

Board of Directors Meeting

Wednesday, 31 January 2024 at 3.45pm
Robens Suite, Guy' Hospital and MS Teams

BOARD OF DIRECTORS
Wednesday 31st January 2024, 3.45pm – 5.30pm
Robens Suite, Guy's 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> | 3.45pm |
| 2. | Declarations of interest | <i>Verbal</i> | - |
| 3. | Minutes of the previous meeting held on 18 th October 2023 | <i>Paper</i> | - |
| 4. | Chairman's report
<i>Charles Alexander</i> | <i>Verbal</i> | 3.50pm |
| 5. | Chief Executive's report
<i>Lawrence Tallon</i> | <i>Paper</i> | 4.00pm |
| 6. | Freedom To Speak Up – bi-annual update
<i>Julie Screaton</i> | <i>Paper</i> | 4.45pm |
| 7. | Updates from chairs of Board committees
<i>Board committee chairs</i> | <i>Verbal</i> | 5.05pm |
| Papers for noting | | | |
| 8. | Reports from Board committees: | | 5.25pm |
| 8.1 | Audit and Risk Committee:
a) Minutes 20 December 2023 | | |
| 8.2 | Finance, Commercial and Investment Committee:
a) Minutes 1 November 2023
b) Financial Report at Month 9 | | |
| 8.3 | Quality and Performance Committee:
a) Minutes 8 November 2023
b) Integrated Performance Report
for April-September 2023 | | |
| 8.4 | People, Culture and Education Committee:
a) Minutes 6 December 2023 | | |
| 8.5 | Transformation and Major Programmes Committee:
a) Minutes 22 November 2023 | | |
| 9. | Register of documents signed under seal
<i>Lawrence Tallon</i> | <i>Paper</i> | - |
| 10. | Any other business | <i>Verbal</i> | 5.25pm |
| | • Date of next meeting: 24 th April 2024, 3.45pm – 5.30pm | | |

BOARD OF DIRECTORS

Wednesday 18 October 2023, 3:30pm – 5.30pm
Robens Suite, Guy's Hospital and MS Teams

Members Present:

Charles Alexander (Chair)	Felicity Harvey
Ian Abbs	Ian Playford
Avey Bhatia	Pauline Philip
Miranda Brawn	Julie Screamon
Steven Davies	Priya Singh
Nilkunj Dodhia	Simon Steddon
Jon Findlay	Lawrence Tallon
Simon Friend	

In attendance:

Sarah Austin	Richard Grocott-Mason
Gubby Ayida	Anita Knowles
Edward Bradshaw	Phil Mitchell
Sarah Clarke	Tendai Wileman
Jay Dungeni	Lucy Yasin (minutes)

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

1. Welcome and apologies

- 1.1. The Chair welcomed the Board of Directors and all staff, governors and members of the public in the room and online.
- 1.2. Apologies had been received from Deirdre Kelly, Javed Khan, Sally Morgan, Jackie Parrott and Reza Razavi.

2. Declarations of interests

- 2.1. There were no new declarations of interest.
- 2.2. It was noted that Nilkunj Dodhia was a director at Oracle UK (a competitor of Epic), but, as with previous Apollo updates, would not recuse himself as the discussion would not involve commercially-confidential information, nor were any decisions anticipated to be required.

3. Minutes of the meeting held on 26 July 2023

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

4. Chair's Update

- 4.1. The Chair recorded the Board's thanks to the Trust Executive and staff for all the hard work that had gone into successfully delivering the go live of Epic, the Trust's new electronic health record system, whilst dealing with significant operational pressures.
- 4.2. The Chair also thanked staff for their continued efforts during industrial action, noting the Shelford Group, of which the Trust was a member, had written an open letter to the Prime Minister and Chair of the British Medical Association Council and copied to the Secretary of

State for Health and Social Care, setting out the impact of the strikes and urging all sides to seek resolution ahead of anticipated winter pressures.

5. Chief Executive's Update

- 5.1. The Chief Executive echoed the Chair's thanks, noting that sustained industrial action and winter pressures meant that the outlook remained challenging, but that the Trust's dedicated and professional workforce continued to deliver, as was evident in the performance data.
- 5.2. The Trust had set itself an ambitious plan for activity and performance delivery in 2023/24, with a key priority continuing to be the recovery of elective activity. Whilst industrial action and other challenges were impacting plans, good progress had been made with the Trust increasing the number of patients it cared for each month and reducing the number of people waiting 65 weeks or over for a first appointment. Notwithstanding, there was opportunity to further reduce long waits, with these remaining an issue in some specialities, such as paediatric spinal surgery, where the Trust was working with NHS partners nationally to address this.
- 5.3. A short-term factor affecting the recovery of elective activity was the introduction of Epic. A reduction in activity had been factored into plans for the go live period, whilst staff became familiar with the new system. However, the productivity yields anticipated from the transition to Epic were expected to exceed the short-term activity reduction. It was also noted that the Trust had maintained its ability to report performance to NHS England throughout the Epic transition period, which was a significant achievement.
- 5.4. There continued to be a shortfall of mental health provision in south east London (SEL). The SEL Integrated Care System had completed a review of demand and capacity and a number of recommendations had been accepted, including a need to increase acute mental health bed capacity, alongside the focus on prevention and early intervention. Work was underway to provide the additional capacity required, but as there remained a number of challenges to delivery this would not offer a solution in the short term. As such, mental health demand and longer stays in the emergency department were expected to continue and measures were being put in place to ensure the environment was as safe as possible for patients and staff, including support for staff and additional training.
- 5.5. The Trust's cancer recovery plan was making progress but a backlog remained. Progress was expected to accelerate in the second half of the year as Epic embedded and additional imaging and pathology capacity became available. An initial dip in performance was expected as the backlog was cleared, but following this performance was expected to improve.
- 5.6. The Trust's financial position remained challenging with a deficit of £24.7m at the end of month five against a breakeven plan. The main drivers were the £125m 2023/24 efficiency plan, which was £16m behind target, and the cost of industrial action which was estimated to be circa £6m to date. The capital position also presented challenges and was being carefully monitored. Despite the headline figures, there was a positive picture emerging as the Trust had held its cost base below that of 2022/23, when adjusted for inflation, whilst increasing activity, which meant it had one of the greatest productivity swings in the London NHS region.

6. Apollo Update

- 6.1. Epic had gone live on 5 October and feedback from staff had been overwhelmingly positive. The programme of work to deliver this had been years in the making and this was a significant

achievement. There had been issues which had impacted go live but these had largely related to hardware and patient flow, as had been anticipated, and had been or were being addressed.

- 6.2. The focus would move from implementation of the system to stabilisation in the coming weeks, and then optimisation, to ensure that Epic delivered to its full potential. The potential of the system to produce data that would drive transformation, and the importance of preparing the organisation for the optimisation phase, was noted. This would include ensuring appropriate ongoing provision of support.
- 6.3. Epic included a patient app called 'MyChart' which gave patients access to their medical information and it was reported over 65,000 patients had already signed up to this.
- 6.4. The Committee thanked all of those who had worked hard to deliver Epic, noting it had been the largest simultaneous global go live to have taken place, and particular thanks were given to Avey Bhatia the Chief Nurse and Senior Responsible Owner for the Programme and Beverley Bryant, Chief Digital Information Officer.

7. Updates from Board Committee Chairs

- 7.1. Committee Chairs provided highlights from recent meetings.
- 7.2. Minutes of the meetings discussed were included in the pack.

8. Reports from Board Committees for noting

- 8.1. The Board noted the Committee reports.

9. Register of documents signed under seal

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

10. Any other business

- 10.1. The Chairman recorded the Board's thanks to Dr Priya Singh, at her last public Board meeting before the end of her second and final term, for her commitment and contribution since she had joined the Board as a Non-Executive Director in November 2015, noting that she had held the positions of Deputy Chair, Chair of the Quality and Performance Committee, Chair of the Essentia Group Board and Freedom to Speak up Champion.

The next public meeting of the Board of Directors would be held on 31 January 2024

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

Title:	Chief Executive's Board of Directors Report
Responsible executive:	Professor Ian Abbs, Chief Executive Officer
Presented by:	Lawrence Tallon, Deputy Chief Executive
Paper author:	Louise Moore, Head of Private Office, Chief Executive Office
Purpose of paper:	Chief Executive's Board of Directors Report
Main strategic priority:	Aligns to all Trust strategic priorities
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. • The report also includes updates on major and strategic programmes of work, where significant achievements have been made since the October Board meeting.
Recommendation(s):	The BOARD is asked to: 1. Note the report

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

1. Introduction

- 1.1. This report outlines developments since the last Public Board meeting on 18 October 2023 which I wish to bring to the attention of the Board of Directors.
- 1.2. The report highlights the latest quality, safety, access and financial performance of Guy's and St Thomas' and how the Trust is working hard to maintain operational performance and deliver a balanced financial position, whilst addressing the increasing demand for many of our services, including diagnostic, cancer and urgent and emergency care.
- 1.3. Other highlights include an update on the implementation of our new electronic patient record system, some of our research efforts and the publication of the Trust Anti-Racism statement.

2. Delivering healthcare across the Trust: activity, performance, quality and research**2.1. Activity and Performance**

- 2.2. The Trust has set itself an ambitious plan to recover core service activity and improve productivity in 2023/24, and continues its relentless focus on improving access to our services for patients. The ongoing industrial action is presenting challenges for the Trust in realising this plan, with significant disruption to planned activity levels continuing during each period of industrial action. Colleagues are also working incredibly hard to increase activity following the implementation of Epic, our new electronic patient record system, in October, and our focus has shifted to stabilising the use of the new system and achieving pre-Epic activity levels across the Trust.
- 2.3. The Trust has seen waiting list growth across patient pathways including cancer, elective and diagnostic care. The Trust is working hard to increase the number of patients it cares for each month and our relentless focus on driving improvement across our cancer pathways continues. Through the national tiering process, the Trust is working with national and regional colleagues to progress our collective ambitions to improve and create sustainable cancer pathways for our patients in south east London and beyond. A separate section in this report will provide further detail on the delivery of our cancer improvement plans.

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- 2.4. The national drive to eliminate long waits is central to the Trust's operational priorities and the Trust is committed to delivering our 2023/24 plan. Particular challenges have arisen in a small number of specialities where there continue to be capacity issues in south east London system and beyond, including nationally in some cases. The Trust continues to work with south east London acute provider partners and national colleagues to support these patients, focusing on paediatric spinal, paediatric ENT or orthopaedics treatments.
- 2.5. I am pleased to share with the Board that the Trust has delivered its winter bed plan in line with guidance from NHS England. Delivery will be closely monitored with additional resources in place until April 2024. The Emergency Department at St Thomas' Hospital has continued to see high levels of attendances in recent months, with admissions seeing the expected seasonal increase. In addition, the department continues to see a significant number of patients with severe mental health needs. There is ongoing work with partners across south east London to increase specialist care capacity for patients with mental health needs and to reduce long waits in the department. In December, the department achieved a 3 percentage point improvement in performance when compared to November, and saw 71% of patients within four hours against the national ambition of 76%.
- 2.6. National and local demand for diagnostic testing continues to increase and capacity challenges remain for the Trust. In November, the number of patients waiting longer than six weeks for a diagnostic procedure increased and further work remains to create additional capacity to address the waiting time challenges and deliver against the national performance standard.
- 2.7. Industrial Action
- 2.8. The Trust sought to manage the recent periods of industrial action in a collaborative and supportive manner, maintaining 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. Recent industrial action significantly reduced the number of patients who could be seen in outpatient clinics or admitted for planned care. To date, since industrial action began in early 2023, the Trust has cancelled or rescheduled nearly 77,600 outpatient appointments and just over 8,500 planned admissions.
- 2.9. The Trust continues to prepare for further industrial action. We recognise colleagues' right to take part, but will continue vociferously to highlight the need for urgent resolution. We have been engaging with unions, our staff, partners in south east London and wider regional and national services to minimise the impact on patients as far as possible, particularly those requiring emergency or urgent care, including maternity and critical care. The Trust recognises the impact that industrial action is having on patients and staff, and has ensured support is available.

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2.10. HIT lists

2.11. The Trust is pioneering the use of high intensity theatre lists, known as HIT lists, to help reduce the backlog for non-emergency surgery. The HIT lists, which have received a good deal of positive national media attention during this period, focus on one type of procedure at a time. They require careful planning to select suitable patients, and in most cases have been able to treat at least three times the number of patients compared to a regular surgical list.

2.12. On behalf of the Board, I would like to thank colleagues for their passion and commitment to driving forward innovative ways to tackle the waiting list for routine operations and procedures. This efficient and safe programme allows the Trust to maximise the number of patients treated in one day, making an impact on waiting times and a real difference to patients across the communities we serve.

2.13. Patient Safety Incident Response Framework and RADAR

2.14. I am pleased to inform the Board the new Patient Safety Incident Response Framework (PSIRF) was launched in December accompanied by a new incident reporting system, RADAR, which is replacing our existing software system. The PSIRF is a new initiative from NHS England that will replace the current Serious Incident Framework. Both the 'Complaints' and 'Claims' modules are now live, with a go-live for the 'Risk' and 'Incidents' modules anticipated for April 2024.

2.15. Learning shared from incidents is vital, and it is used to deliver high quality and safe care. This new framework enables teams to determine and complete the most appropriate learning response using four founding principles. The four key aims of PSIRF are: compassionate engagement and involvement of those affected by patient safety incidents; application of a range of system-based approaches to learning from patient safety incidents; considered and proportionate responses to patient safety incidents; and supportive oversight focused on strengthening response system functioning and improvement.

2.16. Infection Prevention Control

2.17. The vaccination programme to protect staff against Influenza and COVID-19 continues, and as we manage increasing seasonal demand for our services, the Trust has also seen growing numbers of patients presenting with Influenza and COVID-19. The Trust has a robust winter plan in place, with additional beds and resources to support the increased demand.

2.18. The Quality and Performance Committee monitors the Trust's Infection Prevention Control (IPC), and at the most recent committee in January, received the bi-annual IPC report. The Trust is closely monitoring water safety and has established a new, technical

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steering group to monitor water quality, alongside the development of a new digital database that produces reports for the IPC and engineering teams. Water safety remains under constant review and is being monitored closely by the Chief Nurse and Directors of Infection Prevention and Control.

- 2.19. The infection prevention and control team have reported outbreaks of carbapenemase-producing Enterobacterales ('CPE') and meticillin-resistant *Staphylococcus aureus* ('MRSA') and confirmed appropriate interventions have taken place. In addition, a *Candida auris* outbreak has also been identified at St Thomas', and a range of interventions have been implemented to appropriately manage the outbreak.
- 2.20. I am pleased to update the Board on a benchmarking exercise with Shelford hospitals showing Guy's and St Thomas' retains the lowest rate of healthcare-associated *C. difficile* infection, with *E. coli* and MRSA bloodstream infection achieving the second and third lowest rates during 2023/24.
- 2.21. Innovation on sepsis identification
- 2.22. A new rapid blood test that could diagnose and monitor patients who are at risk of sepsis is being trialled for the first time in the UK at the Trust. The year-long study was launched in November 2023, and the non-invasive, low-cost test uses patient blood samples to identify high levels of DNA fragments associated with sepsis within just 45 minutes. Early results suggest the test is able to identify patients who may be at higher risk of developing sepsis and progressing to organ failure. If the trial is successful, the test will help clinicians to identify the sickest patients more quickly and respond faster to prevent a patient becoming unwell.
- 2.23. Health Tech Research Award
- 2.24. Guy's and St Thomas' and King's College London have been awarded funding to establish a new HealthTech Research Centre focussing on cardiovascular and respiratory medicine. The centre, based at St Thomas' Hospital, will be one of 14 new HealthTech Research Centres across England which received nearly £42 million in funding from the National Institute of Health and Care Research (NIHR).
- 2.25. The centre will launch in April 2024, and will work with health technology providers to develop medical devices, diagnostics and digital technology to support patients to better monitor their health, diagnose ill health sooner and improve the management of conditions of cardiovascular and respiratory disease. In addition to developing technologies to support and promote the use of health-tech by patients at home, the centre will develop training for the next generation of health-technology innovators and researchers.

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2.26. Regional Research Delivery Network for south London

2.27. Guy's and St Thomas' will host a new Regional Research Delivery Network (RRDN) for south London, as part of a national network announced by the Department of Health and Social Care (DHSC). The south London network will be one of 12 new regional National Institute for Health and Care Research (NIHR) networks which will be hosted by NHS organisations to be set up across the country from 1 October 2024.

2.28. The RRDNs will form part of the NIHR Research Delivery Network, which will operate as a single organisation across England. The NIHR Research Delivery Network supports the country's world-class research system to deliver high quality research that enables the best care for patients and the public. The new Research Delivery Network, working with the wider system, will enhance equality of opportunity for people to get involved in research. It will enable research activity to follow patient and service user need, ensuring research is conducted in communities living with the greatest disease burden, in collaboration with patients, carers and the public, investigators and study sites.

2.29. Genome sequencing in standard cancer care

2.30. The Trust, alongside Genomics England, NHS England, Queen Mary University of London and University of Westminster, has led a landmark national study which supports use of whole genome sequencing in standard cancer care. The study shows that combining whole genome sequencing and clinical data together at scale supports the delivery of precision cancer care, where cancer diagnosis and treatment can be tailored to the individual patient. The results of the study support increased use of genomic testing in cancer care via the NHS Genomic Medicine Service and shows the value of data from the ground-breaking 100,000 Genomes Project to improve the understanding of cancer and to help researchers develop new treatments.

2.31. The research shows that linking whole genome sequencing data to real-world clinical data can identify changes in cancer DNA that may be relevant for an individual patient's care to drive improved diagnosis, care and treatment for patients with cancer.

3. Improving our Cancer Performance

3.1. Through the national tiering process, led by NHS England, the Trust has been determined Tier 1 for cancer performance. The Trust is working closely with national and regional colleagues to progress our collective ambitions to improve and create sustainable cancer pathways for our patients in south east London and beyond.

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- 3.2. The Trust is committed to delivering improved cancer waiting time performance and assuring NHS England that sustainable improvement has been achieved. This will build on the cancer recovery programme which was established, working closely with our partners in south east London, in July 2023, to respond to increasing demand alongside capacity and pathway challenges. The Trust is also being supported by the South East London Cancer Alliance (SELCA) to help us analyse key bottlenecks in our cancer pathway.
- 3.3. There is more urgent work we must do to ensure patients are receiving timely care, and the Board and the communities we serve have my absolute commitment that we will address these issues. The Trust has completed demand and capacity reviews for surgical treatments and have agreed to provide additional surgical treatments by March 2024, as well as approximately 1000 additional appointments for breast, skin and head and neck patients. Our focus for the next three months is to achieve the faster diagnosis standard, and to reduce the number of patients waiting over 62 days, meeting the targets agreed with NHSE for end of March 2024. Our staff and patients have my absolute assurance that will consider all exceptional actions available to us to radically improve performance.

4. Apollo Programme

- 4.1. Following the successful implementation of the Epic system on 5 October 2023, the programme has moved into the stabilisation phase. We now have over 220,000 patients registered for MyChart across Guy's and St Thomas' and King's College Hospital, and colleagues continue to increase their familiarity with the system while any implementation issues are resolved as quickly as possible.
- 4.2. As we move into this next phase of the programme, I would like to announce that Avey Bhatia has stepped down from the Senior Responsible Owner (SRO) role. Jon Findlay, Chief Operating Officer, has taken over this role and associated delegated authority. He will work closely with Beverley Bryant, Chief Digital Information Officer, and other colleagues, to lead delivery of the next important phase of this critical programme.
- 4.3. On behalf of the Board, I would like to take this opportunity to convey my sincere gratitude to Avey for all of her extraordinary leadership and commitment as the SRO for this programme and also to Beverley for her continued key contribution to the successful delivery of our Epic programme. I would also like to thank Jon for taking on this role as we move forward with our collective ambition to realise the benefits of this significant transformational programme of work on behalf of our patients and staff.

5. IT Incident

- 5.1. An IT incident occurred on 19 December 2023, and confirmation has been provided that the cause was related to the expiry of security

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certificates. The incident affected the Guy's, St Thomas' and community sites but did not impact either Royal Brompton or Harefield sites. In response to this incident, a contractual review of the service provided by external partners has been commissioned and security certificates renewed. In addition, all other security certificates have been reviewed to provide assurance, alongside other mitigations, to prevent similar incidents reoccurring.

- 5.2. A second partial IT outage occurred on 12 January 2024 resulting from a failure of switches within the Atos data centre. This led to two hours of downtime from Epic for approximately 20% of users across all sites, which also affected King's College Hospital, and business continuity arrangements were invoked.
- 5.3. The Trust's reliance on our underlying technology systems has further increased since the Apollo go-live. A broader review of the resilience of the Trust's technology infrastructure has been commissioned, as a follow-up to the actions following the major outage in July 2022 to ensure that we have a full understanding of our risks and resilience.

6. Supporting our Workforce

6.1. Anti-racism statement

- 6.2. The Trust is committed to being an anti-racism organisation which actively tackles racism in all its forms. Our first anti-racism statement, published in January, sets out this commitment for our patients, staff, visitors and partner organisations. Our commitment to anti-racism means that we will endeavour to actively oppose and dismantle racism in all its forms, and acknowledge and challenge our personal biases, adapting our ways of working in order to actively promote inclusivity and diversity. Our statement is as follows:

Guy's and St Thomas' NHS Foundation Trust is committed to being an anti-racism organisation. We acknowledge that racial discrimination exists and that this has a profound impact in our own organisation and in the communities that we serve. We therefore take a zero-tolerance approach - challenging and tackling racism in all its forms and reviewing our processes, policies, procedures and behaviours.

We are working to remove systemic racial discrimination and to improve the experience of our staff and all who use our services. We are co-creating an environment where our staff, patients, partners and the public hold us to account for delivery against this commitment. This commitment extends to the relationships we have with our partner organisations.

We are listening to our staff and patients, and for this statement to hold true, we recognise we need to work together to:

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- *provide strong leadership from the Trust Board and executive team, and support the organisation to deliver the changes required*
- *be transparent and accountable, and measure our progress and the impact we are having*
- *ensure genuine zero-tolerance to racism, going beyond what we do now*
- *recognise that language is 'political' and that we need to work harder to connect with people*
- *go further to recognise the value of ethnic diversity within our workforce and the communities we serve*
- *ensure inclusion is central to our Trust values and behaviours which shape everything we do for our staff and patients*

6.3. Over the coming months, the Equality, Diversity and Inclusion team will be supporting a programme of engagement across the organisation to understand what more needs to be done to ensure, that as a Trust, we challenge and tackle racism in all its forms and ensure we are an inclusive and welcoming place to work for all of our colleagues, regardless of their background.

6.4. Apprenticeship pathways

6.5. Since 2017, the Trust has seen steady growth in the number of staff accessing apprenticeships, and we have introduced a range of apprenticeships leading to professional qualifications, including in Occupational Therapy, Physiotherapy, Dental Nursing, Nursing Associate, Procurement and Healthcare Science.

6.6. Implementing the NHS Long Term Workforce Plan, published by NHS England in June 2023, requires a significant increase in effective education and training for a sustainable, future workforce, with education clearly prioritised alongside service demand and workforce planning.

6.7. The Trust has increased its educational opportunities and training offer, and created innovative, alternate routes into professional roles, such as apprenticeships. There has been a very positive impact from apprenticeships, which are also an effective pathway for improving diversity in healthcare, with 65% of uptake to date being from people from black and ethnic minority backgrounds. We are also seeing high retention of staff from internally delivered programmes, and a strong example of this is through our dental nursing apprentice pathway where 91% of dental nurse apprentices remain with the Trust on completion of programme.

6.8. A key focus for the Trust to invest in apprenticeship trainee posts across clinical professions and to recruit from our local population, ensuring sustainable training pathways with employment and retention a realistic goal that will help to maintain our workforce.

6.9. Sexual safety in the workplace

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- 6.10. Avey Bhatia, Chief Nurse, had been designated as executive lead for sexual safety in the workplace. The Trust has firm intentions to build on our robust safeguarding processes for protecting patients, improving victim support and focusing on early intervention and prevention to ensure a safe culture and a zero-tolerance environment for any form of sexual harassment in the workplace.
- 6.11. An independent, national report on sexual misconduct in the surgical workforce was published in September 2023 and highlighted concerning levels of sexual assault and harassment experienced by female surgeons working in the NHS. NHS England has launched its first ever 'Sexual Safety in Healthcare Organisational Charter' in collaboration with key partners across the healthcare system. The Trust has signed up to the NHS England Sexual Safety in Healthcare Organisational Charter and the Chief Nurse's Office, together with the Office of the Chief Medical Officer and Workforce team, have developed a sexual safety policy covering patients and staff, alongside proposals and principles designed to prevent sexual misconduct. The Trust additionally has representation in the national policy group focused on developing a range of interventions to ensure a safe working and care environment for all our staff and patients.
- 6.12. Supporting governance (including a newly-initiated Sexual Safety Group) has also been established, and the People, Culture and Education Committee will monitor the implementation and key delivery of the Trust's plan and the NHSE Charter. The Sexual Safety Group will be co-chaired by the Deputy Chief Medical Officer for Professional Development and the Guardian of Safe Working.

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 January, the Committee discussed the Trust's financial performance for the first nine months of the financial year.
- 7.2. At the end of month 9 (December) the Trust has posted a deficit of £15.5 million reflecting an improvement of £4.1 million when compared to the previous month. This position assumes the allocation of additional funding from NHS England to address additional costs impact from industrial action.
- 7.3. The main drivers of the adverse position to date are additional costs from inflation and shortfalls against efficiency targets. The Trust continues to drive its financial efficiency programme and reasonable progress has been made in identifying schemes to meet the overall target for the year. Further effort in delivering planned schemes will be required during the final half of the year.
- 7.4. The Trust is continuing to spend capital to invest in service improvements for the benefit of our patients. The Trust's total planned

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capital programme for the year stands at £100 million, including its Capital Department Expenditure Limit (CDEL) and other funding sources. At month 9, year-to-date expenditure of £82.2 million was £2.2 million above the phased plan.

- 7.5. At the end of month 9, cash holdings were £89.1 million which is a decrease of £41.7m against the opening balance. This includes the cash support of £57.5M received in October 2023, but not the £24.5m additional funding which has been accrued in-month.

8. Working in south east London and beyond

8.1. Acute Provider Collaborative

- 8.2. The Trust continues to work with system partners through the Acute Provider Collaborative (APC) to support and accelerate the delivery of high-quality and efficient services for the population of south east London and address the key challenges currently faced by the system.
- 8.3. Building on the progress and the strong foundations of our current collaborative model, we have commenced a piece of work with our south east London acute provider partners, King's College Hospital and Lewisham and Greenwich, to further develop our model. Our collective aim is to ensure we are working effectively as place-based partners and making the most of the opportunities offered by working together for the communities we collectively serve.

9. Key events and awards

9.1. Opening of the Children's Day Surgery Unit at Evelina London Children's Hospital

- 9.2. The state-of-the-art Children's Day Surgery Unit at Evelina London Children's Hospital has been opened officially by Her Royal Highness, The Princess of Wales, Evelina London's Royal Patron. The new space-themed facility has 2 operating theatres, and will help Evelina London to treat an additional 2,300 children per year.
- 9.3. To mark the occasion, Her Royal Highness was given a tour of the new unit and met with staff, patients undergoing procedures in the facility and their families. She heard how families are now having a much smoother experience on the day of their child's surgery as pre-surgery checks, the operation, recovery and preparation for going home can all be done seamlessly in one place, on the same day.

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9.4. Expansion of the Trust's respiratory metagenomics programme

9.5. The Trust welcomed the Deputy Prime Minister in January, where he announced a new strategic partnership between the UK and US on Biological Security reflecting the shared ambition to confront biological threats. The Deputy Prime Minister also announced an additional £2 million funding for the expansion of the Trust's respiratory metagenomics project to improve disease detection and bio-surveillance.

9.6. Colleagues at the Trust have recently completed a 3-year pilot study period of a new respiratory metagenomics service that embeds rapid identification and analysis of pathogens in an intensive care unit environment.

9.7. The Department of Science Innovation and Technology (DSIT) is investing over £2 million, alongside over £1 million from NHS England, to establish a national programme to replicate and scale the existing respiratory metagenomics pilot service at St Thomas' Hospital to a consortium of NHS trusts. This holds the potential to improve patient outcomes through accelerated diagnostics and personalised interventions, including the rapid identification of anti-microbial resistance organisms.

9.8. 2024 New Year Honours List

9.9. Two staff members at the Trust have been recognised in the 2024 New Year Honours List.

9.10. Professor David Edwards, consultant neonatologist at Evelina London Children's Hospital and Professor of Paediatrics and Neonatal Medicine at King's College London, was made an MBE (Member of the Order of the British Empire) and recognised for his services to health research. Professor Edwards, has spent over 20 years working on the discovery and implementation of the first, and still the only, effective treatment for oxygen starvation in newborn infants. This intervention, called therapeutic hypothermia, is now used globally and doubles the chance of normal survival while dramatically decreasing health care costs.

