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

*Wed 29 January 2025, 15:30 - 17:30*

**Robens Suite, 29th Floor, Tower Wing, Guy's Hospital**

Guy's and St Thomas' NHS Foundation Trust

## Agenda

**15:30 - 15:45**
15 min

### *Trust Care Awards*

*Charles Alexander, Ian Abbs*

---

**15:45 - 15:50**
5 min

### 1. Welcome and Apologies

*Charles Alexander*

---

**15:50 - 15:50**
0 min

### 2. Declarations of Interest

*Charles Alexander*

---

**15:50 - 15:50**
0 min

### 3. Minutes of the Previous Meeting Held on 23 October 2024

*Charles Alexander*

20241023 Public BoD Meeting Minutes v1.0.pdf (4 pages)

---

**15:50 - 16:10**
20 min

### 4. Patient Story

*Discussion* *Sarah Allen*

---

**16:10 - 16:20**
10 min

### 5. Chairman's Report

*Verbal* *Charles Alexander*

---

**16:20 - 16:30**
10 min

### 6. Patient and Public Engagement Strategy

*Decision* *Jackie Parrott, Andrea Carney*

Trust Patient and Public Engagement (PPE) Strategy 2024 - 2030.pdf (3 pages)



#### 6.1. Appendix A - PPE Strategy

APPENDIX_A _ PPE Strategy 2024-30.pdf (12 pages)

**16:30 - 17:00**
30 min

## 7.
## Chief Executive's Report

*Information* *Ian Abbs*

Chief Executive Report - January 2025 Public Board vFinal.pdf (8 pages)

**17:00 - 17:10**
10 min

## 8.
## High Level Cyber Resilience Update

*Information* *Denis Lafitte*

High Level Cyber Resilience Update.pdf (3 pages)

**17:10 - 17:25**
15 min

## 9.
## Updates from Chairs of Board Committees

*Verbal* *Board Committee Chairs*

# Papers for Noting

**17:25 - 17:25**
0 min

## 10.
## Reports from Board Committees

### 10.1.
### Quality and Performance Committee 16 October 2024

20241016 Q&P summary.pdf (2 pages)

### 10.2.
### Integrated Performance Report at Month 9

Integrated Performance Report at Month 9.pdf (14 pages)

### 10.3.
### Finance, Commercial and Investment Committee 30 October 2024

20241030 FCI summary.pdf (1 pages)

### 10.4.
### Financial Report at Month 9

Financial Report Month 9.pdf (4 pages)

### 10.4.1.
### Appendix A - M9 Finance Report

APPENDIX_A _ Finance Report M09.pdf (17 pages)



### 10.5.
### Transformation and Major Programmes Committee 20 November 2024

20241120 TMP summary.pdf (2 pages)

### 10.6.
### Audit and Risk Committee 27 November 2024

20241127 ARC summary.pdf (2 pages)

### 10.7.
### People, Culture and Education Committee 4 December 2024

20241204 PCE summary.pdf (2 pages)

### 10.8.
### Extraordinary Audit and Risk Committee 20 January 2025

20250120 Extraordinary ARC summary.pdf (1 pages)

---

**17:25 - 17:25**
0 min

## 11.
## Register of Documents Signed Under Seal

*Ian Abbs*

Documents Signed under Trust Seal, 17 October 2024 to 15 January 2025.pdf (3 pages)

---

**17:25 - 17:30**
5 min

## 12.
## Any Other Business

Date of Next Meeting - 30th April 2025, 3.45pm – 5.30pm

# BOARD OF DIRECTORS

## Wednesday 23 October 2024, 3.45pm – 5.30pm
## Robens Suite, Guy's Hospital and MS Teams

| | | |
|---|---|---|
| **Members Present:** | Charles Alexander (Chair) | Simon Friend |
| | Ian Abbs | Felicity Harvey |
| | Crystal Akass | Deirdre Kelly |
| | Miranda Brawn | Sally Morgan |
| | Gemma Craig (for Avey Bhatia) | Pauline Philip |
| | Steven Davies | Ian Playford |
| | Nilkunj Dodhia | Simon Steddon |
| | Jon Findlay | |
| **In attendance:** | Andrew Asbury | Louise Dark |
| | Edward Bradshaw (minutes) | Jay Dungeni |
| | Cormac Breen (item 6) | Richard Grocott-Mason |
| | Michaela Cashman | Sara Hanna |
| | Sarah Clarke | Anita Knowles |
| | Members of the Council of Governors, members of the public and members of staff. | |

### 1. Welcome and apologies

1.1. The Chair welcomed members of the Trust Board of Directors (the Board) and all staff, governors and members of the public in the room and online. A particularly warm welcome was given to Crystal Akass who had joined the Trust as its new Chief People Officer since the previous public Board meeting.

1.2. Professor Graham Lord had also joined the Board since the previous public meeting, having been appointed as the Chief Academic Officer and a non-executive director role on the boards of directors at both the Trust and King's College Hospital NHS Foundation Trust. However, Graham had sent his apologies for this meeting, as had Board members Avey Bhatia and Lawrence Tallon.

### 2. Declarations of interests

2.1. There were no declarations of interest.

### 3. Minutes of the meeting held on 31 July 2024

3.1. The minutes of the previous meeting were agreed as an accurate record. There were no outstanding actions to follow up.

### 4. Chair's Update

4.1. At the previous meeting members of the Unite union had informed the Board about their concerns regarding working terms and conditions for some of the Trust's nursing staff. The Trust was continuing to engage in constructive discussions to resolve these issues whilst maintaining focus on the needs of its patients.

4.2. In September the Trust had published its new organisational strategy and values, and the Chief Executive would talk more about that later in the meeting. Earlier in October the Board had held an away day during which a core focus had been on how the strategy would be delivered.

4.3. Since the launch of the strategy, Lord Darzi had published the findings of his investigation into the NHS in England. In the Trust's view, the report provided a helpful diagnosis of the issues affecting performance across the NHS and a summary of the key challenges facing the healthcare system. In response, the Department for Health and Social Care would develop a new ten-year plan for the NHS and the new strategy would form part of the Trust's response to the consultation that had opened the previous week.

**5. Chief Executive's Update**

5.1. The Chief Executive presented an overview of the main strategic and operational developments that had happened at the Trust since the previous public Board meeting. The new Trust strategy was the first joint strategy since the merger with Royal Brompton and Harefield in February 2021 and was the product of extensive engagement with both internal and external stakeholders. The strategy was based on five strategic priorities and sets out the Trust's core purpose to 'deliver excellent healthcare and improve wellbeing as a local, national and international leader in clinical care, education, research and innovation' and ultimately to deliver better, faster, fairer healthcare for all. Alongside the new strategy the Trust had also published one set of new values to help bind the whole organisation: caring, ambitious and inclusive.

5.2. The critical incident that had occurred in June following the cyber-attack on Synnovis, the provider of the Trust's pathology services, had been stood down on 3 October. All pathology services had now been restored in line with the recovery plan, however, efforts continued towards full, operational recovery of all clinical systems and it was probable that the Trust would continue to experience the implications of the cyber-attack for some time. On behalf of the Board, both the Chief Executive and Chair thanked all those involved, including at the Trust, in Synnovis and in the many partner organisations, that had worked exceptionally hard to respond to the recovery efforts to date. Board members sought assurance about the security of the new system built following the cyber-attack and its resilience to potential future attacks.

5.3. The Trust's operational performance had been significantly affected by the cyber-attack and was behind the original plan agreed with NHS England in several areas, including treating the patients waiting longest for elective care. The Trust had agreed new performance trajectories with NHS England and, in recent weeks, there had been performance improvements despite the continuing high demand for services. The Trust was seeing the early emergence of winter pressures in its emergency care department and had finalised its winter plan to bolster its resilience over the coming months. The Board was informed that, whilst the Trust continued to perform well against the trajectories set by NHS England in the tiering programmes of which it was currently part, NHS England had moved the Trust from segment 2 to segment 3 of the NHS Oversight Framework. This was to ensure the Trust had the support it needed to recover its operational performance as quickly as possible.

5.4. The Board noted information which demonstrated that the quality of care provided by the Trust remained high. This included patient experience data, which broadly remained very positive, although the Board queried the reasons for increased correspondence to the Patient Advice and Liaison Service (PALS) and discussed the Trust's approach to improving its patient communications more broadly. Processes to improve clinical learning from incidents, including the four never events reported in the previous quarter, were continuing to be strengthened through the embedding of the Patient Safety Incident Response Framework (PSIRF) and from the improvements to the process to identify themes and learnings from complaints. In August, the Trust's provider of non-emergency patient transport services, which also provided those services to King's College Hospital NHS Foundation Trust (KCH), had gone into administration. At short notice, the Trust had commenced delivery of these services in-house and had seen patient satisfaction levels rise as a result. Delivery of the 'flu and Covid vaccinations had commenced, and an overview was provided about how the Trust was promoting uptake of this across its workforce.



5.5. Year-to-date financial performance remained behind plan as a result of operational pressures including the cyber-attack on Synnovis. The Trust was committed to delivering its ambitious cost

improvement programme, and at month 5 it had achieved a large proportion of the planned savings to date. A robust quality impact assessment process, overseen by the Chief Medical Officer and Chief Nurse, was in place to ensure the cost improvements did not impair the quality of care the Trust provides. Updates were provided about the Trust's capital expenditure and cash positions.

5.6. The Trust was relentlessly promoting engagement with the 2024 NHS Staff Survey and the Board was pleased to note that completion rates of the Survey, less than halfway through the Survey time-window, had already matched the full completion rate recorded the previous year. Further updates were received about activities held at the Trust to celebrate equality, diversity and inclusion. Board members agreed that such events were more important than ever in light of the significant racist and violent unrest across the country that had occurred not long after the previous public Board meeting but which had now subsided.

**6. Epic: one year on**

6.1. In tandem with its partners at KCH and Synnovis, the Trust had gone live with the Epic electronic health record system on 3 October 2023. At that time, this was the largest single Epic go-live internationally. Over the past 12 months, the Trust had spent considerable time on the implementation and stabilisation phases of the programme, helping staff adapt to the new system and embed it into daily ways of working. It was noted that the Trust would soon formally move out of the stabilisation phase and into benefits realisation.

6.2. Whilst, as had been expected, issues had arisen with how the system was operating, including with its ability to produce a full suite of reports, the benefits of Epic were already apparent to both staff and patients. These included a greater visibility and depth of patient information, enabling a more personalised approach to treatment, seamless sharing of information between healthcare organisations, and greater interaction with patients through the MyChart app. A member of staff, who had recently become a patient of the Trust and had a complex set of healthcare requirements, gave her story about how MyChart had transformed her experience of care.

6.3. Board members recognised the scale of the achievements made by Epic and MyChart over the previous 12 months and acknowledged the operational, clinical and financial benefits that were starting to be realised. A question was asked around how less digitally-literate patients could use MyChart, and reassurance was provided that paper letters were still sent if patients did not 'opt out' of these. There was further discussion about when two-way communication would be enabled between the Trust and its patients on MyChart, and how Epic had advised the Trust that its progress to date compared favourably with other organisations that had implemented the system.

**7. Guardian of Safe Working**

7.1. The Guardian of Safe Working protects patients and 'resident doctors' – previously known as 'junior doctors' – by making sure the doctors are not working unsafe hours or in substandard working conditions. The Trust's Guardian presented a report about new and ongoing initiatives that had been implemented to improve the quality of working lives of all non-consultant grade doctors at the Trust, thereby improving training and overall experience.

7.2. The Board noted that there had been an overall decrease of 49% in the number of exception reports received from staff during the period July to September 2024 when compared with the equivalent period in 2023. This led to discussion about the reasons for the decrease and how the Trust was responding. Of the reports submitted, almost half had so far been resolved and closed. It was clarified that, by analysing trends in exception reports, the Trust had been able to identify and address systematic challenges such as rota gaps, excessive workloads, and insufficient supervision leading to targeted interventions and, ultimately, improvements.



7.3. Significant progress had been made towards meeting the 'actions for providers' that had been set by NHS England following its commitment to improving the working lives of doctors in training. The Trust

had been a proactive contributor to the early national discussions that had helped to shape those actions. The Guardian remained focused on ensuring equity and inclusion for all locally employed doctors and international medical graduates, enhancing the Trust's reputation as an employer of choice for this important community.

**8. Updates from chairs of Board committees**

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

**9. Reports from Board committees for noting**

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

**10. Register of documents signed under seal**

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

**11. Any other business**

11.1. The next public meeting of the Board of Directors would be held on 29 January 2025.

# BOARD OF DIRECTORS

## WEDNESDAY 29 JANUARY 2025

| | |
|---|---|
| **Report title:** | **Trust Patient and Public Engagement (PPE) Strategy 2024 - 2030** |
| **Executive Sponsor:** | **Jackie Parrott, Chief Strategy Officer** |
| **Paper author:** | **Andrea Carney, Head of Patient & Public Engagement and Anna Grinbergs-Saull, Senior PPE Manager** |
| **Purpose of paper:** | Trust Patient and Public Engagement Strategy 2024 – 2030, for approval. |
| **Main strategic priority:** | All Trust Strategic Priorities |
| **Relevant BAF risk(s):** | • Risk 13, CQC Well-led |
| **Key points of paper:** | • The PPE Strategy has been written in response to and will support the delivery of the organisation's strategic priorities, described in our organisational strategy 'Better, faster, fairer healthcare for all'.<br>• PPE Strategy Development Group members, plus clinical groups and corporate collegues have contributed to the development and drafting of this strategy and provided feedback. |
| **Paper previously presented at:** | • Trust Executive Committee, 17 December 2024 |
| **Recommendation(s):** | The BOARD is asked to:<br>1. **APPROVE** the Trust Patient and Public Engagement Strategy 2024 – 2030. |

## 1. Introduction

1.1. This paper introduces the Trust Patient and Public Engagement (PPE) Strategy 2024-2030, which will supersede the Trust's previous PPE Strategy launched in 2018. It includes a summary of the engagement activities that have informed the development of the strategy and an introduction to the four goals

## 2. PPE Strategy development: a summary of engagement activities

2.1. Led by the Trust Patient and Public Engagement Team, the PPE strategy has been co-developed with members of the PPE Strategy Development Group, which was established in March 2024. The group involves Trust staff, South East London Integrated Care Board (ICB), patient-public governors and local Healthwatch bodies. In addition, wider sessions have been held with the Council of Governors through two of the established working groups, both of which have helped us to shape our PPE strategy goals and priorities.

2.2. The draft strategy was shared for comment with the Trust Executive Committee (TEC) on 17 December and prior to this, the PPE Strategy Development Group, key stakeholders in each Clinical Group, Essentia and corporate teams, and the Council of Governors. An online questionnaire was provided to compile comments. We received 18 responses to the questionnaire and one emailed response. In addition to the PPE Strategy Development Group, stakeholder respondents included:

| | |
|---|---|
| • Evelina London Women and Children's clinical group<br>• Essentia<br>• Communications<br>• Patient Experience | • Centre for Innovation, Transformation & Improvement (CITI)<br>• KHP Cardiovascular & Respiratory Partnership<br>• Trust Governors |

2.3 Feedback on the draft strategy, the goals and priorities, was overwhelmingly positive. Suggestions about content (e.g. reference to the Trust hospital and community sites and inclusion of patient priorities derived from GTT 2030 engagement work) or presentation of the strategy have been incorporated in the final draft. An engagement report will summarise how stakeholders' views have shaped the strategy and will be shared with the PPE Strategy Development Group and all teams who submitted a response.

2.4 Once ratified by the Board of Directors, a public summary of the strategy will be developed for patient-public audiences.

## 3. About the Trust Patient and Public Engagement Strategy 2024-2030: its purpose and four goals.

3.1. The strategy (please refer to Annex A) sets the direction for patient and public engagement across the Trust operating model. It is intended to support and reflect;

a) the delivery of priorities set out in our Strategy to 2030 – Better, Faster, Fairer Healthcare for all.
b) areas where we will prioritise the engagement of carers, families and communities in the things that matter most to them.
c) address multiple Quality Statements defined by the Care Quality Commissions (CQC), in particular Well-Led and Responsive Care.
d) our continued regard for the 'public involvement duty', other regulations relating to patient-public stakeholder engagement and the implementation of our Trust Involvement and Consultation Policy.

3.2. Our duties relating to PPE will continue to require a consistent, strategic and programmatic approach to PPE activities across our many priorities. However, we want this strategy to mark a step change in our ambition for changing how we work together with patients, families, carers and our wider communities, in particular those who experience the greatest health inequalities. The intention is to embed engagement in the way we do change within the organisation, with services taking even greater ownership and more focus on developing community engagement links through our role as an 'Anchor organisation'. This will mean investing time and finding different ways to reach out and into communities that can often be overlooked.

3.3. The strategy is formed of four over-arching goals and sixteen priorities, which have been co-developed with stakeholders as described, and will enable the Trust to:

a) Build a culture of engagement
b) Act on what matters most to patients, carers and communities
c) Promote health equity through meaningful participation
d) Work closely with people, communities and our health and care system partners

Priorities for each are detailed in the appended document.

## 4. Recommendations



4.1. The Board is asked to approve the PPE Strategy.

**Appendix A: PPE Strategy 2024-2030**

Guy's and St Thomas'
NHS Foundation Trust

# Patient and Public Engagement Strategy to 2030

# Contents

# Introduction

Our Strategy to 2030 outlines the critical role our organisation plays in addressing the challenges facing the NHS. Collaboration with our patients, families, carers, and communities is essential as we continue to deliver high-quality care, across our hospitals—Guy's, St Thomas', Evelina London Children's, Royal Brompton, and Harefield—and community services in Lambeth and Southwark.

We know there is much more we can do to improve how we collaborate with our patient-public stakeholders, as we deliver **better, faster and fairer healthcare for all.**

Together, we will meet the challenges head-on and ensure we continue to provide the care our patients and diverse communities need and deserve.

## The purpose of our patient and public engagement strategy

This strategy provides a framework for patient and public involvement across the Trust. It describes our goals and priorities for patient and public engagement as we deliver Our Strategy to 2030. These goals and priorities will inform the way patients, carers and communities are involved in delivering the Trust strategic objectives, related projects and programmes, innovation and research.

All Trust departments will take account of this strategy in the implementation of their strategies and day-to-day work. This includes all clinical groups, Essentia and corporate departments.

The implementation of this patient and public engagement strategy will help us demonstrate all three of our **Trust values: Caring –** we will put patients first in all our work**, Ambitious –** we innovate and strive for excellence, **Inclusive –** we respect each other and work collaboratively.

This strategy will also help to ensure we meet the legal and regulatory duties incumbent on all NHS providers. Including the public involvement duty and Quality Statements used by the Care Quality Commission to assess the quality of care, safety and effectiveness of our organisation.

Our Involvement and consultation policy supports the delivery of this strategy and outlines our principles for patient and public engagement.

## Why patient and public engagement is so important to us

Whilst we recognise the 'public involvement duty' and regulatory requirements for involving patients, in GSTT patient and public engagement goes beyond this.

By truly listening to and working alongside people and communities, we can better understand their needs and experiences, allowing us to continuously improve the quality of care.

We believe that genuine participation is key to ensuring that often underrepresented and marginalised communities have a voice. Their insights are vital in helping us improve the health of our populations, tackle health inequalities and promote equity across all our services.

We also know that patient and public engagement supports informed decision-making and enhances accountability.

The help and support of patients, their families, carers, and communities is vital to finding better ways to provide more joined-up care across our networks, services and pathways.

> ***"Health professionals often think they are involving parents in making decisions but they aren't really. They are just looking for you to rubber stamp their decisions. We've worked with one therapist who genuinely involved us... I know it takes more time. But it is so much better."***
>
> *(Parent of a patient)*

Patient, family and carer participation will be crucial as we work to improve and modernise our hospitals and community buildings, particularly when resources are limited.

Most importantly, it is through working in partnership that we can really harness the unique perspectives of patients, families, carers and communities. Their personal, and often courageous insights, help us to design and transform care that makes a meaningful difference to people's health outcomes.

We consider it a privilege when people share their care experiences with us. They can and do spark the "lightbulb moments" that inspire and fuel our ambition, motivate and drive ground-breaking research that tackles the most complex and rare heath conditions and inspire cutting-edge, healthcare innovation.

## How we developed our patient and public engagement strategy

This strategy has been developed by the Trust Patient and Public Engagement (PPE) Team, in collaboration with a multi-disciplinary PPE Strategy Development Group. This group was co-chaired by a patient-public Governor and the Trust Head of Patient and Public Engagement. Membership included representatives of:

- Patient and public Trust Governors
- Clinical and non-clinical Trust staff
- Local Healthwatch Bodies
- South East London Integrated Care Board

The patient and public engagement strategy has been developed to respond to the Trust's strategic priorities and the patient priorities, identified through extensive engagement activities supporting the development of our Strategy to 2030. We asked patients, carers and communities to prioritise a list of 10 topics. From 750 responses, the top five areas were:

- Waiting for diagnosis and treatment
- Preventing ill health
- Communication – contacting the Trust
- Joined up Care
- Research

The most frequently raised additional priority area was getting the basics right: focusing on well-run services, as well as innovation (**See *Appendix for further information***).

To highlight what patients told us matters most, we have incorporated their priorities throughout the strategy, aligning them with our four goals, which are described on the next page.

## Our four goals - Amplifying the patient voice

One of the findings of Lord Darzi's 2024 rapid investigation into the state of the NHS is that the ***"Patient voice is not loud enough".*** Through the four over-arching goals in this strategy, we will amplify and make the patient voice louder and stronger, listening to and acting on people's views and concerns. These goals are interconnected, with the priorities of each working together to support the successful delivery of the overall strategy, however, each priority addresses a distinct aspect of the strategy. The following section of this strategy describes our four overarching goals and 17 priorities that will help us to deliver them.

**Build a culture of involvement.** We will make patient and public involvement everyone's business by increasing staff awareness, understanding and skills. We will build strong relationships and trust with the communities we serve by ensuring that meaningful involvement is central to the way we design, develop and improve our services.

---

**Act on what matters most to patients, carers and communities.** We will ensure that patient and carer voices drive the improvement, transformation and development of our services. We will support the delivery of patient-led care by prioritising involvement activity and resources on the areas that patients, carers and communities care about most.

---

**Promote health equity through meaningful involvement.** We will identify and challenge health inequalities, and the barriers to accessing services by involving our diverse patients, carers, and communities. We will ensure people who are often under-represented are involved in planning, innovating, and improving our services and research.

---

**Work in partnership with people, communities and our health and care partners.** We will strengthen our partnerships with patients, carers and communities who need and use our services. We will harness our dynamic local and national health and care partnerships, using every opportunity to align our involvement plans, share learning, good practice and impact.

**Build a culture of involvement.** We will make patient and public involvement everyone's business by increasing staff awareness, understanding and skills. We will build strong relationships and trust with the communities we serve by ensuring that meaningful involvement is central to the way we design, develop and improve our services.

**To build a true culture of involvement,** we must continue to go beyond involving patients, families, and carers in their care. We will create an environment where people feel empowered to collaborate, share ideas, and influence how services are designed and delivered. This requires transparency, openness, and inclusivity — recognising peoples' contributions every step of the way. A strong involvement culture will lead to deeper engagement, stronger relationships, and greater trust between us, our patients, and our communities.

## Our priorities: To achieve this, we will

**Increase staff and patient awareness of patient and public engagement at the Trust.** To make involvement everyone's business, we will share success stories and best practice with all staff across the Trust, and make sure they know where to find support and resources. We will make it easier for patients, carers, families, and communities to get involved, and provide staff with the tools they need to share these opportunities with others.



**Equip staff with the skills and confidence to engage patients and the public**. We will develop further training, tools, and support resources for Trust staff, to help foster meaningful participation in service design, delivery, research, and innovation, creating solutions that truly meet patients' and communities' needs.

**Build on best practice and find ways to embed the patient-public voice in all clinical groups.** We will ensure this voice is ever-present in our daily work and decision-making. By learning from the successes in Essentia, Cancer and Surgery, and Heart, Lung, and Critical Care groups, which have shown the value of ongoing patient-public engagement, we can improve everything from daily patient experiences to large strategic projects. We will learn from engagement activities by asking those we involve for feedback. Evaluation of what has gone well and what could be improved will be a routine part of involvement.

**Embed patient-public engagement in the assurance process for all projects and programmes** that affect how services are designed and delivered. Assurance of patient and public engagement plans will be built into the way projects are managed at the Trust to ensure patients, carers, families, and communities are engaged from the start. This will include capital and non-capital projects, including joint ventures with independent sector partners. By doing this, we will ensure that those who rely on our services have a direct say in the decisions we make.

**What matters most to patients**

In shaping the Trust's strategy for 2030, we asked patients, carers, and communities what matters most to them and the areas where they want to be actively involved. This insight drives our commitment to addressing these key priorities:

- **Waiting for diagnosis and treatment**
- **Preventing ill health**
- **Communication – contacting the Trust**
- **Future of healthcare**
- **Joined up care**
- **Relationship between patients and staff**

**Act on what matters most to patients, carers and communities.** We will ensure that patient and carer voices drive the improvement, transformation and development of our services. We will support the delivery of patient-led care by prioritising involvement activity and resources on the areas that patients, carers and communities care about most.

Understanding the experience of patients and communities is fundamental to how we deliver patient-led care and improve our services. This means we must **listen to and act on what patients, carers and communities tell us is most important to them.** Patients, carers and families will be involved in the delivery of Trust strategic priorities and projects addressing priority areas that matter most to patients.

## Our priorities: To achieve this, we will

**Ensure that patients, carers and communities are involved in setting the priorities for service development and improvement.** Patient and public involvement will be embedded in service design, development and improvement programmes from the start. This means involving them in every step - from developing ideas and shaping proposals, to creating selection criteria, evaluating options, and making decisions.

**Prioritise our patient-public engagement resources in programmes delivering on priority areas, from getting the basics right to major service transformation**.
The Trust strategy outlines numerous service improvement and development programmes. Patient and public involvement activity and resource will be prioritised in these areas, to ensure that the patient voice is central to the way our services are developed, transformed and improved.

**Drive continuous improvement by listening to and acting on patient feedback:**
We will make the most of the resources we already have to hear patient feedback. We will use insights gathered from patient experience surveys, PALS, patient and public involvement activities to identify opportunities for improvement. We also need to go beyond our existing methods. To make sure patient, carer and community voices are a driving force in service improvement and transformation, we will proactively seek their views using new sources (for example social media, public reviews). Gathering advice and ideas where people provide them, not waiting for them to come to us.

**Measure and showcase the impact of patient, carer and community involvement.**
We will show people how their input has made a difference. We will share with stakeholders the outcomes of their involvement and the impact. We will be transparent about what we cannot change, while celebrating their contributions to the changes we achieve. We will also involve them in evaluating service improvements to track progress and ensure their views are considered

**What matters most to patients**

In shaping the Trust's strategy for 2030, we asked patients, carers, and communities what matters most to them and the areas where they want to be actively involved. This insight drives our commitment to addressing these key priorities:

- **Waiting for diagnosis and treatment**
- **Preventing ill health**
- **Communication – contacting the Trust**
- **Joined up Care**
- **Getting the basics right: focus on well-run services as well as innovation**

**Promote health equity through meaningful involvement.** We will identify and challenge health inequalities, and the barriers to accessing services by involving our diverse patients, carers, and communities. We will ensure people who are often under-represented are involved in planning, innovating, and improving our services and research.

