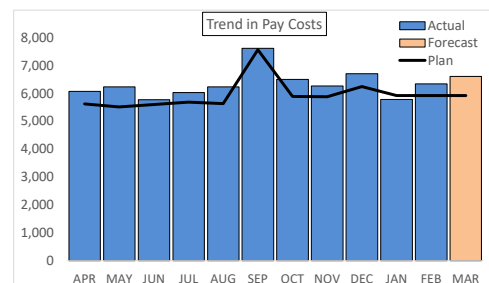
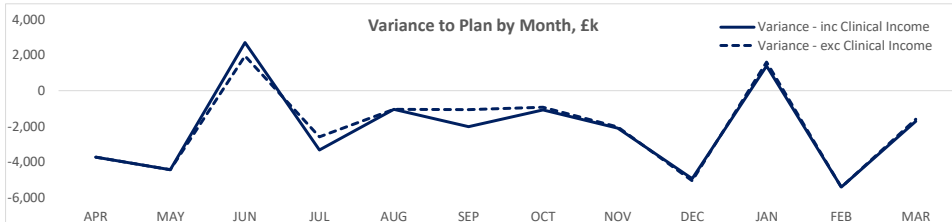
Type	This Month			Year to Date			Vs 2019-20	
	Budget (#)	Actual (#)	Variance (#)	Budget (#)	Actual (#)	Variance (#)	2019-20 YTD	% of 2019-20
Elective								
Daycase								
Non-elective								
Outpatient New								
Outpatient F/up								
Imaging								
A&E attendances								

To Follow

Essentia - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date			Forecast		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(5,922)	(6,336)	(414)	(65,473)	(69,524)	(4,051)	(71,395)	(76,133)	(4,738)
Further Improvement Target	338	0	(338)	3,719	0	(3,719)	4,057	600	(3,457)
Internal Recharges inc Overheads	7,892	8,017	125	86,812	87,857	1,045	94,704	96,076	1,373
Non Pay	(10,597)	(15,893)	(5,296)	(113,000)	(128,683)	(15,683)	(124,428)	(144,479)	(20,051)
Income (Excl Clin Income Adj)	3,167	3,677	510	34,278	33,970	(308)	37,513	40,071	2,558
Total (Excluding Income Adjustment)	(5,122)	(10,535)	(5,413)	(53,664)	(76,380)	(22,716)	(59,549)	(83,865)	(24,316)
Clinical Income Adjustment	1,875	1,883	8	20,627	19,370	(1,257)	22,502	21,131	(1,371)
Total	(3,247)	(8,652)	(5,405)	(33,037)	(57,010)	(23,972)	(37,047)	(62,734)	(25,687)



Summary

YTD Position
The Group reported a YTD performance of (£24.0m) behind plan.

Income (£1.6m) behind plan
(£1.3m) CCG Income (Patient Transport)
(£0.9m) Accommodation and Hospitality Income
(£1.3m) other lost income.
£1.3m VAT reclaim on utilities prior year.

Pay (£4.1m) overspent
Inclusive of £1.6m of Vacancy Factor

Agency Spend (£1.8m)
Engineering
Guy's (£0.7m)
STH (£0.4m)
Fire Team
£595k Agency, but covering (£381k) vacancy.
Posts are to be rebanded to 8b to attract candidates for recruitment

Facilities (£3.8m)
STH (£2.6m)
Guy's (£0.9m)
High levels of sickness, unfunded bank holidays.
Recharges are being adjusted through Business Planning

COVID (£0.5m) - Facilities staff in earlier months and small continuation for IPC requirements

Admin £1.8m favourable
This is to be reviewed as part of business planning but is currently offsetting vacancy factor.

Non Pay (£19.4m) overspent
FIT (£3.7m)
Bad Debts (£0.6m)
COVID (£3.6m)

Included in the M11 position is £1.3m of VAT overclaimed in previous periods.
Utilities £1.7m - Reduction in cost of gas and budget weighted more in H2.
Engineering (£3.8m) - site incidents, unfunded fixed contracts, run rate expenditure increased from 19/20 budget
Transport (£2.1m) - should be offset with income. Cost > budgeted price from 19/20
COVID - Facilities staff (£462k) and unfunded Patient Transport Services (£2.3m)

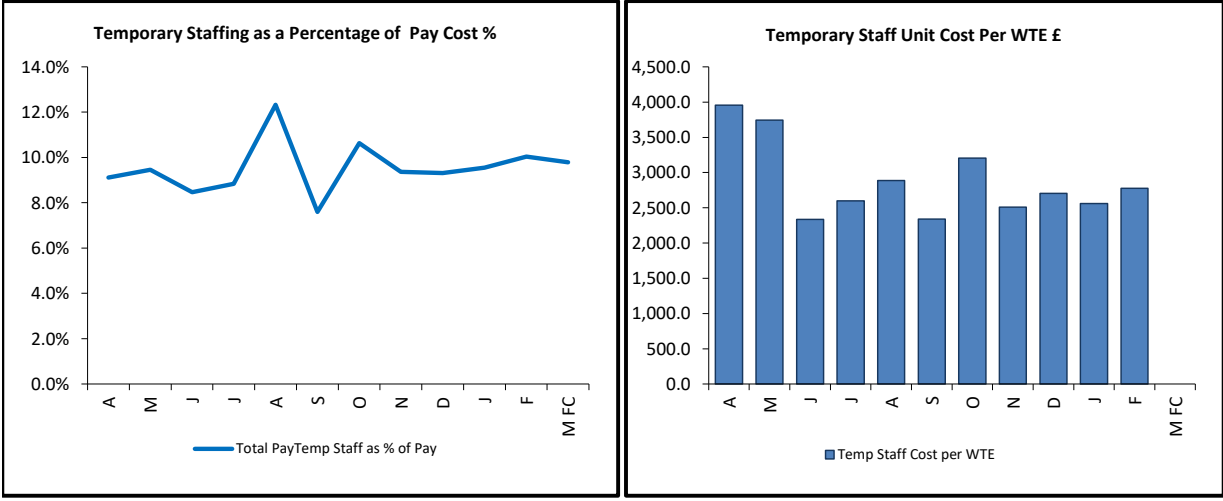
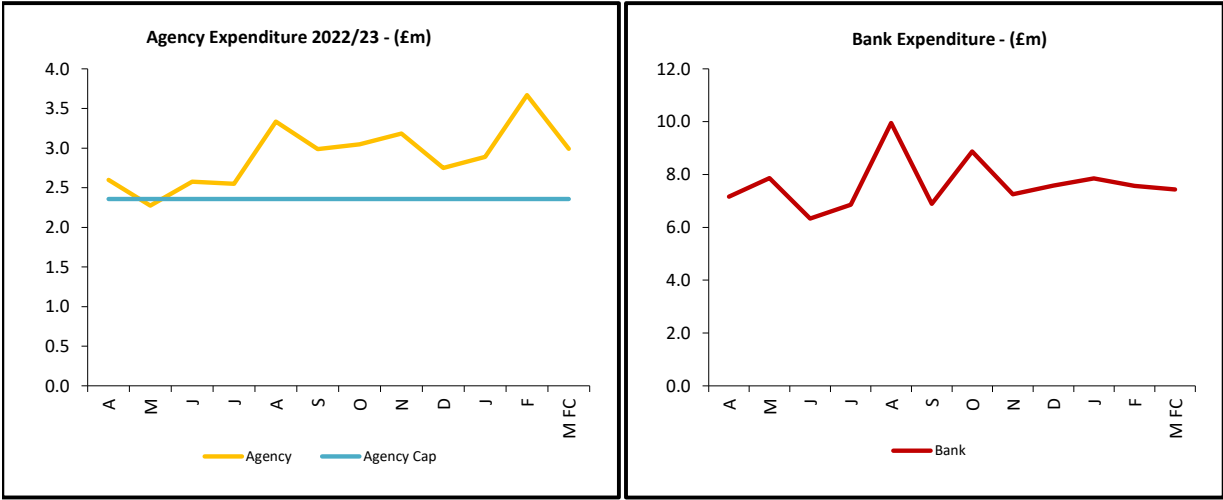
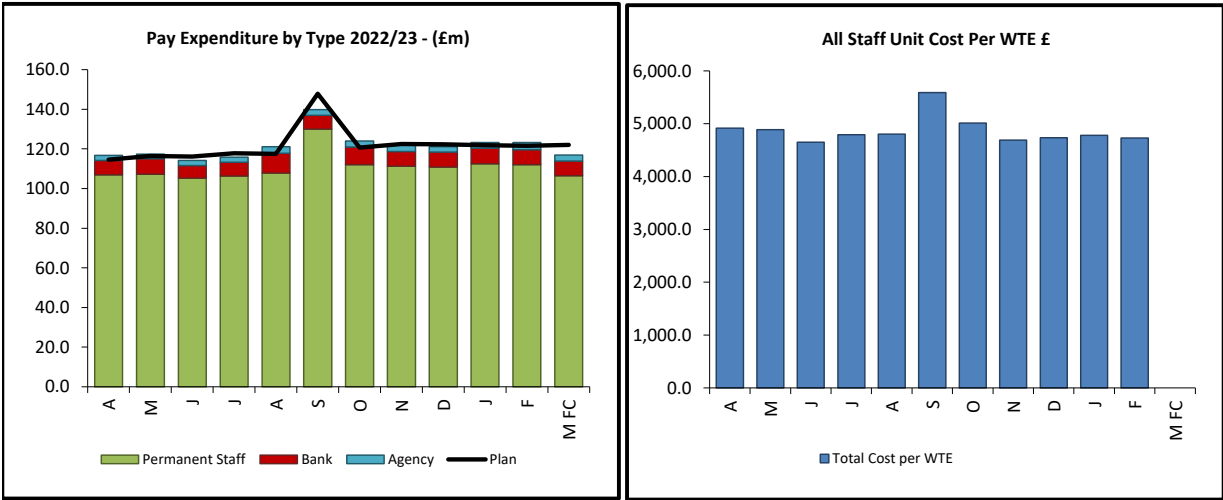
Forecast
The M11 forecast is in line with M10.

Key Issues:
Process of charging Engineering staff to Capital through better process and timesheet reporting has been updated.
FIT target hasn't been chipped into - no further CIPs identified.
Budget has been rephased for Utilities across non-pay and income (no adjustment to YE projected actuals)
CCG Income conversation is on going to complete for M11 - could be some upside due to the pass through nature of the costs not being reflected.
IFRS-16 process being reviewed as posting still not consistent. Working on going ahead of M11.
Vacancy review process to be communicated and worked up for implementation in 22/23 with Workforce team.

Drivers of YTD Group Variances - Corporate and Other £000								
Variance Type	Pay	Further Improvement Target	Internal Recharges	Non Pay	Income (Excl Clin Income Adj)	Total (Excl Clin Income Adjs)	Internal Income Adjustment (Offsets with Trust Income)	Total (Incl Clin Income Adjs)
Chief Operating Officer	867.8	(725.5)	768.5	(7,819.9)	(1,206.4)	(8,115.5)	0.0	(8,115.5)
Director of Finance	2,043.6	(2,024.3)	14.9	(2,433.8)	(355.6)	(2,755.2)	438.2	(2,317.1)
DT&I	1,322.6	(397.5)	(14.9)	(1,063.7)	(240.3)	(393.8)	0.0	(393.8)
Workforce	272.6	(2,181.9)	930.9	(4,359.6)	(257.9)	(5,595.9)	2,759.1	(2,836.8)
Chief Executive	1,840.8	(763.0)	(912.3)	(2,152.3)	1,783.8	(202.9)	101.6	(101.3)
Medical Director	3,354.3	(622.5)	392.7	(279.5)	(3,499.6)	(654.6)	454.8	(199.8)
Chief Nurse	(299.1)	(390.5)	(253.7)	(493.3)	748.1	(688.4)	2,868.6	2,180.2
Commercial	1,345.2	(286.4)	90.0	3,201.1	(608.7)	3,741.1	395.5	4,136.6
RBH Corporate Costs	94.7	0.0	(0.1)	(4,283.7)	1,989.8	(2,199.4)	(861.4)	(3,060.8)
GSTS Pathology Payroll	0.0	0.0	(0.0)	0.0	0.0	(0.0)	0.0	(0.0)
Total Corporate	10,842.5	(7,391.5)	1,016.0	(19,684.8)	(1,646.8)	(16,864.6)	6,156.4	(10,708.2)
Trust Income	0.0	0.0	0.0	1,005.3	31,407.5	32,412.7	110,343.1	142,755.8
Reserves	(2,357.6)	(34,741.7)	0.0	58,335.1	5,696.9	26,932.8	0.0	26,932.8
Pathology	234.5	(2,235.8)	(975.7)	1,054.3	(5,768.9)	(7,691.5)	0.0	(7,691.5)
Interest Receivable	0.0	0.0	0.0	3,275.9	0.0	3,275.9	0.0	3,275.9
Vaccination Programme	106.8	0.0	(196.2)	(48.9)	(2,027.2)	(2,165.6)	2,166.1	0.6
Coronavirus [HCOVID]	(55.0)	0.0	0.0	(775.6)	0.0	(830.7)	0.0	(830.7)
GSTT Enterprises Ltd	(87.8)	0.0	0.0	(189.8)	0.0	(277.6)	0.0	(277.6)
Pathology Services Ltd	0.0	0.0	0.0	(270.4)	0.0	(270.4)	0.0	(270.4)
Essentia Trading Ltd P/L	(7,279.3)	0.0	0.0	(3,602.9)	11,828.7	946.5	0.0	946.5
GTI Forces Healthcare Ltd	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Assets & Liabilities(I&E rechargeable)	0.0	0.0	0.0	(130.3)	0.0	(130.3)	0.0	(130.3)
Research & Development	0.0	0.0	(1.6)	0.0	0.0	(1.6)	0.0	(1.6)
Depreciation Codes	0.0	0.0	(13.7)	(17.8)	0.2	(31.3)	0.0	(31.3)
Dividends Payable	0.0	0.0	0.0	(0.0)	0.0	(0.0)	0.0	(0.0)
Charitable Foundation	8.4	0.0	(0.3)	0.0	(8.1)	0.0	0.0	0.0
Group Consolidation Adjs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
RECHARGE CODES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	8.4	0.0	(15.6)	(148.1)	(7.9)	(163.2)	0.0	(163.2)
Capital Depreciation	0.0	0.0	0.0	6,645.5	0.0	6,645.5	0.0	6,645.5
Total Other	(9,430.1)	(36,977.4)	(1,187.5)	65,280.4	41,129.2	58,814.5	112,509.2	171,323.8
Total Corporate and Other	1,412.4	(44,368.9)	(171.6)	45,595.6	39,482.4	41,949.9	118,665.7	160,615.6

Summary:

Key Payroll Metrics - Trust

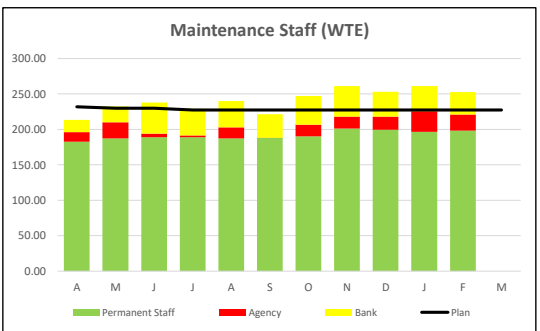
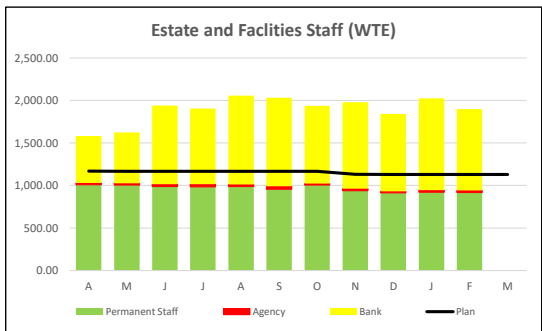
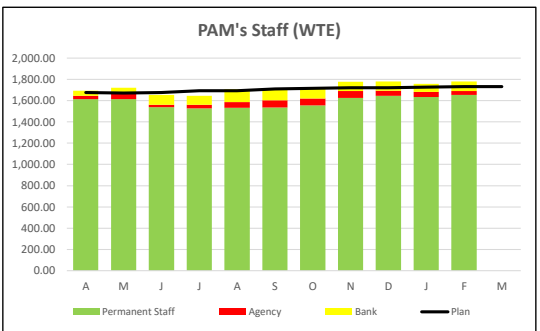
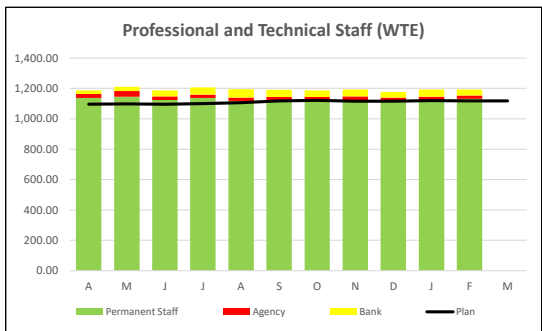
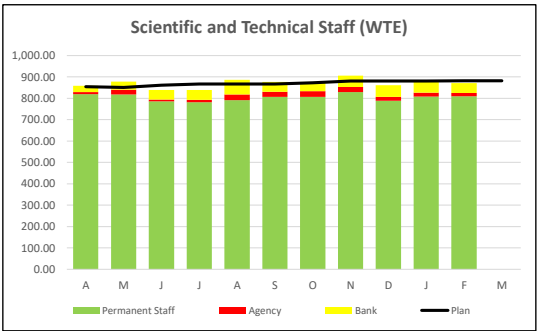
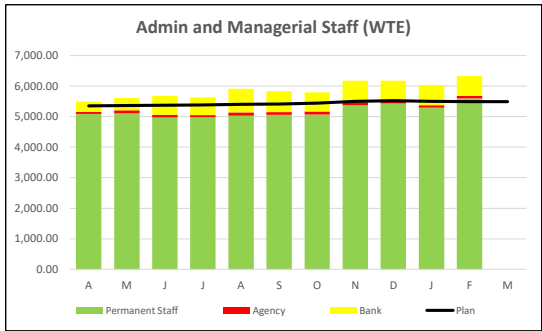
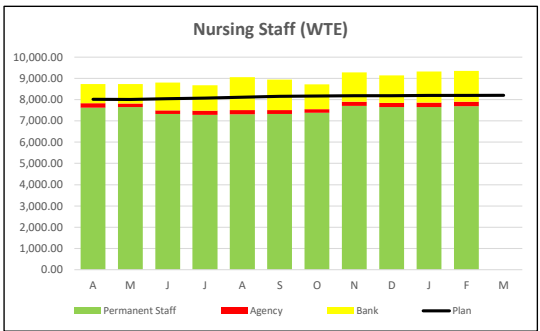
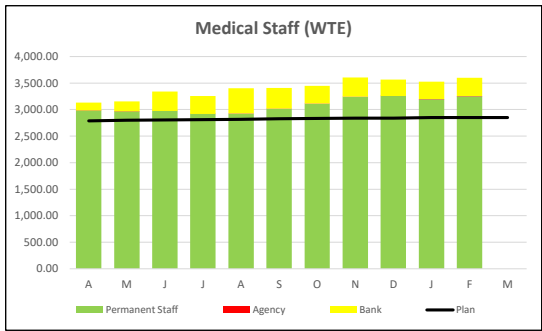
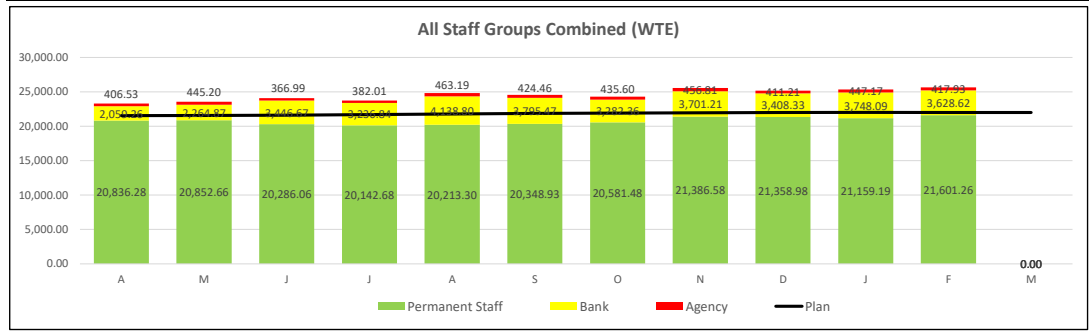


The NHSE agency cap for the Trust averages to £2.36M per month. YTD the Trust has been averaging agency spend of £2.90M per month; £0.54M above the cap. From 2023/24 performance against the agency cap will once again become a key performance metric.

Bank expenditure, when flattened to take account of 4 or 5 week months has been relatively static at ~£7.7M per month.

The Trust is in the process of reviewing its temporary staffing controls.

Staffing Utilisation (WTE's) - Trust



Trust Capital Programme

Source	Current Mth Plan	Current Mth Spend	Current Mth Variance	YTD Capital Plan	YTD Spend	YTD Variance	Capital Plan	Forecast Plan	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000
INTERNALLY FUNDED									
Triangle - Design and Construction	191	93	98	5,187	2,502	2,685	6,500	3,000	3,500
Childrens Day Treatment Centre	427	(461)	888	11,571	3,291	8,280	14,500	7,000	7,500
Apollo	1,753	10,434	(8,681)	22,768	28,607	(5,839)	26,010	21,000	5,010
Medical Equipment	631	719	(88)	6,869	4,049	2,820	7,500	7,771	(271)
RBH Equipment Slippage	0	0	0	1,500	1,435	65	1,500	1,500	0
Backlog Maintenance - Estates	1,218	605	613	11,782	8,025	3,757	13,000	10,777	2,223
Backlog Maintenance - DT&I	364	16	348	3,636	1,327	2,309	4,000	4,032	(32)
Apollo Additional Devices	0	0	0	11,000	0	11,000	11,000	0	11,000
Cancer Ward Relocation and Teenage Young Adu	19	142	(123)	8,794	5,995	2,799	8,929	7,000	1,929
Nuffield House Modular Theatre	14	216	(202)	7,786	4,869	2,917	7,800	5,788	2,012
Critical Care Re-modelling	846	485	361	9,156	3,931	5,224	10,100	5,355	4,745
Strategic Network	442	916	(474)	4,536	7,411	(2,875)	4,978	9,454	(4,476)
Surgical Admissions Lounge	0	(94)	94	4,950	4,584	366	4,950	4,687	263
GMP Expansion	297	119	178	4,605	876	3,728	4,900	1,208	3,692
Others - All	1,555	2,312	(758)	0	26,216	(26,216)	28,333	32,049	(3,716)
Digital Funding	0	0	0	0	0	0	(11,000)	0	(11,000)
Portfolio Slippage	0	0	0	0	0	0	(9,600)	0	(9,600)
Cap To Rev	0	0	0	0	0	0	(7,900)	0	(7,900)
TIF Funding	0	0	0	0	0	0	(14,500)	0	(14,500)
TOTAL INTERNALLY FUNDED	7,756	15,502	(7,746)	114,140	103,119	11,021	111,000	120,621	(9,621)
CHARITY FUNDED									
AI Centre OLS Programme (Innovate UK)		(654)	654	2,667	2,076	591	4,000	2,076	1,924
Others - Notional		(595)	595	3,333	737	2,596	5,000	(19)	5,019
TOTAL CHARITY FUNDED SCHEMES		(1,250)	1,250	6,000	2,813	3,187	9,000	2,057	6,943
PDC FUNDED									
Patient Centric Supply Chain	0	38	(38)	2,333	0	2,333	3,500	3,500	0
Childrens Day Treatment Centre	0	(461)	461	9,667	14,500	(4,833)	14,500	14,500	0
Diagnostics Digital Capability (DDC)	0	0	0	78	0	78	117	3,007	(2,890)
Targeted Lung Health Check (TLHC)	0	0	0	651	0	651	977	977	0
Frontline Digitisation	0	0	0	4,280	0	4,280	6,420	6,420	0
Diagnostics Digital Capability (DDC) 2	0	0	0	1,444	0	1,444	2,166	2,166	0
Purchase of ECMO consoles	0	0	0	343	0	343	515	515	0
Capital Mandate Transfer	0	0	0	240	0	240	360	360	0
TOTAL PDC FUNDED SCHEMES	0	(423)	423	19,037	14,500	4,537	28,555	31,445	(2,890)
TOTAL CAPITAL	7,756	13,830	(6,073)	139,177	120,432	18,745	148,555	154,122	(5,568)

Capital expenditure, funded through internal generation totalled £103.1M YTD at M11 against a plan of £114.1M.

The internal year-end forecast stands at £120.6M, £9.6M above our CDEL. The increase in run-rate relates to a number of schemes including a planned ramp up on the Apollo programme. Capital spending is being tightly managed across the remaining months of the year to ensure that the Trust does not breach its CDEL limit despite the current forecast.

Trust Balance Sheet - £000

	Opening Balance @ 01/04/22	Closing Balance @ 28/02/23	Movement
	£000	£000	£000
Fixed Assets			
Property, Plant Equipment	1,564,301	1,723,455	159,154
Intangible Assets	132,939	155,982	23,043
Investment property	80,359	80,359	-
Trade & Other Receivables Non-Current	16,623	15,711	(912)
Other Financial Assets	1,491	2,136	645
Total Fixed Assets	1,795,713	1,977,643	181,930
Current Assets			
Inventories	44,374	51,419	7,045
Cash & Cash Equivalents	220,946	127,914	(93,032)
Trade & Other Receivables - Current	172,836	221,034	48,198
Total Current Assets	438,156	400,367	(37,789)
Creditors: Amounts Falling Due Within One Year	(444,970)	(456,826)	(11,856)
Borrowings: Amount Falling Due within One Year	(21,099)	(19,981)	1,118
Provisions For Liabilities & Charges	(4,211)	(1,136)	3,075
Net Current Assets / (Liabilities)	(32,124)	(77,576)	(45,451)
Fixed & Net Current Assets / (Liabilities)	1,763,589	1,900,068	136,479
Creditors: Amounts Falling Due More Than 1 Yr	-	-	-
Borrowings: Amount Falling Due More Than 1 Yr	(215,049)	(308,984)	(93,935)
Provisions For Liabilities & Charges	(14,761)	(13,991)	770
NET ASSETS	1,533,779	1,577,093	43,314
Financed by:			
Taxpayers Equity			
Public Dividend Capital	561,526	592,064	30,539
Revaluation Reserve	519,340	514,627	(4,713)
Other reserves	743	743	-
Retained Earnings	452,171	469,660	17,489
Total Taxpayers Equity	1,533,779	1,577,093	43,314

The Trust closed the month with a cash balance of £127.9M; a reduction of £93.0M from the opening balance on 1st April 2022.

The reduction in cash is being driven by movement in working capital, the underlying deficit, the release of non-recurrent flexibilities to support the I&E position, capital expenditure being above the levels of cash being generated, and an invoicing backlog in part linked to the new system implementation.

Additional resource is in place to support cash management moving forward in-year.

**BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 18th January 2023, 1pm – 4.30pm
Governors' Hall, St Thomas' Hospital**

Members present:	Dr P Singh (Chair) Prof Ian Abbs Mr C Alexander Ms A Bhatia Mr J Findlay (to 3.30pm) Mr S Friend	Dr F Harvey Mr D O'Brien (for Steven Davies) Mr J Pelly Dr S Steddon Ms A Williams-McKenzie (for Julie Screaton)
In attendance:	Mr E Bradshaw (minutes) Ms S Allen (to item 6) Ms S Austin Ms G Brockwell Ms B Bryant (to 4pm) Ms N Felix (item 11) Dr R Grocott-Mason Mr A Gourlay Dr S Hanna (from item 8)	Ms A Knowles Ms R Liley Dr M Mason Cllr M Masters Mr P Mitchell Ms K Moore Prof E Oteng-Ntim Dr A Rigg

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Quality and Performance Committee (the Committee). Apologies had been received from Steven Davies, Javed Khan, Sally Morgan, John Pelly, Ian Playford, Reza Razavi, Julie Screaton, Lawrence Tallon, and Steve Weiner.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting held on 16th November 2022

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

4. Review of action log

- 4.1. The action log was reviewed and the status of the open actions noted. At a previous Committee meeting one of the Trust's non-executive directors had provided feedback about the need to increase security for Trust staff working in certain adult community sites. An assessment had been undertaken and an action plan put in place; details about this would be shared with the non-executive director.

ACTION: SA

5. Board Assurance Framework – Quality and Performance Risks

- 5.1. Following the Board strategic risk session in late 2022 the risks on the Board Assurance Framework owned by the Committee are being refreshed, and a revised set would be brought back to the next Committee meeting.

6. Patient story

- 6.1. The Committee heard a recording from a pregnant woman who shared her experience of living with sickle cell disease and how this affected her pregnancy. She described the treatment and care provided by the Trust's specialist clinic and her care on the post-natal ward following the birth of her daughter. Committee members were pleased to hear about the high standard of care that had been provided given the complexity of the condition, and about the compassion and empathy shown by Trust staff. There was discussion about the need to ensure a similarly high standard of care for every patient. The Committee welcomed Professor Eugene Oteng-Ntim who spoke about the Trust's work with sickle cell disease more broadly, including the potential use of gene editing to improve outcomes for patients with the disease in the future.

7. Feedback from Trust site visits

- 7.1. The security teams working at the Trust's hospitals in central London were praised for their work on New Year's Eve when thousands of people were out celebrating across the capital.

8. Operational performance update

- 8.1. The Trust had coped well during the recent periods of industrial action by nurses and ambulance staff although it had cancelled a significant number of elective and outpatient appointments to maintain the safety of its inpatients and ensure patients could access urgent and emergency services if required.

- 8.2. The Trust's overall year-to-date outpatient and elective care activity remained below 2019/20 levels and in a number of areas compared unfavourably to other trusts in London. Elective recovery levels remained variable at both speciality and clinical group level, and it was confirmed the Trust would not meet the national expectation to deliver 104% of pre-pandemic elective activity in 2022/23. Work was being undertaken to fully understand the reasons for this position so that targeted remedial actions could be taken. The Committee noted that, following a year of continued growth, the Trust's overall waiting list had stabilised in recent weeks, and the Trust was currently forecasting that it would meet the national requirement to have no patients waiting over 78 weeks by the end of the financial year.

- 8.3. There was considerable discussion amongst Committee members about the need to significantly increase activity and treat as many patients as quickly as possible. It was acknowledged that whilst the critical IT incident in summer 2022 had been one contributory factor, others such as industrial action and higher staff sickness rates were common across most acute trusts. Concerns were raised that the introduction of the Epic electronic health record system in April 2023 would require the Trust to temporarily reduce activity over the go live period, to manage the operational and clinical risks associated with the implementation of the new system. The Trust was also continuing to discuss with NHS England how it would manage the impact of this operational and financial performance. Data would be provided to the next Committee benchmarked the Trust's elective recovery against its peers.

ACTION: JF

- 8.4. Committee members welcomed the clarity of the data being provided to demonstrate the Trust's position over recent months. It was agreed that, in future reports to the Committee should also include forward-looking activity projections.

ACTION: JF

- 8.5. NHS England had confirmed that the Trust's activity levels would not impact the amount of income it would receive from the national elective recovery fund in 2022/23. However, the Committee anticipated that the NHS would revert to an episodic payment model in the future, and that the delivery of activity was therefore a key enabler of its future financial sustainability.

- 8.6. The Trust was continuing to see record attendances in both its adults and children's emergency departments during a busy winter period, but overall urgent and emergency care performance remained strong, with low numbers of ambulance handover delays and a reduction in the number of 12-hour breaches. The Committee noted that previous improvements with cancer performance standards had slowed in recent weeks, although in November 2022 the Trust had achieved the faster diagnosis standard for the first time in 12 months.
- 8.7. NHS England had released its 2023/24 operational planning guidance in late December 2022 and this would be used to inform both internal and sector-level planning development and submissions over coming months. The Committee noted the key priorities in the guidance together with the funding and planning assumptions the Trust would incorporate.

9. People and culture update

- 9.1. There had been relatively little change to the data in the main workforce key performance indicators since the previous Committee meeting, although sickness absence was continuing to rise and reflected the higher levels of flu and COVID-19 in local communities. The work being done to improve staff retention had led to a reduction in the Trust's vacancy rate, and further work was being undertaken to reduce the time taken to hire new staff. Committee members queried the main reasons for staff leaving the Trust and considered whether there was sufficient investment in the workforce to enable staff to develop and take advantage of internal promotion opportunities.
- 9.2. There was increasing focus on the impact of the Apollo programme on the Trust's workforce as the Epic implementation date got closer. Annual leave would be carefully managed around this time to ensure the Trust had sufficient staff capacity to mitigate any operational and clinical risks.
- 9.3. Further industrial action had been announced by nursing staff and physiotherapists, and this would be closely managed to maintain patient safety. The next strike by ambulance workers on 6th February would coincide with a nursing strike and concerns were raised that this could compound the impact on patient care. It was agreed that this would need consideration at an Integrated Care System (ICS) level. There was no further information about possible industrial action by junior doctors at this time.
- 9.4. The Committee also noted:
- The Trust's People directorate was working closely with partner organisations to support improved collaboration across the system through initiatives such as memoranda of understanding to enable staff to work across different NHS trusts;
 - There was renewed focus on equality, diversity and at an executive level and an update would be brought back to the next Committee meeting;
 - The Trust was increasing its investment in the Freedom to Speak Up service to ensure staff were aware of and had the ability to raise concerns; and
 - The Trust had good programmes in place for widening participation and engagement, including access to opportunities for employment, but these needed to be publicised more broadly.

10. Infrastructure

- 10.1. Work was ongoing to install the physical digital infrastructure needed to support the implementation of Epic, including cabling systems and Wi-Fi. The Committee noted that, as the Trust approached go-live, there was increasing focus on ensuring the Trust was prepared for the impact that the new system would have on staff and patients, and to manage all risks to operational performance and the quality and safety of care. The Trust was liaising with other organisations that used Epic to understand where the main risk areas were likely to be. Significant numbers of Epic experts would be on hand across the Trust during implementation to support staff.

- 10.2. The uptake of Epic training placements remained behind plan, and the Committee was advised about the work being done to address this, including addressing issues with the booking system. Committee members sought assurance on the internal and external communications being done, and about training plans for junior doctors rotating across multiple clinical specialties.
- 10.3. An update was provided about the key developments in the Trust's estate with operational and clinical implications, including work to improve the quality of patient transport services. Non-executive directors asked about the work being done to upgrade the Trust's operating theatres and catheter labs, and whether data could be provided that linked infrastructure issues with performance and productivity outcomes. It was recognised that increased capital expenditure allocations for backlog maintenance would help underpin the Trust's ability to deliver more activity. This information would be brought back to the next meeting.