9.11. Moses Ayoola, Director of Estates and Facilities, was made a BEM (British Empire Medal) and recognised for his services to leadership in the NHS. With almost 20 years of experience working in and supporting the NHS, Moses has been an inclusive and values-based leader in estates and facilities management, championing patient experience.

9.12. In addition to two staff members being recognised, one of the Trust's patients became the youngest ever recipient of a New Year Honour. Tony Hudgell, 9, was made a BEM for his services to the prevention of child abuse. He received specialist and life-saving treatment at Evelina London and is a dedicated fundraiser for Evelina London Children's Charity. He has raised over £1.8 million for

NHS CONFIDENTIAL - Board

the charity which supports the hospital to provide care for its young patients and their families.

9.13. News Week – Hospital ranking

9.14. Despite the real challenges we face as an organisation, it is important to recognise the high quality, innovative and compassionate care we provide to our patients. I wanted to share with the Board that in the 2024's News Week UK best hospital analysis St Thomas' Hospital was ranked first and Guy's Hospital ranked fourth out of all UK hospitals. I am also pleased to share that Royal Brompton Hospital were ranked ninth globally for Cardiology. This is a fantastic achievement and is testament to the brilliant and pioneering care from our outstanding staff.

10. Board committee meetings and supporting information

10.1. Since the last public board meeting we have met a number of times as a Board in committee and the following meetings have taken place since the last public Board meeting in October 2023. Minutes for all of these meetings are included in the Board paper pack.

- | | |
|--|------------------|
| ○ Finance, Commercial & Investment Committee: | 1 November 2023 |
| ○ Quality and Performance Board Committee: | 8 November 2023 |
| ○ Transformation & Major Programmes Board Committee: | 22 November 2023 |
| ○ People, Culture & Education: | 6 December 2023 |
| ○ Audit & Risk Committee: | 20 December 2023 |

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11. Consultant Appointments from 1 October 2023 – 31 December 2023

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

Name of post	Appointee	Post Type	Start date
Consultant cellular pathologist, specializing in Thoracic Pathology	Yuzhi Zhang	Newly Created Post	01/02/2024
Consultant cellular pathologist, specializing in Thoracic Pathology	Lauren D'Sa	Newly Created Post	01/02/2024
Consultant in Diabetes & GIM	Aaisha Saqib	Newly Created Post	01/12/2023
Consultant in Endocrinology & GIM	Russell Martin Senanayake	Vacant Post	01/02/2024
Consultant in Palliative Medicine	Phoebe Rachel Wright	Newly Created Post	25/01/2024
Consultant Haematologist special interest in Haemostasis & Thrombosis	Emma Lucy Annabel Neave	Vacant Post	02/01/2024
Consultant in Neurology	John Frank William Baker	Vacant Post	01/12/2023
Consultant in Pain Management	Catherine Joanna Stack	Vacant Post	05/03/2024
Consultant in Oral and Maxillofacial Surgery	Rafal Bartosz Niziol	Newly Created Post	19/12/2023
Consultant cellular pathologist, specializing in Thoracic Pathology	Yuzhi Zhang	Newly Created Post	01/02/2024

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

Title:	Freedom to Speak Up annual report
Executive Lead	Julie Screatton (Chief People Officer)
Non-Executive Lead	Nilkunj Dodhia (Non-Executive Director lead)
Contact:	Eve Bignell (Lead Freedom to Speak up Guardian)
Purpose:	The aim of this paper is to update the Board on the case numbers and themes raised through the speaking up service over the last 12 months, to share the learning from all areas of the Trust and areas for improvement including the priorities for the next 12 months.
Strategic priority reference:	TO CARE FOR AND SUPPORT OUR STAFF
Key Issues Summary:	<ul style="list-style-type: none"> • From October 2022 to September 23 the speaking up service has dealt with 262 cases across the trust. This is marginally higher than the previous 12 months. • The GSTT speak up service sees significantly more cases than many of our comparators however this should be seen a positive that there is good awareness of the service. • The Staff Survey 2022 shows that staff (both nationally and at the Trust) feel less safe to speak up and are less confidence that their concerns will be acted upon than in previous years. • Restructure of the Freedom to Speak Up service has been implemented, although further work on the cased management systems are in progress.

	<ul style="list-style-type: none"> • The number of Speaking Up Advocates, now called Speaking up Champions, has remained stable at around 300 staff volunteers • The Speaking Up Champions represent the diversity demographics of the organisation.
<p>Recommendations:</p>	<p>The BOARD is asked to: Note the report from the Freedom to Speak up Guardians and to continue its support of the initiative.</p>

WEDNESDAY 31 JANUARY 2024

1. Background and introduction

This is the seventh annual report to the Guy’s and St Thomas’ Board by the Freedom to Speak Up Guardians. The Guardians now report to the Board twice a year: in July to the Quality and Performance Committee with a mid-year update, and then with an annual report to the Public Board in January.

The aim of this paper is to update the Board on the case numbers and themes raised through the speaking up service over the last six months, to share the learning and areas for improvement including the priorities for the next 12 months.

2. Performance

This report covers the 12 months from October 2022 to September 2023 in which the Guardians have had 262 cases. This is marginally higher than the previous 12 months, although the spread across the year was different with 162 cases in the first half and 100 cases in the second half of the year.

Historically, the Trust’s speak up service sees significantly more cases than our comparators. This should be seen as a positive,

indicating that staff are aware of the service and are confident approaching the Guardians. The number of cases and key themes is shared with the National Guardian's office on a quarterly basis and published on the Model Health System website.

48% of the contacts at GSTT were made through the confidential email account, 49% were made directly to the Guardians, 2% were made through Speaking Up Advocates, and the final 1% were made via other routes such as direct to the Executive offices or the Employee Assistance Programme.

Cases have come from a broad section of the Trust and across all occupational groups. The breakdown of staff groups using the service is shown in Appendix 1 by percentage. Appendices 4 and 5 provide data, where known, on the ethnicity and banding of staff contacting the service between 2020 - 2023

2.1 Freedom to Speak Up cases

All contacts to the Freedom to Speak Up Guardian are logged on a confidential database and themed in line with the National Guardian's office recording issues guidance. This data does not include details of informal contacts with the Speak Up Advocates.

There was a significant increase in the number of general queries raised through Speak Up, both about Speak Up (40 compared to 18 in the previous year) and about other issues (24 compared to 12), for this reason the queries have been excluded from the data below showing the percentage of cases (rather than contacts) managed by the guardians.

The cases are grouped by theme and, once again, the breakdown of personal relationships and alleged poor behaviour across the Trust including bullying and harassment are behind many of the cases (46%). It is also of note that 15% of these cases cited bullying and harassment which is a consistent with the previous 12 months. When 'culture' is included the proportion of cases relating to relationships continues to be high (58%)

The impact of poor relationships across the Trust cannot be overstated and will impact both on staff retention as well as on the quality of service we offer to our patients. The Trust launched a new people management training programme in 2023, designed to improve the skills of our managers around cultural competence. This programme is designed to develop compassionate leadership which will have a positive impact on our culture and notably our ambition to be an inclusive employer.

Concerns about the Workforce team continue to be a significant proportion of concerns (14%) with many reporting challenges in accessing the services. This must be considered in context where staff may be distressed, for example, where issues with payroll are not resolved quickly in the current financial crisis.

There were 11 Patient Safety or Quality concerns compared to 19 in the previous 12 months. These include a case where services were being withdrawn due to the withdrawal of central funding and situations where staff behaviours directly impacted on the quality of care delivered.

The data is shown at Appendix 2

2.2 Speaking up service user feedback

When a case is closed by the Freedom to Speak Up Guardian, a confidential survey is sent out to capture feedback on their experience and to seek any areas for improvement. Below are some comments and confidential feedback from staff who have used the speaking up services:

Overall positive experience and feel this is an effective service.

I was amazed at the speed in which my call was returned. [The guardian] listened to me without judgement. She was supportive and discussed various options. She was welcoming in my follow-up email and responded with apt suggestions, which was helpful

I found them to be kind, supportive and non-judgmental.

[The guardian] was fantastic in helping me to think through my dilemma and in bringing in an alternative view. She was very supportive in follow-up with me after I had met with the head of service. I know that [she] will stand by me if I continue to have concerns.

The speak up guardian was very supportive and offered good advice.

The response was immediate and supportive, this gave me confidence to speak within our directorate. Thank you. Keep it up. Please continue to provide the support, which is absolutely essential in the current situation in the NHS

Unfortunately, it is not always possible to manage the expectations of staff or to solve all problems that come to Speak Up.

Speaking up is difficult where it might be obvious that I was the person raising concerns. It might be bad for my mental health. My concerns might not be seen as I see them, somethings might be denials or given justification.

I waited a long time for an answer & didn't receive helpful advice or a follow up query.

The service needs to be totally independent of the Trust.

3. Results from 2022 Staff Survey

There are four questions in the Staff Survey which relate to staff feeling safe to speak up and confidence that their concerns will be heard. In each question, the positive scores for the Trust were lower than the previous year but remain consistently above the National Average (which were also lower than previous years in each question). A breakdown of these results is shown in Appendix 3.

Other key findings include:

- Male staff on average feel less safe to speak up than female staff
- Staff from minority ethnic groups on average feel less secure and safe to speak up than white staff
- More gay/lesbian/bisexual staff (including those who prefer not to disclose) have reported feeling unsafe to report any concerns
- There is a wide variation of confidence in terms of staff groups and banding – with Agenda for Change band 3 and below, consultants and specialist registrars feel less safe to speak up.

These results help show some areas for focus for future training and development.

4. Speaking Up Champions

In April 2020 the National Guardian's Office issued guidance for Guardians on introducing and managing networks of staff volunteers. Their role is to raise the awareness of the Speak Up service, to support colleagues by listening to concerns, to signpost to appropriate services or to escalate the concerns to the Guardian for investigation. Guy's & St Thomas' established their network of Speak Up Advocates – now called Speaking Up Champions - when the service first started seven years ago.

We now have around 280 Champions across the Trust and the numbers continue to grow. Staff are encouraged to contact Champions from any part of the Trust or any staff group. The breakdown below shows the numbers of Speak Up Champions by staff group and clinical group.

Speaking Up Advocates by Clinical Group and staff group									
Clinical groups	Nursing	Doctors	Dentists	Pharmacists	Scientists	AHP	Technicians	Admin/Clerical (including management)	Total
Evelina London - Women's and Children's	22	3		1	2	4		8	40
Integrated and Specialist Medicine	37	3	2	7	3	20	2	22	96
Cancer and Surgery	21	4		1	3	5		19	53
Heart, Lung and Critical Care	14	2			2	2	2	10	32
Non-clinical areas	3							58	61
Total	97	12	2	9	10	31	4	117	282

5. Priorities for the year ahead

5.1 Development of the Freedom to Speak Up service

In 2023, we were funded to appoint two new deputy Guardians to the team to reflect our ambition to develop the service to be more proactive and strategic in focus and to engagement with and reporting to all the Clinical Group Boards.

5.2 Improve quality and depth of FTSU data

We now collect data on the protected characteristics of staff using the service. The collection of this data is not straightforward given that staff contacting the service mostly wish to protect their anonymity and often feel vulnerable when they do so. However, in recognition of the benefits of this information and as an anti-racism Trust we will look to find the best way to request and record this data sensitively.

5.3 Freedom to Speak Up training

The National Guardian Office and Health Education England developed a series of on-line training modules: 'Speak Up' for all staff, 'Listen Up' for managers and 'Follow up' for leaders. This training package is now available through our College of Healthcare Learning hub. As part of the Freedom to Speak Up promotion, and to encourage staff to complete this training we have designed a pin badge with the message 'Speak Up, I'll Listen' which will be offered to everyone who has completed the Speak Up training.

6. Conclusion

The Board is asked to note the report from the Freedom to Speak up Guardian and to continue its support of the initiative.

APPENDIX 1: STAFF ACCESSING THE SPEAK UP SERVICE BY OCCUPATIONAL GROUP BY MONTH

NGO Theme	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21	Jan-Mar 22	Apr-Jun 22	Jul-Sep 22	Oct-Dec 22	Jan-Mar 23	Apr-Jun 23	Jul-Sep 23
Additional professional scientific & technical	1%	12%	0%	4%	2%	18%	14%	12%	10%	4%	8%
Medical & Dental	5%	7%	21%	14%	17%	4%	8%	12%	22%	11%	8%
Nurses & Midwives	42%	28%	26%	36%	28%	40%	37%	32%	19%	15%	38%
Admin & Clerical	19%	31%	29%	14%	26%	27%	23%	33%	26%	43%	34%
Allied health professionals	15%	10%	21%	10%	17%	0%	10%	4%	4%	11%	4%
Additional clinical service	5%	1%	0%	4%	7%	5%	1%	3%	2%	4%	0%
Estates & ancillary	0%	4%	0%	5%	2%	4%	3%	1%	10%	6%	2%
Healthcare scientists	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Students	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	4%
Not Know	11%	3%	0%	10%	2%	0%	0%	0%	0%	0%	2%
Anonymous	1%	1%	3%	3%	0%	2%	4%	3%	3%	2%	2%
Other	0%	0%	0%	0%	0%	0%	0%	0%	1%	4%	0%

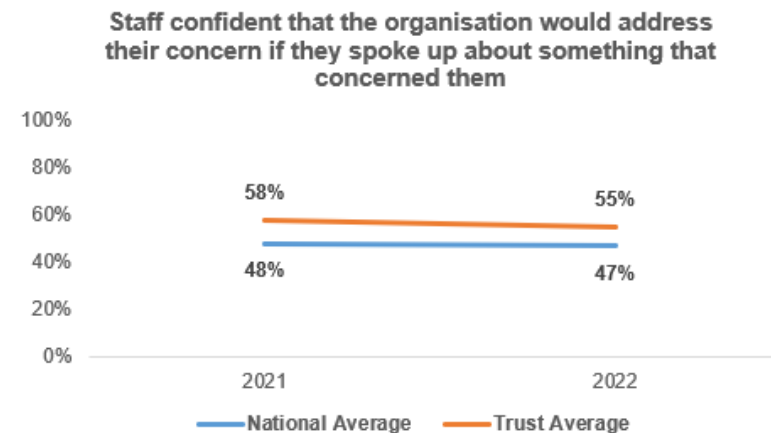
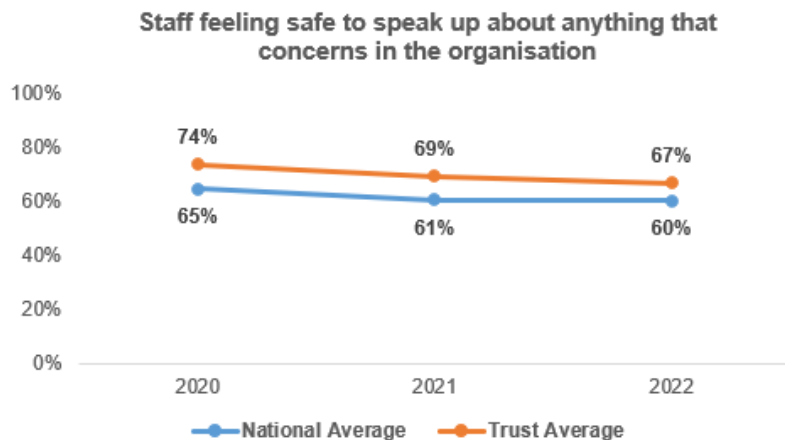
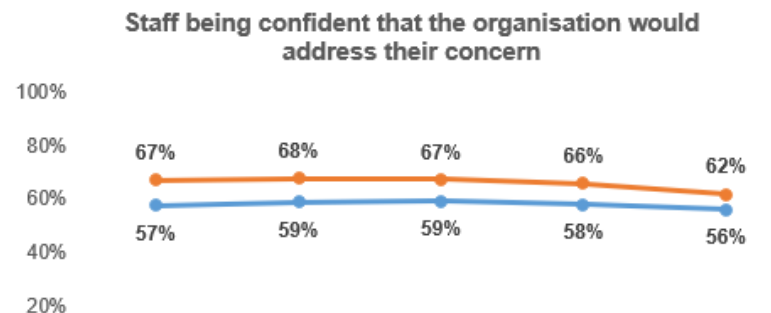
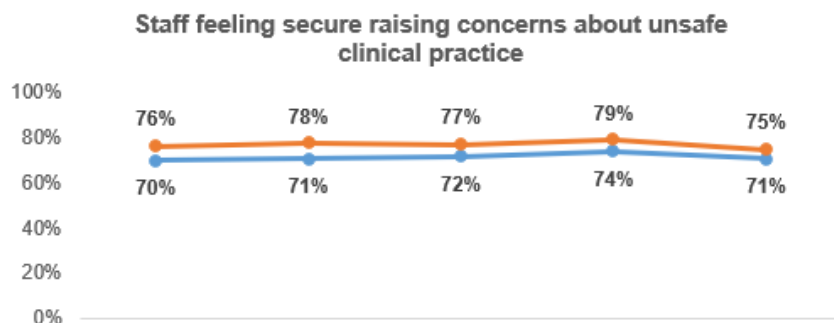
APPENDIX 2: BREAKDOWN OF ISSUES RAISED VIA THE SPEAK UP SERVICE BY MONTH

NGO Theme	Jul-Sep 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21	Jan-Mar 22	Apr-Jun 22	Jul-Sep 22	Oct-Dec 22	Jan-Mar 23	Apr-Jun 23	Jul-Sep 23
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Behaviour/relationship	16	14	17	11	14	22	11	14	17	11	12	12	25	9	26	11	16
Bullying/ Harassment	12	13	7	6	4	10	10	11	6	24	13	11	11	10	10	8	2
Culture	0	0	1	1	7	1	4	4	2	5	3	5	9	3	8	6	5
Environment	1	0	2	1	1	0	0	0	1	1	0	0	1	1	4	1	2
Fraud	0	0	0	0	1	1	0	0	0	2	1	0	1	0	0	0	1
HR	9	7	5	10	5	6	14	7	4	6	9	5	7	9	7	6	5
Patient Complaint	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0
Patient safety/quality	5	7	2	8	2	4	13	1	0	5	2	7	5	5	3	1	2
Query- non-speak up	0	0	1	3	1	1	5	8	1	7	1	3	1	4	19	1	0
Query- Speak up	3	4	1	2	4	5	6	8	0	4	3	6	5	13	11	3	13
Staff safety	1	1	4	17	10	5	8	6	1	5	4	0	2	1	0	0	1
System/process	2	2	12	4	0	0	1	6	5	6	6	4	4	10	3	4	4
Unknown	4	4	3	1	0	0	2	2	1	1	0	2	2	4	2	6	2
Total	53	52	56	65	49	55	74	67	38	78	54	55	73	69	93	47	53

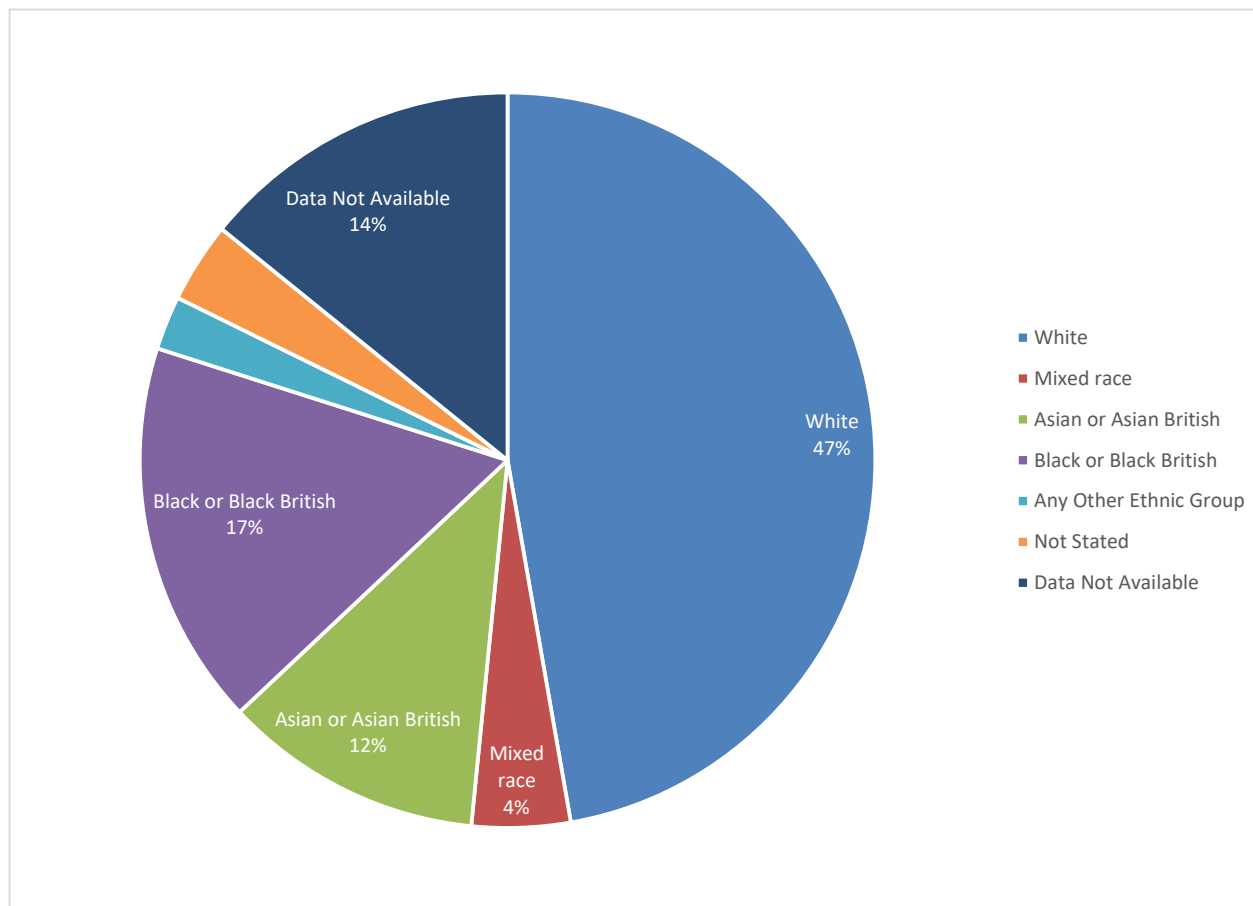
APPENDIX 3

2022 NHS Staff Survey Results

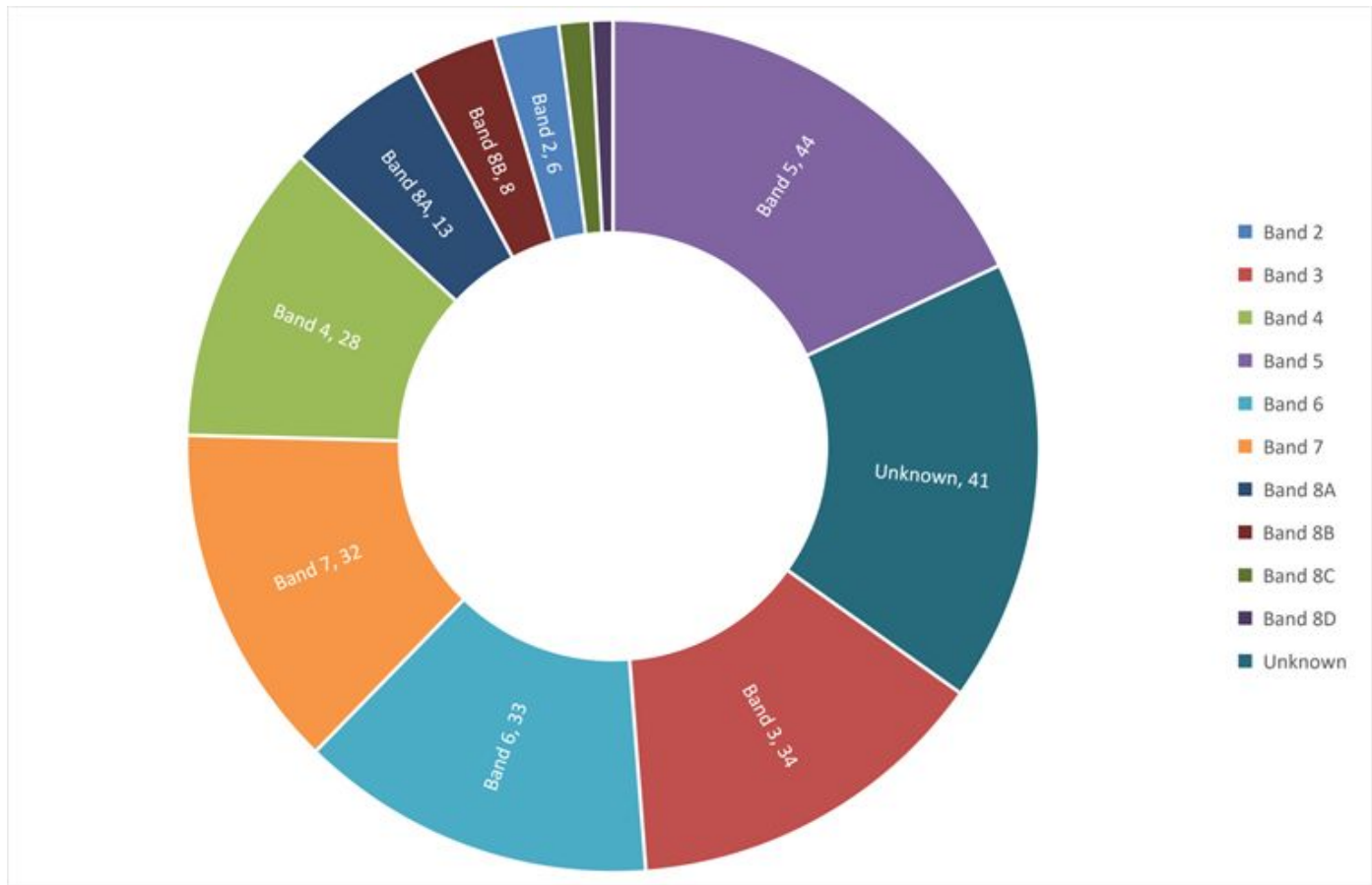
Insight into the results on the questions that contribute towards the Raising Concerns sub-score (Speaking Up)



Appendix 4 - FTSU Case Log Data 2020-2023 - Ethnicity

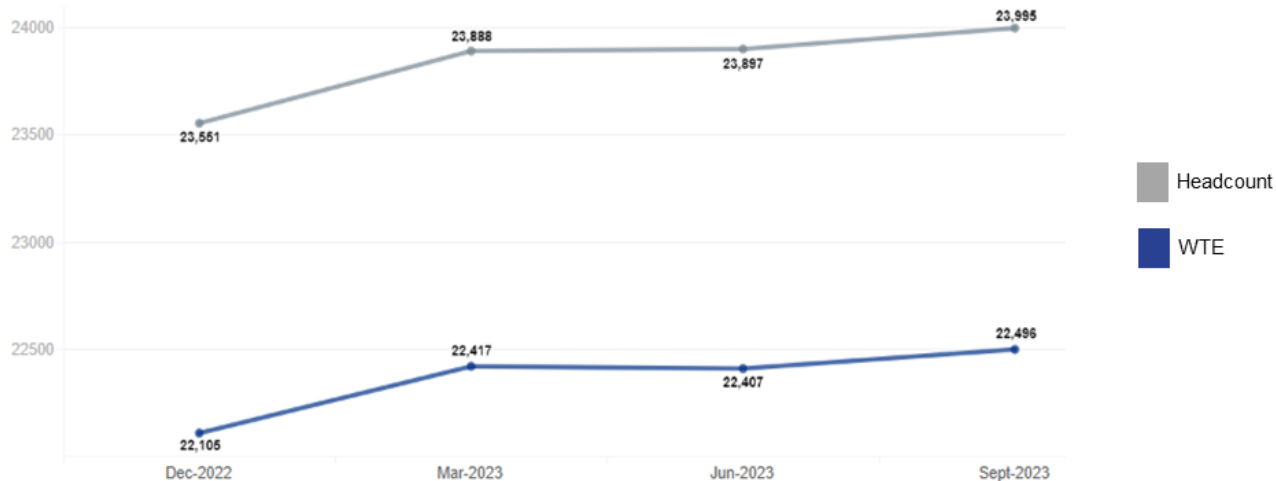


Appendix 5 - FTSU Case Log Data 2020-2023 - Bandings



Appendix 6 - GSTT Workforce Profile: October 2023

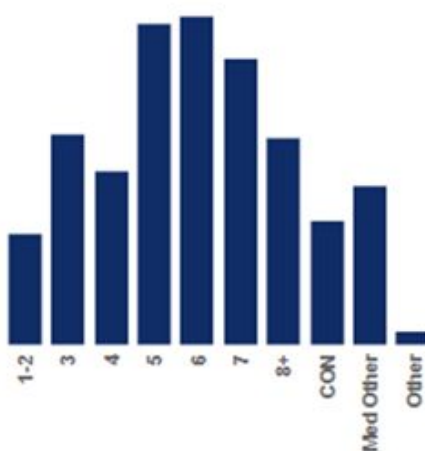
Staff in Post (Oct 2022 – Oct 2023)



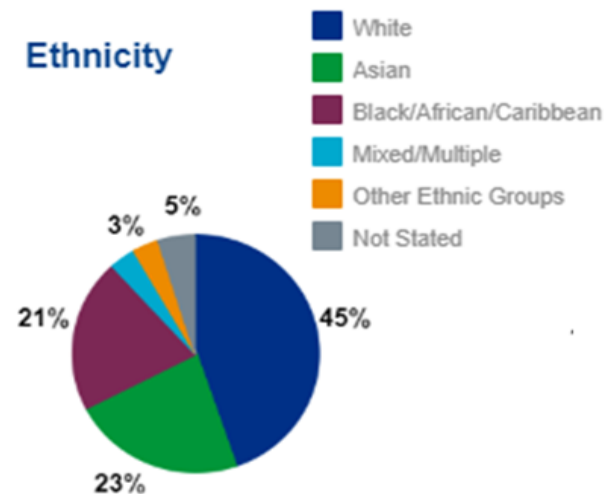
Staff Group/Profession

Administrative and Clerical	31%
AHPs	7%
Healthcare Scientists	3%
Medical and Dental	14%
Nursing & Midwifery	30%
Other ST&T	4%
Support to Clinical	9%

Grade Band



Ethnicity



**BOARD OF DIRECTORS
AUDIT AND RISK COMMITTEE**

**Wednesday 20th December 2023, 1pm – 3.30pm
Robens Suite, Guy's Hospital**

Members present:	Nilkunj Dodhia (Chair) Miranda Brawn	Simon Friend
In attendance:	Charles Alexander (to item 7) Ian Abbs (to item 7) Saiqa Ali (item 6) Simon Bampfylde (items 8-10) Edward Bradshaw (minutes) Beverley Bryant Andrew Cavanagh Steven Davies Paul Dossett	Simon Lane Pia Larsen Charles Martin Satwinder Nandhra Fiona Nicholls (to item 8) Damien O'Brien Lawrence Tallon (items 6-9, MS Teams) Tendai Wileman

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Audit and Risk Committee (the Committee). Apologies had been received from Deirdre Kelly who had replaced Priya Singh as a member of the Committee.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting of the Committee

- 3.1. The minutes of the previous meeting of the Committee, held on 20th September 2023, were agreed as an accurate record.