The Trust strategy and values are underpinned by a commitment to **promote health equity** and deliver inclusive healthcare. To do this, we must be better at identifying and challenging barriers to access and understanding differences in patient experience and health outcomes. We will involve those most at risk of health inequalities in the planning and improvement of services, as well as in innovation and research. The involvement of patients experiencing health inequalities will be a priority across the Trust and will be essential to the delivery of Trust strategic priorities.

## Our priorities: To achieve this, we will

**Work with patients, carers and communities to identify inequalities and at-risk groups**
Involving underrepresented groups and people facing health inequalities will be central to all our programmes, service development, improvements, innovations, and research. When engaging with patients and the public, we will use data to plan our engagement and understand how experiences vary across different protected characteristics. We will also include patients, carers, and families in equality impact assessments, asking them how service improvement and development programmes might affect their experiences of care.

**Ensure equity of access to involvement opportunities across the Trust.**
True equity of access requires adaptability and a willingness to meet the varied needs and communications preferences of those who use our services. We will provide a range of ways to take part in service development, innovation and research.

**Proactively reach out to people who are often under-represented in our work**
We will build trust within often under-represented communities in our work to show that we want to listen to their views and encourage them to take part in shaping high-quality care, research, and innovation. We will identify and meet people and our diverse communities where they live and work, joining their activities and forums to understand what matters most to them.

**Make inclusive patient-public involvement central to research and innovation.** Patients, families, and communities will play an active role in developing new ideas. Their input will inform every step of the process, from setting priorities and shaping projects to designing and testing solutions. This approach ensures that our research and innovations genuinely reflect the needs and experiences of those who use our services.

**What matters most to patients**
In shaping the Trust's strategy for 2030, we asked patients, carers, and communities what matters most to them and the areas where they want to be actively involved. This insight drives our commitment to addressing these key priorities:

- **Health inequalities:**
- **Preventing ill health**
- **Joined up care**
- **Relationship between patients and staff**
- **Patients, carers, communities as partners**
- **Inclusion: responding to individual needs**

**Work in partnership with people, communities and our health and care partners.** We will strengthen our partnerships with patients, carers and communities who need and use our services. We will harness our dynamic local and national health and care partnerships, using every opportunity to align our involvement plans, share learning, good practice and impact.

**Working in partnership with people, communities, and our health and care system partners** is essential for successfully delivering the Trust's strategy. We and our system partners recognise the vital role that patients and communities play in shaping services, driving research and innovation, and ensuring the success of the NHS. We know there is more we can and must do together to work closely with patients and communities, as their experiences are key to delivering high-quality, integrated care.

## Our priorities: To achieve this, we will

**Build stronger relationships with our Foundation Trust members.** We will work with Foundation Trust governors to implement the Trust Membership Plan. We will actively promote opportunities for involvement to our members, making participation a central part of our engagement and communication efforts.

**Collaborate with people, communities and system partners to develop patient-public engagement plans** that support delivery of shared strategic priorities. Together, we will identify and enable opportunities for patient participation across projects. Examples include MyChart with King's College Hospital, reducing wait times, implementing sustainability plans with the Acute Provider Collaborative, improving heart and lung care, and optimising our healthcare facilities across multiple Integrated Care Systems.

**Support the Voluntary Sector and Social Enterprise Charter,** finding new opportunities and different ways to collaborate with people and community organisations to deliver diverse and meaningful patient-public participation, recognising and drawing on the expertise in our communities.

**Strengthen our role as a proactive member of our health and care system and community.** We will work with Healthwatch, community organisations, and primary care services to listen to, learn from, and act on the experiences and insights of our communities. We are committed to building new partnerships and maximising opportunities to work with more community organisations, ensuring their voices are heard. We will respond openly and transparently to their feedback, taking action and making improvements wherever possible.

**Make the most of our local and national system partnerships** by learning from our partners and sharing insights from our patient and public engagement activities, we can build on successful initiatives and expand their benefits and impact across the system.

**What matters most to patients**

In shaping the Trust's strategy for 2030, we asked patients, carers, and communities what matters most to them and the areas where they want to be actively involved. This insight drives our commitment to addressing these key priorities:

- **Joined up care**
- **Waiting for diagnosis and treatment**
- **Patients, carers, communities as partners**

# Putting our patient and public engagement strategy into action

## Delivering our goals and priorities

We will actively engage with patients, staff, and partners to implement this strategy. Our goals and priorities will be achieved through the dedication of all Trust teams and departments working to put this strategy into action.

Our four clinical groups, Essentia, and corporate services will play a key role in delivering this strategy by integrating patient and public engagement, along with the outlined priorities, into their plans and strategies.

It is essential that our patient and public engagement strategy continues to support the delivery of Our Strategy to 2030, focusing on the areas that matter most to patients, carers, and communities. We will regularly review our priorities and adjust them as needed.

It is not always easy to measure the impact of patient and public engagement, but as we implement this strategy, we will consider ways to assess the impact of our strategy.

We will use a range of data from across the Trust, including reports on engagement activities from the Trust's many projects and programmes.

The Board will monitor our progress through our annual patient and public engagement report. We will assess our achievements against each goal and provide examples of how the strategy is being implemented across the Trust.

We will review and adjust our priorities, as necessary, to ensure that our patient and public engagement strategy remains aligned with Our Strategy to 2030 and, most importantly, continues to address what matters most to patients, families, carers, and communities.

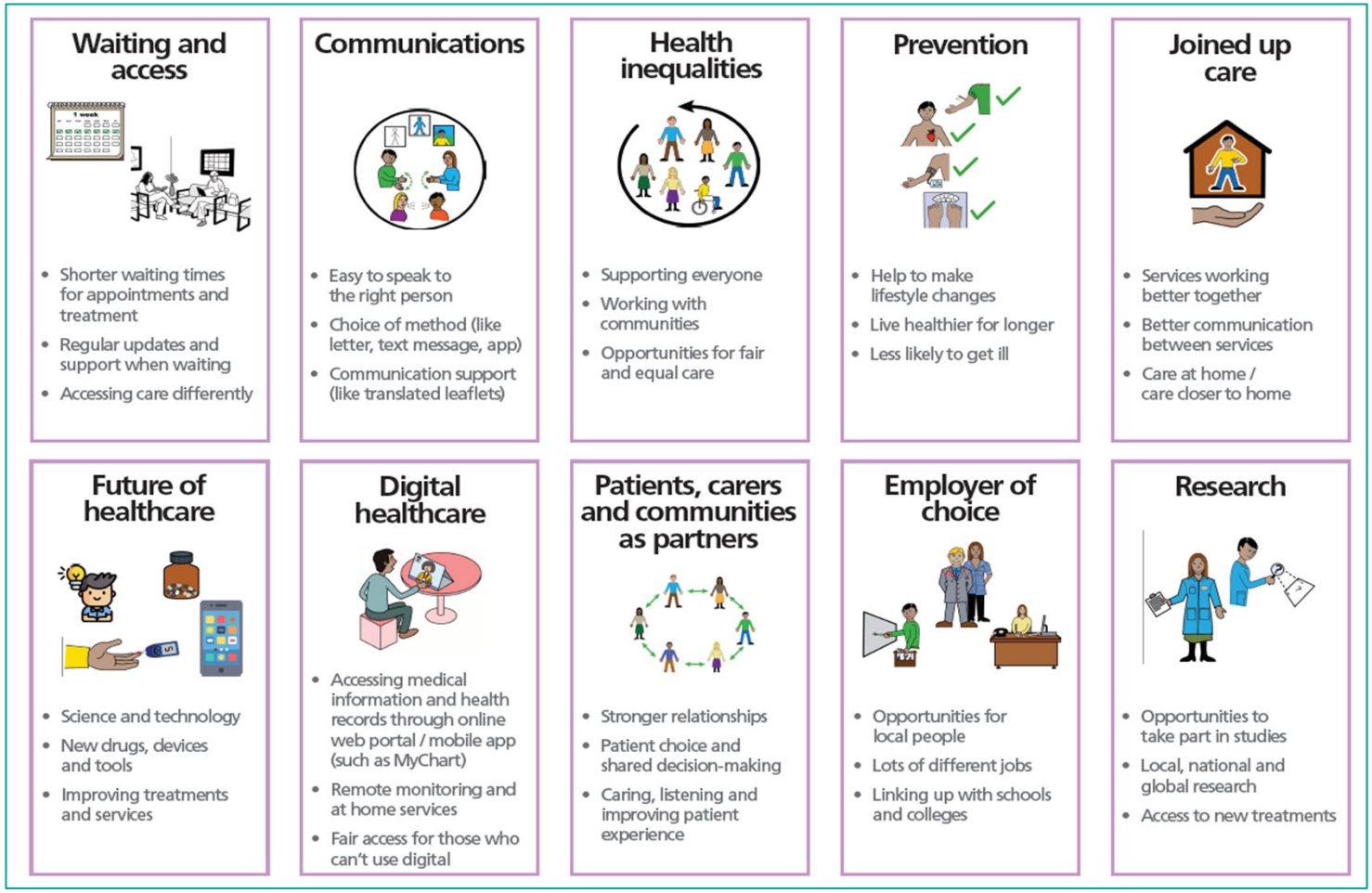
For more information about this strategy or getting involved in our work please contact the Patient and Public Engagement Team at GetInvolved@gstt.nhs.uk.

# Appendix

## Appendix A
## GSTT 2030: Patient priorities

Patients and carers have been involved in developing GSTT2030. The graphic shows the 10 topics that we identified from reviewing around 50 patient engagement and experience reports (2020-23), from GSTT and partner organisations in south east London such as Healthwatch. We asked people which of these 10 topics we needed to focus our attention on first and what else matters to them that isn't covered by these 10 topics. The most commonly raised "other" topics were:

- **Workforce:** addressing staff shortages and supporting frontline staff
- **Funding:** both Trust use of public and charity funds and NHS-wide funding
- **Relationship between patients and staff:** patient centred care and the importance of face-to-face contact
- **Getting the basics right:** focus on well-run services as well as innovation
- **Transport:** access, patient experience and cost
- **Healthcare records:** access, transparency and accuracy
- **Inclusion:** responding to individual needs
- **Privatisation of the NHS:** concern about perceived privatisation




## Top 5 priority topics

We asked people to give their first, second and third choice. The 5 most prioritised topics were:

1. Waiting and Access
2. Prevention
3. Communications
4. Joined up care
5. Research

Guy's and St Thomas' NHS Foundation Trust

# BOARD OF DIRECTORS

## WEDNESDAY 29 JANUARY 2025

| | |
|---|---|
| **Report title:** | **Chief Executive's Report** |
| **Executive sponsor:** | **Professor Ian Abbs, Chief Executive Officer** |
| **Paper author:** | **Edward Bradshaw, Director of Corporate Governance and Trust Secretary** |
| **Purpose of paper:** | For awareness/noting only |
| **Main strategic priority:** | All strategic priorities |
| **Primary BAF risk:** | All BAF risks |
| **Key points of paper:** | • The primary focus of this report is to provide the Board of Directors with an update about the Trust's overall performance, including quality of care, clinical operations and finance.<br>• The report also includes updates on major and strategic programmes of work, where significant achievements have been made since the October 2024 Board meeting. |
| **Paper previously presented at:** | The content of this report has largely been discussed in other forums, including Board committees, but has been amalgamated for the first time in this report. |
| **Recommendation(s):** | The BOARD is asked to:<br>1. **Note** this paper. |

## 1. Introduction

1.1. As the Board is aware, after considerable and careful deliberation I have decided to stand down from my role as Chief Executive of the Trust later in 2025. This decision has been taken in close collaboration with our Chair and allows a smooth succession process to begin. I will remain in post as Chief Executive until a successor is available to assume the role.

1.2. This report outlines the main developments since the last public Board meeting on 23 October 2024 that I wish to bring to the attention of the Board of Directors. The report also highlights the latest quality, safety, access and financial performance of Guy's and St Thomas' NHS Foundation Trust and how the Trust is working hard to maintain operational performance and deliver a strong financial position, whilst addressing the increasing demand for many of our services.

## 2. Board changes

2.1. Since the previous public Board meeting I am pleased to welcome Jamie Heywood and Alison Wilcox to the Trust Board as non-executive directors. Jamie has held senior positions in Uber and Amazon and brings a strong track record of leading organisations through technological transformation. Alison began her career as a nurse and has significant experience in workforce transformation and modernisation of systems and processes; in recent years she has worked as HR director at both Vodafone and BT. Both Jamie and Alison will be great assets to the Trust and will challenge established ways of thinking and practices to ensure the Trust operates as efficiently and effectively as possible to continue to deliver high-quality services for our patients.

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

3.1. A comprehensive activity and performance overview report is included in the Board's paper pack for this meeting which sets out how we are performing against the plans we have agreed with NHS England and against national standards more broadly. In 2025 it will be critical that we maintain our focus on treating more patients and on reducing the time that patients wait for any aspect of their care.

3.2. Activity: Despite the significant and detrimental impact of the Synnovis cyber-attack on the Trust's operational capacity for much of the summer and autumn in 2024, the Trust has made significant progress with reducing the overall backlog of patients waiting for treatment. The latest submitted position in November 2024 shows the total waiting list at 129,976 which is ahead of trajectory and already below the 2024/25 year-end target of 132,184.



3.3. Operational performance: I am pleased to inform the Board that, on 21 January, we received notification from NHS England to confirm that

the Trust would no longer be in its tiering programme for elective waiting times. In its letter NHS England acknowledged and commended the progress the Trust had made over the past six months in improving the timeliness of providing care for patients waiting for elective treatment which it said reflected the Trust's strong commitment to enhancing patient outcomes, our operational focus and our ability to drive meaningful change.

3.4. The Trust remains in NHS England's tiering programme for cancer and diagnostics performance, and also in segment 3 of the NHS Oversight Framework, and we recognise the importance of maintaining focus on these key operational areas through Q4 2024/25 and into 2025/26 for the benefit of our patients. The Trust is making good progress in reducing the number of patients waiting over six weeks for diagnostics appointments, and we are ahead of our recovery trajectory in this area.

3.5. Performance against the Faster Diagnosis Standard for patients with actual or suspected cancer exceeded 77% for the first time in October and this was sustained in November. Further improvements are anticipated by year-end. Overall 62-day cancer performance remains highly challenging given the complexities of the Trust serving as a major tertiary centre for referrals in south east England, but there is a comprehensive recovery plan in place to improve this position. However, the Trust's internal 62-day cancer performance – which measures access on the pathways that are not dependent on other organisations – has improved since September and now exceeds 60%, with plans to reach 70% by year-end. These improvements have been enabled by close working with our partners, including the cancer alliances, and the Trust recognises the importance of improving this for our patients.

3.6. The Trust's performance against the four-hour urgent and emergency care standard remains relatively static at 71.6%, although this compares well with our peers and has been resilient to the increasing winter pressures seen during Q3. The Trust also continues to perform well on timely ambulance handovers. Implementation of the winter schemes will continue to support patient flow through our hospitals during Q4.

3.7. Industrial Action: The industrial action proposed at Synnovis from 16 – 20 December 2024 was called off following successful negotiations. Regrettably, due to the implications of contingency planning for this action, a small number of elective appointments were cancelled.

3.8. Quality of Care: The ongoing provision of safe, high-quality care to our patients continues to be the Trust's overriding priority. The Trust continues to track quality assurance metrics closely including numbers of serious incidents; regrettably, in the past three months the Trust has reported two 'never events' which are being investigated in line with the Patient Safety Incident Response Framework. The Trust is continuing to see an increasing number of formal complaints and the most common themes are clinical care and communication and information. All complaints received by the Trust are investigated thoroughly through a robust management process, where improvements to be made are monitored through the Quality and Performance Board Committee.

3.9. There remain a number of reporting issues linked to the implementation of the Epic electronic health record system which have led to temporary gaps in assurance on quality of care across the organisation, for example around surgical site infection reporting. We are working with Epic to resolve these issues as quickly as possible, and in the meantime, to mitigate these risks, we are undertaking core mandatory reporting tasks usual manual data extraction.

3.10. A new quality review assessment process has been rolled-out to support clinical groups to improve clinical care. Consisting of a desktop review of information and subsequent focused quality visits, this initiative will help drive shared learning across and between the clinical groups, to ensure each group benefits from every quality visit.

3.11. In December we were pleased to host a symposium for a number of senior staff from the Trust and the CQC following the release of reports from Dr Penny Dash and Prof Sir Mike Richards. During the meeting we heard how the CQC would be adapting their inspection process and how it would apply to Guy's and St Thomas'. We also provided an overview to the CQC about how we operate as a large and complex multi-site healthcare provider. The symposium went well with further meetings/discussion planned for early 2025 to see how we can support the development of an inspection process fit for the current NHS models, including large, multi-site trusts.

3.12. Patient Experience: Overall patient experience remains strong, with positive Friends and Family Test (FFT) scores of 90% or higher in all areas of care with the exception of the Emergency Department where scores declined in October 2024 to 82% but increased to 84% in November. These scores are better than both regional and national averages. The number of responses for admitted care remain stable, however there was a small decline in response volumes in November in other areas.

3.13. In recent months the Trust has received the results of its performance in three national patient surveys:

- 2023 National Adult Inpatient Survey, where performance was strong and, when compared to other trusts in the Shelford group, the Trust is ranked joint second;
- 2024 National Maternity Survey, where performance dipped slightly, thereby reversing the upward trend seen in the 2022 and 2023 surveys. The report highlighted areas for improvement in relation to women and people who give birth, particularly in aspects of care on the postnatal ward. Areas for improvement have been incorporated in the Trust 'Good to Outstanding Maternity Improvement Programme' currently underway; and
- 2024 National Urgent and Emergency Care Survey where, out of 120 NHS trusts surveyed, Guy's and St Thomas' was one of only nine trusts with a major, consultant-led A&E department to receive a rating of "better than expected". The Trust also performed near the top of comparable groups of major research and teaching hospitals.

3.14. The Patient Advice and Liaison Service (PALS) team has continued to see high volumes of contacts for both the PALS service and the MyChart Patient Helpdesk, and initiatives to improve the Trust's ability to respond to these contacts in a timely manner are being undertaken. Key themes from patient concerns raised through PALS include rescheduling of appointments; waiting times for appointments or operations and contacting the Trust by telephone. Clinical groups have been undertaking local initiatives to improve both waiting times and patient experience of contacting the Trust. The Trust has initiated a new programme of work to improve patient communications including potentially expanding the functionality of MyChart; this is being supported by the Guy's and St Thomas' Foundation and the Board will be kept updated on its progress.

3.15. Infection prevention and control: There have been four healthcare-associated MRSA blood stream infections this financial year, compared with nine during 2023/24. Our rate of *C. difficile* infection at the trust remains the lowest in the Shelford Group of hospitals. There has been a further case of healthcare-associated Legionella pneumonia in the Trust linked with contaminated water on wards in the North Wing of St Thomas' Hospital. Our in-house Essentia team is developing a plan to mitigate this risk, working closely with external specialists to address compliance issues.

3.16. Safeguarding: The Trust continues to play an important active role in safeguarding both children and adults. Regrettably we have seen increasing numbers of children and young people attending hospital with violence-related injuries, and high numbers of adults with complex needs requiring a significant level of case management, many as a result of self-neglect and neglect by others. There continues to be significant focus on ensuring staff are appropriately-trained to ensure we are fulfilling our extensive responsibilities in these areas.

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

4.1. The Trust's annual plan for 2024/25 is to break even. To the end of December 2024 (month 9) the Trust delivered a deficit of £33.2m against the planned £3.0m deficit. The variance reflects the challenges the Trust is experiencing from operational pressures, including a reduction in NHS income and private patient income because of the cyber-attack on Synnovis, as well as under-delivery of cost improvement programmes against plan. The Trust continues to work hard to identify cost improvement programmes that will deliver a recurrent financial benefit; the range of areas under consideration include discretionary spend, merger synergies and reductions in independent sector expenditure.

4.2. The Trust's cash balance at the end of December was £118.5m; this includes the central cash support received by the Trust in September 2024. The Trust's full-year capital programme has been set at £97.5 million; whilst year to date expenditure of £42.4m is £14.6m below the phased plan, the Trust continues to anticipate meeting its planned capital expenditure in full.

## 5. Supporting our workforce

5.1. NHS staff survey: The NHS staff survey opened in late September and closed in late November. I am delighted that the Trust achieved a response rate of 57%, which was a significant increase to the previous year's response rate of 38%. Listening to our peoples' views about working at the Trust, and ensuring we respond to these, will be key to our future success, and this outcome demonstrates the majority of colleagues are willing to share their views and believe that Trust leadership will respond positively to the survey outcomes to continue to improve the quality of the working environment for our staff and the standard of care we provide to our patients.

5.2. Celebrating equality, diversity and inclusion (EDI) across the organisation: It is now 12 months since the Trust was awarded funding from the Guy's & St Thomas' Charity to strengthen our approach to EDI improvement across the organisation. During this time, we have established a formal programme through which we will drive progress towards the objectives set out in our Trust strategy and our one-year-on report notes particular achievements in data capture, quality and reporting and in the provision of learning and engagement sessions for colleagues covering key topics including anti-racism, which has now been delivered to over 5% of staff. In November 2024, the Trust marked Transgender Awareness Week and the Transgender Day of Remembrance by raising the Pride flag at our St Thomas', Royal Brompton and Harefield sites; and it will move to finalise a new policy (and underpinning guidance) to support trans and non-binary colleagues. The Trust also held events to recognise and celebrate a number of important religious events during recent months including Vijayadashami, Christmas, Hanukkah, Diwali, Jain Diwali, Bandi, Chhor Divas, Tihar, Swanti, Sohraj and Bandna.

5.3. Love Admin: During the week commencing 18 November we held our annual Love Admin campaign, where we highlight the fantastic work of our administrative teams and the crucial role they play in the smooth-running of our services. The week was marked with several events including information stalls at our hospital sites and a Love Admin awards ceremony.

## 6. Other news

6.1. Over recent months the Trust has unveiled two new machines that will support the earlier and faster diagnosis of illnesses affecting our patients. The new Positron Emission Tomography (PET) scanner is a total-body scanner that produces faster, higher quality images for earlier diagnosis and treatment of illnesses like cancer and heart conditions. It is one of only three becoming operational in the UK and was unveiled by Wes Streeting, Secretary of State for Health and Social Care, and Peter Kyle, Secretary of State for Science and Technology in November. In addition, a new, state-of-the-art 'gamma camera' at the Royal Brompton Hospital is providing improved 3D imaging for heart and lung patients. This is the first of its kind in a London NHS hospital and combines two different types of imaging to create faster, high quality 3D scans for children and adults, reducing the need for additional tests.

6.2. In my report to the Board in October I notified colleagues that the Trust had announced plans to trial an initiative to increase the speed of transportation of urgent blood samples by electric drones between Guy's Hospital and St Thomas' Hospital. The six-month trial commenced in November and is already proving successful; transporting the blood can take more than half an hour by road but, as expected, is taking less than two minutes by drone. Lightweight commercial drones can also reduce carbon emissions by up to 99% compared to non-electric cars and reduce transportation electricity needed compared to electric delivery vans. The trial has already attracted significant positive media interest both locally and nationally. I will keep the Board notified about progress and the next steps for this exciting initiative.

6.3. The Trust is proud that two members of its staff were recognised in the New Years honours list. Professor Richard Leach, a consultant physician in the Heart, Lung and Critical Care Clinical Group was made a Lieutenant of the Royal Victorian Order. Dr Penelope Shirlaw, a Consultant in oral medicine, was awarded an MBE.

## 7. Consultant Appointments from 1 October 2024 – 31 December 2024

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

| Name of post | Appointee | Post Type | Start date |
|---|---|---|---|
| Consultant in Paediatric Palliative Care | Carolina Perez Gonzalez | New post | 14/10/2025 |
| Consultant Obstetrician & Gynaecologist | Ahmed Tarek Mahmoud Fahmy Abdelbar | Vacant post | 02/01/2025 |
| Consultant in Paediatric Dentistry | Nikita Puja Patel | Vacant post | 20/01/2025 |
| Consultant Paediatric Cardiology Specialised in Echocardiography | Adriani Spanaki | Vacant post | 01/12/2025 |
| Consultant in Public Health & Head of the Population Health Management Hub | Ayesha Ali | New post | 04/02/2025 |
| Consultant Radiologist Gastrointestinal Imaging | Janki Yogendra Patel | Vacant post | 16/12/2024 |
| Consultant in Breast Diagnostic Radiology | Keerthini Muthuswamy | New post | 01/10/2025 |
| Consultant in Heart Valve Disease and Echocardiography | Bushra Shahida Rana | Vacant post | 01/03/2025 |
| Consultant in Paediatric Rheumatology | Gabrielle Sophie Dobson | New post | 20/01/2025 |
| Consultant Ophthalmologist in Eye Emergency, Cataract and Glaucoma | Anurag Garg | Vacant post | 01/03/2025 |
| Consultant Ophthalmologist with specialist interest in Glaucoma | Wei Min Henrietta Ho | Vacant post | 01/01/2025 |
| Consultant Ophthalmologist in Medical Retina and Uveitis | Paraskevi Riga | Vacant post | 01/01/2025 |
| Consultant in Periodontology | Kia Rezavandi | New post | 25/11/2025 |
| Consultant in Sleep Medicine | Nikita Gurbani Gurbani | New post | 13/01/2025 |
| Consultant in Heart Valve Disease and Echocardiography | Bushra Shahida Rana | Vacant post | 01/03/2025 |
| Consultant in Emergency Medicine | Stuart Alexander Chapman | Vacant post | 21/02/2025 |
| Consultant in Emergency Medicine | Juan Pablo Rosales Lopez | Vacant post | 12/12/2024 |
| Consultant in Emergency Medicine | Frederick William Patrick Alden | Vacant post | 12/12/2024 |
| Consultant in Emergency Medicine | Irfan Ullah Akbarkhan | Vacant post | 12/12/2024 |

| Name of post | Appointee | Post Type | Start date |
|---|---|---|---|
| Consultant in Emergency Medicine | Michael McCracken Trauer | Vacant post | 05/12/2024 |
| Consultant in ENT with a specialist interest in Rhinology | Nora Haloob | New post | 01/01/2025 |
| Geriatric/General Medicine with an interest in Diagnostics & Cancer | Vera Alexandra Figueira Salvado | New post | 01/01/2025 |
| Consultants in Geriatrics & General Medicine | James Thomas Benjamin Maguire | New post | 16/12/2024 |
| Consultants in Geriatrics & General Medicine | Jennifer June Stewart | New post | 16/12/2024 |

# BOARD OF DIRECTORS

## WEDNESDAY 29 JANUARY 2025

| | |
|---|---|
| **Report title:** | **High Level Cyber Resilience Update** |
| **Executive sponsor:** | **Denis Lafitte, Chief Information Officer** |
| **Paper author:** | **Paul Merison, Head of Information Security and Risk** |
| **Purpose of paper:** | To provide assurance |
| **Main strategic priority:** | All strategic priorities |
| **Primary BAF risk:** | Risk 14. Cyber Risk |
| **Key points of paper:** | • Steps taken to confirm cyber security arrangements for post incident Synnovis recovery<br>• Informing the Board of our management of Trust cyber risks and resilience |
| **Paper previously presented at:** | N/A |
| **Recommendation(s):** | The BOARD is asked to:<br>1. Note this high-level cyber briefing. |

## 1. Introduction

1.1. Cyber-crime and threats are escalating, with more sophisticated and frequent attacks. State actors, phishing, ransomware, and social engineering remain the most prevalent threats.