ACTION: PM

- 10.4. The removal of Aluminium Composite Material (ACM) cladding from the north façade of the Cancer Centre at Guy's Hospital had been completed, with works now well under way to install the scaffolding to the south and west sides. As a consequence of this work, the fire risk associated with the cladding had been significantly mitigated. The Trust had committed to NHS England that all ACM cladding would be removed from the Cancer Centre by April 2023 and this was reaffirmed to the Committee.

11. Quality and safety

- 11.1. The Committee noted a set of patient safety data including serious incidents, duty of candour compliance and never events, together with key updates from each of the Trust's patient safety sub-committees. Committee members welcomed news that, whilst the number of overdue complaints had been rising since September 2021, there had been significant reductions in the numbers of both overdue and open complaints over the previous six weeks. Improvement trajectories had been set with each clinical group to reduce the number of overdue complaints to zero.
- 11.2. The Trust's Administration and Pathway Safety Programme had been working for a number of months to address the causes of harm to patients due to ineffective or poor administrative processes, some of which have led to referral delays or follow up reviews that were not communicated. The Committee received an overview of the ongoing work in two particular workstreams, uncommitted letters and unmonitored shared mailboxes. One of the next priority areas for review was the work of the Trust's call centres to help improve patients' access to information, support and advice.
- 11.3. In reviewing the Trust's key quality and safety risks, the Committee noted the continuing pressures on the global supply chain and the risks associated with a number of critical medicines shortages, including chemotherapy treatments. Committee members sought assurance about how this was being managed, both at a national level and within the organisation, for example through the use of multiple suppliers. The Trust's pharmacy team had good oversight of the supply of drugs, and the coherence of clinical networks across London also provided a degree of resilience. Some concerns were expressed about the supply of medical devices across the Trust, and a review would be undertaken to consider whether this needed to be added to the corporate risk register.

ACTION: RL

- 11.4. In November 2022 the Trust had formally launched its adult ward accreditation programme; an internal quality inspection process with an established framework and methodology that reviewed and rated clinical areas against the CQC domains. The emerging themes from the first wave of inspections included medicines security, cleanliness of equipment/environment and emergency equipment management. The findings had been triangulated with the routine assurance audits. Committee members welcomed this development as a significant way of improving ward to Board assurance around quality and safety, and it was noted that the programme had received positive feedback from ward staff internally.

- 11.5. An update on the Trust's response to the Kirkup Independent Investigation into East Kent Maternity and Neonatal Services would be presented at the public Board meeting the following week. It was agreed that an update on the Trust's progress with the CQC's recommendations following its recent inspection of maternity services would be presented at the next Committee meeting.

ACTION: SH, AB

12. Financial report

- 12.1. The Committee received a report about the Trust's financial performance to the end of November 2022. Initial indications were that there had been a deterioration in December linked to increased non-pay costs and a shortfall on delivery of the efficiency programme. This was being analysed further. The Trust was continuing to forecast a full-year breakeven position which the Committee noted would require the release of further non-recurrent mitigations.
- 12.2. The cash position had similarly deteriorated in December. The Finance, Commercial and Investment Board Committee was due to meet on 1 February 2023 and would consider the position in more detail, as well as how the Trust would address the financial challenges in the coming year.

13. Clinical Group updates

- 13.1. Representatives from each of the clinical groups provided updates about operational issues, risks and challenges in their areas, and the Committee noted the assurance scorecards from each clinical group across the CQC regulatory domains.
- 13.2. The Evelina London Women's and Children's Clinical Group had self-assessed itself as compliant with all ten safety actions of the maternity incentive scheme and a great deal of work had been done to both ensure compliance and collate evidence to support the assessment. This would be submitted to the Integrated Care Board for review and thereon to NHS Resolution. The Clinical Group also reported that its neonatal unit nurse staffing establishment was below the British Association of Perinatal Medicine recommended levels, partly due to a national shortage of trained neonatal nurses, and set out the actions being taken to mitigate this. Programmes of work were being undertaken to redesign services to mitigate the impact of local authority funding reductions for universal services, and to improve the patient experience in the gynaecology ward.
- 13.3. The Heart, Lung and Critical Care Clinical Group provided data to show the significant progress that it was making in reducing the number of outstanding structured judgement reviews and overdue complaints. An issue was raised regarding the establishment of registered band six nurses across certain areas and an overview of how this was being managed. As part of winter planning, clinical and operational teams across the Cancer and Surgery Clinical Group have developed an action plan to maintain activity throughout the winter period. This included the opening of a Surgical Assessment Unit at Guy's, relocating the fracture clinic at St Thomas' and opening additional inpatient beds.
- 13.4. The Integrated and Specialist Medicine Clinical Group highlighted a risk around the sale to third parties of medicines, creams and ointments developed by the Trust and which are therefore only permitted to be used with patients in the Trust. A serious incident had been declared and the Medicines Healthcare products Regulatory Agency had been notified. The Clinical Group's financial position remained challenging and support was being received from the central finance team. Following queries from Committee members the Chief Executive reported that there had been some progress at a system level in procuring additional capacity for patients with mental health conditions, which should allow greater access from the Trust's emergency department into these more appropriate care settings.

14. Statutory and regulatory reports

- 14.1. The Committee noted the statutory and regulatory reports that had been provided.

15. Items for noting

- 15.1. The Committee noted the supporting information, which had been referenced during the meeting. No further questions were raised.

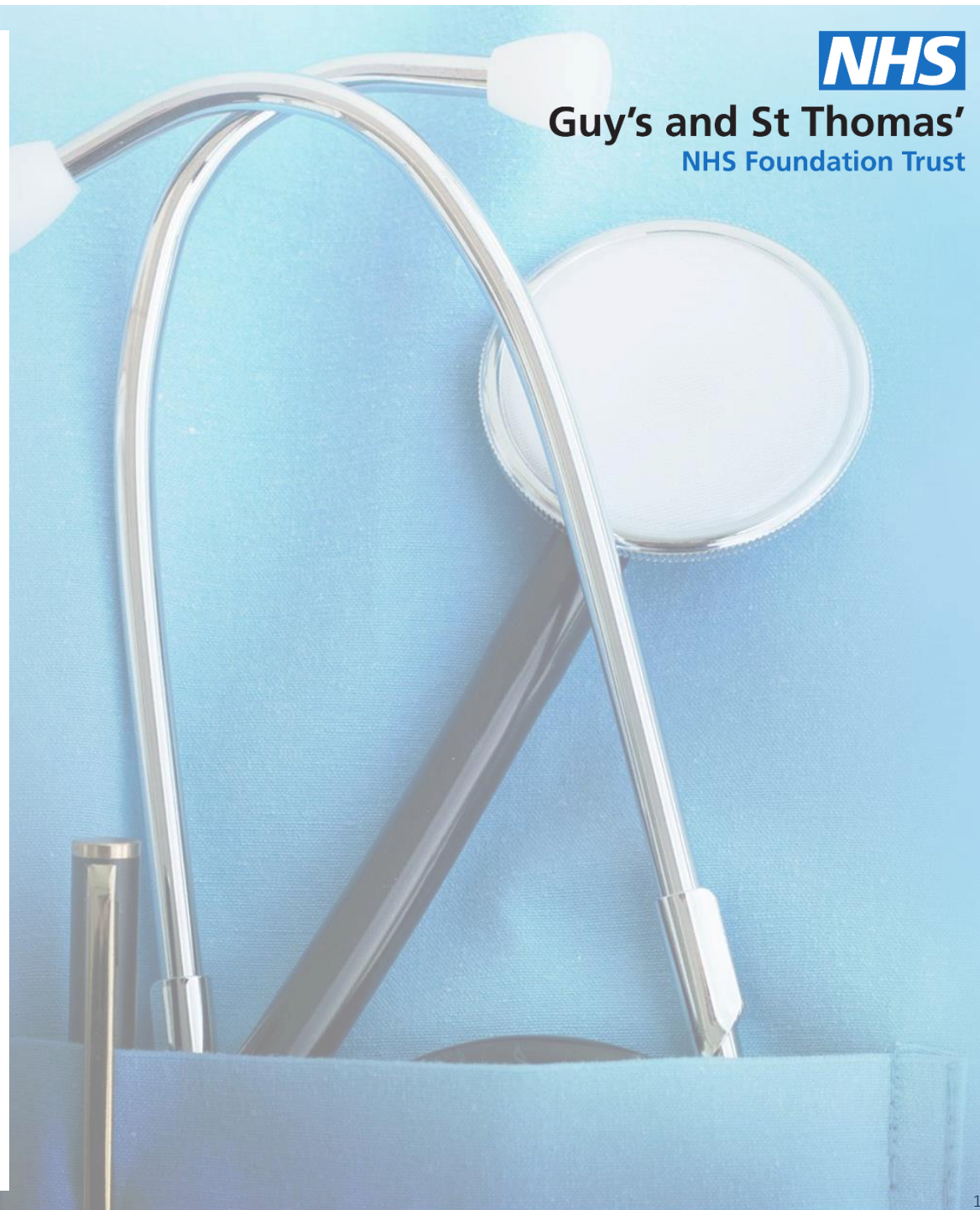
16. Any other business

- 16.1. The Committee chair thanked Alastair Gourlay, the Chief Executive of the Essentia delivery group and who was attending his last Committee meeting, for his dedication to the Trust and hard work in supporting the Trust grow and improve. There was no other business.

The next meeting would be held on Wednesday 5th April 2023

Integrated Performance Report

February 2023



Introduction

About this pack

The Trust produces this Integrated Performance Report (IPR) to provide our Board, Executive team, Clinical Groups and other stakeholders the performance position across our core domains¹ of Safe, Effective, Caring, Responsive, People and Enablers/Use of Resources.

The IPR includes:

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

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



¹The source of our core domains:

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

Highlight Report Contents

February 2023

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



Guy's and St Thomas'
NHS Foundation Trust

Domain	Indicator	Actual	Target	SPC Variance	Page
Safe	Percentage of incidents overdue investigation and closure	47.9%	5.0%	Common cause variation	4 - 5
Safe	Total number of NEs in month	1		Common cause variation	
Caring	Friends and family test: Percentage of who patients who responded good or very good summary	N/A	N/A		6 - 7
Caring	Friends and family test: Percentage of who patients who responded poor or very poor summary	N/A	N/A		
Responsive	Percentage of A&E patients that waited less than 4 hours to be seen (type 1, 2 and 3)	74.3%	76.0%	Common cause variation	8 - 20
Responsive	Number of patients spending >12 hours in A&E from decision to admit (DTA)	51		Special cause variation - trend/shift	
Responsive	Percentage of cancer referrals seen within 2 weeks	92.5%	93.0%	Common cause variation	
Responsive	Percentage of cancer referrals meeting the faster diagnosis standard of outcome of suspected cancer within 28 days of referral	73.6%	75.0%	Common cause variation	
Responsive	Percentage of cancer patients starting their first treatment within 62 days of all urgent GP referrals	41.2%	85.0%	Common cause variation	
Responsive	62 Day Cancer Backlog (internal)	255	210		
Responsive	Percentage of patients waiting over 6 weeks for a diagnostic test	13.6%	5.0%	Common cause variation	
Responsive	Outpatients – Percentage of 19/20 activity: New Attendances	91.7%	104%	Special cause variation - trend/shift	
Responsive	Outpatients – Percentage of 19/20 activity: Follow Ups	107.89%	-		
Responsive	Elective - Percentage of 19/20 activity	83.3%	104.0%	Common cause variation	
Responsive	Number of pathways on the waiting list currently waiting more than 78 weeks to start treatment	99	0	Common cause variation	
Responsive	Number of pathways on the waiting list currently waiting more than 104 weeks to start treatment	11	0		
Responsive	Total number overdue complaints	93	-	Special cause variation - single point	
People	Mandatory training compliance	84.0%	90.0%	Common cause variation	21

SPC and level definitions

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

Safe

Percentage of incidents overdue investigation and closure



Feb-23	Target
47.9%	5.0%

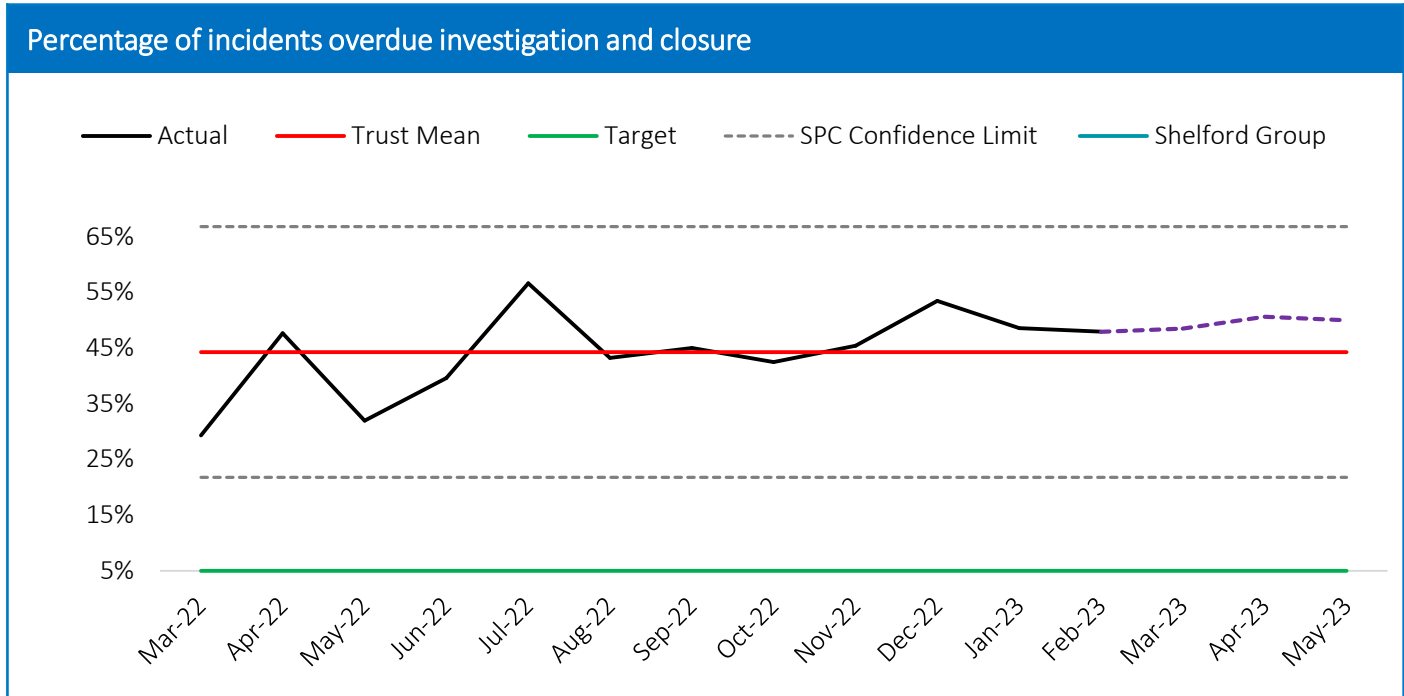
SPC Variance
Common cause variation

Three Month Forecast

Mar-23	Apr-23	May-23
48.4%	50.6%	50.0%

Clinical Group Overview

Evelina London - Women's and...	56.8%
Heart, Lung and Critical Care	51.3%
Cancer and Surgery	47.0%
Integrated and Specialist Medicine	36.9%



Updates since previous month

- Review of incidents improving steadily and rate of overdue investigations has plateaued.
- Areas of good practice across some directorates & Groups, notable Integrated Specialist Medicine.

Current issues

- No large change since last month (48.5% - 47.9%)
- 3-month trend is fairly flat – need work from the directorates to provide a downward trend.

Key dependencies

- Good practice in some areas with an overall decreased number of incidents overdue.
- Continue with exploring bulk closure of incidents.