4. Review of the action log and matters arising

- 4.1. The Committee reviewed the action log and noted updates in respect of many of the open actions would be captured by items on the meeting agenda. It was agreed that a representative from the Trust's workforce directorate would attend the next meeting to provide an update on action 85, regarding an internal audit of payroll costs.

- 4.2. The Chief Executive reported to the Committee that there had been a brief IT outage the previous day as a result of a network incident. This had required a number of sites to enact business continuity plans. The Chief Digital Information Officer explained how the issue was currently thought to have arisen and emphasised this was not a failure of the Epic system. The incident would be subject to a full and thorough investigation that would be reported back to the Committee in due course.

ACTION: BB

- 4.3. Early indications were that the incident had caused some impact to patient care; this would also be reviewed in detail and reported to the Quality and Performance Committee.

ACTION: AB, SS

- 4.4. There was discussion about the communications that had been made, or were needed, to patients, staff and the Trust's partners following the incident. Committee members also considered how similar incidents could be mitigated in the future, and 'single points of failure' identified and proactively managed to avoid other such incidents occurring. The Committee noted that the incident had been reported in the national press very quickly after it had happened, and it was agreed that there should be internal communications about staff responsibility to treat information confidentially.

ACTION: AK

5. External audit update

- 5.1. The external audit partner from Grant Thornton presented the indicative audit plan for the year ending 31 March 2024; this included the initial assessment of the Trust's key risks, audit logistics and the audit timeline. The plan was broadly consistent with the approach taken the previous year. Committee members queried how the audit fee had been calculated and whether there was anything the Trust could do differently in terms of its preparation to lower the fee.
- 5.2. The Committee also noted Grant Thornton's generic sector update, which covered developments across finance, workforce, quality and safety and technology. Clarification was sought about whether the audit would review the extent to which there was an open and listening culture across the organisation and, in the context of recent national developments requiring updated financial forecasts for the second half of 2023/24, how auditors across the NHS would consistently interpret and assess financial sustainability.

6. Internal Audit update

- 6.1. Since the previous Committee meeting the internal audit team had completed five audit assignments. The reports for three of these were still awaiting sign-off and would be presented at the next Committee meeting.
- 6.2. The report from the audit of administration space management had concluded that there were opportunities for the Trust to use its space more efficiently. There was discussion about how the Trust's Space Committee was working to improve the processes and governance arrangements for managing space across the Trust's estate, and how it would take forward these audit recommendations. It would be important for the Essentia Group and the Data, Technology and Information (DT&I) directorate to be fully involved in this work. Committee members noted that other sectors and industries were facing similar challenges following the pandemic. It was agreed that the work around space should be a part of a broader consideration about how the Trust was using its estate as productively as possible.
- 6.3. The high-level findings from the audit of Consultant Job Planning and Payments on ESR were provided to the Committee and it was agreed that:
- This topic would be scheduled for discussion at the next Committee meeting, with a representative from HR and the Chief Medical Officer's directorate in attendance; and
 - The topic would be scheduled for discussion at a Trust Executive Committee meeting prior to the Audit and Risk Committee's discussion.

ACTION: SN, EB

- 6.4. The Committee reviewed a list of recommendations from previous audits that had not yet been fully implemented. There was discussion about the possible reasons why these remained outstanding and recognition that some may have been superseded and were redundant as a

result. The internal audit team would discuss with the Committee chair the additional information that was needed in these updates going forward.

ACTION: ND, SN

- 6.5. An update on previous internal audit recommendations would also be scheduled at a Trust Executive Committee meeting ahead of the next Audit and Risk Committee meeting.

ACTION: EB

7. Counter fraud update

- 7.1. The Committee noted an update about the work of the counter fraud team, including the numbers of new referrals received and cases closed in the previous period.

8. Information governance and health record report

- 8.1. The Committee noted a comprehensive report on the work of the information governance team and health records service between April and September 2023. As the Trust had anticipated, NHS England had assessed the Trust's 2022/23 Data Security and Protection Toolkit submission as 'Approaching Standards – Plan Agreed', which acknowledged the known issues regarding the planned Windows 10 estate-wide roll-out and the ongoing work to ensure 95% of the Trust's server estate is on supported software. The Trust was making good progress in implementing the action plan.

- 8.2. Whilst recognising the impact of the Epic implementation on staff capacity, the Committee expressed concerns with the Trust's compliance with requests made under the Freedom of Information Act. There was discussion about the reasons for the current level of performance and about the actions being taken to improve response times. Feedback would be sought from corporate functions about how the process could be refined to facilitate more timely responses. There would be a significant push for improvement from the new year, and an update would be brought to the next Committee meeting and to the Trust Executive Committee beforehand.

ACTION: BB, EB

- 8.3. The Trust's performance in complying with Subject Access Requests had improved significantly despite the high volumes of requests received. The Committee noted that good progress was being made to clear the backlog of these requests, which had fallen by 50% as a result of the actions the Trust had taken in recent months, with progress reported regularly to the Information Commissioner's Office. There was consideration of what could be learned from other trusts with even better performance, and how to embed more accountability into the internal processes to drive improved compliance.

9. Data, technology and information (DT&I) update

Managed services agreements

- 9.1. One of the recommendations from the report into the previous summer's critical IT incident had been to strengthen the Trust's processes to proactively oversee managed service agreements with third party suppliers. Work to implement this recommendation had included refining the assessment and evaluation of supplier proposals, contract formation, monthly operational reviews and contract lifecycle management. In a number of these areas, DT&I was working closely with the Trust's procurement function. Committee members asked how the Trust sought assurance around supplier performance and noted the internal executive governance

arrangements for the ongoing monitoring of this. It would be important to ensure the key performance indicators used for this monitoring were robust and fit-for-purpose.

Data centre upgrade programme

- 9.2. The Committee noted that 22 of the 29 recommendations from the review into the previous summer's critical IT incident had now been completed, with the rest in progress and likely to be implemented on time.
- 9.3. The Epic system had reduced the operational risk associated with the Trust's on-site data centres, however it remained necessary for the Trust to invest in upgrading the remaining on-site infrastructure. The first phase of the data centre project, including an upgrade of the air conditioning, was reported as being on track, and this would mitigate the key environmental risks identified in the report. Plans for the second phase to deliver a more robust recovery solution had been pushed back to ensure the best solution could be delivered in the most cost-effective way. The risks associated with this delay were set out and had been mitigated.
- 9.4. The Committee welcomed the update and remained supportive of the work being done and the Trust's digital infrastructure plan. Members indicated that the infrastructure should be consistent across the Trust, including Royal Brompton and Harefield hospitals, and should align with the emerging Trust-wide data strategy.

10. Cyber security update

- 10.1. The Committee received an overview of the Trust's work to improve its cyber security arrangements in recent months, including:
- The roll-out of a supported version of Windows 10 was progressing and 95% of the Trust's devices were now on a supported version of Windows 10;
 - Work was underway to address the legacy server estate including decommissioning of legacy systems post-Epic go-live;
 - A simulated phishing test had been completed in November 2023, with the Trust's performance comparing positively with other NHS organisations;
 - An annual penetration test for the Trust's site infrastructure had been completed, with an independent tester confirming that the security of the infrastructure was configured to a good standard; and
 - An independent penetration test for the Epic environment had been carried out, with technical weaknesses identified having already been prioritised and actioned.
- 10.2. Committee members welcomed the positive updates received. There was discussion about how the Trust routinely monitors and manages cyber security arrangements where the Trust had interfaces with third parties, for example the Pathology Business Unit (PBU). This would be reviewed and reported back to the Committee.
- ACTION: BB**
- 10.3. The Committee noted that a penetration test of the medical device environment that provides integration of medical devices to Epic was planned for early 2024 and there was consideration of the possible results and the extent of the suppliers' responsibilities. Although much of this infrastructure had been replaced by Epic, it was still anticipated that some weaknesses might be identified. An update would be brought back to the Committee in June 2024.
- ACTION: BB**

11. Bad debt provision

- 11.1. Following a recommendation in its external audit report regarding the 2022/23 annual accounts the Trust had reviewed its implementation of the international financial reporting standard regarding provisions for bad or doubtful debts to ensure its approach was prudent, but not overly risk-averse. The Committee reviewed the new proposed approach and the associated financial impact on the 2023/24 accounts, and discussed the Trust's success in recovering debts from staff and overseas visitors, and the use of external debt collection agencies.

RESOLVED:

- 11.2. The Committee approved the proposed revision to the Trust's bad debt provision methodology.

12. Board Assurance Framework update

- 12.1. The Trust had a documented and well-understood process for the management of the strategic risks on the Board Assurance Framework (BAF), based largely on Board committees owning risks relevant to their area of business. Annual internal audits of the BAF had consistently assessed the process as fit-for-purpose and operating effectively.
- 12.2. To reflect the collective ownership of the BAF by the unitary Trust Board, a review of the full BAF was undertaken at the Board away day on 1 December 2023. The Board had concluded that the risks on the BAF remained appropriate but requested a number of changes to the BAF format, and there was also a renewed commitment to using the BAF as effectively as possible going forward.
- 12.3. The Committee received and agreed with a summary of the changes the Board had requested, and noted that work would now start on operationalising these, with an update to be brought back to the next Committee meeting in February 2024.
- 12.4. It was requested that, in Board committee meetings, the executive owners of the risk spend more time on talking about how the risks were being managed.

13. Any other business

- 13.1. There was no other business.

The next meeting of the Committee would take place on Wednesday 28th February 2024

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

**Wednesday 1st November 2023, 1.00pm – 3.30pm
Robens Suite, Guy's Hospital**

Members present:	Simon Friend (Chair) Ian Abbs Charles Alexander Avey Bhatia Steven Davies	Nilkunj Dodhia Jon Findlay Pauline Philip Ian Playford (via Teams) Lawrence Tallon
In attendance:	Loranna Alvarez (Minutes, via Teams) Jordan Abdi – until item 13 Sid Ahmed – until item 13 Sarah Austin – item 6 (via Teams) Gubby Ayida – item 10 (via Teams) Edward Bradshaw Ellen Burgess – item 13 Beverley Bryant	Damien O'Brien – until item 13 Pia Larsen – item 11 Anita Knowles Simon Mendy Alison Mould – until item 13 (via Teams) Peter Parr – until item 13 Simon Wombwell – until 2.30pm Philip Whitecross – item 13

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Finance, Commercial and Investment Board Committee (the Committee). No apologies had been received from Committee members.

2. Declarations of interest

- 2.1. Charles Alexander, Beverley Bryant and Simon Friend declared their positions as members of the Board of Directors at King's College Hospital NHS Foundation Trust in respect of item 8, regarding an update on conversations with the Integrated Care Board (ICB) and key stakeholders. It was agreed that they would not need to recuse themselves for this item.

3. Minutes of the previous meeting

- 3.1. The minutes of the meeting held on 13th September 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 two strategic risks on the Board Assurance Framework that it owned; these related to the Trust's financial sustainability and the impact of restrictions on capital expenditure. These would be kept in mind during discussions and the risks would be reviewed later in the meeting.

6. 2023/24 Month 6 Finance report

- 6.1. An update was provided on the Trust's financial position for the six months to 30th September 2023. Whilst the Trust had made good recent progress in improving and implementing cost controls, and anticipated continued improvement through the winter, the overall financial position

remained challenged. The key reasons for the variance to plan included increased expenditure as a result of industrial action, ongoing use of the independent sector to reduce the elective backlog and the under-delivery of cost improvement plans. The Committee acknowledged that not all of the drivers of the current position had been within the Trust's control. The finance team was also closely managing both the cash balance and capital expenditure.

- 6.2. The Committee discussed how the Trust could still deliver its forecast breakeven plan and members took the view that this plan currently remained challenging but achievable. The Chief Financial Officer explained the process for the Trust to formally reforecast its full-year financial plan, should this be needed. It was expected that the net deficit run-rate would reduce in the following months as internal theatre capacity increased and in the absence of any further planned industrial action. The Board acknowledged the risks in the current position and the high level of uncertainty in the wider financial environment. It was agreed that a deep dive into the Trust's financial controls and mitigations should take place in January 2024.

ACTION: SD

- 6.3. Details of the costs associated with the Trust's provision of mental health beds to accommodate patients with mental health conditions requiring emergency care would be provided to non-executive members of the Committee.

ACTION: SD, SA

7. Apollo financial update

- 7.1. The Committee noted the capital costs of the Apollo programme to date and the forecast revenue impact from 2024/25 onwards. Additional financial analysis and modelling following the go-live of the Epic electronic health record system had highlighted some unanticipated costs, including in relation to licences and the stabilisation and optimisation period following go live of the new system. It was agreed that the financial benefits of the system would be driven forward by the clinical groups and maximised through ongoing collaboration with King's College Hospital. Further clarity would be provided to the Board about who would have overall executive responsibility for Apollo benefits optimisation, and how the Board would be kept sighted on this work.

ACTION: IA

- 7.2. A paper would be brought to the next Committee meeting providing an update on programme costs since the original business case.

ACTION: AB

8. Update on ICB conversations and stakeholder management

- 8.1. The Committee noted the financial position across the South East London Integrated Care System and an update on recent discussions with key partners on accelerating improved financial performance across the system.

9. Private Patients performance

- 9.1. The Trust's total revenue from private patients had exceeded plan in month 6, although the year-to-date position remained marginally behind plan. The Committee discussed the reasons for the variance. Although there had been growth in demand for private patient services since the COVID-19 pandemic, the Trust needed to be increasingly proactive in growing opportunities to improve the overall financial position. The Committee continued to ask for information on the margins from private patient work which remains outstanding.

ACTION: DS

10. Gender Development Service Costs

- 10.1. The Committee received an update on the costs linked to the South Hub gender development service for children and young people. Whilst NHS England had confirmed that all costs incurred

or committed by the Trust to date in connection with the establishment of the service would be reimbursed, the final funding envelopes were yet to be finalised. The Committee agreed that the Trust required full assurance on funding. A meeting to discuss this further would be held with NHS England later in the month, and an update brought to the next Committee meeting.

ACTION: GA, DO

11. Procurement update

11.1. The Chief Procurement Officer had undertaken a recent assessment of the Trust's procurement function to ensure it was fully compliant and enabled the Trust to meet service needs. The Board noted the outcomes of this review, including conclusions on the capacity and capability of the procurement team, its organisational structure and the arrangements in place for managing commercial and contractual risk.

11.2. The Committee welcomed the work that had been done and supported the proposals to refresh the Trust's procurement approach, and suggested a stocktake to identify priority areas for collaborative working across the system to inform optimal deployment of the Trust's finite resources. An update would be brought to the meeting in March 2024.

ACTION: PL

12. Board Assurance Framework

12.1. The Board Assurance Framework risks owned by the Committee were reviewed and the updates made to the controls and assurances were noted and accepted. The Chief Financial Officer drew the Committee's attention to the gaps in controls where the Trust had significant dependencies on the external environment.

13. Any other business

13.1. An update was provided on the progress of the Cardiology Centre of Excellence. The Committee also received an update from the Board of Guy's and St Thomas' Enterprises Limited on the progress of the potential disposal of a wholly owned subsidiary (Project Florence).

NHS CONFIDENTIAL - Management

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

Title:	Finance Report for the nine months to 31st December 2023
Responsible executive:	Steven Davies, Chief Financial Officer
Paper author:	Damien O'Brien, Director of Operational Finance
Purpose of paper:	To update on the financial performance of the Trust for the nine months to 31 st December 2023
Main strategic priority:	Deliver our financial plan
Key issues summary:	<ul style="list-style-type: none"> • The revised revenue plan is to achieve an Adjusted Financial Performance (AFP) plan of a surplus of £28.5m after the receipt of additional funding to support Trusts in-year. An assessment of the impact of the on-going industrial action indicates a potential reduction to this target of £8.7m to £19.8m. • YTD performance to December 2023 of a deficit of £15.5m represents a £4.1M improvement in month. The reported position assumes additional funding allocations in respect of industrial action, allocations from ICB reserves, NHSE prescribed budgets and systems funding of £26.4m. • The Cash balance at the end of December of £89.1m is a decrease of £41.7m against the opening balance. This includes the cash support of £57.5M received in October 2023, but not the £24.5m additional funding which has been accrued in-month. • The capital programme has been set at £100.0m with Capital Department Expenditure Limit (CDEL) agreed at £89.6m and a £10.4m allocation from the ICS Strategic Reserve. YTD expenditure of £82.2m is £2.4m above the forward phased plan of £79.8m.
Paper previously presented at:	<ul style="list-style-type: none"> • Trust Executive Committee – 16th January 2024. • Finance, Commercial & Investment Committee – 24th January 2024

NHS CONFIDENTIAL - Management



Recommendation(s):	The COMMITTEE is asked to: <ol style="list-style-type: none">1. Discuss and note the content of this report2. Discuss and note the content of Appendix A (CIPs)
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NHS CONFIDENTIAL - Management

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

1. Introduction

1.1. This paper updates the committee on financial performance for the nine-month period to 31st December 2023.

2. Financial Performance Summary

2.1. The Trust has agreed a revised financial plan for 2023/24 for a surplus of £28.5M. The movement from a planned breakeven position is largely driven by the receipt of £18.1M additional funding relating to industrial action in the year to date, and a further £8.5M funding from other centrally (System / NHSE) held budgets.

2.2. The revised surplus of £28.5m assumed industrial action ceased at the end of November 2023. Based on high level estimates of the financial impact of the December and January periods of industrial action of £8.7m the target surplus may be reduced to £19.8m.

2.3. Performance for the nine months to December 2023 is a deficit of £15.1m.

2.4. The reported position assumes additional funding allocations in respect of industrial action, allocations from ICB reserves and NHSE prescribed budgets of £26.4m although not all the cash has been received. No adjustments have been made to income with regard the impact of the introduction of EPIC within the reported position.

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

- The additional funding allocations of £26.4m to date.
- The total under-delivery against the Trusts CIP programme is £25.2m driven both by unidentified and unachieved CIPs.
- The impact of industrial action resulting in increased expenditure \ impact on private patient income of £8.6m.
- On-going use of the independent sector has resulted in expenditure of £10.6m which is £9.5m more than plan.
- Shortfalls in payments by Commissioners, where provisions of £8.8m have been made in the reported position.

NHS CONFIDENTIAL - Management

Income and Expenditure	Budget Mth	Actual Mth	Variance Mth	Budget YTD	Actual YTD	Variance YTD
	£m	£m	£m	£m	£m	£m
Income	224.1	232.0	7.9	2,013.4	2,071.8	58.3
Pay	(130.9)	(132.9)	(2.0)	(1,159.2)	(1,175.1)	(15.9)
Non Pay	(94.4)	(95.0)	(0.7)	(854.3)	(912.2)	(58.0)
Surplus / (Deficit) - Adjusted Financial Position (AFP)	(1.2)	4.1	5.2	(0.0)	(15.5)	(15.5)
DODA	(1.1)	(1.0)	0.1	(9.8)	(8.8)	1.1
Capital Donations	0.8	0.2	(0.7)	3.3	3.2	(0.0)
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit) - Excl Fin Adj's	(1.4)	3.3	4.7	(6.6)	(21.0)	(14.5)

3. Cash, Capital and Cost Improvement Programmes

- 3.1. **Cash:** the cash position at the end of December is £89.1m which is a decrease of £41.7m from the opening balance £130.8M. An analysis of the main drivers of the cash reduction is contained within the finance report. The PDC application for cash support of £57.5M was received on the 9th October 2023 and is included within the reported position. Of the additional funding £24.5M has been accrued into the reported position and so does not currently impact cash.

NHS CONFIDENTIAL - Management

3.2. **Capital:** The capital plan has been set at £100.0m for the year and CDEL has been agreed at £89.6m and a £10.4m allocation from the ICS Strategic Reserve. A further £5.8m is planned for schemes funded by donations and the Trust has been allocated additional PDC funding of £2.7m leading to total planned expenditure of £108.5m.

- Expenditure to date of £82.2m has been recorded against CDEL funded schemes which is £2.4m more than the phased plan.
- The rate of capital expenditure will reduce significantly in the final quarter of the year as the four largest in-light programmes (Apollo, East Wing 10, Nuffield Theatres and Children's Day Treatment Centre) all reach a position of clinical hand over \ go-live during September and October. Whilst an increase in expenditure on estates back-log maintenance and medical equipment is expected this will be at a much lower rate.

3.3. YTD CIP achievement stands at £67.3m against a YTD plan of £92.5m with the value of total CIPs identified within operational budgets of £75.7m against a target of £75.2M. Work is on-going to assess the impact of further CIP opportunities across a range of themes including discretionary spend, merger synergies and reductions in COVID and independent sector expenditure. To date £17.7m of non-recurrent benefits have been realised against the central target of £19.9m.

4. Recommendations

4.1. The Committee is asked to:

- Note the AFP which is to achieve a £28.5m surplus.
- Note that the £28.5m surplus may be reduced to £19.8m as a consequence of the on-going industrial action.
- Note that the Trust has reported a YTD deficit of £15.5m.
- Note the current cash balance of £89.1m.
- Note the receipt of the cash support of £57.5m in October 2023.
- Note the current capital expenditure of £82.2m which is in excess of the phased capital plan.
- Note the contents of Appendix A – CIP.



Guy's and St Thomas'
NHS Foundation Trust



BROMPTON HOSPITAL

Board of Directors Public Meeting

31st January 2024

Finance Report - 23/24
Month 9

Guy's and St Thomas' NHS Foundation Trust



Guy's and St Thomas'
NHS Foundation Trust

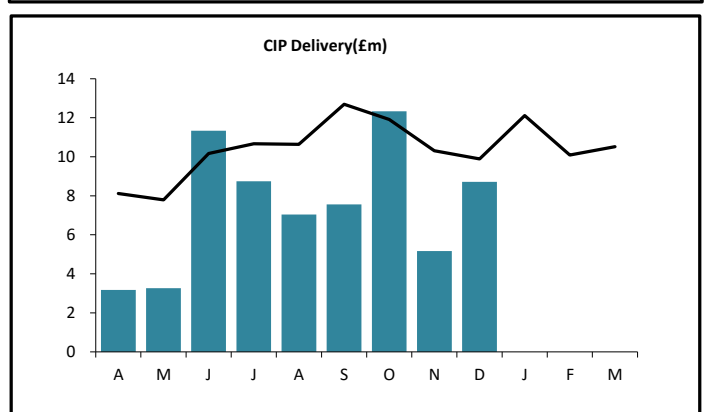
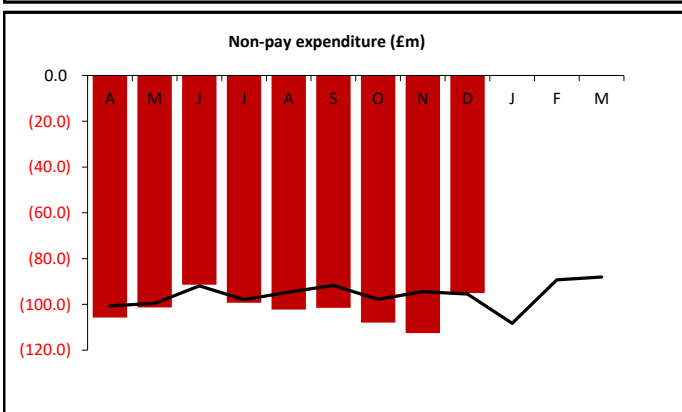
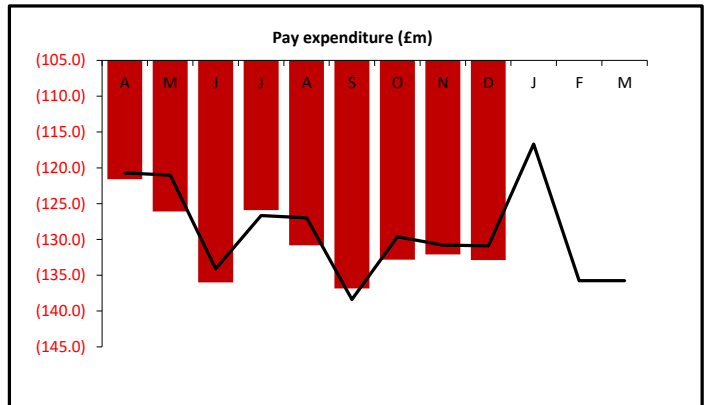
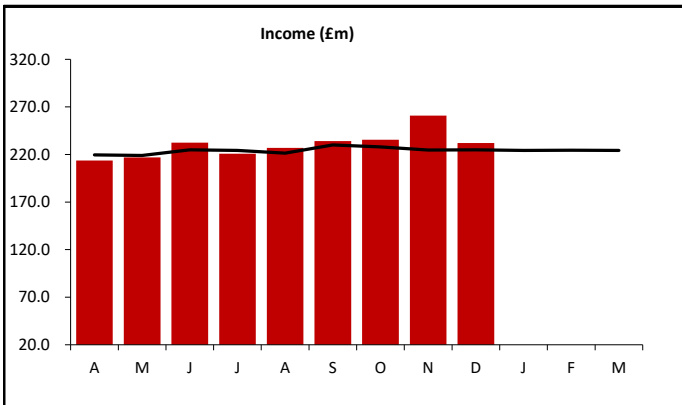
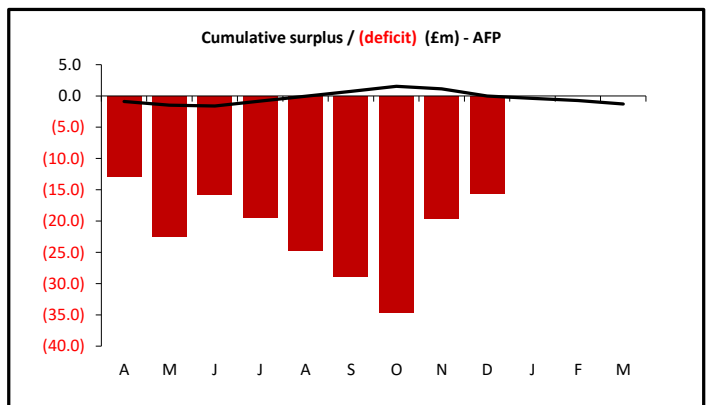
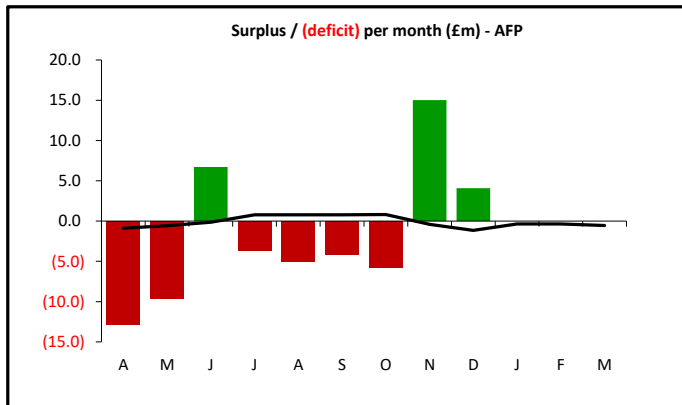


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Summary Financial Performance - Trust

Income and Expenditure	Budget Mth	Actual Mth	Variance Mth	Budget YTD	Actual YTD	Variance YTD
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Surplus / (Deficit) - Excl Fin Adj's	(1.4)	3.3	4.7	(6.6)	(21.0)	(14.5)



Finance Report Commentary

Executive Summary

Summary: YTD performance the Trust is reporting a deficit of £15.5m in terms of the adjusted financial performance measurement:

- **Additional Funding Allocations:** in respect of industrial action, the release of ICB reserves and the release of NHSE prescribed budgets have allowed the Trust to account for £26.4m of additional income to date. In addition Genomics income is £11.5m above plan.
- **CIP delivery:** YTD £67.3m of CIPs achieved resulting in a total under delivery against the Trusts CIP programme of £25.2m driven both by unidentified and unachieved CIPs. The under-delivery is included within both pay and non pay budgets.
- **Balance Sheet Flexibility:** to date £17.7m of non-recurrent benefits have been realised which is £2.8m more than plan. These are included in the CIP delivery position noted above.
- **Industrial Action:** an assessment of the impact of industrial action since April is £8.6m. The main drivers of which are increased pay expenditure to cover colleagues less salary deductions made and reductions in private patient activity.
- **Independent Sector:** expenditure incurred in respect of independent sector usage is £9.5m more than budgeted.
- **Contract Growth funding:** shortfalls in payments by Commissioners have been provided for in the reported position with an assessed YTD impact of £8.8m.

