

Board of Directors Meeting

Wednesday, 26 July 2023 at 4pm
Governors' Hall, St Thomas' Hospital

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

A G E N D A

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|--------------------------|--|---------------|---------------|
| 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 19 th April 2023 | <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. | Critical IT incident – update on recommendations
<i>Lawrence Tallon and Beverley Bryant</i> | <i>Paper</i> | <i>4.45pm</i> |
| 7. | Sustainability Annual Report
<i>Phil Mitchell</i> | <i>Paper</i> | <i>5.00pm</i> |
| 8. | Modern Slavery Statement
<i>Avey Bhatia</i> | <i>Paper</i> | <i>5.15pm</i> |
| Papers for noting | | | |
| 9. | Reports from Board committees: | <i>Papers</i> | <i>5.25pm</i> |
| | 9.1 Audit and Risk Committee: | | |
| | a) Minutes 17 May 2023 | | |
| | 9.2 Finance, Commercial and Investment Committee: | | |
| | a) Minutes 12 April 2023 | | |
| | b) Financial Report at Month 2 | | |
| | 9.3 Quality and Performance Committee: | | |
| | a) Minutes 5 April 2023 | | |
| | b) Integrated Performance Report for May 2023 | | |
| | 9.4 Strategy and Partnerships Committee: | | |
| | a) Minutes 22 March 2023 | | |
| 10. | Register of documents signed under seal
<i>Professor Ian Abbs</i> | <i>Paper</i> | - |
| 11. | Any other business | <i>Verbal</i> | <i>5.25pm</i> |
| | • Date of next meeting: 18 th October 2023, 4pm – 5.30pm | | |

BOARD OF DIRECTORS

Wednesday 19th April 2023, 4pm – 5.30pm
Robens Suite, Guy's Hospital and MS Teams

Members Present:

Charles Alexander (Chair)	John Pelly
Ian Abbs	Ian Playford
Avey Bhatia	Reza Razavi
Miranda Brawn	Julie Screamon
Steven Davies	Sheila Shribman
Jon Findlay	Simon Steddon
Simon Friend	Lawrence Tallon
Felicity Harvey	Steve Weiner
Sally Morgan	

In attendance:

Sarah Austin	Clare McMillan
Edward Bradshaw (minutes)	Phil Mitchell
Richard Grocott-Mason	Jackie Parrott
Sara Hanna	Tendai Wileman
Anita Knowles	

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).
- 1.2. Apologies had been received from Javed Khan and Priya Singh.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the meeting held on 25th January 2023

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

4. Chairman's Report

- 4.1. The Chairman thanked Trust staff for their ongoing delivery of high-quality care in spite of the sustained political, operational and financial pressures facing the NHS. The Trust had continued to maintain services during the ongoing waves of industrial action, despite the very difficult operating environment. Whilst the Chair was supportive of staff's right to strike, he emphasised the need for the disputes to be resolved as quickly as possible in the interest of patients.
- 4.2. The Chair gave an overview of the Trust's objectives, which included seven priority areas of focus in 2023/24. The Trust would approach these with urgency, commitment and purpose, and the Board would receive regular reports on progress at its meetings going forward.

5. Chief Executive's Report

- 5.1. The Chief Executive thanked all Trust staff working across its hospital and community sites for their hard work during a challenging winter.
- 5.2. There were two senior appointments to bring to the Board's attention. Dr Gubby Ayida, currently the Medical Director of The Hillingdon Hospitals NHS Foundation Trust, had been appointed as the new Chief Executive of the Evelina London Women and Children's Clinical Group and would join the Trust on 30 May 2023. In addition, as part of the Trust's commitment to become a more inclusive organisation, Jay Dungeni had been appointed as the new Director of Equality, Diversity and Inclusion (EDI) to provide strategic leadership and oversight of the EDI agenda. He would take on this role alongside his existing responsibilities as Deputy Chief Nurse.
- 5.3. The Board received an update on the Trust's operational performance over recent months. Activity levels were steadily recovering to pre-pandemic levels, with particularly good progress in outpatients. Whilst more work was needed to recover day case and inpatient activity, good progress had been made in reducing the number of patients waiting over 78 weeks for treatment, with fewer than one hundred remaining at the end of 2022/23. The Trust was focused on eliminating all patients waiting over 65 weeks for treatment by the end of March 2024, and had ambitious plans in 2023/24 to reduce the elective backlog and waiting times further.
- 5.4. The Trust's urgent and emergency care performance, as measured against the four-hour standard, remained strong, with low levels of ambulance handover delays. This was welcomed by the Board given high bed occupancy levels, difficulty in discharging patients and continued increases in the number of patients presenting with serious mental health conditions. Good progress was also reported in relation to diagnostic waiting times and in Cancer services, where the backlog of patients waiting for treatment had reduced by around half during 2022/23.
- 5.5. There was discussion about the impact of the recent industrial action by junior doctors which had necessitated the cancellation of a significant number of outpatient appointments and inpatient cases. The vital role played by the Trust's administrative staff, in processing appointment cancellations and rescheduling, was noted. The Trust had maintained safe staffing rotas during the strikes, and had continued to ensure full access to urgent and emergency care services. An update was provided about future industrial action that was being planned by members of Unison, Unite and the Royal College of Nursing, and concern was expressed about the possible removal of 'derogations' in any future strike action, and how the Trust would mitigate this.
- 5.6. The Trust's financial position at the end of February (month 11) was close to plan following a significant internal effort to identify and deliver further cost savings. The Trust was in the middle of finalising its year-end position, which the Board noted was likely to be a small surplus and ahead of the forecast breakeven outturn. The Trust anticipated that 2023/24 would be extremely challenging financially given the loss of COVID-19 funding and introduction of a new financial regime. These changes and the underlying deficit to be carried forward from 2022/23 required the Trust to set a significant efficiency target, and plans were being developed to ensure this could be delivered.
- 5.7. The Chief Executive echoed the Chair's earlier commitment to the seven priority areas for 2023/24. The Board discussed the target to deliver 103% of value-weighted pre-pandemic

activity, and noted some of the initiatives to enable this had already shown measurable improvements. The key areas of risk, such as further industrial action and the Epic go-live in October, were also noted.

6. Apollo programme update

- 6.1. The Apollo programme had been set up to oversee the safe implementation of the Trust's new Epic electronic health record system and subsequent benefits realisation. The Board noted that the Trust's Epic go-live date had been moved from 27th April to 5th October 2023 and that implementation would now be done jointly with King's College Hospital NHS Foundation Trust. In addition, the Chief Nurse would now be the Trust's Senior Responsible Owner (SRO) for the programme. The Board received an overview of the programme's governance arrangements which had been reviewed and refreshed following these developments.
- 6.2. The Board was supportive of the decision to delay the go-live date and the additional time that this would provide to strengthen the Trust's preparations. There was also support for the increased operational and clinical leadership of the programme. The benefits of a joint go-live date were discussed and acknowledged. Following queries from Board members it was confirmed that the Trust was working closely with other NHS trusts that had recently implemented Epic to learn lessons to support a safe and successful go-live.
- 6.3. There was discussion about the importance of Synnovis, the shared pathology provider for both Trusts, in the implementation and how the three organisations were working closely together. The Board also sought assurance about the progress being made to improve and re-start the staff training programme.

7. Reports from Board committees for noting

- 7.1. The Board noted the reports. The chair of the Audit and Risk Committee drew the Board's attention to that Committee's ongoing oversight of the action plan arising from the IT incident which occurred in July 2022, as well as its increasing focus on ensuring the Trust's cyber security arrangements were robust. The Chair of the Finance, Commercial and Investment Committee spoke about the prioritisation process to ensure the most effective use of the Trust's capital expenditure allocation, particularly so that the Trust's infrastructure and medical equipment were maintained and improvements in patient safety supported.

8. Register of documents signed under seal

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

9. Any other business

- 9.1. The Chair explained that this was the final public Board meeting for four of the Trust's non-executive directors: John Pelly, Sheila Shribman, Steve Weiner and Reza Razavi. They had served the Trust well exceptionally, both individually and collectively, for many years and the Trust had benefited greatly from their commitment and expertise.
- 9.2. The next meeting of the Board of Directors is due to be held on 26th July 2023.

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 26 JULY 2023

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

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 26 JULY 2023

1. Introduction

- 1.1. This report outlines the developments since the last Public Board meeting on 19 April 2023 which I wish to bring to the attention of the Board of Directors.
- 1.2. The report also highlights the latest quality, safety, access and financial performance of Guy's and St Thomas' NHS Foundation Trust and how the Trust is working hard to maintain operational performance and deliver a strong financial position, whilst and address increasing demand for many of our services, including cancer and urgent and emergency care.

2. Board and Senior Appointments

- 2.1. Dr Gubby Ayida has taken up her role as the new Chief Executive Officer of the Evelina London Women and Children's Clinical Group. A consultant obstetrician and gynaecologist for over 20 years, Gubby brings with her a strong background in medical management and leadership. She successfully led the Women and Children's division at Chelsea and Westminster Hospital NHS Foundation Trust across their two acute hospital sites. Prior to taking up her role at Evelina London, Gubby was Medical Director of The Hillingdon Hospitals NHS Foundation Trust and Special Advisor to the Chelsea and Westminster NHS Foundation Trust Board on diversity and inclusion. Gubby succeeds Dr Sara Hanna, who took up the role of interim Chief Executive in December 2022 following Marian Ridley's departure. On behalf of the Trust I would like to thank Sara for her leadership and dedication while in this role and to welcome Gubby to the Trust.

3. NHS 75th Anniversary

July marked the 75th anniversary of the creation of the NHS and the Trust celebrated this occasion in a number of ways. We were honoured to welcome Their Royal Highnesses The Prince and Princess of Wales to host a 'NHS Big Tea' party on behalf of NHS Charities Together, where they were joined by inspirational NHS colleagues from across the country. We were also joined by the Prime Minister, Rishi Sunak, who visited Evelina London Children's Hospital for a tea party with patients, staff and families, to thank colleagues for all their hard work. Florence Eshalomi MP, our local MP, attended a service of thanksgiving in the Chapel at St Thomas' to mark the anniversary with staff.

A further range of activities took place across all Trust hospital and community sites including music, art workshops, and charity and staff wellbeing

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stalls. A special Windrush 75 Service was also held at St Thomas' Chapel that included a presentation of special gifts to members of staff from Windrush backgrounds.

4. **Work of Trust staff honoured by King Charles III**

- 4.1. Two members of staff were recognised in His Majesty the King's Birthday Honours list.
- 4.2. Professor Prokar Dasgupta, honorary consultant urological surgeon at the Trust, received an OBE for services to surgery and science. Professor Dasgupta has been a consultant urologist at Guy's Hospital since 2002, pioneering robotic surgery in urology in the UK, and became the first Professor of robotic surgery and urological innovation at King's College London in 2009. He also leads on surgical simulation within the UK and internationally, and was the Editor-in-Chief of the British Journal of Urology International.
- 4.3. Kendra Schneller, nurse practitioner, received an MBE for services to homeless and inclusion health nursing. Kendra is a nurse practitioner with the health inclusion team at the Trust, joining in 2008. She won the Nursing Standard's Community Nursing Award in 2011 and has been working with people experiencing homelessness, including clients with addictions, sex workers, refugees and asylum seekers for over 14 years. Kendra is also the lead for the homeless and health inclusion at the Queen's Nursing Institute.

5. **Delivering healthcare across the Trust: activity and performance**

- 5.1. The Trust has set itself an ambitious plan for activity and performance delivery in 2023/24, with a key priority continuing to be the recovery of planned (elective) activity to improve access to our services for patients. Ongoing industrial action is presenting challenges in fully realising this plan, with significant disruption to planned care activity levels during each period of industrial action. Despite these challenges which affect both our staff and patients, the Trust has continued to increase activity levels each month, with improvements made in both day case and inpatient admissions, albeit activity levels in these areas are not yet above pre-pandemic levels. Outpatient activity levels are now consistently higher than they were before the COVID-19 pandemic.
- 5.2. The Emergency Department at St Thomas' Hospital has continued to see high levels of attendances in recent months, with particular increases associated with recent heatwaves and children attending with respiratory conditions. In addition, the Department continues to see high numbers of patients with severe mental health needs, and these patients represent the majority of those waiting more than 12 hours in the emergency department (41 patients in May). Despite this, the Trust continues to exceed the national performance ambition that 76% of patients should be seen, treated or admitted within four hours, and maintains comparatively low levels of delayed ambulance handovers.
- 5.3. Industrial action, and the resulting reduction in activity levels described above, has unfortunately adversely affected waiting times in 2023/24. Following good progress in 2022/23 to ensure patients are seen and diagnosed quickly when referred for an urgent cancer diagnosis, performance

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against these important measures reduced in April. As a result the Trust did not achieve these targets, reporting 73.5% against the 75% standard for faster diagnosis, and 89.1% of patients being seen within two weeks, against the 93% standard for these urgent referrals. The Trust's number of patients waiting over 62 days for their first cancer treatment has also remained static during this time, with the reductions seen earlier in the year having slowed. Regrettably, performance against the 62 day standard also deteriorated in April due to the lower number of treatments the Trust completed.

- 5.4. 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. As of mid-June 2023, 76 patients were waiting more than 78 weeks and staff are making every effort to treat these patients during June and July, albeit with some remaining highly specialised areas, such as in our paediatric spinal surgery, where this remains very challenging due to a national shortage of specialist surgeons.

Impact of Industrial Action

- 5.5. The Trust sought to manage the recent waves of industrial action in a collaborative and supportive manner, with the maintenance of safe care for our patients. Significant efforts from staff across the Trust, clinical and non-clinical, as well as external partners, ensured that urgent and emergency services were maintained during all periods of industrial action.
- 5.6. Recent industrial action significantly reduced the number of patients that could be seen in outpatient clinics or admitted for planned (elective) and day case and inpatient procedures. To date, the Trust has cancelled or rescheduled 55,000 outpatient appointments and nearly 6,000 planned admissions; thousands more will have been cancelled as a result of result of the most recent industrial action in July.
- 5.7. The Trust continues to prepare for further industrial action and recognises colleagues' right to take part. We have been engaging with unions, our staff, partners in south east London and wider regional and national services to minimise the impact of patients, particularly those requiring emergency or urgent care. The Trust also recognises the impact that industrial action is having on patients and staff, and has highlighted the support available during this challenging period.

Patient Experience

- 5.8. The Trust's performance in the National Emergency and Urgent Care Survey and the National Adult Inpatient Survey were positive. The Trust achieved positive scores of 90% or higher across several themes in the Emergency and Urgent Care Survey, and performed above average in the Adult Inpatient Survey, including in areas relating to staff communication, inclusion of patients in care decisions and overall experience.
- 5.9. The Trust performance in the Friends and Family test also remains above 90% for all areas of care with the exception of the Emergency Department and patient transport service. Delays to both inward and outward journeys for those using patient transport are a prominent theme in the patient comments we receive. A new contract for the patient transport service has been introduced and staff are working hard to embed this.

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We have also piloted an innovative scheme to secure access to bus lanes for patient transport vehicles which is having a positive effect on many journeys.

- 5.10. Overall, response rates to these surveys continue to improve for inpatients and users of our maternity and community services, and our central patient experience team is working hard to increase this further as patient feedback helps us to continually improve our services.

Infection Prevention and Control

- 5.11. COVID-19 outbreaks continue to occur but at a relatively low frequency. New national COVID-19 guidance was implemented in May, with further reductions in patient and staff SARS-CoV-2 testing.
- 5.12. A multi-professional group has developed an intervention to reduce the risk of Gram-negative bloodstream infections. This will be piloted on a small number of wards over the summer, with a view to launching this Trust-wide in the autumn.

6. Apollo Programme

- 6.1. The Apollo Programme to implement our new electronic health record system, provided by Epic, continues with plans for a joint go live at Guy's and St Thomas', King's College Hospital NHS Foundation Trust and our pathology partner, Synnovis, on 5 October 2023. Detailed planning for this go-live date and revised governance framework is now well-established, and the Programme is on track to go-live safely in October.
- 6.2. A summary of the key achievements and updates on progress since the last Trust Board are outlined below:
- **Training:** In response to the joint go-live approach, a new training strategy had been developed where staff will receive basic training via a series of e-Learning courses, reinforced through self-directed exercises in the Epic 'playground' environment and then followed by mandatory face-to-face sessions. The programme team have already received positive feedback on the e-Learning, and staff have shared positive feedback about how the new system will improve the delivery of care to our patients.
 - **Technical Readiness:** The Technical Dress Rehearsals are well underway at the Trust and are tracking to plan and good progress is being made at King's College Hospital.
 - **Go-Live Logistics:** The command centre operating model to safely manage the period around go-live has been agreed and will become operational during September.
 - **Reporting:** Detailed work is underway to ensure each Trust has access to the right management information internally and can report externally on performance such as waiting times following go live. We are working closely with Epic and other partners to design a technical solution to achieve this from day one.

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The Joint Apollo Steering Board received a full update on progress at its June meeting. While acknowledging the significant amount of work still to be delivered for a successful go-live on 5 October, the overall assessment was that the programme is on track to achieve this deadline.

7. **Sustaining and improving the Trust's core financial performance**

- 7.1. The Finance, Commercial and Investment Committee monitors the Trust's financial performance in terms of revenue and capital. At its meeting in June, the Committee discussed the Trust's financial performance for the first two months of the financial year. The month three position has been included in this update as these are the most recent financial results.
- 7.2. The Trust plan for the year is to breakeven, although this carries significant risk and is much more challenging than we have experienced in recent years. To achieve this plan, delivery of a £125 million efficiency programme is required.
- 7.3. At the end of June (month 3), the Trust has posted a deficit of £15.8 million against a planned deficit of £1.6 million. The main drivers of the adverse position to date are additional costs from industrial action, inflation and shortfalls in the delivery of efficiency savings.
- 7.4. The Trust has established a financial efficiency programme and reasonable progress has been made in identifying schemes to meet the overall target for the year. The Trust is working hard to deliver on planned schemes and will continue to do so as required.
- 7.5. The Trust is continuing to spend capital to invest in service improvements for the benefit of our patients. The Trust's total planned capital programme for year stands at £109 million including its Capital Department Expenditure Limit (CDEL) and other funding sources. At month 3, year-to-date expenditure of £31.8 million was £3.9 million below the phased plan. The programme will need to be tightly managed this year.
- 7.6. At the end of June, cash holdings were £106 million. The Trust is pursuing capital cash financing from NHS England to support the investment programme in 2023/24.

8. **Supporting our Workforce**

Long term workforce plan

- 8.1. Published on 30 June by NHS England, the long term workforce plan sets out three key priority areas: train, retain and reform. This will focus on significantly increasing education and training, as well as increasing apprenticeships and alternative routes into professional roles; ensuring we retain staff by better supporting people throughout their careers, improving the flexibilities we offer our staff to work in ways that suit them and work for our patients; and finally, improving productivity by working and training in different ways and building broader teams with flexible skills.

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- 8.2. The plan comes with committed funding of £2.4 billion over five years.

Staffing

- 8.3. In addition to the long term workforce plan, the Trust has continued its commitment to invest in recruitment to our workforce to ensure compliance with staffing requirements, delivery of safe care and in support of the health and wellbeing of our staff. The Trust's international and local recruitment initiatives continue to be successful, and we have also maintained focus on staff retention, including programmes of work convening career development, flexible working initiatives and self-rostering.
- 8.4. 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 11.4 Care Hours per Patient Day compared to the national benchmark of 8.1. This gives us the assurance that our staffing policies are effective and we can reduce reliance on temporary staff.

Equality, Diversity and Inclusion

- 8.5. Our actions and commitment to equality, diversity and inclusion (EDI) for all Trust staff has been further supported by the recent publication of the NHS England EDI Improvement Plan. The Trust's Equality, Diversity and Inclusion Vision (2023-2025) highlights five areas of improvement which align with the NHSE Improvement Plan and the London Workforce Race Strategy. These seek to eliminate discrimination through inclusive practices, policies and culture, especially for the most marginalised staff groups which are ethnic minority, disabled and LGBT+ staff in the Trust.
- 8.6. We have agreed a specific focus on anti-racism within the Trust in 2023 in response to the national and local surveys that show disproportionate differentiation in experience of staff from Black, Asian and minority ethnic backgrounds. The approach focuses on developing competencies for leaders and revising the systemic and structural processes that guide decision-making in the Trust, as well as enhancing the contribution of staff networks and professional groups in helping us to deliver these improvement actions. The competencies developed through this programme will also add value to the programmes of work that seek to address health inequalities in the populations served by the Trust.

9. Working in south east London and beyond

Children's cancer services

- 9.1. In November 2022, Evelina London Children's Hospital submitted a bid to NHS England to become the new Children's Cancer Principal Treatment Centre, covering the areas of south London, Kent, Medway, most of Surrey, East Sussex and Brighton and Hove.

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- 9.2. Expert panels, including parents, children's cancer charities, nurses, doctors, researchers and managers, have undertaken a robust and rigorous assessment of the proposals from both Evelina London Children's Hospital and St George's University Hospitals NHS Foundation Trust. They looked at the elements of care and research that are most important for children's cancer care and delivery of the new national Principal Treatment Centre service specification across four key areas.
- 9.3. Based on the evidence provided by the evaluation, in which Evelina London scored most highly, Evelina London is NHS England's preferred option at this stage in the process. NHS England will now consult on both options for the Principal Treatment Centre before making its final decision. While this consultation was originally scheduled to begin in July 2023, it will now begin in early autumn following a short delay to reflect feedback received on the consultation documentation. It is important that the length of this delay is kept to an absolute minimum in the interests of reaching a resolution to this issue for patients and their families as soon as possible.

9.4. South London Trust Clean Air Plan

In partnership with King's College Hospital NHS Foundation Trust, the Trust has published its first Clean Air Plan 2023-26. Launched on Clean Air Day (15 June), the three-year plan outlines how the trusts will address air pollution, raise awareness of the issue and improve the health of patients, staff and local communities.

Together, the two trusts cover five boroughs and include 37,000 staff with 4 million patient contacts. They have outlined five areas of focus: monitoring; transport; procurement; buildings and sites; and, awareness raising, engagement and communications. Key commitments in the plan include improving ambient air quality on and around hospital sites, reducing pollution in hospital loading bays by 2026, and providing greener choices for transport to reduce the number of vehicles on the roads.

Acute Provider Collaborative

- 9.5. The South East London Acute Provider Collaborative Committee-in-Common met on 30 June, chaired by Charles Alexander. The agenda included discussion about overall elective and diagnostic performance, including the challenges of reducing the number of patients experiencing the longest wait for treatment and strategies to reduce this, for example, by transferring to other Trusts for shorter waits.
- 9.6. NHS England set a target that no patients should be waiting more than 78 weeks by 31 March 2023, later revised to end of June and then end of July, to reflect disruption caused by industrial action and operational pressures. Although significant reductions have been achieved nationally, and London has been relatively successful in reducing these longest waits, South East London had approximately 200 patients continuing to wait more than 78 weeks at the end of June.
- 9.7. The partners in the Acute Provider Collaborative have demonstrated significant innovation and transformation in key specialties. For example, in ophthalmology between June 2021 and May 2023 this led to a reduction from 1,900 to 130 patients waiting over 52 weeks waiters, driven by the

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introduction of a simple single point of access triaging system for referrals so that patients are seen in the right setting, by the right clinician, first time. Further innovations will increase the number of patients seen more quickly and conveniently in local community settings.

9.8. South East London has been recognised by the national diagnostics team as the best performing system in the country in terms of diagnostic performance. As a system, we have secured almost £40 million of capital investment for diagnostic transformation and new scanners. In addition, a business case is being developed for further investment in endoscopy facilities and to support GP direct access at Queen Mary's Hospital Sidcup.

10. Key events

10.1. In April we welcomed Neil O'Brien MP, the Minister for Primary Care and Public Health, to the Renal Department where he met with members of the multi-disciplinary transplant team to hear about their experiences of working with organ donation and transplantation.

10.2. In May we welcomed the Rt Hon Chloe Smith MP, Secretary of State for Science, Innovation and Technology to visit our labs in partnership with Oxford Nanopore. The Secretary of State was interested to discover how our pioneering technology is improving patient care and supporting the local economy. This visit coincided with the Government's announcement about investment in life sciences.

10.3. The new Children's Day Treatment Centre opened in July as part of the Trust's ambitious plans for Evelina London Children's Hospital. The new state-of-the-art centre will enable the hospital to treat an additional 2,300 children a year and will provide an improved experience of children, young people and their families throughout their treatment. The additional space will also help reduce waiting times and free up operating theatre space, enabling the wider Trust to offer more surgery to other patients needing specialist care.

11. Board committee meetings and supporting information

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

- Finance, Commercial and Investment Committee: 12 April 2023 and 14 June 2023
- Transformation and Major Programmes Board Committee: 10 May 2023
- Audit and Risk Committee: 17 May 2023 and 21 June 2023
- Remuneration Committee: 7 June
- Strategy and Partnerships Board Committee: 7 June 2023
- Quality and Performance Board Committee: 5 July 2023

NHS CONFIDENTIAL - Board**12. Consultant Appointments from 1 April 2023 – 30 June 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 in General Anaesthesia	Shree Voralia	Newly created post	02/10/2023
Consultant in General Anaesthesia	Arnold Shanmugan Somasunderam	Newly created post	28/08/2023
Consultant in General Anaesthesia	Denzil Trevor Bilcock	Newly created post	16/10/2023
Consultant in General Anaesthesia	Angelo Onofri	Newly created post	18/12/2023
Consultant in General Anaesthesia	Sanjoy Bhattacharyya	Newly created post	05/06/2023
Consultant in Gastroenterology and Hepatology	Bo Wang	Newly created post	02/05/2023
Consultant in Community Paediatrics	Gemma Fordham	Newly created post	02/10/2023
Consultant in Community Paediatrics	Hilary Towse	Newly created post	02/10/2023
Consultant in Community Paediatrics	Hannah Hangqing Lethby	Newly created post	02/10/2023
Consultant in Occupational Health	Sarah ('Sally') Coomber		15/08/2023
Consultant in Occupational Health	Kathleen Lin		15/11/2023
Consultant in Rheumatology	Charles Raine	Vacant post - Current post holder leaving or left	01/08/2023
Consultant in Paediatric Intensive Care +/- Anaesthetics	Elizabeth Boot	Vacant post - Current post holder leaving or left	23/10/2023
Consultant in Paediatric Intensive Care +/- Anaesthetics	Jennie Lambert	Vacant post - Current post holder leaving or left	01/06/2023
IBD Consultant in Gastroenterology	Robin Campbell Dart	Vacant post - Current post holder leaving or left	01/05/2023
Consultant in Paediatric Orthopaedics	Gavin Spence	Vacant post - Current post holder leaving or left	05/06/2023
Consultant in Paediatric Dentistry	David James Baldwin	Newly created post	05/06/2023
Consultant in Paediatric Bone and Endocrinology	Philippa Prentice	Vacant post - Current post holder leaving or left	01/09/2023
Consultant in Vascular Surgery	Prakash Saha	Newly created post	05/06/2023
Consultant in Vascular Surgery	Sarah Franks	Newly created post	05/06/2023
Consultant Haematologist - Plasma Cell disorders and Morphology	Neeraj Kohli	Newly created post	01/07/2023
Consultant Haematologist with interest in Lymphoid malignancies	Suzanne Oyewunmi Arulogun	Newly created post	01/07/2023

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Consultant in Haemostasis, Thrombosis and Laboratory CS	Maria Peralta		07/08/2023
Consultant in Acute Internal Medicine & General Medicine	Sanna Waseem Khawaja	Newly created post	04/10/2023
Consultant in Paediatric Infectious Diseases and Immunology	Alison Louise Hansen	Vacant post - Current post holder leaving or left	18/09/2023
Consultant-Specialist Interest in Inherited Cardiac Conditions	Zohya Khaliq	Vacant post - Current post holder leaving or left	tbc
Consultant in Renal Nephrology	Sellathurai Gajendran	Vacant post - Current post holder leaving or left	31/07/2023
Consultant in Renal Nephrology	Colin Higgins	Vacant post - Current post holder leaving or left	31/07/2023
Consultant Haematologist with interest in Myeloid disease	Natalia Curto-Garcia	Vacant post - Current post holder leaving or left	31/07/2023
Consultant Haematologist with interest in Myeloid disease (part time)	Jennifer O'Sullivan	Current post holder has reduced their number of hours	31/07/2023
Consultant Haematologist with interest in Myeloid and Transfusion	Patrick Harrington	Vacant post - Current post holder leaving or left	31/07/2023
Consultant in Paediatric Bladder	Anna Page	Newly created post	02/10/2023
Consultant, Critical Care	Manu Shankar-Hari	Extension	18/04/2023
Consultant, Acute Care Unit	Deborah Bruce		17/04/2023
Consultant, Dermatology	Paola Giunti	Extension	28/04/2023
Consultant, Cardiovascular Imaging	Teresa Castiello	Extension	01/06/2023
Consultant, Dermatology	Helene du P Menagé	Extension	30/06/2023
Consultant, Dermatology	Sinead Langan	Extension	08/07/2023

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 26 JULY 2023

Title:	IT Incident Report update
Responsible executives:	Lawrence Tallon (Deputy CEO) and Beverley Bryant (Chief Digital Information Officer)
Paper author:	Simon Bampfylde, Head of Major Programmes
Purpose of paper:	To provide an update on implementing the recommendations in the GSTT IT review
Main strategic priority:	All priorities
Key issues summary:	<ul style="list-style-type: none"> • The GSTT review into last summer's IT incident identified 29 recommendations for actions the Trust should take to rebuild trust, to care for those affected, and to ensure a similar incident cannot happen again. • Progress implementing these actions is being tracked monthly with regular updates reported to Executives and the Board. • The Trust has made significant progress, including the development of a medium-term capital investment plan with an increased focus on the resilience of existing physical and digital infrastructure, and the development of strategic plan for Data Centre resilience. • 18 recommendations have been implemented in full, the remainder are in progress and require further attention. The Central Portfolio Office will continue to monitor progress until all recommendations have been actioned.
Paper previously presented at:	Both the Trust Executive Committee and the Audit and Risk Board Committee receive regular updates about the Trust's progress in implementing actions from the review.
Recommendation(s):	<p>The BOARD is asked to:</p> <ol style="list-style-type: none"> 1. Note the progress in implementing the actions from the review.