Future actions

- Escalation and action plan review at Patient Safety Committee. NHS England transition plan in place
- Groups to review plans at local directorate performance review meetings

Safe

Total number of never events



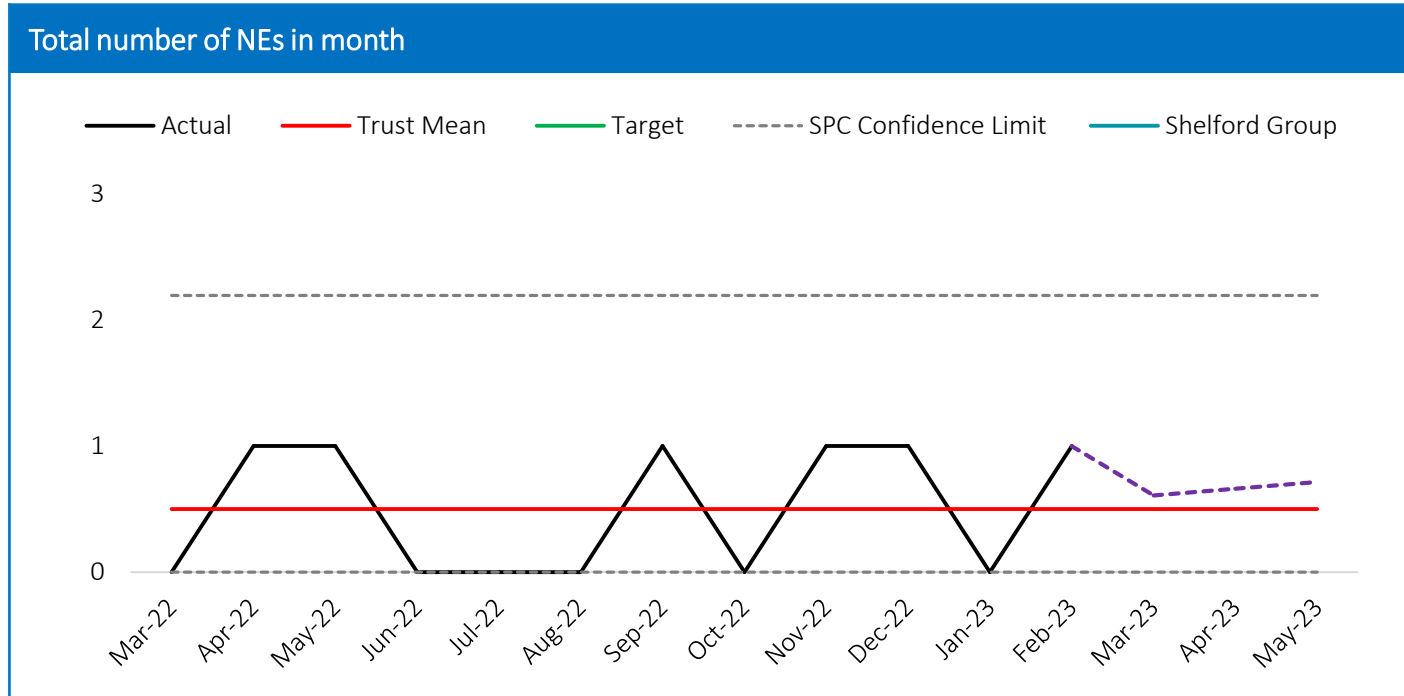
Guy's and St Thomas' NHS Foundation Trust

Feb-23	Target
1	

SPC Variance
Common cause variation

Three Month Forecast		
Mar-23	Apr-23	May-23
1	1	1

Directorate Overview	
Surgery	1



Updates since previous month

- Five previous Never Events to date this financial year: Medication-Overdose of insulin; Unintentional connection to an air flowmeter; Surgical-Wrong Site Surgery; retained vaginal pack and incorrect NG tube placement

Key dependencies

- The Medication safety officer and the principal pharmacist are reviewing the use of insulin syringes to reduce the risk of incorrect syringes being used.

Current issues

- New Never Event: Patient treated for hyperkalaemia, resulting in medication overdose of insulin, as delivery did not use insulin syringe to prepare.
- Recurrent theme regarding diabetes and insulin; ongoing safety area of concern and focus for the Trust.

Future actions

- Review of the use of insulin syringes across surgery and share learning across the Trust.
- Diabetes safety work-streams in place.

Caring

Caring Friends and family test: Percentage of patients who responded good or very good



Guy's and St Thomas' NHS Foundation Trust

Feb-23 Caring Summary

Indicator (FFT, % good or very good)	Target	Actual	Compared to previous month	12 month trend (% good or very good)	Response rate
A&E	83.0%	82.2%	▼		12.3%
Admitted	96.0%	94.4%	▼		21.8%
Outpatients	92.0%	92.4%	▲		N/A
Maternity	93.0%	92.0%	▼		7.3%
Community	97.0%	95.0%	▼		5.6%
Patient transport	93.0%	86.9%	▼		1.8%

Updates since previous month

- Positive scores for outpatients and community services remain stable compared to January however scores have fallen 2-3% for most areas of care and 7% for A&E.
- The positive score for outpatients is also above target

Current Issues

- Comments show lengthy delays remain a significant concern for patients at A&E receptions as well as delays within the department. Patients using our transport service report experiencing delays when booking transport and during both inward and outward journeys. Women on our maternity wards reported responses to requests for assistance were delayed on occasion. Inpatients noted delays in going down for surgery and receiving pain relief. Noise at night was also a concern. Outpatients report delays in obtaining appointments and on arrival to clinic. Cancellation of appointments is also a concern.

Key dependencies

- Attendances at A&E remain high. Significant operational pressures are resulting in long delays and adversely impacting on patient experience.
- Low response rates in some areas mean small numbers of responses skew scores.

Future actions

- The Patient Experience Team are supporting Clinical Groups and Directorates to increase the volume of responses collected in their areas.
- Themes from comments are shared with teams to stimulate improvement activity
- A&E are working to improve information to patients on delays.

Caring



Guy's and St Thomas' NHS Foundation Trust

Caring Friends and family test: Percentage of patients who responded poor or very poor

Feb-23 Caring Summary

Indicator (FFT, % poor or very poor)	Target	Actual	Compared to previous month	12 month trend (% poor or very poor)	Response rate
A&E	10.0%	9.8%	▲		12.3%
Admitted	2.0%	2.1%	▲		21.8%
Outpatients	4.0%	4.0%	▲		N/A
Maternity	2.0%	5.3%	▲		7.3%
Community	1.0%	1.0%	▼		5.6%
Patient transport	2.0%	3.8%	▼		1.8%

Updates since previous month

- With the exception of Community Services and Patient Transport negative scores have declined by 0.5% or more since January. Community Services remain on target with a negative score of 1% and although the negative score for Patient Transport has fallen it remains above the target of 2%. The A&E negative score has increased by 3.1% but remains below target of 10%. Outpatients negative score has increased but is on target.

Current Issues

- Comments show lengthy delays remain a significant concern for patients at A&E receptions as well as delays within the department. Patients using our transport service report experiencing delays when booking transport. Women on our maternity wards reported responses to requests for assistance had at times been delayed. Inpatients noted delays in going down for surgery and receiving pain relief. Noise at night was also a concern. Outpatients report delays in obtaining appointments and on arrival to clinic. Cancellation of appointments also raising concerns

Key dependencies

- Attendances at A&E remain high. Significant operational pressures are resulting long delays and adversely impacting on patient experience.
- Low response rates in some areas of care mean that small numbers of responses can skew scores

Future actions

- The Patient Experience Team are supporting Clinical Groups and Directorates to increase volume of responses collected in their areas.
- Themes from comments are shared with teams to stimulate improvement activity
- A&E are working to improve information to patients on delays.

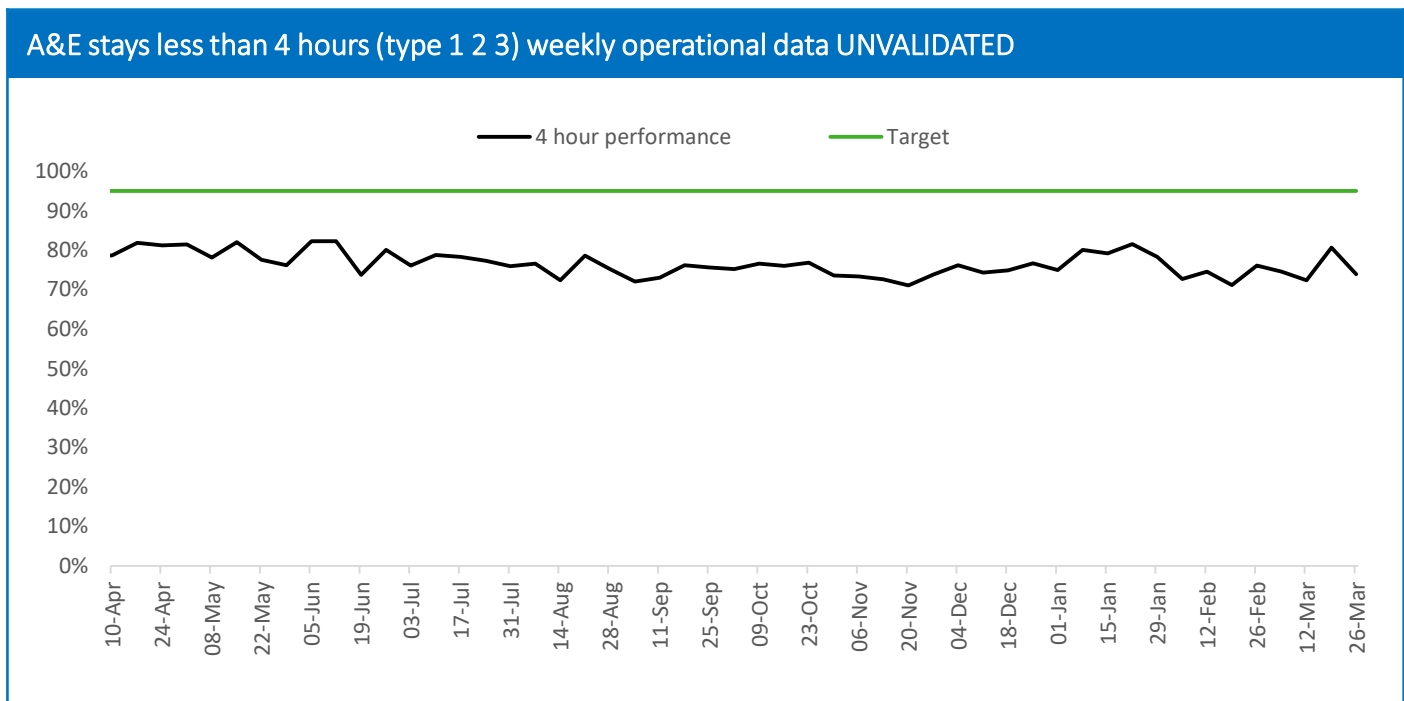
Responsive

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



Most recent monthly position (Feb-23)	Target
74.3%	76.0%

Week Ending 26 th Mar	Target
73.9%	76.0%



Clinical Group Overview
 Data only applies to Integrated and Specialist Medicine Clinical Group

Updates since previous month

- Decrease in performance from previous month (78.83%)

Current issues

- High MH burden in the department
- High attendance Figures- often over 600
- Trust on often on Red or Purple bed escalation leading to poor outflow

Key dependencies

- Length of stay and flow project ongoing
- Implemented new GP pathways to increase utilisation and reduce pressures on ED majors
- Edward ward discharge lounge open to improve flow

Future actions

- Full review of GP centre
- Review of SDEC service in line with SDEC national Strategy
- AWW to NW task and finish group to be set up

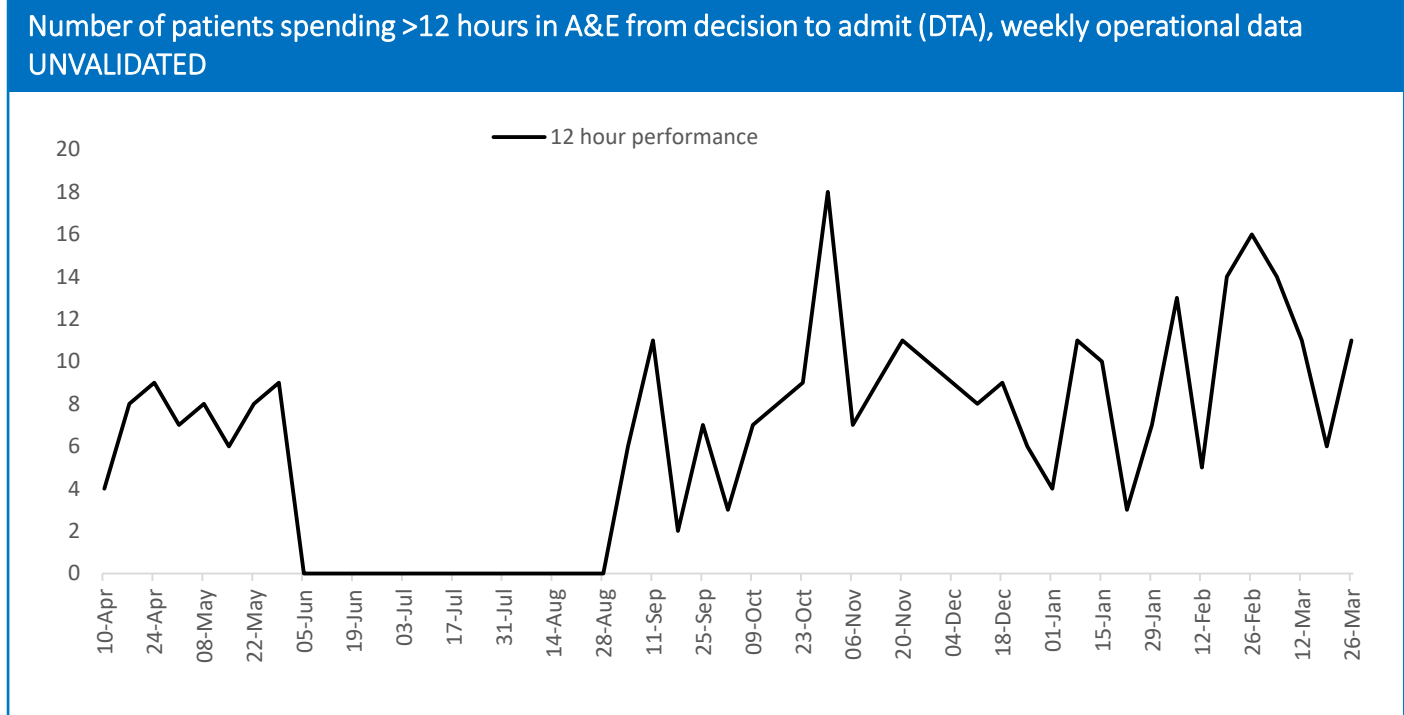
Responsive

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



Most recent monthly position (Feb-23)	Target
51	-

Week Ending 26 th Mar	Target
11	-



Clinical Group Overview

Data is unavailable at clinical group level

Updates since previous month

- Increase from Jan- Higher MH burden
- Only 1 Physical Health Breach for Feb

Current issues

- Consistent long waits for mental health beds in the community
- SLAM on OPEL 4 Escalation

Key dependencies

- Mental health provision across SEL
- CAU utilisation

Future actions

- Continuing to work on cygnet bed utilisation with SLAM and cygnet
- Working to increase CAU utilisation with SLAM



Responsive

Percentage of cancer referrals seen within 2 weeks

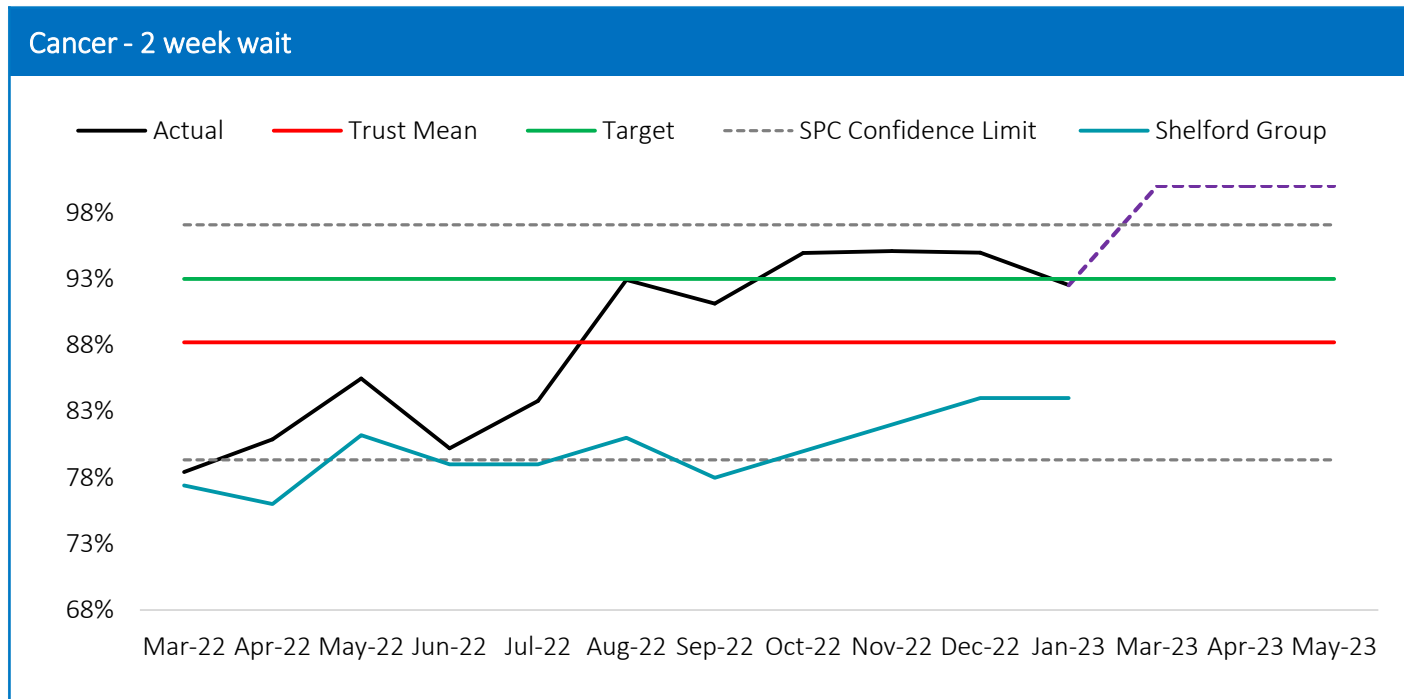
Jan-23	Target
92.5%	93.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jan - 23)
84.0%

Three Month Forecast		
Mar-23	Apr-23	May-23
100.0%	100.0%	100.0%

Clinical Group Overview	
Evelina London Women's and...	88%
Cancer and Surgery	91%
Integrated and Specialist Medicine	97%



Updates since previous month

- Referrals remain consistently above 19/20 levels.