Income: YTD performance £58.3m better than plan, the main drivers of which are:

- **Additional Funding allocations** of £26.4m as noted above
- **Genomics** income from Specialist Commissioning is £11.5m above plan.
- **SEL ICB:** £8.3m above plan where additional income has been accrued in respect of IFRS16 funding, revenue consequences of capital schemes and mental health beds usage.
- **Income in relation to the** Vaccination Programme of £4.7m has been included in the reported position which is off-set by additional pay and non pay costs.
- **Non patient care income** £6.6m of Apollo expenditure incurred has been charged to KCH.
- Where Commissioners are paying less than the nationally mandated contract calculations the underpayments are currently being accrued pending resolution of the disputes. A provision for risk of non-payment has been made within non-pay.

Pay budgets: YTD expenditure of £1,175.1m is £15.9m worse than plan; December pay costs of £132.9m represents an increase of £0.7m when compared to the average of the prior periods.

- The December pay costs included £2.6m of additional prior year local clinical excellence awards above that accrued last year
- Among the main drivers of the overspend are the impact of the recent industrial action which has been assessed as £6.6m, costs incurred in relation to the vaccination programme of £3.9m which are off-set by additional income and Apollo implementation £1.9m.
- There remains a significant overspend against pay budgets within the ISM CG of £9.5m, an improvement of £0.2m from last month. £2.0m is attributed to the impact of the industrial action and £1.1m as identified Apollo implementation costs there remain concerns over planned CIP delivery.

Non Pay budgets (including Reserves and Unidentified CIPs): YTD performance £58.0m worse than plan, the main drivers of which are:

- Unidentified CIP targets of £24.1m across operational budgets with a YTD impact of £17.6m
- On-going use of the Independent sector has resulted in £10.6m of costs, which is £9.5m above plan.
- Drugs and clinical supplies budgets are £29.5m overspent which is inconsistent given the current level of income performance relating to pass through drugs and devices.
- A provision for shortfalls in payment for growth funding of £6.6m and in relation to mental health invoicing of £1.3m have been made. Other provisions have reduced since the start of the year by £4.9m.
- Premises and Other operating expenses are £12.5m overspent, due to £6.7m of Apollo costs invoiced to KCH, Hosted services and external contracts which are off-set by additional income.
- To support the current position and to mitigate expenditure in the current run rate reserves of £14.1m have been released.

Balance Sheet: The Trust closed month nine with a cash balance of £89.0m; this is a decrease of £41.7m from the opening balance on 1st April 2023.

- The application for cash support was approved and the cash of £57.5m received in October. The additional funding of £4.5m has been accrued in the reported position and does not yet represent an increase in cash received.

Drivers of YTD Group Variances £000

Variance Type	Cancer & Surgery	Evelina London	HLCC	ISM	Essentia	Corporate	Other	Trust Total
Pay	(5,638.1)	4,120.9	(1,114.8)	(9,542.6)	(1,471.8)	6,119.1	(8,352.6)	(15,880.0)
Further Improvement Target	(2,892.0)	(2,502.0)	(2,125.0)	(128.6)	(1,946.9)	(7,772.4)	(262.7)	(17,629.6)
Internal Recharges	1,192.7	(14.0)	605.0	(3,076.1)	279.2	(1,263.4)	3,069.2	792.6
Non Pay	(10,069.8)	4,711.1	(3,727.5)	(14,502.9)	(1,979.2)	(12,050.4)	(3,504.3)	(41,123.1)
Income (Excl Clin Income Adj)	(6,085.3)	2,842.4	(2,884.2)	(3,667.7)	5,761.6	309.5	62,068.0	58,344.2
Total (Excl Clin Income Adjs)	(23,492.5)	9,158.4	(9,246.6)	(30,918.0)	642.9	(14,657.6)	53,017.5	(15,495.9)
Clinical Income Adjustment (excl pass through D&D)	2,814.5	520.4	1,828.9	1,419.7	(0.0)	4,542.5	(11,126.0)	0.0
Pass Through Drugs & Devices Clinical Income	0.0	(6,462.0)	0.0	0.0	0.0	0.0	6,462.0	0.0
Total (Incl Clin Income Adjs)	(20,678.0)	3,216.8	(7,417.6)	(29,498.3)	642.9	(10,115.1)	48,353.5	(15,495.9)

SNAPSHOT VARIANCE DRIVERS - £000's

Staffing								
Medical Staff	(4,608.4)	(2,408.5)	(1,006.3)	(5,240.1)	(38.7)	(3,177.2)	(2,252.6)	(18,731.7)
Nursing Staff	241.4	3,956.3	(3,614.4)	(1,662.3)	(109.1)	1,389.0	(923.8)	(722.8)
PAMs	(171.8)	202.1	1,075.7	166.9	2.3	(410.1)	(652.7)	212.3
Professional & Technical (PTB)	458.4	206.4	2,313.8	405.6	(13.4)	(744.3)	3,967.1	6,593.7
Admin & Clerical	2,141.2	1,153.6	(2,083.5)	(2,532.2)	127.4	9,109.3	(6,579.2)	1,336.6
Estate and Facilities Staff	0.6	45.2	31.8	(47.7)	(1,022.6)	(231.4)	(212.9)	(1,437.0)
All Other Staff	(3,699.5)	965.7	2,168.0	(632.9)	(417.7)	183.9	(1,698.6)	(3,131.2)
Total Pay	(5,638.1)	4,120.9	(1,114.8)	(9,542.6)	(1,471.8)	6,119.1	(8,352.6)	(15,880.0)
Non-Pay								
Drug Costs	(9,613.1)	6,223.7	1,521.3	(9,135.2)	(10.8)	1,739.4	2,870.0	(6,404.7)
Clinical Supplies	(2,115.4)	(1,794.9)	(10,199.1)	(1,035.1)	(605.2)	1,593.1	(8,968.5)	(23,125.2)
Premises Costs	(155.7)	32.0	(622.2)	(1,186.8)	1,622.4	(10,145.9)	1,935.3	(8,520.8)
Purchase of Healthcare from non-N	650.8	(460.7)	(1,206.3)	(3,022.8)	0.0	(4,970.4)	402.0	(8,607.4)
Establishment Costs	(174.0)	(181.1)	641.8	(1,178.3)	(467.2)	(870.7)	(2,741.5)	(4,970.9)
Other Non-Pay Costs	1,337.5	892.1	6,137.0	1,055.3	(2,518.4)	604.1	2,998.4	10,506.0
Total Non-Pay	(10,069.8)	4,711.1	(3,727.5)	(14,502.9)	(1,979.2)	(12,050.4)	(3,504.3)	(41,123.1)

Summary: YTD the Trust is reporting an adverse variance to plan of £15.5m measured on an adjusted financial performance basis.

The key drivers of the adverse position are CIP delivery which to date has under-performed by £25.2m across both unidentified and unachieved CIPs, the impact of industrial action of £8.6m, use of the independent sector where costs are £10.6m in excess of budget and provisions for shortfalls in contract growth funding of £6.9m. Party off-setting these are the additional funding received of £26.4m.

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

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

Underlying Performance £000

Variance Type	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Trust Total
Current Month Adjusted Financial Performance (AFP)	(12,898.6)	(9,625.5)	6,709.4	(3,841.8)	(5,031.5)	(4,113.7)	(5,813.4)	15,024.9	4,073.4				(15,516.9)
Industrial Action	(1,475.8)	(1,780.9)	(798.7)	(960.5)	(1,067.5)	(1,604.6)	(566.2)	224.2	(559.7)				(8,589.6)
Current Year Independent Sector Usage	(1,223.0)	(1,192.5)	(1,199.0)	(1,519.1)	(1,257.7)	(1,213.3)	(800.9)	(1,326.4)	(837.6)				(10,569.5)
Balance Sheet Flexibility	0.0	0.0	4,975.0	4,552.2	(18.4)	0.0	4,444.7	28.8	3,700.0				17,682.3
Prior Year (Costs) \ Benefits	(526.0)	616.4	944.9	(3.7)	697.2	1,248.4	2,169.0	(388.7)	4,586.0				9,343.5
Non-Recurrent \ One-Off Items	(627.6)	(371.0)	(180.8)	(1,029.0)	(1,385.9)	(866.5)	(1,294.0)	(1,770.0)	(3,094.9)				(10,619.7)
Accruals Released	47.7	150.0	11.4	540.9	0.0	115.0	30.3	22.0	2,022.1				2,939.4
Current Month Errors \ Omissions	(1,049.3)	(65.8)	293.0	(231.0)	173.5	125.0	(551.9)	(758.5)	(854.7)				(2,919.7)
Prior Period Corrections	0.0	1,105.6	93.8	(364.0)	285.0	167.5	(430.0)	662.0	758.5				2,278.4
Capital \ Revenue Transfers	(76.0)	(390.0)	466.0	(130.2)	130.2	(579.9)	(76.0)	(76.0)	0.0				(731.9)
Movements in Bad Debt Provisions	(1,233.7)	(234.3)	(2,630.4)	599.2	(95.9)	0.0	(5,673.0)	(701.7)	3,277.8				(6,692.1)
Reserve Accruals \ Released	0.0	0.0	11,799.2	623.2	1,087.5	135.0	58.6	22.0	378.2				14,103.7
Additional Funding \ Clawback \ Elective Recovery Funding (ERF)					564.0	(564.0)	0.0	23,816.2	2,608.6				26,424.9
Underlying Recurrent AFP position	(6,734.9)	(7,462.9)	(7,064.9)	(5,919.9)	(4,143.4)	(1,076.2)	(3,124.1)	(4,729.2)	(7,910.9)	0.0	0.0	0.0	(48,166.6)

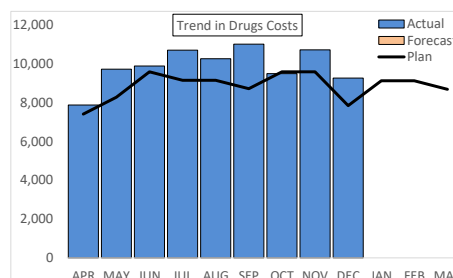
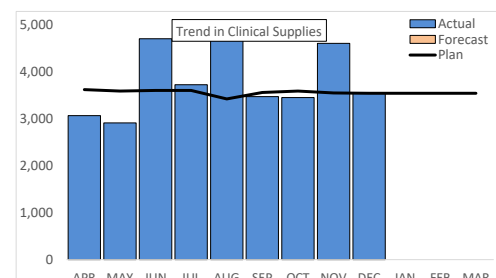
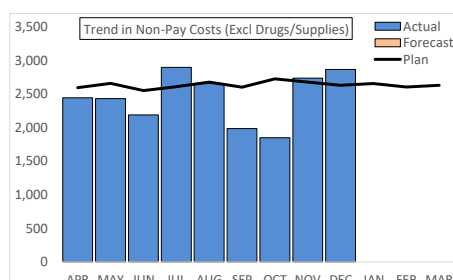
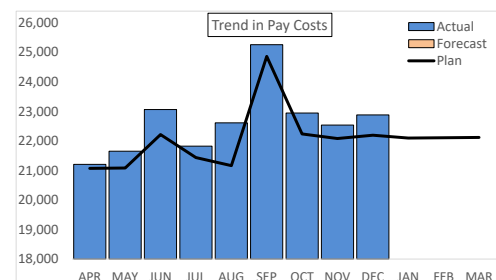
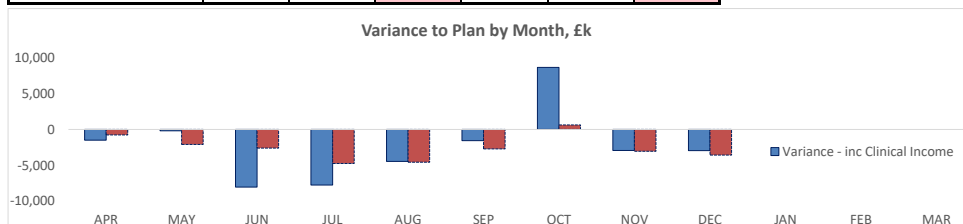
Summary: the reported position for December is a surplus of £4.1m; within this position there are potential net non-recurrent \ retrospective impacts which total £12.0m (favourable) giving an Underlying AFP position of a £7.9m deficit.

- The main in month change relates to the change in the provisioning policy of the Trust where a £7.0m benefit is shown. £3.7m of which is reported under Balance Sheet Flexibility and £3.3m under Bad Debt Provision
- The agreement of prior year income billing and a review of Clinical Group and Directorate accruals for both the current and previous year has resulted in a net benefit of £6.6m. These are shown across Prior Year Benefits and Accruals Released in the above table
- Additional non-recurrent funding from Commissioners totalled £2.6m in December.
- The additional non-recurrent expenditure that has been incurred in December of £3.1m is in the main related to Apollo costs of £2.6m and Pathology contract funding issues of £0.3m.
- Other significant in month impacts on the reported position include the use of the Independent Sector £0.8m and the financial impact of industrial action of £0.5m. The latter may be understated due to a catch up of potential costs following the recent resumption.
- The main drivers behind the increased underlying deficit to £7.9m relates to clinical supplies. Due to data availability issues the levels of stock recorded may be understated.

Cancer & Surgery Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(22,191)	(22,878)	(687)	(198,313)	(203,951)	(5,638)
Further Improvement Target	321	0	(321)	2,892	0	(2,892)
Internal Recharges inc Overheads	(9,251)	(9,085)	165	(97,627)	(96,435)	1,193
Non Pay	(14,004)	(15,668)	(1,664)	(134,971)	(145,041)	(10,070)
Income (Excl Clin Income Adj)	3,692	2,620	(1,073)	32,815	26,729	(6,085)
Total (Excluding Income Adjustment)	(41,431)	(45,011)	(3,580)	(395,205)	(418,698)	(23,493)
Clinical Income Adjustment (excl pass through D&D)	30,658	31,287	630	310,425	313,240	2,815
P/T Drugs & Devices Clinical Income	11,497	11,497	0	72,942	72,942	0
Total	723	(2,227)	(2,950)	(11,838)	(32,516)	(20,678)



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 Clinical Group has reported a year to date position of £20.7m behind plan to M09.

The main drivers of the position YTD are:

Clinical Income £2.2m behind plan.

- Hosted Services £2.8m ahead of plan, offset in Income.

Further Improvement Target £2.9m behind plan

This is a pro-rata of the £3.9m remaining target. As background, the Group had £13.9m to identify as part of 23-24 business planning.

Pay £5.6m overspent

Themes to note :
 Medical pay £4.5m, drivers include costs of additional clinics, high rate of bank shifts paid at RTT rates, unclaimed pay awards
 Unmet Headcount reduction target £2.2m [total £5m]
 Industrial Action and EPIC associated pay cost £1.1m, offset by A&C, Nursing, Scientific & Professional and Professional & Technical vacancies.
 R&D £0.6m underspent, offset within Income.

Non Pay & Internal Recharges £10.1m overspent

High cost drugs & devices c.£10.5m overspent. The expectation is that this would be broadly offset by clinical income.
 Clinical Supplies £1.3m overspent. See actions.
 R&D £2.8m underspent, offset within Income.

Income (Excl Clin Income Adj) £6.1m behind plan

Driven by Hosted Services £2.9m behind plan, offset in Clinical Income. R&D £3.5m behind plan, offset within Non Pay and Pay

Key Issues

1. CIPs

- Delivery of agreed CIPs - including headcount challenge of c.£5m
- Identification of further CIPs to address the remaining target c.£3.9m

2. Activity Recovery

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

3. Reducing HCA

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

4. Procurement Support

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

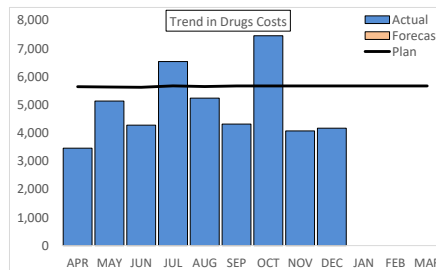
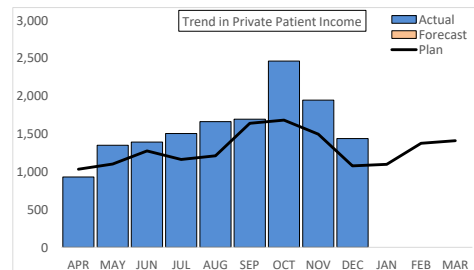
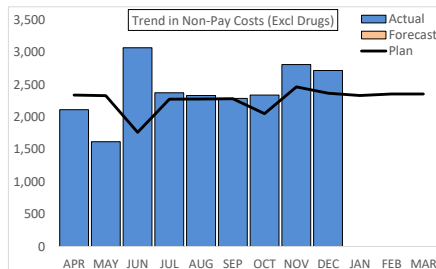
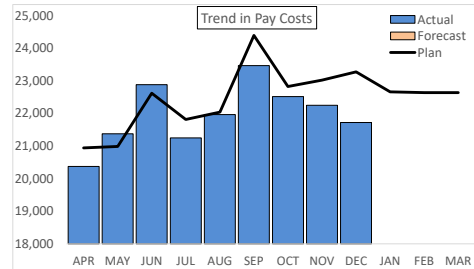
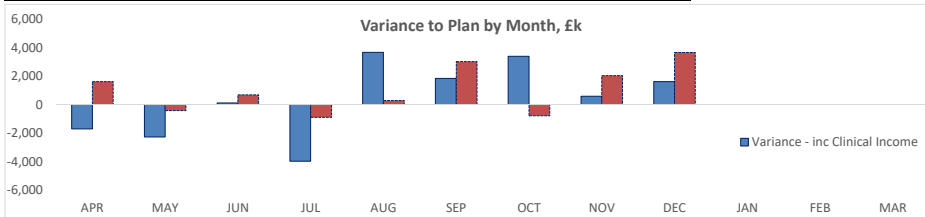
5. Medical Pay

Reducing reliance on premium bank rates (RTT) to provide cover.

Evelina London Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(23,275)	(21,721)	1,555	(201,910)	(197,790)	4,121
Further Improvement Target	277	0	(277)	2,502	0	(2,502)
Internal Recharges inc Overheads	(8,133)	(8,084)	49	(87,507)	(87,521)	(14)
Non Pay	(8,032)	(6,885)	1,147	(71,006)	(66,295)	4,711
Income (Excl Clin Income Adj)	2,984	4,167	1,182	29,702	32,545	2,842
Total (Excluding Income Adjustment)	(36,179)	(32,523)	3,657	(328,219)	(319,061)	9,158
Clinical Income Adjustment (excl pass through D&D)	27,015	26,583	(431)	274,243	274,763	520
P/T Drugs & Devices Clinical Income	8,124	6,509	(1,616)	45,581	39,119	(6,462)
Total	(1,041)	569	1,610	(8,396)	(5,179)	3,217



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 a M9 performance £1.6m ahead of plan taking the YTD position to £3.2m ahead of plan.

The majority of the position is being driven a prior year benefit against NHSR Income of £1.2m, along with strong PP income performance of £0.36m ahead of plan.

YTD Position

The key drivers of the M9 YTD positions are:

- Further Improvement Target (£2.50m)**

- NHS Income (£5.9m) behind plan.** Within this, (£6.5m) relates to Zolgensma pass through income, where five infusions have been given against a plan of nine YTD. Offsetting this, hosted ODN income is above planned levels following additional allocations earlier in the year. It is likely that some of this additional income will need to be deferred at year end where recruitment timelines do not allow for workplans to be fully delivered in year.

- Pay is £4.1m underspent.** Within this there is £(1.9m) attributable to IA & carenotes reconciliation costs giving an underlying pay position £6.0m underspent. Nursing remains underspent reaching £4.1m YTD excluding IA, notably reflecting continued high vacancy levels in PICU (£0.8m fav) and Universal Community Services (£0.8m fav), along with childrens wards (£1.0m fav). Medical is (£1.2m) overspent after identified IA costs, affecting 4/5 clinical directorates but most notably in Medicine & Women's. High sickness & maternity leave, and additional sessions to recover work cancelled due to IA (notably in maternity) are key drivers.

- Non pay is £4.7m underspent,** of which £6.2m relates to drugs. There have been five Zolgensma infusions to date at a cost of £8.1m, against a plan of nine. Clinical supplies are £(1.8m) overspent, with Women's and Medicine seeing the majority of overspends (£1.06m) & (£0.45m) adv respectively.

- Other income is £2.9m ahead of plan,** within which private patient income is £2.7m ahead primarily driven by Cardiac and PICU work. Prior year NHSR rebate benefit contributes a further £1.2m improvement, but this is partly offset by salary recharge income not yet billed for in R&D (£1.0m) adv.

Key Issues

- The scale of savings still to find are material (£0.5m; 0.2% direct expenditure excluding pass through costs) and delivering savings to the full extent of the target without compromising activity delivery or safety will be challenging, especially given continued IA and management focus on Apollo. This gap predominantly sits in Medicine & CSTA, as Community, CRIC & Women's have closed their gaps for the year.

- While excellent progress on CIP identification has been made through the year, 30% of identified CIPs are NR and will need to be found again next year. As stands, the financial challenge for 2024-25 is in the order of £14m, similar to 2023-24.

- High clinical supplies spend to date requires further investigation to confirm extent to which this should be and is offset in income, and degree of recurrence in levels of spend. ACU is a key focus area where costs are running materially higher than prior years month on month - may require procurement support to investigate options to reduce spend.

- The cessation of reporting NHS Income variably in group positions has materially improved Evelina's reported performance, however income impacts remain real for the organisation. Limitations in data availability, and capacity in central teams to support investigations given Epic demands, will impact the group's ability to make improvements in this space.

- It appears a Neuro drug, Risdiplam, is not being billed as C&V (possibly due to unavailability of the required BlueTec form). This would've driven a net adverse position in Medicine YTD, with a potential full year pressure of £1.7m if not resolved. Within the reported group position this mitigated via income now being broken-even, but the underlying problem at a trust level remains.

Heart, Lung and Critical Care Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(28,816)	(29,166)	(351)	(258,739)	(259,854)	(1,115)
Further Improvement Target	150	0	(150)	2,125	0	(2,125)
Internal Recharges	(9,290)	(9,217)	73	(88,733)	(88,128)	605
Non Pay	(19,973)	(18,186)	1,787	(189,661)	(193,388)	(3,728)
Income (Excl Clin Income Adj)	5,887	5,413	(474)	56,935	54,051	(2,884)
Total (Excluding Income Adjustment)	(52,043)	(51,156)	886	(478,074)	(487,320)	(9,247)
Clinical Income Adjustment (excl pass through D&D)	27,264	27,316	52	326,994	328,823	1,829
P/T Drugs & Devices Clinical Income	22,892	22,892	0	115,602	115,602	0
Total	(1,887)	(949)	938	(35,478)	(42,896)	(7,418)

Summary

As at December, the Clinical Group is reporting a favourable variance to plan of £0.9m in-month and an adverse variance of (£7.4m) YTD.

Within the December Non Pay position, Clinical Supplies are overspent (£4.4m) which represents a significant increase compared to previous months, predominantly within Cardiovascular and Brompton Heart directorates. This is unexpected based on activity during December and is under further investigation.

This adverse variance is offset by a favourable movement on bad debt of £6.9m in-month, following revisions to the bad debt provision policy. Budget for legacy KHP collaboration costs has also been removed, resulting in a (£1.1m) adverse variance in-month, nil variance YTD.

Pay costs are overspent in month by (£0.4m), representing a slight increase compared to previous months' trend but such that is in line with the increase seen at this time in previous years. Nursing spend has increased while medical costs are lower than trend.

NHS clinical income targets for commissioning contracts are again broken-even in month, however the Clinical Group had been over-performing on NHS contract income before reporting changed to break-even following EPIC go-live. It is estimated that our NHS contract income position would be approximately £3.6m favourable YTD, based on the variance seen previously at M6.

Other NHS and non-NHS targets are behind plan in month both by (£0.3m), (£0.6m) collectively.

YTD Position

Within the YTD position, Pay budgets are overspent by (£1.1m). However, within this position, the adverse impact of Industrial Action on Pay is estimated to be (£2.1m). The underlying Pay position is therefore favourable to plan by £1.0m YTD.

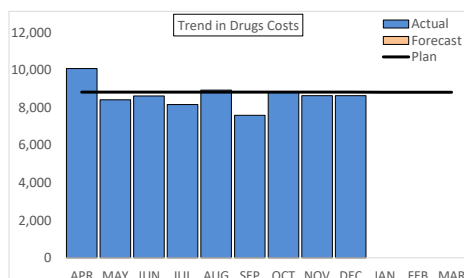
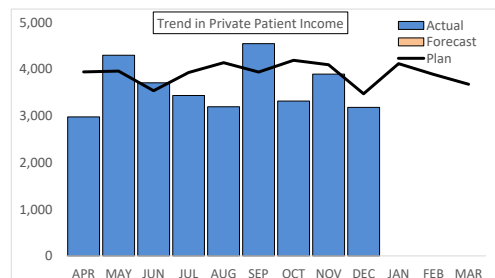
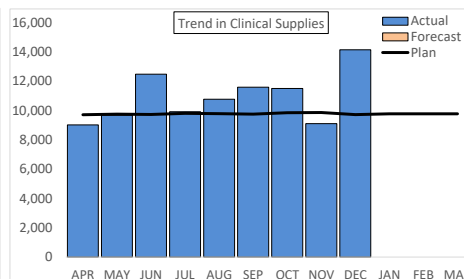
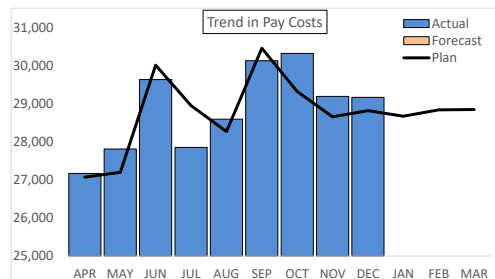
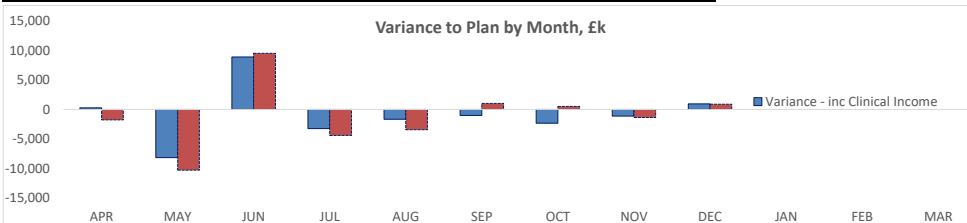
Private Patient Income is behind plan YTD by (£2.7m), of which (£1.8m) is estimated to be the impact of Industrial Action.