1.2. Annual data from May 2023 confirmed that worldwide there were an average of 1383 healthcare related cyber-attacks per week (a 74% increase in cyber incidents compared with 2022). In 2024 the number of successful healthcare cyber-attacks reported to the UK Information Commissioners Office (UK-ICO) increased by over 54% to 190.

1.3. The Trust recognises the increased threat of cyber-attack and has taken steps to mitigate the risk and impact of a successful attack. A pragmatic view is that it is not a question of 'if' an incident will occur but 'when', as such the Trust recognises that it must be ready to identify, contain, eradicate and recover from cyber-attack, with minimal disruption to patient services.

## 2. Background

2.1. The Trust maintains a watchful eye of threats to its perimeter and internal infrastructure using a number of tools. Our intrusion prevention and detection systems identify and block attempts to probe and attack the Trust on a daily basis. Our first line of response is handled by our 24/7 Security Operations Centre (SoC) and incident response team, with additional national support from the NHS CSoC team.

2.2. Our cyber risk is documented and managed at Board Assurance Framework (BAF) level within the organisation to ensure accountability and responsibility at the highest level of senior management.

2.3. The Trust has been affected by significant cyber attacks against suppliers including Advanced and Synnovis. Thus far the Trust has been successful in containment of incidents to prevent the proliferation of attacks to infrastructure and systems owned and managed by the Trust. However, none of these instances have been without disruption to patient services during supplier service recovery.

## 3. High Level Cyber Update



### 3.1. Recovery from the Synnovis cyber-attack.

3.2. After the incident at their datacentre, the recovery approach required Synnovis to deploy new infrastructure to run services. The Trust sought assurances on the cyber resilience of the new infrastructure from both KPMG (who provided Synnovis with incident support) and Synnovis.

As part of our Business as Usual practices our Information Security and Network Security teams assessed the cyber security elements of all technical changes required to re-establish Trust network connectivity with Synnovis, our partners and other suppliers. The Trust has learned lessons from this incident and is currently procuring a vendor cyber risk management solution which will enable real-time visibility of the security posture of our key suppliers and associated supply chain.

### 3.3. High level view of Trust cyber resilience

3.4. **NHS Data Security and Protection Toolkit Compliance**: Completion of our improvement plans recorded against the NHS DSPT for 23/24 was achieved in December 2024 and approved by NHS England in January 2025. The Trusts status against the DSPT has now been upgraded by NHS England to 'standards met'.

3.5. **Managing cyber security risk:** The Trust has an established a comprehensive risk management framework to identify, assess, and manage cyber risks. This includes regular risk assessments, maintenance of an up-to-date risk register, and implementing appropriate risk treatment plans.

3.6. **Protecting against cyber-attacks:** The Trust has implemented a number of robust security controls to protect systems and data from cyber threats. This includes measures such as firewalls, intrusion prevention systems, intrusion detection systems, mail and web filtering solutions, secure multifactor authentication (MFA), encryption, backup solutions and secure configuration of systems.

3.7. **Detecting cyber security events:** The Trust has implemented monitoring and detection capabilities to identify potential security incidents. This includes our 24/7 Security Operations Centre, event management and logging systems, and maintenance of an incident response plan.

3.8. **Minimising the impact of cyber security incidents:** In the event of a cyber incident, the Trust has an incident response plan and process to minimise impact. This includes clear communication protocols, roles and responsibilities, and procedures for containment, eradication, and recovery.

## 4. Recommendations

4.1. The Board is asked to note this cyber update.

| | |
|---|---|
| **Committee name** | Quality and Performance Committee |
| **Date, time** | Wednesday 16 October 2024, 2 – 5pm |
| **Venue** | Robens Suite, Guy's Hospital |
| **Chair** | Pauline Philip |

**Patient Story**
A dental patient shared their positive experience of treatment at the Trust, but highlighted challenges in contacting the dental department. The Committee discussed ongoing patient communication issues and the work being done to address them.

**Quality and Safety Update**
The Committee reviewed the clinical impact of the cyber-attack on Synnovis, noting a small number of low-harm incidents. There had been an increase in formal complaints which had contributed to a backlog of overdue cases. Changes to the complaint-handling process were being implemented in response. Good progress was noted in implementing the Patient Safety Incident Response Framework, with increasing evidence of clinical learning shared across the Trust. Four never events had occurred since the last meeting, and investigations into these were ongoing. New clusters of Candida auris at St Thomas' Hospital were noted, with significant operational impact due to isolation requirements for affected patients. Ongoing risks with water hygiene were discussed.

**Acute General Medicine Wards Safeguarding**
The Committee discussed the outcomes of an independent safeguarding review on older person's wards and the stroke unit at St Thomas' Hospital. Immediate actions and planned improvements were discussed, with a focus on consistent care standards and leadership.

**Mental Health Update**
A working group had been established to improve care for patients with mental health conditions. South London and Maudsley NHS Foundation Trust had submitted a bid for an on-site emergency department, and the potential benefits of this were discussed.

**Operational Performance and Activity**
The Trust faced challenges in meeting the performance standards agreed with NHS England. A new trajectory had been agreed to eliminate patients waiting over 65 weeks for treatment by the end of December 2024. The Synnovis cyber-attack had significantly impacted operational performance and elective activity levels, although the critical incident had now been stood down, with most services restored. Good progress had been made against the faster diagnosis cancer standard, but the overall 62-day cancer target remained vulnerable due to reliance on inter-trust transfers. Diagnostic performance remained behind plan, with a recovery plan in place to address increased waiting times.

**Estates Infrastructure**
In late August the Trust had been notified that its non-emergency transport services provider would cease operations the next day and had gone into administration. The Trust quickly implemented business continuity procedures to maintain most services and was working with King's College Hospital NHS Foundation Trust to find a long-term solution. The Committee praised the Essentia team for their effective response and noted significant performance improvements since bringing the service in-house.

**Clinical Group Assurance Reports**
The Committee noted the update reports from each clinical group that set out their most significant risks and mitigations and the assurance scorecards from their recent performance review meetings with the corporate executive team. In particular, the Committee noted the successful opening of Somers Place Centre. An external investigation into an incident in the Assisted Conception Unit had been completed, with the regulator satisfied with the Trust's investigation.

**Board Assurance Framework – Quality and Performance Risks**
The Committee approved the proposed assurance levels for the three principal risks under its oversight, maintaining the categorisation of 'limited assurance' for quality and safety of services.

**Quality & Performance Board Committee Terms of Reference**
A review of the Committee's terms of reference and meeting effectiveness found the Committee was generally working well. Some changes were agreed to ensure appropriate clinical representation. The updated terms of reference were approved.

**Statutory and Regulatory Reports**
The Committee noted a number of reports regarding its statutory and regulatory requirements. Emphasis was placed on recruitment and retention initiatives to maintain staffing levels in the nursing and midwifery workforce. Areas for improvement in clinical coding were identified in the Learning from Deaths report, with a new plan established. Incidents of violence and aggression against staff were discussed, with ongoing support measures noted. The high quality and variety of food at Royal Brompton Hospital were highlighted in the Patient-Led Assessment of the Care Environment report.

# Integrated Performance Report

December 2024



# Highlight Report Contents

Guy's and St Thomas' NHS Foundation Trust

December 2024

| Domain | Theme | Indicator | Latest Actual | Target |
|---|---|---|---|---|
| Responsive | 4.1 A&E access | A&E stays less than 4 hours (type 1 2 3) | 72.1% | 76.0% |
| Responsive | 4.1 A&E access | Number of patients spending >12 hours in A&E from decision to admit (DTA) | 87.00 | |
| Responsive | 4.2 Elective treatment access - referral to tre... | RTT - Total incomplete pathways | 126,581.00 | |
| Responsive | 4.3 Cancer access | Cancer - 62 day all referral types (total) | 56.5% | 85.0% |
| Responsive | 4.3 Cancer access | Cancer - FDS | 79.5% | 75.0% |
| Responsive | 4.4 Diagnostic access | Diagnostic waits - % over 6 weeks | 41.1% | 5.0% |
| Responsive | 4.9 Recovery | Elective DC & IP vs 24/25 Operational Plan | 89.9% | 104.0% |
| Responsive | 4.9 Recovery | Number of 65 Week Waiters | 180.00 | |
| Responsive | 4.9 Recovery | Number of 78 Week Waiters | 17.00 | |
| Responsive | 4.9 Recovery | Outpatient New & FU vs 24/25 Operational Plan | 94.2% | 104.0% |

# Executive summary

**Accident and Emergency**

- 4 hour all type performance for A&E in quarter three of 2024/25 was 72.7%, with the latest full month available – December 2024 at 72.1%.
- A&E 12 hour breaches have fluctuated throughout the year with high numbers being seen throughout quarter 3 with a significant proportion being attributable to mental health. Despite this challenged position the Trust continue to benchmark well within South East London for 12 hour breaches.
- The Trust continue to focus on reaching their aspiration of 78% 4 hour all type performance by March 2025 and continue to work in collaboration with system stakeholders to support the 12 hour position particularly in relation to those patients requiring mental health provision.

**Referral to Treatment**

- The total number of incomplete Referral to Treatment (RTT) pathways for our latest validated month, December is 126,581. With good progress being made on the reduction in overall size and particularly long waiting patients.
- In December the Trust reported 180 patients waiting longer than 65 weeks for their first treatment and 17 patients waiting longer than 78 weeks.
- The Trust remains steadfast in its commitment to reducing the total Referral to Treatment (RTT) waiting list and the number of long waiting patients.

**Cancer**

- The latest position for the Trust for the 28-day Faster Diagnosis Standard is 79.5% in November and represents an area of significant progress in the Trust where there is a high degree of confidence in continued delivery in this area.
- The combined 62 day performance position in November is 56.5% which was a step up from October due to the internal performance position which is 71.4%. This combined position also contains shared pathways with other Trusts.
- The Trust play a significant role in the treatment of patients, locally within South East London alongside providing key surgical treatments from a broad geographical area outside of London and has one of the most complex case-mixes nationally. It is the shared pathway performance that represents a significant area of risk but one that the Trust remain committed to improving working alongside key stakeholders as part of the current enhanced cancer recovery programme being led in the Trust.

**Diagnostics**

- The Trust reported a position of 41.1% for diagnostic 6 week performance in December.
- Our performance against the 6 week position has improved during quarter three, where further work on improving validation and reviewing demand alongside additional capacity has supported further recovery against this standard, with plans to continue through to the end of the year where our target is to reach 19.5%.

**Activity**

- The combined new and follow up and elective overnight and day case activity position in December is 94.2% and 89.9% respectively.

**Key challenges**

- The Trust have faced a number of issues throughout the year that have contributed to the challenged position outlined above through loss of activity and cancellations including but not limited to a cyber attack that impacted its third-party Pathology provider, Industrial Action for both doctors and nurses, and estate challenges including those that impacted theatres.

# Responsive

Guy's and St Thomas'
NHS Foundation Trust

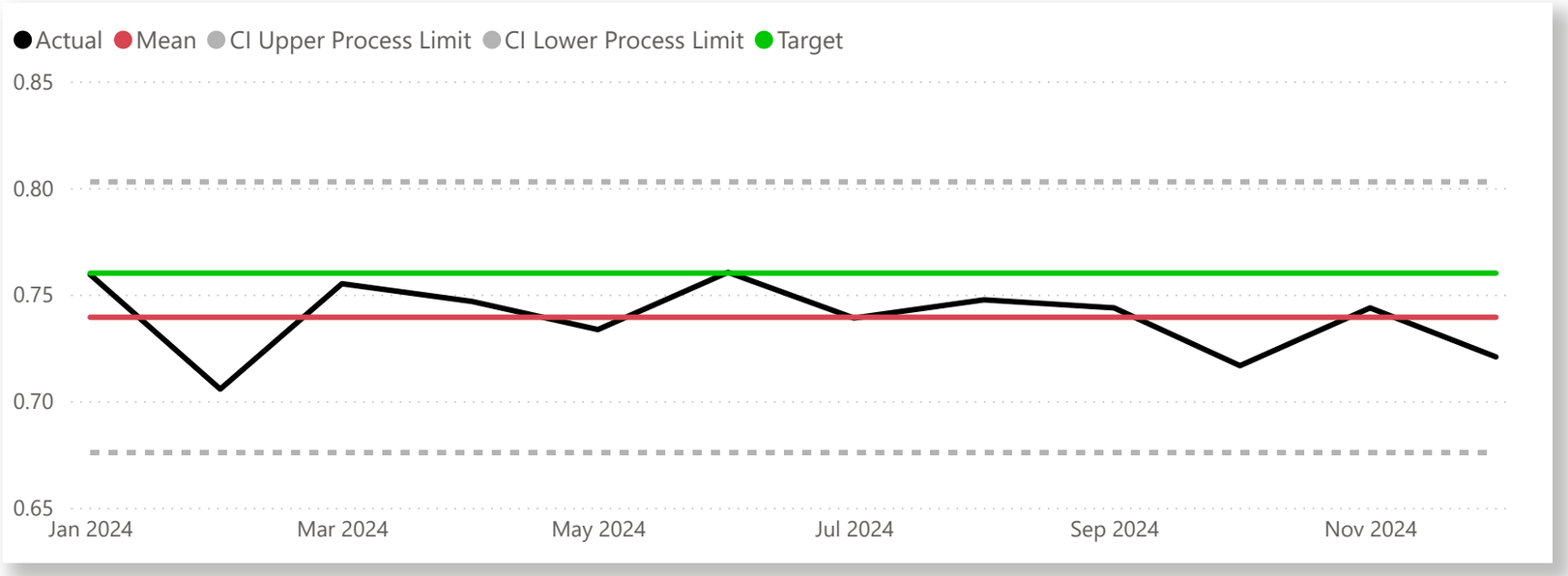
**December 2024**

72.1%

**SPC**

This indicator is showing common cause variation

## A&E stays less than 4 hours (type 1 2 3)




## Clinical Group Overview

# Responsive

Guy's and St Thomas'
NHS Foundation Trust

**December 2024**

87

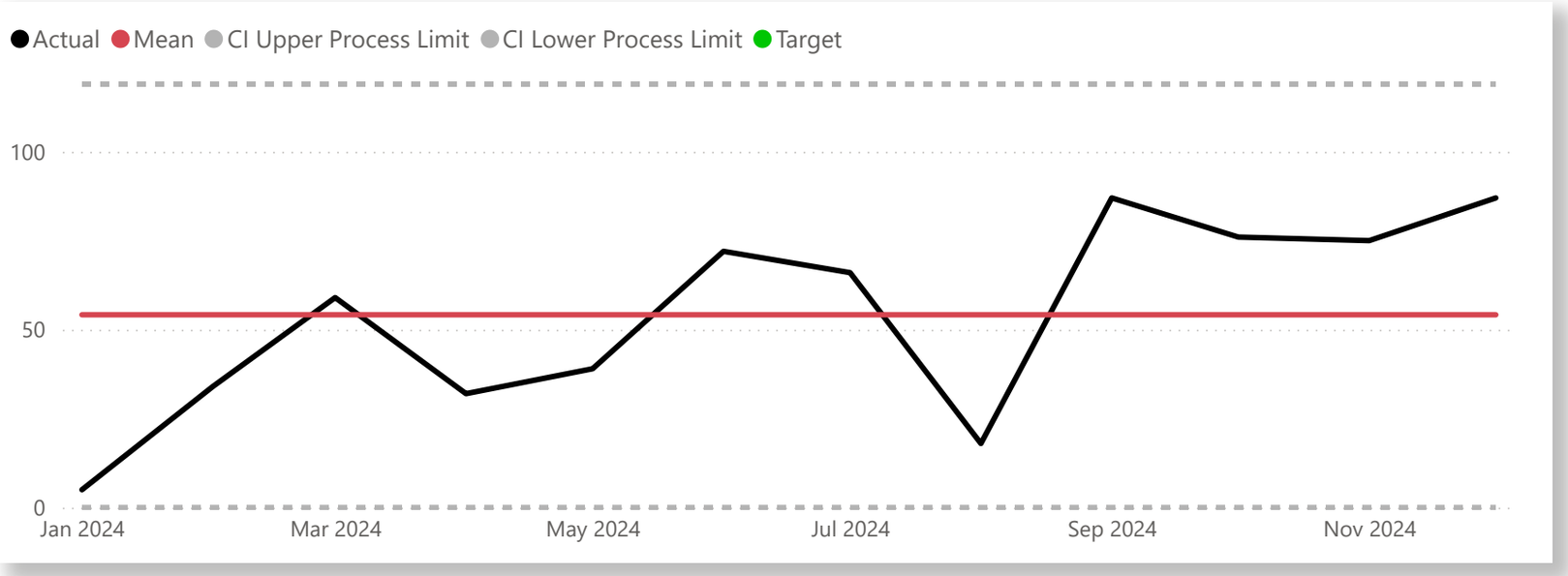
**SPC**

This indicator is showing common cause variation

**Caveat**

A&E data represents a combined position including Adults and Paediatrics, work is underway to ensure that the data maps correctly to the appropriate Clinical Groups for future reporting.

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




## Clinical Group Overview

# Responsive

Guy's and St Thomas'
NHS Foundation Trust

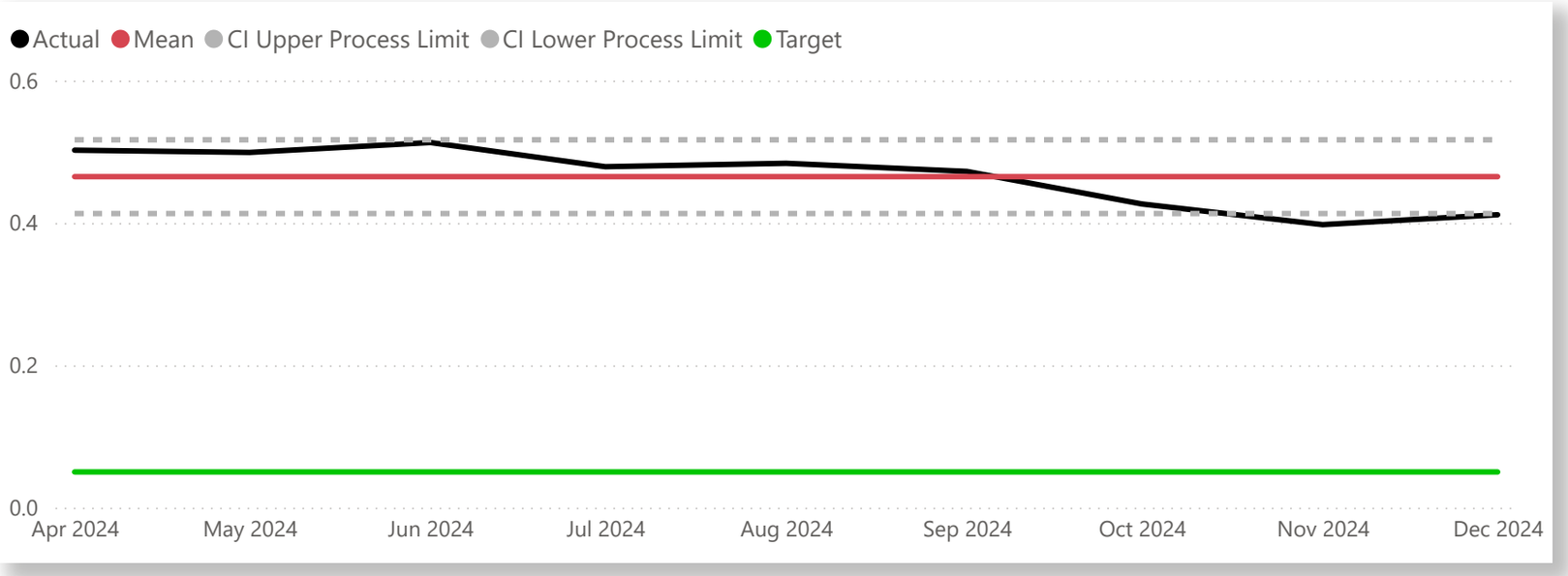
## December 2024

41.1%

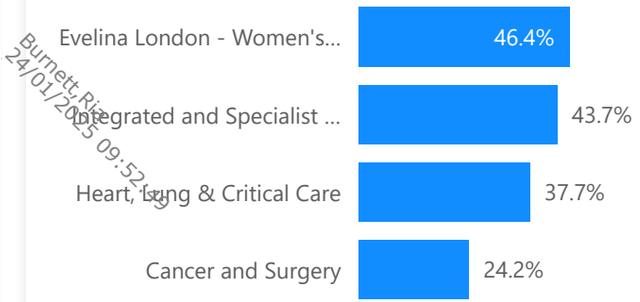
## SPC

This indicator is showing special cause variation - Single Point (Positive)

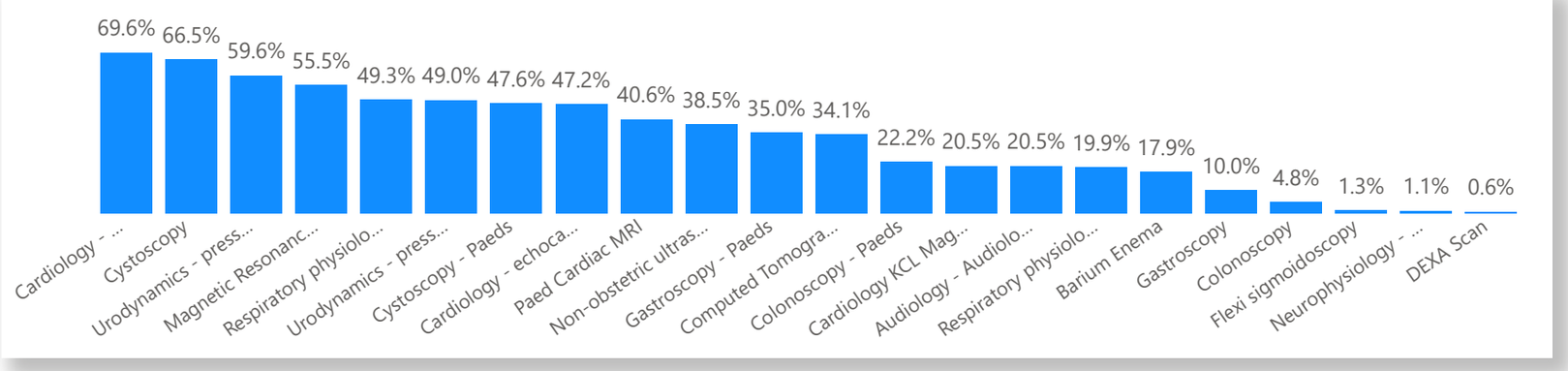
## Diagnostic waits - % over 6 weeks




## Clinical Group Overview




## Directorate Overview



# Responsive

Guy's and St Thomas'
NHS Foundation Trust

## November 2024

79.5%

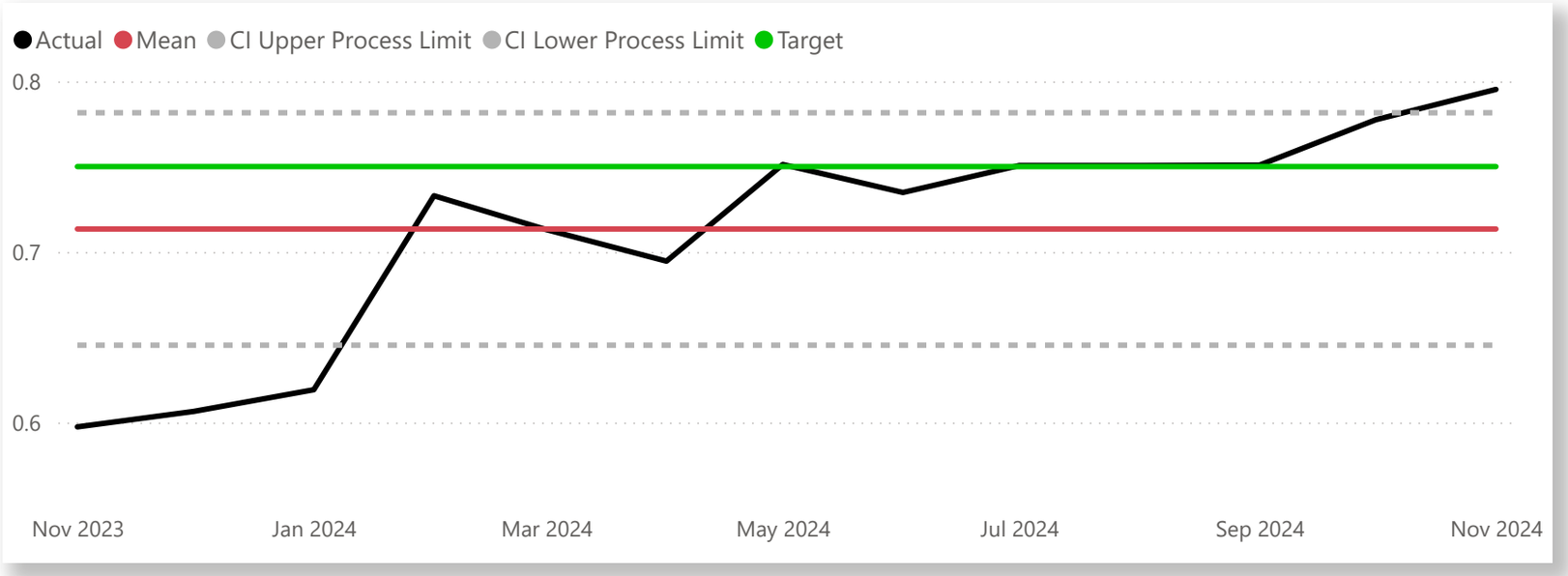
## SPC

This indicator is showing special cause variation - Single Point (Positive)

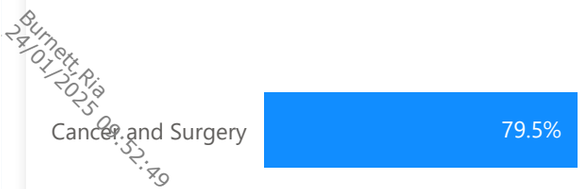
## Caveat

All cancer data is mapping to Cancer & Surgery Clinical Group. Work is underway to ensure the data maps correctly to the appropriate Clinical Groups for future reporting.