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 26 JULY 2023

1. Context

- 1.1. On 19 July 2022, the two separate data centres at Guy's Hospital and at St Thomas' Hospital suffered catastrophic failures associated with the heatwave. This IT outage impacted 371 clinical and non-clinical IT systems. The Trust declared a critical incident and implemented a 'paper hospital' with significant impacts on patients, staff and partners. Technical recovery of systems took longer than anticipated, lasting several weeks before near complete restoration. The critical incident was stood down on 21st September.
- 1.2. The Chief Executive commissioned a comprehensive review led by the Deputy Chief Executive in order to discover the root causes of the IT incident, and to apply what is learned to systematically prevent future issues. A draft of this review was presented to Audit and Risk Committee on 30th November, and the final review was presented to the full Trust board on 25th January. The Trust board accepted the recommendations in full with a commitment to act on them as quickly as possible. The final review has been published on the Trust website (<https://www.guysandstthomas.nhs.uk/sites/default/files/2023-01/IT-critical-incident-review.pdf>)
- 1.3. The report contains 29 recommended actions the Trust should take to rebuild trust, to care for those affected, and to ensure a similar incident cannot happen again. These actions need to be delivered by teams across the Trust – Communications, Data Technology & Information (DT&I), Essentia, Investment Portfolio Board, Medical Director's office, Quality and Assurance Team, Site Operations Teams, Risk, and Workforce.
- 1.4. It is important that the Trust follows through on the agreed actions contained in the IT incident review in order to embed the learnings from last summer's IT incident in the organisations systems and processes. The Central Portfolio Office is monitoring the delivery of the recommendations, and providing regular updates to the Trust Executive Committee and the Audit and Risk Committee on progress.
- 1.5. The work to recover data from the damaged Storage Area Network has now been completed by external specialists. Recovered data has been transferred to our network storage, and the damaged equipment has now been returned to the Trust for secure destruction and disposal. This process has confirmed that no data was lost during the incident.

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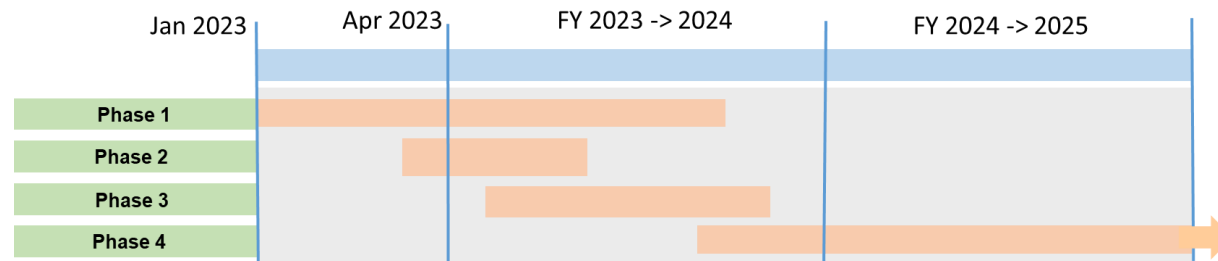
2. Medium Term Capital Plan

- 2.1. At the Trust Board Away Day in October 2022, the Board agreed to develop a Medium Term Capital Plan, placing a greater emphasis on existing infrastructure, medical equipment and technology over new schemes in comparison to the pre-pandemic strategic direction. This change in emphasis to focus on resilience of the existing physical and digital estate reflects the lessons learned from last summer's IT incident.
- 2.2. The Medium Term Capital Plan increases the annual capital invested in resilience as follows:
 - Spend on Estates backlog maintenance rising from £13m in 23/24 to £17m per annum from 25/26
 - Spend on Medical Equipment rising from £9m in 23/24 to £18m per annum from 26/27
 - £8.5m to deliver a *Strategic Data Centre refresh* by the end of 25/26. This is in addition to the £4m annual spend on Digital Maintenance and Cyclical Upgrade

3. Data Centre resilience

- 3.1. TEC has approved a 'Strategic Data Centre Plan' to improve the resilience and cost effectiveness of IT service provision; with DT&I moving from being a *service provider* (procuring, hosting and managing infrastructure) to being a *service broker* where DT&I acts on behalf of the Trust to negotiate digital services with partners. This will involve a significant shift of services out of on-site data centres into the cloud. This plan will address the issues identified in the IT Incident review, relating to both Technical Infrastructure and also over-reliance on a small number of key individuals.
- 3.2. The Trust has allocated £8.5m of Trust capital for the Data Centre strategic programme with £4.5m available in 23/24.
- 3.3. This plan will be delivered through four phases of work:
 1. Address immediate risks identified in the serious incident reviews by replacing unsupported infrastructure.
 2. Identify, and work with selected commercial partners to identify workloads that may be relocated out of Trust Data Centres.
 3. Work with internal teams to define standardised service levels that meet business requirements.
 4. Work more proactively with DT&I commercial to establish a robust support contract matrix that meets the agreed service levels.

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- 3.4. The first phase of this work is now underway. Immediately post the incident an additional 28kw of cooling at the St Thomas' and Guy's Data Centres was installed. To provide additional cooling resilience at Guy's Data Centre a further 70kw of cooling has been deployed, while work to permanently replace the Guy's air conditioning units is carried out. This work is in progress and our contractor is currently replacing the legacy Guy's air conditioning units, weather permitting this work will be completed by Friday 11th August 2023.
- 3.5. In addition to the investment in physical improvements to the Data Centres, DT&I have implemented a number of other changes to processes following the recommendations in the IT report:
- A responsibility assignment matrix (RACI) has been developed to clarify the accountabilities and responsibilities for data centre management.
 - Work is underway to develop a map of all legacy systems and infrastructure to reduce reliance on the knowledge of key individuals.
 - A 'practice drill' for IT systems recovery was held in May. A further practice drill is planned for Oct-Dec following Apollo go-live, and then twice a year from 2024.

4. Other estate resilience

- 4.1. In addition to the work on the Trust's data centres being led by DT&I, Essentia are working to improve the resilience of the wider estate. Following the data centre outage in July 2023, the Trust commissioned a report by the specialist independent design and engineering firm Arup in order to identify infrastructure vulnerabilities associated with increasing average and peak temperatures; increasing rainfall levels; and potential extreme cold weather events. This report looked across all five main hospital sites, and the conclusions from this report fed into the Trust review of the critical incident that was published in January 2023.

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- 4.2. To supplement the initial Arup report, Essentia have now also completed a six facet survey of the community estate, and this information has been combined with the findings from the Arup report to develop a prioritised backlog programme as part of the medium term capital plan. A further review of domestic cold-water storage tanks at Guy's and St Thomas' has been commissioned with the recommendations to be published in July 2023.
- 4.3. DT&I and Essentia are both reviewing all existing Managed Service Agreement contracts to ensure that an adequate and consistent level of assurance is in place where critical infrastructure is maintained by third parties. In Essentia this review process is being managed through monthly reporting to the Essentia Technical Assurance Committee. To give the Board visibility, a summary update will be presented to the September Audit and Risk Committee.

5. Other recommendations

- 5.1. The Trust review into last summer's IT incident identified a number of other learnings around the management of critical incidents and set out recommendations for other teams across the Trust. Over the last six months:
- The Emergency Preparedness, Resilience and Response team have worked with the communications team to identify opportunities to improve communications during incidents. Incident definitions have been standardised with those used by NHSE.
 - Paper hospital processes have been reviewed, with changes to the way that downtime forms are stored and accessed.
 - The risk management team have conducted a review of the Trust's risk management framework to assess how effectively the Trust is managing and appropriately escalating risks which are low probability but catastrophic in impact. This was reported to the Audit and Risk Committee.
 - The Trust has continued to liaise with South East London and NHSE regarding learnings from the IT outage. NHSE have shared the Guy's and St Thomas' IT report with the London ICB digital leads and recommended that boards put in place an annual audit of their digital infrastructure.

6. Harm review

- 6.1. When the Trust review into the IT incident was published in January, the harm review remained open as the reconciliation of paper to electronic health records had not been fully completed. The Harm review has now completed and was presented to the South East London System Quality Group and Quality and Performance committee in June.
- 6.2. At this stage no additional Harms have been discovered beyond those described in the Trust January review, 20 low harms and 1 instance of medium harm, although the Trust will continue to monitor harms closely through its standard processes and consider whether

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any newly reported harms might be linked to the IT incident. The medium harm incident was a postponed organ transplant; the patient has subsequently had a successful transplant procedure.

- 6.3. The Quality and Assurance team have maintained the additional field that has been added to the Datix risk recording systems to flag any harms potentially linked to the IT incident. Should any future instances of potential harm come to light they will be investigated and reported through the established clinical governance processes to the Quality and Performance Committee and the Board, as appropriate.

7. Next steps

- 7.1. The Trust has made good progress in implementing the recommendations set out in the review that was published in January. Some elements need further attention, including developing plans for how to recover systems from an incident post EPIC implementation. The Central Portfolio Office will continue to track progress and provide updates to the Trust Executive and Audit and Risk Committee until all the recommendations have been satisfactorily implemented.

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 26 JULY 2023

Title:	Sustainability Annual Report
Responsible executive:	Phil Mitchell, CEO, Essentia
Paper author:	Gordon Bain, Director of Quality and Improvement, Essentia
Purpose of paper:	Discussion
Main strategic priority:	Strengthen our role in research
Key issues summary:	<p>Progress has been made towards delivering on the Trust's sustainability commitments, however the pace has been slower than anticipated due to internal and external factors.</p> <p>Further work is required to ensure that sustainability strategy is embedded across the organisation and ensure that the Trust delivers on its commitments.</p>
Paper previously presented at:	Trust Executive Committee, 4 July 2023
Recommendation(s):	The BOARD is asked to discuss the paper, highlighting areas of concern and opportunities to support.

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 26 JULY 2023**

1. Introduction

This paper presents the Sustainability section of the Trust's Annual Report and a progress update on sustainability. The report is for noting and information and outlines progress made in 2022/23 with supporting data included in the appendix.

2. Annual Report

Sustainability

Climate change poses a major threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and the NHS.

At the Trust, we're focusing on three environmental strategic themes where we can make the biggest difference: carbon zero; connecting with nature; cycle of resources.

Our ten-year sustainability strategy launched in June 2021 sets out how we are providing sustainable healthcare and protecting our planet.

Progress in 2022/23

Working with partners, suppliers, staff and more – these are just some of the achievements:

- 100% reduction in the use of desflurane anaesthetic gas in clinical practices. Using a bottle of desflurane has the same global warming effect as burning 440 kg of coal. Source: [Greener NHS » Putting anaesthetic-generated emissions to bed \(england.nhs.uk\)](https://www.england.nhs.uk/greener-nhs/putting-anaesthetic-generated-emissions-to-bed/)

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- Over 1,000 miles travelled by nurses using our two e-bikes with clean, green and active travel to patients' homes.
- 350kg of food waste produced a week (a reduction from 650kg) at Royal Brompton Hospital thanks to the fantastic range of fresh menu choices, and a new Leanpath food waste prevention service, all of which patients, visitors and staff can enjoy and leaving very little to waste.

Looking closer at a selection of our nine sustainability strategic areas:

Carbon zero: Transport emissions

We continue to encourage active and sustainable travel to reduce emissions from patient and staff travel, work towards operating 'greener fleets', support travel by electric vehicle and ensure that staff who don't need to travel to a 'place of work' can work remotely.

We also provide secure cycle parking, bike marking and maintenance sessions for our staff.

From January 2023, only electric vehicles are available to staff to lease through our Trust vehicle salary sacrifice scheme.

We're developing a new Green Travel Plan for all users of our acute hospitals and community sites. Due to launch in spring 2023, patients, visitors and staff were invited to have their say to ensure adequate facilities are in place to increase active, sustainable travel in our current and future estate including cycling and walking to our community sites.

Cycle of resources: Circular economy

We're driving out waste through repair, reuse, recycling and innovation.

Over 1,000 sharps bins have been reused in three months realising a 2,000kg carbon saving thanks to our reusable sharps bins pilot. Currently run in a selection of wards in three acute hospitals – Guy's, St Thomas' and Evelina London, the bins are collected, emptied, cleaned and returned assembled and ready to use again – up to 600 times.

Connecting with nature: Greenspace and biodiversity

We are enhancing our surrounding natural environment, increasing access to nature, encouraging active transport and improving air quality.

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We've planted 400 trees at Harefield Hospital thanks to a donation from the Woodland Trust. The Florence Nightingale Garden at St Thomas' is home to 38 different species of plants, boosting biodiversity and attracting wildlife.

There's a lot more that we can and are doing to be environmentally sustainable. The health of our patients and our planet depends upon it.

3. Sustainability Progress Update

The Trust launched its Sustainability Strategy (2021-2031) in June 2021. The Strategy commits us to ambitious change, by proactively addressing three themes: Carbon zero, Connecting with nature and Cycle of resources, underpinned by a total of nine strategic areas and two strategic enablers.

The Strategy makes 61 high level commitments with 13 smaller scale 'priority commitments planned to be complete by May 2023 (Appendices 1 - 4 1). As of December 2022, about 60% of priority commitments scored a 6 or above (development underway) and two priority commitments scored a 10 (completed in full and evidence available). External factors, e.g. COVID-19, and internal factors, e.g. investment focus on apollo, have had a short-term effect on delivery. However, the Trust is unlikely to meet its 2031 Strategy if the current rate of progress is sustained. A recovery plan should be developed to ensure that the Strategy remains on track.

The recovery plan will require an organisation-wide approach to sustainability. Currently, the sustainability team is organised within essentia which is logical since a large proportion of the commitments relate to estates. However, to be successful, the Strategy will require;

- Alignment with the Trust's Strategic objectives
- Sustainability Strategy commitments to be included within clinical and delivery group KPIs
- Refreshed governance, improved information flows result and appropriate action to keep the Strategy on track.
- Investment across the organisation in the areas highlighted by the strategy on a prioritised basis
- Opportunities for external finance and MSAs to be considered where appropriate

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Guy's and St Thomas'
NHS Foundation Trust

Appendices

Appendix 1 – The Trust Sustainability strategy commitments for 2031.

Strategic area/enabler	#	Commitment for 2031	Priority commitment for May 2023
Building emissions	1	Develop a sustainable anaesthesia programme, raising awareness of the impact of anaesthetic gases on the environment and taking actions to reduce this by reducing and capturing most polluting gases	80% reduction in use of Desflurane anaesthetic gas from clinical practices compared to 2018-19 levels, and monitoring nitrous oxide usage
	2	Monitor utility consumption across our estate and use this data to deliver a programme of targeted energy efficiency schemes to manage and reduce use, including matching occupancy levels with energy consumption	
	3	Specify renewable energy when we enter into new purchasing agreements for electricity	100% renewable mains electricity supply through Renewable Energy Guarantees of Origin (REGO) scheme
	4	Invest in low carbon heat and power energy centres for both acute sites and on-site renewable technologies in our community sites, wherever appropriate	
	5	Assess lifecycle energy costs when purchasing new equipment and use this as criteria in decision-making	
Transport emissions	6	Develop a Travel Plan to ensure adequate facilities are in place to increase active, sustainable travel in our current and future estate including cycling and walking to our community sites, in particular	
	7	Work with clinical groups to reduce emissions from patient travel by reducing total outpatient visits and aligning with the digital transformation agenda	
	8	Operate 'green fleets' across the Trust, by increasing the use of (cargo) bikes, phasing out diesel engines and ensuring any new vehicles are electric, hybrid or hydrogen vehicles, where available	Switching 85 of our pool and lease cars to electric or hybrid cars
	9	Reduce single occupancy car journeys and support travel by electric vehicles to our sites through the provision of charging points, dedicated parking and cheaper parking fees for electric vehicles	
	10	Ensure all staff have access to facilities for teleconferencing to reduce business miles between sites and from attending external meetings	
	11	Encourage remote working for all staff who don't need to travel to a 'place of work'	
Indirect emissions	12	Deliver an ambitious annual programme of carbon reduction projects targeting carbon hotspots including medical equipment and pharmaceuticals, and reducing number of prescribed Metered Dose Inhalers	
	13	Reflect our sustainability and social value commitments in our procurement policy frameworks and contract specifications, and select corporate partners and suppliers who reduce carbon emissions from our supply chain	
	14	Optimise our inter-site deliveries through consolidation and by switching to 'green fleets' including electric vehicles and cargo bikes to deliver goods	75% inter-site deliveries by electric vehicle or cargo bike
	15	Reduce our mileage by working with our supply chain to make local sourcing possible	
	16	Seek compensation of unavoidable emissions by investing in a credible carbon offsetting programme	
	17	Calculate and report carbon emissions from our indirect activities in line with the Sustainability Reporting Portal	
Greenspace and biodiversity	18	Promote health and wellbeing through social prescribing and offering staff and patients opportunities to take part in food growing, beekeeping and other physical activities in nature	
	19	Develop a Greenspace and Biodiversity Plan that focuses on bringing wildlife to our estate by repurposing roof space, walls or other unused areas	Documenting the extent, type and quality of our natural assets so we can inform our plans to extend and protect these
	20	Work with greenspace partners to ensure our estate developments offer bountiful outdoor spaces with varied natural textures, even where land is constrained	
	21	Seek to provide biodiversity net gain through our new building developments	
Our food	22	Work with our local strategic partnership towards adequately maintaining, connecting, protecting and promoting our local green and blue spaces	
	23	Promote healthy and nutritious plant-based meal options and reduce the consumption of animal products in our foods outlets, as much as possible	
	24	Follow the food waste hierarchy so food waste can be used to make animal feed, converted into energy or used to make compost. Landfill is a last resort	
	25	Recycle kitchen waste materials including cooking oils and packaging materials	

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Strategic area/enabler	#	Commitment for 2031	Priority commitment for May 2023
	26	Deliver initiatives to reduce food waste in cooking, in our restaurants and cafes, and in our wards	Knowing how much food waste we produce in our wards so we can target our reductions
	27	Work with suppliers and commercial outlets on our sites to minimise food and packaging waste and promote ethical farming practices	
	28	Source ingredients from our local community	
Adapting to change	29	Maximise the quality and resilience of our greenspace, and use plants to mitigate outdoor pollution hotspots, shielding patients and staff from local noise and air pollution	Using vegetation to shield our hospital entrances from air pollution, and construction noise and dust
	30	Promote clean air routes to our patients and, in particular, those with cardiorespiratory disease	
	31	Use indoor plants to improve local air quality inside our hospital sites	
	32	Prevent overheating through building orientation and natural shading, explore natural ventilation options for suitable areas and source recycled aggregate for concrete where alternatives to steel and concrete are not suitable for our building developments	
	33	Implement sustainable drainage systems and increase area of permeable surfaces on our estate	
	34	Plant trees locally and further afield to help clean our air, soak up flash floods and offer natural shading outdoors	
Capital projects	35	Create bespoke sustainability criteria for capital projects, linked to industry best practice, and embed this into procurement processes for design and construction teams	
	36	Develop a sustainability decision-making tool for capital projects, including refurbishments and decommissioning, to encourage estate repurposing, material reuse, resource efficiency and a culture of reducing raw material consumption	
	37	Work with contractors to take a whole-life carbon and costing approach to the design and construction of new buildings, and refurbishments, to maximise in-use energy and water efficiency, and allow building adaptability and flexibility	
	38	Apply certifications such as BREEAM and WELL Building standard to guide selection of appropriate measures and maximise benefits, including the installation of best-in-class technologies that improve our carbon performance	Secure credits under BREEAM 'Project waste management' for reuse and recycling of materials
	39	Embed sustainable travel and efficient delivery of goods and services into estate design and development	
Reduce single-use	40	Identify and replace single-use items used in medical, dental and surgical clinical practice, including personal protective equipment, with viable reusable alternatives	
	41	Reduce the need for single-use clinical items through virtual consultations and other process changes	
	42	Identify and replace non-clinical single-use items with reusable alternatives or more sustainable disposables where reuse is not an option	98% reduction in single-use catering plastic items
	43	Work with suppliers to drive down clinical single-use, to minimise packaging and to remove the plastics in our packaging that cannot be recycled	
	44	Choose on-site retailers that share our commitment to reduce single-use	
Circular economy	45	Ensure we recycle the products we buy by streamlining product lines, including clinical consumables, and continually upgrading our recycling facilities	
	46	Segregate more waste streams at source to improve recycling rates of our suppliers and on-site retailers, as well as our own waste	
	47	Consider whole-life costs when assessing equipment for purchase or lease by prioritising those we can fix, recover or refurbish to use again and again	
	48	Work with suppliers to procure products that offer innovative solutions to waste reduction, including take-back schemes, and promote sharing platforms for staff and patients	Reusing 50% of our sharps bins
	49	Move towards being paper-free and favour products with high recycled content	
	50	Identify opportunities for supporting waste reduction across our Integrated Care System	
Our people	51	Embed the sustainability strategy themes and areas in each clinical group through tailored action plans of specialist projects that are considered at key departmental meetings	
	52	Provide staff with a variety of development and training opportunities so they feel empowered to implement sustainability projects in their areas of work, at home and in their communities	
	53	Identify a workforce lead for sustainability and work together to link the sustainability strategy themes and areas in job descriptions and professional development reviews	
	54	Support the setting up of sustainability groups and staff-led user groups through which staff can steer positive change on a departmental level, focus on areas of specific interest, and work with other established staff groups and forums to enhance and align our approach with other Trust initiatives	

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Strategic area/enabler	#	Commitment for 2031	Priority commitment for May 2023
	55	Boost staff health and wellbeing through environmental initiatives including active travel and outdoor volunteering	Identifying and promoting environmentally-focused staff benefits
	56	Improve services and facilities provision to enable staff and patients to make sustainable choices and purchases when on site	
Our approach	57	Set up a Sustainability Steering Committee, with senior members from across the Trust, accountable for evidencing ongoing compliance with all relevant environmental legislation and monitoring progress against sustainability strategy commitments	
	58	Identify a Sustainable Procurement Lead, integrate sustainable and ethical procurement practices into our purchasing policy, processes and specifications especially for major contracts	Including social value award criteria in new tenders
	59	Develop and implement a Sustainability Impact Assessment for all business cases	
	60	Raise awareness of sustainability through educational and promotional materials, and enable staff, patients and visitors to provide feedback and suggestions to improve sustainability performance	
	61	Learn from best practice, share progress across the sector, and play an active role as an anchor institution by working with our partners, tenants and local organisations, contributing to and delivering against key local environmental strategies and leading the way in our Integrated Care System.	Agreeing a joined-up approach to delivering sustainability initiatives across the South East London Integrated Care System

Appendix 2 – Explanation of how Transport emissions priority commitment for 2021-23 addresses overall Transport emissions 2031 commitment.

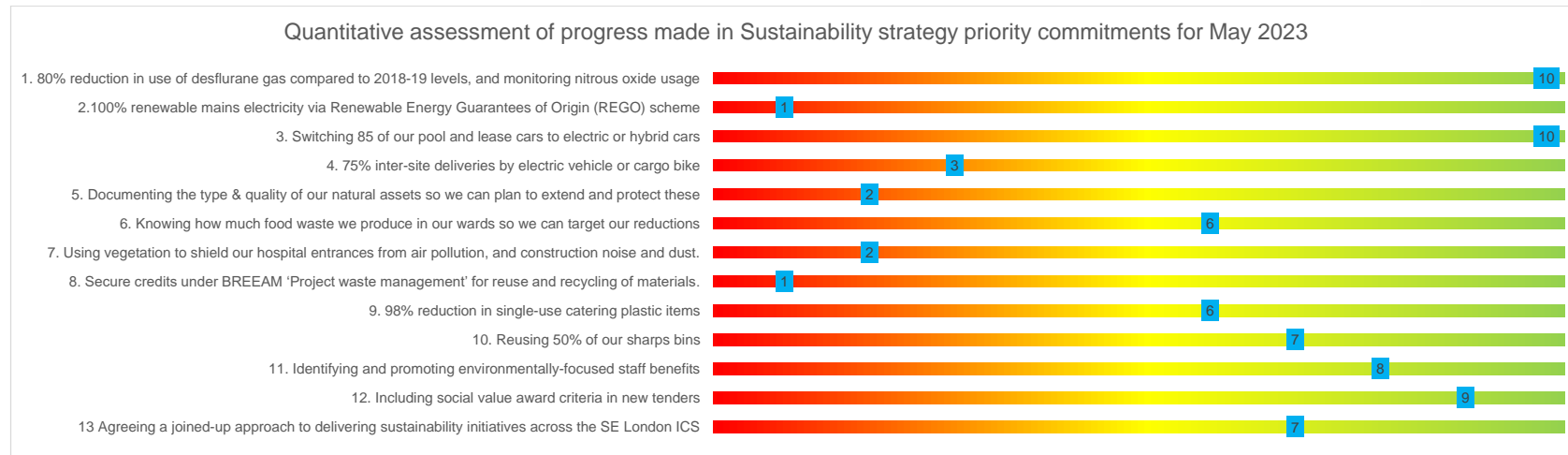
Transport emissions 2031 commitment	Transport emissions 2021-23 priority commitment
Operate 'green fleets' across the Trust, by increasing the use of (cargo) bikes, phasing out diesel engines and ensuring any new vehicles are electric, hybrid or hydrogen vehicles, where available.	Switching 85 of our pool and lease cars to electric or hybrid cars.*

*This target refers to the Trust core fleet and salary sacrifice cars only (grey fleet vehicles are privately owned/leased and the Trust have no control over what they are, so it's right that the target does not include them). As core and salary sacrifice fleet, as of April 2022, we have:

- 437 vehicles in total. Of these, 145 are hybrid or electric, which is 33%. With this current fleet of 437 vehicles, the target of 85 would represent 19%;
- 250 core fleet (patient transport, vans, pool cars). 20 of these are electric or hybrid, which is 8%.
- 187 salary sacrifice vehicles. 125 of these are electric or hybrid, which is 67%.

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Appendix 3. Performance against 13 priority commitments (June 2021- May 2023) as set out in Sustainability strategy as of December 2022



Quantitative assessment key:	Score:
Target completed in full and evidence including governance, data, process	10
Target completed in full but no evidence including governance, data, process	9
Target on track for full delivery	8
Target partially implemented/piloted	7
Target at inception/in development	6
Baseline data for target identified and analysed	5
Data requirements and sources identified	4
Working/project group with clear roles/responsibilities including chair & project manager	3
Working/project group established/initial meetings held	2
Stakeholders identified/initial individual meetings held	1
No progress made/not started	0

Impact key:

	Carbon emissions
	Setting a baseline
	Health and wellbeing
	Earth's resources
	Social sustainability

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Appendix 4. Explanation of progress made against 13 priority commitments for May 2023.

Area/Enabler	Priority commitment for May 2023	Score	Slider Fill	Spectrum	Qualitative explanation
Our approach	13 Agreeing a joined-up approach to delivering sustainability initiatives across the SE London ICS	7	3	10	Two Trusts working together, joined up Sustainability team for GSTT-KCH
	12. Including social value award criteria in new tenders	9	1	10	CPO confirmed social value 10% award criteria included in all new tenders, no evidence
Our people	11. Identifying and promoting environmentally-focused staff benefits	8	2	10	Action plan provided by Debra Willis in Aug 2022
Circular economy	10. Reusing 50% of our sharps bins	7	3	10	Reusable sharps bins being trialled in 10 clinical areas: Cardiac theatres, Acute Admissions ward and Lambeth Wing theatres in STT and Paediatric Intensive Care Unit and Savannah Surgery ward in Evelina Hospital, in STT Vaccination Hub, and Queen Ward, Sarah Ward, Samaritan Ward and Vaccination Hub at Guy's.
Reduce single-use	9. 98% reduction in single-use catering plastic items	6	4	10	Some major datasets analysed: NHSSC and Pelican purchase data, outstanding datasets: Alliance Purchases, Nutripack Purchases. Final catering catalogue (Banner) to be shared across Trust w/c 14 Nov 22. Current catering products will be masked from Oracle in December 2022 and replaced with sustainable products from Banner.
Capital projects	8. Secure credits under BREEAM 'Project waste management' for reuse and recycling of materials.	1	9	10	Champion could demonstrate that BREEAM credits have been secured through capital projects by GSTT contractors
Adapting to change	7. Using vegetation to shield our hospital entrances from air pollution, and construction noise and dust.	2	2	10	KCL student design for Guy's entrance area produced. Green ivy screen installed in April 2021 along the Guy's and St Thomas' day nursery all along boundary facing Westminster Bridge Road and Lambeth Palace Road. 9/10 due to scope variation re distance from hospital entrance
Our food	6. Knowing how much food waste we produce in our wards so we can target our reductions	6	4	10	Leanpath food waste monitoring programme is being trialled through installation of food waste trackers in 6 locations: Guy's Dorcas, Guy's Chiller room, Beckett ward and Page ward, STT Central Production Unit and Brompton Central Production Unit
Greenspace and biodiversity	5. Documenting the type & quality of our natural assets so we can plan to extend and protect these	2	8	10	Greenspace and biodiversity developments focused on Community sites, working group established, project manager business case written, apprentice application to New to Nature submitted and 30 Woodland Trust trees secured, work to focus on Pulross Centre and LCCC
Indirect emissions	4. 75% inter-site deliveries by electric vehicle or cargo bike	3	7	10	Commitment from pathology partner Synnovis to transport all pathology samples within their London services by electric vehicle by September 2024. No working group or baseline established for other inter-site deliveries.
Transport emissions	3. Switching 85 of our pool and lease cars to electric or hybrid cars	10	0	10	Transport emissions working group established inc. Chair and project manager. Vehicle fleet baseline established and updated monthly. As of October 2022, 168 cars electric or hybrid, inc. vehicle salary sacrifice
Building emissions	2. 100% renewable mains electricity via Renewable Energy Guarantees of Origin (REGO) scheme	1	9	10	REGO cost inflated, no longer affordable (Collective decision at Shelford Group Sustainability Leads meeting not to pursue REGO). Funds redirected for installation of renewable energy technology in a Community site
	1. 80% reduction in use of desflurane gas compared to 2018-19 levels, and monitoring nitrous oxide usage	10	0	10	Target of reducing the use of desflurane anaesthetic gas in clinical practices by 80% (compared to 2018-19 levels) has been met ahead of the target date of May 2023. Nitrous oxide usage: audit undertaken, waste identified, measures yet to be taken.

NHS CONFIDENTIAL - Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 26 JULY 2023

Title:	Modern Slavery Annual Statement
Responsible executive:	Avey Bhatia, Chief Nurse
Paper author:	Mala Karasu, Head of Safeguarding Adults
Purpose of paper:	This paper outlines the Trust Modern Slavery Annual Statement as a declaration of the Trust position in ensuring that modern slavery (the exploitation of workers) in a variety of industries, and trafficking are mitigated against within its supply chains and workforce recruitment for the year 2023-2024.
Main strategic priority:	Support and empower our workforce
Key issues summary:	The Modern Slavery Act 2015 places a duty on identified commercial organisations to publish an annual statement setting out the steps they take to prevent modern slavery in their business and their supply chains. This is a requirement under section 54 (Transparency in Supply Chains) of the Act. The Modern Slavery Annual Statement presented has been minimally altered from last year's statement with changes only to the staff numbers and Trust turnover. The processes, policies and training remain appropriate and relevant.
Paper previously presented at:	<ul style="list-style-type: none"> • Safeguarding Adults Operational Group on 27th March 2023. • Trust Risk and Assurance Committee on 13 April 2023.
Recommendation(s):	The BOARD is asked to: <ol style="list-style-type: none"> 1. Approve the statement

NHS CONFIDENTIAL - Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 26 JULY 2023

1. Introduction

- 1.1 This paper outlines the updated Modern Slavery Statement from the Trust detailing all the structures and process in to minimise incidents of modern slavery within our supply chains and procurement of goods and services

2. Background

- 2.1. The Modern Slavery Act 2015 places a duty on identified commercial organisations to publish an annual statement setting out the steps they take to prevent modern slavery in their business and their supply chains. This is a requirement under section 54 (Transparency in Supply Chains) of the Act.