In total, the Clinical Group estimated financial impact YTD of Industrial Action is (£3.9m); (£1.8m) PP income, and (£2.1m) pay expenditure.

The Clinical Group (excluding Wimpole Street) has no gap on its £10.6m CIP target and has identified schemes to meet the target in full. YTD CIP delivery (excluding Wimpole Street) is adverse by (£0.6m). Wimpole Street itself is adverse by (£0.3m) on CIP.

Key Issues

- Ongoing concerns about the adverse impact on capacity and resilience of delays in capital schemes (e.g. Nuffield Theatres @ Guy's reducing sleep service).
- Candida auris: reduced L1 bed base at STH during the closure of Sarah Swift ward until mid-December. NB Further cases/outbreak in STH Critical Care will reduce capacity from M10 onwards
- Patient step-down from Critical Care beds into L1 wards at STH, typically 20+ patients could not be transferred out of Critical Care during November. Patient Flow programme launched in M10



Clinical Activity Volumes

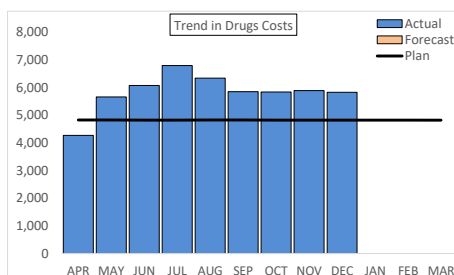
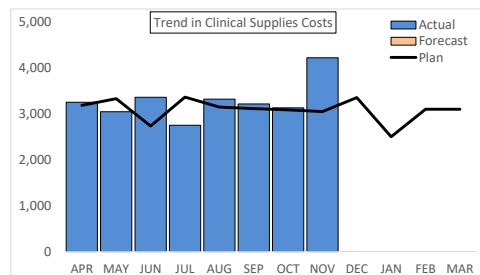
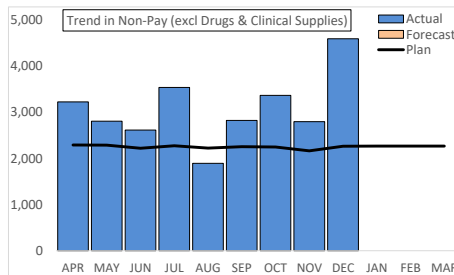
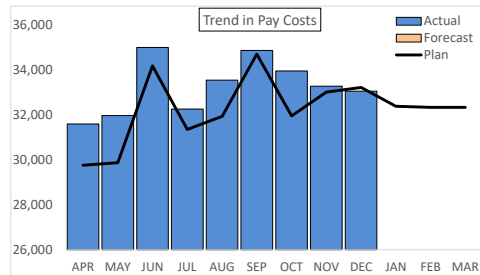
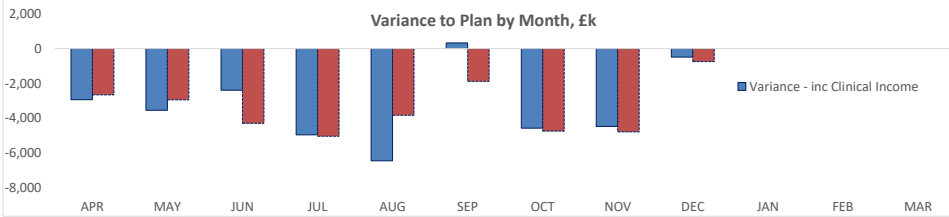
Type	This Month			Year to Date			Vs 2019-20	
	Budget (#)	Actual (#)	Variance (#)	Budget (#)	Actual (#)	Variance (#)	2019-20 YTD	% of 2019-20
Elective								
Daycase								
Non-elective								
Outpatient New								
Outpatient F/up								
Critical Care Days								

To Follow

Integrated and Specialist Medicine Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(33,227)	(33,062)	165	(290,027)	(299,569)	(9,543)
Further Improvement Target	14	0	(14)	129	0	(129)
Internal Recharges inc Overheads	(10,190)	(10,304)	(114)	(75,206)	(78,283)	(3,076)
Non Pay	(10,434)	(10,411)	23	(91,953)	(106,456)	(14,503)
Income (Excl Clin Income Adj)	5,278	4,469	(809)	47,669	44,002	(3,668)
Total (Excluding Income Adjustment)	(48,558)	(49,307)	(749)	(409,389)	(440,307)	(30,918)
Clinical Income Adjustment (excl pass through D&D)	35,084	35,339	254	327,615	329,034	1,420
P/T Drugs & Devices Clinical Income	5,420	5,420	0	44,197	44,197	0
Total	(8,054)	(8,548)	(494)	(37,577)	(67,075)	(29,498)



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 M09 is £(29.5m) adverse for the Clinical Group

FIT

- £129k - unidentified target in Pharmacy due to RBH / GSTT merge – reconciliation of CIPs between ISM and HLLC.

CLINICAL INCOME - excl adj

- £(3.6m) adv includes the anticipated run-rate variance to income target in Pharmacy Tech Svcs: £(1.5m) adv, as well as CLIMP Nuclear Medicine paused capacity of £(1.9m); both driven by Pharmacy Regulator compliance requirements.

CLINICAL INCOME - adj

- £1.4m fav income reported as block contract from M07.
- Private/Overseas Pts (£0.2m) behind plan in aggregate with Med Specs continuing to over-perform.

P/T DRUGS & DEVICES

- income reported as block contract from M07.

PAY

- £(9.5m) adv; Improvement against trend in month & aligned with YTD average.
- £ (0.7m) of adverse by MH-driven 1-1 specialising
- £(2.0m) Major Incident - majority, Industrial Action
- Value of yet to be identified CIP in pay is £(3.5m).
- £(1.4m) funding alignment issues
- Apollo resource in the CG: £(1.1m).
- All other effects are favourable in aggregate: £(0.7m).

NON-PAY

- £(14.5m) adv in non-pay
- £(6.6m) is pass-thru cost effects for drugs, devices (no performance offset in income as set to plan from Mth7)
- £(2.5m) is non pass-thru drugs split across AGM (ED and Gen Med) as well as CLIMP (NucMed) and Med Specs (Diabetes) - activity with some phasing effects but subject to directorate and pharmacist review to pinpoint drivers.
- £(1.0m) adv in net clinical supplies across ILS, Dental, CLIMP and Pharmacy includes impacts of Pharmacy Regulator compliance pause & remediation.
- £(2.2m) is MH-driven external bed capacity in Purch of Healthcare
- £(0.7m) is additional activity initiatives in Imaging
- £0.95m bad debt improvement in month;
- £(1.2m) across Premises, notably AGM, CLIMP R&D & Pharmacy, where key driver is remediation costs but includes other repairs - STTH Aseptic facility
- £(1.2 m) across Establishment with overspends in Dictation Svcs, Travel and Other

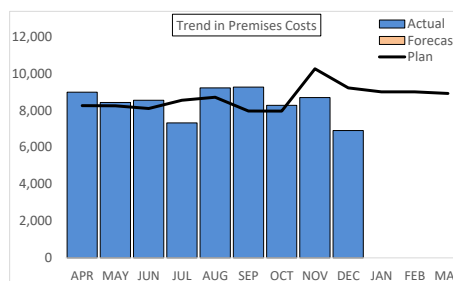
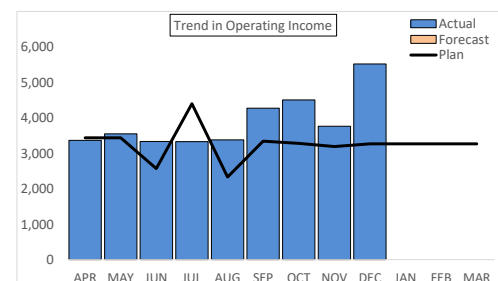
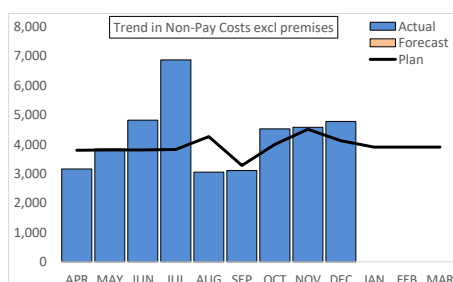
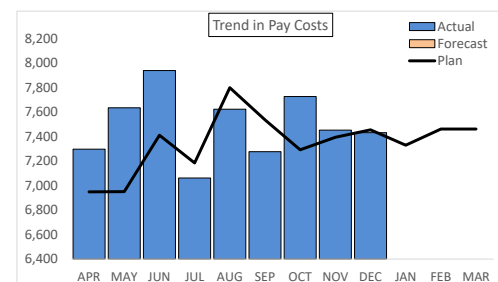
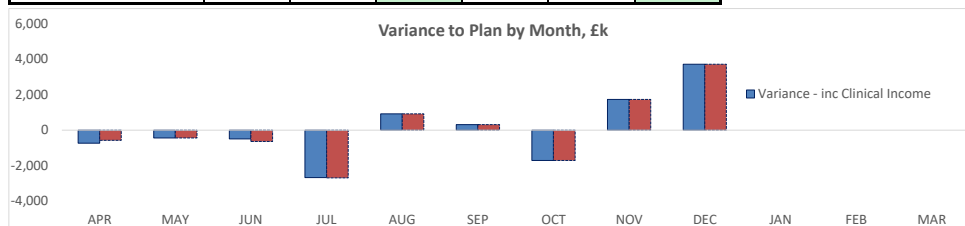
Key Issues

- ISM: commissioned activity income actuals behind plan at M06 in certain specialities
- ISM: Vacancy, bank and agency - key focus driven by CEO with overall plan to turn around and recover to budget; Nursing & AHP agency and bank remain material spends, although offset by vacancies in some directorates.
- ISM: Elevated sickness levels and their contribution to higher temporary staffing costs
- ISM: Drugs (non-pass-thru) - AGM continuing at adverse trend
- ISM: Clinical supplies - M09 spend levels align to run rate after the increase in M08, relating to backdated VCM expenditure primarily affecting Med Specs (Diabetes).
- ISM: CIP progress for 23/24: unidentified CIP targets remain unspecified whilst plan is to identify each - to progress
- ISM: Pharmacy Regulator compliance & remediation pause impacts - impact on year-to-go
- BP: run-rate and funding matters: AGM - SDEC returners & other facilities related; ILS/Mgmt - community building security + lease cars; Junior Doctor rotation - SAS, CLIMP & AGM;
- AGM: MH - Cygnat contract purchase of healthcare capacity. Incremental costs of MH activity.
- ISM: ongoing Industrial Action impacts & Apollo implementation costs.
- ISM: Pathology internal recharges costs are causing a notable adverse across SAS, AGM and Dental
- ISM: methodology to resolve medical staffing cost pressure (jnr doc)
- ISM: favourable impact in month relating to Bad Debt updated policy.

Essentia - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(7,453)	(7,430)	23	(65,962)	(67,434)	(1,472)
Further Improvement Target	248	0	(248)	1,947	0	(1,947)
Internal Recharges inc Overheads	10,139	10,207	68	103,356	103,636	279
Non Pay	(13,387)	(11,766)	1,621	(113,127)	(115,106)	(1,979)
Income (Excl Clin Income Adj)	3,269	5,523	2,254	29,265	35,026	5,762
Total (Excluding Income Adjustment)	(7,184)	(3,465)	3,719	(44,521)	(43,878)	643
Clinical Income Adjustment (excl pass through D&D)	1,901	1,901	(0)	19,216	19,216	(0)
P/T Drugs & Devices Clinical Income	0	0	0	0	0	0
Total	(5,284)	(1,565)	3,719	(25,305)	(24,662)	643



Summary

YTD Position
The Group reported an underspend of £0.6m to the end of December.

- Income £5.8m over achieved**
Over the £5.8m over recovery, £1.9m relates to one off CIPs and £0.5m relates to prior year benefits. In month a new rental agreement for an existing tenant has been agreed which improved the position by £2.4m YTD.

The utility charges for tenants which were reviewed and updated (£0.7m YTD) there are also additional pass through income for Environmental waste offset by additional costs (£0.5m).

- Pay £1.5m over plan**
Of the £1.5m overspend, £1.7m relates to services that were included in the internal recharges. This is mainly related to St Thomas' site services. £0.9m relates to unachieved vacancy factor. Of the original target 1/3 has been achieved. In month the Overall bank costs showed an increase, of bank usage YTD. 25% relates to additional requests and 9.1% of costs is covering sickness. There are underspends in RBH, Q&I and transport. There is also a £0.4m underspend in Guys engineering which is offset by use of contractors.
- Non-Pay £2.0m over plan**
In month there was a release of £3.5m of prior year accruals taking this into account the Group's non pay performance is £5.4m over budget. The main headlines are:
£1.0m is the impact of in year business cases, and £0.2m as the impact of industrial action. A net £0.9m relates to services that were included in the internal recharges.
To date bad debts provisions are £0.2m adverse. Utilities costs are £0.9m below target and this includes £0.5m of pass through costs. The underspend is across the group as a whole.
Transport costs are £1.2m overspent YTD due to double running earlier in the year of which COVID costs are £0.1m to date.
Additional costs of £0.8m have been incurred for the hire of equipment and urgent maintenance work and cost of Legionella is £0.6m to date. The impact of new properties is £0.6m YTD and Management consultancy costs are £0.2m over plan. In month £0.1m of costs were incurred against the fire strategy business case.
To date there have been non recurring benefits of £0.6m on rates rebates and reductions of £0.4m on service charges on properties. These benefits are included in the Groups CIPs achieved.
- Internal recharges £0.3m over achieved**
As part of the Trusts suspension of reporting of internal recharges, the £1.5m favourable variance shown to M6 was reversed to show a small favourable variance relating to hosted services and private patients.
- CIPs £1.9m below recurrent plan.**
The Group is £1.9m below its recurrent target but has achieved £4.1m of one off benefits leaving a net £2.2m over achievement.
The Group has identified £14.3m of CIP opportunities, of which £4.7m are recurrent.

Key Issues
The Groups forecast for year end at month 7, the last month it was updated, was a £4.1m over achievement but this includes £14.4m of one off benefits.

The financial focus is to identify recurring CIPs to meet the Groups target of £7.2m and to start to look towards savings for 24/25.

To achieve this a series of Directorate meetings have been held to start to identify schemes for 24/25.

The Groups executive and Directors continue to be 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	586.7	(593.6)	(0.0)	(4,767.8)	(66.5)	(4,841.2)	17.8	(4,823.4)
Director of Finance	1,402.2	(1,511.8)	(6.6)	2,551.7	(756.6)	1,678.9	0.0	1,678.9
DT&I	2,449.3	(7.8)	(0.1)	(13,477.4)	6,537.1	(4,498.8)	0.0	(4,498.8)
Workforce	902.9	(1,618.6)	56.6	(798.5)	(1,677.6)	(3,135.2)	2,102.8	(1,032.4)
Chief Executive	570.8	(731.7)	(1,841.8)	1,231.8	(324.0)	(1,094.8)	1,670.1	575.3
Medical Director	232.2	(3,449.8)	0.0	939.1	154.6	(2,123.9)	478.7	(1,645.2)
Chief Nurse	(983.5)	(34.0)	(156.1)	(1,037.3)	1,497.5	(713.4)	190.7	(522.6)
GSTT R&D NIHR	720.1	0.0	684.6	3,014.6	(4,601.1)	(181.9)	232.5	50.6
Commercial	238.2	174.9	0.0	293.3	(453.9)	252.4	(150.0)	102.4
RBH Corporate Costs	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0
GST Pathology Payroll	0.0	0.0	(0.0)	0.1	0.0	0.1	0.0	0.1
Total Corporate	6,119.1	(7,772.4)	(1,263.4)	(12,050.4)	309.5	(14,657.6)	4,542.5	(10,115.2)
Trust Income	0.0	0.0	0.0	(1,576.7)	55,309.6	53,732.8	(16,760.3)	36,972.5
Reserves	(2,024.7)	0.0	1,063.3	5,381.4	1,811.2	6,231.2	0.0	6,231.2
Pathology	3,301.8	(262.7)	2,006.0	(11,232.3)	2,081.2	(4,106.1)	0.0	(4,106.1)
Interest Receivable	0.0	0.0	0.0	4,549.7	0.0	4,549.7	0.0	4,549.7
Vaccination Programme	(3,923.2)	0.0	(0.0)	(1,064.0)	4,172.8	(814.4)	512.5	(301.9)
Coronavirus [HCOVID]	0.0	0.0	0.0	(104.0)	0.0	(104.0)	0.0	(104.0)
GSTT Enterprises Ltd	(95.0)	0.0	0.0	(211.3)	0.0	(306.2)	0.0	(306.2)
Pathology Services Ltd	0.0	0.0	0.0	(368.9)	0.0	(368.9)	0.0	(368.9)
Essentia Trading Ltd P/L	(5,611.5)	0.0	0.0	(3,837.0)	10,272.1	823.7	0.0	823.7
Capital Depreciation	0.0	0.0	(0.0)	4,977.7	0.0	4,977.7	0.0	4,977.7
Other	0.0	0.0	0.0	(19.0)	4.8	(14.2)	0.0	(14.2)
Total Other	(8,352.6)	(262.7)	3,069.2	(3,504.3)	73,651.7	64,601.3	(16,247.8)	48,353.5
Total Corporate and Other	(2,233.5)	(8,035.1)	1,805.8	(15,554.7)	73,961.2	49,943.7	(11,705.3)	38,238.3

Summary - YTD Position

COO: Directorate is reporting an adv position of £4.8m , with significant portion (£4.6m) linked to unfunded Independent Sector expenditure. The remainder of the variance is due to unmet CIP target in Inpatient Services and unfunded Site Nurse Practitioners.
M9 YTD position is an improvement of £1.7m compared to last month due to release of overstated current and prior year Independent Sector accruals.

Director of Finance:Finance Director's YTD position is £2.3m ahead of plan, primarily due to £1.4m overachievement of VAT benefit from Lloyds Pharmacy and underspends from vacant positions. However, there is a YTD adv position of £635k in procurement, largely attributed to the Supply Chain HUB in Dartford.

DT&I:DT&I is reporting a YTD overspend of £4.5m in M9 primarily driven by unfunded Apollo Non-pay expenditure. This is being partially offset by underspends in BAU budgets.

Workforce: Directorate is reporting an adverse YTD position of c£1m. This is mainly driven by combination of unmet CIPs and Non-Pay overspend, partially offset by Pay vacancies. Suspension of Internal recharges earlier in the year resulted in directorate to absorb significant VISA costs (£1.1m) associated with international recruitment. These costs were traditionally recharged to respective clinical groups.

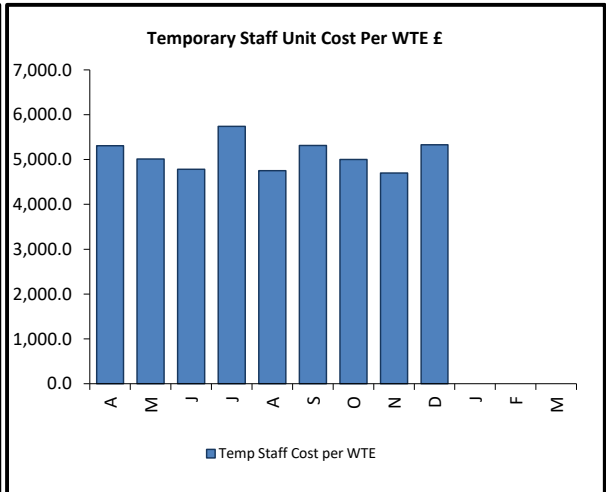
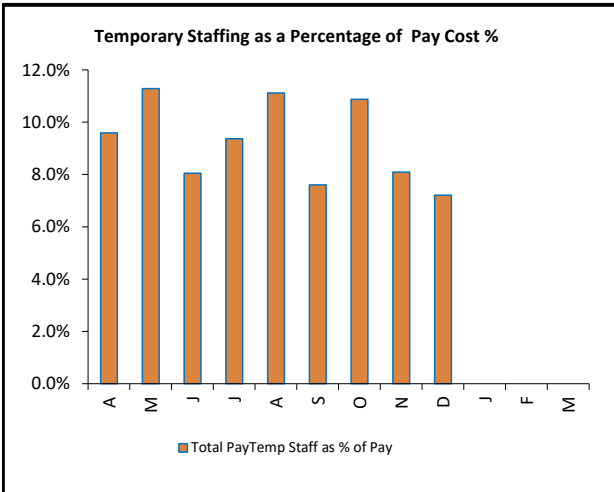
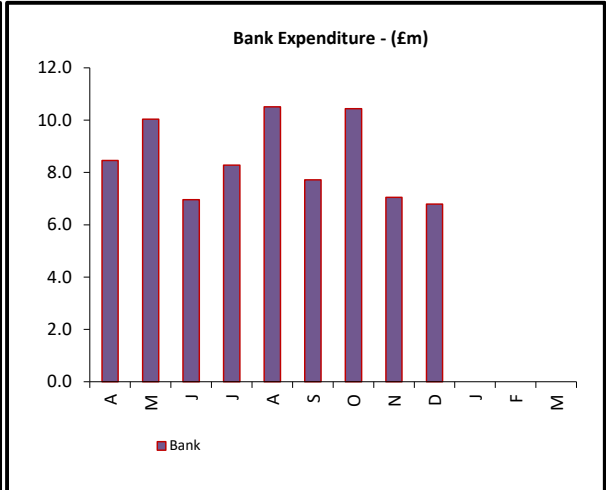
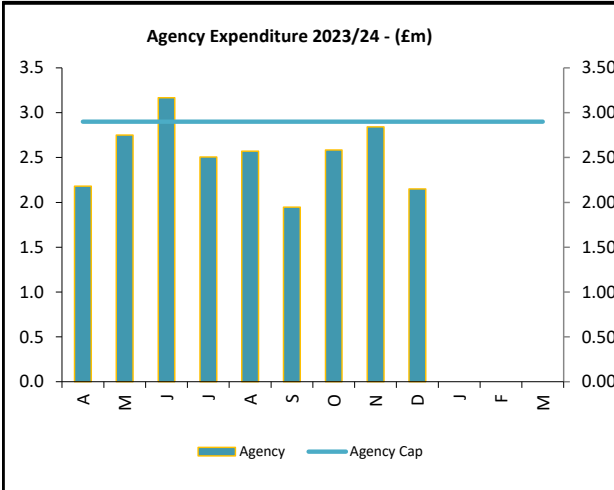
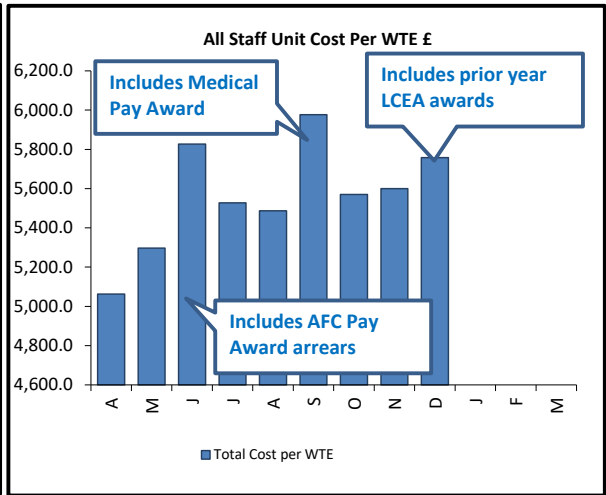
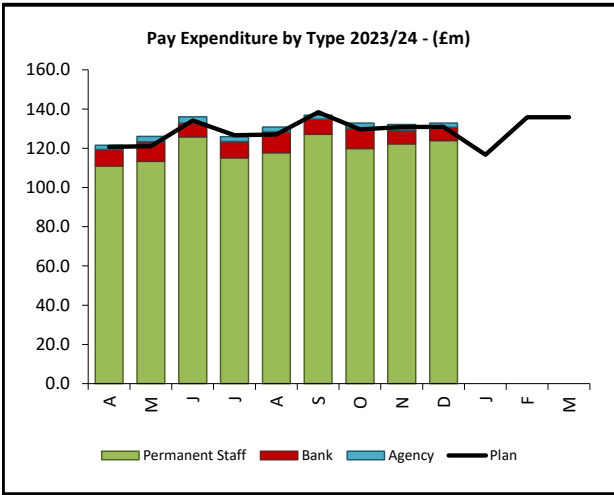
Chief Executive: Directorate's favourable YTD position of £575k is mainly attributable to Deputy Chief Exec budgets. Both Pay and Non-Pay budgets are ahead of plan driven mainly by the underspend in RBH & GSTT integration budgets.

Medical Director:The key drivers of adv position of £1.6m in M9 are;
 - Unmet CIP targets within Medical Director and Quality and Assurance
 - Overspend in both Pay and Non-pay, stemming from a historical deficit in funding which have been identified and quantified.

Chief Nurse: Directorate is reporting a YTD adverse position of £522k in M9. Pay and unmet CIP target in Infection control are the main drivers of the adverse position. The overspend in Pay is attributed to historical insufficient funding for Consultants and SPRs within Infection Control contributing to the overall adverse position.

Commercial: Commercial is reporting a favourable YTD position of £100k largely driven by overachievement against CIP target and vacancies.

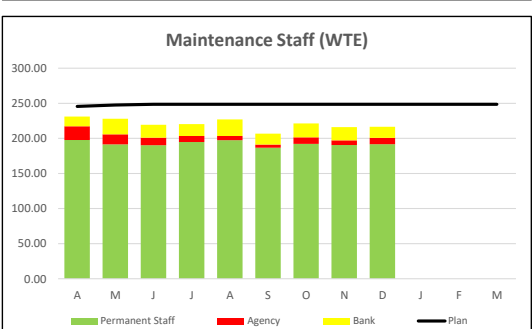
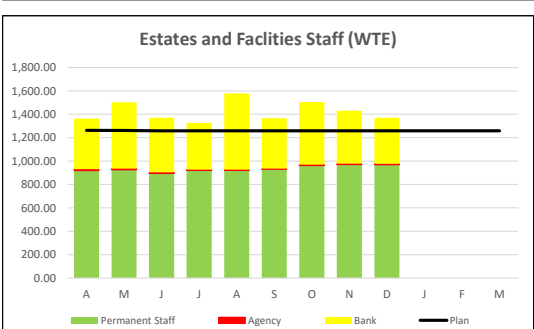
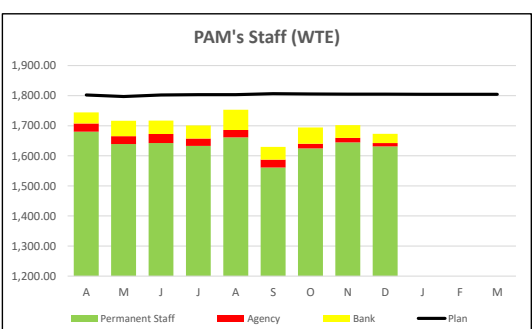
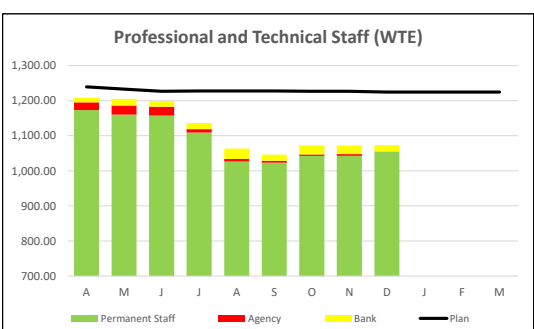
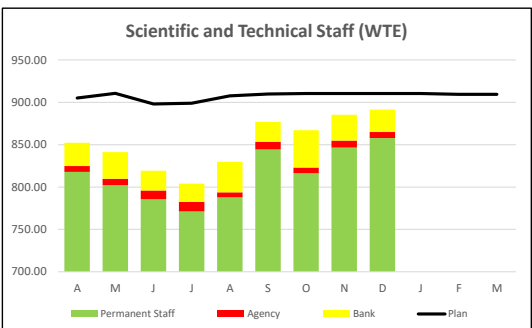
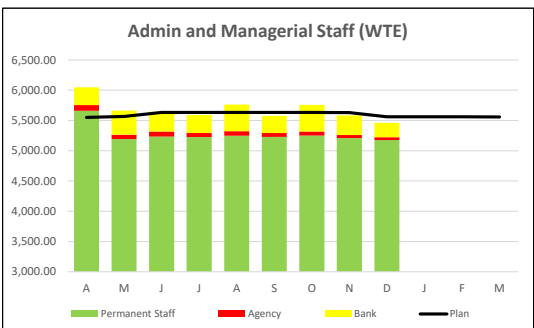
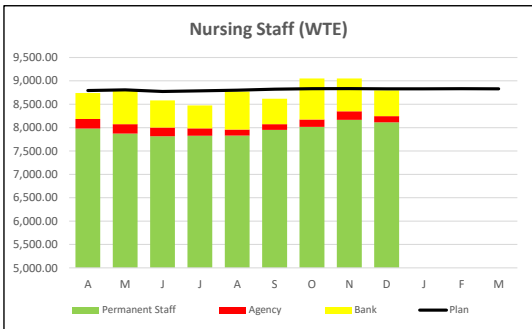
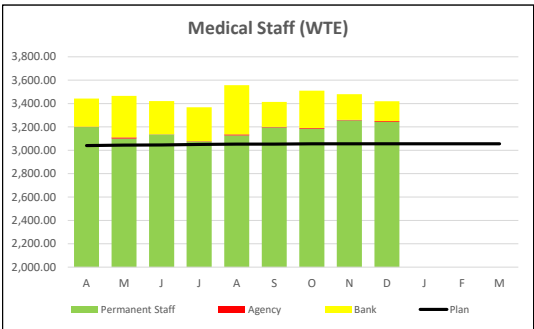
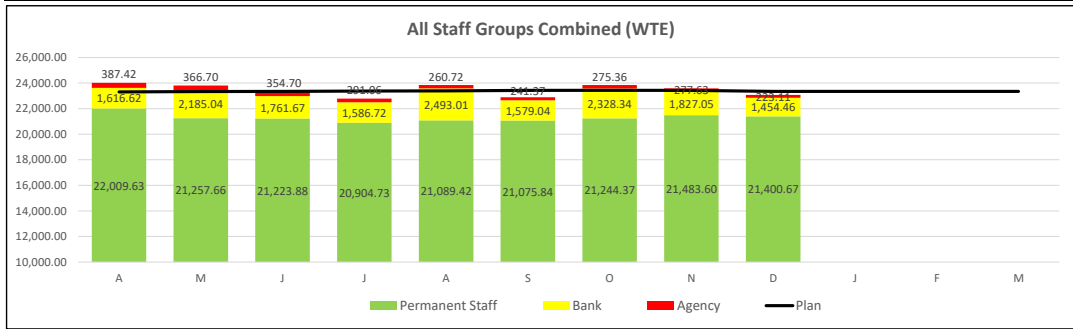
Key Payroll Metrics - Trust



The NHSE agency cap for the Trust for 23/24 is £2.90M per month (based on 100% of 23/24 spend). YTD the Trust has been averaging agency spend of £2.52M per month; £0.38M below the 23/24 cap, for the month of Dec the Trust was below the agency cap by £0.75M. From 2023/24 performance against the agency cap will once again become a key performance metric.