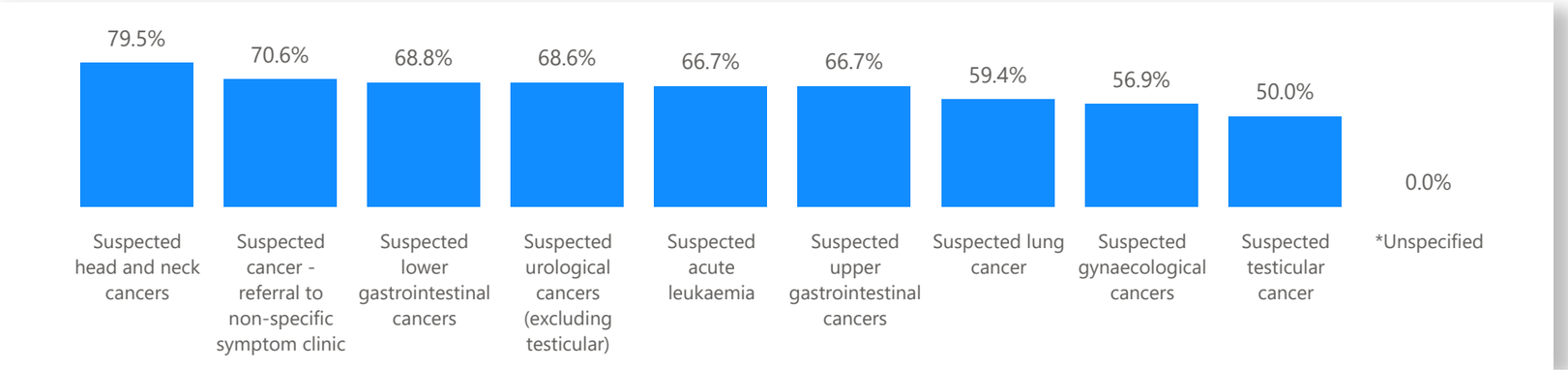
## Cancer - FDS




## Clinical Group Overview




## Tumour Group Level



# Responsive

Guy's and St Thomas'
NHS Foundation Trust

## November 2024

56.5%

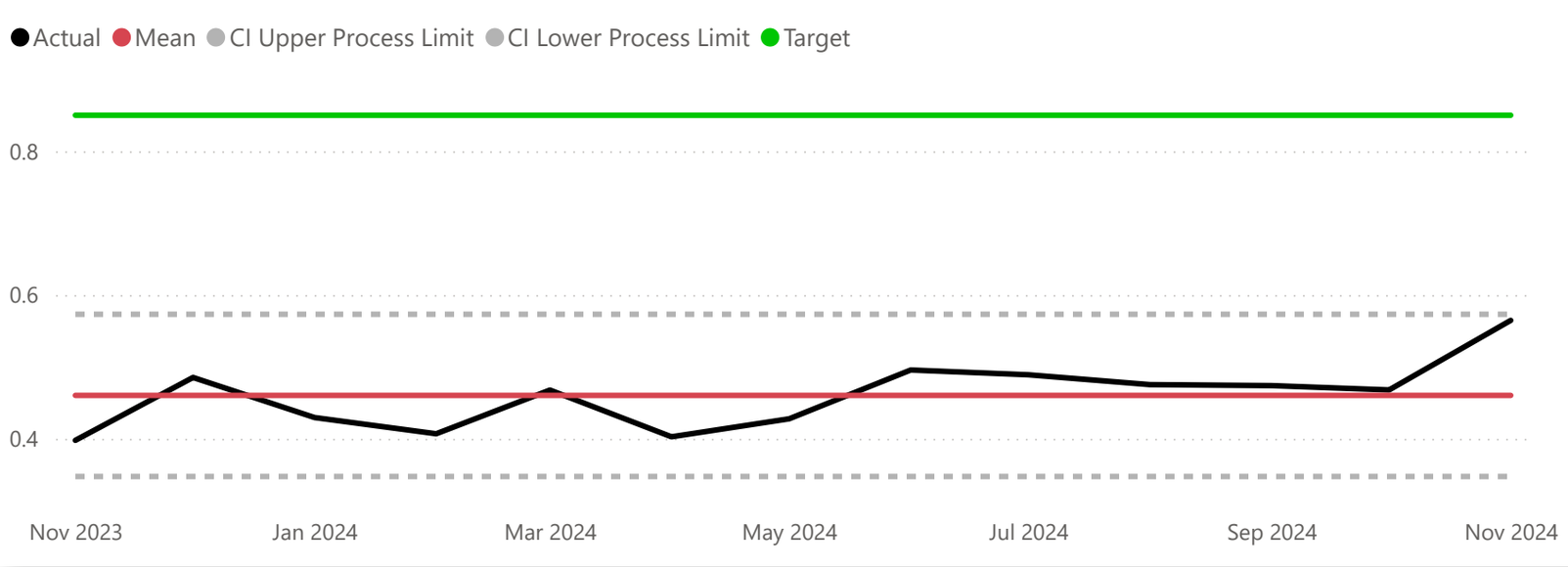
## SPC

This indicator is showing common cause variation

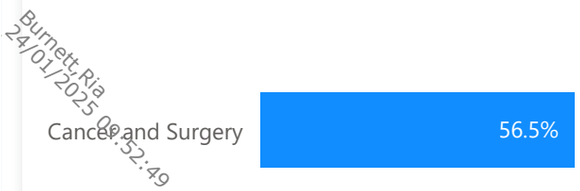
## Caveat

All cancer data is mapping to Cancer & Surgery Clinical Group. Work is underway to ensure the data maps correctly to the appropriate Clinical Groups for future reporting.

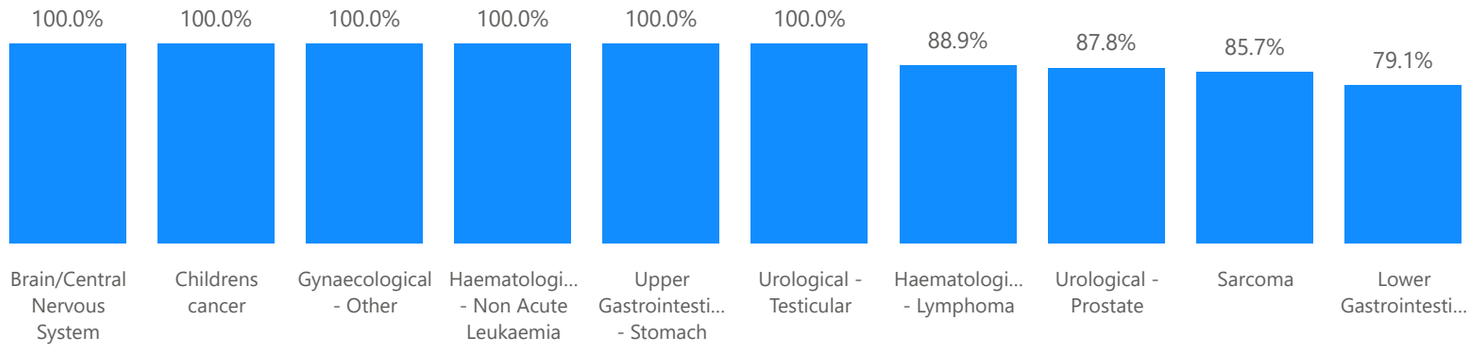
## Cancer - 62 day all referral types (total)