- 2.2. A commercial organisation is required to publish an annual statement if all the criteria below apply:

- it is a 'body corporate' or a partnership, wherever incorporated or formed
- it carries on a business, or part of a business, in the UK
- it supplies goods or services
- it has an annual turnover of £36 million or more

This includes the NHSE/I and NHS organisations to publish an annual statement identifying all steps taken to ensure that services are free from

- 2.3 While slavery may seem like a thing of the past, it is still a very real problem in the world today, with the most recent estimate from the International Labour Organisation, indicating over 40 million people are enslaved around the world. While the specifics of what constitutes slavery may vary, it generally refers to the forced labour of one group of people by another.

NHS CONFIDENTIAL - Board

- 2.4 In recent years, the term “modern slavery” has been used to describe the exploitation of workers in a variety of industries, from agriculture to manufacturing to sex work. Modern slaves are often lured by false promises of good pay and working conditions, only to find themselves in situations of extreme exploitation. They may be forced to work long hours for little or no pay, and they may be subject to physical and sexual abuse.
- 2.5 The Modern Slavery Act 2015 helps by raising awareness of the issue, supporting organisations that work to free slaves, and pressing for stricter laws and enforcement against those who profit from slavery. Failure who to comply with the Act may result in fines up to £20 million or imprisonment.
- 2.6 Stakeholder approval for this approval for this statement was obtained through the paper being approved at the Safeguarding Adults Operational Group on 27th March 2023 and TRAC on 13 April 2023.

3. Proposals

- 3.1. The Modern Slavery Annual Statement presented has been minimally altered from last year’s statement involving only changes to the staff numbers and Trust turnover. The processes, policies and training remain appropriate and relevant.

4. Recommendations

- 4.1. The Committee is asked to review the contents of the Modern Slavery Annual Statement and approve the declaration to be placed in the Trust external webpage.

NHS CONFIDENTIAL - Board**Modern Slavery Statement April 2023 to March 2024**

The Trust is committed to the protection of vulnerable people and has zero tolerance for Modern Slavery and Human Trafficking. Any identified concerns regarding Modern Slavery and Human Trafficking are escalated as part of the organisational safeguarding process. All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking with the procurement department taking responsibility for overall compliance. This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and applies to Guy's and St. Thomas' NHS Foundation Trust.

Organisational Structure and Purpose

Our Trust is made up of 5 of the UK's best-known hospitals – Guy's, St Thomas', Evelina London Children's Hospital and Royal Brompton and Harefield Hospitals. The Trust employs over 24,021 staff and has an annual turnover of over £2.6 billion.

The Trust provides a full range of hospital and community services for our local communities in Lambeth and Southwark. Royal Brompton and Harefield hospitals provide specialist heart and lung services across the country. The Trust also provides specialist services for patients from further afield, including cancer, cardiovascular, women's and children's services, kidney care and orthopaedics as well as having one of the busiest emergency department (A&E) in London.

Organisational policies in relation to modern slavery and human trafficking

The Trust has internal policies and procedures in place that assess, identify and respond to any concerns in relation to the potential for modern slavery or human trafficking. The Trust Safeguarding procedure document includes information on modern day slavery/human trafficking with clear guidelines on how to identify, ensure patient safety and escalate using the agreed processes. The procedures states that staff should report incidents of all types and this includes concerns regarding modern slavery and human trafficking via the safeguarding route. Modern Slavery training is offered to all A&E staff via their mandatory training days. The training is available to all staff to attend.

All staff have access to the trust Safeguarding Adults Service for support and guidance when they are concerned about modern day slavery or trafficking. The Trust has a Freedom to Speak Up – Raising a matter of concern policy which details how staff can raise any concerns that they may have confidentially. This can be through a Freedom to Speak Up email inbox, or through a conversation with the Freedom to Speak Up Guardian, who will provide support to the individual raising a concern. Staff are provided with this information at corporate induction.

Current initiatives

The Trust fully supports the Government's objectives to eradicate modern slavery and human trafficking and recognises the significant role the NHS has to play in both combatting it and supporting victims. In particular, we are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. Steps taken to date include:

Modern Slavery Annual Statement-Public Board of Directors, 26 July 2023

NHS CONFIDENTIAL - Board

Procurement and our supply chain

Our procurement approach follows the Cabinet Office Procurement Policy Note 02/23: 'Tackling Modern Slavery in Government Supply Chains' to identify and manage risks in both new procurement activity and existing contracts:

- **Pre-procurement & Specification:** Identify the risk of modern slavery to the contract to establish if modern slavery can be factored into the specification, ensuring that the approach taken is proportionate based on the risks identified.
- **Selection Stage:** Consider the mandatory and discretionary exclusion grounds as set out in the Standard Selection Questionnaire, and if these can be supplemented with additional questions for medium / high risk contracts, whilst not creating barriers to participation by SMEs/VCSEs.
- **Award Stage:** Apply the standard criteria in the Social Value Model, ensuring these sufficiently take account of the risk of modern slavery and any specification requirements, whilst taking a proportionate approach.
- **Contract Conditions:** Apply NHS Standard Terms and Conditions which require suppliers to comply with relevant legislation.
- **Contract management:** Following contract award, continually work in collaboration with suppliers to monitor and address modern slavery risks, including a clear process for reporting and responding to suspected incidents of modern slavery. The safeguarding teams for children and adults oversee all new contract agreements to ensure that the safeguarding requirements as per the NHS Standard Contract are met.

Staffing clinical and non-clinical

- We continue to support all Trust staff to understand and respond to modern slavery and human trafficking, and the impact that each, and every individual working in the NHS can have in keeping present and potential future victims of modern slavery and human trafficking safe.
- We ensure that all Trust staff have access to training, provided on how to identify those who are victims of modern slavery and human trafficking. This training will include the latest information and will help staff develop the skills to support individuals who come into contact with health services
- We ensure the safeguarding procedures document includes up to date information on modern slavery and human trafficking.
- We identify which contracts are at high or medium risk of modern slavery based on industry type, complexity of supply chain, the nature of the workforce, context in which the supplier operates, type of commodity and supplier location. Work with the suppliers on high and medium risk contracts to mitigate the risks through contract management.
- Bank workers are recruited under the same requirements as substantive employees following safer recruitment processes. Agency staff, are only recruited from agencies that are on approved NHSEI frameworks.

NHS CONFIDENTIAL - Board

The Trust reviews its Modern Slavery and Human Trafficking Statement on an annual basis and presents it at the Board of Directors.

To identify and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain:

- The Trust adheres to the National NHS Employment Checks / Standards (this includes employees UK address, right to work in the UK and suitable references)
- The Trust has systems to encourage the reporting of concerns and the protection of whistleblowers
- The Trust purchases a significant number of goods and services through NHS Supply Chain and the Crown Commercial Service, who's 'Supplier Codes of Conduct' includes a provision around forced labour.
- Other contracts are governed by standard NHS Terms & Conditions in which suppliers warrant that there is no slavery or human trafficking in its supply chains and they must notify the Trust if they become aware of any actual or suspected incidents of slavery or human trafficking in its supply chains.
- The Trust request all suppliers to comply with the provisions of the UK Modern Slavery Act (2015), through agreement of our 'Supplier Code of Conduct', purchase orders and tender specifications. All of which will set out our commitment to confirming there is no modern slavery or human trafficking related to Trust service provision.
- The Trust upholds professional codes of conduct and practice relating to procurement with the procurement sourcing staff required to be members of the Chartered Institute of Purchasing and Supply (CIPS) and MCIPS qualified.

**BOARD OF DIRECTORS
AUDIT AND RISK COMMITTEE**

**Wednesday 17th May 2023, 2pm – 4.30pm
Robens Suite, Guy's Hospital**

Members present:	John Pelly (Chair) Simon Friend	Priya Singh
In attendance:	Ian Abbs (until 4pm) Charles Alexander Simon Bampfylde (until item 6) Edward Bradshaw (Minutes) Sarah Clark (from item 9) Steven Davies Paul Dossett Catherine Eyre Hameem Gulraiz Nick Halliwell Simon Lane	Ruth Liley Anita Knowles Vicky Macleod Clare McMillan Paul Merison Phil Mitchell (until 3.30pm) Satwinder Nandhra Fiona Nicholls Damien O'Brien Kemi Ore

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 22nd February 2023, were agreed as an accurate record, subject to the addition of a reference to the Committee's consideration of the draft 2023/24 internal audit plan; this would be added and agreed with the Chair.

ACTION: EB

4. Review of the action log and matters arising

- 4.1. The Committee reviewed the action log and received updates in respect of three of the open actions. A lessons learned review had been undertaken of the implementation of the Trust's new finance system; this would be brought to the next meeting of the Committee for noting.

ACTION: SD

5. IT Critical Incident recommendations update

- 5.1. The report into the critical IT incident that took place at the Trust in July 2022 contained 29 recommendations. In January 2023 the Trust Board of Directors had accepted all of the recommendations in full and had committed to implementing these as quickly as possible.

- 5.2. The Committee noted that 14 of the 29 actions had been implemented in full, with a further 10 in progress, but not yet due. Five recommendations were in progress, but overdue, and Committee members sought clarification about the reasons for the delays, the risk implications, and the revised completion dates. It was noted that all the data temporarily lost during the incident had now been fully recovered. Committee members also sought assurances about the resilience of the Trust's digital systems in the event of extreme temperatures in the future.

6. Internal audit update

- 6.1. The Committee reviewed and discussed the findings of the seven audits that had been completed since the last meeting, six of which had received ratings of 'substantial assurance'. Questions were asked about specific aspects of the audits, including about the controls in place to monitor access to accounts receivable systems. Confirmation was received that the audit of general accounting practices had incorporated a review of the process of how International Financial Reporting Standard (IFRS) 16 regarding leases was being implemented and that although there had been some challenges the Finance Team were addressing these. Further, External Audit commented that they would be examining Assets Under Construction as part of their audit of accounts
- 6.2. There was discussion around the findings of the advisory audit of payroll costs. It was agreed that a representative from the Trust's HR team would be asked to attend the next Committee meeting to discuss the findings.

ACTION: EB

- 6.3. The Committee noted the Head of Internal Audit's opinion for the 2022/23 financial year; this would be incorporated into the Trust's Annual Governance Statement (AGS) within the Annual report and accounts. There was a reference to the critical IT incident as a significant control issue, and this would also be highlighted separately in the AGS. No material frauds had impacted the opinion statement.
- 6.4. The Committee received the final internal audit plan for 2023/24 and noted the updates to the draft plan that the Committee had reviewed at the previous meeting. Additions to the draft plan included a review of the Trust's Patient Advice and Liaison Service (PALS), space planning for back office functions, and the project to re-clad Guy's Cancer Centre. It was reported that there had been a lot of requests for internal audit reviews across the Trust, which the Committee regarded as indicative of a healthy improvement culture.
- 6.5. The internal audit team was continuing to experience issues regarding capacity, and there was discussion about the steps being taken to increase its resources. Suggestions were made about the possibility of outsourcing work that required highly specialist skillsets, such as cyber security. It was clarified that the final audit plan was based on the audit days available with the current staff establishment.

RESOLVED:

- 6.6. The Committee approved the 2023/24 internal audit plan.

7. Counter fraud updates

- 7.1. The Committee noted the annual counter fraud report for 2022/23 that set out the work of the counter fraud team and data around the numbers of referrals received and investigations

opened and closed in the year, together with the outcomes. A key theme in the cases where fraud or irregularity had been identified was Trust staff members working whilst on sick leave from their substantive posts; this indicated further work was needed to raise awareness of the Trust's policy in this area. In discussion about the mechanisms for trusts to share their experiences of fraud and preventative measures it was noted that the NHS Counter Fraud Authority was active in supporting NHS organisations to share their experiences where learning could be applied more widely.

- 7.2. The Committee reviewed the Trust's self-assessment against the Government's Counter Fraud Functional Standards and supported the conclusion that the Trust was compliant overall with the requirements. The self-assessment would be signed off by the Committee Chair and the Chief Financial Officer and submitted by 31st May.
- 7.3. The counter fraud workplan for 2023/24 had been developed on the basis of the Trust's fraud profile over recent years and national issues and direction. A key theme in the year ahead would be phishing and fraud linked to staff working from home. Assurances were received that the counter fraud team had sufficient resources in place to discharge the plan, and it was noted that as the team worked across three trusts it could flex staff to react to issues as they emerged.

RESOLVED:

- 7.4. The Committee approved the counter fraud plan for 2023/24.

8. Information Governance & Health Records – bi-annual report

- 8.1. The Trust anticipated that its annual Data Security and Protection Toolkit (DSPT) return to NHS England would receive a rating of 'approaching standards – plan agreed' as a result of known issues, including staff completion of mandatory information governance training.
- 8.2. Although the Trust's Health Records service availability remained above the 98% target, the Trust had experienced growing challenges in complying with Freedom of Information (FOI) requests and Subject Access Requests (SAR). This had been exacerbated by difficulties accessing and processing records following the Trust's critical IT outage and the national Carenotes incident. A recovery plan was in place to address the backlog, including additional temporary staffing. Progress was being reported proactively to the Information Commissioner's Office (ICO) to demonstrate improvements in compliance and the plan to restore pre-incident performance levels.
- 8.3. The Committee explored the reasons for the increasing number of SARs and the risks resulting from the intersect between the challenges with SARs and the go-live of the Epic system. Clarification was sought about whether there were themes in the FOI requests received, and members welcomed steps being taken to manage and seek to reduce the number of FOI requests, including implementing a new team structure and publishing certain types of information that were regularly requested.
- 8.4. The Committee noted that a new policy about patients and the public filming or recording on Trust premises had been developed by the information governance team and a multi-disciplinary group from across the Trust. This was recognised as a complex and sensitive area, and an update on the implementation of the policy would be brought back in the next biannual update to the Committee.

ACTION: FN

9. Draft Annual Report and Accounts 2022/23

- 9.1. The Committee noted the Trust's draft annual accounts for 2022/23, an initial version of which had been submitted to NHS England on 28th April. Two of the Committee members had met with the Trust's finance team the previous week to review the accounts in detail, and comments from this review had been incorporated into an updated version. The Committee noted that, as with the previous year's accounts, the 2022/23 financial statements aggregated data from the two separate financial systems across Guy's and St Thomas' and Royal Brompton and Harefield hospitals.
- 9.2. The only material accounting policy change affecting the 2022/23 accounts was the new IFRS 16 regarding leases. No feedback had yet been received from the auditors about the Trust's treatment of leases in its accounts as a result of this standard. Attention was also drawn to the Trust's full-year turnover of £2.8bn and the reasons why this was higher than planned. Explanation was given about why the Trust was not adopting a segmental reporting approach. The Committee thanked the finance team for their hard work in generating a high-quality set of draft financial statements so quickly after year end.
- 9.3. The Committee noted the development of the Trust's Annual Report was progressing well, with the narrative mostly complete and only a small number of areas where information was outstanding. Committee members commended the content to date. The Committee reviewed the draft Annual Governance Statement (AGS) and noted how it had been developed. A near-final version of the narrative and the AGS would be brought to the next meeting for approval; ahead of this, an updated version would be circulated to Committee members and the wider Board for further comments, with a deadline set for responses.

ACTION: EB

10. External Audit update

- 10.1. Representatives from Grant Thornton provided an update about the progress of their external audit of the Trust's 2022/23 financial statements, which had commenced on 9th May. The Committee noted that there had only been insignificant changes in the approach to the draft audit plan presented at the previous meeting.
- 10.2. Whilst some minor issues had been experienced in generating reports from the Trust's new finance system, this had not affected the quality of the financial information the auditors had received. Although there were no audit findings to report to the Committee at this stage, the auditors planned to bring a full list of findings to the next Committee meeting on 21st June, ahead of the formal submission of the accounts on 30th June. Clarification was sought from some Committee members about how the audit fee had been calculated; further detail on this would be provided at the next meeting.

ACTION: PD

11. Cyber security update

- 11.1. A key focus of the bi-annual update on cyber security arrangements was the Trust's reflections and response to PwC's presentation at the last Committee meeting about its learnings from the cyber-attack on the Irish Health Service in 2021. This included an assessment of the Trust's cyber security governance and leadership and its preparedness to respond to and recover from cyber-attacks. The results of NHS England's most recent staff cyber awareness and phishing campaign were set out; whilst the Trust's results compared favourably to its peer trusts, there remained opportunity to continue to raise staff awareness of phishing and how to respond to it. Procurement was nearing completion for the Trust's annual penetration testing

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exercise, and a penetration test had been scoped for the new electronic health record system, supplied by Epic, with a date to be agreed ahead of go-live on 5th October 2023.

- 11.2. Committee members welcomed the updates, but remained concerned about the scale of the risks involved in a very complex area. There was discussion about the extent to which cyber security risk mitigation work was being done nationally or at Integrated Care System (ICS) level to avoid individual trusts taking different and potentially duplicative approaches to this. There was consideration about the capacity and capability of the Trust's cyber security team to identify and manage cyber security risk, and the possible benefit of using internal auditors or external specialists to support this work. This would be considered and a proposal brought back to the Committee.

ACTION: CM

12. Single Quote Approval Requests (SQAR)

- 12.1. An update was provided about progress being made on a topic that had previously been reported to the Committee as 'single tender waivers'. This set out the number and value of SQARs by each Trust directorate in 2022 with comparative data from 2020 and 2021, as well as the most frequently occurring suppliers for which a SQAR had been approved in 2022.
- 12.2. Committee members agreed that competitive procurement was a key way for the Trust to gain value for money from its activities, and welcomed information about the steps being taken to review, revise and promote the policy and procedures around this. SQAR data was also being incorporated into the Trust's financial improvement work through discussions with clinical and delivery groups. There was consideration about the use of targets to incentivise good practice, and a possible role for internal audit to investigate the issue in greater depth. It was agreed that the Committee should retain a focus on SQAR data going forward and that updates should be brought back every six months.

13. Any other business

- 13.1. There was discussion about the risks linked to artificial intelligence (AI) and how the Trust was identifying, managing and monitoring AI risks relevant to its operations. Clarification was provided that whilst 'open source AI' had received significant media attention recently, the Trust's use of AI was carefully governed. It would be important for the Trust to be closely connected to national developments in this area. It was agreed that there would be a deep dive on this topic as part of the next cyber security update in November 2023.

ACTION: CM

- 13.2. The next meeting of the Committee would take place on 21st June 2023.

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

**Wednesday 12th April 2023, 1pm – 4pm
Grand Committee Room, St Thomas' Hospital**

Members present:	Simon Friend (Chair) Avey Bhatia Charles Alexander	Steven Davies John Pelly Lawrence Tallon
In attendance:	Jennifer Sano (minutes) Michael Bryan Ellen Burgess (items 12,13) Valerie Curran (item 12) Ton Davies (item 9) Anita Knowles Simon Mendy Edward Middleton (items 13,14)	Damien O'Brien Matthew Rowe (item 9) David Shrimpton (item 14) Chris Spellman (item 8) Keith Thompson (item 15) Philip Whitecross (items 12, 13) Johannes Wolff (item 8) Simon Wombwell (item 8)

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, Jon Findlay, Ian Playford, Reza Razavi and Steve Weiner. Simon Mendy was also in attendance as the new Director of Strategic Finance.

2. Declarations of interest

- 2.1. Steven Davies declared (in relation to item 12) that he was on the Board of Synnovis.

3. Minutes of the previous meeting

- 3.1. The minutes of the meeting held on 1st February 2023 were approved as an accurate record.

4. Review of action log

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

5. Board Assurance Framework risks

- 5.1. The Committee was reminded about the three strategic risks on the Board Assurance Framework that it owned. These would be kept in mind during discussions and the risks would be reviewed under item 17 on the agenda.

6. Financial position – month 11

- 6.1. The financial position to the end of February 2023 was at a deficit of £3.7m, which was broadly in line with the Trust's plan. The Trust was in the process of closing down the year end accounts, so the full-year position was not yet available, although the Committee noted a number of possible scenarios.
- 6.2. Committee members expressed concern about the current financial position and the need to start 2023/24 on a strong footing. In this respect, the ongoing implementation of strong cost controls across the whole organisation was welcomed. This led to discussion about:
- How each clinical directorate would be held to account for ownership of their financial position as well as delivery of cost-saving programmes;
 - The steps planned, or being taken, to improve the Trust's overall cash balance;
 - The anticipation that the new Epic electronic health record system would help generate significant cost reductions from late 2023/24 and beyond due to the new ways of working it would enable; and
 - The importance of increasing elective activity and delivering cost savings as a means to meet the challenging 2023/24 financial plan; this would be explored further in the next agenda item.

7. Annual Planning Update 2023/24

- 7.1. The Trust's 2023/24 financial plan had been submitted to the South East London Integrated Care Board and NHS England in March and, as with all Trusts across the sector, been subject to considerable scrutiny.
- 7.2. As a result of a return to an episodic payment system, the delivery of increased elective activity was of vital importance going forward. It would be necessary to release at least 10% of current bed capacity to enable the increase in elective activity the Trust required to meet its 2023/24 plans. As such, carefully managing non-elective activity and length of stay would be important to achieving this.
- 7.3. The continued strengthening of the quality of financial information and data would help clinical and non-clinical teams manage their budgets more closely and support a 'back to basics' approach. Trust leadership would also promote the importance of sustained financial discipline and financial accountability, which would be exercised through regular performance review meetings between the Trust executive team and each clinical and delivery group. There was discussion about the need to reinforce these messages regularly to Trust staff.
- 7.4. The Trust's ability to invest capital expenditure was anticipated to be especially challenging and would be discussed further in item 9. Honouring current capital commitments was important, as was continued investment in Trust infrastructure.

8. Financial Improvement Programme update

- 8.1. The Financial Improvement Programme would underpin the delivery of the Trust's 2023/24 financial plan, building on four strategic themes: improving financial discipline; controlling costs/ Cost Improvement Programmes; improving income; and balancing cash. A balanced scorecard approach would be used to monitor delivery, reflecting what it means to achieve financial

improvement. The initial focus of the programme had been on controlling costs and planning for cost efficiencies, with a broader set of metrics being built to deliver behavioural change and sustained improvement. The financial situation was being regularly highlighted at Trust level as well as across all clinical and delivery groups.

- 8.2. The Committee discussed the role of reducing headcount as a means to deliver cost efficiencies, and ways in which this could be done, for example by not replacing staff posts when they became vacant, which was considered the most viable option at present. There was also consideration of:
- The reductions in cost and improved efficiencies that would arise from the implementation of the new electronic health record system;
 - A change of approach regarding the use of bank and agency staff, including the identification of poor practice; and
 - A reduction in agency spend.
- 8.3. All clinical groups would be encouraged to be responsible for a natural reduction in their staffing levels through these actions and would be asked to regularly review their position for further possible cost savings.
- 8.4. It was noted by the Committee that there was inherent risk in the Trust's 2023/24 financial plan; that of the internal delivery Cost Improvement Programme would be of vital importance in meeting the plan.
- 8.5. Representatives from the Trust's Centre for Innovation, Transformation and Improvement (CITI) joined the meeting to provide the Committee with examples of the work they were doing, in conjunction with clinical teams, to support the efficiency and productivity programme. Committee members noted some recent key successes the CITI team had helped to deliver, but also the scale of the challenge ahead.

9. Medium term financial plan

- 9.1. The Trust's ambition was to increase the level of investment in existing infrastructure, medical equipment and technology. The level of resources available, compared to the level of investment needed to address potential risk, would require choices to be made. The significant degree of existing commitments was constraining the Trust's ability to invest in new schemes in 2023/24, and there remained uncertainties over the level of the Trust's Capital Departmental Expenditure Limit (CDEL) allocation, the extent of any national cash support in 2023/24 and the level of commitments arising from the Trust's existing 'in-flight' schemes.
- 9.2. To prioritise capital spending, it had been agreed that spending on existing infrastructure, medical equipment and technology should have greater priority over new capital schemes.

RESOLVED

- 9.3. The Committee:
- Approved the capital plan for 2023/24, subject to the clarifications related to the costs of current schemes, and the implementation of Apollo, as well as confirmation of the CDEL allocation; and
 - Agreed in principle the allocation of resources to the different areas of the Medium Term Financial Plan for 2023 – 28.

10. Specialised commissioning update

- 10.1. The Committee received an update on developments regarding the forthcoming delegation of specialised commissioning to integrated care boards. The topic had also been discussed at the recent Strategy and Partnerships Board Committee meeting, where it had been agreed that the Finance, Commercial and Investment Committee would monitor and oversee the financial risks associated with the proposed delegation arrangements.
- 10.2. The Trust delivered a considerable amount of specialist work that would fall into the new delegation arrangements, which meant the risks associated with the process were high, although it was difficult to quantify the precise scale of this. Regular updates would be brought back to the Committee for consideration.

11. Commercial services update

- 11.1. Following an update on the work of the commercial services function since the previous Committee meeting, there was discussion about the need for the Trust to proceed cautiously on non-solicitation agreements (NSAs), whilst ensuring the right incentives were applied to ensure an effective commercial deal.
- 11.2. Clarification of the commercial cost base versus the income generated would need to be more clearly understood. This would be reviewed by the Director of Strategic Finance and would be redirected if initiatives were not found to be viable commercially.
- 11.3. Commercial activity in the research portfolio would be reported more definitively. A better understanding of the work of the Commercial Trials office was requested and it was felt that management incentives and reporting could be better. A commercial strategy was being developed relating to the management of intellectual property in clinical trials. A report on pharmaceuticals manufacturing unit was also requested to include the perceived benefits and risks.

ACTION: SM

12. GST Enterprises: Portfolio Update

- 12.1. The Committee reviewed a number of recommendations relating to the Board of Guy's and St Thomas' Enterprises (GSTE) Limited and its subsidiary companies.
- 12.2. The Committee also noted:
- The appointment of Steven Davies as a director of PSL and as a member representative on the Boards of Synnovis Group LLP and Synnovis Services LLP.
 - GSTE's decision to pause the Lexica transaction;
 - GSTE's approval of the Lexica business plan for 2023/24; and
 - The Synnovis performance and budget for 2023.

RESOLVED:

- 12.3. The Committee approved:

- The appointment of Sir Ron Kerr as a non-executive director of GSTE Limited; and
- The appointment of Simon Mendy as a director of GSTE Limited.

13. KHP Ventures Options Appraisal

- 13.1. KHP Ventures was a joint venture (JV), created by the Trust, King's College Hospital NHS Foundation Trust and King's College London to invest in medical technology innovations and digital health start-ups. The strategic goals of the JV were to improve patient care, drive innovation, provide an offer to attract and retain talent, and to make a financial return. The planned development of the JV would involve identifying external Limited Partner (LP) investors in a larger KHP Venture Fund with the same strategic goals.
- 13.2. Committee members reiterated their support for the work of the JV and for the current proposal. It would be important to incentivise academics to become involved in the work. There was discussion about how patients would benefit from this venture. It was expected that new technology used by patients, and other innovations such as drone delivery of medical supplies, would support smoother delivery of patient services.
- 13.3. A legally-binding letter regarding investment in early research would be drafted, and the appropriate governance applied to protect the Trust's interests. It would be important to attract talent to compete with Oxbridge universities and Imperial, as well as international ventures.

RESOLVED

13.4. The Committee:

- Approved the recommendation to proceed with the planned second tranche of funding for KHP Ventures, which would be £0.9m annually for the third and fourth years of the original four year commitment;
- Agreed the recommendation that the KPH Ventures management team was the preferred option to become General Partners, with the Trust as Limited Partners;

14. Private patients update

- 14.1. The Committee noted private patient financial performance to month 11 of the 2022/23 financial year.
- 14.2. Private outpatient activity was performing well. The new Royal Brompton private outpatients facility had opened and was expected to attract further positive engagement particularly from consultants. The redecoration of the Westminster Bridge Consulting Rooms had been completed and would be reopening on Saturdays. The number of private outpatients at the Evelina London was also increasing as was IVF treatment provided at Guy's Hospital.
- 14.3. The Committee noted the price increases that were expected to be implemented in 2023/24.
- 14.4. The lease on the Trust's private patient property in Wimpole Street had been extended for a further seven years. The purchase of a new CT scanner was planned, but a final decision on whether to proceed was still awaited.
- 14.5. There was discussion about developments with other providers of private healthcare services and the implications for the Trust's private patient business.

15. Pharmacy Homecare Call-Off Orders

15.1. The London Procurement Partnership (LPP) had developed a multi-supplier framework agreement for the provision of Homecare Medicine Services. Three providers of these services to Trust required call-off order forms which, due to their value, required approval from the Committee. It was noted that the requests had been reviewed and approved by the Trust Operations Board with no significant issues noted.

RESOLVED

15.2. The Committee approved recommendations to approve the call-off orders to Alcura UK Limited, Healthcare at Home Ltd (Sciensus) and Lloyds Pharmacy Clinical Homecare.

16. Business Case Approvals and Delegated Limits

16.1. Delegated limits apply to NHS trusts, above which investment cases need approval by NHS England, the Department for Health and Social Care, and some would also need HMT and ministerial approval. The limits are £50m for property cases and £30m for digital cases. The Committee noted that NHS England had now indicated the limits would be extended to include foundation trusts as well. In line with the request from NHS England, the Committee agreed the Trust would, if required, operate within these limits and approval processes.

17. Board Assurance Framework update

17.1. The Committee reviewed the paper giving details of assurance levels and assessment of the effectiveness of controls. The committee noted the proposed changes to the three risks for which the Committee is responsible. It was agreed that a timeline would be provided showing the expectations of how the severity of the risks would increase or decrease over time.