Current issues

- Resilience on Breast pathway – Clinical Fellow and Consultant gaps (vacancy/ sickness/ mat leave)
- Impact of ongoing industrial action
- BMA rate card impact on ability to create additional capacity

Key dependencies

- Recruitment and retention.

Future actions

- Insourcing for Breast 2WW to ensure resilience
- Introduction of TAC in UGI

Responsive

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



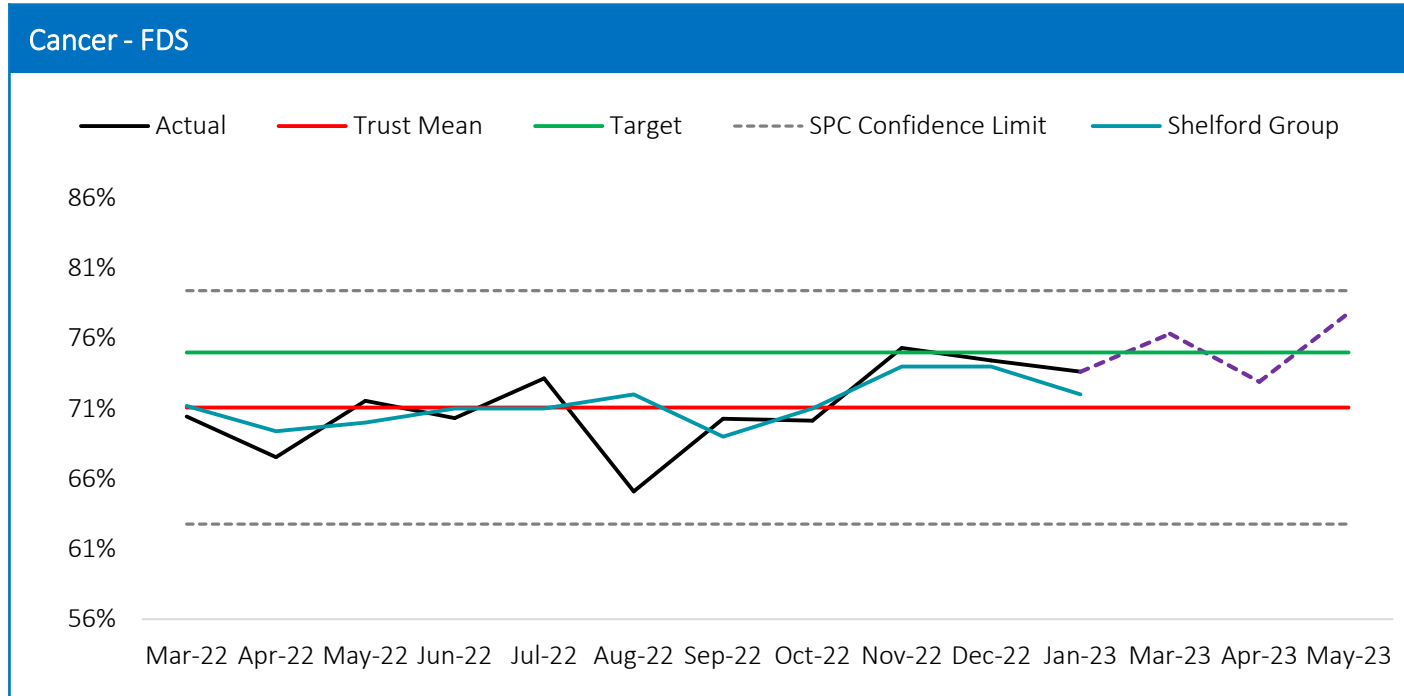
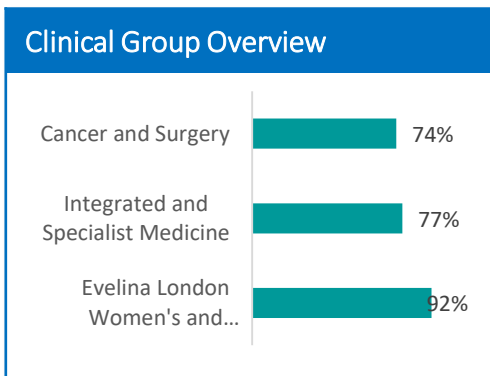
Guy's and St Thomas'
NHS Foundation Trust

Jan-23	Target
73.6%	75.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jan - 23)
72.0%

Three Month Forecast		
Mar-23	Apr-23	May-23
76.3%	72.9%	77.8%



Updates since previous month

- Marginal underperformance against target in January, impacted by patient choice delays over holiday period and impact of industrial action.

Current issues

- Impact of ongoing industrial action
- GA diagnostic capacity
- Impact of BMA rate card/ pensions in creating additional capacity

Key dependencies

- OP space
- Theatre capacity
- Recruitment and retention

Future actions

- Review of theatre capacity allocation
- Review of OP space
- Breast Pathway transformation work
- Trust engagement with SEL FDS Transformation Board



Responsive

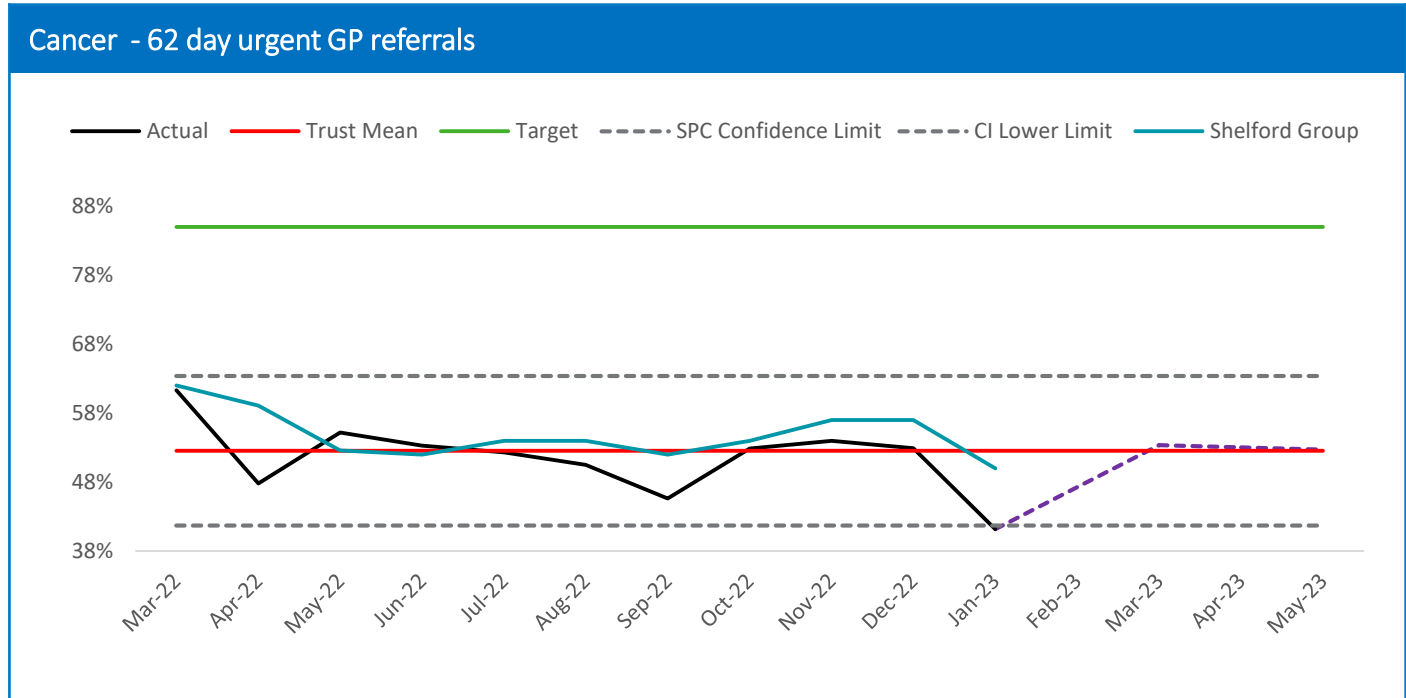
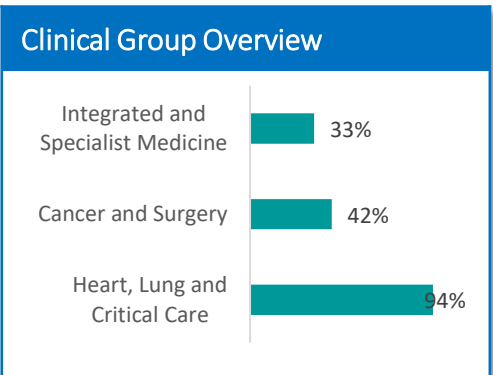
Percentage of cancer patients starting their first treatment within 62 days of all urgent GP referrals

Jan-23	Target
41.2%	85.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jan - 23)
50.0%

Three Month Forecast		
Mar-23	Apr-23	May-23
53.3%	53.0%	52.7%



Updates since previous month

- Reduction in performance in January resulting from delayed treatments over holiday period and industrial action as well as continued focus on reducing backlog.

Current issues

- Impact of industrial action
- BMA rate card/ Pension position impact on additional capacity
- Late ITT from other organisations

Key dependencies

- Theatre capacity and surgeon availability
- Recruitment and retention

Future actions

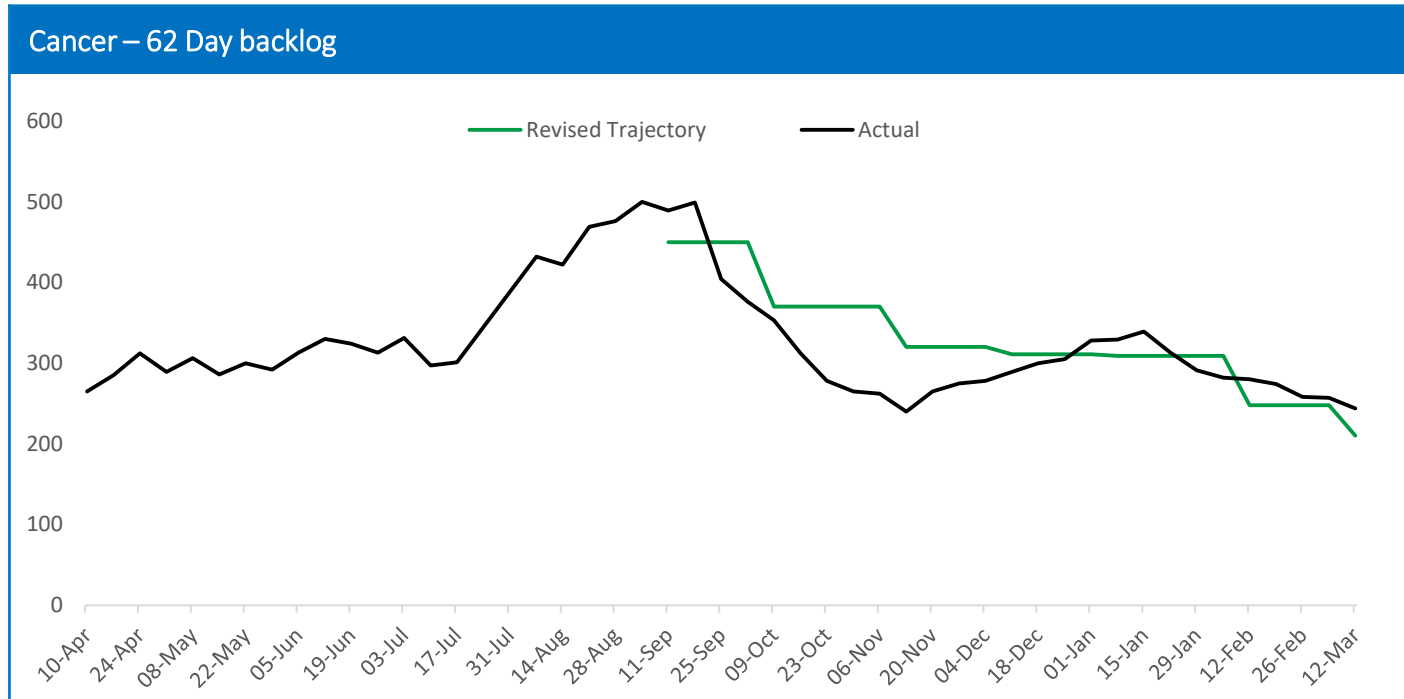
- Review of theatre capacity allocation
- Continued engagement with referring providers to improve timeliness of pathways
- Focus on FDS to expedite pathways



Responsive

62 Day Cancer backlog

19 th Mar	Trajectory
255	210



Clinical Group Overview

Evelina London Women's and...	2
Integrated and Specialist Medicine	14
Heart, Lung and Critical Care	18
Cancer and Surgery	221

- ### Updates since previous month
- Sustained weekly reduction in January and February.
 - Uptick seen end of March as a result of impact of cancellations due to industrial action
 - As of the 19th March, the proportion of the PTL which includes backlog is 9.4%, down from 14.8% in mid-January.

- ### Current issues
- Impact of industrial action
 - BMA rate card/ pension impact on ability to run extra sessions
 - Late ITTs into backlog
 - Joint oncology clinic capacity
 - Theatre capacity, including independent sector capacity

- ### Key dependencies
- Theatre capacity
 - OP capacity
 - Workforce recruitment and retention

- ### Future actions
- Theatre capacity allocation review
 - Continued engagement with referring providers to improve timeliness of pathways.

Responsive

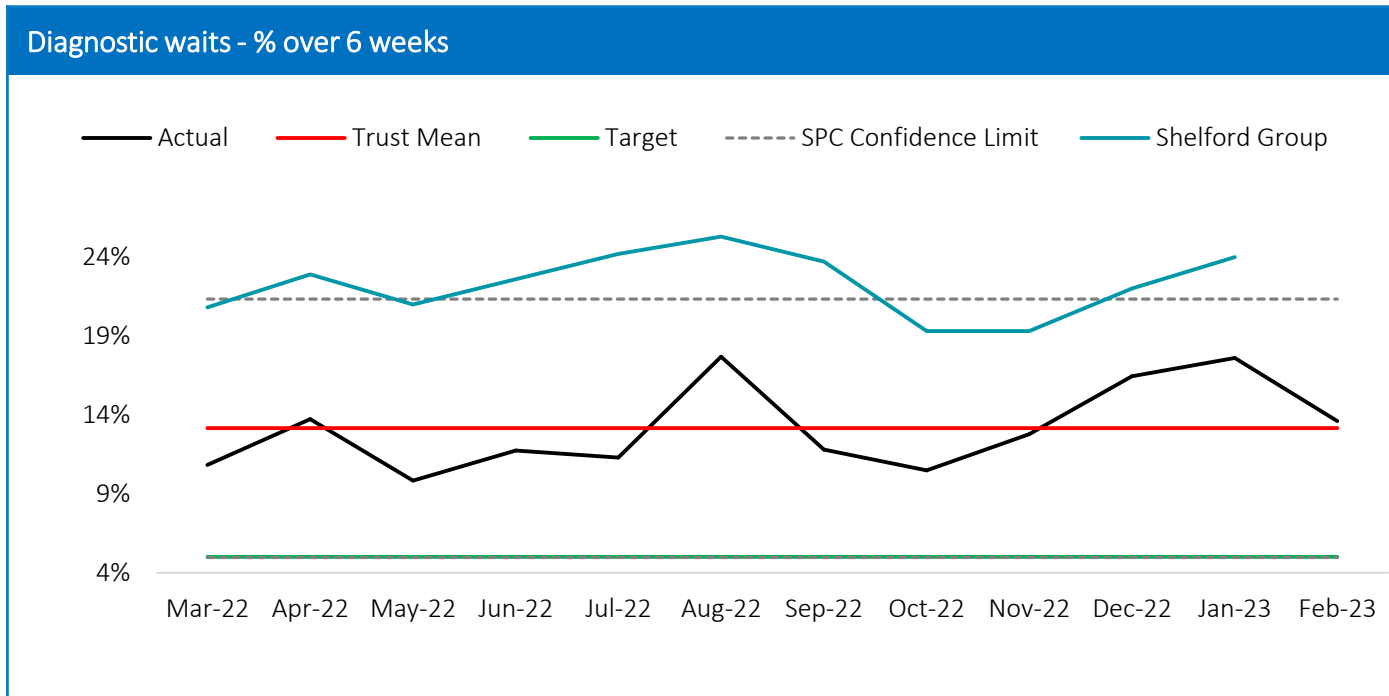
Percentage of patients waiting over 6 weeks for a diagnostic test



Feb-23	Target
13.6%	5.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Jan - 23)
24%



Clinical Group Overview

Evelina London - Women's and...	30.9%
Cancer and Surgery	16.2%
Integrated and Specialist Medicine	13.1%
Heart, Lung and Critical Care	9.3%

Updates since previous month

- February's 6 week wait position has improved by 4 percentage points on January's position (17.6%) with the number of 6WW breaches in February decreasing by 16.84%.

Current issues

- Activity decreased by 3.24%
- Workforce
- Ongoing demand and capacity challenges.

Key dependencies

- Demand inc complexity of priority
- Cross-site delivery.
- Productivity.
- Mutual aid.

Future actions

- A deep dive into DNA's to better understand enablers and barriers to patients attending their appointments.
- Awaiting the outcome of a £13m bid to deliver new diagnostics centre.