## Clinical Group Overview




## Tumour Group Level



# Responsive

Guy's and St Thomas'
NHS Foundation Trust

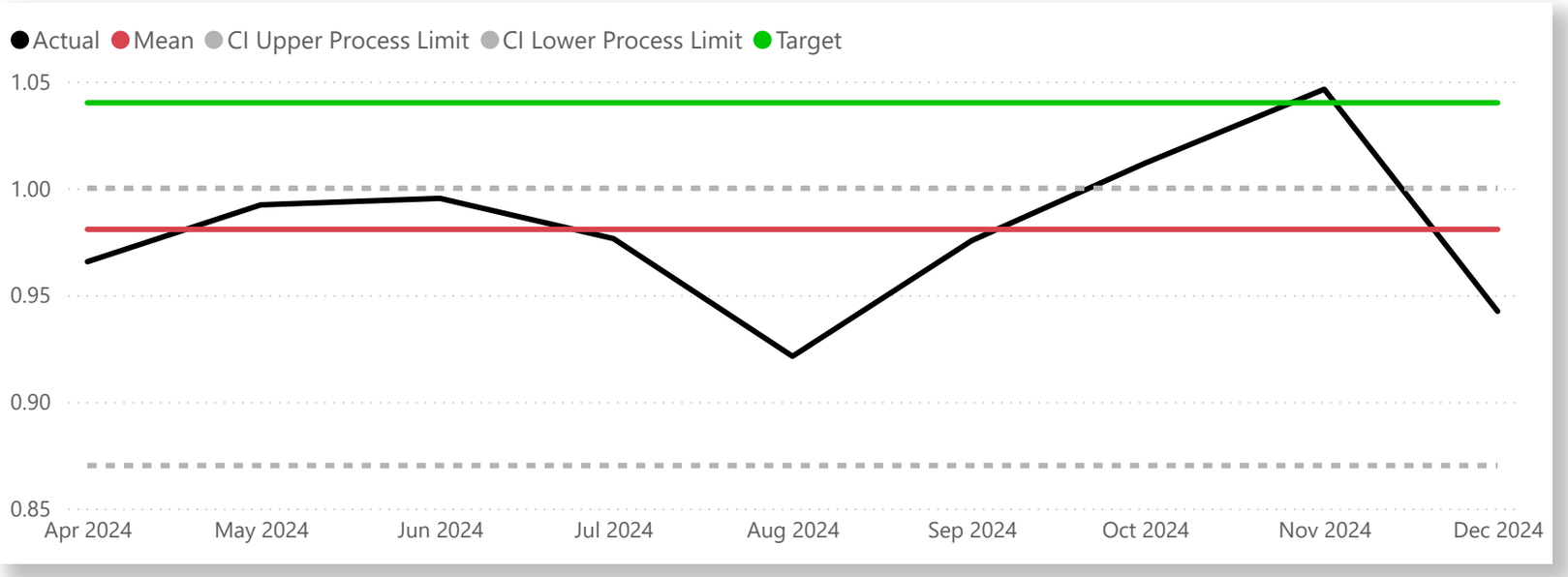
## December 2024

94.2%

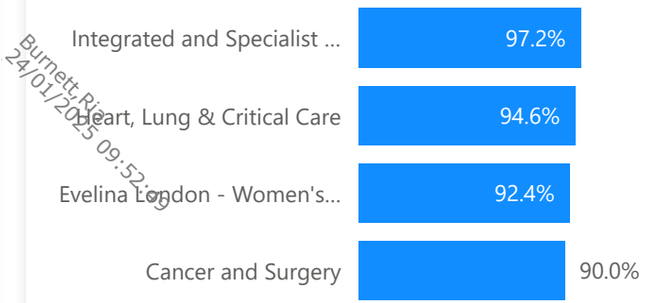
## SPC

This indicator is showing common cause variation

## Outpatient New & FU vs 24/25 Operational Plan

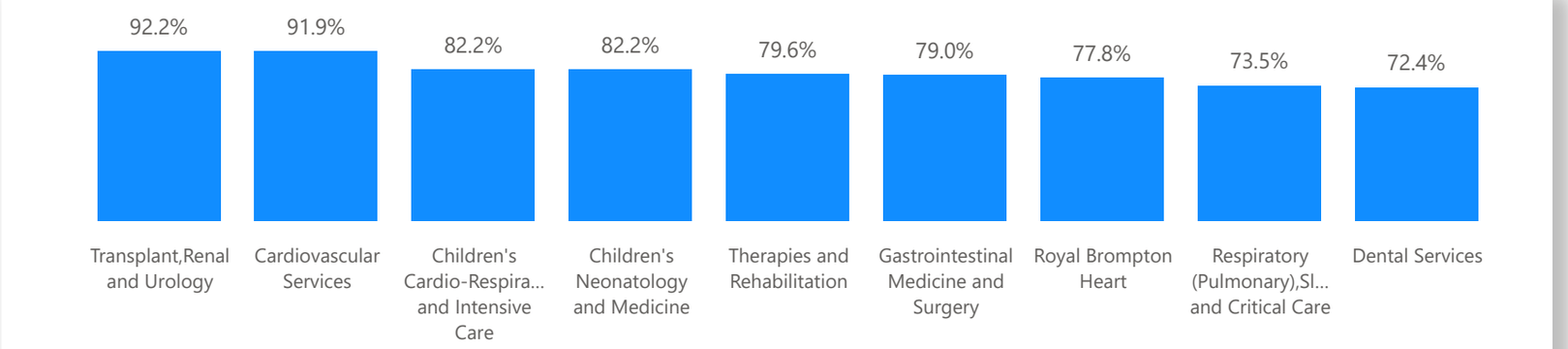



## Clinical Group Overview






## Directorate Overview



# Responsive

Guy's and St Thomas' NHS Foundation Trust

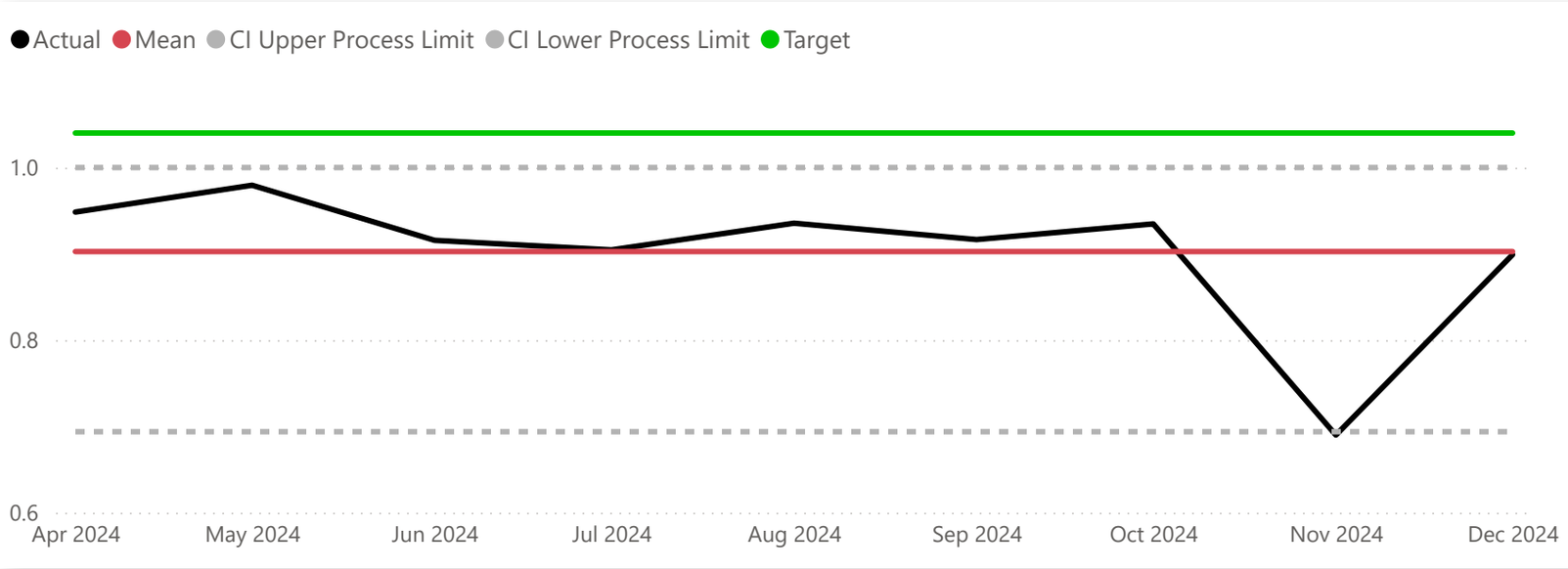
## December 2024

89.9%

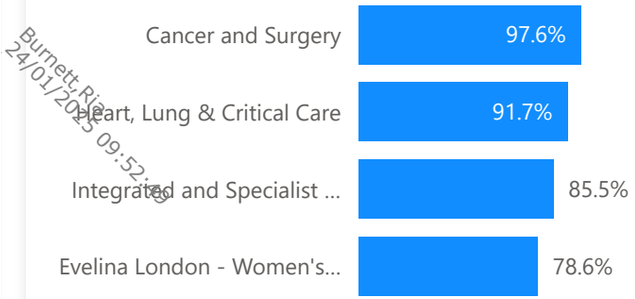
## SPC

This indicator is showing common cause variation

## Elective DC & IP vs 24/25 Operational Plan

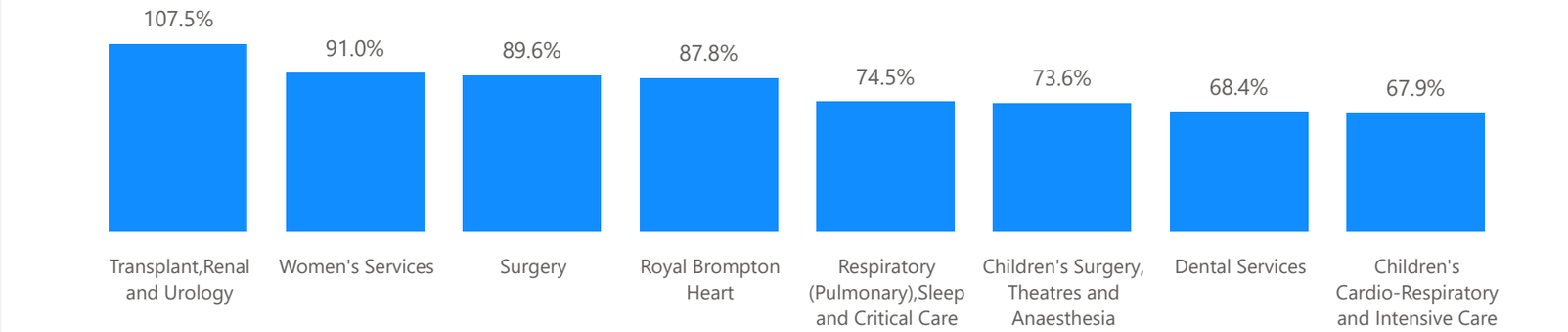



## Clinical Group Overview






## Directorate Overview



# Responsive

Guy's and St Thomas'
NHS Foundation Trust

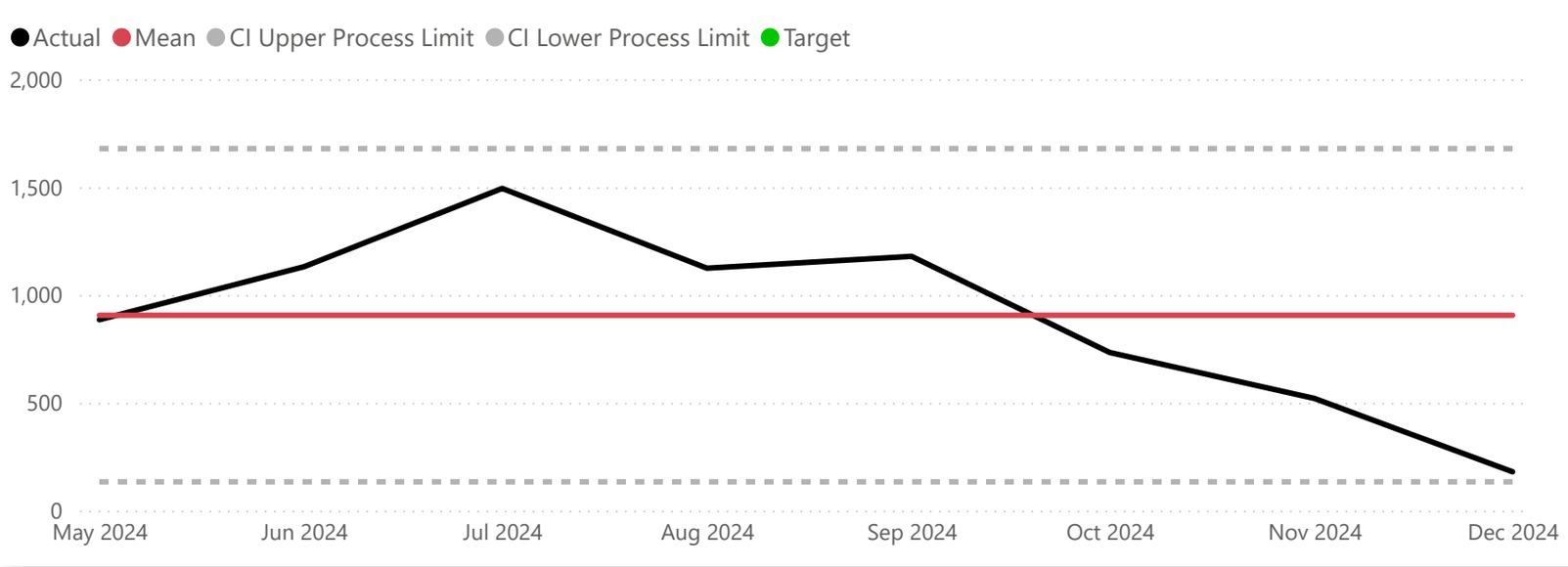
**December 2024**

180

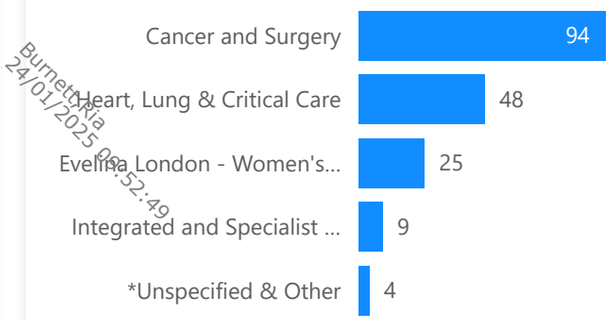
**SPC**

This indicator is showing common cause variation

## Number of 65 Week Waiters

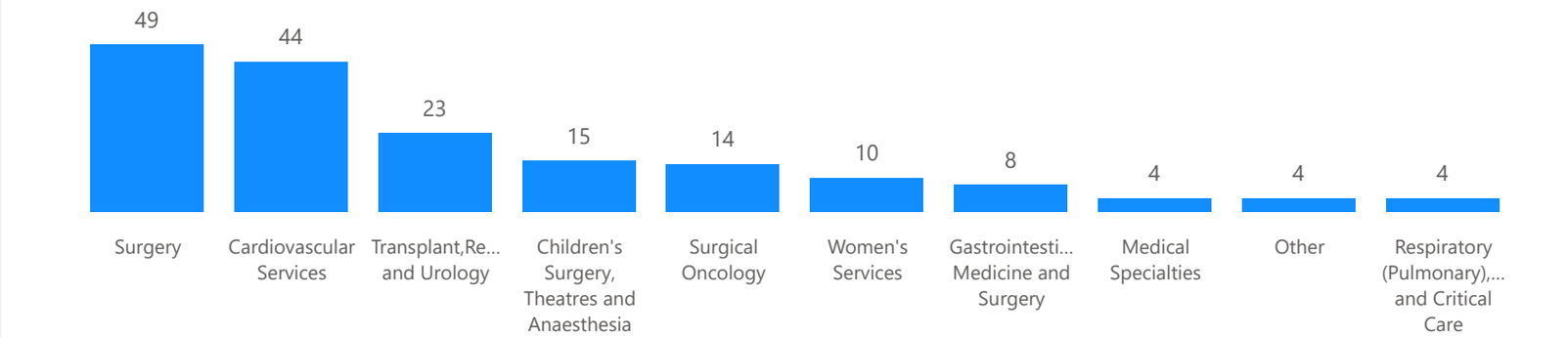



## Clinical Group Overview






## Directorate Overview



# Responsive

Guy's and St Thomas'
NHS Foundation Trust

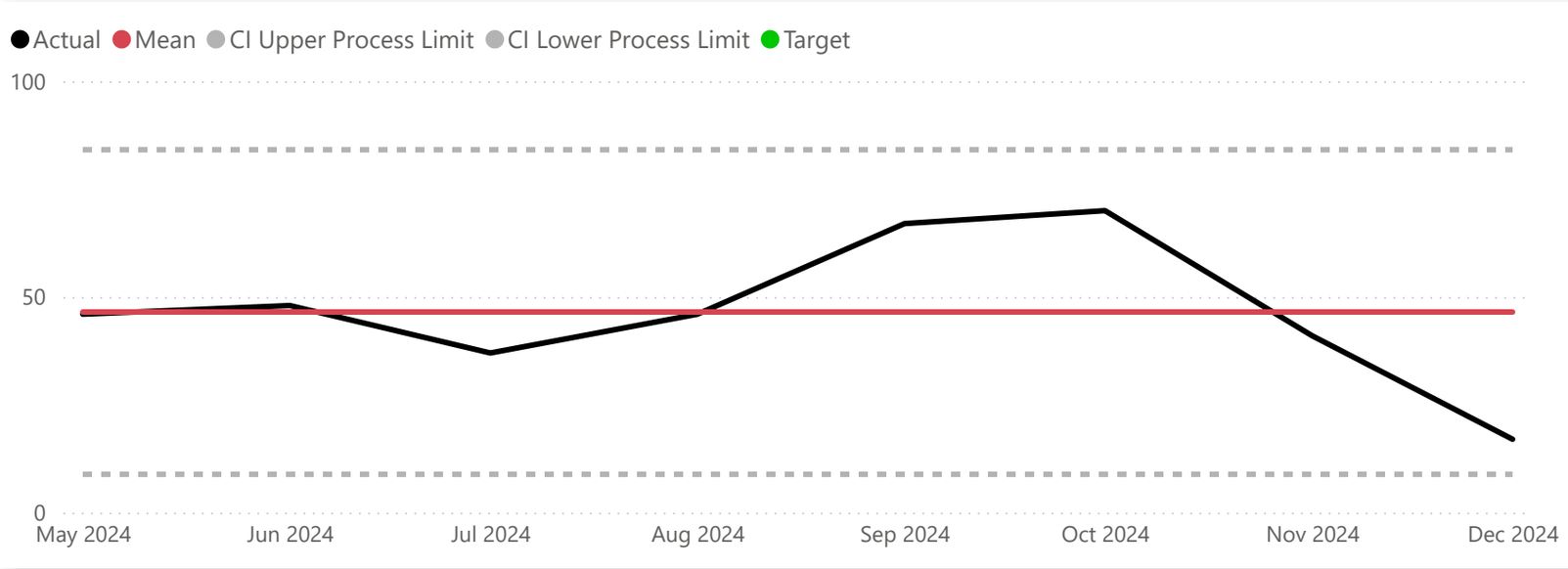
**December 2024**

17

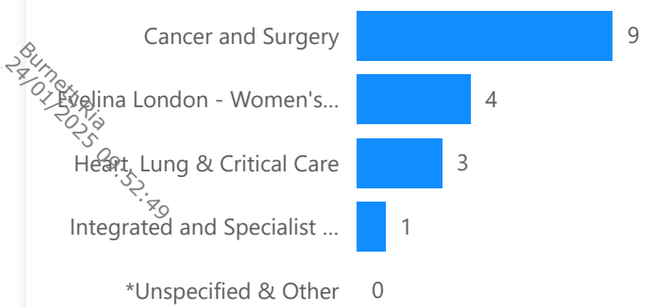
**SPC**

This indicator is showing common cause variation

## Number of 78 Week Waiters

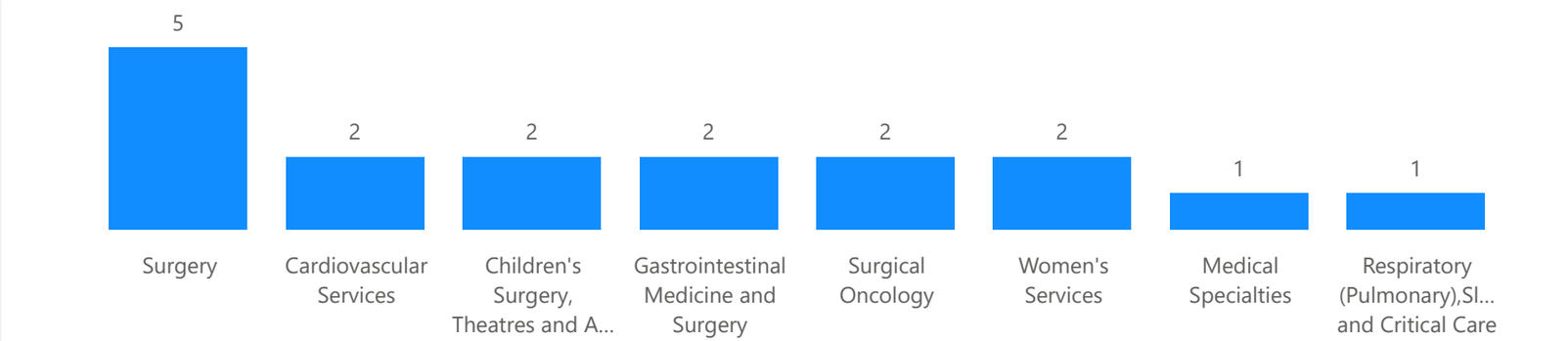



**Clinical Group Overview**






**Directorate Overview**



# Responsive

Guy's and St Thomas'
NHS Foundation Trust

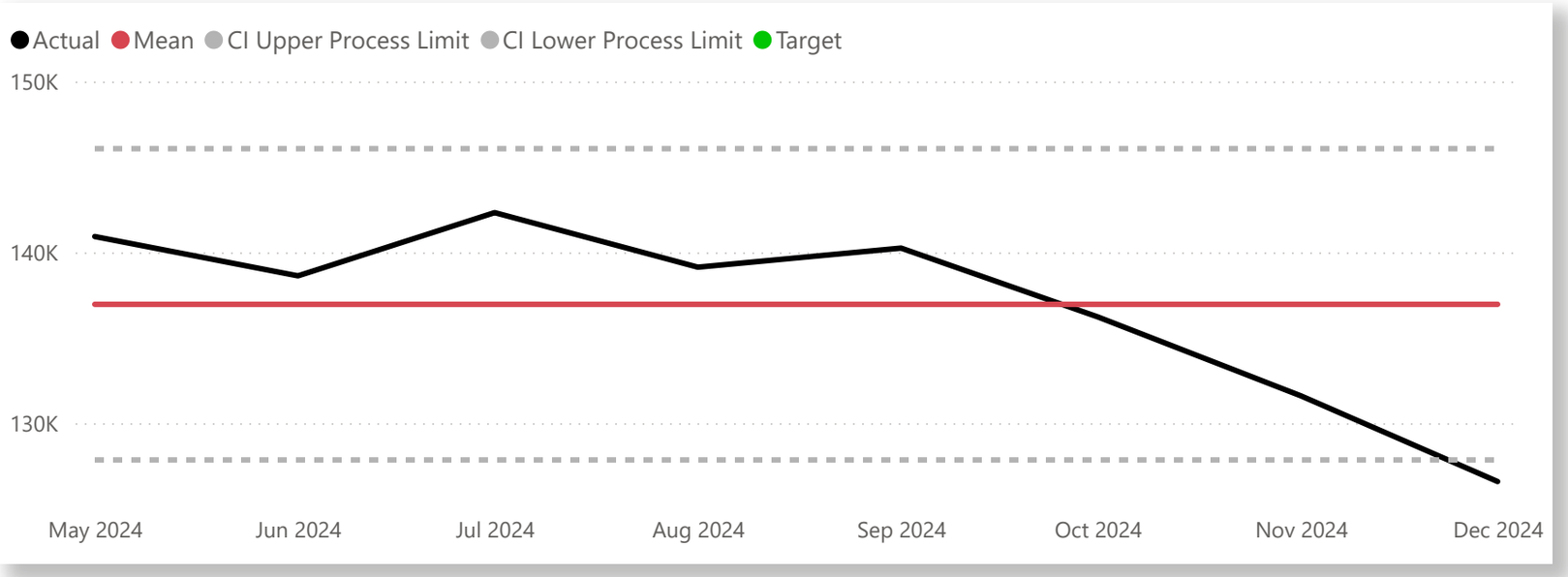
**December 2024**

126,581

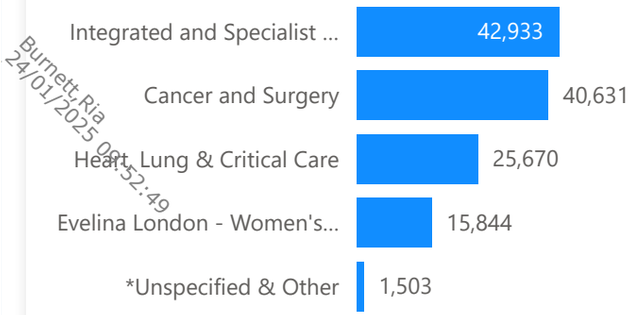
**SPC**

This indicator is showing special cause variation - Single Point (Positive)

## RTT - Total incomplete pathways

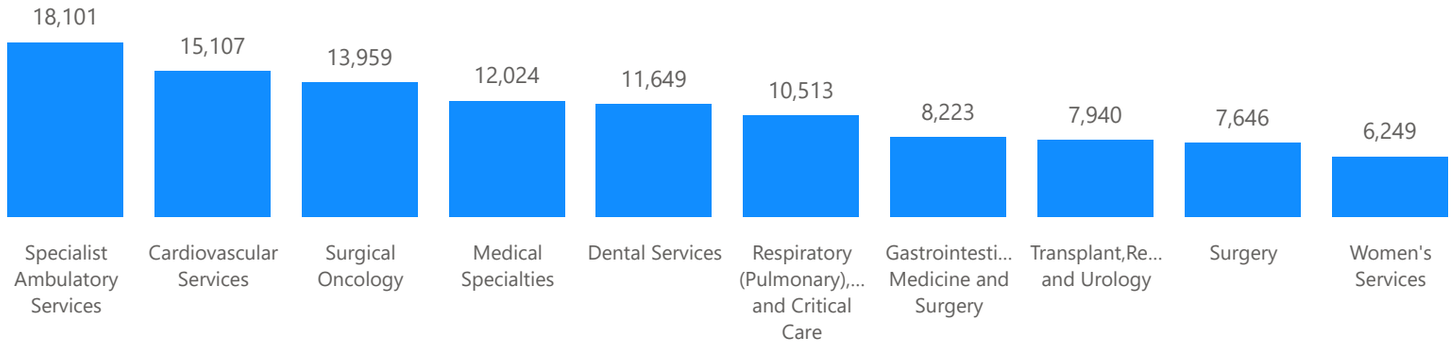



## Clinical Group Overview






## Directorate Overview



# Supporting Information

## SPC definitions

Guy's and St Thomas' NHS Foundation Trust

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

**Common cause variation**

Indicator has not triggered any SPC rules for current month

**Special cause variation – single point**

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

**Special cause variation – trend/shift**

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

**Special cause variation – moving range**

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



**Special cause variation – 2 of 3**

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

| | |
|---|---|
| **Committee name** | Finance, Commercial and Investment Committee |
| **Date, time** | Wednesday 30 October 2024, 1 – 4pm |
| **Venue** | Robens Suite, Guy's Hospital |
| **Chair** | Simon Friend |

**Committee Terms of Reference Refresh**
The Committee approved its refreshed Terms of Reference, which included minor revisions and the addition of the Estates Strategy to the work programme.

**Financial Updates**
The mid-year finance report revealed a Trust deficit of £44.2 million as of 30 September 2024. This was primarily attributed to a £22.9million NHS income loss due to appointment cancellations and under-performance against private patient income, both of which were linked to the recent cyber-attack on Synnovis. Expenditure on drugs and devices was overspent by £31.8 million, partially offset by increased pass-through income. The cash balance was £98.4 million, with £23.1 million spent against the Trust's capital expenditure allocation.

The Committee noted updates on financial risks and opportunities, including positive outcomes from arbitration over contracts with five Integrated Care Boards and additional income from the Elective Recovery Fund and Epic data changes. Despite these improvements, the delivery of recurrent cost improvement programmes was taking longer than anticipated.

**Commercial Income**
The Committee reviewed the commercial income report, noting a significant increase due to the correction of shared services income allocation. A retail strategy update and potential bundling of leases for higher rental yields were discussed.

**Private Patient Performance**
Income from private patients had returned to pre-pandemic levels, with the Evelina Children's Hospital seeing a notable increase. The lack of dedicated facilities for private work was highlighted as a challenge and possible constraint on future income levels. Future development plans for private patient work would be added to the Committee's forward plan.

**Targeted Lung Health Check Services Contract**
The Committee approved a contract for a targeted lung health check service. The programme aimed to extend screening to 100% of high-risk patients and had already diagnosed 79 lung cancers during its pilot phase. The potential for additional demand on thoracic capacity was acknowledged, and links with surgical oncology continued to be developed.

**Contract Performance Evaluation Proposal**
A proposed approach for evaluating contract performance was discussed, focusing on high-value, high-impact contracts. The Committee would maintain ownership of the review process, with input from other Board committees where relevant. It was agreed that a review schedule would be drafted.



**Board Assurance Framework Review**
The Committee reviewed the two strategic risks owned by the Committee, relating to the Trust's financial sustainability and capital expenditure restrictions. It was agreed that no changes to the proposed risk scores or levels of assurance were required.

Guy's and St Thomas' NHS Foundation Trust

# BOARD OF DIRECTORS

## WEDNESDAY 29 JANUARY 2025

| | |
|---|---|
| **Report title:** | **Finance Report for the nine months to 31st December 2024** |
| **Executive sponsor:** | **Steven Davies, Chief Financial Officer** |
| **Paper author:** | **Damien O'Brien, Director of Operational Finance** |
| **Purpose of paper:** | For discussion (to get views or guidance) |
| **Main strategic priority:** | All strategic priorities |
| **Primary BAF risk:** | Risk 6: financial sustainability |
| **Key points of paper:** | • Trust has reported a YTD adjusted financial performance of £33.2m deficit, which is £30.2m worse than planned.<br>• All commissioner contracts have now been agreed including for prior years.<br>• The cash balance at the end of December of £118.5m is an increase of £28.6m against the opening balance. This includes the cash support of £62.5m received in September 2024. |
| **Paper previously presented at:** | Trust Executive Committee – 28th January 2025 |
| **Recommendation(s):** | The BOARD is asked to:<br>1. Discuss and note the content of this report. |

## 1. Introduction

1.1. This paper updates the committee on financial performance for the nine-month period to 31st December 2024.

## 2. Financial Performance Summary

2.1. The Trust has agreed a financial plan for 2024/25 of breakeven. The system was mandated to set a £100m deficit plan which involved the setting of a surplus plan of £40.8m to offset positions in other providers (Kings £141.8m deficit and SLAM £1m surplus). These plans are currently being held by the ICB but as these values are realised, the Trust will be expected to improve its forecast surplus to £13.2m.

2.2. Performance for the nine months to December 2024 is a deficit of £33.2m.

| Income and Expenditure | Budget Mth £m | Actual Mth £m | Variance Mth £m | Budget YTD £m | Actual YTD £m | Variance YTD £m |
|---|---|---|---|---|---|---|
| Income | 239.8 | 244.7 | **4.9** | 2,149.6 | 2,225.6 | **75.9** |
| Pay | (139.2) | (141.8) | **(2.6)** | (1,251.2) | (1,259.7) | **(8.5)** |
| Non Pay | (99.7) | (104.8) | **(5.2)** | (901.5) | (999.1) | **(97.6)** |
| **Surplus / (Deficit) - Adjusted Financial Position (AFP)** | **1.0** | **(1.8)** | **(2.8)** | **(3.0)** | **(33.2)** | **(30.2)** |
| DODA | (1.0) | (1.1) | **(0.1)** | (8.8) | (14.6) | **(5.8)** |
| Capital Donations | 0.8 | 0.5 | **(0.3)** | 3.3 | 2.7 | **(0.7)** |
| Technical Adjustments | 0.0 | 0.0 | **0.0** | 0.0 | 0.0 | **0.0** |
| **Surplus / (Deficit) - Excl Fin Adj's** | **0.9** | **(2.4)** | **(3.3)** | **(8.5)** | **(45.1)** | **(36.6)** |

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

- There is an estimated reduction in income of £22.9m for NHS activity and an under performance against Private Patient income of £6.1m YTD; both materially linked to the Pathology cyber attack. In addition to income losses, a further £0.9m in costs are estimated to have been incurred reflecting reduced pathology costs of £1.4m being more than offset by costs of outsourcing and alternative provisions.
- The Trust's underlying performance YTD is estimated at a £32.2m deficit. This reflects the high level of non-recurrent benefits in the YTD position, alongside efficiency identification and delivery falling short of the overall trust plans, and inflationary pressures in excess of funding.
- High clinical supplies costs (£14.4m above plan) are only partially offset by estimated additional VCM (excluded devices) income of £1.4m. The remaining costs are being reviewed to understand if driven by activity levels or linked to inflationary pressures – analysis to date suggests the high costs are due to a combination of some inflationary pressures (not as significant as initially thought), and an over-estimate of the savings seen in 2023/24 due to high levels of industrial action;
- Remaining NHS income contracts for 24/25 have been assumed to plan in month 9 whilst NHS contracts are agreed and contract monitoring reporting is finalised. The Trust has managed to agree all outstanding commissioner contracts over the last month, including for prior years. The favourable income variance of £75.9m offsets the overspends seen on high cost drugs and VCM devices year to date. Outstanding balances for the 23/24 ERF have been agreed with a reported positive impact of £18.3M (which is £11.5M above the previously assumed value of £6.8M)
- YTD contract monitoring information has now been shared with clinical group finance teams for review whilst a dashboard is developed which will enable more granular review from clinical and operational teams. The vast majority of outstanding data quality (DQ) issues are present within the fixed / block elements of activity, with fewer DQ issues within the ERF / variable elements.

## 3. Cash, Capital and Cost Improvement Programmes

3.1. **Cash:** the cash position at the end of November is £118.5 which is an increase of £28.6m from the opening balance £89.9m. An analysis of the main drivers of the cash increase is contained within the finance report. The PDC application for cash support of £62.5m was received on the 23rd September 2024 and is included within the reported position.

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

- Expenditure to date of £42.4m has been recorded against CDEL funded schemes which is £14.6m less than the YTD core CDEL allocation.

3.3. **Cost Improvement Programmes:** YTD CIP achievement stands at £45.2m against a YTD plan of £50.5m for planned schemes. CIP achievement against the trust target is £22.1m behind the YTD plan of £67.4m. 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. Whilst overall achievement appears relatively strong not enough of the schemes have had a genuine impact on improving cash.

## 4. Recommendations

4.1. The Board is asked to:

- Note the AFP which is to achieve a breakeven position.
- Note that the Trust has reported a YTD deficit of £33.2m.
- Note the current cash balance of £118.5m
- Note the receipt of PDC cash support of £62.5m in September 2024.
- Note the current capital expenditure of £42.4m which is within the phased capital plan.

**Appendix A: Month 9 Finance Report**

Guy's and St Thomas'
NHS Foundation Trust


# Board of Directors Public Meeting

## 29th January 2025



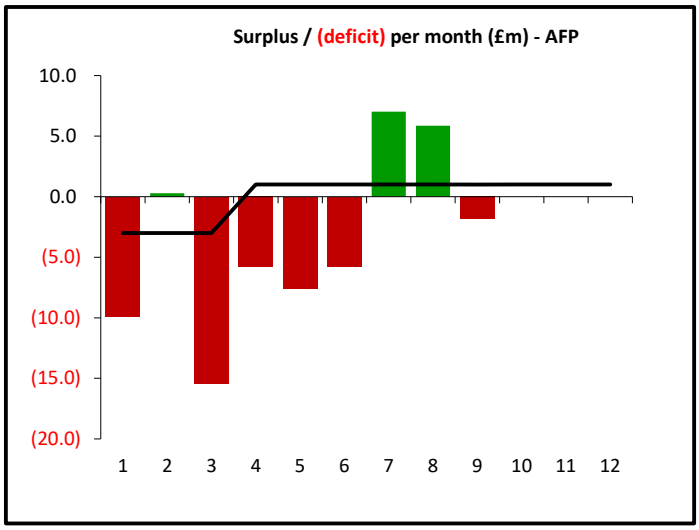
## Finance Report - 24/25
## Month 9

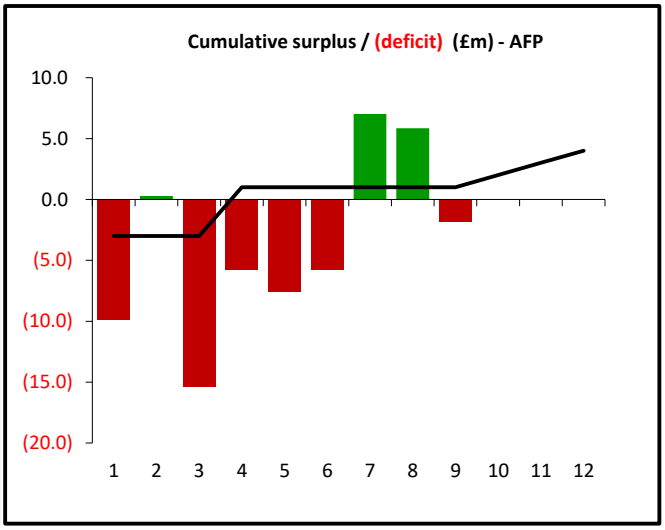
NHS
Guy's and St Thomas'
NHS Foundation Trust

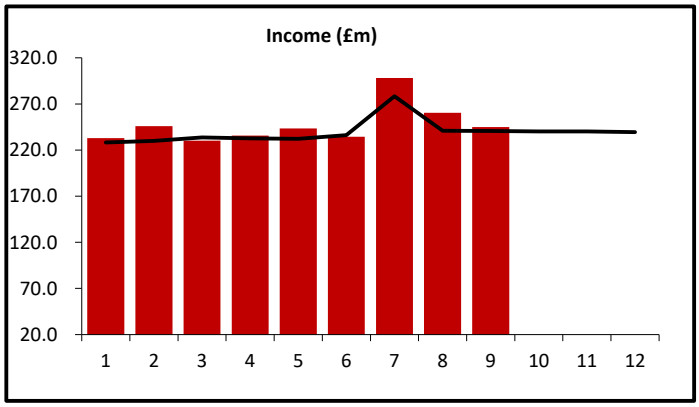

# Contents

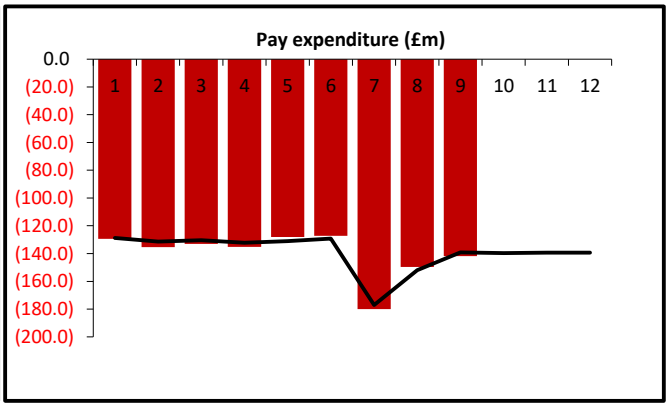
# Summary Financial Performance - Trust

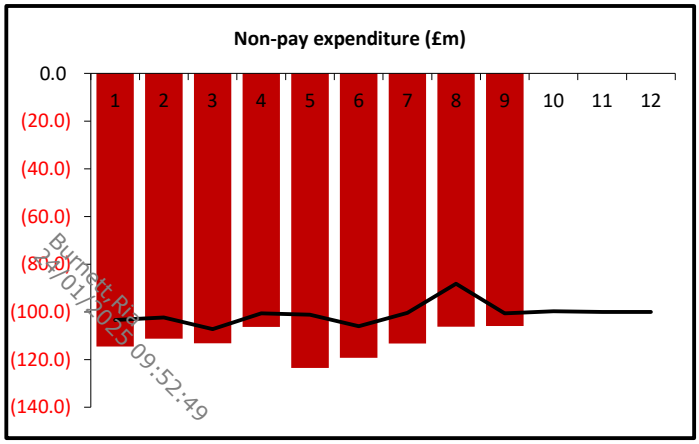
| Income and Expenditure | Budget Mth £m | Actual Mth £m | Variance Mth £m | Budget YTD £m | Actual YTD £m | Variance YTD £m |
|---|---|---|---|---|---|---|
| Income | 239.8 | 244.7 | **4.9** | 2,149.6 | 2,225.6 | **75.9** |
| Pay | (139.2) | (141.8) | **(2.6)** | (1,251.2) | (1,259.7) | **(8.5)** |
| Non Pay | (99.7) | (104.8) | **(5.2)** | (901.5) | (999.1) | **(97.6)** |
| **Surplus / (Deficit) - Adjusted Financial Position (AFP)** | **1.0** | **(1.8)** | **(2.8)** | **(3.0)** | **(33.2)** | **(30.2)** |
| DODA | (1.0) | (1.1) | **(0.1)** | (8.8) | (14.6) | **(5.8)** |
| Capital Donations | 0.8 | 0.5 | **(0.3)** | 3.3 | 2.7 | **(0.7)** |
| Technical Adjustments | 0.0 | 0.0 | **0.0** | 0.0 | 0.0 | **0.0** |
| **Surplus / (Deficit) - Excl Fin Adj's** | **0.9** | **(2.4)** | **(3.3)** | **(8.5)** | **(45.1)** | **(36.6)** |

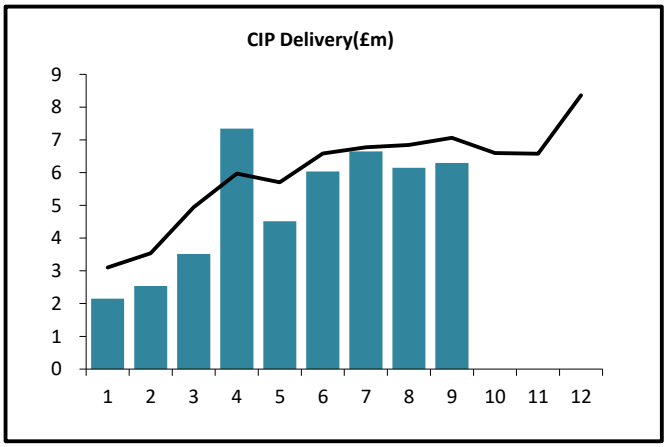


# Finance Report Commentary

## Executive Summary

**Summary:** YTD, as its adjusted financial performance, the Trust is reporting a deficit of £33.2m, which is £30.2m adverse to plan. The key drivers of this are:

- **Current Year Clinical Income:** reported at £28.9m behind plan at M8. This is materially driven by cancellations in Q1 and Q2, of which £22.9m is the estimated loss of NHS income. Private Patient income is £6.1m lower than planned, with £3.6m of this attributable to high cancellations June to September.
- **CIP delivery:** YTD £45.2m of CIPs have been delivered, however this is £5.3m less than phased identified plans, rising to £22.1m behind plans once unidentified savings targets are included. The under-delivery is held within both pay and non pay budgets within the reported position.
- **Balance Sheet Flexibility:** to date £2.7m of non-recurrent benefits have been realised which is in line with plan.
- **Prior Year Clinical Income** - High levels of activity delivered in the final months of 2023/24 have led to £18.3m of income relating to 2023/24 ERF being reported within this position.
- **Industrial Action:** The cumulative impact of industrial action since April is assessed as £0.8m. The main drivers of which are increased pay expenditure to cover colleagues (less salary deductions made) and reductions in private patient activity. Income from the ICB of £1.9m was recognised in M6.
- **Independent Sector:** expenditure incurred in respect of independent sector usage is £7.3m more than budgeted.
- **Non Pay:** Excess inflation costs in the position total £10.7m

**Income:** YTD performance £75.9m favourable to plan, the main drivers of which are:

- **Current Year Clinical Income** is reported at £28.9m behind plan at M8. This is materially driven by cancellations in Q1 and Q2, of which £22.9m is the estimated loss of NHS income. Private Patient income is £6.1m lower than planned, with £3.6m of this attributable to high cancellations June to September.
- **Pass through drugs and devices** income is £40.4m and £1.4m above plan respectively. This is offset by a corresponding overspend in non pay.
- **Prior Year Clinical Income** High levels of activity delivered in the final months of 2023/24 have led to £18.3m of income relating to 2023/24 ERF being reported within this position.
- **Genomics income** plans have now been realigned to remove any significant variance.
- **Industrial Action** income has been received from the ICB for the industrial action earlier this year.
- **Vacination Income** £3.9m has been recevied for Vaccination Services
- **Other Operating income:** £38.95m above plan YTD. This includes additional funding for depreciation / asset disposals of £8.3m. Additonally, Education income is £5.1m ahead of plan and R&D/charitable income is £4.6m ahead of plan.

**Pay budgets:**YTD expenditure of £1,259.7m is £8.5m worse than plan;

- **Capital Staff** There are costs of £1.6m relating to staff that were previously classed as capital including £1.2m of redundancy costs.
- **Apollo Stablisation** costs of £2.0m are showing an adverse variance.
- **Prior Year costs** relating to pay errors incurred totalling £1.4m.
- **Industrial Action** costs for 2024/25 total £0.8m YTD.
- Costs covered by income including R&D £1.7m and Lexica £5.3m.

**Non Pay budgets (including Reserves and Unidentified CIPs):** YTD performance is £97.6m worse than plan, the main drivers of which are:

- **CIP delivery:** YTD £45.2m of CIPs achieved resulting in a total under delivery against the Trusts CIP programme of £5.3m against plans, and £22.1m behind against both unidentified and unachieved CIPs.
- **Independent Sector** - On-going use of the Independent sector has resulted in expenditure above plan of £7.3m.
- **Depreciation & amortisation** costs have resulted in expenditure above plan of £12.5m
- **Drugs and clinical supplies** budgets are £38.8m overspent YTD, though this is materially offset within income.
- **Premises** are £7.0m overspent, in part due to £3.0m of Apollo costs of which £2.25m is to invoiced to KCH (income is accrued).
- **Excess Inflation** costs in the position total £10.7m



**Balance Sheet:** The Trust closed the month with a cash balance of £118.5m; this is an increase of £28.6m from the opening balance on 1st April 2024.