Bank expenditure, when flattened to take account of 4 or 5 week months is c.£8.7M per month, this is above the trend noted in 2022/23 of £8.5M, driven by the impact of the industrial action. The Trust is in the process of reviewing its temporary staffing controls.

Staffing Utilisation (WTE's) - Trust



Trust Capital Programme

Source	Current Mth Plan	Current Mth Spend	Current Mth Variance	YTD Capital Plan	YTD Spend	YTD Variance	Capital Plan
	£000	£000	£000	£000	£000	£000	£000
In-Flight Programmes							
Apollo	4,000	(3,173)	7,173	22,793	30,700	(7,907)	27,000
Children's Day Treatment Centre	0	140	(140)	7,000	9,269	(2,269)	7,000
TYA Cancer Ward relocation	0	779	(779)	7,900	3,776	4,124	6,300
East Wing Critical Care Unit	0	138	(138)	4,000	3,890	110	5,700
Nuffield Theatres	0	148	(148)	2,000	4,813	(2,813)	3,100
Oral Medicine Expansion	0	0	0	100	(176)	276	100
Assisted Conception Unit storage	0	252	(252)	1,000	1,288	(288)	1,000
RBH Chillers	100	0	100	900	550	350	1,000
DTI Strategic Network	200	(1,737)	1,937	6,400	3,541	2,859	11,000
Telephony refresh	167	95	72	1,500	1,433	67	2,000
Investment in MedTech company	0	0	0	900	0	900	900
Cancer Centre Re-cladding	0	(196)	196	0	4,335	(4,335)	0
Patient Centric Supply Chain	0	9	(9)	0	46	(46)	0
Oracle Cloud	0	0	0	0	200	(200)	0
Windows 10	0	(756)	756	0	687	(687)	0
Slippage on Inflight							(4,100)
Block Allocations							
Estates Maintenance Backlog	1,083	433	650	9,750	3,404	6,346	13,000
Medical Equipment (exl. Cath Labs)	750	(1,165)	1,915	6,750	3,524	3,226	9,000
DT&I (inc. Data Centre and NHS Mail)	742	2,619	(1,877)	6,675	3,121	3,554	8,900
Infrastructure and Resilience							
Theatres	250	44	206	2,250	512	1,738	3,000
Cath Labs	100	67	33	900	136	764	2,300
Trust Major Programmes							
Orthopaedics Centre of Excellence	167	(38)	204	1,500	420	1,080	2,000
Paediatric Oncology	0	0	0	0	0	0	0
Clinical Group Risk and Priority Schemes							
Maternity Assessment Unit	0	0	0	200	0	200	200
Third Obstretic Treatment Room	100	17	83	900	156	744	1,000
Linac at Guys	334	39	295	3,006	435	2,571	4,000
Central Assumptions							
Slippage	(833)	0	(833)	(7,500)	0	(7,500)	(10,000)
Contingency	100	0	100	900	0	900	5,600
Others							
Asset Management	0	(603)	603	0	607	(607)	0
DT&i	0	(489)	489	0	3,676	(3,676)	0
Others	0	3,257	(3,257)	0	1,849	(1,849)	0
TOTAL INTERNALLY FUNDED	7,259	(120)	7,379	79,824	82,191	(2,367)	100,000
CHARITY FUNDED							
AI Centre OLS Programme (Innovate UK)	67	(219)	286	600	504	96	800
Others - Notional	643	(1,808)	2,451	3,071	440	2,631	5,000
TOTAL CHARITY FUNDED SCHEMES	710	(2,027)	2,737	3,671	944	2,728	5,800
PDC FUNDED							
Image Sharing	0	0	0	600	0	600	600
iRefer	100	0	100	900	0	900	975
Lims and Interoperability	100	0	100	0	0	0	650
Digital Pathology	150	0	150	0	0	0	450
TOTAL PDC FUNDED SCHEMES	350	0	350	1,500	0	1,500	2,675
TOTAL CAPITAL	8,319	(2,147)	10,466	84,995	83,134	1,861	108,475

Trust Balance Sheet - £000

	Opening Balance @ 01/04/23 £000	Closing Balance @ 31/12/23 £000	Movement £000
Fixed Assets			
Property, Plant Equipment	1,849,003	1,840,978	(8,025)
Intangible Assets	157,171	197,494	40,323
Investment property	75,134	75,136	-
Trade & Other Receivables Non-Current	7,911	8,123	212
Other Financial Assets	2,196	2,240	44
Total Fixed Assets	2,091,415	2,123,971	32,556
Current Assets			
Inventories	48,015	58,748	10,733
Cash & Cash Equivalents	130,760	89,091	(41,669)
Trade & Other Receivables - Current	262,298	287,701	25,403
Total Current Assets	441,073	435,540	(5,533)
Creditors: Amounts Falling Due Within One Year	(499,350)	(516,814)	(17,464)
Borrowings: Amount Falling Due within One Year	(51,622)	(30,763)	20,859
Provisions For Liabilities & Charges	(1,755)	(782)	973
Net Current Assets / (Liabilities)	(111,654)	(112,819)	(1,165)
Fixed & Net Current Assets / (Liabilities)	1,979,761	2,011,152	31,391
Creditors: Amounts Falling Due More Than 1 Yr	-	-	-
Borrowings: Amount Falling Due More Than 1 Yr	(301,674)	(296,828)	4,846
Provisions For Liabilities & Charges	(13,925)	(13,849)	76
NET ASSETS	1,664,162	1,700,475	36,313
Financed by:			
Taxpayers Equity			
Public Dividend Capital	593,146	650,646	57,500
Revaluation Reserve	564,338	564,338	0
Other reserves	743	743	-
Retained Earnings	505,935	484,748	(21,187)
Total Taxpayers Equity	1,664,162	1,700,475	36,313

The Trust closed the month with a cash balance of £89.1M, a reduction of £41.7M from the opening balance on 1st April 2023.

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

Trust Cashflow

	Apr-23 £m Actual	May-23 £m Actual	Jun-23 £m Actual	Jul-23 £m Actual	Aug-23 £m Actual	Sep-23 £m Actual	Oct-23 £m Actual	Nov-23 £m Actual	Dec-23 £m Actual	Jan-24 £m Forecast	Feb-24 £m Forecast	Mar-24 £m Forecast
Opening Balance	131	134	122	106	88	90	40	121	118	89	100	100
RECEIPTS												
NHS Acute Activity Income	180	189	235	191	199	197	204	188	192	220	204	211
Education/Merit awards/R&D	20	1	0	17	0	0	23	2	0	0	20	0
Other income	72	68	28	28	51	35	35	30	27	32	30	30
Loan / PDC received	0	0	0	0	0	0	58	0	0	2	2	2
Sub-total Receipts	271	258	263	236	250	232	320	221	219	253	255	242
PAYMENTS												
Salaries & Wages	66	68	96	69	72	74	71	72	74	74	74	74
PAYE / Superannuation/ NI	55	56	51	96	57	56	63	58	58	58	58	58
Creditors	146	144	128	89	121	131	107	96	117	110	120	117
Dividend Paid / Loan repayment	1	1	3	0	3	26	1	1	3	0	4	23
Sub-total Payments	268	269	278	254	253	286	242	227	253	242	256	272
Net in Month Cash Movement	3	-11	-15	-19	-3	-55	77	-6	-34	11	-0	-29
Subsidiaries Bank Bal.	5	4	5	4	4	4	4	4	4	4	4	4
Closing Balance	134	122	106	88	90	40	121	118	89	100	100	70

-29,786

Over 90 day debtors/creditors

Debtors	> 90 Days £m's
NHS debtors	11.9
Contract ICB debtors	7.0
Non-NHS debtors	46.2
Total	65.1

Creditors	> 90 Days £m's
NHS creditors	7.9
Non-NHS creditors	19.8
Total	27.8

Cashflow Movement to Current Balance	£m's
I&E YTD Deficit	-21.0
Bal' Sheet Flexibility - Non Cash	-13.3
Depreciation - Non Cash	73.5
Contract payment shortfalls \ Additional funding	-50.3
PDC (from Oct' 23)	10.4
VAT Rebate	9.1
Capital Payments	-81.6
Loan Repayments	-13.1
Cash Support	57.5
Movement in Working Capital	-13.0
total	-41.7

The Trust ended M09 with a cash balance of £89.1m, following dispensation to drop below £100m to help clear outstanding creditors before Christmas, and is forecasting this to reduce to £70m by the end of the year.

The current cash balance of £89.1m is a reduction of £41.7m from the £130.8m 23/24 opening balance. The main drivers of which are shown in the table "Cashflow Movement to Current Balance". These include our YTD deficit of £21.0m (reduced from £24.3m at M08), contract payment shortfalls of £50.3m, capital payments of £81.6m, a VAT rebate of £9.1m, loan repayments of £13.1m and the cash support of £57.5m. Also included are non-cash adjustments with regard to balance sheet flexibility, depreciation and PDC which form part of the YTD deficit of £21m.

The capital payments of £81.6m includes £14.9m that relate to last year and were accrued. This, along with the cash balance movement, is one of the main drivers of the movement in working capital. The forecast cash balance of £70m includes the following key assumptions: full delivery of the agreed I&E plan including the CIP programme; receipt of additional cash funding in period December to March (amounting to £45.2m overall); revised income collection forecast in the remaining three months of the financial year and that a repayment from Synovis of £8.6m is received in March.

There remains significant pressure on Creditor payments, which the forecast seeks to address. 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 (Embassies), taking a prolonged period of time to collect.

Cost Improvement Programmes Report M9 2324

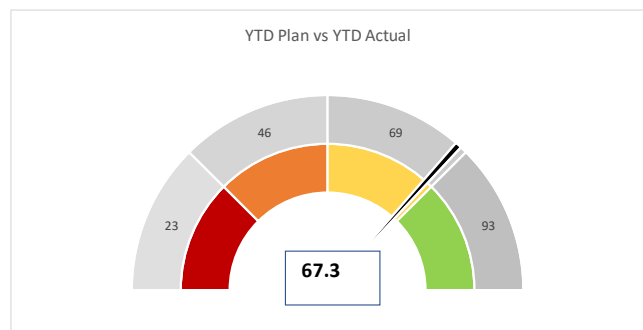
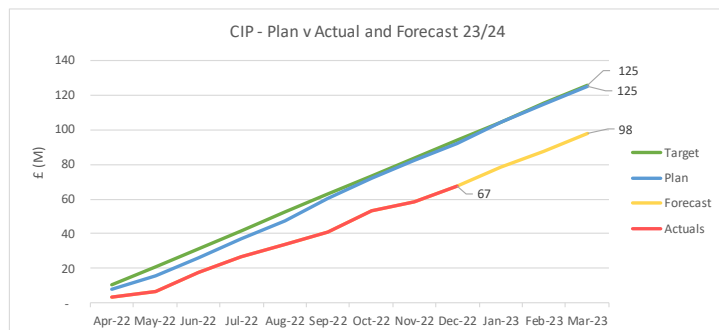
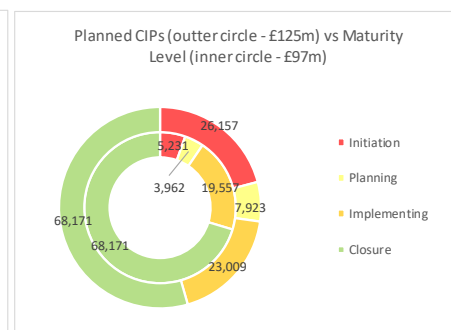
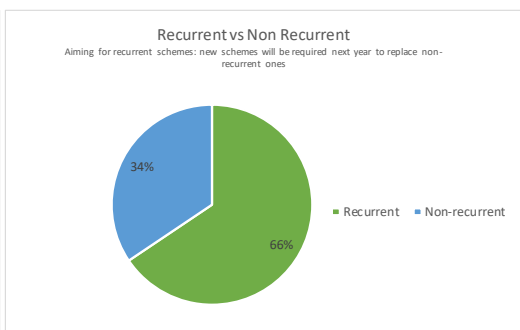
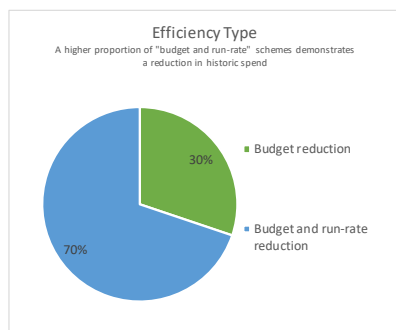
Operational Productivity Unit
January 2024



Trust Summary

2023/24 CIP Plan Trust Summary 9th January 2024	Target	(Unweighted)			(Weighted)			M9 YTD Performance					
		Total Plan	Unidentif'd CIPs	Progress (%) RAG	Maturity Level	Variance	Progress (%) RAG	Plan	Actual	Variance to Plan	Progress (%) RAG		
CIP by Theme(s)													
Baseline Efficiency (incl. c/f)	75,244	75,770	526	100.7%	62,291	-12,953	82.8%	55,522	41,807	-13,715	75.3%		
Discretionary	6,726	6,000	-726	89.2%	1,738	-4,988	25.8%	4,500	283	-4,217	6.3%		
Merger Synergies	7,334	7,390	56	100.8%	5,193	-2,141	70.8%	5,444	3,303	-2,141	60.7%		
Other Corporate	1,000	1,000	0	100.0%	200	-800	20.0%	750	0	-750	0.0%		
Reduce Covid Costs	5,200	5,200	0	100.0%	5,200	0	100.0%	3,900	3,898	-3	99.9%		
Independent Sector	10,000	10,000	0	100.0%	2,400	-7,600	24.0%	7,500	375	-7,125	5.0%		
Further Non-Recurrent (Central)	19,900	19,900	0	100.0%	19,900	0	100.0%	14,925	17,682	2,757	118.5%		
Total CIP	125,404	125,260	-144	99.9%	96,922	-28,482	77.3%	92,541	67,347	-25,194	72.8%		

Clinical Groups / Delivery Group / Corporates	Target	Total Plan	Unidentif'd CIPs	Progress (%) RAG	Maturity Level	Variance	Progress (%) RAG	Plan	Actual	Variance to Plan	Progress (%) RAG
C&S	13,871	10,154	-3,717	73.2%	6,368	-7,503	45.9%	7,624	4,201	-3,423	55.1%
Evelina	15,529	15,027	-502	96.8%	14,606	-923	94.1%	9,999	9,886	-113	98.9%
HLCC	10,715	10,987	272	102.5%	8,952	-1,763	83.5%	8,288	7,198	-1,090	86.9%
ISM	16,747	16,347	-400	97.6%	11,901	-4,845	71.1%	11,923	7,775	-4,148	65.2%
Essentia	7,200	16,623	9,423	230.9%	13,365	6,165	185.6%	12,183	6,356	-5,826	52.2%
Pathology	2,343	2,373	30	101.3%	2,152	-191	91.8%	2,218	2,116	-102	95.4%
Central	35,100	35,070	-30	99.9%	27,470	-7,630	78.3%	26,303	21,935	-4,368	83.4%
Corporate	23,900	18,679	-5,221	78.2%	12,107	-11,793	50.7%	14,004	7,880	-6,124	56.3%
Total CIP	125,404	125,260	-144	99.9%	96,922	-28,482	77.3%	92,541	67,347	-25,194	72.8%



Variance (%) RAG	Description
------------------	-------------

25.0%	From 0% to 25% Identified
50.0%	From 25% to 50% Identified
75.0%	From 50% to 75% Identified
100.0%	From 75% to 100% Identified

**BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 8th November 2023, 9:30am – 12:30pm
Grand Committee Room, St Thomas' Hospital**

Members present:	Pauline Philip (Chair) Ian Abbs Charles Alexander (from item 6) Avey Bhatia Jon Findlay	Felicity Harvey Deirdre Kelly Reza Razavi Simon Steddon Lawrence Tallon (to item 8.4)
In attendance:	Sarah Allen (to item 9) Gina Brockwell (from item 9) Stephen Calvert Sarah Clarke Richard Grocott-Mason Sara Hanna (for Gubby Ayida) Katherine Henderson Anita Knowles	Mark Mason Ruth Liley Ciara Mackay Phil Mitchell Harry Richardson (minutes) Jacqueline Sinclair Tendai Wileman Tracey Yarker (for Beverley Bryant)

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 Beverley Bryant, Gubby Ayida, Charles Martin, Helen Barnes, Nicola Clark, and Marianna Masters.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting(s)

- 3.1. The minutes of the previous meeting held on 5th July 2023, and the extraordinary meeting held on 9th August 2023, were approved as an accurate record.

4. Review of the action log

- 4.1. An update was received on the outstanding actions from previous meetings. It was agreed that actions 25 and 57 were to be closed, while actions 48 and 53 were to remain open. An update on action 56 would follow subsequently.

5. Terms of reference

- 5.1. The Committee considered the updated Terms of Reference (ToR) for approval. Following the Deloitte Well-Led review in 2022 and in order to help enable the Committee deliver its extensive assurance functions more effectively, finance and people issues were now overseen by other Board Committees. The ToR included a refreshed purpose and duties, along with a more limited membership to reflect the Committee's revised remit. Additional administrative updates had also been reflected within the document.

- 5.2. It was agreed that the Committee would continue to own Strategic Risks 1 (Operational Performance) and 2 (Quality of Care) in the Trust’s Board Assurance Framework, and that these would be reviewed on an annual basis. Strategic Risks 4 (Workforce Supply) and 5 (Workforce Resilience) would be overseen by the People, Culture and Education Committee.
- 5.3. The importance of periodically testing the Trust’s governance model was emphasised, acknowledging the context of operating as a large, complex organisation. This would be considered as part of the Well-Led work being presented at Board-in-Committee on 15th November. The Committee requested greater focus on maternity and neonatal services, nutrition and hydration, and for the management of serious incidents to be amended based on the new Patient Safety Incident Response Framework (PSIRF). Notwithstanding the revisions to the ToR, representations were made for a member of the finance team to be in attendance for future meetings.
- 5.4. The Committee approved the reflected Terms of Reference, subject to the amendments in paragraph 5.3.

6. Board Assurance Framework

- 6.1. The Committee noted the Strategic Risks for which it was responsible, as per paragraph 5.2.

7. Feedback from visits

The Committee noted the feedback received from visits by the Non-Executive Directors which included the sleep centre at the Royal Brompton, the emergency department at St Thomas’, the new children’s day treatment centre at the Evelina London, and the ongoing refurbishments at Guy’s theatres. The passion and enthusiasm of staff during these visits was highlighted and welcomed, in addition to the positive reception to Epic post go-live. It was noted that the Trust continued to experience high levels of patient satisfaction, although some issues had been raised in relation to patient transport which were being addressed.

8. Quality and safety update

8.1. Quality and safety update

- 8.1.1. The Committee received the standing report on quality and safety and noted the limited assurance assessment that remained. PSIRF was to be launched in December, accompanied by a new incident reporting system, Radar, which would replace the existing Datix software. It was confirmed that no legacy data would be lost as part of this transition. A bespoke briefing would be offered to the Non-Executive Directors on PSIRF and the implications for the Trust.

ACTION: RL

- 8.1.3 Four incidences of moderate harm to patients were noted over the previous quarter. Updating clinical guidelines and the policy approval process had been a particular focus during this period, along with the procurement of a new document management system.

- 8.1.4 Overdue complaints remained an issue. It was noted that few of these related to Epic. Monthly meetings with quality and patient safety leads were being held to ensure progress being made, and an update would be brought to the next meeting.

ACTION: RL

- 8.1.5 The Committee noted that 110,000 users had registered with the MyChart application following the Trust's Epic go-live. The functionality of MyChart would continue to be developed to ensure patient needs were met.
- 8.1.6 It was confirmed that the Trust's quality assessment toolkit was being implemented across Clinical Groups and Directorates in line with the CQC's new regulatory framework.
- 8.1.7 The infection prevention and control team had reported outbreaks of carbapenemase-producing Enterobacterales ('CPE') and Methicillin-resistant Staphylococcus aureus ('MSRA') at St. Thomas' and appropriate interventions had ensued. In addition, Candida auris had been reported and the affected area closed to new patients. No harm to patient safety had been reported.
- 8.1.8 The Committee noted the patient experience survey results and that the trust continued to perform well relative to Shelford and London region peers, particularly in the emergency department.

8.2 Martha's Rule

- 8.2.1 An update was provided on the implementation of 'Martha's Rule' in response to an incident at Kings College Hospital. The Committee noted that the Trust had launched a new 'call if concerned' service in January 2023 which relatives and carers could use to access the critical care outreach team.
- 8.2.2 It was further acknowledged that there was a need for clear expectations and communication about the circumstances in which a second clinical opinion could be requested. This would continue to be monitored within the Acutely Ill Patient Group, a sub-committee of Trust Risk and Assurance Committee.

8.3 Mental health update

- 8.3.1 The Committee heard a patient story based on the experience of 'Emily', who had attended the emergency department in early June 2023 suffering from serious mental health issues. She had expressed concerns about a lack of privacy, poor communication, and feelings of disorientation caused by the environment of the emergency department. Upon being discharged she felt that her condition had worsened as a result of attending the emergency department.
- 8.3.2 After listening to 'Emily's' story, the Committee received an update on the provision of mental health care within the Trust. A number of long-standing concerns were raised including the time that many patients had to wait in the department before a suitable bed could be found. The Committee noted that this was poor patient experience. The Crisis Assessment Unit had often been required for use as an interim, short-stay ward to accommodate these challenges. Incidences had been reported, however, where patients had been physically and verbally abusive toward staff, and had destroyed Trust equipment.
- 8.3.3 The Committee noted the ongoing work that had been undertaken to address this issue, and that there was a misalignment between demand and community provision for mental health services within South-East London.
- 8.3.4 It was confirmed that further work and investment in mental health care was being planned to address the broader, system-wide capacity challenges in South-East London.

ACTION: SA / IA

8.4 Countess of Chester report

- 8.4.1 An update was received on the assurance review conducted following the events at the Countess of Chester Hospital. The mechanisms to identify malicious or unprofessional practice were outlined, and there was particular emphasis on learning from deaths, safeguarding, and 'freedom to speak up'.
- 8.4.2 The Trust Risk and Assurance Committee was the responsible forum where concerns about malicious or unprofessional practice were considered. Learning was also shared with partner organisations through specific networks within both the Shelford Group and the Integrated Care System, including a focus on identifying trends and themes. It was noted that there was a strong, data-driven analytics function within the organisation, and the importance of organisational culture and transparency was emphasised. A Non-Executive Director lead for 'freedom to speak up' would be appointed to support this.
- 8.4.3 The Committee noted the contents of the report and that the Trust had robust internal processes for the handling of allegations of professional misconduct.

9. **Operational performance and activity**

- 9.1 The Committee received an update on the Trust's operational performance and activity, and noted the safe go-live of Epic and that progress had exceeded expectations. It was noted that stabilisation and optimisation of the system would both present challenges.
- 9.2 Activity was intentionally reduced to accommodate the Epic go-live, and was planned to return to expected levels from the week commencing 13th November. The Committee welcomed the continued reporting of nine core datasets to NHS England and acknowledged that this was the only Epic launch in England to have achieved this.
- 9.3 The Committee thanked the Apollo programme team and staff across the trust for their extraordinary efforts over the go-live period.
- 9.4 It was noted that the Trust continued to face challenging operational conditions in the context of recent industrial action reducing planned activity. The 62-day cancer position was highlighted as a particular area of concern. In order to address the challenges, insourcing had been agreed for breast and skin cancer services, additional pathologists had been recruited, a new mobile CT scanner procured, the number of patients per list increased, and the use of private sector surgery capacity increased.
- 9.5 The Committee noted a 4-hour target performance of between 65-70% for October in urgent and emergency care, impacted by significant bed pressures caused in part by a reduction in the Trust's bed base following ward closures and the subsequent impact on flow, and a larger than expected number of walk-in attendances. The Trust's patient tracking list had exceeded the 125k target for the period post Epic go-live, though was caused in part by issues with data validation and the impact of the planned reduction in activity.
- 9.6 With regards to elective performance, the Trust's patient tracking list had exceeded the 125k target for the period post Epic go-live, though was caused in part by issues with data validation and the impact of the planned reduction in activity. The Committee noted the contents of the report and that there were currently 50 patients waiting for non-spinal treatment over 78 weeks, with challenges remaining within ENT and orthopaedics (adult and children).
- 9.7 It was further highlighted that NHS England were facilitating conversations with paediatric spinal surgery providers within London to address the lack of bed capacity again, particularly within

paediatric intensive care units. It was agreed that an internal Evelina meeting would be held to explore these issues further.

ACTION: GA

- 9.8 Trajectories needed for cancer and elective long-wait performance to be brought back for discussion at a future meeting.

10. Infrastructure

10.1 Estates infrastructure

10.1.1 The Committee received an update on the Trust's estates infrastructure, noting that remedial work was underway following the discovery of some reinforced autoclaved aerated concrete at the Trust.

10.1.2 A new model for Essentia relationships with Clinical Groups had been implemented, with designated lead for each.

10.1.3 An update on the theatre maintenance period would be brought to the Trust Operations Board on 14th November, including a reported delay to Nuffield reopening. Theatres 3 and 4 at Guy's had been a particular focus, with condition surveys for the remaining theatres completed and a prioritisation of planned refurbishments to follow.

10.2 DT&I infrastructure update

10.2.1 The Committee received a verbal update on the Trust's digital, technology and information infrastructure. It was noted that the Windows 10 upgrades were progressing well and would shortly be completed. The telephony upgrades to support Epic would be completed by the end of November, and further cabling works completed by early December. It was agreed that a specific update on Epic user devices was to be provided outside of the meeting.

ACTION: TY

10.3 Water quality

10.3.1 The Committee received an update on the Trust's water quality. It was acknowledged that monitoring challenges remained and that a new, technical steering group had been established to address these and related issues.

10.3.2 A new digital database that produced reports for the infection prevention and control team and water engineers had been developed with the Centre for Innovation, Transformation and Improvement. The co-location of engineers and the infection prevention and control team was planned to supported their joint working. 50-100 water filters had been identified for replacement in Borough Wing, and a new business case for an 'Omni-cleanse' tool to monitor water quality was under development.

11. Heart, Lung and Critical Care Update

11.1. The Committee noted that the Clinical Group's duty of candour cases had reduced, along with the number of structured judgement reviews. Waiting times remained challenging but the broader context of a significant caseload was acknowledged, with the Clinical Group accounting for 40% of London's cardiology waiting list.