ACTION: SD

18. Any other business

18.1. There was no other business. The next meeting would be held on Wednesday 14th June 2023.



Guy's and St Thomas'
NHS Foundation Trust



Quality and Performance Committee

5th July 2023

Finance Report - 23/24
Month 2

Guy's and St Thomas' NHS Foundation Trust



Guy's and St Thomas'
NHS Foundation Trust

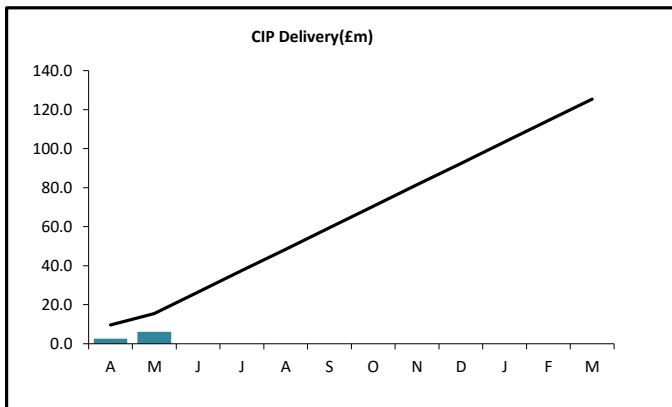
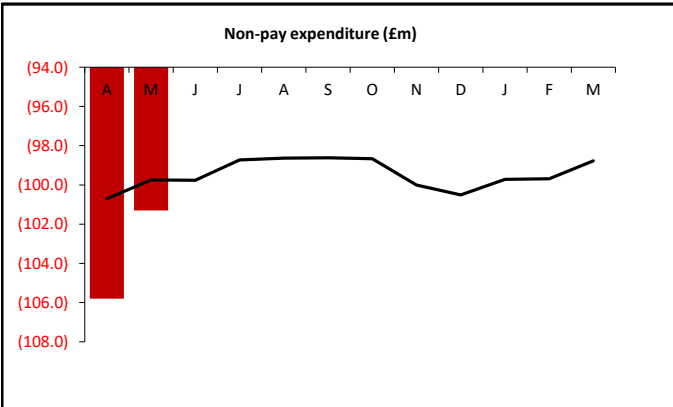
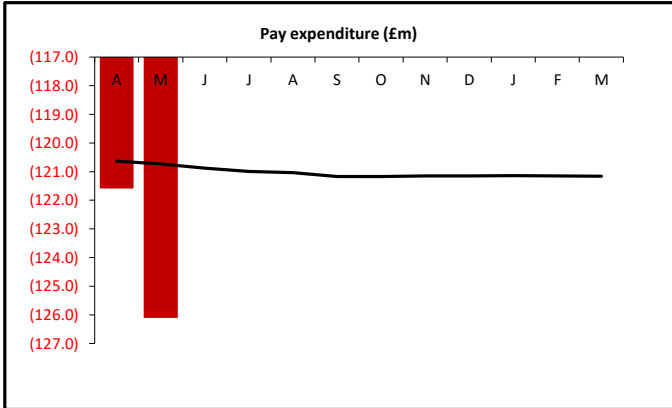
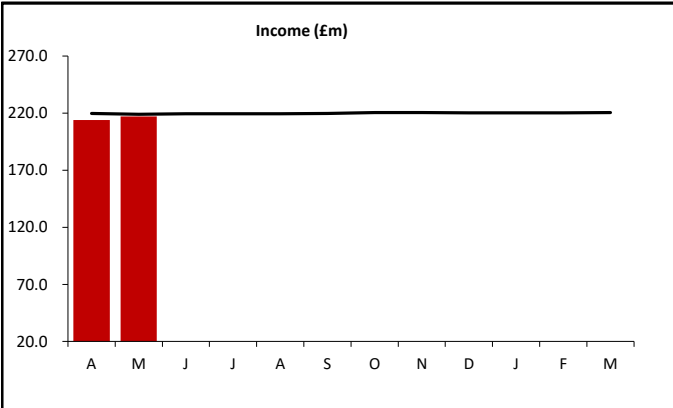
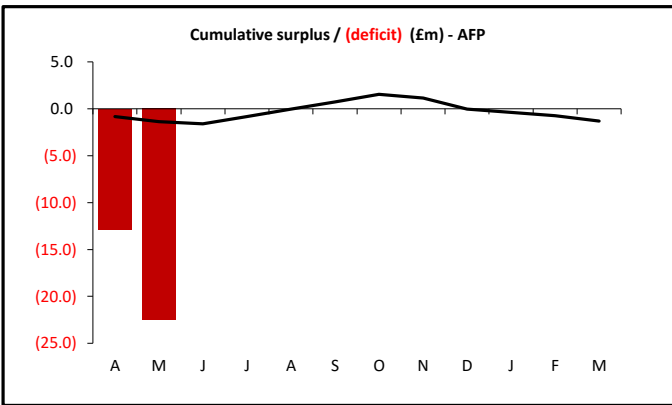
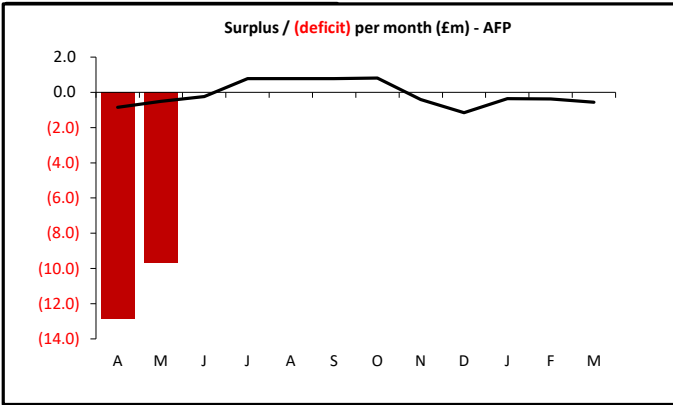


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Summary Financial Performance - Trust

	Budget Mth	Actual Mth	Variance mth	Budget YTD	Actual YTD	Variance YTD
	£m	£m	£m	£m	£m	£m
Income	218.9	216.5	(2.4)	438.3	430.0	(8.2)
Pay	(120.7)	(125.9)	(5.2)	(241.4)	(247.7)	(6.3)
Non Pay	(98.7)	(100.2)	(1.5)	(198.3)	(204.9)	(6.6)
Surplus / (Deficit) - Adjusted Financial Position (AFP)	(0.5)	(9.6)	(9.1)	(1.4)	(22.5)	(21.2)
DODA	(1.1)	(1.1)	(0.0)	(2.2)	(2.2)	(0.0)
Capital Donations	0.1	0.6	0.5	0.3	1.0	0.7
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit) - Excl Fin Adj's	(1.5)	(10.2)	(8.6)	(3.2)	(23.8)	(20.5)



Finance Report Commentary

Executive Summary

Summary: YTD performance the Trust is reporting a deficit of £22.5M in terms of the adjusted financial performance measurement which is £21.2M worse than plan, the main drivers of which are:

- **CIP delivery:** YTD £6.2M of CIPs achieved resulting in a total under delivery against the Trusts CIP programme of £9.3M driven both by unidentified and unachieved CIPs. The under-delivery is included within both pay and non pay budgets.
- **Income:** from pass through drugs and devices is £4.2M below plan, which partly offsets with the expenditure underspends of £1.8M across clinical supplies and drugs. Private patient income is the other main driver with an income underperformance of £0.5M. NIHR income is £1.9M below plan, but off-set by pay and non-pay overspends.
- **Pay:** drivers of the pay overspend include the impact of recent industrial action, vaccination programme costs and CIP delivery.
- **Non Pay:** includes the impact of unidentified CIP targets within operational budgets of £5.6M and against the central CIPs of £3.5M. The main area of non pay overspend relates to independent sector usage of £1.9M and in terms of underspend drugs and clinical supplies of £1.8M.

Income: YTD performance £8.2M worse than plan, the main drivers of which are:

- **Pass through drugs and devices** income is £4.2M below plan.
- **Private patient income** is £0.5M below plan, predominantly from the RBH sites.
- **NIHR income** is £1.9M below plan but is off-set by pay and non-pay underspends
- The reported position assumes the Trust will receive the planned Elective Services Recovery Fund allocation and no adjustments to income have been made in respect of industrial action.

Pay budgets: YTD expenditure of £247.7M is £6.3M worse than plan; May pay costs of £125.9M represents an increase of £4.1M from last month.

- Two main drivers of the overspend are the impact of the recent industrial action which has been assessed as £4.0M and costs incurred in relation to the vaccination programme of £0.8M, the latter has currently been off-set by additional income.
- There is a significant overspend against pay budgets within the ISM CG of £4.0M. Whilst a significant amount will be impacted by the industrial action costs there are concerns over the planned CIP delivery in this area.

Non Pay budgets (including Reserves and Unidentified CIPs): YTD performance £6.6M worse than plan, the main drivers of which are:

- Unidentified CIP targets of £33.8M across operational budgets with a YTD impact of £5.6M
- No CIPs have been released against the central target with a YTD impact of £3.3M.
- On-going use of the Independent sector has resulted in £1.9M of costs.
- Premises costs which includes energy are £0.9M overspent.
- Drugs and clinical supplies budgets are £1.8M underspent which is less than the current level of income underperformance relating to pass through drugs and devices.
- Other significant areas of non-pay underspend include Establishment and Other Operating Expenses of £2.0M.

Balance Sheet: The Trust closed month two with a cash balance of £122.4M; this is a decrease of £8.4M from the opening balance on 1st April 2023.

- A loan application for £41.5M has been submitted and is incorporated into the cashflow forecast.

Drivers of YTD Group Variances £000

Variance Type	Cancer & Surgery	Evelina London	HLCC	ISM	Essentia	Corporate	Other	Trust Total
Pay	(640.3)	110.6	(1,199.5)	(4,039.0)	(1,026.3)	1,403.3	(934.1)	(6,325.2)
Further Improvement Target	(1,571.7)	(1,529.9)	(324.3)	0.0	(38.8)	(2,411.1)	(351.7)	(6,227.5)
Internal Recharges	(199.0)	(173.8)	316.5	570.0	310.5	155.2	(158.7)	820.7
Non Pay	(303.8)	3,557.9	408.8	(1,388.8)	(4.4)	(597.3)	(2,857.1)	(1,184.7)
Income (Excl Clin Income Adj)	(83.7)	(708.0)	753.9	(761.1)	8.6	(2,525.0)	(4,929.6)	(8,244.8)
Total (Excl Clin Income Adjs)	(2,798.5)	1,256.8	(44.6)	(5,618.8)	(750.3)	(3,974.9)	(9,231.2)	(21,161.5)
Clinical Income Adjustment	1,188.4	(5,168.6)	3,705.5	(453.3)	0.0	(176.2)	904.2	0.0
Total (Incl Clin Income Adjs)	(1,610.1)	(3,911.9)	3,660.9	(6,072.1)	(750.3)	(4,151.1)	(8,327.0)	(21,161.5)

SNAPSHOT VARIANCE DRIVERS - £000's

Staffing								
Medical Staff	(872.0)	(708.4)	(903.2)	(1,813.3)	(9.9)	(892.2)	(193.5)	(5,392.3)
Nursing Staff	(170.0)	677.9	(183.9)	(795.3)	(11.2)	298.5	(209.0)	(393.0)
PAMs	(72.8)	20.3	194.2	(36.0)	0.1	(127.7)	(11.9)	(33.8)
Professional & Technical (PTB)	(57.9)	(8.2)	556.2	(103.4)	0.0	(111.6)	(10.5)	264.6
Admin & Clerical	589.1	150.2	145.6	(1,149.2)	(470.3)	1,981.7	(496.0)	751.1
Estate and Facilities Staff	(0.9)	(2.3)	(421.3)	12.3	(379.4)	(18.5)	(0.2)	(810.5)
All Other Staff	(55.8)	(19.0)	(587.2)	(154.0)	(155.5)	273.1	(13.0)	(711.4)
Total Pay	(640.3)	110.6	(1,199.5)	(4,039.0)	(1,026.3)	1,403.3	(934.1)	(6,325.2)
Non-Pay								
Drug Costs	(1,907.9)	2,676.7	(861.9)	(283.7)	(11.0)	252.7	(286.7)	(421.8)
Clinical Supplies	1,230.2	441.9	728.0	231.2	83.8	76.9	(648.2)	2,143.9
Premises Costs	(0.2)	66.5	(56.8)	(167.5)	(612.3)	126.9	(304.2)	(947.7)
Purchase of Healthcare from non-NHS	239.8	(50.9)	(139.5)	(693.8)	0.0	(2,292.5)	(2.2)	(2,939.2)
Establishment Costs	(5.3)	50.6	911.5	(161.2)	(182.7)	275.1	(58.3)	829.7
Other Non-Pay Costs	139.6	373.1	(172.5)	(313.8)	717.9	963.6	(1,557.5)	150.3
Total Non-Pay	(303.8)	3,557.9	408.8	(1,388.8)	(4.4)	(597.3)	(2,857.1)	(1,184.7)

Summary: YTD the Trust is reporting an adverse variance to plan of £21.2M measured on an adjusted financial performance basis.

The key driver of the adverse position is CIP delivery which to date has under-performed by £9.3M across both unidentified and unachieved CIPs

Clinical income on a payments by results (PbR) basis is largely reported as on plan at M2 with no adjustments made for the impact of industrial action. The variances shown primarily relate to pass through drugs and devices income. In 2023/24 this is in effect protected by a block contract arrangement. Across a number of areas pay budgets will have incurred additional costs as a result of the recent industrial action and CIP delivery within ISM remains a concern.

At a clinical group level, Evelina London is ahead of plan and HLCC only marginally behind plan excluding the clinical income adjustment on a PbR basis.

Underlying Performance £000

Variance Type	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Trust Total
Current Month Adjusted Financial Performance (AFP)	(12,898.6)	(9,576.4)											(22,475.0)
Industrial Action	(1,500.0)	(2,500.0)											(4,000.0)
Current Year Independent Sector Usage	(984.4)	(959.3)											(1,943.7)
Prior Year Pay Award													0.0
Prior Year (Costs) \ Benefits	(576.0)	616.4											40.4
Non-Recurrent \ One-Off Items	(627.6)	(321.0)											(948.6)
Accruals Released	47.7	0.0											47.7
Current Month Errors \ Omissions	(1,101.3)	(13.8)											(1,115.1)
Prior Period Corrections		973.6											973.6
Capital \ Revenue Transfers	(76.0)	(466.0)											(542.0)
Movements in Bad Debt Provisions	(1,279.4)	(256.8)											(1,536.2)
Reserve Accruals													0.0
Central Provisions \ Charges													0.0
Technical Adjustments													0.0
Underlying Recurrent AFP position	(6,801.6)	(6,649.5)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(13,451.1)

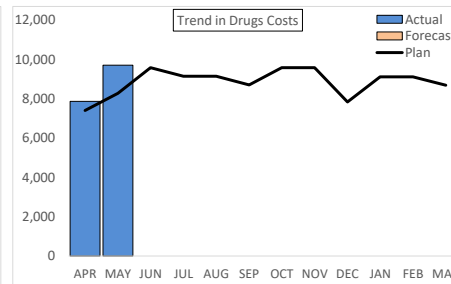
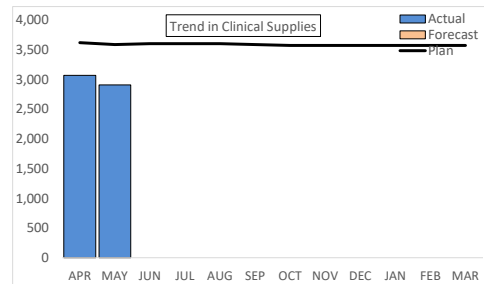
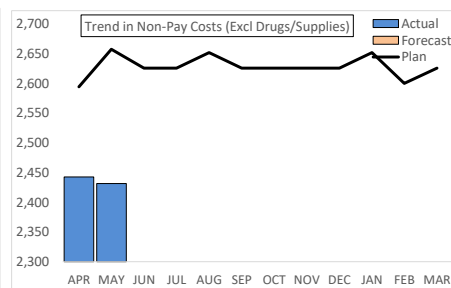
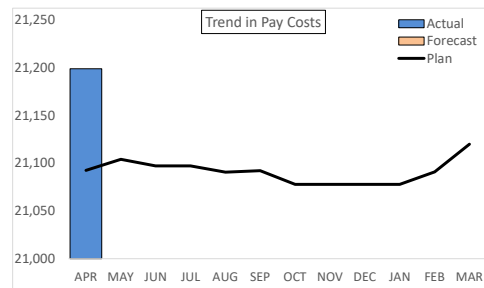
Summary: the reported position for May is a deficit of £9.6M; within this position there are potential net charges which total £2.9M giving an Underlying Recurrent AFP position of a £6.6M deficit

- Within the reported monthly deficit there are charges of £2.9M that are potentially non-recurrent in nature, these are summarised above.
- The majority of these non-recurrent adjustments will remain within our reported position. The possible exceptions to this are Current Month Errors \ Omissions which will be corrected next month, Capital \ Revenue transfers which if deemed appropriate will be transacted and the Movements in bad debt provisions which if the unpaid invoices are resolved will reduce.
- Work is still on-going to assess the financial impact of the industrial action. It is clear that the costs initially assessed in April of £2.5M were not as high as anticipated due to the timing of the payments. An adjustment has been made to the previously reported position to reflect this but is still subject to on-going analysis.
- The high value of errors \ omissions noted in April at £1.1M have largely been corrected and are noted on the line below (prior Period Corrections) month.

Cancer & Surgery Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(21,104)	(21,638)	(534)	(42,196)	(42,837)	(640)
Further Improvement Target	717	0	(717)	1,572	0	(1,572)
Internal Recharges inc Overheads	(13,369)	(13,577)	(208)	(23,724)	(23,923)	(199)
Non Pay	(14,511)	(15,043)	(532)	(28,121)	(28,425)	(304)
Income (Excl Clin Income Adj)	(805)	(880)	(75)	2,399	2,316	(84)
Total (Excluding Income Adjustment)	(49,072)	(51,138)	(2,066)	(90,070)	(92,868)	(2,798)
Clinical Income Adjustment	42,130	44,041	1,911	84,260	85,448	1,188
Total	(6,942)	(7,097)	(155)	(5,810)	(7,420)	(1,610)



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

Summary

YTD Position

The Cancer & Surgery Clinical Group reported a year to date position of £1.6m behind plan in May.

The main drivers of the position are:

- Clinical Income £1.2m ahead of plan. Clinical Income was not available for May reporting, therefore the position only reflects the expected over performance on pass-through drugs and devices, offset within Non Pay.

- Remaining Efficiency target is £1.6m behind plan. The Group were issued with a Remaining Efficiency target of £13.9m, as at month 2 the Group has identified £4.5m of cost reduction schemes.

- Pay £0.6m behind plan, driven by high medical bank/locum usage, linked to both HCA and industrial action, partially offset by A&C, due to vacancies.

Non Pay & Internal Recharges (including pass through) £0.5m behind plan, driven by pass-through drugs variances c.1.5m overspent and Therapies £0.6m, offset by underspends within Supplies £1.0m, Pathology £0.3m and Managed Services £0.2m, activity related

Key Issues

- Continuing support in identifying new cost saving initiatives. There will be a particular focus on pay savings, so the impact on activity delivery and safety will need to be balanced with the need to deliver savings.

- Understanding drivers of increased Therapies spend, given activity levels are not back to planned levels.

- Impact of both past and future industrial action on activity recovery.

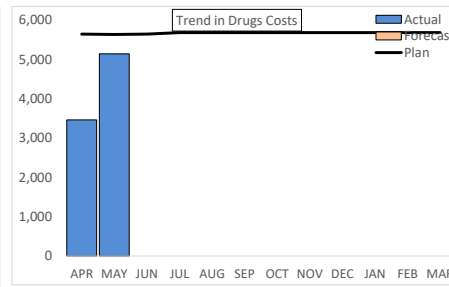
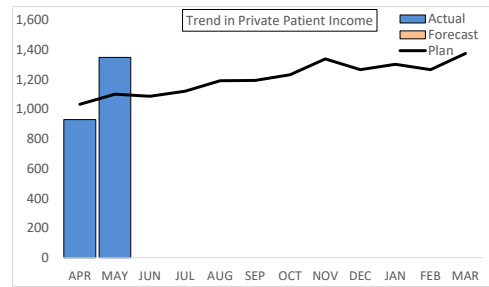
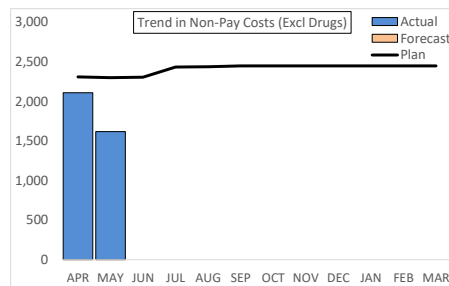
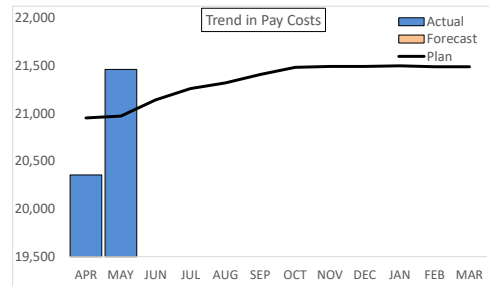
- Impact of EPIC implementation on activity recovery.

- Difficulties reaching agreement for SLA and salary recharge contracts, resulting in delays to invoicing.

Evelina London Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(20,973)	(21,458)	(485)	(41,924)	(41,814)	111
Further Improvement Target	765	0	(765)	1,530	0	(1,530)
Internal Recharges inc Overheads	(11,723)	(11,930)	(206)	(21,824)	(21,998)	(174)
Non Pay	(7,928)	(6,750)	1,178	(15,880)	(12,322)	3,558
Income (Excl Clin Income Adj)	367	193	(174)	3,489	2,781	(708)
Total (Excluding Income Adjustment)	(39,492)	(39,944)	(452)	(74,609)	(73,352)	1,257
Clinical Income Adjustment	35,495	33,645	(1,850)	71,081	65,913	(5,169)
Total	(3,997)	(6,299)	(2,302)	(3,528)	(7,440)	(3,912)



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

Summary

Evelina reported M2 performance £2.3m behind plan taking the YTD position to £3.9m behind plan.

YTD Position

The key drivers of the M2 YTD positions are:

- **Further Improvement Target (£1.7m)** (of which £140k relating to RBH services sits within pay here). This is 2/12 of the total £10.2m unidentified savings, though schemes to bring this down by £4m will be transacted for M3.
- **NHS Income (£5.2m)** behind plan.
- Of this £1.6m relates to Zolgensma pass through drugs income and is fully offset in drug expenditure. One dose of Zolgensma has been delivered to date, against a plan of 1 per month. An additional £0.8m relates to below plan high cost drugs spend in RBH services, also offset in expenditure.
- A further £1.8m relates to the prior year system top up funding within the RBH income plan. The accrual for this is sitting within HLCC rather than Evelina, and will be corrected in M3.
- The remaining £1.0m relates to activity income on RBH sites and is under review to confirm if that is a complete and accurate position. All other NHS income categories were broken even for M2 due to contract monitoring data not being available in time for reporting.
- **Other Income (£0.71m)** behind plan. Within this (£0.55m) relates to R&D income & is offset in pay and non-pay, while (£0.24m) relates to the cessation of P2P maternity pathway billing, partly offset in non-pay. Private patient income is £0.1m ahead of plan ytd.
- **Pay is £0.3m underspent** (excluding RBH paed remaining efficiency), primarily in nursing, which is £0.76m underspent, and reflecting continued high vacancy levels in PICU and Universal Community Services. Medical is (£0.71m) overspent of which (£0.6m) arose in M2, driven by costs of covering strike days and continued high sickness.
- **Non pay is £3.6m underspent**, of which £2.7m relates to drugs. Clinical supplies were £0.4m underspent, largely within Spinal reflecting low activity where one of their surgeons is taking a 3m career break.

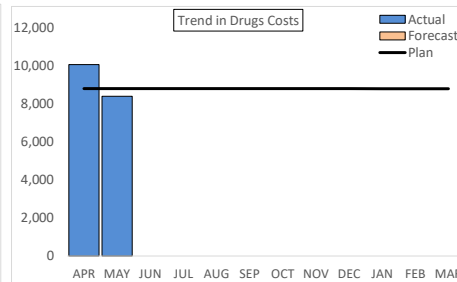
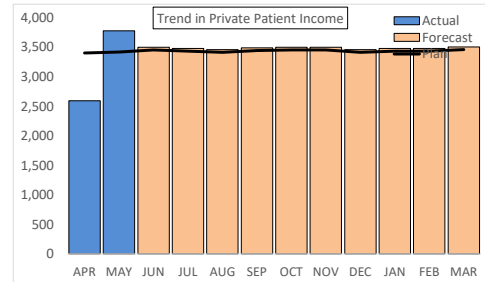
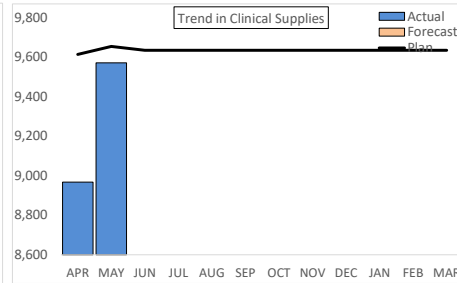
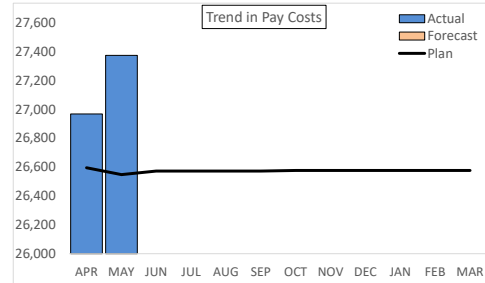
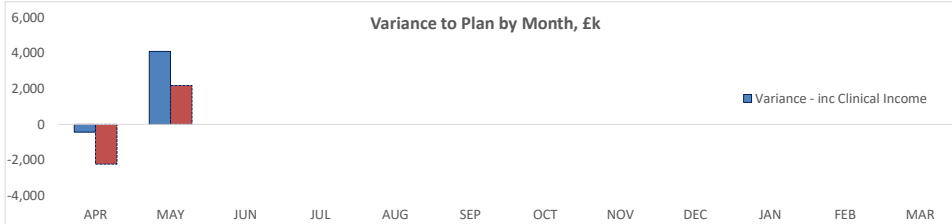
Key Issues

- Significant focus is being given within the group and all directorates to identifying further savings ideas, particularly pay savings, considering persistent vacancies and pay underspends. The scale of savings still to find however are material and delivering savings to the full extent of the target without compromising activity delivery or safety will be challenging.
- Activity volumes are behind plan in many specialties including elective recovery categories. Cancellations due to strikes have had a significant impact, though there are underlying challenges as well in some areas, which are being addressed within services. The income impact of this position is substantially not felt yet however given most NHS income has been b/e. It is likely that the M3 position will see a materially adverse movement as a result.
- High sickness rates and particularly long term sickness issues are widespread, are impacting service capacities, and in some places are causing overspends and increased temporary staffing use. This is affecting all staff groups but is a material component of continued medical overspends. Resolving the more complex cases needs support from Workforce.
- Clinical supplies underspends are not proportionate to activity. There is a risk of overspending as activity increases, possibly reflecting undetected inflation pressures. Few procurement CIPs have been identified to date, however the group is working with procurement to investigate further opportunities. In addition, focus is being given to reduce SQARs and retrospective POs to ensure we are both compliant with SFIs and ensuring best value for money in all purchasing.

Heart, Lung and Critical Care Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(26,548)	(27,374)	(826)	(53,143)	(54,342)	(1,200)
Further Improvement Target	162	0	(162)	324	0	(324)
Internal Recharges	(1,356)	(1,263)	93	(2,609)	(2,292)	317
Non Pay	(30,647)	(29,473)	1,174	(60,781)	(60,373)	409
Income (Excl Clin Income Adj)	46,692	48,598	1,906	94,526	95,280	754
Total (Excluding Income Adjustment)	(11,696)	(9,513)	2,183	(21,683)	(21,728)	(45)
Clinical Income Adjustment	9,923	11,830	1,907	19,847	23,552	3,706
Total	(1,773)	2,317	4,090	(1,836)	1,825	3,661



Clinical Activity Volumes

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

To Follow

Summary

YTD Position

The Clinical Group is reporting a Month 2 favourable position of £4.1m and YTD of £3.7m. Noting within this is a YTD favourable variance on NHS income of £1.8m which we believe to be an incorrect allocation. Our revised YTD favourable position is £1.9m.

Improvements from Month 1 include Private Patient income which is ahead of plan £0.4m in Month 2, compared to an adverse position in Month 1 of (£0.8m). It should be noted the YTD adverse variance of (£0.4m) is generated by the PP income plan currently being profiled in equal 12ths, and the impact of industrial action.

Pay is adverse YTD by (£1.2m), within which CIP delivery is behind plan (£0.5m). Medical costs are adverse by (£0.9m) predominantly within GST Cardiovascular Services (£0.3m) and PACCS (£0.5m). This includes the impact of industrial action as well as costs for delivering the PACCS SPRINT retrieval service which is adverse by (£0.3m) and is offset in income.

Non Pay is favourable by £0.4m YTD, a significant improvement on the previous month due to the receipt of a large PP debt that had been previously provided for. This is partly offset by continued overspends on pass-through device activity in GST Cardiovascular services.

The Clinical Group has identified £7.1m of its £10.5m CIP target. YTD CIP delivery is adverse (£1.15m); (£0.3m) on identified schemes due to shortfalls in PP growth in Month 1, and (£0.85m) due to schemes not yet identified. We continue to identify new schemes to meet our overall target and monitor progression of existing schemes.

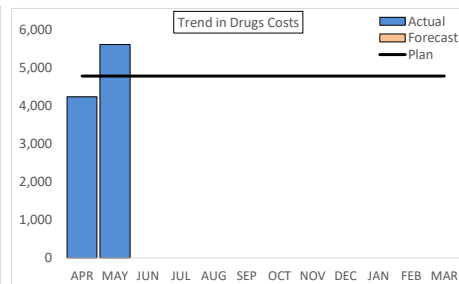
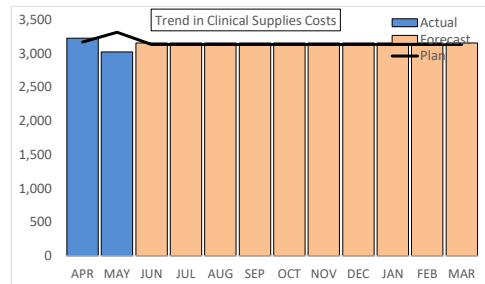
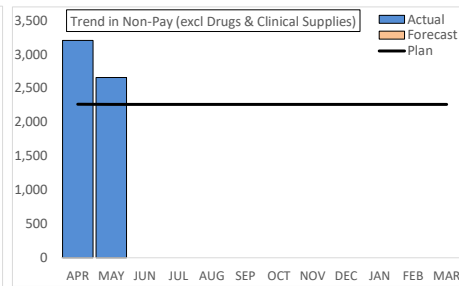
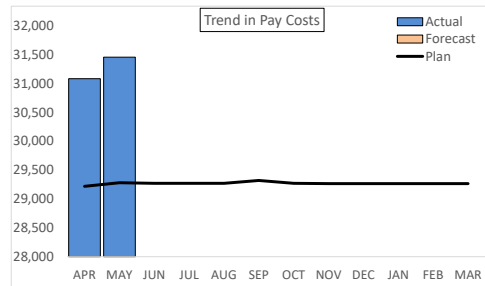
Key Issues

- Impact of Industrial Action on income flows and expenditure
- Concerns about the adverse impact on capacity and resilience of continued delays in capital replacement schemes (final programme still awaited for Cath Lab 3 @ STH, but anticipated to be approx June 24).