# Drivers of YTD Group Variances £000

| Variance Type | Cancer & Surgery | Evelina London | HLCC | ISM | Essentia | Corporate | Other | Trust Total |
|---|---|---|---|---|---|---|---|---|
| Pay | (4,134.5) | 6,003.6 | (1,672.5) | (581.8) | (2,337.0) | 11,152.2 | (16,902.2) | **(8,472.2)** |
| Further Improvement Target | 474.4 | (4,325.0) | (504.6) | 90.0 | 1,812.0 | (8,812.5) | (17,772.7) | **(29,038.4)** |
| Internal Recharges | 304.7 | (211.7) | 449.8 | 82.0 | 599.1 | (1,959.4) | (304.3) | **(1,040.0)** |
| Non Pay | (12,454.5) | (7,255.0) | (16,614.2) | (13,702.9) | (5,661.2) | (2,095.3) | (9,780.2) | **(67,563.3)** |
| Income (Excl Clin Income Adj) | (6,615.9) | (255.8) | 513.6 | (4,615.4) | 1,914.5 | (2,675.9) | 87,672.5 | **75,937.6** |
| **Total (Excl Clin Income Adjs)** | **(22,425.9)** | **(6,044.0)** | **(17,827.9)** | **(18,728.1)** | **(3,672.6)** | **(4,390.9)** | **42,913.1** | **(30,176.3)** |
| Clinical Income Adjustment (excl pass through D&D) | 3,413.0 | 1,053.0 | 577.1 | 586.9 | 32.0 | 1,909.1 | (7,571.1) | **0.0** |
| Pass Through Drugs & Devices Clinical Income | 9,813.6 | 6,828.0 | (3,564.6) | 3,372.8 | 0.0 | 0.0 | (16,449.7) | **0.0** |
| **Total (Incl Clin Income Adjs)** | (9,199.3) | 1,836.9 | (20,815.3) | (14,768.4) | (3,640.6) | (2,481.8) | 18,892.2 | (30,176.3) |

## SNAPSHOT VARIANCE DRIVERS - £000's

**CIP Performance (note these variances will be included in the tables below)**

| | Cancer & Surgery | Evelina London | HLCC | ISM | Essentia | Corporate | Other | Trust Total |
|---|---|---|---|---|---|---|---|---|
| **Staffing** | | | | | | | | |
| Medical Staff | (3,264.8) | (182.7) | (772.2) | (1,969.3) | 17.5 | 797.3 | (8,680.4) | **(14,054.6)** |
| Nursing Staff | (993.7) | 3,116.3 | (2,416.8) | 2,500.6 | (50.3) | 30.4 | (1,204.5) | **982.0** |
| PAMs | (280.9) | (180.7) | 1,010.7 | 2,367.9 | 3.1 | (532.3) | (72.1) | **2,315.8** |
| Professional & Technical (PTB) | 228.1 | 409.5 | 3,217.4 | 2,199.9 | (6.2) | (663.3) | (119.8) | **5,265.5** |
| Admin & Clerical | 3,633.9 | 1,511.0 | (2,880.2) | 1,122.4 | 2,524.5 | 11,506.9 | (6,731.0) | **10,687.6** |
| Estate and Facilities Staff | 0.1 | 119.4 | 78.6 | 17.4 | (3,663.3) | (377.4) | (22.0) | **(3,847.2)** |
| All Other Staff | (3,457.2) | 1,210.8 | 89.9 | (6,820.8) | (1,162.3) | 390.6 | (72.4) | **(9,821.4)** |
| **Total Pay** | **(4,134.5)** | **6,003.6** | **(1,672.5)** | **(581.8)** | **(2,337.0)** | **11,152.2** | **(16,902.2)** | **(8,472.2)** |
| **Non-Pay** | | | | | | | | |
| Drug Costs | (11,276.3) | (4,646.3) | 1,892.1 | (6,794.0) | 2.2 | 248.3 | (3,888.6) | **(24,462.6)** |
| Clinical Supplies | (3,563.3) | (2,725.9) | (11,649.1) | (5,118.3) | 68.3 | 4,317.5 | 4,313.3 | **(14,357.5)** |
| Premises Costs | (39.6) | 117.5 | (739.5) | (818.1) | (5,184.2) | (2,715.8) | 2,351.1 | **(7,028.6)** |
| Purchase of Healthcare from non-NHS bodies | 1,383.6 | (111.4) | (4,090.2) | 422.1 | 0.0 | (2,242.9) | (795.5) | **(5,434.3)** |
| Establishment Costs | 86.2 | 96.3 | 921.2 | 283.7 | (30.3) | 612.7 | (677.8) | **1,291.9** |
| Other Non-Pay Costs | 955.0 | 14.8 | (2,948.8) | (1,678.3) | (517.2) | (2,315.0) | (11,082.7) | **(17,572.2)** |
| **Total Non-Pay** | **(12,454.5)** | **(7,255.0)** | **(16,614.2)** | **(13,702.9)** | **(5,661.2)** | **(2,095.3)** | **(9,780.2)** | **(67,563.3)** |

**Summary: YTD the Trust is reporting an adverse variance to plan of £30.2m measured on an adjusted financial performance basis.**

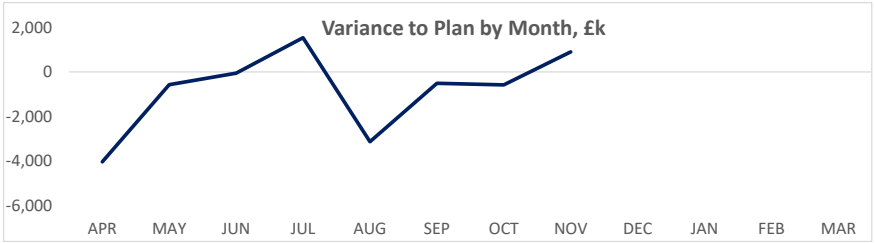
The key drivers of the adverse position are CIP delivery which to date has under-performed by £5.3m against plans and £22.1m across both unidentified and unachieved CIPs.

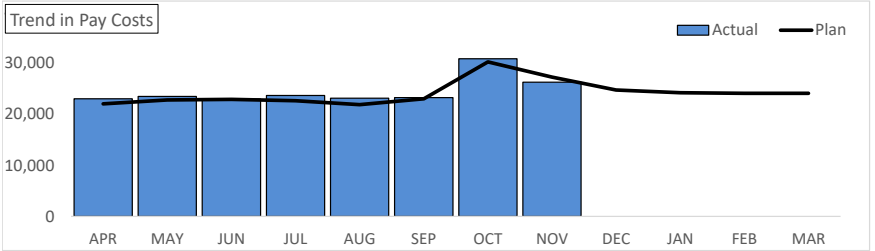
Current Year Clinical Income is £28.9m behind plan predominantly driven by high cancellations in Q1 & Q2. Within this, £6.1m relates to Private Patients.

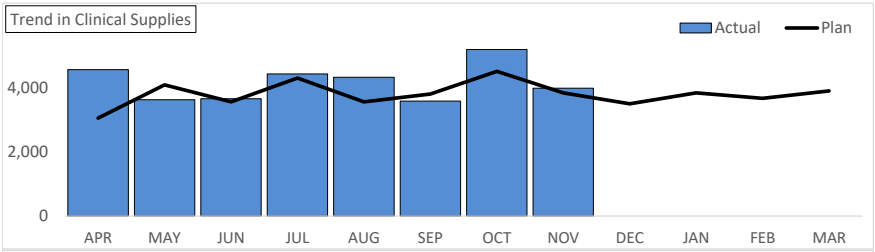
Overspends within drugs and clinical supplies are materially offset by pass through income, though non-pay costs overall continue to see significant excess inflationary pressures.

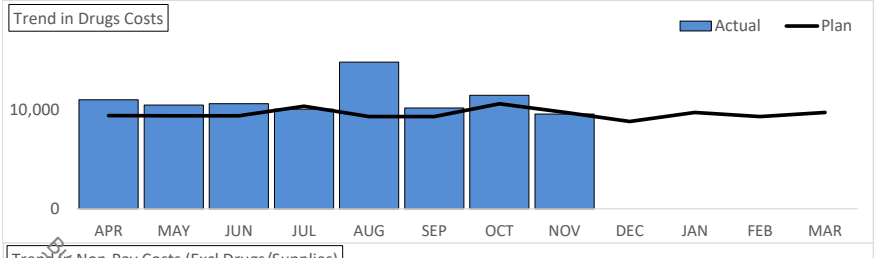
# Cancer & Surgery Clinical Group - Financial Performance

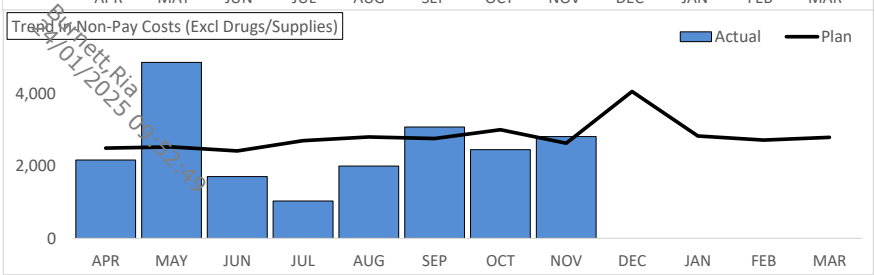
| Type | This Month | | | Year to Date | | |
|---|---|---|---|---|---|---|
| | Budget (£k) | Actual (£k) | Variance (£k) | Budget (£k) | Actual (£k) | Variance (£k) |
| Pay | (24,743) | (25,009) | (266) | (217,467) | (221,602) | (4,135) |
| Further Improvement Target | (265) | 0 | 265 | (474) | 0 | 474 |
| Internal Recharges inc Overheads | (10,759) | (10,790) | (31) | (97,676) | (97,371) | 305 |
| Non Pay | (16,412) | (16,761) | (350) | (146,326) | (158,780) | (12,454) |
| Income (Excl Clin Income Adj) | 5,819 | 2,940 | (2,879) | 34,356 | 27,740 | (6,616) |
| **Total (Excluding Income Adjustment)** | **(46,361)** | **(49,621)** | **(3,260)** | **(427,587)** | **(450,013)** | **(22,426)** |
| Clinical Income Adjustment (excl pass through D&D) | 35,897 | 35,991 | 94 | 321,678 | 325,091 | 3,413 |
| P/T Drugs & Devices Clinical Income | 8,200 | 8,601 | 401 | 73,798 | 83,611 | 9,814 |
| **Total** | **(2,264)** | **(5,029)** | **(2,764)** | **(32,112)** | **(41,311)** | **(9,199)** |






**Summary**

The Clinical Group is reporting a YTD position of £9.2m behind plan. The main drivers of the position YTD are:

**Pay £4.1m overspent**
- Medical pay £3.2m overspent, mainly within Consultants £1.6m overspent, driven by i) industrial action £0.1m, ii) premium bank rates, iii) unfunded maternity cover £0.2m and iv) arrears pay £0.5m. Trainee Grades £1.5m overspent, in Haematology, TAP and TR&U, drivers includes i) high bank and agency usage and ii) unfunded maternity cover £0.6m and iii) vacancy factor £0.5m behind plan. See actions.
- Nursing (inc ODPs) £1.3m overspent, mainly within Surgery, TAP, Oncology and GMS, due to i) unmet vacancy factor, ii) unfunded maternity cover £0.6m iii) high bank and agency usage, drivers include enhanced care, flex beds and sickness. See actions
- A&C £1.4m underspent, driven by vacancies.
- Unmet Headcount reduction target £3.4m.
- Hosted Service £0.6m underspent, offset within Income.
- R&D £1.7m underspent, offset in Income.

**Further Improvement Target £0.5m ahead of plan**
- The Clinical Group had £11.7m to identify as part of 24/25 business planning and have identified £12.3m or 105% to date.

**Non Pay & Internal Recharges £12.2m overspent**
- Drugs £11.2m overspent, partially offset by passthrough income, net position £1.5m behind plan.
- Clinical Supplies £3.4m overspent, within TAP £1.3m and TR&U £2.2m.
- Independent sector (Cromwell) spend £0.2m, offset within Clinical Income.
- VCM £0.3m ahead of plan, net position including P/T Clinical Income £0.4m ahead of plan.
- J&J £1.8m underspent, driven by low activity, includes £0.2m prior year benefit.
- Hosted Service £0.5m underspent, offset within Income.

**Income £6.6m behind plan**.
- Hosted Services £3.9m behind plan, offset in Clinical Income, Pay and Non Pay.
- Mortuary income £0.3m behind plan, driven by staffing issues.
- Private patients £0.8m behind plan, partially offset by Internal Recharges, net position £0.7m behind plan.
- QMS theatres £0.2m behind plan, following KCH withdrawal.
- R&D £2.6m behind plan, offset in Pay and Clinical Income.
- HCA gain share overperformance £1.0m ahead of plan.
- Cancer Recovery £0.2m ahead of plan, offset by independent sector spend within Non Pay.

**P/T Drugs & Devices Clinical Income £9.8m ahead of plan**
- Variable Drugs & Blood income £9.7m ahead of plan, partially offset by Non Pay.

**Clinical Income Adjustment (excl pass through D&D) £3.4m ahead of plan**
- Hosted Service £2.8m underspent, offset within Income.
- R&D £0.7m ahead plan, offset in Clinical Income.

**Key Issues**

**1. CIPs**
- Delivery of prior year unidentified headcount challenge of c.£4.3m
- Transacting headcount reductions identified, but not yet implemented, as awaiting QIAs.

**2. Activity Recovery**

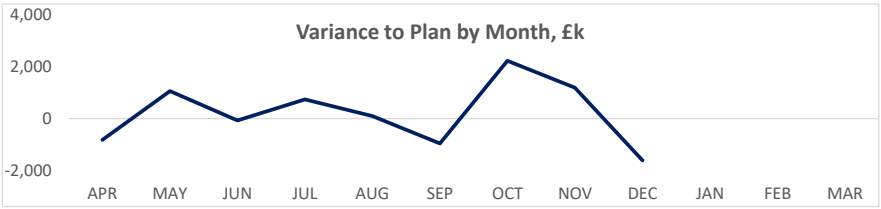
Recovery will be two fold :
- Capture and coding - particularly around resolving the issues around outpatient activity capture and understanding the drivers of the pass-through position.
- Operational recovery, appreciating IA will impact on this aspiration.

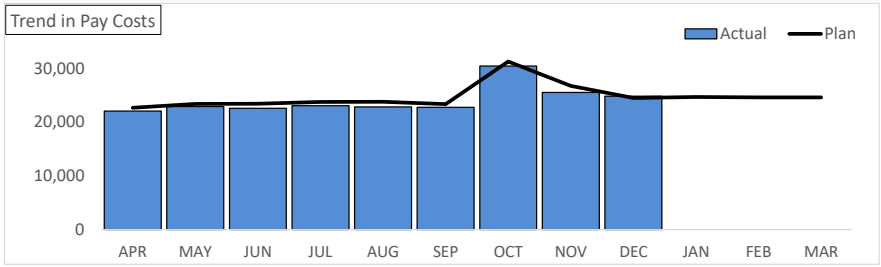
**3. Procurement Support**
- In understanding the drivers of the high clinical supply spend. Including price, volume changes and product changes.

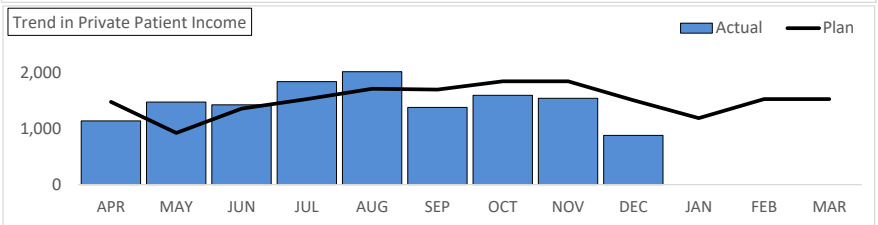
**4. Pay**
- Reducing reliance on premium bank rates (RTT) to provide cover.
- Review of Medical overspend to understand drivers.

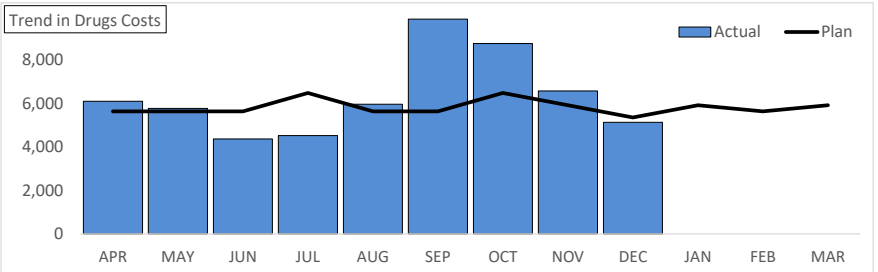
# Evelina London Clinical Group - Financial Performance

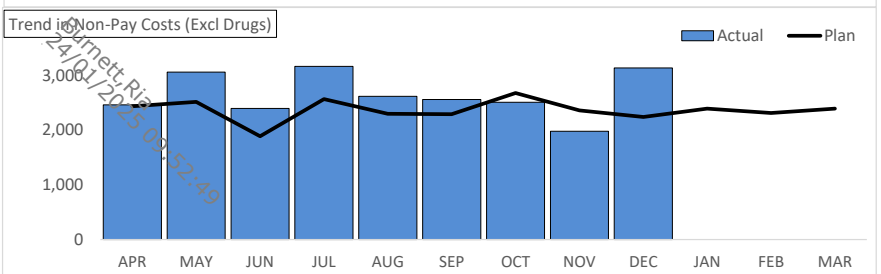
| Type | This Month | | | Year to Date | | |
|---|---|---|---|---|---|---|
| | Budget (£k) | Actual (£k) | Variance (£k) | Budget (£k) | Actual (£k) | Variance (£k) |
| Pay | (24,481) | (24,792) | (311) | (222,673) | (216,670) | 6,004 |
| Further Improvement Target | 404 | 0 | (404) | 4,325 | 0 | (4,325) |
| Internal Recharges inc Overheads | (9,008) | (8,996) | 12 | (81,072) | (81,283) | (212) |
| Non Pay | (7,580) | (8,254) | (674) | (73,557) | (80,812) | (7,255) |
| Income (Excl Clin Income Adj) | 3,072 | 2,764 | (308) | 30,156 | 29,900 | (256) |
| **Total (Excluding Income Adjustment)** | **(37,593)** | **(39,277)** | **(1,685)** | **(342,821)** | **(348,865)** | **(6,044)** |
| Clinical Income Adjustment (excl pass through D&D) | 31,656 | 32,167 | 510 | 284,551 | 285,604 | 1,053 |
| P/T Drugs & Devices Clinical Income | 4,799 | 4,355 | (444) | 43,189 | 50,017 | 6,828 |
| **Total** | **(1,138)** | **(2,756)** | **(1,619)** | **(15,081)** | **(13,244)** | **1,837** |






## Summary

Evelina reported M9 performance is £1.6m behind plan in month and £1.8m ahead of plan YTD.

The position in month was driven by a deterioration in PP income performance driven partly by the plan phased to December (£0.6m), a change in the reporting of PP bad debts whereby they now sit with the clinical group rather than being held centrally (£0.6m), a deterioration in the pass through drugs position (£0.3m) and further Resident Doctor backpay (£0.1m).

## YTD Position

The key drivers of the YTD positions are:

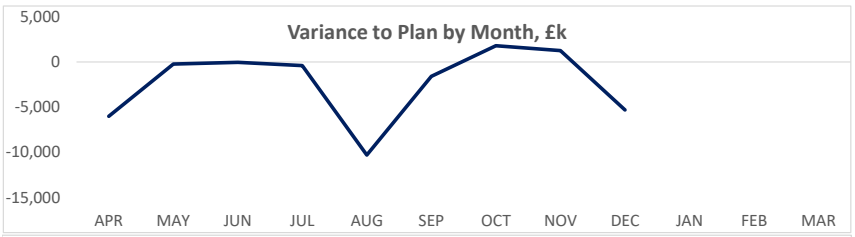
- **Further Improvement Target behind plan (£4.3m).**
- **NHS Income £7.9m ahead of plan**. NHS Income is largely broken even except for high cost drugs and devices pass-throughs. Note, we have administered 11 Zolgensma infusions YTD against a plan of nine, therefore the favourable position across other pass through drugs and devices is £5.6m (£3.2m of which is Zolgensma) and £1.3m respectively (offset by non pay)
- **Pay is £6m underspent.** Nursing remains underspent reaching £2.8m YTD, reflecting continued high vacancy levels in Universal Community Services (£679k fav) and Day Surgery vacancies (£745k fav) and PICU (630k fav). Medical is £183k overspent, which includes £185k relating to IA (Industrial Action) in June, it is also expected that all arrears have not been paid to Resident Doctors following the recent pay award
- **Non pay is (£7.3m) overspent**, which moves to £0.5m adverse net of pass-through drugs and and devices income. The drugs and devices poisition is £0.5m assuming all over/underspends in supplies and drugs on the expenditure side are pass through related. The non-pay position has been adversely impacted by the movement of PP bad debt back to the clinical group position (as opposed to previously being centralised), causing a £0.6m deterioration in the position.
- **Other income is £(246k) behind plan.** It saw a deterioration in month of £302k, driven by Private patient income (£630k) adverse. This takes total PP performance YTD to £(607k) adverse. Offsetting this is Other Income being £328k ahead of plan.

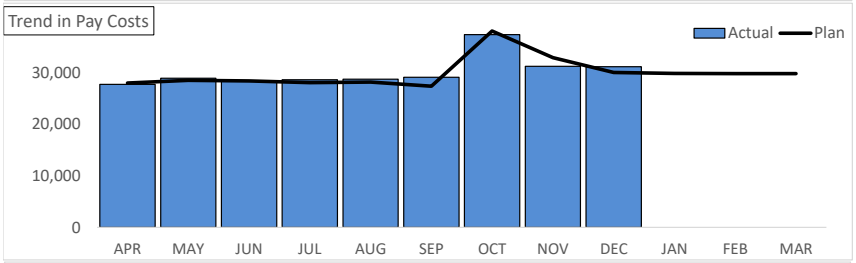
## Key Issues

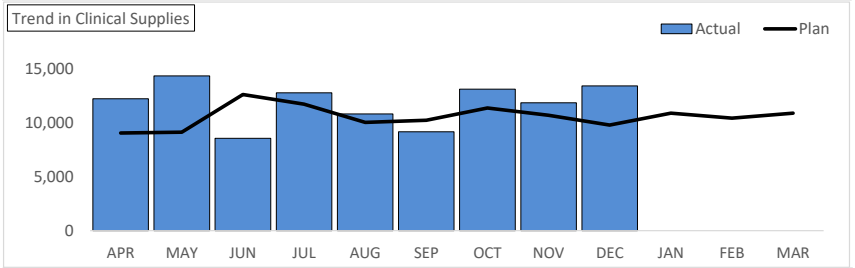
- Progress in terms of identification, maturity and delivery of CIPs continues to be a key area of focus, particularly pay savings and reducing headcount, considering persistent vacancies and pay underspends. Directorates continue to develop detailed plans and QIA assessments are expected alongside this to ensure safety, quality and capacity impacts are assessed and responded to appropriately before the £4.2m of savings identified after the conclusion of 24-25 planning are transacted. As things stand, the financial challenge for 2025-26 is in the order of £12.4m, an increase from 2024-25.
- The CG continues to work with Procurement and Pharmacy to assess the viability of current CIP proposals, work is ongoing with a possible pipeline of circa £669k and £16.6k identified respectively but given current overspends in non-pay, nothing ahs been transacted yet.
- The £2.4m of unapproved funding requests for unbudgeted items in run rate and cost pressures are being managed within the Group. The forecast £0.7m MAU Safe Staffing cost pressure is being mitigated by non-recurrent surplus NHSR MIS funding in 24-25 but this will be an exit run rate pressure going into 2025-26.
- The non-pay overspend in CRIC YTD has increased to £1.5m in December (from £1.2m at M6), a key focus is now on the funding of a cohort of high cost devices, as a big driver of the current position is the removal of £1.3m (full year) funding earlier in the financial year, procurement are supporting the finance team on this work.

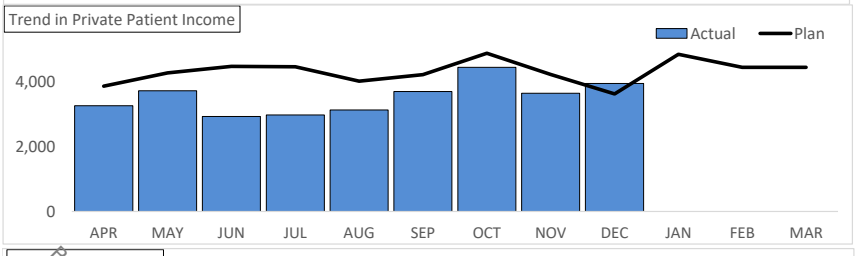
# Heart, Lung and Critical Care Clinical Group - Financial Performance

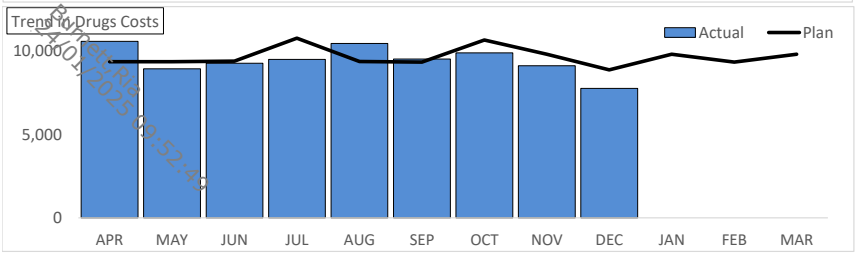
| Type | This Month | | | Year to Date | | |
|---|---|---|---|---|---|---|
| | Budget (£k) | Actual (£k) | Variance (£k) | Budget (£k) | Actual (£k) | Variance (£k) |
| Pay | (30,026) | (31,148) | (1,123) | (269,445) | (271,118) | (1,672) |
| Further Improvement Target | 51 | 0 | (51) | 505 | 0 | (505) |
| Internal Recharges | (8,862) | (8,800) | 62 | (79,757) | (79,307) | 450 |
| Non Pay | (20,932) | (25,534) | (4,602) | (202,887) | (219,501) | (16,614) |
| Income (Excl Clin Income Adj) | 5,880 | 7,377 | 1,497 | 58,376 | 58,890 | 514 |
| **Total (Excluding Income Adjustment)** | **(53,888)** | **(58,105)** | **(4,217)** | **(493,209)** | **(511,036)** | **(17,828)** |
| Clinical Income Adjustment (excl pass through D&D) | 38,746 | 38,902 | 156 | 347,662 | 348,239 | 577 |
| P/T Drugs & Devices Clinical Income | 12,961 | 11,721 | (1,241) | 116,651 | 113,087 | (3,565) |
| **Total** | **(2,181)** | **(7,483)** | **(5,302)** | **(28,896)** | **(49,711)** | **(20,815)** |






## Summary

The Clinical Group is reporting a adverse variance to plan in month of (£5.3m) and year-to-date (YTD) adverse variance of (£20.8m).