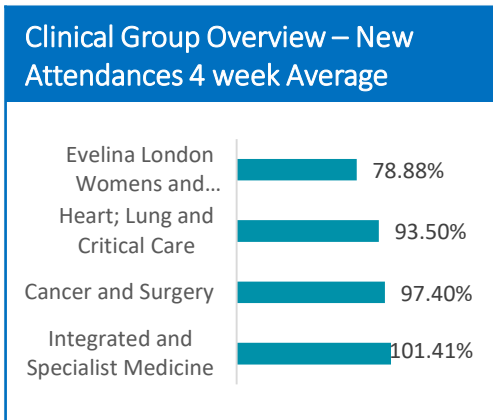
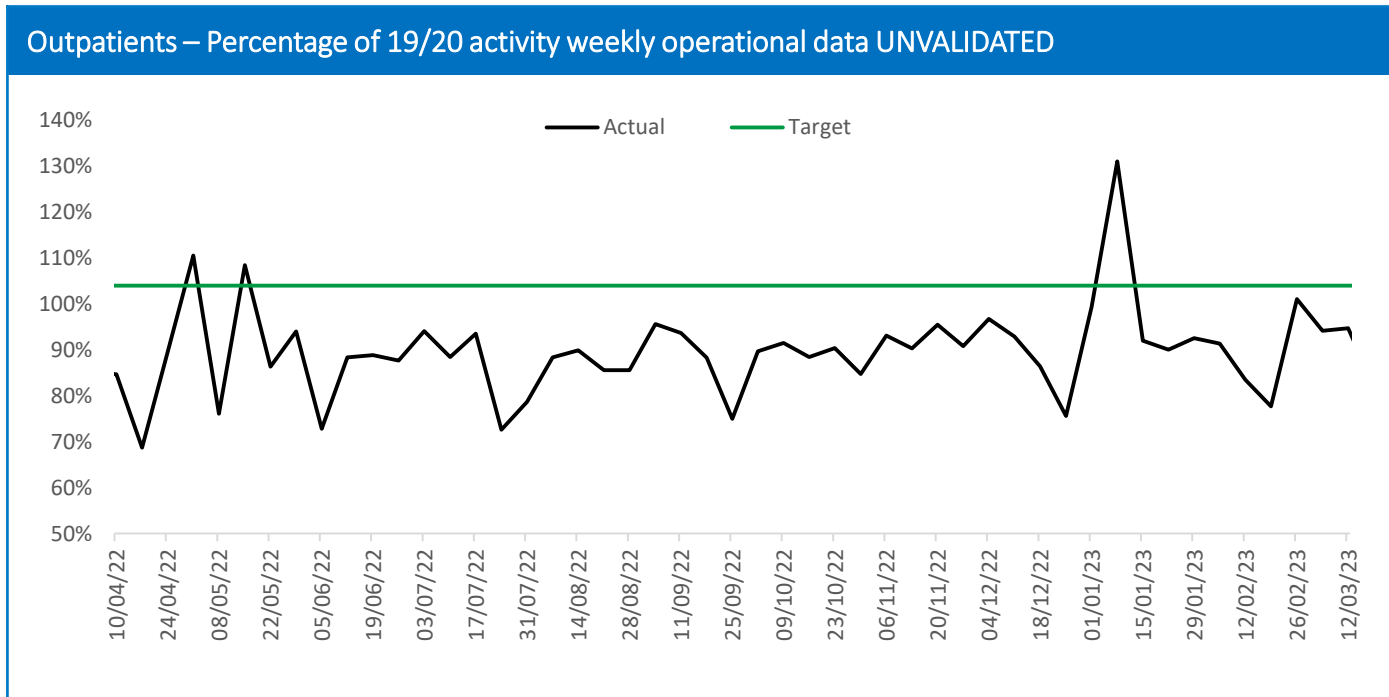
Responsive

Outpatients – Percentage of 19/20 activity: New Attendances



Guy's and St Thomas' NHS Foundation Trust

Week Ending 12 th Mar 4 week avg	Target
91.7%	104%



Updates since previous month

- The Trust continues to prioritise improving its responsiveness and pathway management of new referrals.
- Whilst performance has stabilised since January, ongoing industrial action and high staff vacancy rates continue to impact upon a sustained improved trajectory.

Current issues

- Ongoing industrial action
- High staff vacancy rates
- More patients with multiple long term conditions.
- Patients with additional complications due to long COVID

Key dependencies

- Productivity.
- Baseline changes/counting and coding issues.
- Partnership work across SEL
- Mutual aid.

Future actions

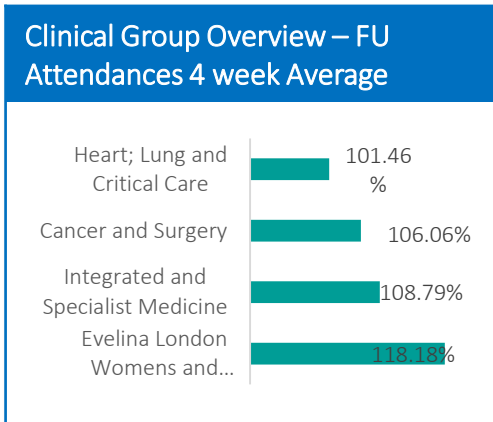
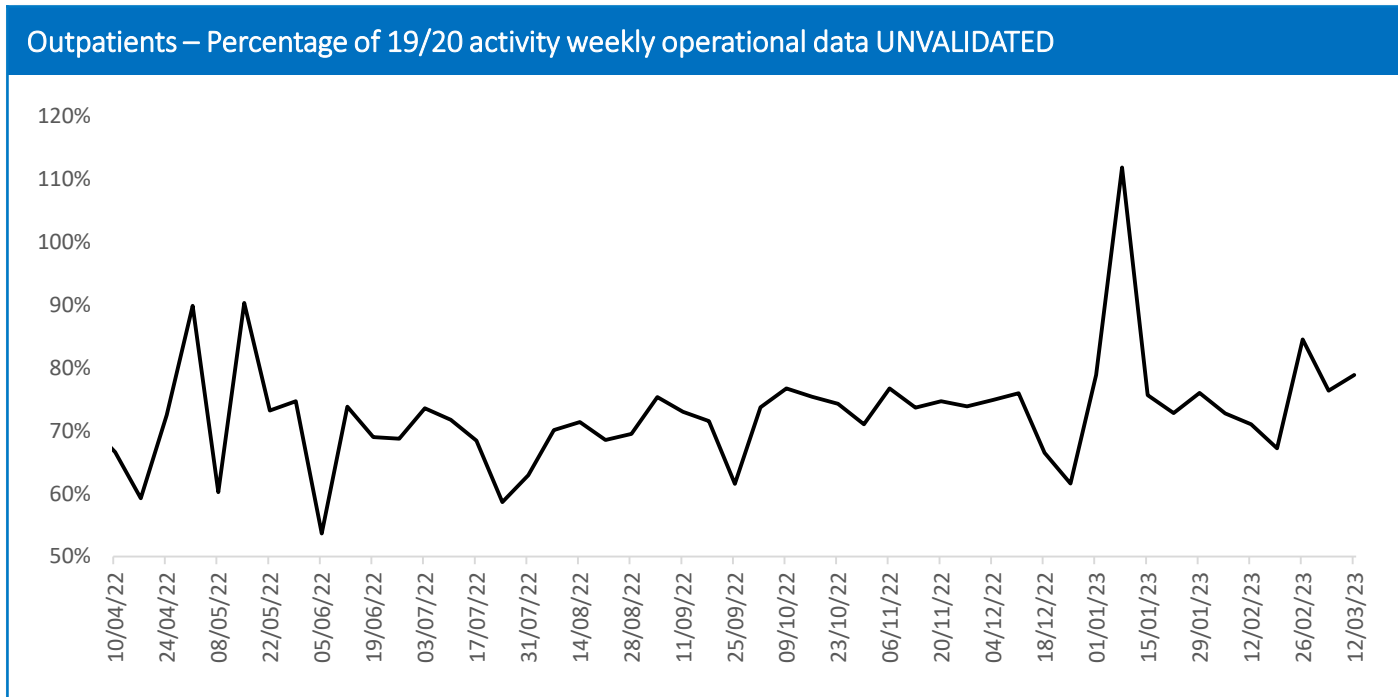
- The Trust is committed to improving activity levels and has set out an ambitious plan for 2023/24 which will meet next year's target with Clinical Groups identifying how they will bridge the gap between current and future activity levels for new referrals.

Responsive

Outpatients – Percentage of 19/20 activity: Follow Ups



Week Ending 12 th Mar 4 week avg	Target
107.89%	-



Updates since previous month

- The rate of follow up appointments has stabilised since January, with all Clinical Groups performing well in relation to baseline targets. The Trust recognises the need to continue deliver high quality follow up appointments, whilst also identifying those patients who would prefer and benefit from Patient Initiated Follow Up appointments (PIFU).

Current issues

- Ongoing industrial action impacting on waiting times
- More patients with multiple long term conditions.
- Patients with additional complications due to long COVID

Key dependencies

- Partnership work across SEL to develop wraparound support options in the community
- Mutual aid

Future actions

- Continue to work with SEL partners to review and refresh community support options, ensuring patients are offered a full range of follow up options to best suit their clinical and psychosocial needs.

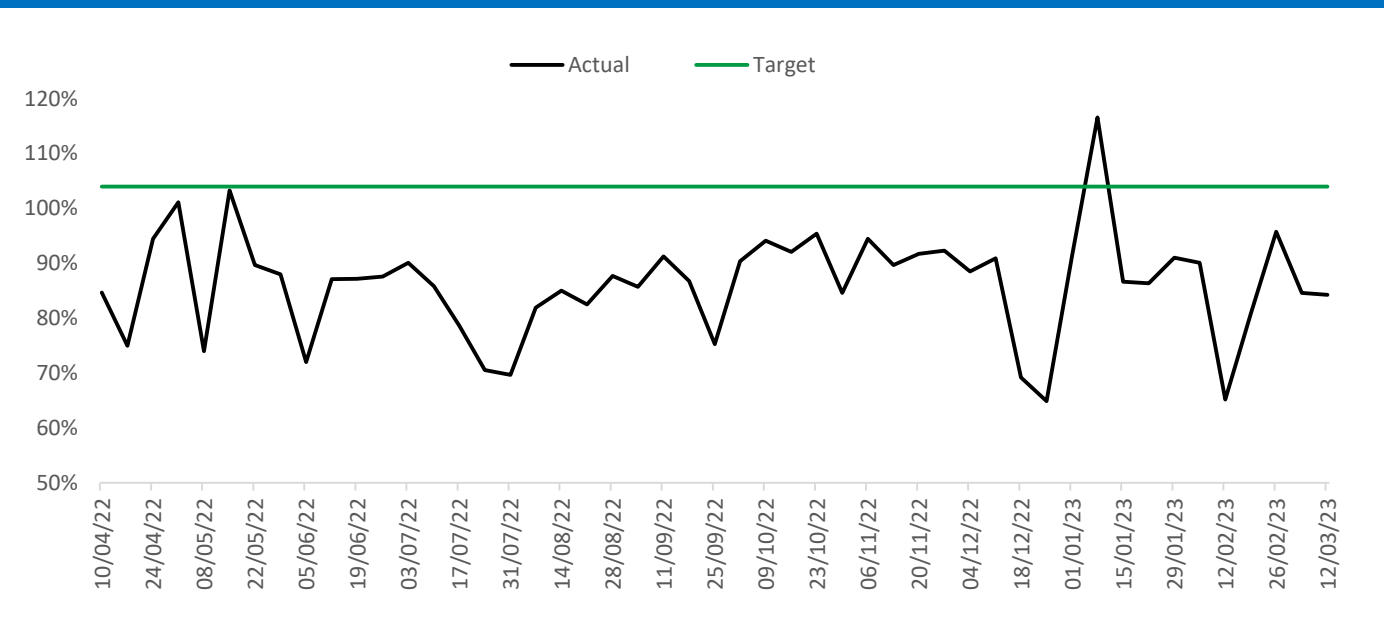
Responsive

Elective – Percentage of 19/20 activity



Guy's and St Thomas' NHS Foundation Trust

Elective – Percentage of 19/20 activity weekly operational data UNVALIDATED



Week Ending 12 th Mar 4 week avg	Target
88.0%	104.0%

Clinical Group Overview – Last 4 Weeks

Integrated and Specialist Medicine	77.8%
Heart; Lung and Critical Care	83.7%
Evelina London Womens and...	85.9%
Cancer and Surgery	95.2%

Updates since previous month

- In February there was a deterioration of 12.7 percentage points from January's position of 96.0%.
- The most recent 4-week average demonstrates the challenge faced across services and the Trust acknowledge that recovery is of high priority and needs addressing.

Current issues

- Industrial action
- High staff vacancy rates

Key dependencies

- Productivity.
- Baseline changes/counting and coding issues.
- Mutual aid.
- Theatre capacity and surgeon availability
- System wide pathways to support safe discharge

Future actions

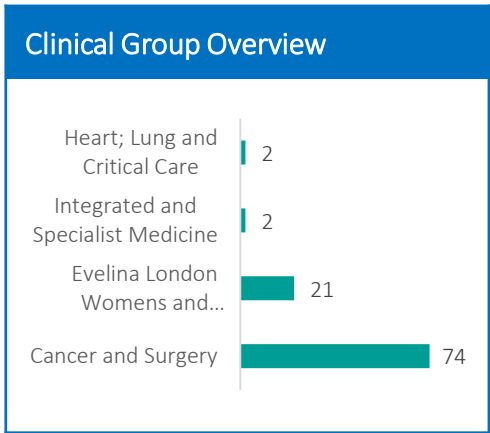
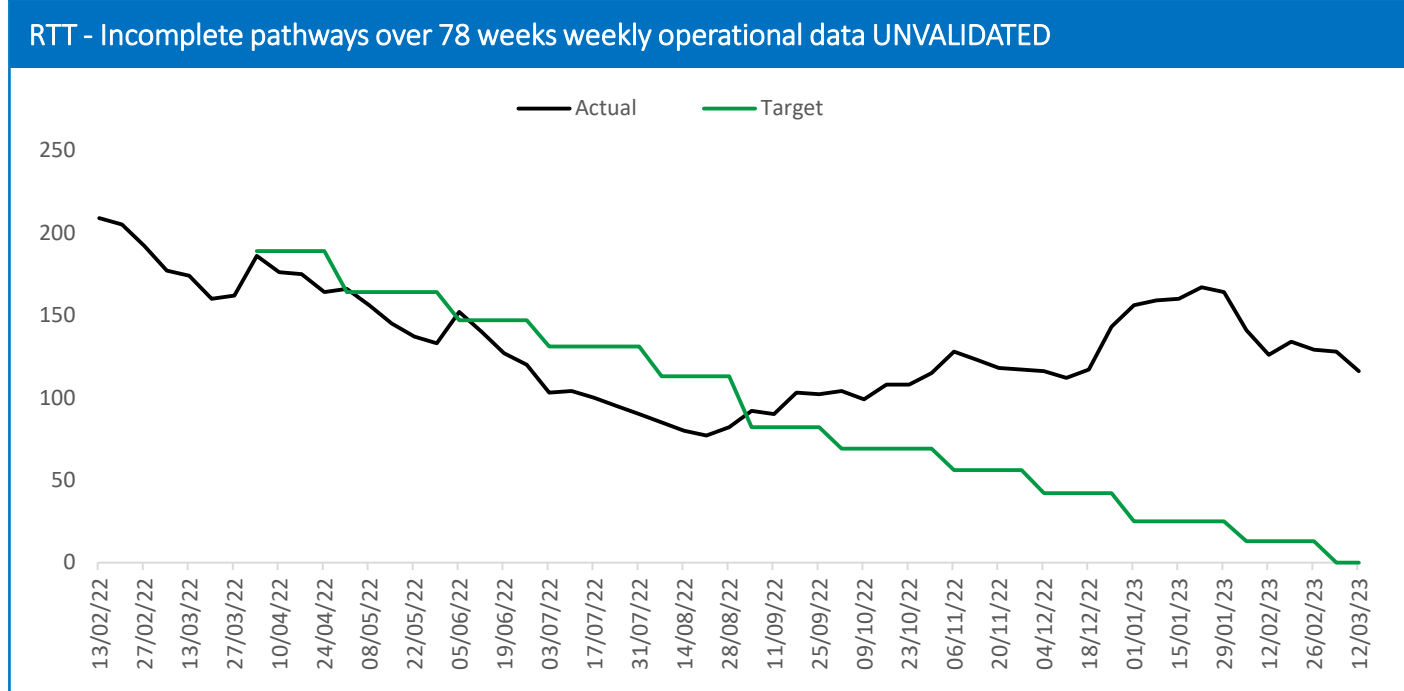
- The Trust are committed to improving activity levels and have set out an ambitious plan for 2023/24 which will meet next years target with Clinical Groups identifying how they will bridge the gap between current and future activity levels.



Responsive

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

26 th Mar	Target
99	0



Updates since previous month

- Eliminating waits of 78 weeks or more remains a primary priority for the Trust, the most recent week's position reported here of 116 patients, is a reduction of 51 from 167 in the week ending the 22nd January.
- Resources remained focused on eliminating these long waits and ensuring patient safety.