Integrated and Specialist Medicine Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(29,280)	(31,455)	(2,175)	(58,498)	(62,537)	(4,039)
Further Improvement Target	0	0	(0)	(0)	0	0
Internal Recharges inc Overheads	(8,549)	(7,895)	653	(13,995)	(13,425)	570
Non Pay	(10,358)	(11,290)	(932)	(20,571)	(21,960)	(1,389)
Income (Excl Clin Income Adj)	148	(369)	(516)	5,099	4,337	(761)
Total (Excluding Income Adjustment)	(48,038)	(51,009)	(2,971)	(87,966)	(93,584)	(5,619)
Clinical Income Adjustment	40,580	40,193	(386)	81,159	80,706	(453)
Total	(7,459)	(10,816)	(3,357)	(6,807)	(12,879)	(6,072)



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

Summary

YTD Position

at M02 is £(6.1m) adverse for the Clinical Group

FIT

- No FIT. CIP that is yet to be identified is within the pay budgets of directorates

CLINICAL INCOME - excl adj

- £(0.8m) adv includes the anticipated run-rate to income tgt in Pharmacy Tech Svcs: £(0.3m) adv; CLIMP Nuclear Medicine MHRA paused capacity £(0.1m) - somewhat offset in CLIMP non-pay; CLIMP Med Phys - billing delays due to new contracts and recharges £(0.1m); Dental one-off prior month correction £(0.2m); R&D (£0.3m) - various of which £(0.2m) is MedSpecs R&D. Offset in Pay £0.2m fav for R&D and Non-pay, £0.1m fav

CLINICAL INCOME - adj

- £(0.5m) adv reflecting Mth 2 YTD estimated pass-thru effects (behind plan) in Pain Mgmt by (£0.5m) and Private/Overseas Pts broadly on plan.
- Other commissioned activity income not available

PAY

- £(4.0m) adv is in pay - circa £(1.3m) due to CIP target yet to be identified from the pay budget.
- Of the Pay CIP identified, £69k is reported as under-performing giving a delivery level of £0.8m - YTD at time of reporting
- £(1.2m) adv is due to Agency principally in Nursing - (£0.6m) in AGM and ILS; AHPs £(0.3m) in CLIMP and T&R primarily with smaller spends in MedSpecs and ILS. A remaining £(0.3m) is across Sci & Prof £(0.2m) various staff groups - £(0.1m).
- Initial estimates of IA has isolated £(0.5m) of excess cost - refinement and monitoring ongoing.
- The remaining £(1.0m) adv is a combination of bank & locum costs, premium payments offset by substantive and R&D underspends of £0.2m

NON-PAY

- £(1.4m) adv in non-pay -
- £(0.5m) is MH-driven external bed capacity in Purch of Healthcare
- £(0.2m) is point of care testing for respiratory viruses in ED / AGM
- £(0.2m) bad debt, most material of which is CLIMP MedPhys, with a commercial org. (Admin to recover underway)
- £(0.2m) across Premises remediations and Prof Fees/Consultancy in Pharmacy
- £(0.1m) CLIMP outsourcing
- £(0.2m) drugs prescribing in AGM
- Offsetting variances in for pass-thru drugs & devices, other drugs & devices, R&D and £(50k) non-pay CIP under-performance at time of reporting

Key Issues

- ISM: CIP progress for 23/24: adherence to target, execution of identified savings and plans to underpin unidentified targets - all key to improving run-rate

- ISM: Vacancy, bank and agency - efficacy of controls.

- ISM: elevated levels of sickness (eg AGM Nursing)

- ISM: Junior Doctor rotations - aligning funding and establishment reviews - to align positions (AGM, CLIMP & SAS)

- ISM: Industrial Action impacts - ongoing

- BP: Pharmacy production unit closure. £1.7m relief requested in business planning and other run-rate funding matters, principally in AGM - SDEC returners and facilities related; ILS - security

- AGM: bed pressures - both expanded internal (MSAU) and external (MH - Cygnet) capacity

- AGM: POCT - clinical rationale and cost

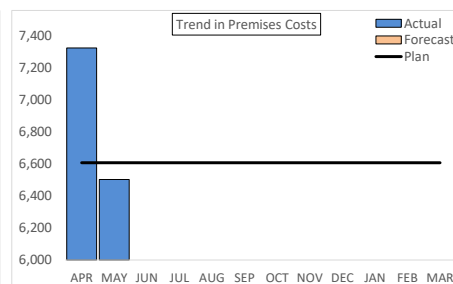
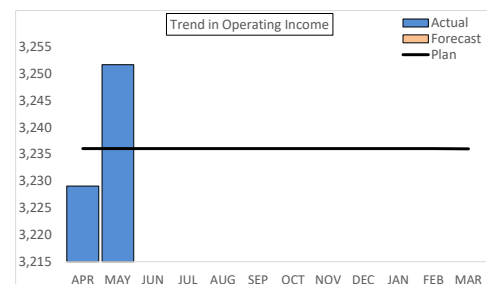
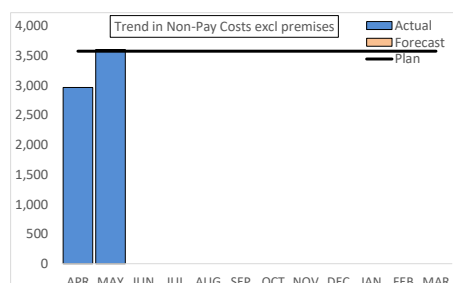
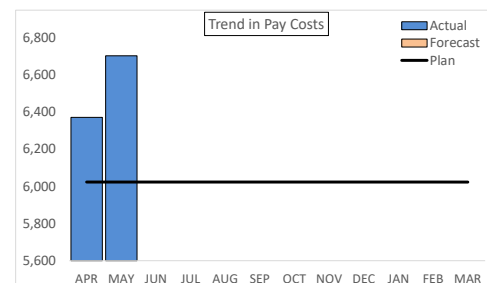
- CLIMP: Paused capacity impact in Nuclear Medicine - net contribution impact

- Inflation/Price: ILS hybrid vs petrol cars +£0.2m pa

Essentia - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(6,023)	(6,702)	(679)	(12,046)	(13,072)	(1,026)
Further Improvement Target	19	0	(19)	39	0	(39)
Internal Recharges inc Overheads	12,582	12,839	257	20,318	20,629	311
Non Pay	(10,244)	(10,047)	197	(20,488)	(20,493)	(4)
Income (Excl Clin Income Adj)	3,236	3,252	16	6,472	6,481	9
Total (Excluding Income Adjustment)	(429)	(658)	(229)	(5,705)	(6,456)	(750)
Clinical Income Adjustment	1,942	1,942	0	3,884	3,884	0
Total	1,513	1,284	(229)	(1,821)	(2,571)	(750)



Summary

YTD Position

The group (excluding RBH) reported an overspend of £0.2m in May and £0.75m YTD.

Income on plan

Across the Group the income target was met YTD.

Income from activities is shown as breakeven. Other income is also in line with target, additional income being achieved in infrastructure and properties rentals.

Pay £1.0m over plan

Pay costs in month are in line with previous months, part of the pay underspend is offset by internal recharges.

Bank costs in month were £0.2m higher than April due to cost of industrial action cover and bank holiday payments.

In Directorate budgets there is an assumption that vacancies would generate £0.3m savings of which £0.1m were achieved.

Specific issues were:

Agency usage in the fire team where substantive recruitment is underway (£0.2m)
Cost of out of hours work at St Thomas' £0.1m

Non-Pay on plan

Non pay costs were on plan but there were £0.2m of corrections for Transport and interest.

Transport costs, the costs for SPRINT were charged to HLCC. Covid costs to date are £0.05m and will stop from now.

Rates inflation over 22/23 £0.2m

Additional inflation on postage & cleaning costs £0.1m

Additional lease interest costs £0.1m in month 1 were corrected in this month.

To date, offsetting these pressures was a reversal of a bad debt provision £0.2m and achieving a CIP relating to properties charges £0.3m

Internal recharges £0.3m over achieved

Offsetting part of the pay overspend is an overachievement of charges to other Delivery groups.

CIPs £0.1m below plan.

The Group has identified £15.4m of CIP opportunities, of which £3.5m are recurrent.

To date £710k has been delivered against a plan of £761k

Key Issues

The underlying position of the Group is forecast to be £4.9m adverse but there are non recurring opportunities to improve this.

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

To achieve this there is a review of pay costs including understanding the reasons for bank and agency usage.

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

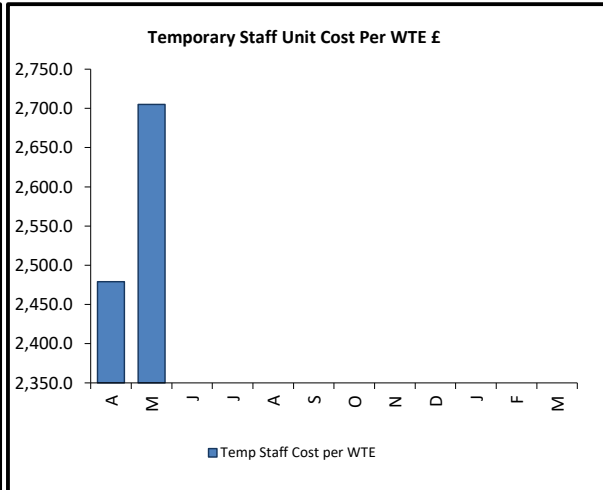
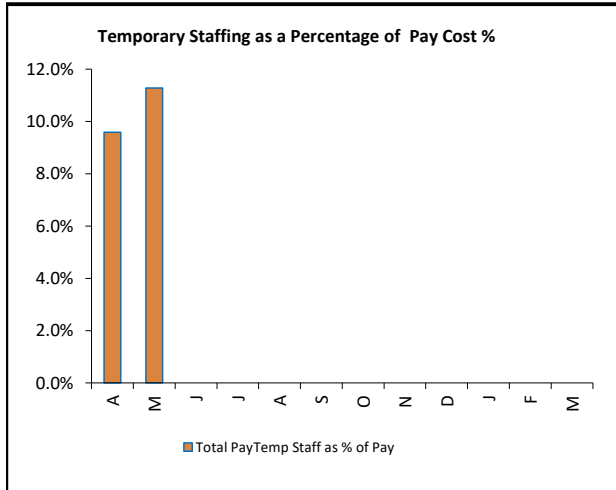
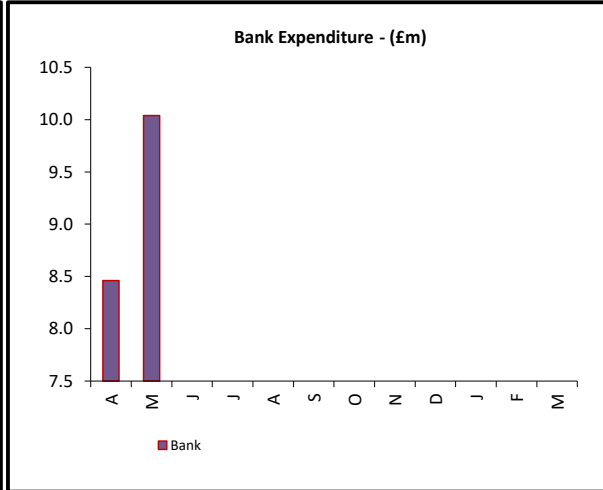
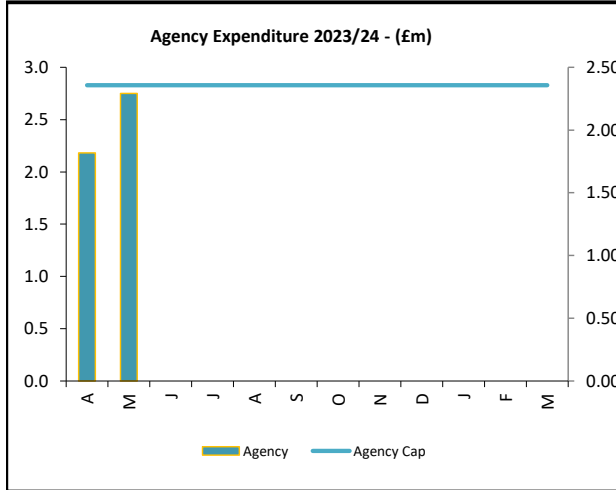
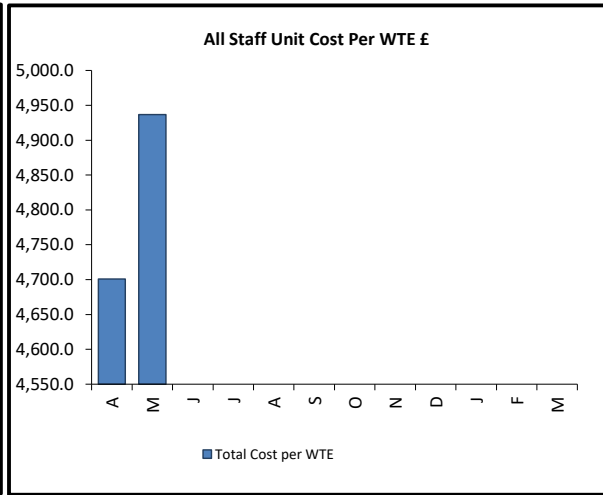
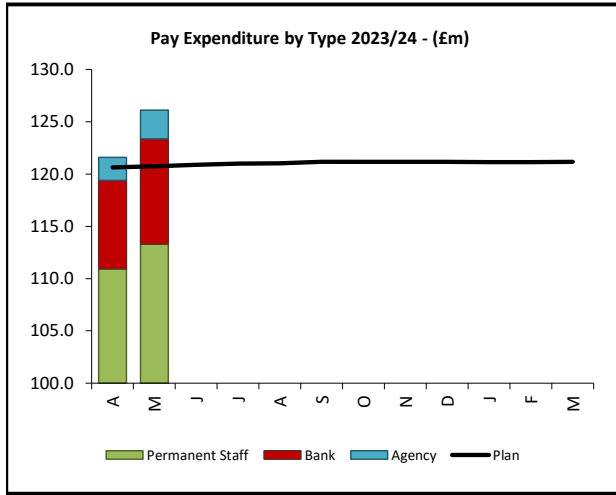
The Groups executive and Directors are involved in ensuring the workforce understand the financial challenge. The Finance team are working to improve the understanding of financial data across all budget holders.

Drivers of YTD Group Variances - Corporate and Other £000

Variance Type	Pay	Further Improvement Target	Internal Recharges	Non Pay	Income (Excl Clin Income Adj)	Total (Excl Clin Income Adjs)	Internal Income Adjustment (Offsets with Trust Income)	Total (Incl Clin Income Adjs)
Chief Operating Officer	38.8	(131.9)	101.2	(2,051.1)	(14.8)	(2,057.9)	0.0	(2,057.9)
Director of Finance	150.5	(350.1)	(25.9)	178.5	(302.3)	(349.3)	0.0	(349.3)
DT&I	(97.6)	(298.0)	(28.0)	741.0	(4.6)	312.8	0.0	312.8
Workforce	275.4	(328.2)	255.6	(389.2)	180.6	(5.9)	(75.0)	(80.9)
Chief Executive	466.4	(220.0)	(274.0)	536.9	(661.9)	(152.6)	0.0	(152.6)
Medical Director	88.5	(812.1)	(9.5)	101.7	0.1	(631.3)	(51.5)	(682.8)
Chief Nurse	(225.3)	(153.0)	(174.8)	(36.2)	356.4	(232.9)	0.0	(232.9)
GSTT R&D NIHR	298.2	0.0	208.5	1,429.0	(2,018.8)	(83.0)	123.6	40.6
Commercial	153.7	(117.7)	68.1	77.2	42.7	223.9	0.0	223.9
Rbh Corporate	267.2	0.0	0.0	(1,146.8)	(102.5)	(982.1)	(173.3)	(1,155.4)
Royal Brompton & Harefield Integrated SBU	(12.4)	0.0	0.0	(3.7)	0.0	(16.0)	0.0	(16.0)
RBH Corporate Costs	254.8	0.0	0.0	(1,150.5)	(102.5)	(998.2)	(173.3)	(1,171.4)
GSTS Pathology Payroll	0.0	0.0	(0.7)	0.1	0.0	(0.7)	0.0	(0.7)
Total Corporate	1,403.3	(2,411.1)	120.4	(562.6)	(2,525.0)	(3,974.9)	(176.2)	(4,151.1)
Trust Income	0.0	0.0	0.0	(1,204.9)	(3,337.9)	(4,542.7)	(1,389.4)	(5,932.1)
Reserves	0.0	0.0	(216.8)	(1,455.5)	258.1	(1,414.2)	0.0	(1,414.2)
Pathology	(100.5)	(351.7)	215.2	(1,030.0)	158.9	(1,108.1)	(0.0)	(1,108.1)
Interest Receivable	0.0	0.0	0.0	729.7	0.0	729.7	0.0	729.7
Vaccination Programme	(814.9)	0.0	(10.9)	(138.9)	0.0	(964.6)	965.9	1.3
Coronavirus [HCOVID]	0.0	0.0	0.0	(9.3)	0.0	(9.3)	0.0	(9.3)
GSTT Enterprises Ltd	(18.8)	0.0	0.0	(40.1)	0.0	(58.9)	0.0	(58.9)
Pathology Services Ltd	0.0	0.0	0.0	(81.2)	0.0	(81.2)	0.0	(81.2)
Essentia Trading Ltd P/L	(0.0)	0.0	0.0	0.3	0.0	0.3	0.0	0.3
Other	0.0	0.0	(2.0)	(486.4)	(0.1)	(488.6)	0.0	(488.6)
Capital Depreciation	0.0	0.0	0.0	34.1	0.0	34.1	0.0	34.1
Total Other	(934.1)	(351.7)	(14.4)	(3,682.2)	(2,921.1)	(7,903.6)	(423.5)	(8,327.0)
Total Corporate and Other	469.2	(2,762.8)	106.0	(4,244.8)	(5,446.1)	(11,878.5)	(599.7)	(12,478.1)

Summary:

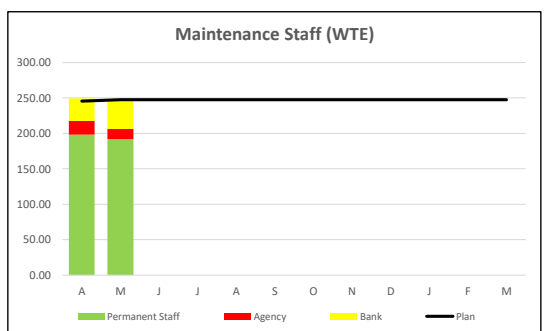
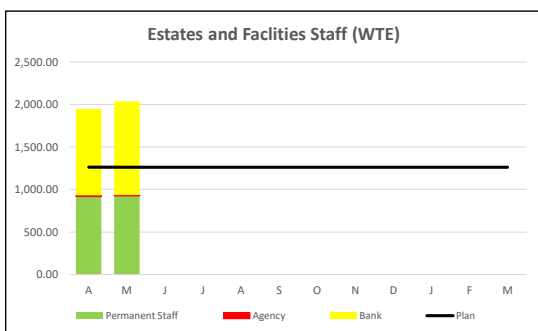
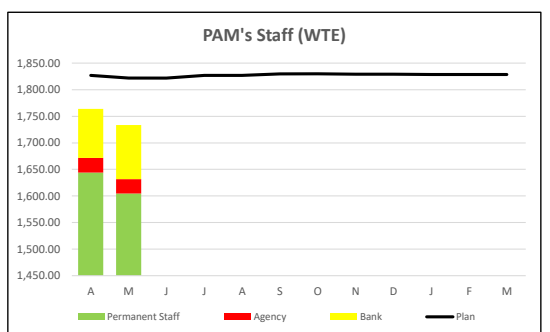
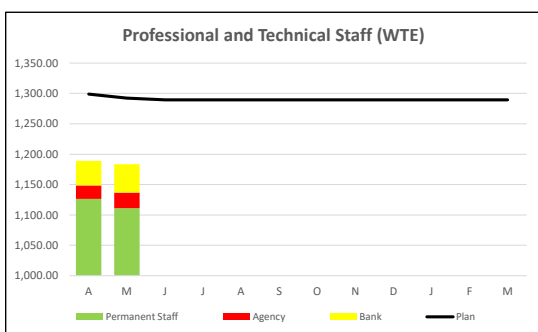
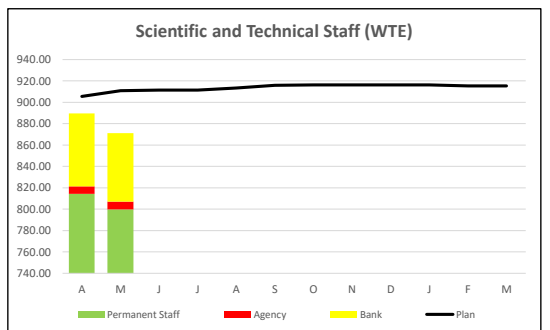
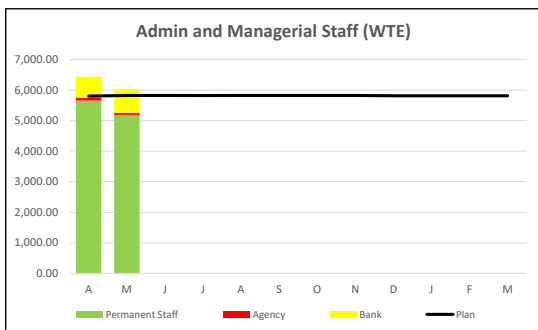
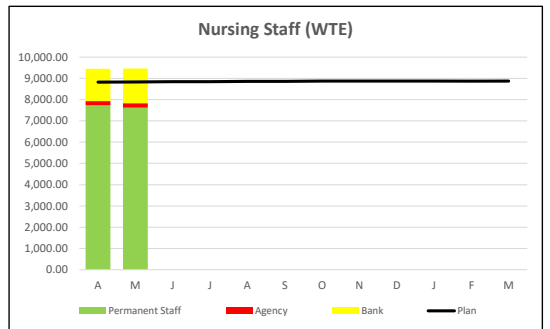
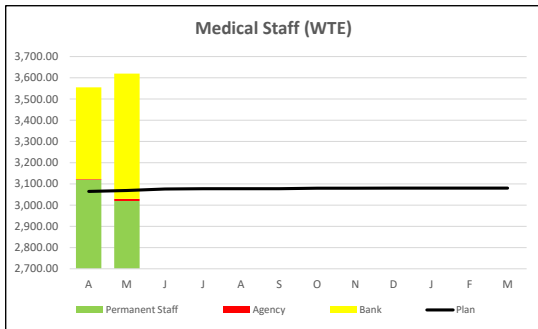
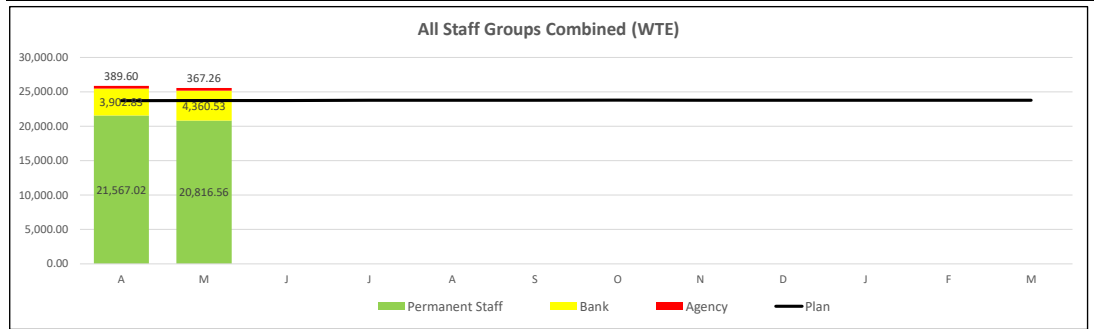
Key Payroll Metrics - Trust



The NHSE agency cap for the Trust for 22/23 was £2.36M per month (23/24 Cap is not yet available). YTD the Trust has been averaging agency spend of £2.47M per month; £0.11M above the 22/23 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 is ~£9.25M per month, this is above the trend noted in 2022/23 of £7.8M, driven by the impact of the industrial action. The Trust is in the process of reviewing its temporary staffing controls.

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
In-Flight Programmes							
Apollo	2,500	3,107	(607)	5,800	9,758	(3,958)	27,000
Children's Day Treatment Centre	1,750	1,244	506	3,500	2,681	819	7,000
TYA Cancer Ward relocation	2,000	242	1,758	4,000	1,171	2,829	6,300
East Wing Critical Care Unit	2,500	516	1,984	3,500	660	2,840	5,700
Nuffield Theatres	500	49	451	1,000	30	970	3,100
Oral Medicine Expansion	100	1	99	100	(17)	117	100
Assisted Conception Unit storage	200	16	184	200	16	184	1,000
RBH Chillers	100	0	100	200	0	200	1,000
DTI Strategic Network	200	319	(119)	1,700	816	884	11,000
Telephony refresh	167	84	82	333	129	204	2,000
Investment in MedTech company	0	0	0	0	0	0	900
Cancer Centre Re-cladding	0	667	(667)	0	1,193	(1,193)	0
Patient Centric Supply Chain	0	4	(4)	0	(48)	48	0
Slippage on Inflight	0	0	0	0	0	0	(4,100)
Block Allocations							
Estates Maintenance Backlog	1,083	451	632	2,167	83	2,083	13,000
Medical Equipment (exl. Cath Labs)	750	272	478	1,500	922	578	9,000
DT&I (inc. Data Centre and NHS Mail)	742	0	742	1,483	0	1,483	8,900
Infrastructure and Resilience							
Theatres	250	0	250	500	0	500	3,000
Cath Labs	100	0	100	200	0	200	2,300
Trust Major Programmes							
Orthopaedics Centre of Excellence	167	77	89	333	135	198	2,000
Paediatric Oncology	0	0	0	0	0	0	0
Clinical Group Risk and Priority Schemes							
Maternity Assessment Unit	0	0	0	0	0	0	200
Third Obstetric Treatment Room	100	3	97	100	3	97	1,000
Linac at Guys	334	8	326	334	2	332	4,000
Central Assumptions							
Slippage	(833)	0	(833)	(1,667)	0	(1,667)	(10,000)
Contingency	100	0	100	200	0	200	5,600
Others							
Asset Management	0	527	(527)	0	1,278	(1,278)	0
DT&I	0	321	(321)	0	1,014	(1,014)	0
Others	0	117	(117)	0	(175)	175	0
TOTAL INTERNALLY FUNDED	12,809	8,025	4,784	25,484	19,651	5,833	100,000
CHARITY FUNDED							
AI Centre OLS Programme (Innovate UK)	67	567	(500)	133	656	(523)	800
Others - Notional	100	92	8	200	418	(218)	5,000
TOTAL CHARITY FUNDED SCHEMES	167	659	(492)	333	1,075	(741)	5,800
PDC FUNDED							
Image Sharing	0	0	0	0	0	0	600
iRefer	100	0	100	200	0	200	975
Lims and Interoperability	0	0	0	0	0	0	650
Digital Pathology	0	0	0	0	0	0	450
TOTAL PDC FUNDED SCHEMES	100	0	100	200	0	200	2,675
TOTAL CAPITAL	13,076	8,684	4,392	26,017	20,726	5,292	108,475

Trust Balance Sheet - £000

	Opening Balance @ 01/04/23 £000	Closing Balance @ 31/05/23 £000	Movement £000
Fixed Assets			
Property, Plant Equipment	1,822,726	1,826,923	4,197
Intangible Assets	157,171	156,137	(1,034)
Investment property	75,134	75,135	-
Trade & Other Receivables Non-Current	7,911	15,953	8,042
Other Financial Assets	2,196	2,420	224
Total Fixed Assets	2,065,138	2,076,568	11,430
Current Assets			
Inventories	48,015	49,581	1,566
Cash & Cash Equivalents	130,760	122,387	(8,373)
Trade & Other Receivables - Current	262,298	207,956	(54,342)
Total Current Assets	441,073	379,924	(61,149)
Creditors: Amounts Falling Due Within One Year	(499,350)	(485,934)	13,416
Borrowings: Amount Falling Due within One Year	(42,207)	(42,099)	108
Provisions For Liabilities & Charges	(1,755)	(1,621)	134
Net Current Assets / (Liabilities)	(102,239)	(149,730)	(47,491)
Fixed & Net Current Assets / (Liabilities)	1,962,899	1,926,838	(36,061)
Creditors: Amounts Falling Due More Than 1 Yr	-	-	-
Borrowings: Amount Falling Due More Than 1 Yr	(284,812)	(276,497)	8,315
Provisions For Liabilities & Charges	(13,925)	(14,045)	(120)
NET ASSETS	1,664,162	1,636,296	(27,866)
Financed by:			
Taxpayers Equity			
Public Dividend Capital	593,146	593,146	0
Revaluation Reserve	564,338	564,338	0
Other reserves	743	743	-
Retained Earnings	505,935	478,069	(27,866)
Total Taxpayers Equity	1,664,162	1,636,296	(27,866)

The Trust closed the month with a cash balance of £122.4M; a reduction of £8.4M from the opening balance on 1st April 2023.

The reduction in cash is being driven by movement in working capital and where reductions in other income receipts in May.