For M9 there was a YTD correction relating to the resident dr pay award on amounting to £0.7m. In addition, there was a (£2m) bad debt adjustment which relates to PP income (mainly embassy debts).

Income for VCM devices is ahead of plan in month by £0.9m and £1.1m YTD, in theory offset in expenditure, although there remain pressures on Clinical Supplies. Analysis of our device expenditure with NHS Supply Chain indicates a significant increase in cost for 24/25, not reflected in pass-through devices income.

Trust to Trust income is ahead of plan by £0.2m in month and by £0.7m YTD. All other NHS contract income continues to be reported on a breakeven (no variance) basis following EPIC go-live.

Private Patient income is ahead of plan in month by £0.3m and YTD by (£6.3m). The q3 position represents an improvement of £0.7m compared to H1, which were impacted by the Synnovis incident in Month 3. This impact may continue given the priority of and pressure on NHS waiting lists.

Pay costs are adverse to plan in month by (£1.1m) and adverse YTD by (£1.7m). The two contributing factors to the in month position are the resident doctors pay award (£0.7m) and nursing increased nursing spend driven by banks spend in HH ITU, filling of vacant posts in Brompton Lung & brompton Heart.

Within the YTD pay position, the estimated impact of Industrial Action (IA) on pay is (£0.3m). Excluding the estimated IA impact and prior-year costs, pay budgets are adverse to plan by (£1.1m) in month and adverse by (£1.4m) YTD. The estimated cost of Maternity Leave in the position is (£2m) and is unbudgeted.

Non Pay costs (excluding Drugs) are adverse to plan in month by (£4.8m) and YTD by (£18.4m). The month position shows an adverse movement compared to previous months' trend of (£3.2m), largely in clinical supplies (£1.8m) and bad debt provision (£2m). A similar spike in clinical supplies spend was observed during the same period for 23/24.

Excluding estimated pass-through VCM underperformance, Clinical Supplies budgets are overspent YTD by (£12m). Premises budgets are overspent by (£0.7m) YTD, predominantly on Non Clinical Equipment (£0.5m) across all directorates.

Purchase of healthcare from non NHS bodies is £(4.1m) overspent mainly driven by Remeo expenditure increase due to new contract £(1m), MRI activity in PACCS £(1.3m) and outsourced spend for FrontMed & Cleveland Clinic £(0.8m).

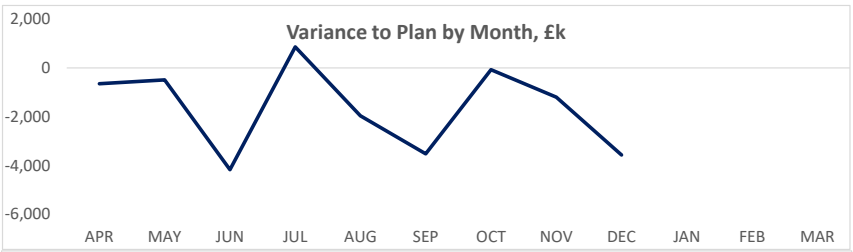
The Clinical Group's allocated CIP target for 24/25 is £14.8m, of which £11.5m has been identified to date. YTD CIP performance is (£4.4m) adverse to plan which equates to 58.4% delivery.

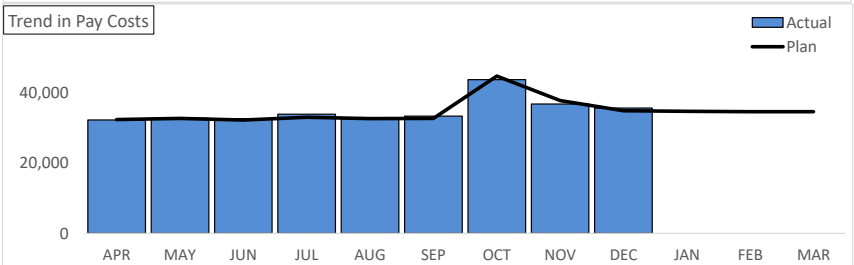
## Key Issues

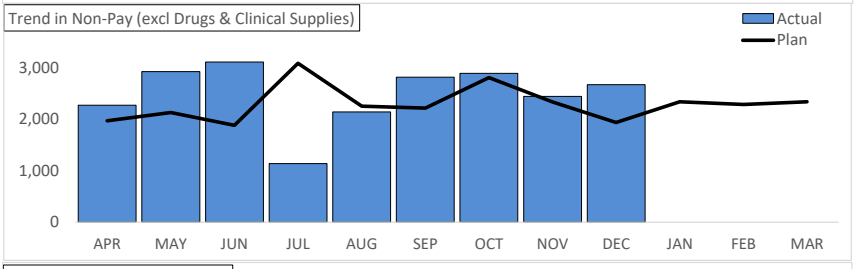
- While still unable to report NHS Income based on activity (except for VCM devices and pass-through Drugs), it is extremely challenging to understand the true scale of adverse non-pay variances
- Recovery from the synnovis cyber-attack and ongoing availability of capacity within cath labs to deliver PP activity

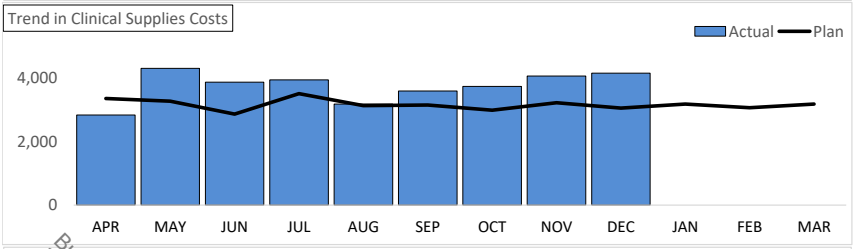
# Integrated and Specialist Medicine Clinical Group - Financial Performance

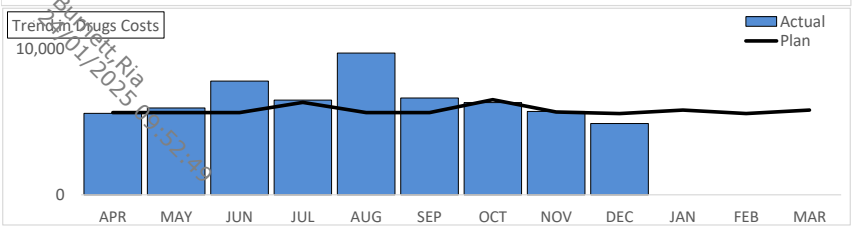
| | This Month | | | Year to Date | | |
|---|---|---|---|---|---|---|
| | Budget (£k) | Actual (£k) | Variance (£k) | Budget (£k) | Actual (£k) | Variance (£k) |
| Pay | (34,807) | (35,584) | **(777)** | (312,581) | (313,163) | **(582)** |
| Further Improvement Target | (90) | 0 | **90** | (90) | 0 | **90** |
| Internal Recharges inc Overheads | (11,611) | (11,604) | **8** | (104,501) | (104,419) | **82** |
| Non Pay | (10,531) | (11,686) | **(1,155)** | (101,225) | (114,928) | **(13,703)** |
| Income (Excl Clin Income Adj) | 5,496 | 4,852 | **(643)** | 51,022 | 46,407 | **(4,615)** |
| **Total (Excluding Income Adjustment)** | **(51,544)** | **(54,022)** | **(2,478)** | **(467,375)** | **(486,104)** | **(18,728)** |
| Clinical Income Adjustment (excl pass through D&D) | 37,452 | 37,652 | **201** | 335,934 | 336,521 | **587** |
| P/T Drugs & Devices Clinical Income | 5,500 | 4,209 | **(1,291)** | 49,501 | 52,874 | **3,373** |
| **Total** | **(8,592)** | **(12,160)** | **(3,568)** | **(81,941)** | **(96,709)** | **(14,768)** |






## Summary

**YTD Position**
The YTD position at M9 is £(14.8)m adverse. There was an in month adverse position of (£3.6m) for the Clinical Group

**CLINICAL INCOME - excl adj**
• **£(4.6m) Adv cumulatively -** specific shortfalls against budget in CLIMP NucMed income, Pharmacy clinical tests.

**CLINICAL INCOME - adj**
• **£4.0m Fav YTD, £(1.1m) Adv in month -** £2.3m YTD variance due to Drugs & Blood income, primarily within SAS, CLIMP & Med Spec. VCM Devices (PT) showed a fav YTD variance of circa £1.0m fav. with a further £0.6m fav for commissioned activity.

**P/T DRUGS & DEVICES**
• as above - Drugs and devices is £(1m) adv YTD, comparing income and expenditure actuals.

**PAY**
• **£(0.8m) Adv in month, £(0.6m) Adv YTD.**
Deterioration mainly due to medical pay £(0.7m) - resident doctor arrears paid in M09**.** Bank spend slightly higher than to M01 -08 trend due to a combination of 5 week month/ bank hol & £(0.1m) DM01, AGM winter press/additional flow £(0.1m).

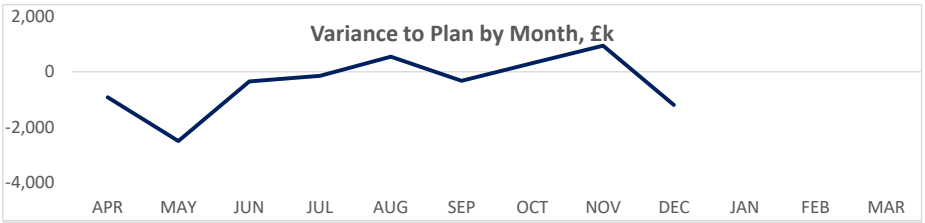
**NON-PAY**
• **£(13.7m) ADV YTD, £(1.2m) ADV in month**
• £0.7m Fav for total drugs costs (pass-thru and non pass-thru), with (£6.3m) ADV variance YTD. Pass Through drugs expenditure in month at £5.0m is largely offset by income (£3.5m) - YTD reclassification of optical drugs to pass through actioned in month. Cumulatively we report £0.7m more PT drugs expenditure than income, primarily within (Medical Specialities Ophthalmology). we continue to review the coding drugs spend and re-alignment of budgets.
• £(1.0m) ADV in month & £(5.0m) YTD Clinical Supplies. P/T device expenditure within CLIMP and Med Specs contributes to this pressure offset by P/T income. Currently, P/T exp is higher than income by £0.3m cumulatively. Additionally, there remains a continence supplies issue and cost pressure within ILS, of c£0.3m, for the current year as well as DM01 xray purchase costs in CLIMP of £0.3m.

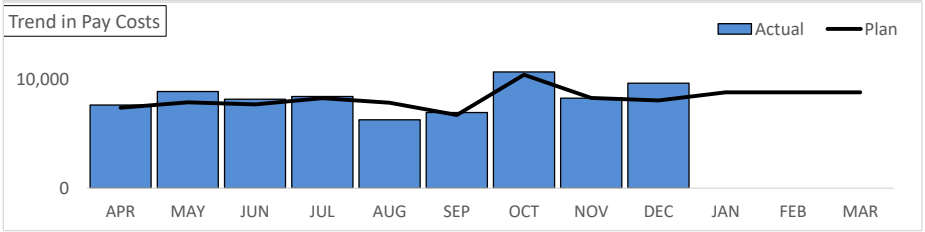
**RECHARGES**
• **£0.0m FAV in month.**
• Internal Recharges and Overheads broadly aligned to budget for the ISM group. We are awaiting an update on the Pathology Activity charge.

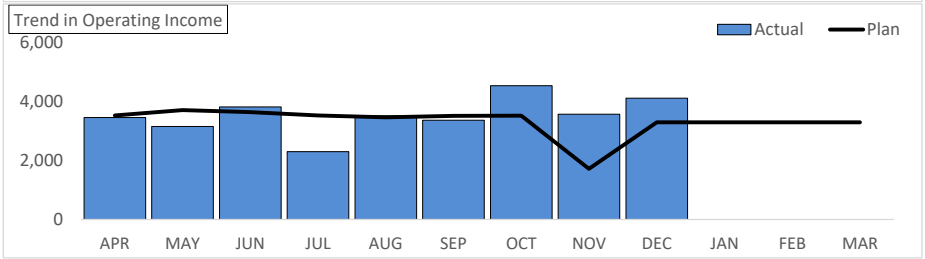
**Key Issues**
**•ISM: a number of the above and below matters are included in the CG financial improvement plan as workstreams to improve**
• Principally focused on income within CLIMP (MHRA) and Pharmacy (clinical tests & external sales)
• There remains individual challenges within AGM & CLIMP. The ISM Group current year Pay CIP challenge is £11.5m, of which £2.6m remains unidentified. We currently forecast £7.4m (65%) achievement against overall pay target. We currently forecast overall achievement of £11.4m against total cip £15.7m. We continue the approval process of all QIA's and aim to be drafting new schemes to replace any QIAs that are rejected, as well as on going review of existing and new schemes. We have categorised EPIC related schemes, as protocol.
• Drugs spend is higher than prior year run rate, £6.6m vs £6m average per month, although this includes P/T drugs. Drugs costs are now based on actual expenditure via the EPIC system, with a cumulative correction of PT Drugs and Income in M5. Review underway of the P/T drugs exp budget for M10.
• Clinical Supplies continue to show a pressure against budget (YTD £5.1m - 18%) and a significant pressure in key areas as well as monthly expenditure remaining volatile. Within ILS, continence supplies costs remain high, aligned to last years budget overspend. Focus and trust support is required to bring to resolution, including purchasing procedures and bulk purchasing agreements to bring about price efficiencies.
• The Clinical Group continues to apply greater scrutiny and focus on Non Pay costs and is evaluating a number of levers to pull to de-pressurise the non-pay run-rate. This remains a key operational priority, supported by both Finance and Procurement.
• £0.3m prior year accrual released across pay and non pay in M08.

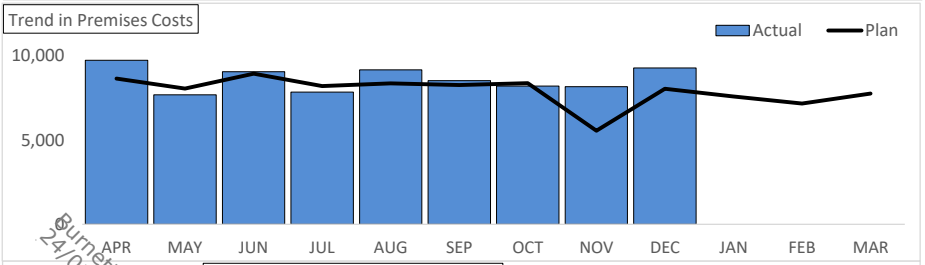
# Essentia - Financial Performance

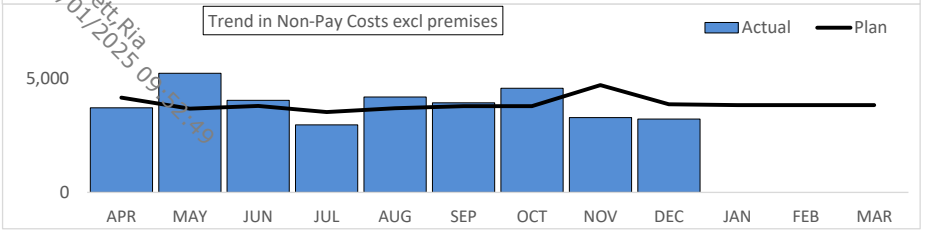
| Type | This Month | | | Year to Date | | |
|---|---|---|---|---|---|---|
| | Budget (£k) | Actual (£k) | Variance (£k) | Budget (£k) | Actual (£k) | Variance (£k) |
| Pay | (8,045) | (9,628) | **(1,583)** | (72,436) | (74,773) | **(2,337)** |
| Further Improvement Target | (203) | 0 | **203** | (1,812) | 0 | **1,812** |
| Internal Recharges inc Overheads | 11,254 | 11,317 | **62** | 101,290 | 101,889 | **599** |
| Non Pay | (11,987) | (12,684) | **(697)** | (108,119) | (113,780) | **(5,661)** |
| Income (Excl Clin Income Adj) | 3,301 | 4,118 | **818** | 29,954 | 31,869 | **1,914** |
| **Total (Excluding Income Adjustment)** | **(5,680)** | **(6,877)** | **(1,197)** | **(51,123)** | **(54,795)** | **(3,673)** |
| Clinical Income Adjustment (excl pass through D&D) | 2,147 | 2,147 | **(0)** | 19,322 | 19,354 | **32** |
| P/T Drugs & Devices Clinical Income | 0 | 0 | **0** | 0 | 0 | **0** |
| **Total** | **(3,533)** | **(4,730)** | **(1,197)** | **(31,801)** | **(35,441)** | **(3,641)** |




Burnett Ria 24/01/2025 09:52:49

## Summary

**YTD Position** The Group reported an overspend of £3.6m to the end of December.

**Income £1.9m over achieved**
The main points to note are:
£0.6m of benefits relating to commercial and property income from prior years agreed in year.
£0.1m of improvement in commercial income.
£0.8m of environmental pass through income.
£0.5m of additional income from Tenants which offset against additional infrastructure costs
£0.2m under recovery of pay recharges to local Trusts where vacancies exist.

**Pay £2.3m over plan**
The main points to note are:
The Group has spent £1.8m over budget on services that were included in internal recharges mainly relating to St Thomas'.
£1.2m of redundancies relating to the revised capital model.
Underspends in PTS (£0.5m) and Guys Engineering (£0.5m) are offset by non-pay overspends due to changes in operational management.
£0.2m underspend in pay where posts are recharged to local Trusts where vacancies exist reducing income
Vacancies held in SSD (£0.5m) while the new service model is implemented.
These are offset by prior year costs in Security (£0.1m) and Q&I (£0.1m) relating to back dated pay.
At RBH there have been costs of £0.2m relating to security following a theft and £0.1m on the Soft FM project.

**Non-Pay £5.7m over plan.**
The main points to note are:
Costs of £0.9m over plan relate to services that were part of internal recharges such as taxi hire and postage.
Mainly in property services the Group has incurred a net £0.4m of costs relating to prior years.
There has been a significant rise in reactive works where costs are £1.2m over plan.
The costs of PTS (£0.5m) and Guy's Engineering (£0.5m) are overspent where contractors are being used to cover staff vacancies.
The cost of the new waste contract is £0.6m over plan due to initial operational issues which have now been resolved and the position is stabilising,
Year to date £0.3m of costs relating to bad debt write off have been incurred.
There has been an increase in Finance costs of £0.3m to date mainly at Great Dover Street after the lease update.

**Internal recharges £0.6m over achieved**
This refers to the continuing recharges for hosted services.

**CIPs £1.8m over achieved**
The overachievement to date is mainly due to vacating of properties.

**Key Issues**
The Group still has an underlying deficit of c£8m relating to the costs relating to internal recharges and unfunded pressures. In year the forecast is a deficit of £1.8m. In year there are potential pressures around properties across GSTT and contracts at RBH. The Group is still looking for CIP opportunities and the fortnightly Directorate calls continue to review the position for 24/25.

# Corporate - Financial Performance

| 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 | (99.0) | (1,270.0) | (0.0) | (2,814.2) | 21.6 | (4,161.6) | 0.0 | (4,161.6) |
| Director of Finance | 946.0 | (1,620.5) | (18.7) | 1,278.0 | (364.5) | 220.2 | 108.0 | 328.2 |
| DT&I | 19.9 | (3,093.8) | 0.0 | (1,518.6) | 2,247.8 | (2,344.6) | 112.5 | (2,232.1) |
| Workforce | (189.7) | (1,559.5) | 80.7 | (3,064.2) | 447.3 | (4,285.4) | 2,078.1 | (2,207.3) |
| Chief Executive | 264.7 | 537.0 | (1,275.4) | 1,007.1 | (771.6) | (238.1) | 167.7 | (70.4) |
| Deputy Chief Executive | 926.0 | 0.0 | (1,969.7) | 782.3 | 942.2 | 680.8 | 0.0 | 680.8 |
| Hosted Services | 7,061.4 | 0.0 | 36.8 | (1,003.8) | (5,713.8) | 380.6 | 0.0 | 380.6 |
| Medical Director | 1,055.5 | (968.2) | (15.6) | 3,818.3 | 28.5 | 3,918.5 | (590.4) | 3,328.1 |
| Chief Nurse | (155.2) | (837.5) | 483.6 | (313.3) | (144.1) | (966.5) | 33.2 | (933.4) |
| GSTT R&D NIHR | 1,322.5 | 0.0 | 718.8 | (258.2) | 630.8 | 2,413.9 | 0.0 | 2,413.9 |
| Commercial | 0.0 | 0.0 | (0.0) | 0.0 | 0.0 | (0.0) | 0.0 | (0.0) |
| GSTS Pathology Payroll | 0.0 | 0.0 | 0.0 | (8.7) | 0.0 | (8.7) | 0.0 | (8.7) |
| **Total Corporate** | **11,152.2** | **(8,812.5)** | **(1,959.4)** | **(2,095.3)** | **(2,675.9)** | **(4,390.9)** | **1,909.1** | **(2,481.8)** |

**Summary - YTD Position**

**COO:**
The Directorate is reporting a **YTD adverse position of £4.2m** as of M9. Two primary factors are contributing to this variance, in addition to the YTD unmet FIT of £1.3m
- Unfunded Independent Sector expenditure: This accounts for £2m YTD, excluding charges for Jun to Sep-24, which were identified as related to Synnovis activity.
- Unfunded costs of the Post Apollo stabilisation team: Approved earlier this year by TEC, this has incurred a YTD expenditure of £2.1m.
- Transfer of Undated Follow-Ups and Referrals Program from ISM. This unfunded transfer has added £214k to the overall YTD adverse variance.

These adverse impacts are partially offset by a favourable £1.5m variance due to the Winter Pressures funding drawn from reserves in Month 8, which will be allocated to clinical directorates.

**Director of Finance:**
The Director of Finance reports a **YTD favourable variance of £328k** as of M9, comprising favourable variances of **£164k** each from both **Finance** and **Procurement**.
The positive contribution from **Procurement** is primarily due to:
- Pay underspends of £533k YTD, driven by vacancies.
- Non-pay underspends of £1.4m, mainly due to the release of CEVA accruals (£1m released YTD) following the resolution of the prolonged dispute, which is set against the YTD unmet FIT target of c£1.1m.
- Income underachievement of £588k YTD, stemming from unmet historical income targets related to supplier rebates and ad-hoc procurement services provided to external organisations.

In **Finance**, the main factors contributing to the YTD favourable variance include:
- Pay underspend of £413k combined with an income overachievement of £332k has helped mitigate the YTD FIT target shortfall of £489k.
- The YTD Non-pay overspend of £100k reflects a notable improvement of £1.1m compared to the previous month, primarily driven by the allocation of Notional VAT savings for the reporting period which had been previously recorded incorrectly.

**DT&I:**
DT&I is reporting a **YTD overspend of £2.2m** as of M9, which includes:
- **Business as Usual (BAU):** YTD favourable variance of £266k.
- **ITCS (Apollo):** YTD adverse variance of £2.5m, driven by £833k of decommisioning target shortfall and £812k non-pay overspend (net of income).The non-pay overspend is primarily due to additional EPIC charges (£557k) and partially funded Healthcare Comms contract (£1.6m).

**Workforce:**
The Directorate is reporting a **YTD adverse position of c£2.2m** as of M9. The key factors contributing to this variance include:
- YTD unmet FIT target of £1.6m.
- YTD VISA charges totaling £1.8m, covering both legacy RBH and GSTT. These charges remain a pressure as the Workforce Directorate does not hold the budget f or them and were historically recharged to directorates via internal recharges.
- The Occupational Health income target is £314k behind plan YTD, primarily due to historical income targets. Several external contracts have ended, including:
  - SLAM and SWLSTG (annual contract value: £366k)
  - Unison contract (annual value: £35k)
  - KCL Med School (annual contract value: £311k).
- YTD pay underspend of £958k is helping to partially offset the adverse variances listed above.

**Chief Executive:**
The Chief Executive Directorate is reporting a **favourable position of £732k** in M9. This positive outcome is primarily driven by the release of several prior-year accruals in previous months that were inadvertently duplicated and an overachievement of the FIT.
Private Patients are reporting a **YTD adverse variance of £802k**, mainly driven by the ongoing issue of historically overstated internal recharges budgets, which account for an adverse £1.3m YTD position. Additionally, there has been underperformance against the income target by £604k, primarily in UK Consulting, where billing is delayed as contract proposals are still being finalised. However, this is partially offset by pay and non-pay underspends.

**Deputy Chief Executive:**
The Directorate is reporting a **favourable YTD variance of £681k**, driven by underspends in Pay, particularly within the CITI, Communications, and core Deputy Chief Executive cost centres. Additionally, Non-Pay underspends across the board and overachievement against the FIT target have further contributed to the positive YTD position.

**Hosted Services:**
The Hosted Services report a year-to-date **favourable variance of £381k** in M9**.** This is primarily due to a revised accounting approach for LPP, which was established in month 12 of last year but not correctly applied from months 1 to 5.

**Medical Director:**
The directorate reports an overall **YTD favourable position of £3.3m** in M9. This is predominantly attributed to:
- **Genomics,** achieving a favourable variance of £3.3m YTD primarily driven by the phasing of clinical supplies budgets and underspend against Synnovis activity, due to the absence of accurate data and the uncertainity due to the cyber attack.
- **Quality and Assurance** reporting a favourable YTD variance of £461k, attributed to pay underspends from vacancies and non-recurrent £221k underspend on CQC costs, which has been banked as a non-recurrent CIP.
- Conversely, the **Medical Director** presents a YTD overspend of £457k, primarily due to unmet YTD FIT target of £542k and Non-Pay overspends of £833k YTD, largely driven by PGME study leave and training costs.

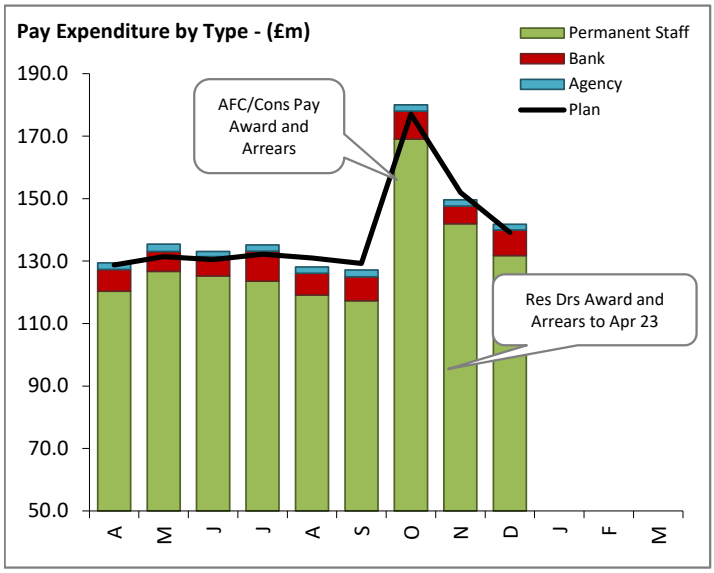
These pressures have been partially offset by income overachievement and pay underspends.