12. Evelina London – Women's and Children's and Maternity Update

- 12.1. The Committee received an update on the performance of the Evelina London, and an improvement to elective activity was noted, in part due to the opening of the new children's day treatment centre.
- 12.2. A particular challenge was highlighted with full occupancy of the Trust's paediatric intensive care unit beds as a result of the increased admission levels of surgical emergencies where treatment had been refused at other centres. However, overall PICU performance remained stable.
- 12.3. Progress continued on the action plans developed in response to the CQC inspection's inspection of maternity services in September 2022.
- 12.4. The Committee welcomed the fact that patient satisfaction rates were increasing, with non-white women providing increasingly favourable feedback., A recent visit from NHS England's Workforce, Training and Education Directorate (formerly Health Education England) to assess medical trainees and student midwives had produced additional actions to improve the Clinical Group's learning environment.
- 12.5. The Committee noted that 49% of all births were by caesarean, and the resulting pressure on theatres. The Trust's obstetrics theatres needed to be able to provide surgical capacity at all times for emergencies. It was proposed that a smaller treatment room be made available for non-caesarean procedures to accommodate the capacity challenge.

13. Cancer and Surgery Update

- 13.1. The Committee received an update on the performance of the Cancer and Surgery Clinical Group. The continued estates risk of Borough Wing and the remedial work under consideration were highlighted.
- 13.2. Winter Planning had commenced in consultation with the Integrated and Specialist Medicine Clinical Group. Epic had been well-received by staff and further work was planned to understand and maximise opportunities for optimisation.

14. Integrated and Specialist Medicine Update

- 14.1. The Committee received an update on the performance of the Integrated and Specialist Medicine Clinical Group. It was noted that a strategic review of pathways was being undertaken to address some of the operational challenges set out in paragraph 8.3 above.

15. Board Assurance Framework

- 15.1. The Committee approved the changes to Strategic Risks 1 (Operational Performance) and 2 (Quality of Care) in the Trust's Board Assurance Framework. It was further noted that the Board Assurance Framework would be considered more broadly at the next Board Away Day.

16. Statutory and Regulatory Reports

- 16.1. The Committee noted the contents of the statutory and regulatory reports.

17. Any Other Business

- 17.1. The Committee received an update on Covid and Flu vaccine uptake amongst staff in the autumn. The uptake of the Covid vaccinations amongst Trust staff was 18.3%, compared with an England-wide uptake of 24.5%, a London-wide uptake of 18.3%, a South-East London uptake of 15.7%, and an uptake of 10% at KCH. The uptake of the Flu vaccinations amongst

Trust staff was 22.3%, compared with an England-wide uptake of 32.3%, a London-wide uptake of 26.1%, a South-East London uptake of 35.2%, and an uptake of 22.6% at KCH.

- 17.2. The Committee acknowledged that efforts were underway to increase the uptake of Covid and Flu vaccines and stressed the importance of raising this further.

The next meeting of the Committee would be held on Wednesday 17th January 2024.

Activity and Performance Overview

Public Board

31 January 2024

Further information: Rachel.Burnham@gstt.nhs.uk and Scott.Bahrawy@gstt.nhs.uk

Executive Summary

Activity and Performance (April to September 2023)

- Estimated year-to-date performance (April to September) for activity is 98.5% including Advice and Guidance against an Elective Recovery Fund target of 99.4%.
- The Trust's Referral to Treatment (RTT) waiting list increased by 5,626 pathways (5%) to 105,864 at the end of September.
- The number of patients waiting longer than 78 and 65 weeks for routine treatment in September was 81 and 669 respectively.
- Trust performance against the 62 day cancer performance standard has remained below the target of 85% April to September and was 43.9% in September.
- The Trust has maintained good performance for the Faster Diagnosis Standard (FDS) for cancer but performance dipped to 68.5% in September, below the target of 75%.
- The number of patients waiting longer than 6 weeks for their routine diagnostic procedure deteriorated during the year with performance reaching 26.2% in September against the national ambition of 5%.
- The number of patients waiting longer than 4 hours in A&E deteriorated April to September and 4 hour all type performance in September was 72.9%, below the national ambition of 76%.

October 2023 to March 2024 ambition and risk

- The Trust has recently worked with South East London partners to submit a revised plan for the second half of the year, focussing on achieving a system break-even position by the end of 2023/24.
- Alongside this the Trust recommitted to those strategic priorities agreed at the start of the year across Urgent and Emergency Care and Cancer and submitted a revised plan in relation to the number of long waiting RTT patients at the end of March 2024.
- There is ongoing risk for the Trust in relation to delivery of these priorities, noting a particular challenge with activity levels not yet reaching *Business As Usual* levels following introduction of the Epic system, alongside emergency pressures and ongoing Industrial Action.

Performance and Information

H1 Activity and Performance review

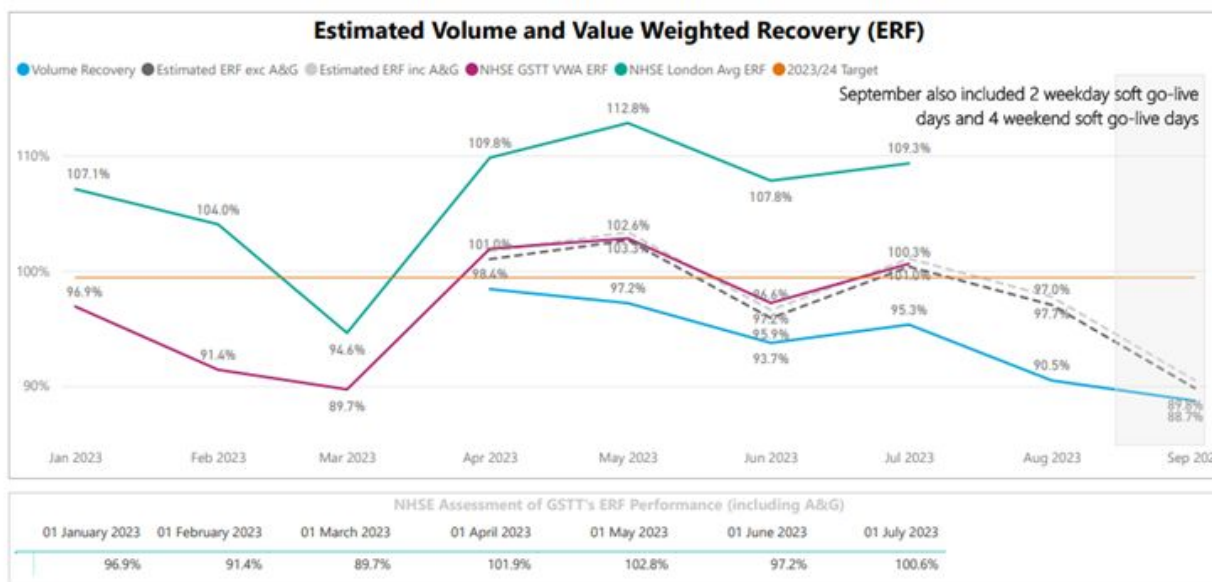
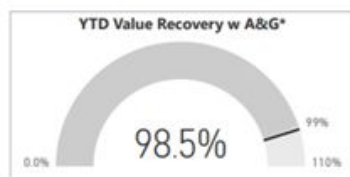
A stocktake of the first half of the year

Performance and Information

H1 Elective Recovery Fund (ERF) Performance



Estimated year-to-date performance for ERF up to September is 97.8% excluding Advice and Guidance (down from 99.5% in August), however this improves to 102.5% (inc. A&G) if an adjustment is made for Industrial Action.



The Trust's Elective Recovery Fund target has been **reduced to 99.4%** and the South East London overall target has been **reduced to 105%**.

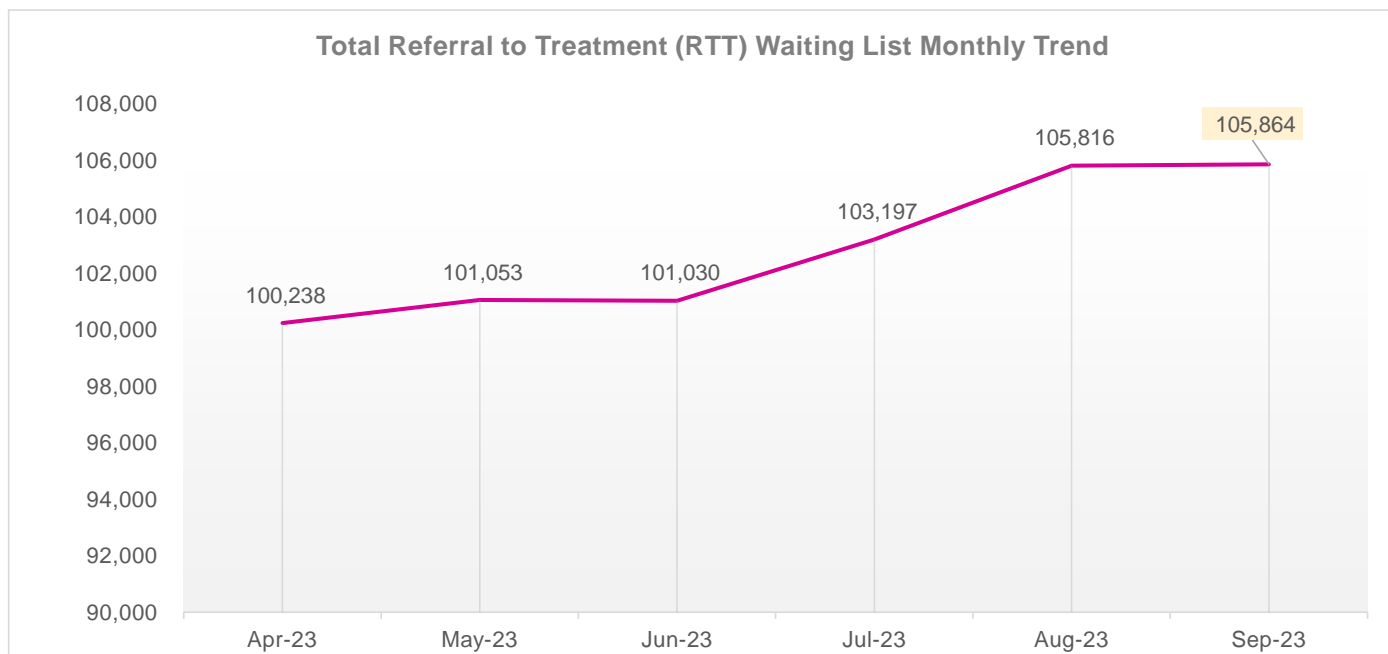
- Estimated year-to-date performance April to September is 97.8% excluding Advice and Guidance and 98.5% including Advice and Guidance.
- The Trust ranked **18th** out of **22** providers in London for its August ERF position.

Performance and Information

Note: the Trust agreed with the National team ahead of Epic implementation nine priority reports that would continue without any reporting break and SUS (ERF) was not one of these and as a result data has not been submitted since the Epic start 'go-live' date (05/10/2023). Year-to-date performance reflects April to September and is an estimated position.

Referral to treatment (RTT) waiting list

The impact of Industrial Action has significantly contributed to the 5.6% growth seen in the waiting list throughout H1.



The Trusts referral to treatment waiting list in September is **24.6%** larger in than the corresponding month in 2019/20.

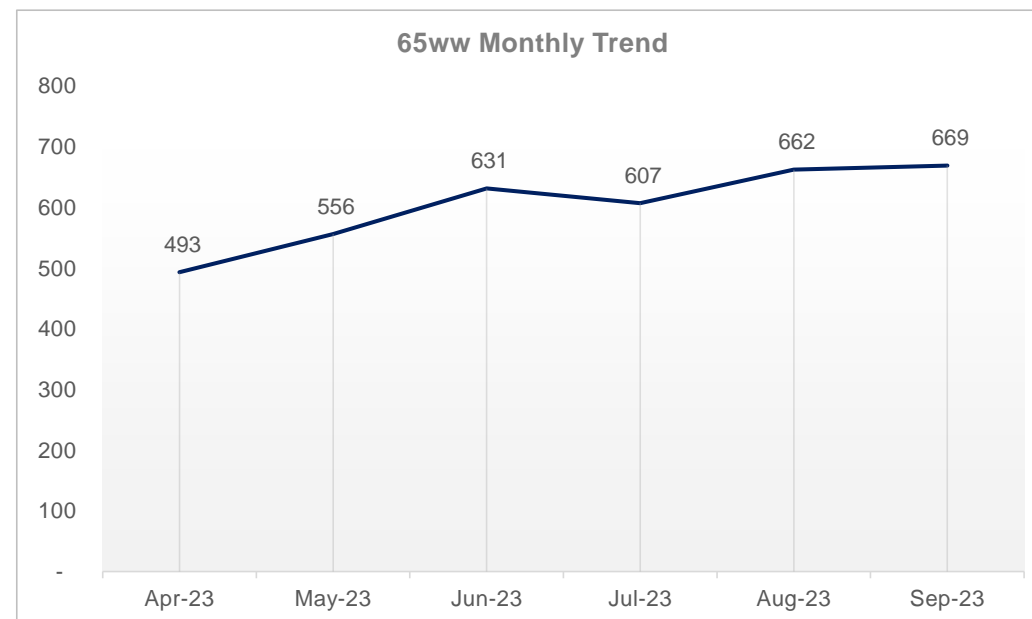
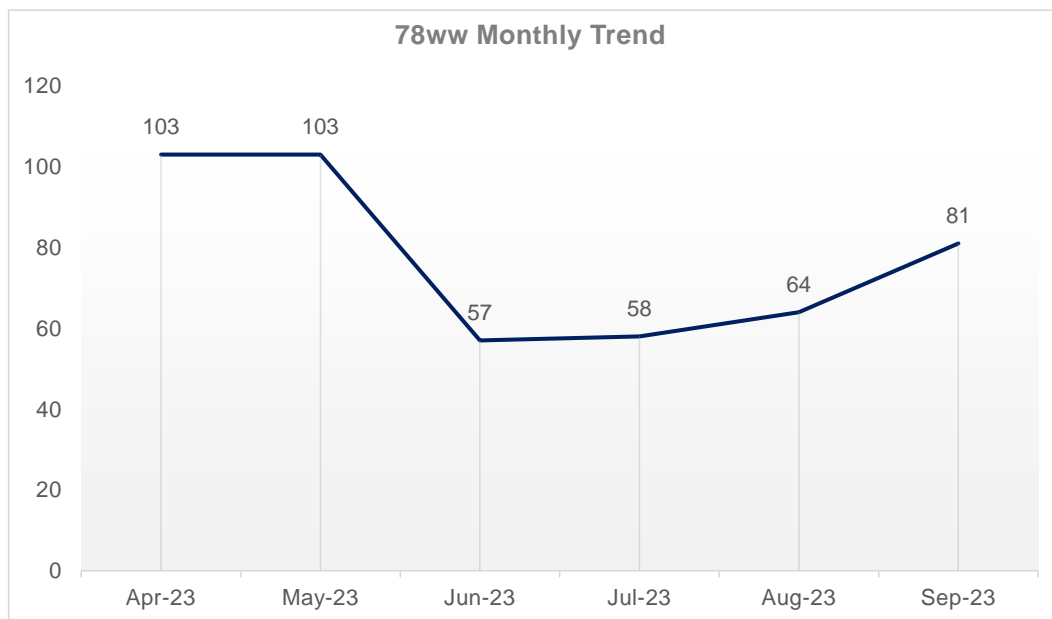
- The referral to treatment waiting list grew **4.8%** between June and September 2023.
- Key drivers behind growth seen in H1 include lower than *Business as Usual* activity levels predominantly due to ongoing Industrial Action, under recovered clock stop rates and underlying mismatches in capacity and demand across a number of services.

Performance and Information **Note:** the monthly RTT position April to June does not include community, the Trust began reporting numbers for this from July onwards and this represents approximately 1.5% of the total waiting list.

Referral to treatment (RTT) Long Waiting Patients



The 78 week wait position improved by 21% in H1 and the 65 week wait position deteriorated by 34% but both represent a significant challenge for the Trust in H2.

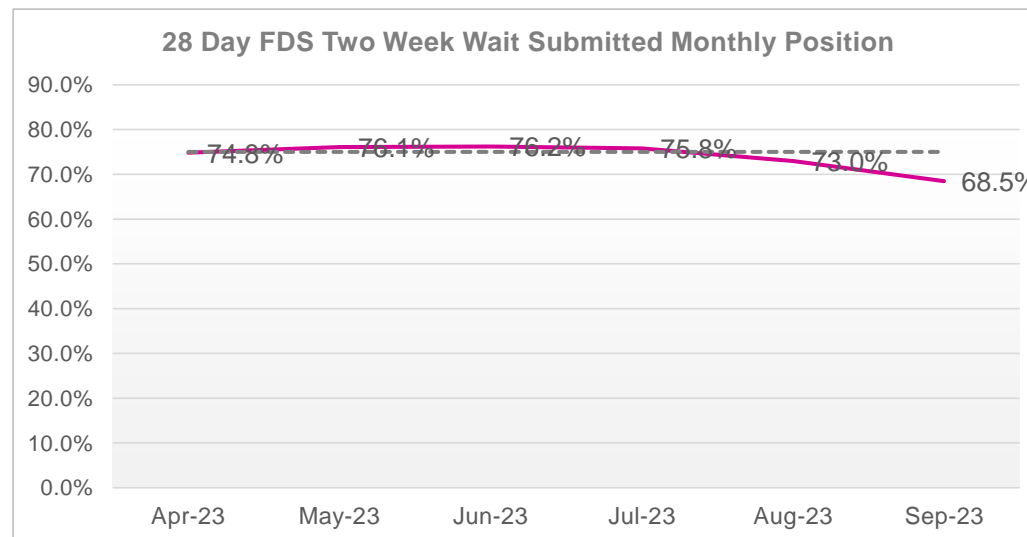
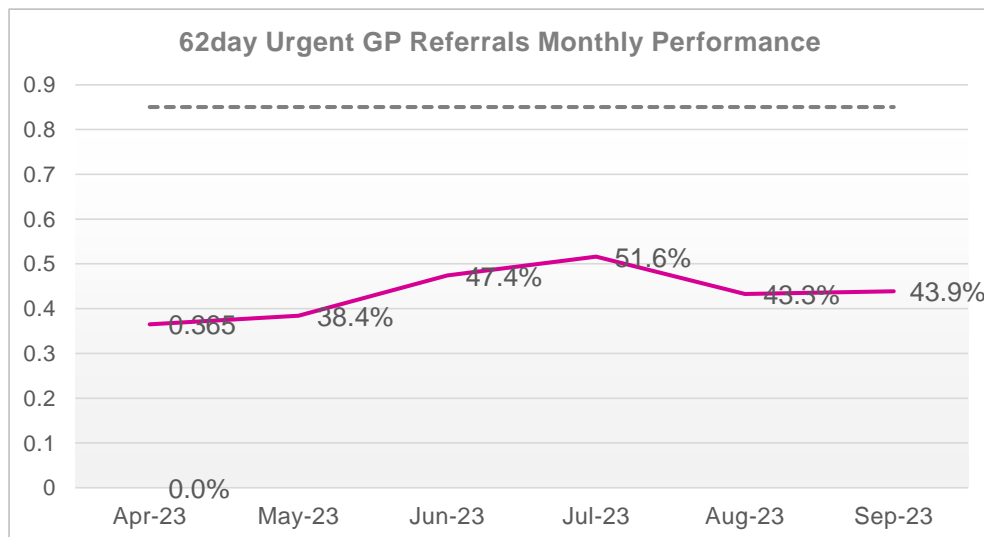


- The Trust **long waiter position** has been challenged as a result of reduced activity levels from Industrial Action and Epic implementation, however the **78 week wait** position had reduced by **21%** between April and September.
- The 65 week wait position increased **34%** between April and September.
- The Trust benchmarked for **78** and **65** week wait as **81st** and **85th** nationally in September.

Performance and Information

Cancer

The 62 day position in H1 is below the target of 85% and represents a significant challenge for the Trust. A detailed recovery plan has been implemented with the ambition of addressing the 62 day backlog followed by 62 day performance taking into account their interdependencies.



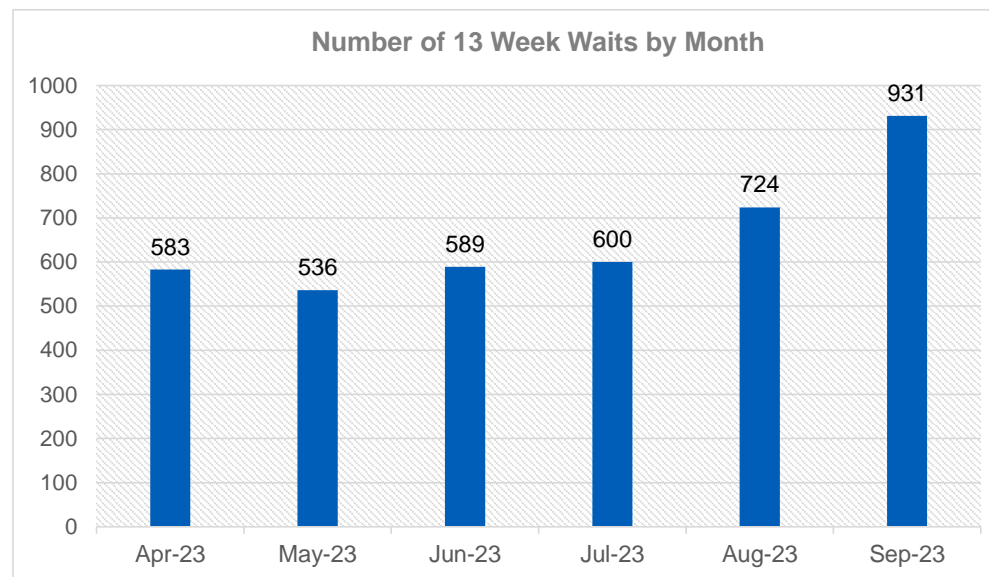
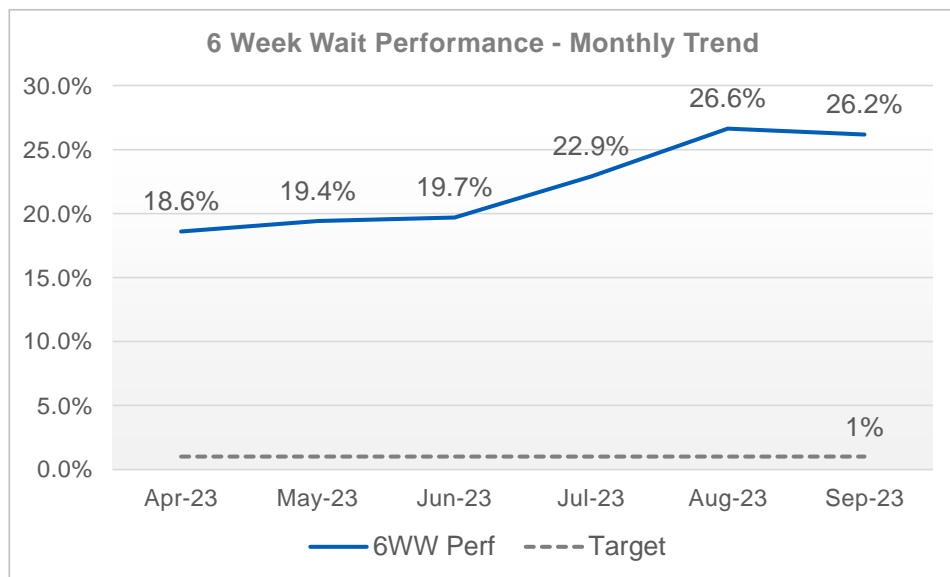
- 62 day performance has improved by **7.4 percentage points** between April and September but remains well below the target of **85%**.
- Key drivers behind Trust performance has been ongoing Industrial Action and surgical and imaging capacity as well as late referrals from referring providers.
- The Faster Diagnosis Standard position has deteriorated a total of **6.3 percentage points** between April and September and is below the target of **75%**.
- The Trust benchmarked for **62 day** and **FDS** in September as **118th** and **103rd** nationally.

Performance and Information

Note: a resubmission for April to September 2023 has been made impacting figures throughout the year (comparison in Appendices).

DM01

The diagnostics position represents a significant challenge to the Trust, at the end of H1 (September) performance was 26.2% against the 1% standard.

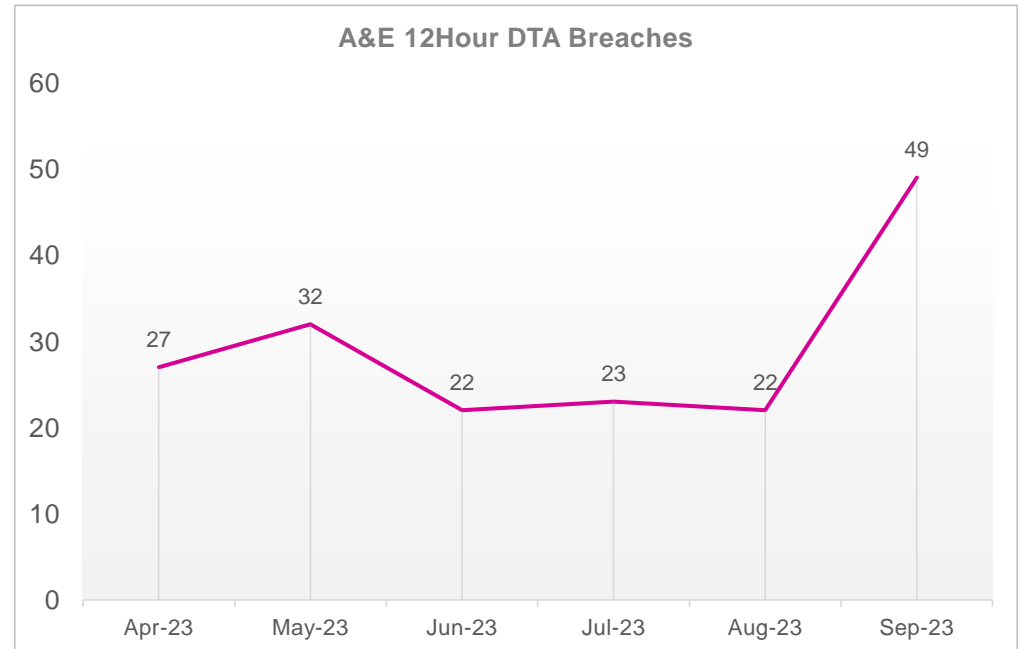
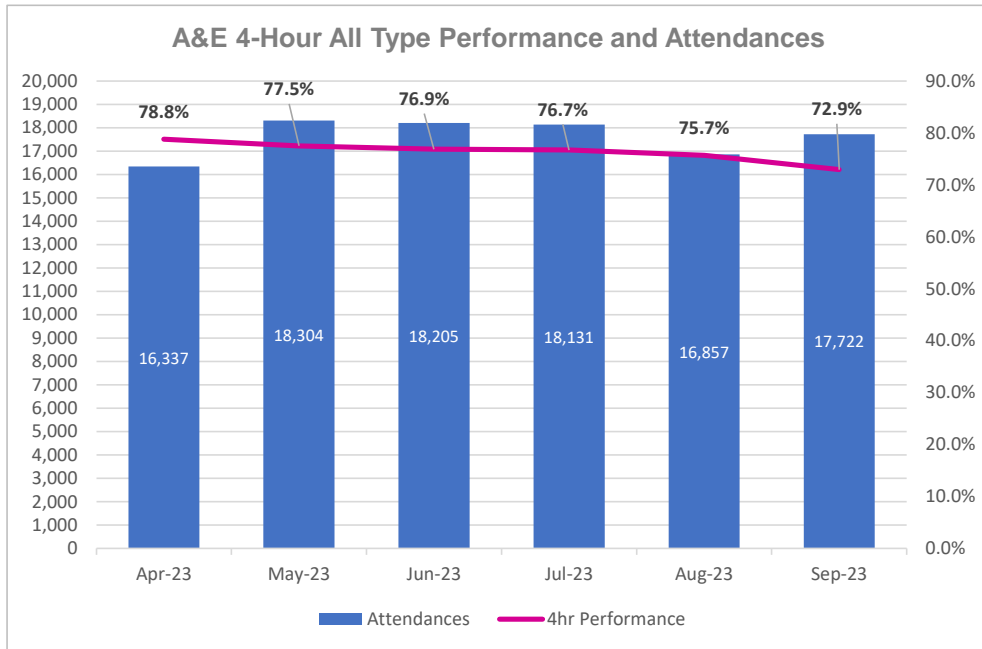


- **6 week wait** performance deteriorated between April and September by **7.6 percentage points** to **26.2%**, against a target of **1%**.
- The number of patients waiting longer than **13 weeks** for their routine diagnostic procedure increased by **60%** between April and September.
- The Trust benchmarked nationally at **90th** and **89th** in September for 6 and 13 week waits respectively.