Trust Cashflow

	Apr-23 £m Actual	May-23 £m Actual	Jun-23 £m Forecast	Jul-23 £m Forecast	Aug-23 £m Forecast	Sep-23 £m Forecast	Oct-23 £m Forecast	Nov-23 £m Forecast	Dec-23 £m Forecast	Jan-24 £m Forecast	Feb-24 £m Forecast	Mar-24 £m Forecast
Opening Balance	131	134	122	121	100	76	121	115	98	109	97	85
RECEIPTS												
NHS Acute Activity Income	230	221	217	217	217	217	217	217	217	217	217	217
Education/Merit awards/R&D	0	1	18	0	0	18	0	0	18	0	0	18
Other income	42	36	28	25	32	45	26	32	24	32	25	43
Loan \ PDC received	0	0	0	0	0	42	0	0	0	0	0	0
Sub-total Receipts	271	258	263	243	249	322	243	249	259	249	242	278
PAYMENTS												
Salaries & Wages	65	68	65	65	66	65	65	66	65	66	65	65
PAYE / Superannuation/ NI	55	56	55	55	55	55	55	55	55	55	55	55
Creditors	147	144	142	144	148	132	127	144	126	140	131	127
Dividend Paid / Loan repayment	1	1	3	0	4	26	2	1	3	0	4	21
Sub-total Payments	268	270	265	264	273	278	249	266	248	261	254	269
Net in Month Cash Movement	3	-11	-1	-21	-23	44	-6	-17	11	-12	-13	10
Closing Balance	134	122	121	100	76	121	115	98	109	97	85	95

Over 90 day debtors/creditors

Debtors	> 90 Days £m's
NHS debtors	5.9
Contract ICB debtors	1.0
Non-NHS debtors	20.1
Total	27.0

Creditors	> 90 Days £m's
NHS creditors	5.6
Non-NHS creditors	12.2
Total	17.8

The Trust finished M2 with a cash balance of £122m and is forecasting this to deteriorate to £95m by the end of the year. Key assumptions underpinning this forecast are full delivery of the agreed I&E plan, including the CIP programme. In addition a loan application of £41.5M has been made to support the capital programme, confirmation is awaited on the application but it is currently assumed that it will be successful and funding received in September 2023. A repayment from Synovis of £8.6M is factored into the forecast in March 2023.

We have factored in a slowing down of creditor payments to our cash-flow forecast in addition to a £5m improvement in terms of debt collection. Our NHS debtors compare favourably, proportionately, to most other NHS organisations.

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

**BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 5th April 2023, 11.30am – 3pm
Governors' Hall, St Thomas' Hospital**

Members present:	Priya Singh (Chair) Charles Alexander Avey Bhatia Miranda Brawn Jon Findlay	Felicity Harvey Damien O'Brien (for Steven Davies) Simon Steddon Lawrence Tallon (to item 11) Andrea Williams-McKenzie (for Julie Screaton)
In attendance:	Sarah Allen (to item 7) Sarah Austin (to item 11) Gina Brockwell Jay Dungeni Richard Grocott-Mason Sara Hanna Dawn Harper Anita Knowles Ruth Liley Charles Martin	Mark Mason Marianna Masters Clare McMillan Phil Mitchell (from item 10) Kate Moore Sandra Noonan Ashley Parrott Harry Richardson (minutes) Anne Rigg Yasmin Stuart (to Item 7)

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 Ian Abbs, Steven Davies, Javed Khan, Sally Morgan, John Pelly, Simon Friend, Ian Playford, Reza Razavi, Julie Screaton, Sheila Shribman and Steve Weiner.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting held on 18th January 2023

- 3.1. The minutes of the previous meeting of the Committee were approved as an accurate record subject to one minor change requested, to remove John Pelly from the attendance list.

4. Review of action log

- 4.1. The action log was reviewed and the status of the open actions noted.

5. Board Assurance Framework – Quality and Performance Risks

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

6. Patient story

- 6.1. The Committee heard a recording from a patient about their recent positive experience of using the recently-established community ophthalmology service at Minnie Kidd House. The story highlighted the work the Trust was doing to re-purpose existing facilities to meet increasing demand for treatment across a number of key specialties.
- 6.2. The Committee expressed their gratitude for the work done at Minnie Kidd House and acknowledged the significant challenges that were overcome to achieve this. It was noted that the facility had been closed for in excess of two years, but would now be providing an interim capacity for community services.

7. Feedback from Trust site visits

- 7.1. Ahead of the next agenda item, the Trust's Deputy Chief Executive explained that, since the previous Committee meeting, the Trust executive team had established four key priorities for 2023/24, and that these were the safe implementation of the Epic electronic health record system; the continued recovery of elective activity; ensuring financial sustainability; and a focus on the Trust's workforce. Much of the work being done in these areas was reflected in the upcoming Trust-level and clinical group reports. It was emphasised that all four priorities contribute directly or indirectly to the quality and safety of the Trust's services, and that this underpinned everything the Trust does.

8. Operational performance and activity update

- 8.1. The Committee received a verbal update on the forthcoming junior doctors' strike, and noted the estimation that this would result in the cancellation of a significant number of outpatient appointments, and day case and inpatient admissions at the Trust. This would be particularly challenging as the strike would follow a four-day weekend and occur during a period where staff absences were already high due to annual leave taken during the Easter holidays. Cardiac and cancer procedures had been prioritised, whilst staffing cover in the emergency department was expected to remain stable for most of the forthcoming week.
- 8.2. The Committee was also made aware that there were still gaps within medical rotas across London and that there was particular fragility in emergency departments and maternity services in some other trusts. The Committee noted the Trust would continue to provide mutual aid to partner trusts within the South East London Integrated Care System where needed.
- 8.3. The Committee was informed about the steps that would be taken if a major incident was declared as a result of the strikes, including direct communication with the British Medical Association if necessary, and the possibility of utilising medically-trained staff from the armed forces, ambulance service and police.
- 8.4. In recent months the Trust had made good progress in increasing levels of elective activity and would continue to prioritise this in 2023/24 where its planned activity targets were stretching. The Trust's emergency performance in early 2023 remained strong and in the top performers nationally. The deadline to achieve the national ambition to treat all patients waiting over 78 weeks by the end of March had been revised to the end of April and the Trust remained committed to treating this cohort of patients, along with those who had been waiting longer than two years.
- 8.5. Progress in reducing waiting times for patients on the Trust's cancer pathways had continued, with strong performance against the two week wait and faster diagnostic standards in early 2023, despite a reduction in performance against some other cancer standards as a result of industrial action and the focus on reducing the backlog of patients waiting over 62 days for treatment.

- 8.6. The Committee was advised about the significant operational impact of the recent junior doctor industrial action on activity levels, and noted that work was ongoing to undertake a detailed analysis of the likely impact of the Epic implementation on activity levels later in the year. An update was also received about the unmonitored mailbox programme, where good progress had been made to mitigate the risk of outstanding referrals being lost to follow-up. It was also confirmed that, to date, there had been no confirmed moderate or severe harm associated with these unmonitored mailboxes.
- 8.7. The Committee noted that whilst the Board had previously been advised that the Trust would be non-compliant with the national requirement not to restrict referrals to the Trust by geography in 2023/24, further work and changes to the volume of referrals in many specialties had led the executive team to reassess this assumption. The Committee approved a recommendation to change the Trust's operational plan, which would now be compliant with this requirement.
- 8.8. The Committee queried what further assurance could be provided that risk was not being accumulated within the nhs.net mailboxes given they continue to be used to receive external referrals. The Committee noted that new processes were now in place and audits were being carried out in accordance with the new standard operating procedure. Further work was continuing to review the use of shared mailboxes internally; the Committee noted the ongoing discussions within the Trust Operating Model and the Admin Safety Group about this, and requested that further information be brought to the next meeting.

ACTION: JF

- 8.9. The Committee reiterated the positive feedback about the format of the performance report and the benchmarking provided, and also requested that further detail be provided about the performance of the Acute Provider Collaborative.

ACTION: JF

9. Quality and safety

- 9.1. The final report of the clinical harm review from the critical IT incident was reported as being complete and awaiting final sign-off. The Committee noted a summary of the report's findings, including that no severe harm had been identified as a direct result of the IT outage, although there had been one moderate harm and 20 low harm incident, and a significant number of patients had been impacted in terms of their experience and delays to treatment. Any future harm identified would be reported through the normal quality governance processes.
- 9.2. The Committee received information and data across a suite of quality and safety indicators, including serious incidents, never events and duty of candour compliance, as well as key updates from the Trust's patient safety and effectiveness groups and about the main quality and safety risks on the Trust's corporate risk register. There had been significant improvement in reducing the number of overdue complaints since November 2022 due to the interventions put in place and the further embedding of the new process.
- 9.3. The Committee reviewed the Trust's patient safety incident response plan prior to its submission to the South East London Integrated Care Board (SEL ICB). This plan outlines the Trust's response to incidents and reflects the new national response framework. It therefore aims to focus efforts on improvement and not to continue investigating events where the causal factors were already known. This would be supported by the development and tracking of robust improvement plans for the priority events, increased trend and theme monitoring and improved rapid review processes to speed up learning. The plan had been shared with and supported by all clinical groups, and detailed implementation plans were being developed. The Committee approved the Patient Safety Incident Response Plan.

RESOLVED

- 9.4. The Committee noted the nursing and midwifery staffing levels during the previous quarter and welcomed information that indicated the Trust's ongoing 'care hours per patient day' were significantly

greater than its Shelford Group peers and national benchmarks on the Model Hospital. This gave the Committee assurance that the Trust's staffing policy actions were effective in providing safe patient care. Further updates were noted regarding recent industrial action, safeguarding vulnerable adults, patient experience, the internal ward accreditation programme and infection, prevention and control.

10. Infrastructure

10.1. The Committee received an update on estates-related issues, a number of which were impacting on the Trust's operational performance and quality of services. In particular the Committee noted:

- The work to remove the aluminium composite panels (ACM) cladding at the Guy's Cancer Centre was progressing well and had been completed at the end of March 2023. Following consultation with fire safety compliance contractors, it has been confirmed that the risk to life was as low as reasonably practical whilst replacement cladding continued to be installed;
- A patient at Guy's Hospital had recently tested positive for legionella and work was ongoing to determine the source. So far, all water tests at the hospital had been negative;
- An executive group had been set up to accelerate the Trust's theatre refurbishment programme to support recovery and minimise disruption to surgical activity. An allocation of expenditure had been allocated in the Trust's capital medium term plan over the next 5 years;
- There had been two recent incidents of fire at Harefield Hospital and one at Guy's Hospital. A root cause analysis of all incidents had been completed and identified lessons were being shared. There was no harm from any of the three incidents; and
- The new modular theatres were delivered onto the Guy's Hospital site as expected in March 2023 and installation of these was continuing. When operational, these would provide decant theatre space to support a Trust-wide theatres refurbishment programme.

10.2. An update was also provided about key digital infrastructure programmes, including the migration to Windows 10 and the cabling works needed to enable the implementation of the Trust's new electronic health record system.

10.3. Committee members queried the model of staff training that had been proposed ahead of the original go-live date for the new electronic patient health record system. The experience of a blended approach of in-person and virtual training was not felt to be effective, and a new training strategy had been approved by Apollo Programme Board which had taken account of feedback from clinical groups. This would now be delivered via interactive e-learning followed by in-person training and 'at the elbow' support at the point of go-live. The timetable for the resumption of training would be published shortly.

10.4. The Committee queried the status of the air conditioning work planned for the Trust's data centres. It was noted that the Trust had a number of portable units on both the Guy's and St Thomas' sites that were purchased in 2022, and that additional temporary units were being hired from mid-May. Other steps were being taken to reduce the heat output from the data centres and to install proactive water cooling.

10.5. The Committee noted that Cath Lab 3 is now fully operational, but that the refurbishment of Cath Labs 1 and 4 had experienced complications. It was noted that further work was needed on fire and evacuation training and this was being planned. In addition, there was discussion about the need to proceed at pace with the theatre refurbishment programme, and whether the anticipated future refurbishment of four theatres per year could be improved.

11. Clinical Group updates

11.1. 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 following the most recent round of Trust executive to clinical group

executive performance review meetings (PRMs). It was also noted that in 2023/24 there would be greater alignment between the PRMs and the Committee meetings in terms of scheduling and content, to ensure the Committee was sighted on how the clinical groups were being held to account for the quality and performance of their services and on any relevant risks, issues or achievements.

- 11.2. The Committee noted the significant number of heart and lung transplants carried out at Harefield Hospital in recent months, including the simultaneous heart and lungs donations from a single deceased individual. The Committee noted that the refurbishment of the Cath Labs would need to take place on a rolling basis to ensure their continued use.
- 11.3. The Committee requested further information about maternity service performance be brought to a future meeting.

ACTION: SH, GB

- 11.4. The Committee noted that attendances of patients with serious mental health conditions presenting to the Trust's Emergency Department had risen, and referrals to specialised mental health services had increased by 41% between 2019 and 2022. This was consistent with the national rise in demand for mental health services following the COVID-19 pandemic. These patients were experiencing longer waits in the department and were twice as likely to wait over 12 hours. The Committee noted the steps that the Trust was taking, both unilaterally and in collaboration with system partners, to improve the care and outcomes of patients with mental health conditions.
- 11.5. The Committee noted the purchase of eight mental health beds in response to a shortage across South East London. However, this was significantly less than the estimated requirement to adequately address the increase in demand. Proposals were being drafted for submission to the Integrated Care System (ICS) and the South London and Maudsley NHS Foundation Trust setting out the urgent need to address this.
- 11.6. The Committee noted impact of the current shortage of mental health beds on the quality of patient care. The Committee further noted the need for a coordinated response across the system given that shortfalls in mental health provision are often associated with higher attendances at GP surgeries and emergency departments.
- 11.7. The Committee also acknowledged the need for a short-term solution at both system and regional level in the form of increased in bed capacity, whilst also reiterating the requirement for a longer-term change to model of care.

12. People and culture update

- 12.1. The Committee noted the findings set out in the Trust's sixth gender pay gap report, in particular that there had been a 2.4% decrease in the mean gender pay gap at 13.3%, and a small decrease of 0.6% in the median gender pay gap to 6.9%; this was the lowest it had been since reporting began. Although there had also been an increase in the number of women in very senior management positions, the proportion of women in these posts (58%) was below the proportion in the Trust's workforce, which was 72% female. The mean bonus pay gap of 37% was driven by an underrepresentation of female consultants in receipt of the higher level clinical excellence awards, in combination with a greater number of female consultants working part time hours. The Committee noted analysis of the findings and that, whilst many of the trends were positive, work was continuing to address the remaining imbalance.
- 12.2. The NHS Staff Survey 2022 results for the Trust remained largely positive and above the national average. In particular the Trust ranked in the top ten nationally for the overall staff engagement score, the top five nationally for staff recommending the Trust as a place to work, and the top three nationally on staff agreeing that care of patients is the organisation's top priority. Some of the Trust's less positive scores were in line with national trends and areas for improvement included bullying and harassment from managers and other colleagues. This was being addressed through a new 'People Manager

Programme' which would help anyone with people management responsibility to support the wellbeing, performance and careers of individuals within their teams. Diversity and inclusion is an integral part of all modules within the Programme, with specific modules on cultural competence. It was expected that this would help to create a fair and inclusive environment where colleagues want to stay, and are able to develop their careers.

- 12.3. The Trust was planning to start 2023/24 with a focused vision for equality, diversity and inclusion (EDI) that resets the EDI strategy 2023 – 2025, coupled with a specific focus in 2023 on the Trust being an anti-racist organisation. Committee members agreed that a much bolder and transformational approach was needed to quicken the pace of change. A new post of Director of EDI had been established in 2022, and Jay Dungeni had recently been appointed to the role alongside his current role as Deputy Chief Nurse. The anti-racism vision and EDI plan had been shared with the staff networks who were in general agreement with the approach.
- 12.4. The Committee queried which key performance indicators would be used to measure the impact of the workforce improvements. A preference was expressed for a report to provide single aggregate view to offer assurance, which could subsequently be expanded into a larger transformational programme. Local staff survey action plans would help increase the degree of compassionate leadership across the Trust. There was also discussion about the extent to which the ethnicity and disability pay gaps were prevalent within the Trust given that existing data does not always give the necessary level of granularity to identify these comprehensively.
- 12.5. The Committee reiterated its support for the EDI work planned and requested more data on pay gaps between protected characteristics other than gender be brought to the next meeting.

ACTION: AWM, JD

13. Financial report

- 13.1. The Trust's year to date performance for the eleven months to the end of February 2023 was a deficit of £3.7m which was behind the planned deficit of £2.0m, mainly as a result of the under-delivery of cost improvement programmes. The current full-year forecast was to achieve a surplus, which would be above the Trust's plan to breakeven. The Trust's year-to-date cash and capital expenditure positions were also noted. There would be more detailed scrutiny of the financial position at the Finance, Commercial and Investment Board Committee meeting the following week.

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.

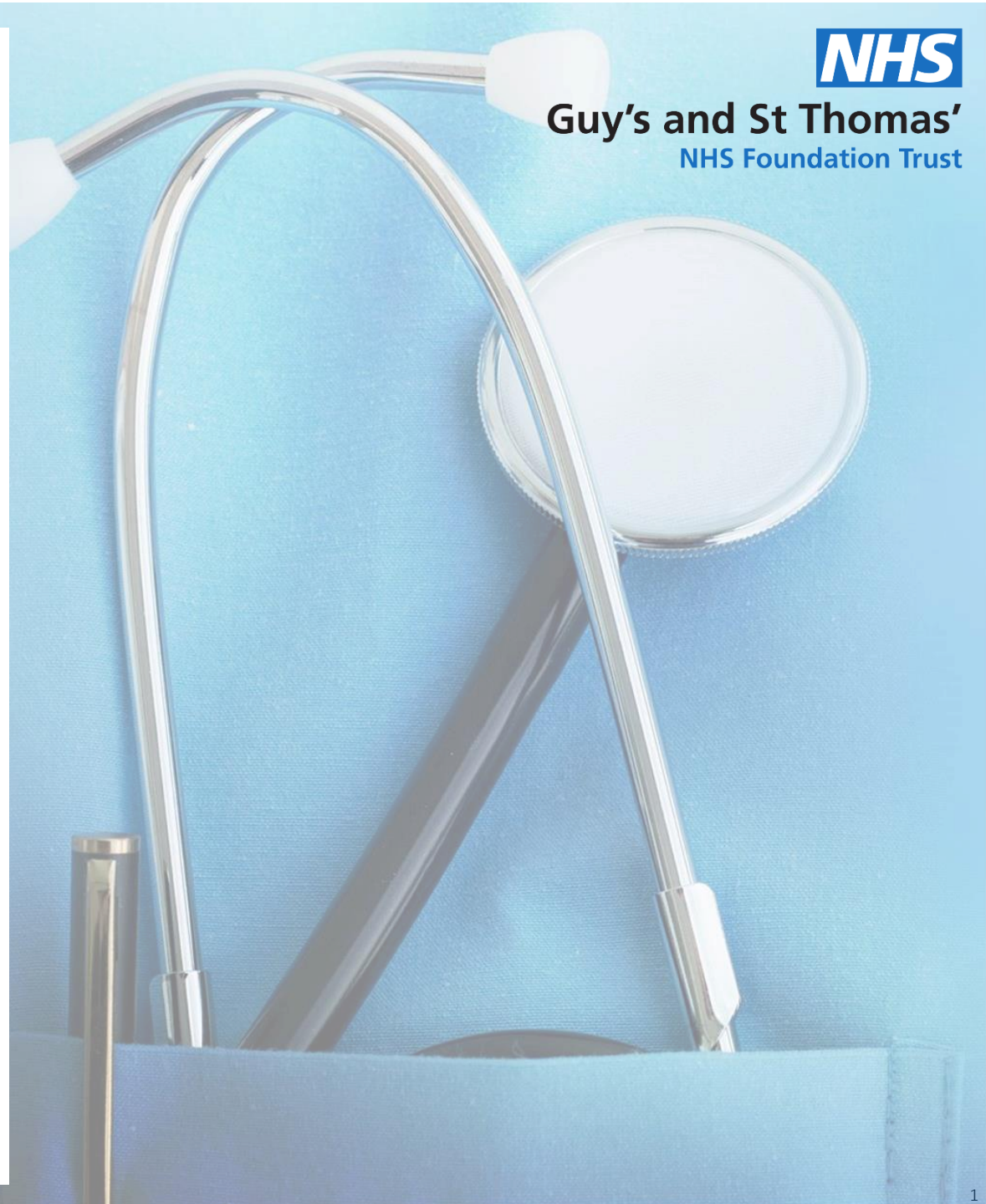
16. Any other business

- 16.1. There was no other business.

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

Integrated Performance Report

May 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

May 2023



Guy's and St Thomas'
NHS Foundation Trust

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

Domain	Indicator	Actual	Target	SPC Variance	Page
Safe	Gram-negatives healthcare associated bloodstream infection - E-coli	15	10	Common cause variation	4-5
Safe	Healthcare associated MRSA bloodstream infection	1		Special cause variation - 2 of 3	
Caring	Friends and family test: Percentage of patients who responded good or very good summary	N/A	N/A	-	6-7
Caring	Friends and family test: Percentage of 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)	77.5%	76.0%	Common cause variation	
Responsive	Number of patients spending >12 hours in A&E from decision to admit (DTA)	46	-	Common cause variation	
Responsive	Percentage of patients waiting over 6 weeks for a diagnostic test	20.0%	1.0%	Common cause variation	
Responsive	Percentage of cancer referrals seen within 2 weeks	92.4%	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	75.4%	75.0%	Common cause variation	8-19
Responsive	Percentage of cancer patients starting their first treatment within 62 days of all urgent GP referrals	38.2%	85.0%	Common cause variation	
Responsive	62 Day Cancer Backlog	286	252	Common cause variation	
Responsive	Outpatients - Percentage of 19/20 Activity	101.3%	100.0%	Common cause variation	
Responsive	Elective – Percentage of 19/20 Activity	88.1%	100.0%	-	
Responsive	Number of pathways on the waiting list currently waiting more than 78 weeks to start treatment	106	0	Special cause variation - trend/shift	
Responsive	Number of pathways on the waiting list currently waiting more than 104 weeks to start treatment	6	0	-	
Responsive	New and Overdue Complaints	156/105	100/0	Common cause variation	
People	Overall vacancy rate	11.7%	10.0%	Common cause variation	20-21
People	Sickness and absence rate	4.3%	3.0%	Special cause variation - single point	

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

Number of gram-negative E-coli infections

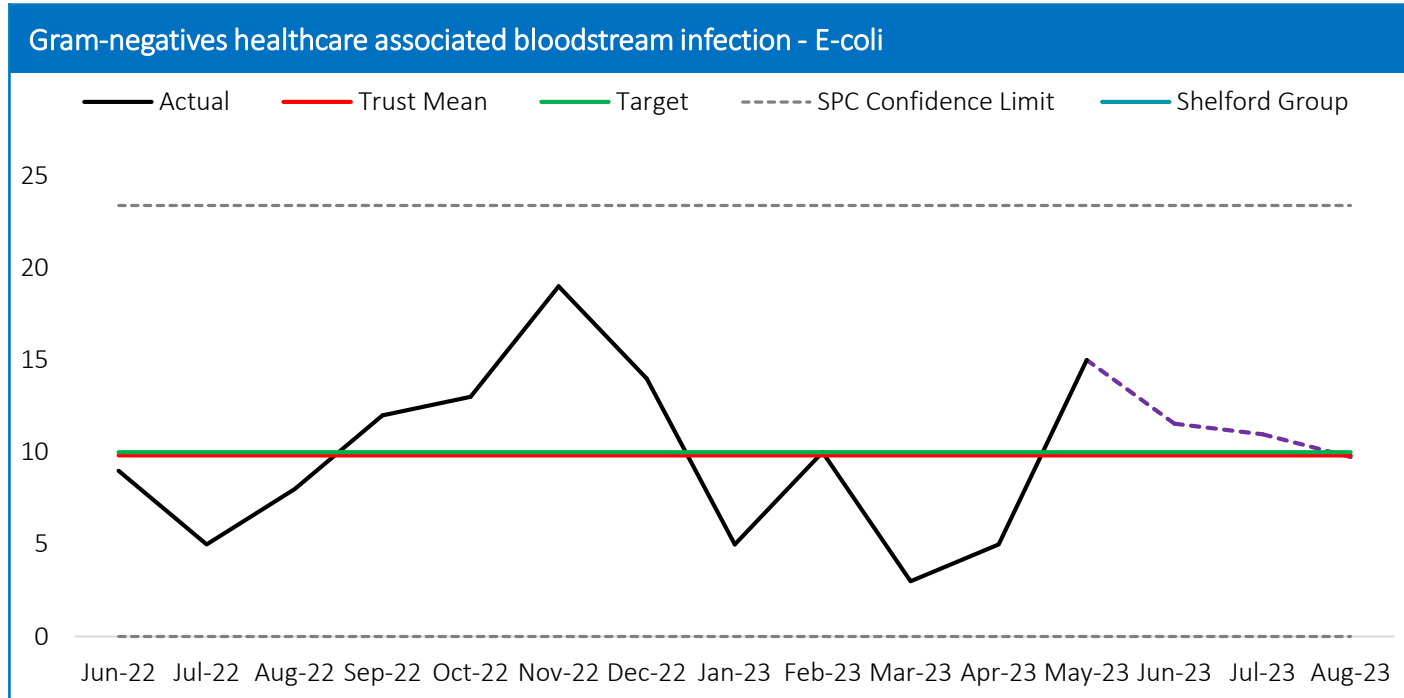
May-23	Target
15	10

SPC Variance
Common cause variation

Three Month Forecast

Jun-23	Jul-23	Aug-23
12	11	10

Clinical Group Overview
Data is unavailable at clinical group level.



Updates since previous month

- There were 15 healthcare-associated *E.coli* bacteraemia cases in May 2023.
- This is an increase from April 2023, where there were five cases.

Current issues

- The Trust retains the lowest rate of healthcare-associated *E.coli* bloodstream infection in the Shelford group.
- No common wards or clinical areas were identified in the May cases.

Key dependencies

- There are ongoing IPC led projects to reduce Gram-negative bloodstream infections Trust wide.

Future actions

- Continue to monitor rates and identify opportunities for education, or changes in practice.

Safe

MRSA bacteraemia (Trust-attributable)



Guy's and St Thomas' NHS Foundation Trust

May-23	Target
1	-

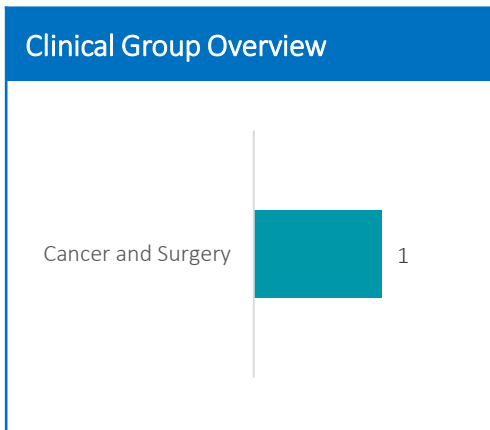
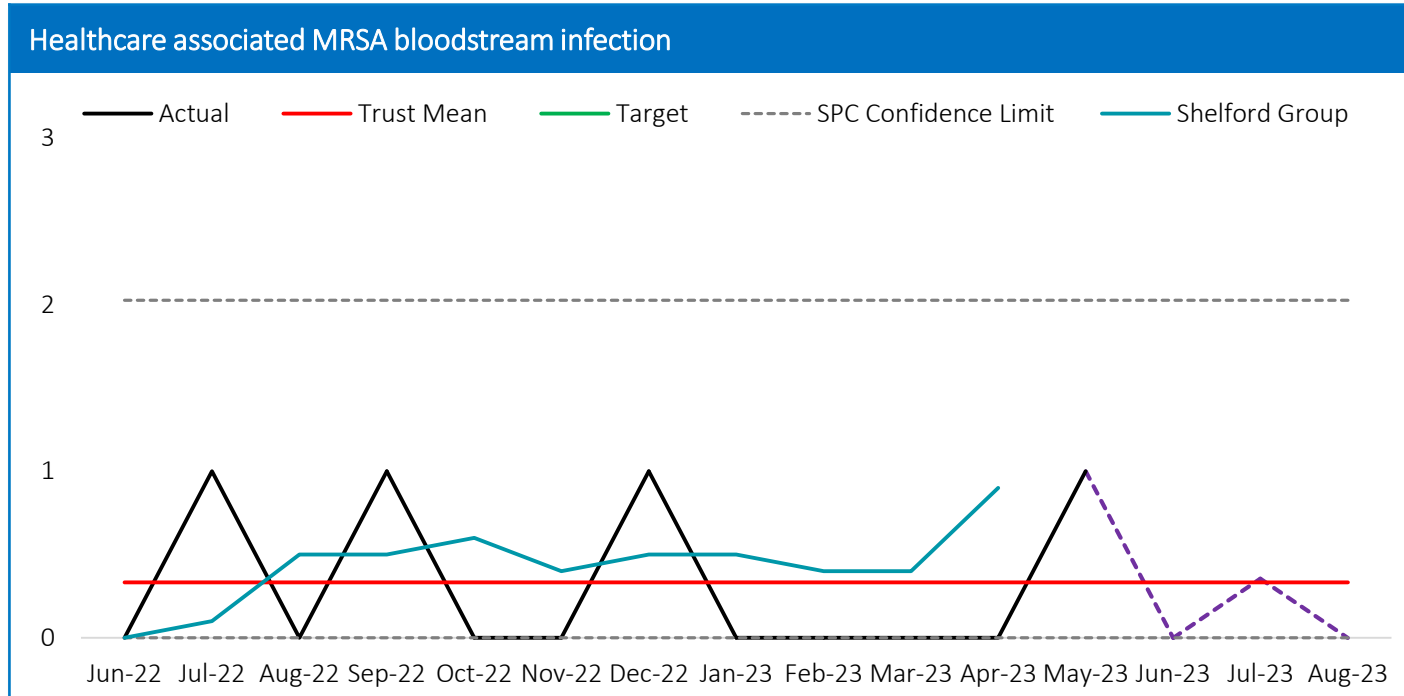
SPC Variance
Special cause variation - 2 of 3

Shelford Group Avg. (Apr - 23)

1

Three Month Forecast

Jun-23	Jul-23	Aug-23
0	0	0



Updates since previous month

- There was one healthcare-associated MRSA bacteraemia case in May 2023.
- This is an increase from April 2023, where there were no cases, and the first case this financial year.

Current issues

- This is the first case of the 22/23 financial year, and with a zero tolerance for MRSA bloodstream infections; the Trust has now breached the NHS England target.
- The case occurred in a patient with complex underlying conditions.

Key dependencies

- Trust wide MRSA rates are among the lowest in the Shelford group and are in line with our historic rates.

Future actions

- Continue to monitor rates and identify opportunities for education, or changes in practice.

Caring

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



May-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%	85.9%	▼		12.2%
Admitted	96.0%	95.7%	▲		20.6%
Outpatients	92.0%	91.2%	▼		N/A
Maternity	93.0%	88.2%	▼		10.5%
Community	97.0%	95.5%	▼		8.4%
Patient transport	93.0%	76.8%	▼		2.4%

Updates since previous month

- Compared with April positive scores have declined in most areas of care except admitted care where the score has improved and is almost on target. Although the positive score for A&E has declined since April it remains well above the target of 83%. Although an increase on the previous month the positive score for community services remains strong at over 95%. The patient transport score has declined markedly when compared to the April score of 87.7%.