Key dependencies

- Surgical/diagnostic/pathology/outpatient capacity.
- Productivity.
- Backlog treatments.
- Wraparound community support

Current issues

- Industrial action
- Vacancy rates
- Theatre capacity and surgeon availability
- Diagnostic capacity

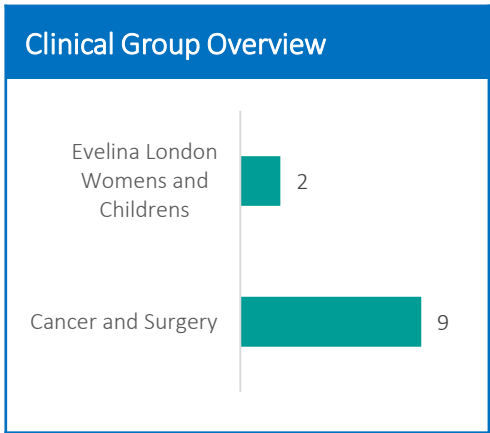
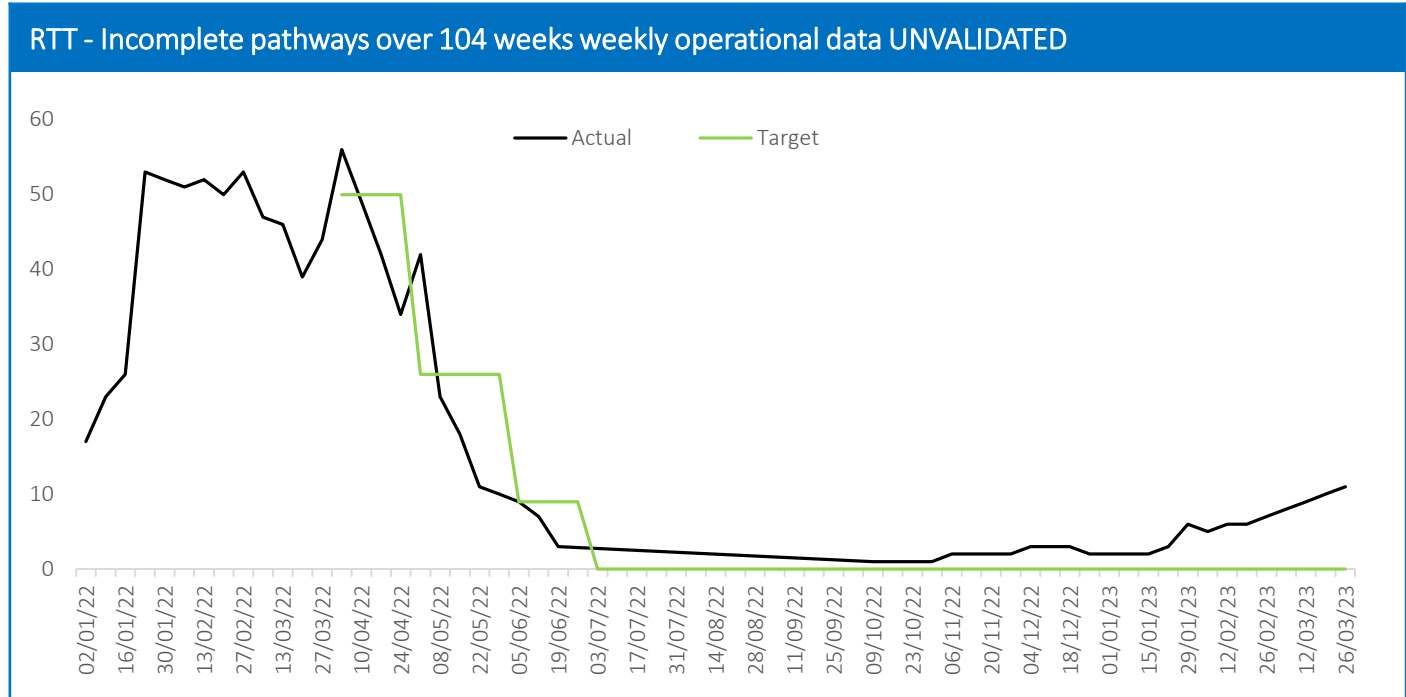
Future actions

- Reducing the number of patients currently waiting more than 78 weeks for treatment remains a priority for the Trust and will provide a platform for further improvement required such as eliminating 65+ week waits..

Responsive

Number of pathways on the waiting list currently waiting more than 104 weeks to start treatment

26 th Mar	Target
11	0



Updates since previous month

- 11 patients are currently in the cohort of patients who have waited 104 weeks or more, resourcing is being prioritised to eliminate long waits and to reach all patients to book appointments.

Current issues

- Industrial action
- Staff vacancy rates
- Oversight of internal mechanisms to respond to referrals.

Key dependencies

- Productivity
- Partnership work with SEL to ensure community support
- Sustained resource allocation

Future actions

- The Trust remains committed to eliminating long waits and is reviewing all internal and external mechanisms to ensure referral pathways prevent long waits developing in the future.

Responsive

Total number overdue complaints

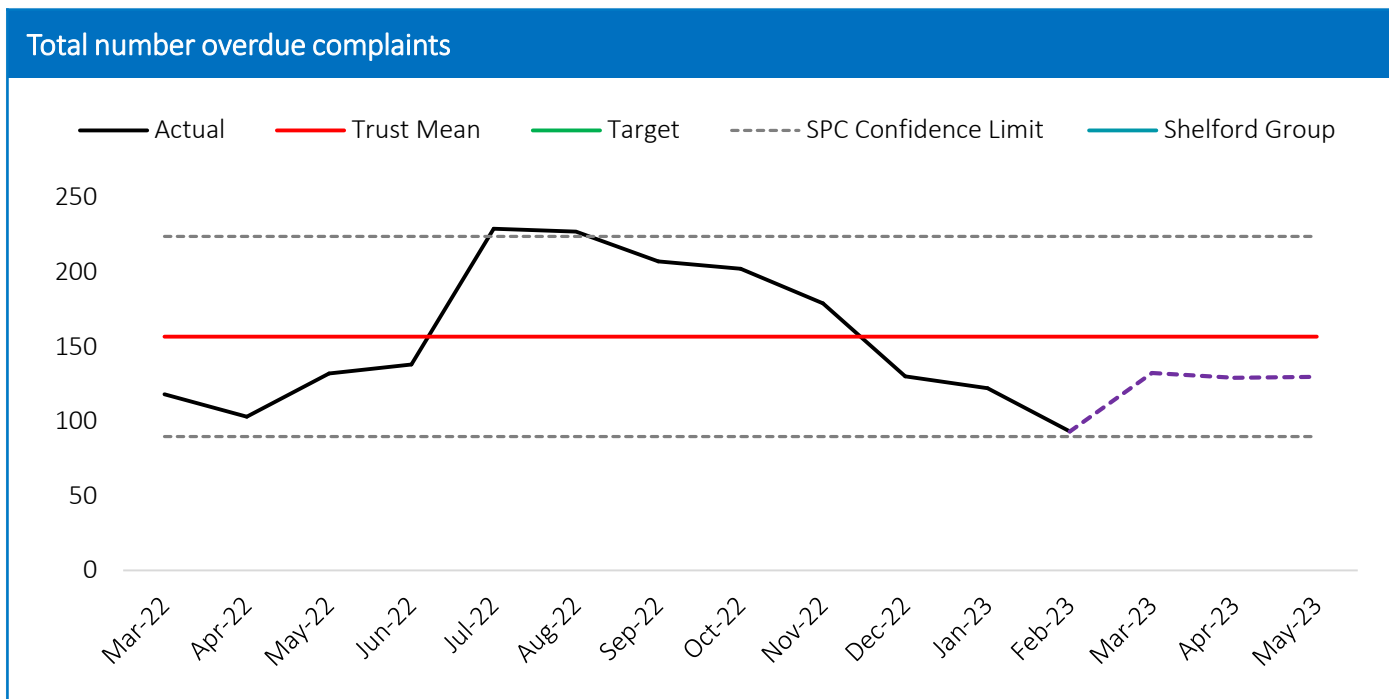


Guy's and St Thomas'
NHS Foundation Trust

Feb-23	Target
93	

SPC Variance
Special cause variation - trend/shift

Three Month Forecast		
Mar-23	Apr-23	May-23
132	129	130



Clinical Group Overview	
Evelina London - Women's and...	29
Integrated and Specialist Medicine	25
Cancer and Surgery	24
Heart, Lung and Critical Care	15

Updates since previous month

- The number of overdue complaints has fallen again in February, continuing the trend of the last few months, due to the proactive and ongoing efforts by the Clinical Groups and the Patient Resolution team

Current issues

- The overdue number remains higher than it should be
- Staffing issues within the Patient Resolution team and directorates continue to impact the delivery of timely responses across the organisation

Key dependencies

- Early identification of cases that can be resolved quickly to allow time for those requiring formal responses
- Support from the Patient Resolution team with drafting responses

Future actions

- Two staff from the central Patient Resolution team are now assigned to manage a caseload of overdue cases
- Ongoing drafting support and training is being offered by the Patient Resolution team

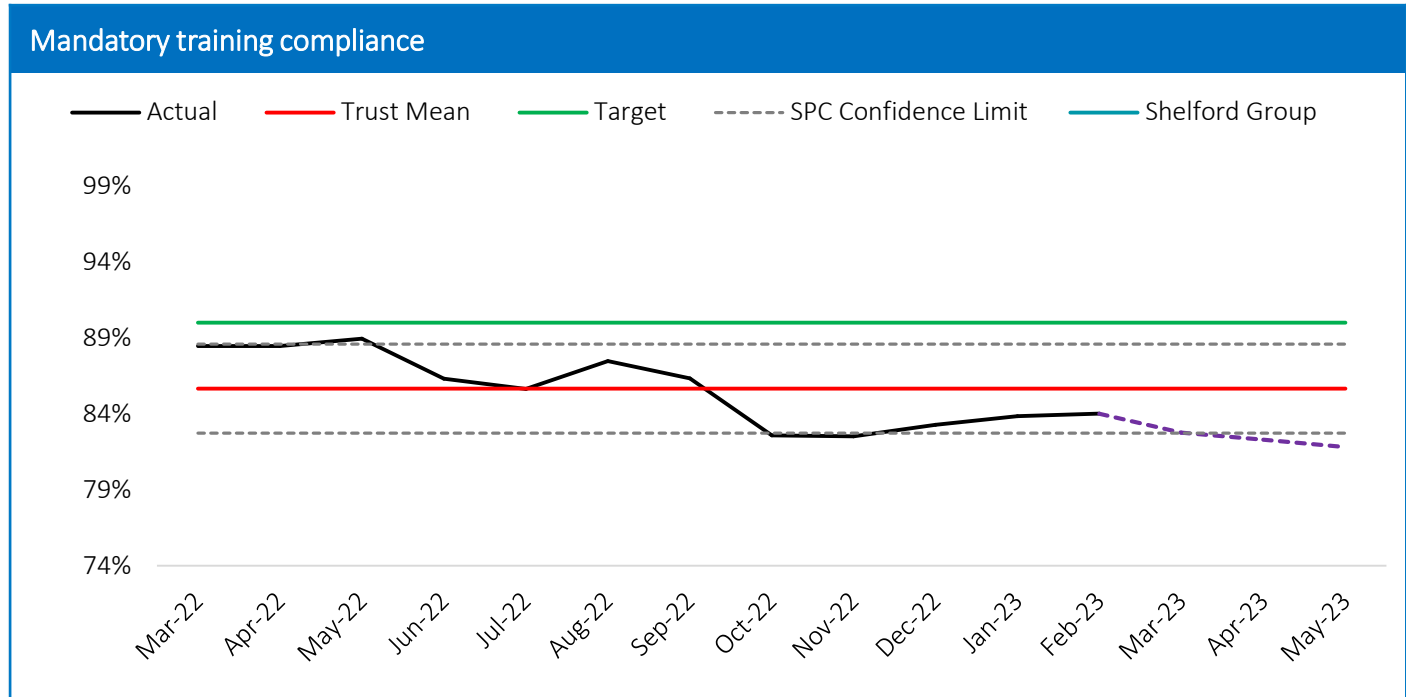
People

Mandatory training compliance percentage

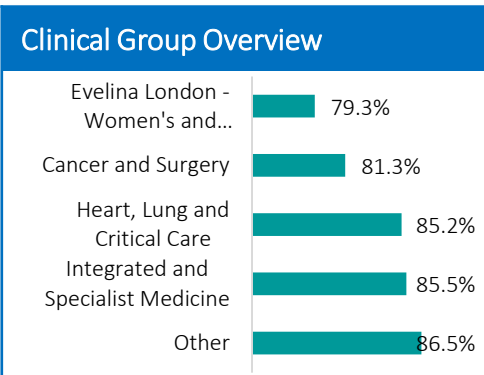


Guy's and St Thomas'
NHS Foundation Trust

Feb-23	Target
84.0%	90.0%



SPC Variance
Common cause variation



Updates since previous month

- Statutory and Mandatory training compliance (March) is 84.1%, up 0.3% on month but down 4.3% on year
- Compliance across all CGs has slipped on year although all CGs reported a marginal increase in Feb/ March 23.

Current issues

- Essentia have the highest compliance at 90% and Medics the lowest at 70%. Medics compliance is increasing on month reflecting recent changes to Training Induction programme.
- HLCC changes to the frequency / scope of individual modules have affected compliance, have been communicated and are being managed

Key dependencies

- Access to e-learning and/or alternative routes to learning

Future actions

- Managers have agreed renewed efforts to improve rates of statutory and mandatory training given the delayed implementation of EPIC
- Development of the College of Healthcare Learning Hub and the return of the Statutory and Mandatory Training days are starting to show an increase in compliance as:

Supporting Information

SPC definitions

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

Common cause variation

Indicator has not triggered any SPC rules for current month

Special cause variation – single point

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

Special cause variation – trend/shift

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

Special cause variation – moving range

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

Special cause variation – 2 of 3

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

**BOARD OF DIRECTORS
STRATEGY AND PARTNERSHIPS BOARD COMMITTEE**

**Wednesday 21st September 2022, 10.15am – 12pm
Burfoot Court Room, Guy's Hospital**

Members Present:

Sir Hugh Taylor (Chair)	Ian Playford
Avey Bhatia	Julie Screenshot
Steven Davies	Dr Priya Singh
Jon Findlay	Dr Simon Steddon
Dr Felicity Harvey	Lawrence Tallon
Baroness Sally Morgan	Steve Weiner
John Pelly (via MS Teams)	

In attendance:

Edward Bradshaw (minutes)	Alistair Gourlay
Sarah Austin	Sarah Henderson
Sarah Clarke	Mags Jubb (item 8)
Sue Cox (item 8)	Anita Knowles
Jessica Dahlstrom	Sarah Maskell
Harlene Dandy-Hughes (item 8)	Paul Mouzouros
Dr Richard Grocott-Mason	Jackie Parrott
Rob Godfrey (item 8)	

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Strategy and Partnerships Board Committee (the Committee). Apologies had been received from Ian Abbs, Simon Friend, Javed Khan, Reza Razavi and Sheila Shribman.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of previous meeting

- 3.1. The minutes of the previous meeting held on 8th June 2022 were approved as an accurate record.

4. Review of action log

- 4.1. There was one open action on the log, regarding the need for a clear plan about how the Trust's medical equipment would be refreshed. An update would be received ahead of the next meeting.

5. Board Assurance Framework risks

- 5.1. The Chair reminded the Committee of the four strategic risks under the responsibility of the Committee; these risks should be kept in mind during the discussions.

6. Update on specialised services developments

- 6.1. The Committee received an update about NHS England's (NHSE) plans to delegate the commissioning of specialised services to Integrated Care Boards (ICBs) from April 2023. This included an overview of the proposed changes to the funding of these services and to the methodology for allocating specialised service funding to ICBs. NHSE was currently completing an assessment of each ICB's readiness to take on delegated specialised commissioning responsibilities and whether any needed additional support to do so. A south London specialised programme had been established to ensure that the delegation takes place in a way that minimises risk, and members of the Trust's executive team were embedded in the key programme oversight and management groups. The Committee noted the areas where the Trust was making good progress in preparing for the changes, and the key risks and challenges that remained.
- 6.2. Committee members agreed that these were a complex set of changes that posed a considerable financial challenge to the Trust, given that around half of the Trust's total income was linked to the delivery of specialised services. Concerns were expressed about the instability that the changes would create; it would therefore be important that all specialities across the Trust recorded and coded activity accurately to ensure the Trust had as much control as possible over the impact of the changes. A number of risks were identified along with potential mitigations. Data would be collated, if possible, about the number of patients on the waiting list for specialised services to help determine future demand.

ACTION: JF

7. Philanthropy update

- 7.1. The Guy's and St Thomas' Foundation was developing strategies for each of the three charities that support the Trust: Guy's and St Thomas' Charity, Evelina London Children's Charity and Guy's Cancer Charity, with the aim of launching these in April 2023. Alongside this work, the Trust was continuing to develop and embed a 'charity culture' within the organisation.
- 7.2. The Committee was supportive of the work given the pressures on NHS income streams. Some members felt it would be particularly important to identify opportunities for new capital funding given the current Capital Departmental Expenditure Limit (CDEL) restrictions. There was discussion about the proposed fundraising themes identified by KHP and how these may align, or otherwise, with the fundraising priorities of the Trust.