Performance and Information

Urgent and Emergency Care

A&E 4 hour all type performance has deteriorated each month since April and is below the national ambition of 76%.



- **4-Hour All Type performance** deteriorated from **78.8%** in April to **72.9%** in September against the national ambition of **76%**
- **12 hour Decision to Admit (DTA)** breaches increased by **81%** to **49** in September.

Performance and Information

H2 Activity and Performance ambition and associated risk to delivery

A look forwards at the Trust's year end ambitions and associated risks

Performance and Information

2023/24 H2 GSTT Activity and Performance ambition and risk



The Trust has recently worked with South East London partners to submit a revised plan for the second half of the year, focussing on achieving a system break-even position by the end of the year, alongside:

- A re-commitment to its prior aims to achieve national standards in UEC (76%+) and the cancer faster diagnosis standard (75%+) by the end of March;
- A re-commitment to reducing the cancer backlog of patients waiting over 62 days for first definitive treatment to 255 by the end of March;
- A set of revised projections on the number of patients who will be waiting over 78 weeks and over 65 weeks to 65 (from 0) and 762 (from 50) respectively

Ambition	Current position (latest)	Key risks and interdependencies	RAG
Reach 65 and 762 78 week waits and 65 week waits respectively by March 2024.	December 2023 <ul style="list-style-type: none"> • 1,125 65 week waits • 154 78 week waits 	<ul style="list-style-type: none"> • Industrial Action • Patient choice • Other strategic priorities including cancer and those within Urgent and Emergency Care • Low uptake from patients on mutual aid • Impact of Epic system implementation and low activity level recovery 	
Reach target of 75% for FDS and agreed <i>fair shares</i> position for cancer backlog (255) by March 2024.	November 2023 <ul style="list-style-type: none"> • 60.1% FDS January 2024 (WE 14/01) <ul style="list-style-type: none"> • 447 cancer backlog 	<ul style="list-style-type: none"> • Industrial Action • Mismatch between capacity and demand in theatres and imaging • Late referrals from external providers (within and outside of South East London), a proportion of which do not provide sufficient time to avoid a breach. • Impact of Epic system implementation and low activity level recovery 	
Reach year-end 4 hour all type performance of 77.5%.	December 2023 <ul style="list-style-type: none"> • 70.9% 4 hour all type performance 	<ul style="list-style-type: none"> • Time from <i>arrival to seen</i> increased post-Epic thus impacting on performance overall. • Flow and bed pressures • Winter pressures • Suggestion of patients with greater acuity and complexity in the department. • Mental Health pressures. 	
Meeting ERF target of 99.4%.	Estimated year-to-date (September) IA adjusted <ul style="list-style-type: none"> • 97.8% VWA ERF 	<ul style="list-style-type: none"> • Revised ERF target accounts for year-to-date impact of Industrial Action but is not inclusive of December 2023 and January 2024 IA. • Activity levels under pre-Epic and 2019/20 BAU with outpatients being a particular area of challenge. • Impact of counting and coding post-Epic implementation. 	
A need to curb RTT and DM01 waiting list growth and for the Trust to position itself to have the best opportunity to work toward the DM01 performance target of 5%.	December 2023 <ul style="list-style-type: none"> • 141,504 RTT waiting list • 35,928 DM01 waiting list • 49% DM01 performance 	<ul style="list-style-type: none"> • Industrial Action • Impact of Epic system implementation and low activity level recovery • Epic implementation impact on data quality including creation of erroneous pathways • Importance of diagnostics in delivering all of the Trusts strategic priorities • Underlying capacity and demand challenges in Imaging 	

Appendices

Performance and Information

Appendix 1 – GSTT national performance benchmarking

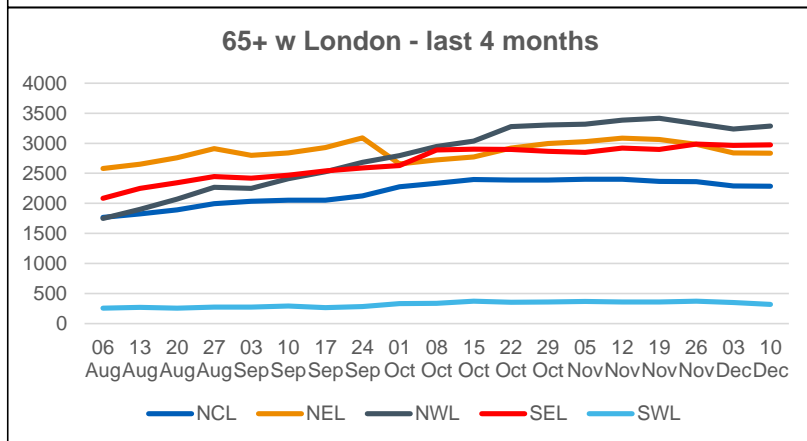
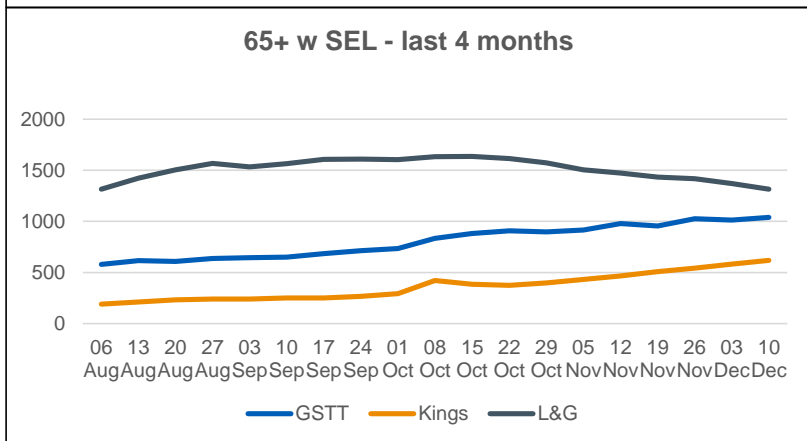
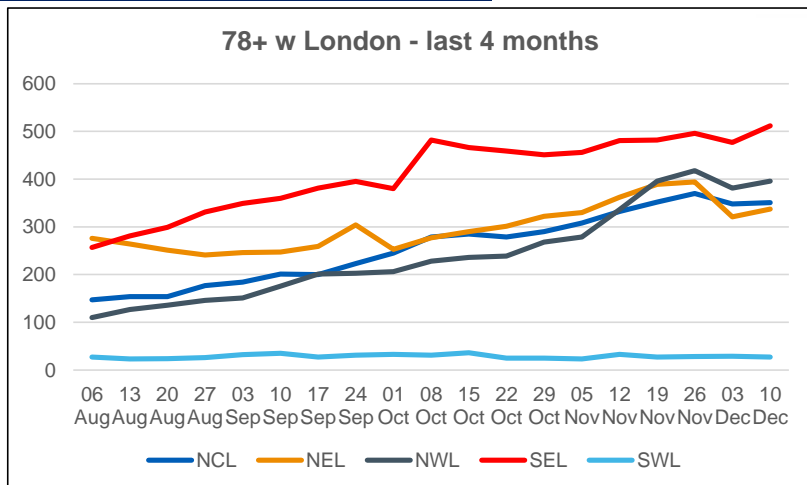
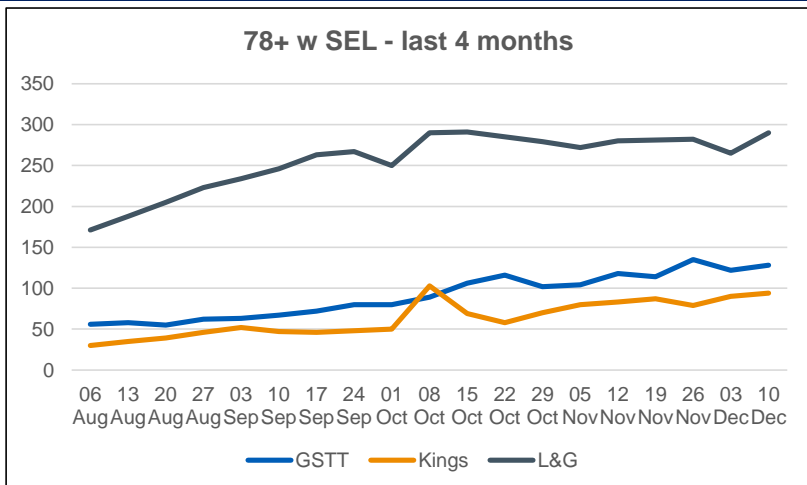


- National benchmarking for GSTT across the key performance metrics outlined below reflects a challenged position for the Trust across all domains.
- A&E 4 hour all type performance represents an area that historically the Trust benchmarked well nationally in but the department have faced significant challenges in recent months and this position has moved from 32nd in September to 52nd in November nationally.
- The Cancer position represents one of the greater areas of risk and exposure to the Trust with increased level of scrutiny taking place in recent months and is a reflection of compromised activity levels due to ongoing Industrial Action and Epic implementation which have impacted the Faster Diagnosis Standard and surgical treatment capacity.
- The Long waiter position represents another area of high risk for the Trust with challenging 65 and 78 week wait targets for March 2024 being agreed as part of H2 planning that will be compromised by the announcement of more Industrial Action in 2023 and 2024.

Performance Metric	Latest Reported Performance				GSTT national ranking (and movement since last benchmarked period)
	Month	National ambition	GSTT	England average	
A&E 4 Hour All type	November	76%	68.1%	69.7%	52nd
Cancer Faster Diagnosis Standard (FDS)	October	75%	61.8%	71.1%	118th
Cancer 31 Day Wait for First Treatment	October	96%	76.4%	89.3%	127th
Cancer 62 Day	October	85%	42.9%	63.1%	130th
Referral to Treatment 18 weeks standard	October	92%	63.2%	57.3%	65th
Long Waiter 65 Week Wait	October	404	889	734	99th
Long Waiter 78 Week Wait	October	0	109	85	90th
Long Waiter 104 Week Wait	October	0	5	3	30th
Diagnostics 6 Week Wait	October	1%	45.8%	24.7%	144th

Note: Guy's And St Thomas' NHS Foundation Trust (RJ1) made a partial submission of CWT Data for October 2023 for the 28-day Faster Diagnosis Standard; One Month (31-day) Wait from a Decision To Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment of Cancer; and Two Month (62-day) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer.

Appendix 2 – 4 month trend in actual 78 and 65 week wait breaches in SEL and London



Performance and Information

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

**Wednesday 6 December 2023, 3.15pm – 5.45pm
Microsoft Teams**

Members Present:	Miranda Brawn (Chair) Avey Bhatia – to 5pm Felicity Harvey Deirdre Kelly – to 5pm	Simon Steddon Reza Razavi Julie Screaton Lawrence Tallon
In attendance:	Loranna Alvarez (minutes) Gubby Ayida – to 5pm Alex Bertram-Smith – to item 12 Harlene Dandy-Hughes – to item 8 Jay Dungeni Wathik El-Alami Rob Godfrey Anita Knowles Claire Mallinson	Helena Martin Margaret McEvoy Sandra Noonan Zareen Qadri – to item 8 Igor Tanjga Tendai Wileman Andrea WilliamsMckenzie Claire Wills Lucy Yasin

1. Welcome and Apologies

- 1.1. The Chair welcomed colleagues to the meeting of the People, Culture and Education Committee (the Committee). Apologies had been received from Ian Abbs, Charles Alexander and Daghni Rajasingam.

2. Declarations of Interest

- 2.1. There were no declarations of interest.

3. Minutes of the previous meeting held on 27 September 2023

- 3.1. The minutes of the previous meeting of the Committee on 27 September 2023 were agreed as an accurate record.

4. Review of action log

- 4.1. The Committee reviewed the action log and noted that both actions had been closed since the previous meeting. It was agreed that, in relation to action two a report outlining the diversity breakdown of colleagues who had used the Freedom to Speak Up (FTSU) service and the FTSU Guardians would be circulated to the Committee for information in advance of submission to the Public Board in January 2024.

ACTION: JS

5. Board Assurance Framework risks

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

6. Reflections from Board Away Day

- 6.1. The Chair shared key reflections relating to people and culture from the Board Away Day which had taken place on 30 November 2023, noting that these would be revisited under items nine and eleven on the agenda.

- 6.2. It was proposed at the Board Away Day that a review of the Trust's BAF risks was required to ensure effective alignment with the refreshed remits and scope of Board Committees. The Chair proposed a workshop for collective re-consideration of risks relevant to the Committee.

ACTION: LY

7. Updated Committee Terms of Reference

- 7.1. The Committee reviewed the terms of reference which had been revised to include suggested amendments at the previous meeting. The Chief Medical Officer had proposed the Chief Allied Health Professional and Deputy Chief Medical Officer for People and Professional Fulfilment be added as routine attendees.

RESOLVED:

- 7.2. The Committee approved the updated terms of reference for endorsement by the Board in Committee, including the additional routine attendees.

8. Education Showcase

- 8.1. The NHS Long Term Workforce Plan, published by NHS England in June 2023, required a significant increase in effective education and training for a sustainable, future workforce. The Trust needed to increase its educational opportunities and training offering, and innovative, alternate routes into professional roles, such as apprenticeships. As the Trust was expected to increase the number of learners by as much as 100% in some areas, the ask was clearly significant. Alongside this, the Trust also needed to ensure its staff retention measures were successful.

- 8.2. The Committee received an overview of the current educational provision across the Trust with testimonials from a second-year foundation doctor and apprentices from Occupational Therapy and Pharmacy. The positive impacts of apprenticeships were emphasised, and the Committee noted they had also proved to be an effective pathway for improving diversity in healthcare, with 65% of uptake to date being from people from black and ethnic minority backgrounds. A key focus was on efforts to develop a similar pathway in Nursing and Midwifery.

- 8.3. The Committee noted the significance and diversity of the challenges facing the Trust to deliver against the Workforce Plan, and requested a progress report at a future meeting.

9. Our People Strategy

- 9.1. The People Strategy options had been covered in detail at the recent Board Away Day at which there was agreement on how the immediate and longer-term workforce challenges should be addressed. The Committee would monitor outputs as appropriate.

10. Operational People Matrix

- 10.1. The Committee reviewed a suite of metrics that the Trust used to assess the sufficiency, health and wellbeing of its workforce and to give visibility of the current and future workforce challenges. A range of workforce policies and frameworks were under review with trade union involvement. The Committee noted the continued raised sickness level, particularly amongst administrative staff, and recognised that it had been a challenging year. The Sickness Absence Policy was under review and training sessions were being run on effective management of such absence. The level of completion of mandatory training and performance development reviews was also noted, an area of focus by the People team.

11. Freedom to Speak Up Policy

- 11.1. The Committee noted the revised FTSU policy. The FTSU service was a key area of focus at the recent Board Away Day where colleagues renewed the Board's commitment to creating a culture where staff feel confident and comfortable to raise concerns, whether

clinical or otherwise. The Committee confirmed its commitment to the speak up agenda and to obtaining requisite assurances.

RESOLVED:

- 11.2. The Committee approved the updated FTSU policy for final sign off by the Board in Committee.

12. GSTT Gender Through the Lens

- 12.1. The Committee received an update on the current position for improving gender equality across the Trust, including the actions and future priorities to further reduce disparity. Whilst progress was being made, significant improvement could be made in relation to the gender pay gap. There was also work underway to highlight the Trust as a transgender friendly employer. There was discussion around intersectionality and how assurances could best be provided to the Committee on all areas of equality, diversity and inclusion. It was agreed that a sub-group would meet to plan these sessions for the future Committee meeting cycle.

ACTION: JS, AWM, JD, TW, MB, LY

13. Sexual Safety

- 13.1. The Chief Nurse had been appointed as executive lead for sexual safety in the workplace. The Trust's intention to build on robust safeguarding processes for protecting patients, improve victim support and focus on early intervention and prevention to create a safe culture and zero tolerance environment for any form of sexual harassment in the workplace was explained. An independent report on sexual misconduct in the surgical workforce had been published in September 2023 which highlighted concerning levels of sexual assault and harassment experienced by female surgeons working in the NHS. NHS England had also launched its first ever 'Sexual Safety in Healthcare Organisational Charter' in collaboration with key partners across the healthcare system.
- 13.2. The Chief Nurse's Office, together with the Chief Medical Director's Office and Workforce team, had developed a sexual safety plan containing proposals and principles designed to prevent sexual misconduct. The Committee would receive updates on key deliverables of the Trust's plan and the NHSE charter.

RESOLVED:

- 13.3. The Committee approved the sexual safety plan and endorsed the approval by the Trust Executive Committee to sign up to the NHS England Sexual Safety in Healthcare Organisational Charter.

14. People, Culture & Education Board Assurance Framework

- 14.1. The Committee reviewed the proposed updates to the two workforce-related risks on the BAF. No changes had been made to the controls or level of assurance since the last meeting. It was highlighted that charitable funding received for the Trust's staff wellbeing package would be significantly reduced and options were being explored as to how to maintain sufficiency in this area. Effort to understand and improve staff retention was ongoing.

15. Any other business

- 15.1. The Committee would consider at its next meeting the cultural and relational impacts of the ongoing industrial action.

ACTION: JS

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

**Wednesday 22 November 2023, 1pm – 4.00pm
Robens Suite, Guy’s Hospital**

Members Present: Ian Playford – Chair
Ian Abbs
Charles Alexander
Steven Davies
Simon Friend
Richard Grocott-Mason
Felicity Harvey
Reza Razavi

In attendance: Loranna Alvarez (minutes)
Gubby Ayida – item 10 only
Simon Bampfylde
Avey Bhatia – to item 8 only
Victoria Borwick
Beverley Bryant – to item 8
Sarah Clarke – item 11 only
Jon Findlay
Anita Knowles
Leah Mansfield
Simon Mendy
Phil Mitchell – from item 8
Simon Steddon – to item 9
Tendai Wileman
Lucy Yasin

1. Welcome and Apologies

1.1. The Chair welcomed colleagues to the Transformation and Major Programmes Committee (the Committee). Apologies had been received from Lawrence Tallon.

2. Declarations of Interest

2.1. There were no declarations of interest.

3. Minutes of the Previous Meeting (9th August 2023)

3.1. The minutes of the previous meeting of the Committee, held on 9 August 2023, were agreed as an accurate record.

4. Matters Arising and review of Action Log

4.1. The action log was reviewed; the Committee noted that all of the actions had been closed since the previous meeting.

5. Board Assurance Framework Risks

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

6. TMP Board Committee Terms of Reference

6.1. The Chair explained that the purpose and scope of this Committee had been updated in light of the Trust’s review of its board level governance and current strategic priorities. There would be a stronger emphasis on transformation with more focus on collaborative projects, system working and benefits tracking to hold existing programmes accountable against what had been submitted in the original business cases. Colleagues felt that the Terms of Reference could be more explicit around the Committee’s role in engaging with partners to explore transformative and major programme opportunities for collaborative and system working.

ACTION: LY

6.2. The membership of the Committee had also been adjusted to reflect effectively the new scope and the distributed membership model. There was discussion around operational and clinical representation and it was agreed that this would be resolved and a final version of the terms of reference presented to the Board in Committee in December for approval.

ACTION: LY

RESOLVED:

- 6.3. The Committee approved the updated terms of reference subject to the amendments outlined above.

7. Apollo Programme

- 7.1. The Senior Responsible Owner (SRO) provided an update following the successful implementation of the Epic system on 5 October 2023. The programme was in the stabilisation phase whilst colleagues continued to build familiarity with the system and teething issues were being worked through. There were some challenges around how to drive resolutions for some of these issues, particularly where there were greater dependencies such as third-party referrals.
- 7.2. The Chair noted that the current SRO would be handing the programme to a new SRO to take forward the optimisation phase in January 2024, and asked that a paper on the stabilisation position and plans to mitigate any remaining risks was taken through the appropriate governance forum for clarity before the handover date.

ACTION: AB

- 7.3. The Committee welcomed the progress that had been made and thanked the team for getting to this point. Colleagues were keen to build upon the momentum by moving into the benefits and optimisation phases more imminently whilst ensuring continued alignment with King's College Hospital (KCH) NHS Foundation Trust. It was requested that a paper be brought to the next meeting outlining the path to reaching the benefits phase over the next few years, including the current and anticipated barriers and dependencies.

ACTION: AB

8. SEL Pathology Update

- 8.1. The Pathology Hub, a consolidation of pathology services across south east London (SEL), brings technological advances and transformation with national benefits and opportunities. It was reported that the facility was nearing completion with equipment being installed and it was expected that the hub would be fully operational from April 2024. Board members were invited to visit the hub, noting the scale of what had been achieved and the potential for a similar model to be used in other areas in the future.

ACTION: SS

- 8.2. The SRO talked the Committee through a number of the key milestones achieved by the pathology programme to date including the successful joint launch and implementation of the new Epic system across the Trust, KCH and Synnovis; the Beaker system build; the safe transfer of pathology services across Lewisham and Greenwich and Royal Brompton and Harefield Hospitals, including the increase in activity resulting from this to date; and the establishment of the research and development fund. The Committee acknowledged the incredible scale of work that had been achieved through this programme and extended thanks to the teams involved.

- 8.3. The Committee agreed that once the facility had fully opened in 2024, the programme would no longer be considered a major programme, but benefits tracking would continue to report to this Committee. The Chair and SRO would meet offline to agree the frequency of post programme reporting.

ACTION: SS, IP

9. Future estates strategy – major capital programme financing

- 9.1. Due to the capital restrictions and previous commitment to invest in the Trust's existing infrastructure to improve resilience over the next five years, the finance team had been exploring alternative ways to fund the major strategic development programmes which had been identified to deliver the capacity required to meet the increasing demand. Whilst the proposals were subject to endorsement by NHS England (NHSE), the Department of Health and Social Care and His Majesty's Treasury, they had each been independently evaluated and deemed credible. The Chief Financial Officer presented an independent financing model used widely in the private sector, and in other parts of the public sector such as transport services, to fund the Evelina expansion and the Chelsea Farmer's Market build. The

- 9.2. Committee was supportive of this approach and suggested a working group be established to further develop the proposals.

RESOLVED:

- 9.3. The Committee approved the further development of the financial model as outlined for submission to NHSE. It also approved, in principle, the intention to prioritise any remaining capital delegation for the development of the Guy's surgical theatres over the next five years, noting the dependency of establishing a corresponding plan to build these theatres incrementally to a value of £20m per year.

10. Children's Hospital Programme Update and Strategic Outline Case

- 10.1. The Committee reviewed the strategic outline case for the Children's Hospital Programme (CHP) which was seeking a commitment of £6.1m of revenue in the next financial year to develop the outline business case for submission to NHSE. Whilst the Committee recognised the rationale and shared the vision of the goals within the overall programme, it was felt that a more detailed plan and prudent approach was required to justify the additional expenditure. It was therefore agreed that a further paper would return to the Committee in February 2024 outlining the breakdown of funds and how these would be allocated, as well as an update on implementing lessons learned from the previous Evelina expansion programme from the Clinical Group's perspective and scenario planning for interim arrangements to accommodate services whilst the building was being developed.

ACTION: JF

- 10.2. A follow up conversation would also take place outside the meeting to agree the best approach to secure sector support and agree sequencing of the necessary approvals. .

ACTION: SD, SB, JF

11. Children's Day Case Treatment Centre Update

- 11.1. The Children's Day Case Treatment Centre (CDTC) had been operational since July 2023; however snagging works were ongoing. The project had spent £54.8m to date against an adjusted £55m and required an additional £1m to reach completion, bringing the total project expenditure to £56m. Whilst the Committee welcomed this important milestone, there was frustration with the increased costs against the original business case.

- 11.2. It was requested that a paper be brought to the next meeting providing an overview of the lessons learned from previous capital programmes with a particular emphasis on how these lessons are being applied moving forward. The Committee was keen to understand the improved processes for setting up and managing new capital programmes and specific learnings being applied within the CHP in particular.

ACTION: PM

RESOLVED:

- 11.3. The Committee approved the additional £1m requested, noting that two floors of the building were yet to be configured.

12. Theatres Programme Update

- 12.1. The Outline Business Case (OBC) for Guy's Surgical Hub had been discussed at the previous meeting where it had received support from the Committee as the preferred option to resolve the significant issue of operating theatre capacity, which was impacting performance across the Trust and the wider sector. The Committee had noted that whilst a number of initiatives had been put in place to help address the issue, such as extending operating theatre opening hours, use of the independent sector and upgrades to existing theatres, these would not address the fundamental capacity gap and investment was needed to sustainably address this in the longer term. The Committee had supported submission of the OBC to the South East London Integrated Care Board for support and from there to NHS England (NHSE). In the meantime, the Committee asked that further work be done to identify contingency options to expand the theatre estate in the shorter term before the completion of the Guy's Surgical Hub, and in case the OBC was not approved by NHSE.

- 12.2. An update was presented on the work to identify contingency options to incrementally build operating theatre space on the Trust estate. A number of scenarios had been explored and whilst a few potentially proceedable options had been identified, there was no clear front-runner that would provide the same capacity as the hub, or which had a significantly quicker implementation timeframe and all brought further risks and complications. The Committee noted that the OBC for Guy's Surgical hub continued to represent the most effective and efficient option for the medium and longer term.
- 12.3. A discussion with NHSE was planned for January 2024 for the team to present the OBC and further articulate the challenges faced by the Trust due to the lack of operating capacity against increasing demand and surgical complexities. Further discussion would continue in parallel via the Acute Provider Collaborative and the team would map out targeted increases to services across the week. A further update on progress would be brought to the next meeting.

13. Estates Quarterly Update Report

- 13.1. The Chief Executive of Essentia provided an update on key highlights within estate matters over the last quarter, which included:
- Analysis of the Mandela Way site to optimise usage was underway;
 - A new mobile CT scanner had arrived at the Guy's site and was expected to be operational in early December 2023;
 - Nuffield Theatres were in the final commissioning stage and expected to be operational early in the new year;
 - All high-risk aluminium composite material (ACM) cladding had now been removed from the Cancer Centre and replacement panels were on track to be installed by March 2024, and
 - Reinforced Autoclaved Aerated Concrete (RAAC) had been identified in a small proportion of the Guy's boiler house roof and funding via the NHSE replacement programme was being sought. In the meantime, the building remains safe and there will be minimal disruption caused by its removal.
- 13.2. The Committee queried the standard of the Trust's key worker accommodation and it was explained that the amount of accommodation available was limited but this was being looked at in detail and tracked under the Trust Operations Board. An update would be brought to the next meeting.

ACTION: PM

14. TMP Board Assurance Framework

- 14.1. The two strategic risks on the Board Assurance Framework that were owned by the Committee were reviewed and the relevant updates to the assurances and controls noted. A more significant update would be made on the estates risk in time for the next meeting following extensive work on to improve capital programme processes.

RESOLVED:

- 14.2. It was agreed to close principal risk 10a following the successful and safe implementation of Epic.

15. Any other business

- 15.1. It was agreed that a paper would be brought to the next meeting to update progress with the Integration and Trust Operating Model Programme which would include an outline of the post-merger benefits.

ACTION: TW

Board

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

Title:	Documents Signed under Trust Seal, 12 October 2023 to 17 January 2024
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, 31 January 2024

Board

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

**DOCUMENTS SIGNED UNDER TRUST SEAL
12 OCTOBER 2023 TO 17 JANUARY 2024
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 1053 to 1057 under the Foundation Trust's Seal during 12 October 2023 to 17 January 2024.

2. Recommendation

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

Number	Description	Date
1053	Deed of Release of Rights of Light (the deed) over (1) Guy's Hospital Great Maze Pond, London, in respect of a development at (2) Capital House, 42 Weston Street, London	16/10/2023
1054	Lease between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Ears PLC to rent part of the rooftop of Guy's Tower, Guy's Hospital, Great Maze Pond Road, to provide communications services for the emergency services (specific to GSTT).	16/10/2023
1055	Lease and Licence for alterations between (1) Capital Industrial 1 Limited and (2) Diaverum FM Limited and (3) Guy's and St Thomas' NHS Foundation Trust (as guarantor) relating to premises at unit 3, Somers Place, London, SW2 2AL	01/11/2023
1056	Lease between (1) Guy's and St Thomas' NHS Foundation Trust (as landlord) and (2) Luminet Solutions Ltd ("Luminet") relating to premises at Part Rooftop, Tower Wing, Guy's Hospital, London Bridge, SE1	01/11/2023

Documents signed under Trust Seal – Board of Directors, 31 January 2024

Board

1057	Lease and Licence extensions between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Lloyds Pharmacy Limited and (3) LP HCS Limited for the provision of pharmacy premises at Guy's Hospital and St Thomas' Hospital.	16/11/2023

Documents signed under Trust Seal – Board of Directors, 31 January 2024