Current Issues

- Waiting remains a major concern and theme for improvement across several areas of care including the emergency department, maternity, outpatient and patient transport. Pain management, information and communication were additional themes highlighted by women using our maternity services. Patient Transport have recently introduced a new contract and improvements are being made but are not yet embedded

Key dependencies

- Our hospitals remained extremely busy during May with very high levels of both inpatient stays and emergency department attendances. Outpatient attendances were also higher than those in April in spite of industrial action during both months.
- Scores may be skewed by low volumes of responses in some areas such as maternity and patient transport.

Future actions

- Low volumes of responses have been highlighted to teams and additional support offered by the Patient Experience Team
- Themes from comments have been shared with teams to support improvements
- Discussion are underway with Patient Transport to support early sight of feedback and capture of higher volumes of comments to support improvement insights

Caring



Guy's and St Thomas' NHS Foundation Trust

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

May-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%	8.1%	▲		12.2%
Admitted	2.0%	1.7%	▼		20.6%
Outpatients	4.0%	5.0%	▲		N/A
Maternity	2.0%	2.7%	▲		10.5%
Community	1.0%	0.6%	▲		8.4%
Patient transport	2.0%	11.3%	▲		2.4%

Updates since previous month

- Compared with April negative scores have declined in most areas of care except admitted care where the score has improved and is below target. Although the negative score for A&E has increased since April it remains well below the target of 10%. Although an increase on the 0% score for April the negative score for community services is very low at 0.5% The patient transport score has increased markedly when compared to the April score of 4.9%.

Current Issues

- Waiting remains a major concern and theme for improvement across several areas of care including the emergency department, maternity, outpatient and patient transport. Pain management, information and communication were additional themes highlighted by women using our maternity services. Patient Transport have recently introduced a new contract and improvements are being made but are not yet embedded

Key dependencies

- Our hospitals remained extremely busy during May with very high levels of both inpatient stays and emergency department attendances. Outpatient attendances were also higher than those in April despite periods of industrial action during both months.
- Scores may be skewed by low volumes of responses in some areas such as maternity and patient transport.

Future actions

- Low volumes of responses have been highlighted to teams and additional support offered by the Patient Experience Team
- Themes from comments have been shared with teams to support improvements
- Discussion are underway with Patient Transport to support early sight of feedback and capture of higher volumes of comments to support improvement insights

Responsive

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



May-23	Target
77.5%	76.0%

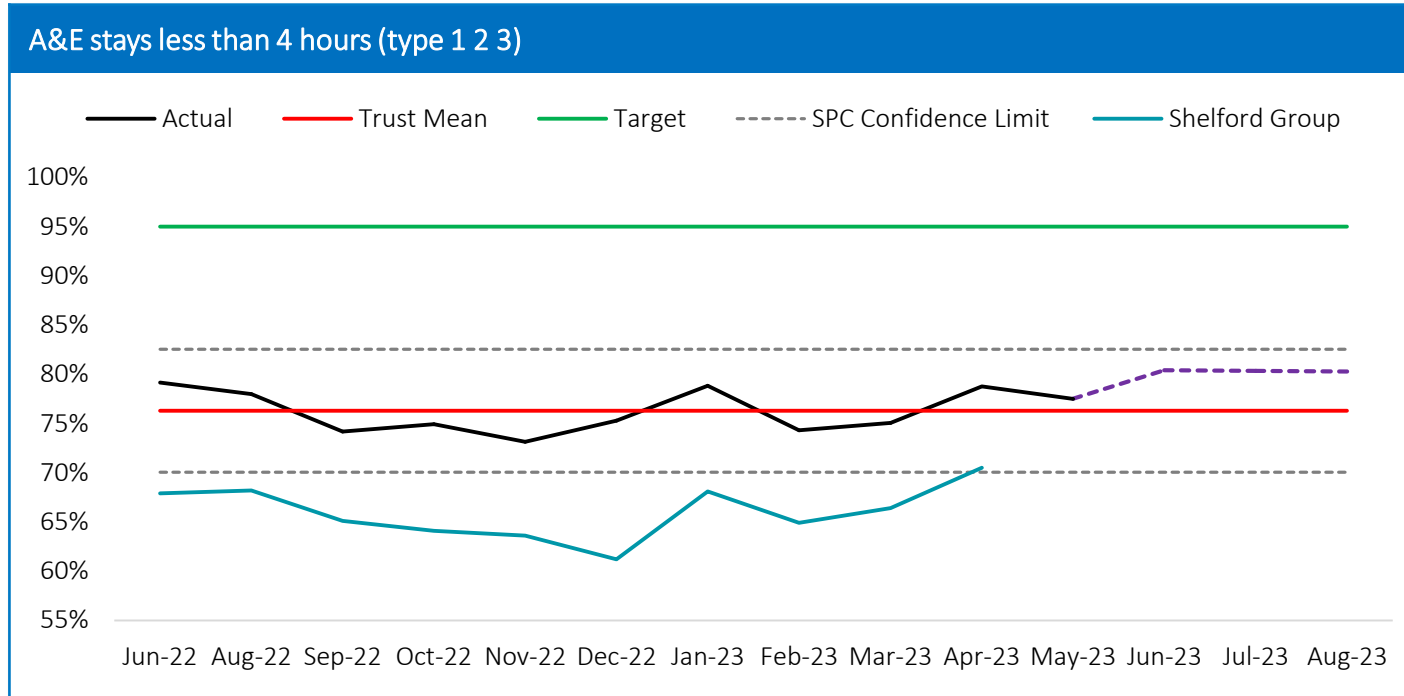
SPC Variance
Common cause variation

Shelford Group Avg. (Apr - 23)
71%

Three Month Forecast

Jun-23	Jul-23	Aug-23
80.4%	80.3%	80.3%

Clinical Group Overview
Data relates to the Integrated and Specialist Medicine Clinical Group.



Updates since previous month

- Decrease in performance from Apr. (Apr 78.87%)
- Increase in attendances in the month of May by 1,967

Current issues

- Consistently high MH burden in the department. Patients with extended stays due to lack of capacity in SEL. Poor experience and wellbeing for patients and staff.

Key dependencies

- Increase in Cygnet bed capacity for MH

Future actions

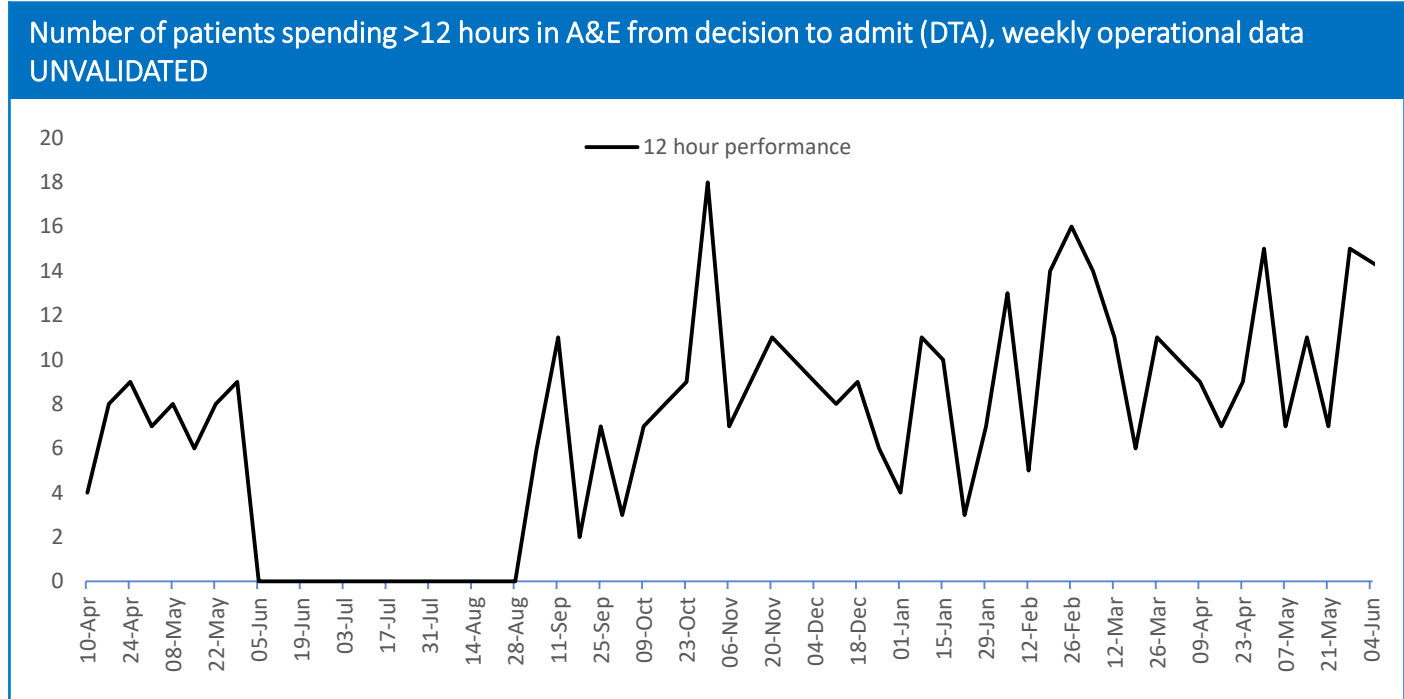
- Engagement in SEL working group- comms' front door modelling
- Continuous work with SLAM and SEL to improve service for MH patients

Responsive

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



May-23	Target
46	-



Clinical Group Overview

Data relates to the Integrated and Specialist Medicine Clinical Group.

- Updates since previous month**
- Increase in number of 12 hours breaches from May (46)
 - 3 breaches due to Physical health
 - 60 Mental Health breaches.

- Current issues**
- Extremely limited capacity in SLAM- Often on OPEL 4
 - Patients experience very long waits in ED for a bed.
 - Impacting patient and staff experience

- Key dependencies**
- 15 more beds to be opened in June to ease pressure.
 - Cygnet bed capacity increased to 10

- Future actions**
- Continued work with cygnet to improve referral process and acceptance rate
 - Review of MH roles with GSTT to support patients and staff.

Responsive

Percentage of patients waiting over 6 weeks for a diagnostic test



May-23	Target
20.0%	1.0%

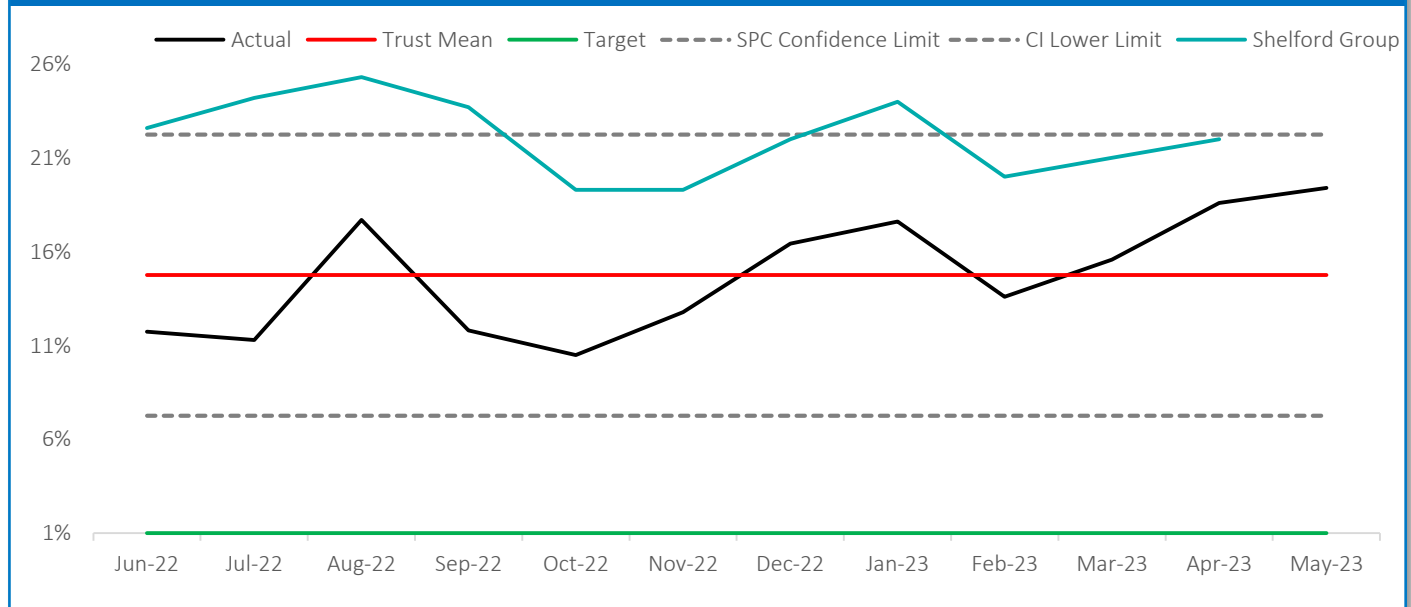
SPC Variance
Common cause variation

Shelford Group Avg. (Apr - 23)
22%

Clinical Group Overview

Evelina London - Women's and...	40.1%
Integrated and Specialist Medicine	20.0%
Cancer and Surgery	19.2%
Heart, Lung and Critical Care	11.6%

Diagnostic waits - % over 6 weeks



Updates since previous month

- The Trust's DM01 performance deteriorated further in May by 1.4 percentage points on April's position of 18.6%.
- The sustained increase in demand for diagnostic testing is being driven by both external and internal referral sources, with capacity being prioritised for Urgent and Cancer patients. Referrals for routine and planned diagnostics remains above 2019/20 levels.
- Ongoing periods of industrial action are also impacting on performance.

Current issues

- Significant spikes and dips in activity from one month to next in numbers compromising patient and pathway flow.
- Industrial Action
- Ongoing demand and capacity management challenges.
- A sustained increase in the volume of referrals being received in line with national trends.

Key dependencies

- Demand inc complexity of priority with more urgent referrals being received.
- Cross-site delivery.
- Productivity.
- South East London system optimisation.

Future actions

- The Trust acknowledges the risks associated with deteriorating diagnostic performance and longer waits and is committed to improving performance across all pathways. A performance review is in hand to detail the drivers of performance and possible mitigations.
- There may be additional capacity across the SEL system which could bring waits down for patients, with the inclusion of mutual aid – this needs further exploration with SEL partners.

Responsive

Percentage of cancer referrals seen within 2 weeks



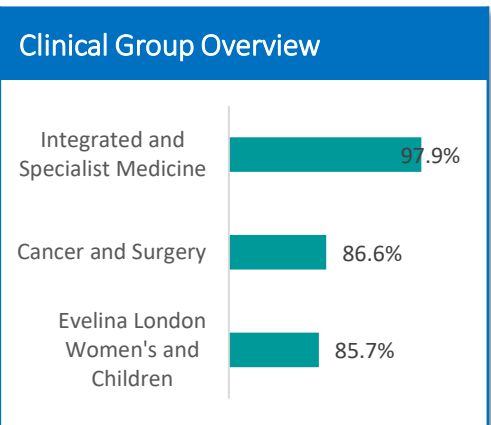
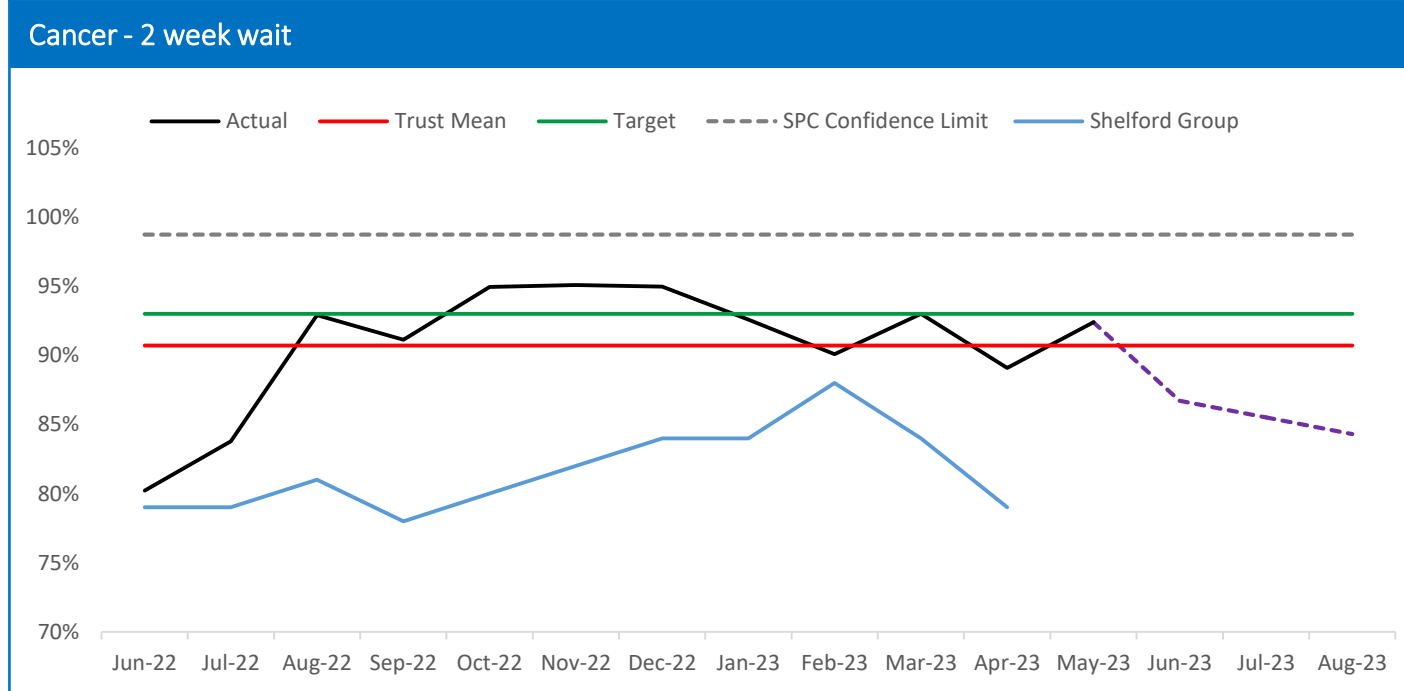
May-23	Target
92.4%	93.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Apr - 23)
79%

Three Month Forecast

Jun-23	Jul-23	Aug-23
86.7%	85.5%	84.3%



Updates since previous month

- Performance in May is 0.6 percentage points under the target of 93%, whilst still above the Shelford Group peers and an improvement on the April position.
- There continues to be a high volume of referrals being received for Head and Neck and Gynae-Oncology services impacting on performance.
- Periods of industrial action during April and May will also have impacted on performance in May.
- Focus remains on restoring performance to meet the standard.

Current issues

- Ongoing industrial action
- Workforce challenges
- Sustained high number of referrals

Key dependencies

- Workforce
- SEL system optimisation.

Future actions

- Insourcing is being explored to increase capacity and reduce waits for patients.

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

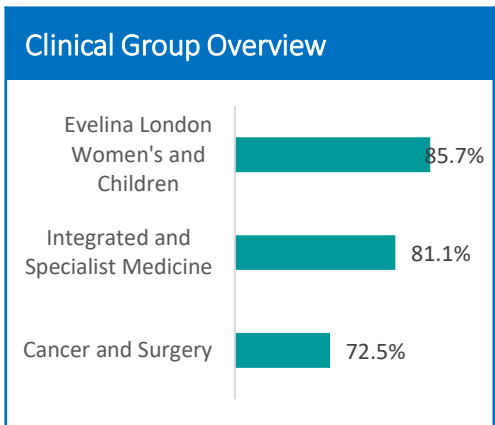
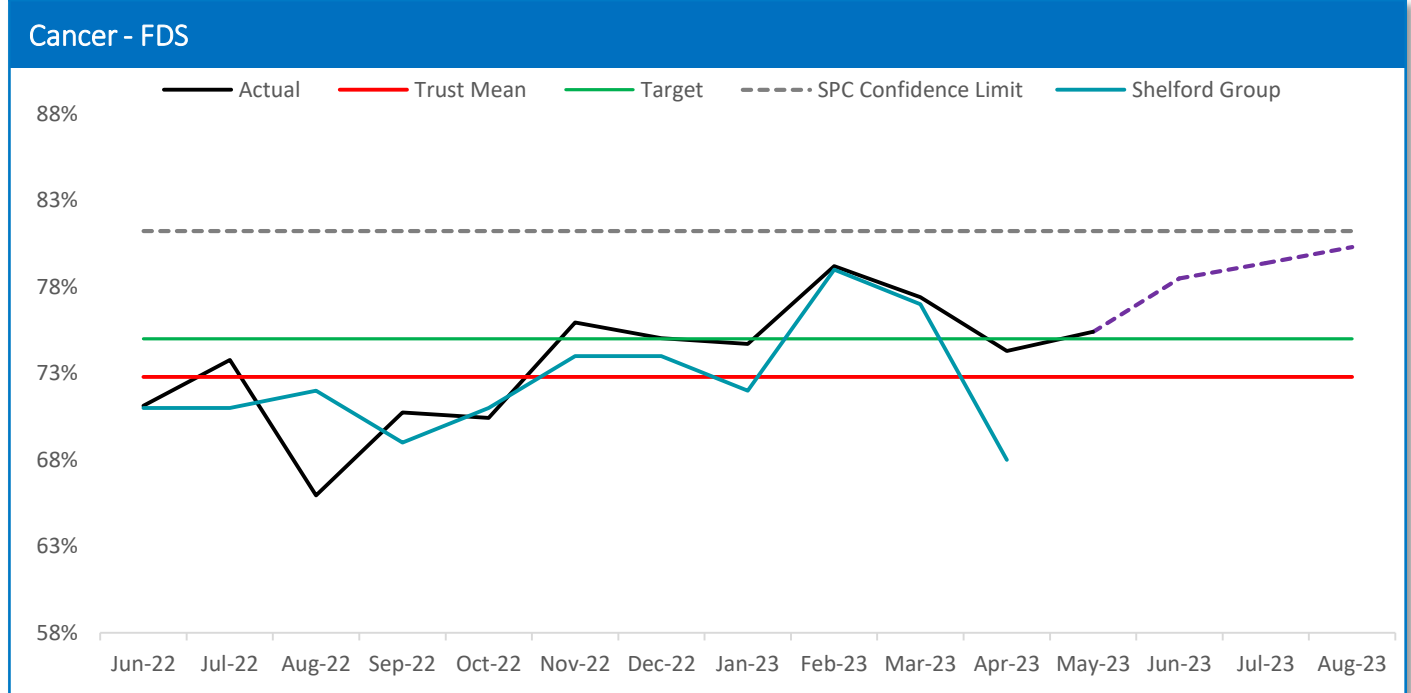
May-23	Target
75.4%	75.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Apr - 23)
68%

Three Month Forecast

Jun-23	Jul-23	Aug-23
78.5%	79.4%	80.3%



- Updates since previous month**
- Sustained performance against FDS target
 - Improvement seen in Brain and Colorectal pathways in May.
 - Improved position in relation Shelford Group peers.
 - The Trust will focus on maintaining and embedding this performance.

- Current issues**
- Gynae-oncology diagnostic capacity
 - Patient choice delays to diagnostics
 - Ultra Sound (US FNA) gynae-oncology capacity
 - Ongoing industrial action

- Key dependencies**
- Workforce
 - Capacity

- Future actions**
- Gynae- Oncology pathway review across SEL
 - Cross-cutting patient choice task and finish group has been set up to review and improve practice.
 - Additional sessions being scheduled for US FNA backlog
 - CEO led deep dive session held and action plan agreed, overseen by TOR



Responsive

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

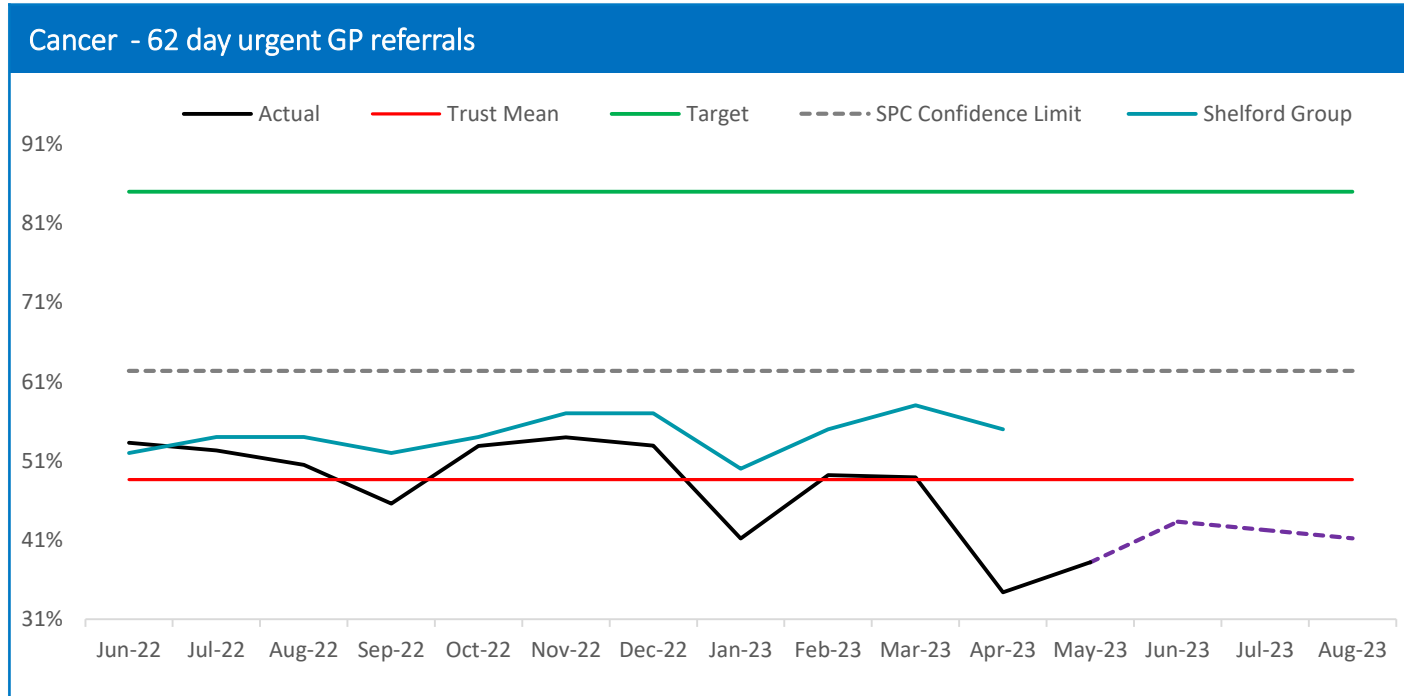
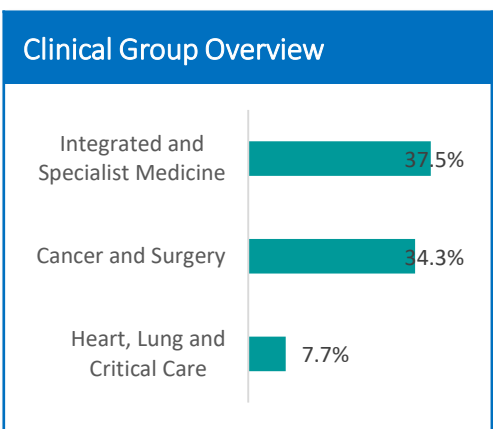
May-23	Target
38.2%	85.0%

SPC Variance
Common cause variation

Shelford Group Avg. (Apr - 23)
55%

Three Month Forecast

Jun-23	Jul-23	Aug-23
43.3%	42.3%	41.2%



Updates since previous month

- Performance has improved slightly from a position of 34% in April to 38.2% in May, an increase of 4.2 percentage points.
- As a partner of the South East London system, there was a sharp increase in the number of shared treatments from 120 in April to 170 in May.
- The Trust acknowledges this deterioration in performance carries an unacceptable risk to patients and recognises the urgency to improve performance along this pathway.

Current issues

- Impact of ongoing industrial action, impacting chemotherapy and surgical treatments
- Theatre capacity.

Key dependencies

- Workforce
- Theatre capacity

Future actions

- Focus on 62 Day breach review
- Breast pathway transformation project
- Ongoing theatre productivity programme

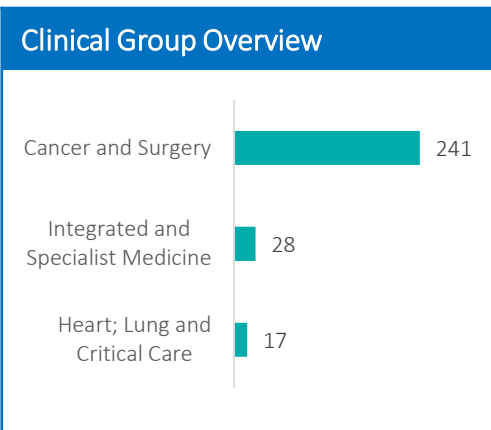
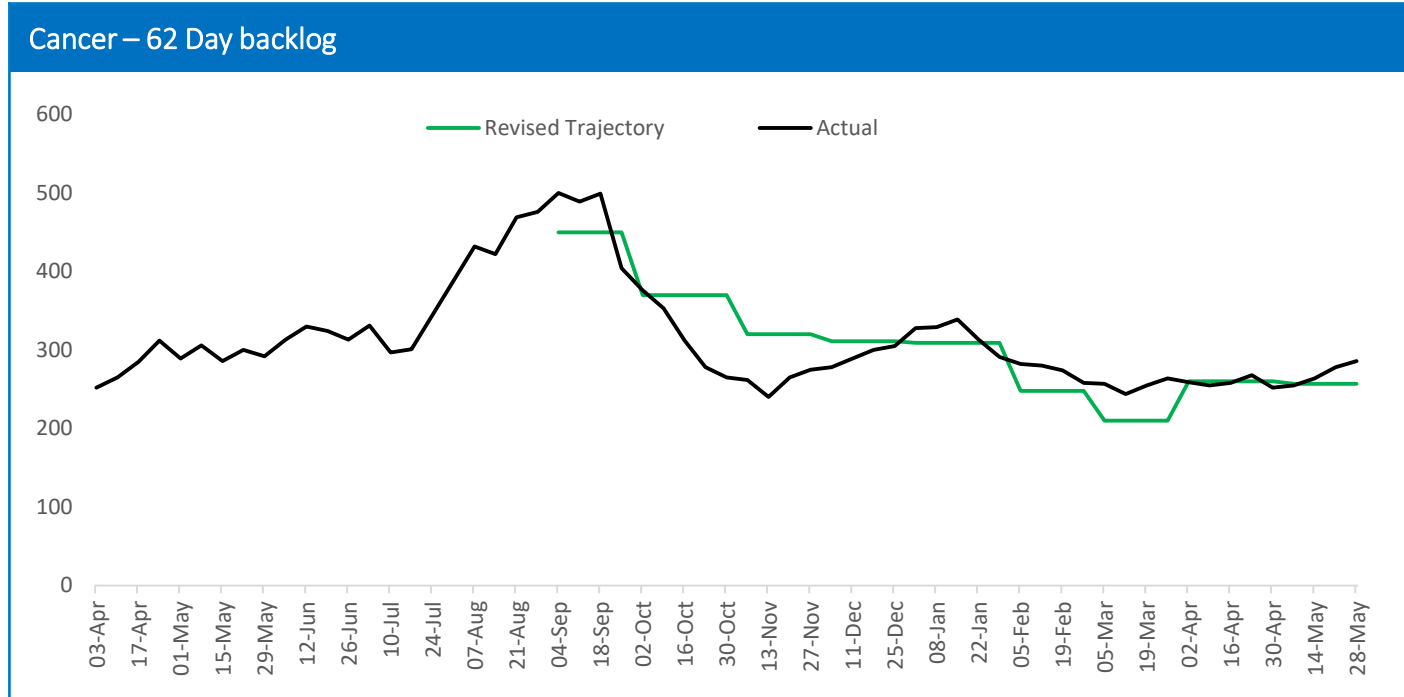
Responsive

62 Day Cancer Backlog



Guy's and St Thomas'
NHS Foundation Trust

28 th May 2023	Trajectory
286	252



Updates since previous month

- The cancer backlog increased in May to 286, 34 above the trajectory. The cancer pathways which experienced increases in patients waiting for treatment were Lower GI, Skin, Upper GI.
- Breast, Gynaecology and Head and Neck reduced their backlog in the same month.