8. College of Healthcare Education update

- 8.1. The College of Healthcare was established in August 2020 to provide an overarching education strategy for the Trust across both clinical and non-clinical professions. The college has three main programmes: the Trust as a learning organisation; educational support for service delivery; and promoting education. The College of Healthcare also oversees the Trust's partnerships with external organisations higher education institutes, regulatory bodies such as the General Medical Council, and Health Education England.
- 8.2. A Trust-wide five-year education strategy had been published in June 2021; this was based on the three College of Healthcare programmes. Key priorities set out in the strategy included the development of digital interactive learning, increasing the range and extent of apprenticeships, and the introduction of a new learning management system for Trust staff. The Committee welcomed the ambition shown in the strategy and the progress that was being made in developing education capacity and capability across the organisation. It was

agreed that the Trust should take the lead on identifying and addressing its workforce gaps, and that it should think creatively about how to develop a workforce for the future. In doing this, it would be important to improve digital literacy levels across the organisation. It was proposed the Trust could also explore ways to encourage and incentivise innovation.

- 8.3. In December 2021 HEE launched a quality framework against which all NHS trusts need to ensure compliance. Committee members reviewed the Trust's self-assessment against the six domains of the quality framework, which was required to be submitted to Health Education England by early October. It was noted that clinical groups and professional groups had been engaged in the self-assessment.

RESOLVED:

- 8.4. The Committee approved the Trust's self-assessment submission.

9. Children's cancer programme

- 9.1. The process led by NHSE to determine the future location of the Principal Treatment Centre (PTC) for Children's Cancer for the South Thames region had restarted with a submission deadline for bids of 14th November. The Committee noted the 'hurdle' criteria, which included confirmation that the Trust could provide the service within the current revenue envelope, and had a fully-costed estates option with agreed capital funding.
- 9.2. An overview was provided of the process and timeline by which NHSE would evaluate the bids and identify a preferred option. The Committee also noted the internal process that the Trust's programme team would follow ahead of submitting the bid.

10. Strategy & Partnerships BAF Update

- 10.1. Three of the four strategic risks owned by the Committee had been reviewed by executive management and a number of changes proposed, although the assessments regarding the sufficiency of the controls in place and of the assurance levels all remained unchanged. Committee members felt it would be important to more explicitly articulate the possible financial impact of risk 10, relating to specialised commissioning.

ACTION: JP

- 10.2. The Committee agreed that the cumulative effect of the challenges facing the Trust was significant, and that as so many were external in nature, the ability of the Trust Board to control them was limited. Committee members noted that the final risk, regarding the Trust's Research and Development ambitions, would be reviewed in due course in light of the outcome of the Trust's joint BRC application with King's College London.

RESOLVED:

- 10.3. The Committee agreed the proposed updates.

11. Any other business

- 11.1. There was no other business.

Date of next meeting: Wednesday 7th December 2022

HEART, LUNG & CRITICAL CARE CLINICAL GROUP BOARD

17 January 2023 at 9.30 – 12.00hrs

RBH Boardroom/ MS Teams

MINUTES

PRESENT: Baroness Morgan of Huyton (Chair)*, GSTT Deputy Chair and NED
 Simon Friend*, GSTT NED
 Dr Felicity Harvey*, GSTT NED
 Ian Playford*, GSTT NED
 Avey Bhatia*, GSTT Chief Nurse, Executive Member
 Lawrence Tallon*, GSTT Deputy Chief Executive, Executive Member
 Dr Richard Grocott-Mason, Chief Executive, HLCC Clinical Group, Executive Member
 Dr Mark Mason, Medical Director, HLCC CG, Executive Member
 Robert Craig, Director of Development & Operations, HLCC CG, Executive Member
 Jo Carter, Director of Nursing, HLCC CG, Executive Member
 Nicholas Hunt, Director of Service Development, HLCC CG, Executive Member
 Janet Hogben, Non-executive Advisor, HLCC CG
 Prof Peter Hutton, Non-executive Advisor, HLCC CG
 Prof Bernard Keavney, Non-executive Advisor, HLCC CG
 Trevor Mayhew, Associate Director of Finance, HLCC CG
 Rob Stevens, Interim Head of Workforce, HLCC CG
 * *voting rights*

OBSERVER: Leah Mansfield, GSTT Governor Representative
 Cllr John Hensley, GSTT Governor Representative

IN ATTENDANCE: Charles Alexander, GSTT Chairman
 Mr Mario Petrou, Clinical Director for Cardiovascular Services
 Ben Falk, Director of Operations, Cardiovascular & PACCS directorates, HLCC CG
 Prof Nicholas Hart, Deputy Medical Director, HLCC CG
 Prof Gerry Carr-White, Deputy Medical Director, HLCC CG
 Luke Blair, Head of Communications, HLCC CG
 Catherine French, Associate Director KHP, CV & R
 Piers McCleery, Director of Strategy & Corporate Affairs, HLCC CG
 Dan Pembroke, Chief of Staff, HLCC CG
 Derval Russell, Hospital Director, Harefield Hospital, HLCC CG
 Sharon Ibrahim, Head of Assurance, HLCC CG
 Karen Plews, Head of Patient Safety and Quality, HLCC CG
 Dr Sohaib Nazir, CT2 Cardiology HLCC CG
 Jennifer Sano, Corporate Secretary, HLCC CG
 Eve Mainoo, EA to CEO, HLCC CG

APOLOGIES: Dr Jonathan Byrne, Clinical Director, Cardiovascular services, KCH
 David Shrimpton, Managing Director Private Patients, HLCC CG
 John Bradbury, GSTT Governor Representative

SECRETARY: Juanita Amorin (Minutes)

- 1. Notice of Meeting Given, Quorum, Apologies for Absence & Welcome**
 Due notice had been given, and the meeting was quorate. Apologies were noted as above.

The Chair (BSM) welcomed all present in attendance, in particular Charles Alexander, as the new chair of GSTT, and Dan Pembroke as the new Chief of Staff for HLCC CG.

2. Declarations of interest

There were no new declarations of interest or declarations in conflict with the agenda.

3. Minutes of the Meeting held on 22 November 2022

The minutes of the previous meeting were approved as a true record subject to a minor amendment to section 11.

In response to a query regarding the number of issues raised from Prof Black's presentation at the last meeting, it was reported that this would be discussed at the next meeting in March.

Action 1: The Chief Executive to provide an update at the March Board meeting on vascular surgery issues raised at the November Board.

3.1. Action Tracker

Action 7,8, 14 and 16 were all actioned.

4. Chief Executive's Report

4.1. The Chief Executive presented his report to the Board, firstly recording his thanks to staff for their tremendous effort during recent months and particularly over the festive period. It had been a challenging period due to increased levels of staff sickness, and industrial action by both nursing staff and rail workers. Elective activity on the St Thomas' site remained under pressure from the continued high demand for urgent and emergency care.

4.2. Following the recent leadership changes, the Medical Director and his Deputy Medical Directors were determining the optimal balance between site-based leadership and domain-based leadership (that is; cardiovascular, respiratory and critical care), which the data consolidation provided by Epic would better enable. There was consideration of how, during a future CQC inspection, the regulator would inspect and assess the quality of the clinical group's services.

4.3. Discussions were held regarding the clinical group's assessment of the safety domain on the Trust's assurance scorecard, and the need for this assessment to be supported by objective evidence.

4.4. The Board discussed risks around single sources of extracorporeal membrane oxygenation (ECMO) kit supply and whether any risk evaluation had been undertaken. Ongoing work has uncovered the potential single points of failure and identified the necessary mitigation. It was also flagged that seeking resilience through having multiple suppliers could create other issues linked to training and storage.

Action 2: LT to speak to the newly appointed Trust procurement director about the supply chain / single points of failure in relation to ECMO.

4.5. The Board sought assurance about the ongoing quality of palliative care services at Harefield Hospital. A short-term arrangement had been established for Hillingdon Hospital to provide palliative care services at Harefield Hospital, whilst longer term options were explored.

4.6. The Board asked for more detail on why there was a delay to the opening of East Wing (EW) 10, which was being attributed to supply chain issues including the fabrication of steel and electrical components. It is anticipated the project would be completed by mid- March.

5. KHP CV & R Programme

5.1 The Board received a progress update on the partnership work across the clinical group, the delivery of clinical academic innovation benefits, and on the developments of key performance indicators (KPIs). The Board was requested to note the progress to date, provide feedback on future ambitions and the development of the KPIs for the programme.

5.2 Discussions were held, focused on the width and depth of the mission statement and on the KPIs, as well as how to improve partnership work between the clinical group and other partners. Particularly to move beyond the research aspirations to other aspects of the programme.

The Board asked for a suite of KPIs for the successful delivery of the programme to come to the next Board meeting.

Action 3: KHP CV&R Partnership to report to the March Board meeting on proposed KPIs for the partnership.

6. Cardiac Surgery Strategy

- 6.1. Mr Mario Petrou presented the report for discussion, seeking input and direction on the strategy. Key challenges facing the service were the current long waits for surgery and the increased non-elective demand, the complexity of integrating cardiac surgical teams on multiple sites, cultural changes, leadership across sites and sub-specialties, productivity, and ensuring equity of access. One of the solutions suggested in tackling behaviours was to organize a series of away days to bring the services together, develop the plans and build commitment to them. An implementation plan would be developed and set out how delivery would be monitored. It was indicated that there could be availability of finances to invest in the project and to incentivise cultural change to enable progress and support for the pursuit of additional income streams.
- 6.2. The chair thanked Mr. Mario Petrou for the report and requested a progress update at the next Board meeting.

Action 4: MP to provide a Progress report on the implementation plan for the Cardiac Surgery Strategy at the March Board meeting.

7. Operational Performance

The Chair asked that future operational performance reports contain greater detail of the activity delivered across the clinical group, any challenges that were being experienced, particularly around capacity, and the actions being taken to address them.

- 7.1. Due to the date of the meeting, M9 (December 2022) data had not been available in time for inclusion in the report which covered the period to November 2022 only. The Board noted the following points:
 - 7.1.1. Overall inpatient/daycase activity remained below plan; elective activity remained below target for the month, partly due to the two days of nursing strikes in December. The increasing demand for urgent and emergency care at St Thomas' Hospital continued to constrain capacity for elective cardiovascular activity. Non-elective cardiac surgery activity at St Thomas' Hospital had been approximately 10% higher in 2022 than in 2019, and more cardiac surgery activity had been delivered at Royal Brompton and Harefield hospitals in 2022 than in 2019.
 - 7.1.2. Outpatient activity was recovering well across the board.
 - 7.1.3. Good progress continued to be made on waiting times: since April 2022 there had been a significant reduction in the number of patients waiting over 52 weeks for treatment. The clinical group was continuing to focus on patients waiting over 78 weeks for treatment, the largest proportion of whom were patients awaiting vascular surgery, although each had a treatment plan in place. The clinical group anticipated meeting the national requirement that no patient should be waiting over 78 weeks by the end of March 2023.
- 7.2. A discussion ensued around the Trust's challenges with elective and non-elective capacity given the increase in non-elective demand; clinical productivity relative to 2019 – a pre-pandemic baseline year; actions being taken both within the Clinical Group (e.g. via the Transformation Team, which non-executive directors acknowledged had provided a report to the Finance & Performance Committee in November 2022) and Trust-wide; and the obstacles to achieving a sustainable increase in elective activity.

Actions 5: To report in more detail, via the Finance & Performance Committee, on those services facing particular challenges, the actions being taken to address them, and the progress being made.

8. M8 Quality & Safety Report

8.1 Both the Director of Nursing and Medical Director presented the reported for information. The Board noted the report.

9. Friends and Family Test (FFT) Q3

9.1 The Director of Nursing presented the report.

Board members sought information about the actions being taken in response to the findings set out in the report, especially regarding patient discharge. It was confirmed that further guidance was being provided to both staff and patients to deliver an improved service. One positive development was the virtual appointments used during the recent strike action and the effectiveness of these would continue to be reviewed to support quality improvement.

Action 5: Action plan to be prepared, focusing on solutions to address the problem areas cited in the report

10. Report from the Risk & Safety Committee

10.1 The chair of the Risk & Safety Committee presented the minutes from the meeting held on 20th December 2022.

For the first time since the establishment of the committee, it had been able to take assurance from a full set of integrated joint risk and safety data across the Royal Brompton and Harefield and St Thomas' sites. The committee chair commended two members of staff, Karen Plews and Sharon Ibrahim, who had made significant contributions to the progress made in producing this integrated dataset.

The Board noted the minutes and report.

11. Clinical Group Risk Register

11.1 The Board noted the clinical group risk register and the work that had gone into its development. An explanation was provided for the reasons for changes in the scoring of two of the risks. It was likely that capital expenditure would be required to mitigate some of the risks, but the prioritisation and availability of sufficient capital in coming years continued to be a key challenge for the Trust as a whole.

The Board noted the summary report.

12. Month 9 Finance Report

12.1. The Month 9 Finance Report was presented by Trevor Mayhew, who highlighted three points of note:

- The way in which costs are identified on the GSTT ledger does not enable a clear view of the income from 'pass through' Trust drugs and devices that is associated with the expenditure on the same drugs and devices. The new Finance Cloud procurement system implemented on the Guy's and St Thomas' hospital sites, as at M9 reporting, was unable to allocate costs from the NHS supply chain to directorates, and as a result, there was a degree of estimation of the expenditure reported at M9. This issue should soon be resolved.
- The planned implementation date for the Oracle Cloud finance system at Royal Brompton and Harefield hospitals, 1st February 2023, had been postponed. The Board was informed of the reasons for this decision and noted a revised go-live date would be determined in the coming weeks.
- NHS England Specialist Commissioning function no longer pays for all relevant specialist services delivered by London providers and has devolved commissioning of some specialist services to regional Specialist Commissioning teams within local Integrated Care Systems, based on the

location of the GP with whom the patient is registered. This mirrors the system used for non-specialist commissioning and would move significant commissioning resource to non-London Specialist Commissioning teams.

- 12.2. The Trust's capital expenditure budget for 2023/24 would be extremely tight given ongoing constraints with the Trust's Capital Departmental Expenditure Limit (CDEL) allocation. The Board discussed how these constraints may impact the feasibility of procuring a rolling replacement long-term programme for Cath Labs and theatres over the next ten years.
- 12.3. With regard to particular capital schemes, tender returns were due in February for Gamma Camera enabling works, following which a Full Business Case (FBC) would need to be taken to the Trust's Investment Portfolio Board (IPB) for final approval. Board members expressed hope that the works would begin in the coming months. The EW10 refurbishment had been delayed due to supply chain challenges for certain materials and was now expected to be completed by mid-March. The delay was likely to create operational and clinical challenges. The Board noted that the replacement of Cath Lab 3 at St Thomas' Hospital still did not have a definite completion date, but that this was unlikely to be before September.

The Board noted the report.

13. Finance & Performance Committee Report and Minutes – 21 November 2022

13.1 The Chair of the Finance & Performance Committee presented the minutes of the previous meeting for noting.

14. People Report

14.1 This report was presented for information. The Chair asked for the NHS staff survey results to be discussed at the Clinical Group's next People Committee.

Action 6: Staff Survey results to be discussed in detail at the next People Committee

15. Apollo programme

15.1 The Director of Operations gave an update report on the preparations to implement the Epic electronic health record system in April 2023. An update was provided about the percentage of staff from the clinical group who had booked Epic training sessions, and compared to the overall Trust figures.

16. Any other business

There was no other business.

17. Date of next meeting

The date of the next meeting of the HLCC Clinical Group Board will be held on Tuesday 28th March 2023 at 9.30am in the Grand Committee Room, St Thomas's Hospital, London SW1.

Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 19 APRIL 2023

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

Documents signed under Trust Seal – Board of Directors, 19 April 2023

Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 19 APRIL 2023

REGISTER OF DOCUMENTS SIGNED UNDER TRUST SEAL

1. Introduction

In line with the Trust's Standing Financial Instructions, Professor Ian Abbs, Chief Executive and Charles Alexander, Chairman signed document numbers 1030 to 1034 under the Foundation Trust's Seal during 19 January 2023 to 12 April 2023.

2. Recommendation

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

Number	Description	Date
1030	Lease of part of Mawbey Borough Health Centre, 39 Wilcox Close, London between Guy's and St Thomas' NHS Foundation Trust and Caroline Angopa, Jasper Mordhurst, John Harris and Anuji Samarasinghe (partners of the Mawbey Group GP Practice)	15/02/2023
1031	Orthopaedic Centre of Excellence: Cost Consultant Appointment to provide professional cost services from RIBA stage 3 to RIBA stage 7.	15/02/2023
1032	Orthopaedic Centre of Excellence: Contract for the appointment of the Architect Led Design team on the OCE project.	08/03/2023
1033	Lease between Bouygues (U.K) Limited (as Landlord) and Guy's and St Thomas' NHS Foundation Trust (as tenant) relating to Premises at Floor 10, Becket House, 1 Lambeth Palace Road, London, SE1 7EW	28/03/2023
1034	Lease between Guy's and St Thomas' Foundation Trust (as landlord) and The Florence Nightingale Musuem Trust (as tenant) relating to Premises at Part of the Lower Ground Floors of Gassiot House, St Thomas' Hospital, Lambeth Palace Road, London SE1 7EW	28/03/2023
1035	Lease of 79 Wimpole Street, London W1 between Guy's and St Thomas' NHS Foundation Trust and Howard de Walden Estates Limited for the term from and including 1 September 2023 to and including 2 July 2030.	30/03/2023

Documents signed under Trust Seal – Board of Directors, 19 April 2023