Current issues

- Increase seen due to reduced treatment and diagnostic activity during industrial action, as well as delayed ITTs from referring providers.

Key dependencies

- Workforce
- Treatment capacity
- Shared treatment arrangements.

Future actions

- Additional sessions to mitigate impact of industrial action
- Ongoing engagement with sector and other providers to support pathway improvements

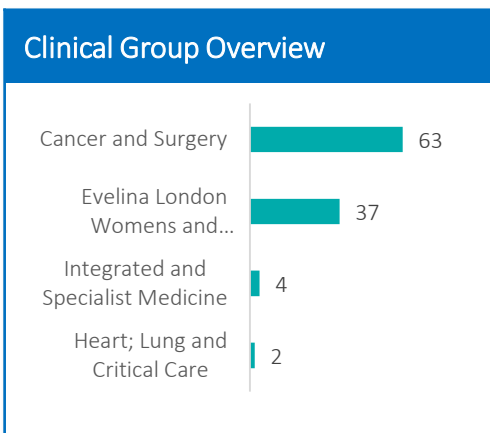
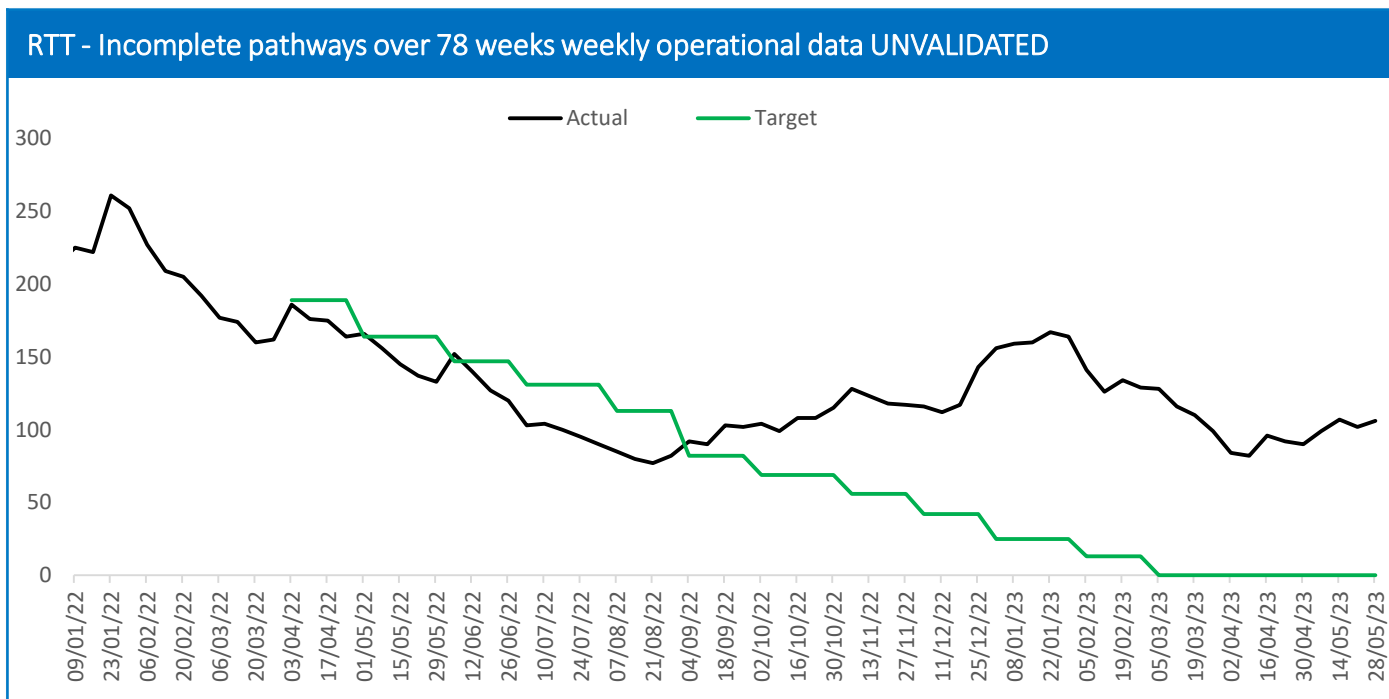
Responsive

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



Guy's and St Thomas'
NHS Foundation Trust

28 th May 2023	Target
106	0



Updates since previous month

- The national ambition is to eliminate all long waits of 78 weeks by the end of this reporting period. The Trust is committed to eliminating long waits.
- In May there were 106 patients in this cohort.
- At this time the Trust saw an increase in 78 week waits which is a reflection of a select few specialties that remain challenged such as Paediatric Spinal, an area that is challenged locally and nationally.

Current issues

- Specific Paediatric Spinal issue.
- Graft material issue in Ophthalmology.
- Industrial action
- Vacancy rates
- Theatre capacity and surgeon availability
- Diagnostic capacity
- High rates of DNAs

Key dependencies

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

Future actions

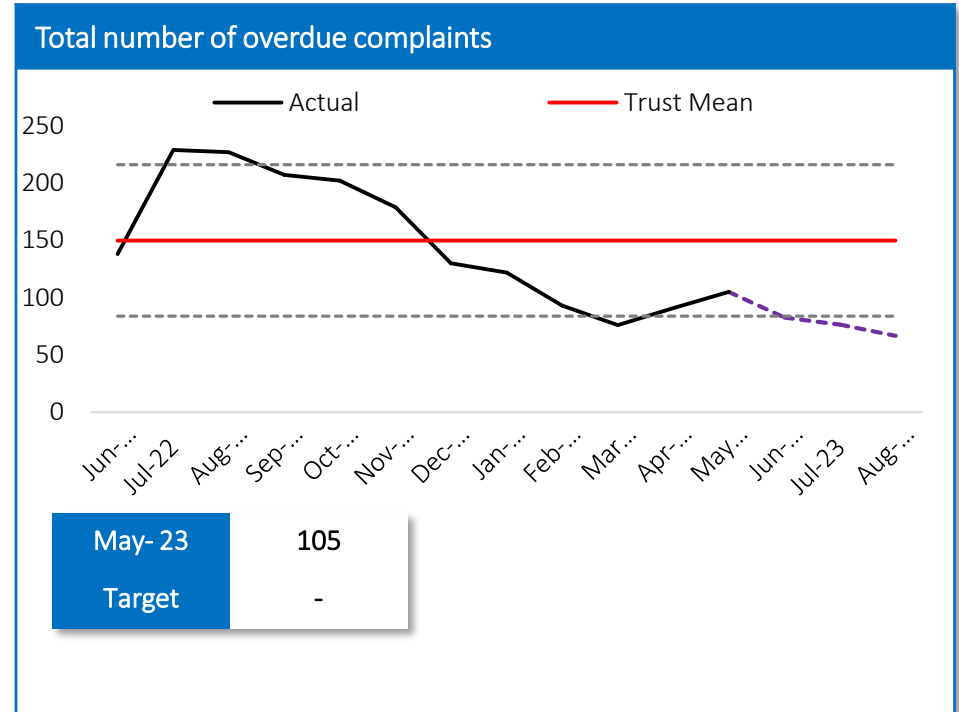
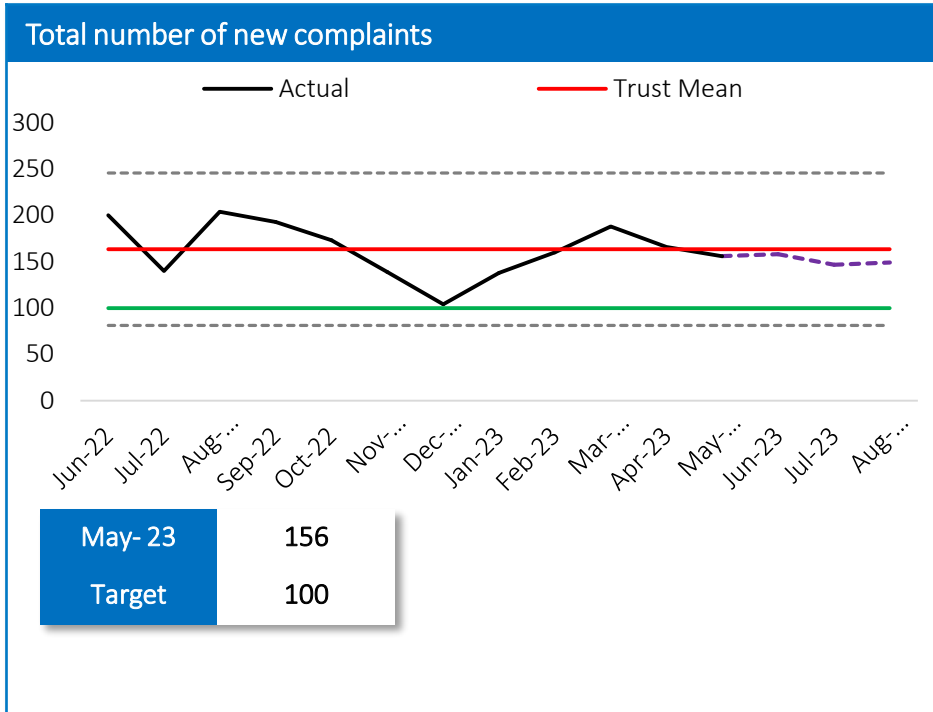
- Reducing the number of patients currently waiting more than 78 weeks for treatment remains a priority for the Trust with mitigating actions being sought out where possible.
- The Trust remain committed to eliminating long waiting patient and recognises that it must prioritise 65 and 52 week wait patients moving forwards.

Responsive

New and Overdue Complaints



Guy's and St Thomas'
NHS Foundation Trust



Updates since previous month

- There has been a small decrease in formal complaints in May, owing mainly to staff resolving patient concerns swiftly and complaints not requiring a written response
- Overdue complaints have slightly increased from previous position

Current issues

- Timely responses continue to be affected by ongoing staffing issues and clinical pressures
- Although efforts are made to resolve cases quickly, patients are requesting a formal response after attempts have been made to resolve their concerns informally

Key dependencies

- Directorates to continue to proactively contact complainants to address concerns quickly, resolving complaints without a written response
- Drafting support and training from the central team to assist with high quality responses

Future actions

- Support for directorates in terms of drafting and training is available to assist with the reduction overdue complaints
- Central complaints team holding fortnightly meetings to identify cases at risk of going overdue and try and target support.

People

Overall vacancy rate



Guy's and St Thomas'
NHS Foundation Trust

May-23	Target
11.7%	10.0%

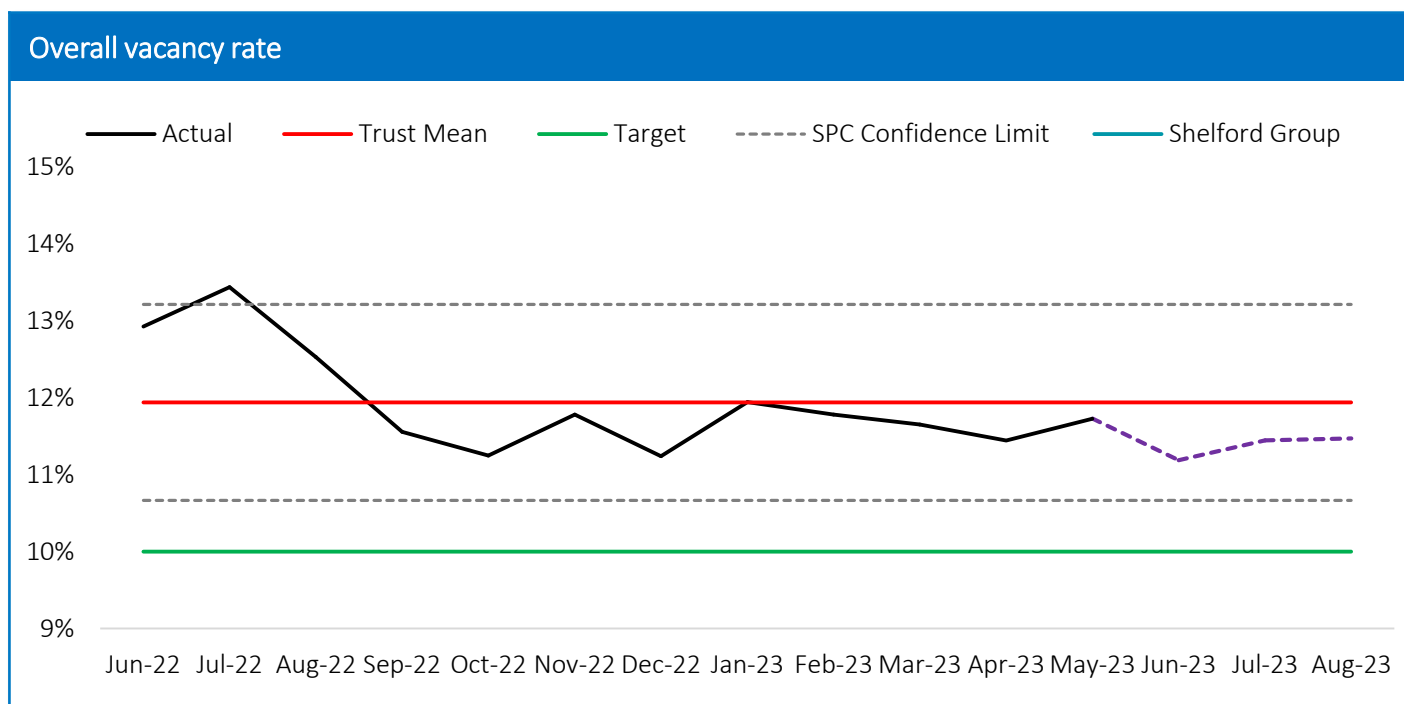
SPC Variance
Common cause variation

Three Month Forecast

Jun-23	Jul-23	Aug-23
11.2%	11.4%	11.5%

Clinical Group Overview

Other	24.4%
Evelina London - Women's and...	9.6%
Integrated and Specialist Medicine	8.3%
Heart, Lung and Critical Care	7.4%
Cancer and Surgery	7.3%



- Updates since previous month**
- (Evelina) Currently processing offers to 80 Newly Qualified Nurses
 - Vacancy freeze across ISM
 - ILS have developed recruitment and retention strategy

- Current issues**
- Vacancy rate is a concern in Community Nursing, Nursing vacancy rate in Medicine & Neonatology is also above target. (Evelina)
 - Multiple new posts impacting vacancy rates, longer term plans around staged recruitment (Surgical Oncology)

- Key dependencies**
- Recruitment and Retention
 - Attrition Rates
 - National shortages
 - Workforce Planning capacity

- Future actions**
- Service redesign in School Nursing should improve staff experience and therefore reduce turnover
 - Continued engagement in International Recruitment for nursing positions
 - Recruitment plans in place across all Directorates in ISM

People

Sickness and absence rate



Guy's and St Thomas'
NHS Foundation Trust

May-23	Target
4.3%	3.0%

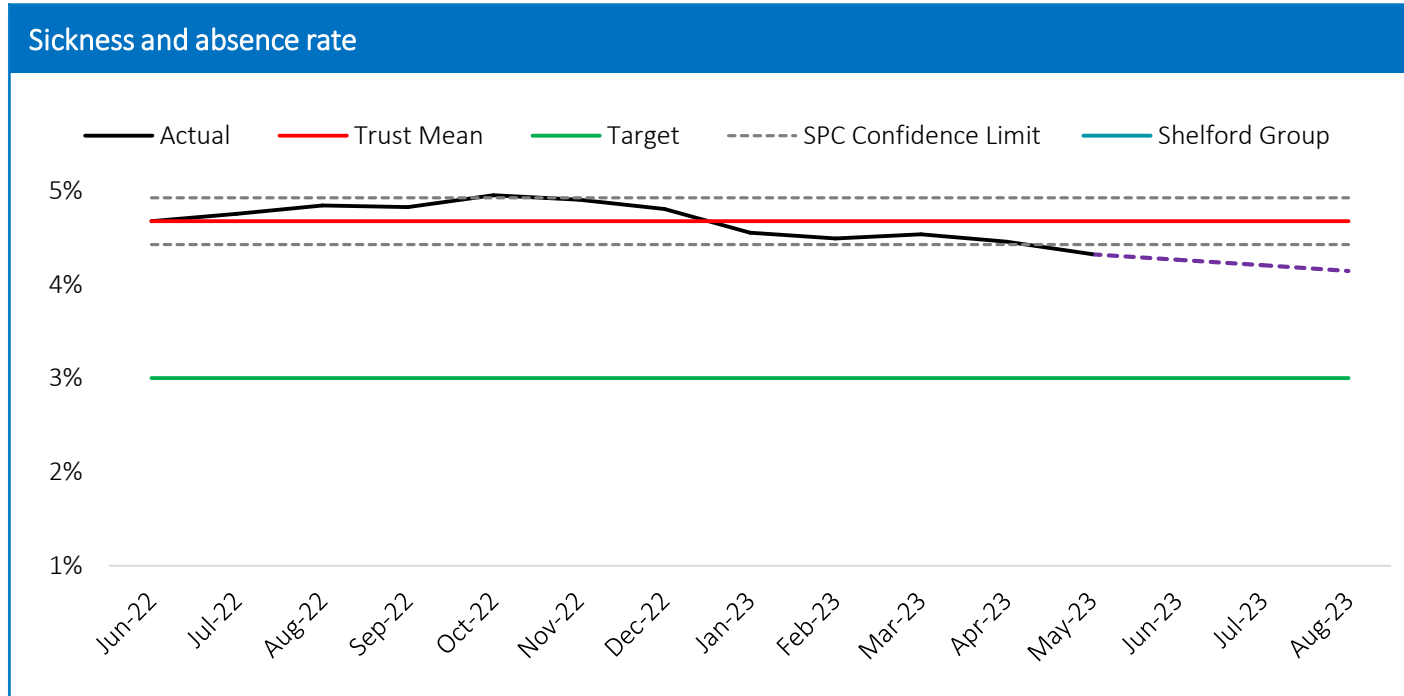
SPC Variance
Special cause variation - single point

Three Month Forecast

Jun-23	Jul-23	Aug-23
4.3%	4.2%	4.1%

Clinical Group Overview

Evelina London - Women's and...	4.7%
Integrated and Specialist Medicine	4.6%
Other	4.5%
Cancer and Surgery	4.3%
Heart, Lung and Critical Care	3.7%



Updates since previous month

- Absence remains static and above target at 4.4.
- Monthly review of all short and long sickness cases in Admin workforce, reduced sickness rate over 3 month period (GMS)

Current issues

- Resources to manage increased caseload
- More complex long term cases
- Sickness levels are particularly high in Community services, Theatres & Women's Services (Evelina)

Key dependencies

- Occupational Health / Health and Wellbeing
- Workforce Relations Support
- Management Training

Future actions

- Absence policy to be reviewed in July/August.
- HR surgeries & performance review meetings in the Community, with a focus on sickness (Evelina)
- Bespoke sickness training sessions, improved regularity of sickness reporting (C&S)

Supporting Information

SPC definitions



Guy's and St Thomas'
NHS Foundation Trust

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 22nd March 2023, 9am – 11.15am
MS Teams**

Members Present:	Charles Alexander (Chair) Miranda Brawn Steven Davies Jon Findlay Simon Friend Felicity Harvey Sally Morgan	John Pelly Reza Razavi Julie Screamon Sheila Shribman Priya Singh Simon Steddon Lawrence Tallon
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In attendance:	Edward Bradshaw (minutes) Sarah Austin Rachel Burnham (item 8) Richard Grocott-Mason Alistair Gourlay Sara Hanna	Sigal Hachlili (item 8) Claire Harrison (item 8) Anita Knowles Clare McMillan Phil Mitchell Jackie Parrott
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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, Avey Bhatia, Javed Khan, Ian Playford and Steve Weiner.

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 21st September 2022 were approved as an accurate record.

4. Review of action log

- 4.1. There were two open actions. The refresh of medical equipment was being considered as part of the ongoing capital expenditure prioritisation exercise. Clarification about the number of patients on the waiting list for specialised services had also been confirmed and shared with Committee members.

5. Board Assurance Framework risks

- 5.1. The Chair reminded the Committee of the strategic risks on the Board Assurance Framework for which the Committee had responsibility; these risks should be kept in mind during the discussions.

6. Trust objectives

- 6.1. The Committee reviewed an assessment of the Trust's performance against each of the objectives that had been agreed for 2022/23 to support delivery of the Trust's strategy *Together we care*. Committee members welcomed the progress that had been made in a number of areas, such as staff health and wellbeing, although noted that some objectives had not been fully met. This reflected the challenges that the Trust had experienced in the year, including preparations for the implementation of the Epic electronic health record system and the impact of both the critical IT incidents and of industrial action.
- 6.2. It was agreed that the assessment was honest and accurate, and that there was a necessity for the Trust to continue to improve its performance in a number of areas. The assessment ratings would be finalised once the year-end financial and activity positions were known, but the changes were not expected to be material. The updated assessments would then be sent to the chairs of each Board committee for sign-off.
- 6.3. Seven proposed Trust-wide objectives for 2023/24 were presented to the Committee for review and approval. These included the four main Trust priorities of Epic, elective recovery, financial sustainability and workforce, with the Committee strongly supportive of three additional objectives around furthering research and development, system partnerships and our fundraising ambitions. The scope and wording of each of the seven objectives was reviewed and agreed, with a small number of minor changes requested.
- 6.4. There was discussion about other possible objectives that could be added, but it was agreed that a smaller number of objectives would help prioritise the collective focus of the Board, executive team and wider organisation. Once agreed, these objectives would be shared with staff across the Trust and embedded into its operations, for example through team and individual objectives. The Committee noted that a set of detailed executive objectives had also been developed to support delivery of the Trust-wide objectives.

RESOLVED:

- 6.5. The Committee approved the Trust objectives for 2023/24, subject to the minor changes, and the proposals for monitoring progress with delivery and reporting to the Board.

7. Update on specialised services developments

- 7.1. The Committee received an update about developments regarding NHS England's plans to fully delegate the commissioning of many specialised services to Integrated Care Boards from April 2024. South London had been offered extended responsibilities in the current financial year as part of a national 'pathfinder programme' working closely with NHS England to test key elements of delegation in a safe and managed way.
- 7.2. The executive governance arrangements that had been set up across South London to support the pathfinder programme were outlined, and the Committee was pleased that the Trust was closely involved in this work as plans for future delegation evolved. The Committee agreed that the proposed changes would bring a significant degree of both opportunity and risk to the Trust. Some concern was expressed about the implications of potential changes to the methodology to allocate funding, and updates were sought about whether this was a finalised position or still subject to change. It would be important to quantify the risks and opportunities to enable a robust analysis of these, and to allow the Trust to forecast the financial impact. Going forward, the financial implications of the

developments would be tracked by the Board's Finance, Commercial and Investment Committee.

- 7.3. The Committee acknowledged that further clarity would emerge over time, but discussed what could be done during 2023/24 to most effectively mitigate the perceived risks to the Trust. Questions were asked about how the Trust was exchanging information with partner providers in both south east London and across the Shelford Group, and how it would provide feedback to NHS England as the delegation plans developed.

8. Data and analytics – an outline strategy

- 8.1. With the implementation of the new electronic health record later in the year, significant work was also underway to identify and document the Trust's ambitious approach to data and analytics. The Committee received an outline about how the Trust planned to design and implement sustainable and adaptive analytics capability that could handle growing volumes of data in a consistent way and yield valuable insights to improve patient care and operational and financial efficiency, and contribute to research and development. These plans had been developed through extensive engagement with a wide range of stakeholders and were aligned with both regional and national aspirations.
- 8.2. Committee members were supportive of the work that had been done and the ambition described in the strategy, and reiterated their full commitment to the further development of this work. It was recognised that the scale of the ambition meant the plans would affect all staff across both clinical and non-clinical areas, and would require significant cultural change. Leadership from the Trust Board would therefore be critical to its success. There was also discussion about:
- The organisations, both nationally and internationally and across different sectors, that managed data and analytics well and how the Trust could learn from them;
 - How the strategy sat alongside opportunities linked to artificial intelligence (AI);
 - The need to ensure that this work was done in conjunction with King's College Hospital; and
 - How data would be a key enabler of both closer collaboration between partners within the Integrated Care System (ICS) and its population health management more broadly.
- 8.3. There was consideration of the financial implications, particularly in the current financial context. Some Committee members spoke about the opportunity costs of not progressing the work. It was recognised that although additional resources would be needed to support delivery, there was also potential for significant productivity gains and financial benefits. The next steps would include further definition of the operating model required to operationalise the plans.

9. Philanthropy update

- 9.1. Over the past year the Trust had worked closely with Guy's & St Thomas' Foundation to co-develop strategies for three of the charities that support the Trust: Guy's & St Thomas' Charity, Evelina London Children's Charity and Guy's Cancer Charity. A key component of this work was to develop a 'charity culture' across the organisation. The separate and independent Royal Brompton and Harefield Hospitals Charity was also working closely with Guy's & St Thomas' Foundation to consider how funding is allocated to support the Trust's Heart, Lung and Critical Care Clinical Group, sharing insights and agreeing improved ways of working.

- 9.2. Committee members agreed that the Trust's charities were a valued and important partner in helping the Trust to fulfil its own strategic and operational objectives and were supportive of the work being done and the objectives that had been set out. It was agreed that philanthropy was an important way in which the Trust could diversify its income. The key opportunities for further fundraising included children's health and research and development. The Committee noted the Chief Executive of Guy's & St Thomas' Foundation had announced his decision to step down from the role in the coming weeks and that arrangements to replace him were expected to be announced soon.

10. Strategy & Partnerships BAF Update

- 10.1. At a strategic risks session in October 2022 the Board of Directors had agreed a number of changes to the risks on the Board Assurance Framework (BAF). The Committee now had responsibility for the oversight and management of three risks, regarding research delivery and associated partnerships, system working, and maintaining focus on strategy. The descriptions and scoring of each risk had been reviewed and refreshed, and the changes were noted by Committee members.

RESOLVED:

- 10.2. The Committee agreed the proposed updates.

11. Any other business

- 11.1. There was no other business.

Date of next meeting: Wednesday 7th June 2023

Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 26 JULY 2023

Title:	Documents Signed under Trust Seal, 13 April 2023 to 12 July 2023
Responsible Director:	Ian Abbs, Chief Executive
Contact:	Ian Abbs, Chief Executive
Purpose:	For information
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	In line with the Trust's Standing Financial Instructions, the Chairman, Charles Alexander and Professor Ian Abbs, Chief Executive are required to sign contract documents on behalf of the Trust, under the Foundation Trust's Seal.
Recommendations:	The BOARD OF DIRECTORS is asked to: 1. Note the record of documents signed under Trust Seal.

Documents signed under Trust Seal – Board of Directors, 26 July 2023

Board

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 26 JULY 2023**

**DOCUMENTS SIGNED UNDER TRUST SEAL
13 APRIL 2023 TO 12 JULY 2023
PRESENTED FOR INFORMATION**

1. Introduction

In line with the Trust's Standing Financial Instructions, Professor Ian Abbs, Chief Executive and Charles Alexander, Chairman signed document numbers 1036 to 1045 under the Foundation Trust's Seal during 13 April 2023 to 12 July 2023. Delegated authority granted to Lawrence Tallon, Deputy Chief Executive during the period Monday 3 July to Sunday 9 July 2023.

2. Recommendation

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

Number	Description	Date
1036	Lease between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Ears PLC of Part Rooftop, Guy's Tower, Guy's Hospital, Great maze Pond, London	12/05/2023
1037	Evelina London Expansion Programme: Demolition and strip out of the 11th Floor, East Wing of St Thomas' Hospital allowing the future fit out of the space as a Simulated and Interactive Learning Centre (SaIL) for post graduate education.	05/06/2023
1038	Signing and Sealing the subcontractor's warranty with Architon LLP and Siemens Healthcare Ltd relating to the GSTT & KCL Joint Imaging Centre Phase 1+ project	05/06/2023
1039	Signing and Sealing the subcontractor's warranty with M&O Building Contractors Ltd and Siemens Healthcare Ltd relating to the GSTT & KCL Joint Imaging Centre Phase 1+ project	05/06/2023
1040	Signing and Sealing the construction access licence between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Sitehold London Limited in relation to Minnie Kidd House, 51a Hazelbourne Road, London, SW12 9NU.	05/06/2023

Documents signed under Trust Seal – Board of Directors, 26 July 2023

Board

1041	Sealing of the declaration of consent to the EU Funding & Tenders portal electronic exchange system for the CEO to delegate authority to the Deputy Director of Corporate Affairs for managing the EU grants, procurements and prizes of Guy's and St Thomas' NHS Foundation Trust	19/06/2023
1042	Signing and Sealing between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Playfords Limited to undertake the necessary contract works relating to the Decant Theatres at Nuffield House Generator and Mains Power	05/07/2023
1043	Lease between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Guy's and St Thomas' Foundation (Charity) of Basement Strong Room, Old Guy's House, Guy's Hospital, Great Maze Pond, London	05/07/2023
1044	Lease of land adjacent to the LIHE building abd Block 8, St Thomas' Hospital, London between (1) Guy's and St Thomas' NHS Foundation Trust and (2) King's College London	05/07/2023
1045	Signing and Sealing between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Logan Construction S.E Ltd to carry out the refurbishment works in the Critical Care High Dependency Unit (HDU) on the 10th floor of St Thomas' Hospital East Wing.	05/07/2023

Documents signed under Trust Seal – Board of Directors, 26 July 2023