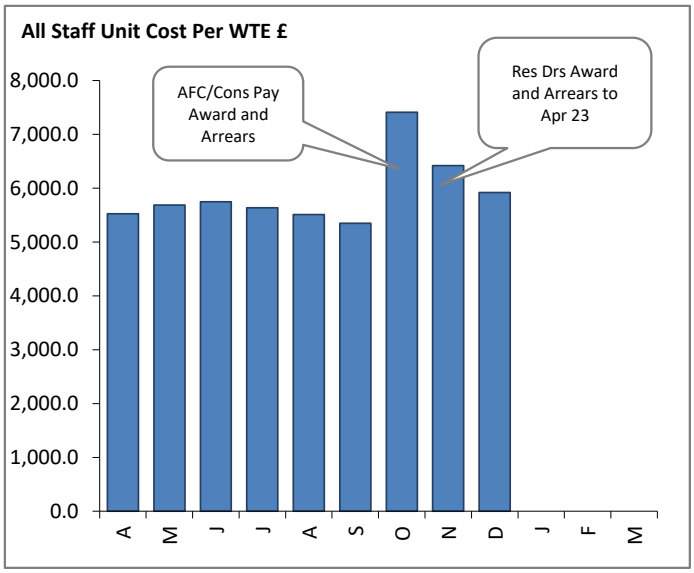
**Chief Nurse:**
The Directorate has recorded an **adverse YTD balance of £993k** in M9. This is due to a combination of factors, including unmet FIT target of £837k YTD, with £540k attributed to unfunded items in run rate and remaining balance expected to be addressed through savings identified for the final quarter of the FY.Pay overspend of £155k due to unfunded substantive clinical positions in Infection Control, and unfunded

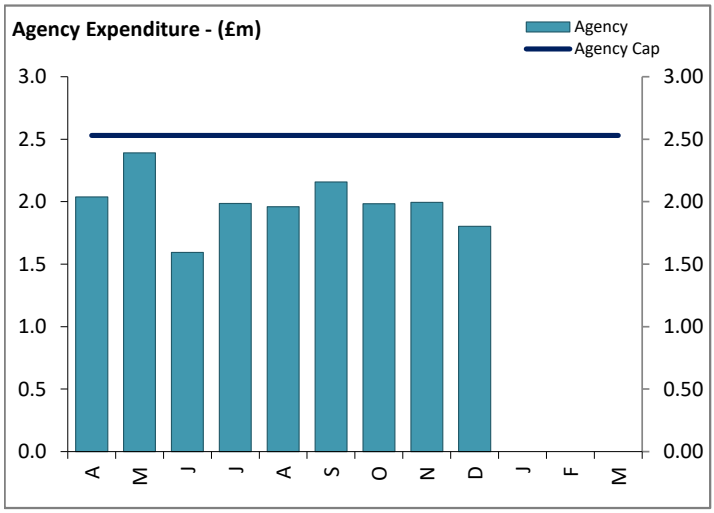
# Financial Perfomance - All other functions

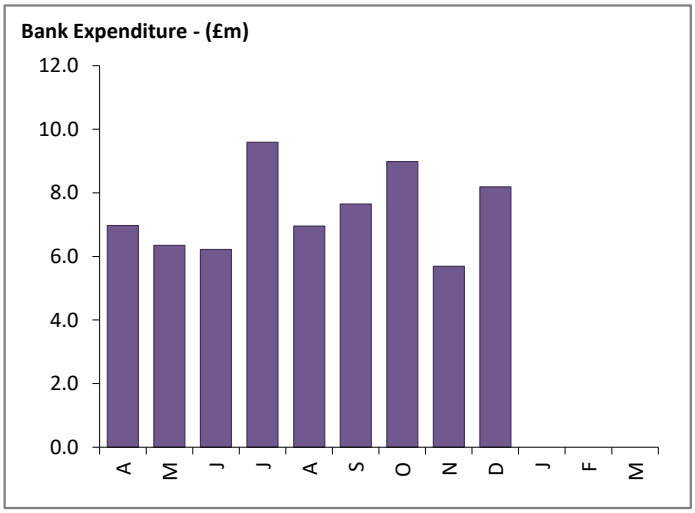
| Variance Type | Pay | Further Improvement Target | Internal Recharges | Non Pay | Income (Excl Clin Income Adj) | Total (Excl Clin Income Adjs) | Internal Income Adjustment (Offsets with Trust Income) | Total (Incl Clin Income Adjs) |
|---|---|---|---|---|---|---|---|---|
| Trust Income | 0.0 | 0.0 | 0.0 | 502.9 | 76,066.1 | 76,569.1 | (28,847.3) | 47,721.8 |
| Reserves | (8,262.9) | (17,633.3) | 0.0 | (55.8) | 1,172.2 | (24,779.8) | 3,716.2 | (21,063.7) |
| Pathology | 118.2 | (139.4) | 0.0 | (4,782.0) | 1,017.2 | (3,786.1) | 8.8 | (3,777.3) |
| Interest Receivable | 0.0 | 0.0 | 0.0 | 4,471.9 | 0.0 | 4,471.9 | 0.0 | 4,471.9 |
| Vaccination Programme | (3,352.5) | 0.0 | 0.0 | (623.0) | 3,975.2 | (0.3) | 0.0 | (0.3) |
| Coronavirus [HCOVID] | (0.3) | 0.0 | 0.0 | 57.7 | 0.0 | 57.4 | 0.0 | 57.4 |
| GSTT Enterprises Ltd | (96.7) | 0.0 | 0.0 | 779.7 | 0.0 | 683.0 | 0.0 | 683.0 |
| Pathology Services Ltd | 0.0 | 0.0 | 0.0 | (417.4) | 0.0 | (417.4) | 0.0 | (417.4) |
| Lexica | (5,307.8) | 0.0 | 0.0 | (1,911.5) | 6,545.0 | (674.4) | 0.0 | (674.4) |
| Capital Depreciation | 0.0 | 0.0 | 0.0 | (7,618.6) | 0.0 | (7,618.6) | 0.0 | (7,618.6) |
| Other | 0.0 | 0.0 | (304.3) | (184.1) | (1.8) | (25,612.5) | 0.0 | (490.3) |
| **Total Other** | **(16,902.2)** | **(17,772.7)** | **(304.3)** | **(9,780.2)** | **88,773.9** | **18,892.2** | **(25,122.3)** | **18,892.2** |

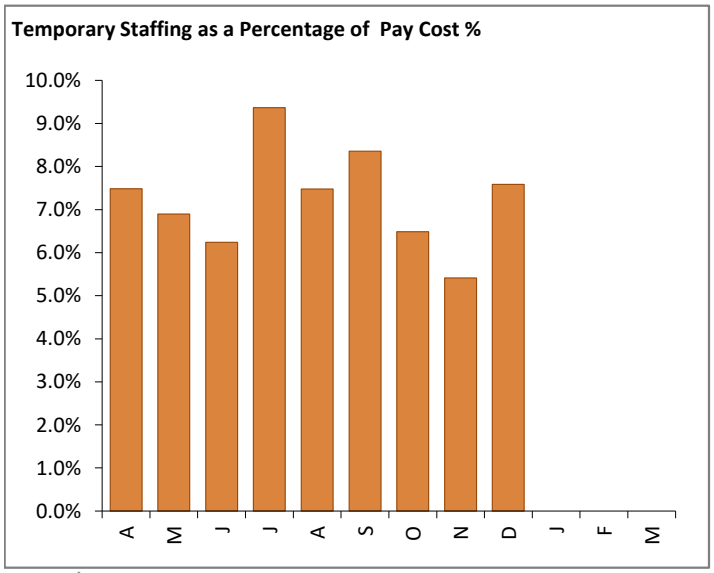
# Key Payroll Metrics - Trust

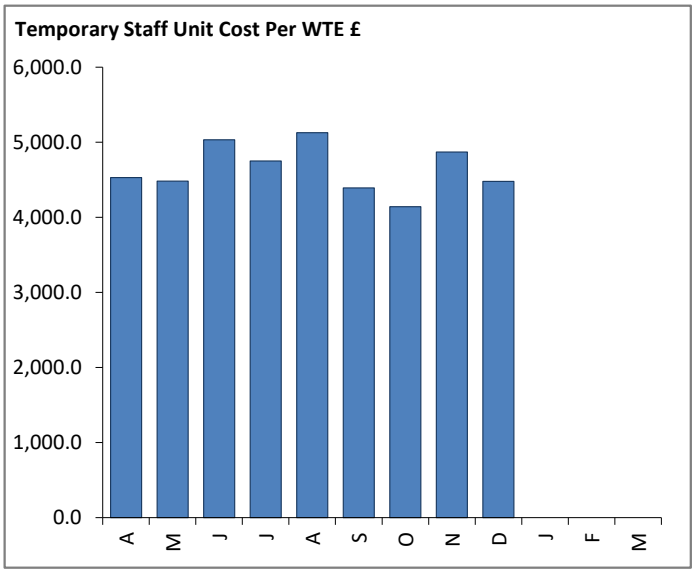


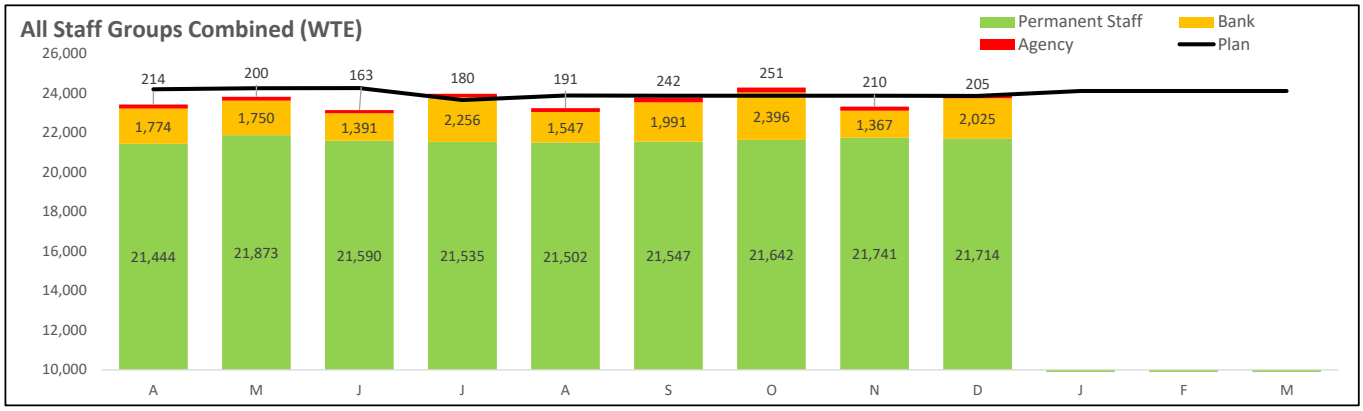



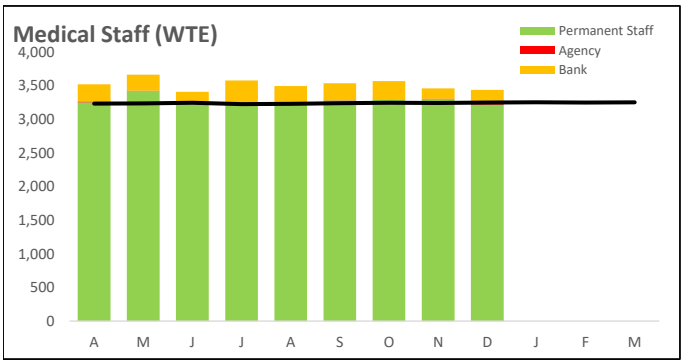



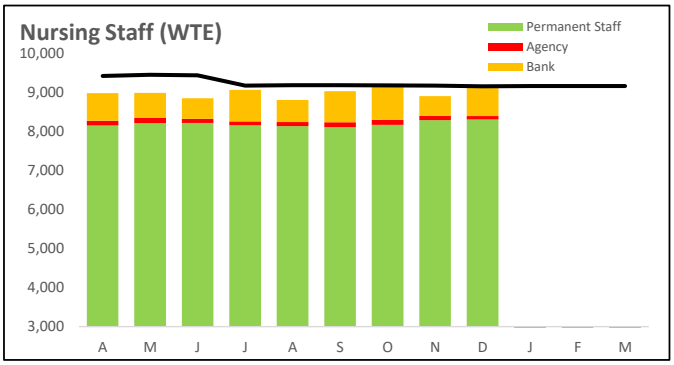

The NHSE agency cap for the Trust for 24/25 is £2.53M per month (based on 100% of 23/24 spend). YTD the Trust has been averaging agency spend of £1.99M per month; £0.54M below the 24/25 cap, for the current month the Trust was below the agency cap by £0.73M.

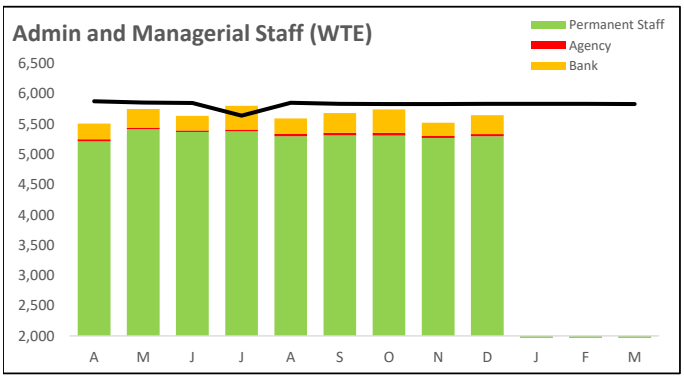
Bank expenditure, when flattened to take account of 4 or 5 week months is c.£7.40M per month, this is below the trend noted in 2023/24 of £8.5M, driven by the impact of the industrial action.

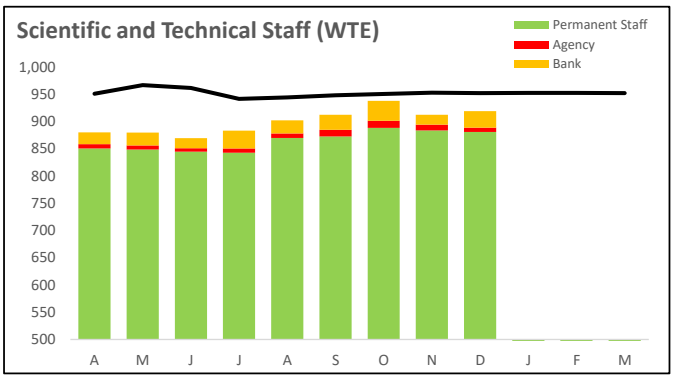
# Staffing Utilisation (WTE's) - Trust

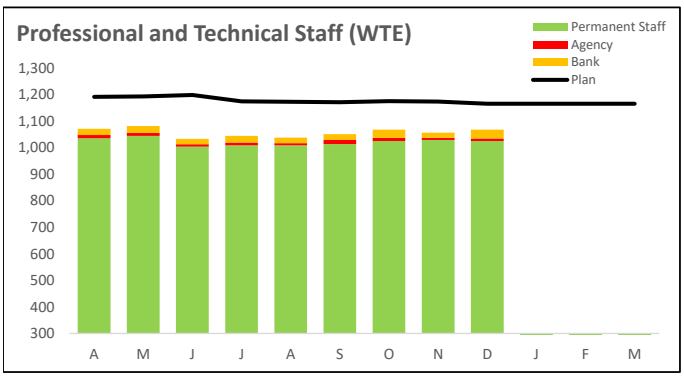


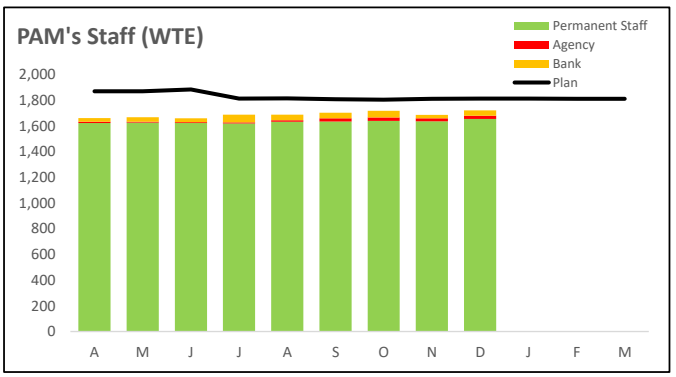



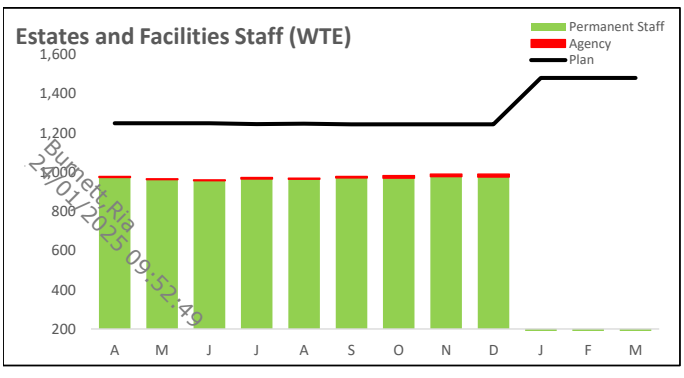



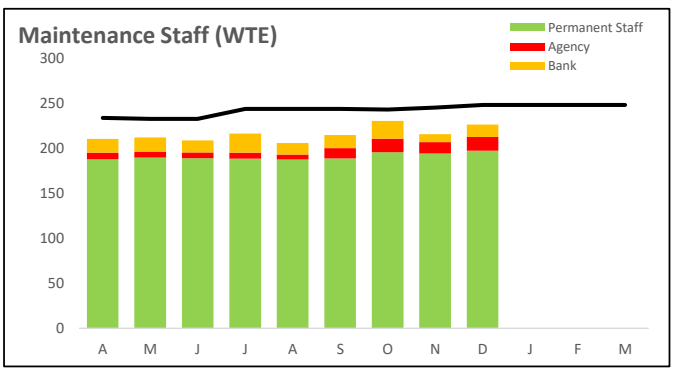



# Trust Capital Programme

| £,000 | Current Mth Plan | Current Mth Spend | Current Mth Variance | YTD Capital Plan | YTD Spend | YTD Variance | Capital Plan |
|---|---|---|---|---|---|---|---|
| **In-Flight Programmes** | | | | | | | |
| TYA Cancer Ward relocation | 307 | 466 | (160) | 2,760 | 4,960 | (2,200) | 3,680 |
| East Wing Critical Care Unit | 60 | 198 | (138) | 536 | 407 | 129 | 715 |
| Nuffield Theatres | 48 | 336 | (288) | 430 | 1,892 | (1,462) | 574 |
| DTI Strategic Network | 265 | 324 | (59) | 2,387 | 3,303 | (916) | 3,183 |
| Telephony refresh | 106 | 133 | (27) | 956 | 842 | 114 | 1,275 |
| Investment in MedTech company | 58 | | 58 | 525 | 467 | 58 | 700 |
| Mary Seacole Centre (Joint Imaging) | 41 | (25) | 67 | 371 | 360 | 12 | 495 |
| Re-Cladding Cancer Centre | 0 | 66 | (66) | 0 | 569 | (569) | 0 |
| Allowance for further slippage of 23-24 schemes | 250 | | 250 | 2,250 | | 2,250 | 3,000 |
| Maternity Assessment Unit | 49 | 64 | (15) | 440 | 434 | 6 | 586 |
| Third Obstretric Treatment Room | 111 | 0 | 111 | 1,000 | 27 | 972 | 1,333 |
| Linac at Guys | 423 | 276 | 146 | 3,803 | 4,541 | (738) | 5,070 |
| Data Centres | 208 | 126 | 83 | 1,875 | 406 | 1,469 | 2,500 |
| NHS Mail | 167 | 183 | (17) | 1,500 | 646 | 854 | 2,000 |
| **Block Allocations** | | | | | | | |
| Estates Maintenance Backlog | 1,333 | 1,522 | (188) | 12,000 | 8,594 | 3,406 | 16,000 |
| Medical Equipment (exl. Cath Labs) | 1,333 | 910 | 423 | 12,000 | 7,647 | 4,353 | 16,000 |
| DT&I | 400 | 231 | 169 | 3,600 | 3,792 | (192) | 4,800 |
| **Infrastructure and Resilience** | | | | | | | |
| Theatres | 400 | (16) | 416 | 3,600 | 1,634 | 1,966 | 4,800 |
| Cath Labs | 525 | 33 | 492 | 4,725 | 327 | 4,398 | 6,300 |
| **Trust Major Programmes** | | | | | | | |
| Paediatric Oncology | 317 | (460) | 777 | 2,850 | 448 | 2,402 | 3,800 |
| Surgical Hub | 0 | 234 | (234) | | 766 | (766) | 0 |
| **Delivery Group Priorities** | | | | | | | |
| Priority 1 Schemes | 372 | 0 | 372 | 3,352 | 0 | 3,352 | 4,489 |
| *Sterile Services* | | 862 | (862) | | 1,462 | (1,462) | |
| *Aseptic Transformation* | | 25 | (25) | | 74 | (74) | |
| *Interventional Radiology at Guy's* | | 9 | (9) | | 124 | (124) | |
| *St. Thomas Campus Power Upgrade* | | 0 | 0 | | 1 | (1) | |
| **Central Assumptions** | | | | | | | |
| Slippage | (442) | 0 | (442) | (3,975) | 0 | (3,975) | (5,300) |
| **Others** | | | | | | | |
| Asset Management | 0 | 180 | (180) | 0 | 232 | (232) | 0 |
| DT&I | | 57 | (57) | 0 | (715) | 715 | |
| Others | 0 | (102) | 102 | 0 | (866) | 866 | 0 |
| TOTAL MTCP CDEL | 6,332 | 5,630 | 702 | 56,985 | 42,375 | 14,610 | 76,000 |
| Unallocated CDEL | 0 | 0 | 0 | 0 | 0 | 0 | 16,450 |
| TOTAL CDEL | 6,332 | 5,630 | 702 | 56,985 | 42,375 | 14,610 | 92,450 |
| Donations | 0 | 291 | (291) | 0 | 2,974 | (2,974) | 5,000 |
| **TOTAL** | **6,332** | **5,921** | **411** | **56,985** | **45,349** | **11,636** | **97,450** |

Capital expenditure in December 24 was lower than preceding month which is expected due to the lower number of working days having a material impact on construction programmes.

YTD expenditure is £14m behind a flat phased plan in part due to the delays experienced in receiving approval for Building Safety Act applications. This is an external regulation change which is adding material delay to most Estates led schemes including enabling works for Large Medical Equipment and the Cath Labs refurbishment programme.



The unallocated CDEL was held outside of the core capital plan and was intended, upon receipt of capital cash support, to support development of the major Programmes. In December 24 the cash support (£38m) was awarded to the Trust in the form of PDC but due to phasing of programmes and late cash award it is unlikely there will be spend on Major Programmes to utilise this funding by 31st March.

A mitigation plan is being put in place to address the level of expenditure with a view to both utilising the in year CDEL and reduce the pressures on the 2025/26 capital plan.

# Trust Balance Sheet - £000

| | Opening Balance @ Month 1 £000 | Closing Balance @ Month 9 £000 | Movement £000 |
|---|---|---|---|
| **Fixed Assets** | | | |
| Property, Plant Equipment | 1,760,910 | 1,751,169 | (9,741) |
| Intangible Assets | 151,998 | 130,714 | (21,284) |
| Investment property | 71,548 | 71,548 | - |
| Trade & Other Receivables Non-Current | 15,220 | 7,988 | (7,232) |
| Other Financial Assets | 1,954 | 2,626 | -- |
| **Total Fixed Assets** | **2,001,630** | **1,964,045** | **(38,929)** |
| **Current Assets** | | | |
| Inventories | 50,730 | 50,650 | (80) |
| Cash & Cash Equivalents | 89,863 | 118,503 | 28,640 |
| Trade & Other Receivables - Current | 223,838 | 283,736 | 59,898 |
| **Total Current Assets** | **364,431** | **452,889** | **88,458** |
| Creditors: Amounts Falling Due Within One Year | (434,335) | (487,181) | (52,846) |
| Borrowings: Amount Falling Due within One Year | (39,341) | (22,623) | 16,718 |
| Provisions For Liabilities & Charges | (5,658) | (1,981) | 3,677 |
| **Net Current Assets / (Liabilities)** | **(114,903)** | **(58,896)** | **56,007** |
| **Fixed & Net Current Assets / (Liabilities)** | **1,886,727** | **1,905,149** | **17,078** |
| Borrowings: Amount Falling Due More Than 1 Yr | (287,086) | (286,663) | 423 |
| Provisions For Liabilities & Charges | (12,639) | (12,784) | -- |
| Public Dividend Capital | 661,263 | 725,048 | - |
| Revaluation Reserve | 529,138 | 529,138 | - |
| Other reserves | 743 | 743 | - |
| Retained Earnings | 395,858 | 350,773 | (45,085) |
| **Total Taxpayers Equity** | **1,587,002** | **1,605,702** | **18,700** |

The Trust closed the month with a cash balance of £118.5M, a increase of £28.6M from the opening balance on 1st April 2024.

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

# Trust Cashflow

| | Apr-24 £m *Actual* | May-24 £m *Actual* | Jun-24 £m *Actual* | Jul-24 £m *Actual* | Aug-24 £m *Actual* | Sep-24 £m *Actual* | Oct-24 £m *Actual* | Nov-24 £m *Actual* | Dec-24 £m *Forecast* | Jan-25 £m *Forecast* | Feb-25 £m *Forecast* | Mar-25 £m *Forecast* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Opening Balance** | **90** | **107** | **74** | **69** | **48** | **65** | **98** | **123** | **119** | **119** | **152** | **120** |
| **RECEIPTS** | | | | | | | | | | | | |
| NHS Acute Activity Income | 201 | 188 | 196 | 194 | 210 | 203 | 235 | 251 | 236 | 201 | 201 | 201 |
| Education/Merit awards/R&D | 20 | 5 | 0 | 23 | 0 | 5 | 26 | 5 | 0 | 20 | 0 | 0 |
| Other income | 44 | 32 | 32 | 38 | 38 | 27 | 39 | 25 | 36 | 29 | 26 | 35 |
| Loan / PDC received | 0 | 0 | 0 | 0 | 0 | 63 | 0 | 0 | 0 | 43 | 0 | 0 |
| PDC Received - Cyber Security | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Sub-total Receipts** | **265** | **226** | **228** | **255** | **248** | **297** | **301** | **281** | **272** | **293** | **227** | **236** |
| **PAYMENTS** | | | | | | | | | | | | |
| Salaries & Wages | 72 | 75 | 72 | 74 | 78 | 73 | 93 | 83 | 80 | 80 | 80 | 80 |
| PAYE / Superannuation/ NI | 58 | 58 | 54 | 57 | 57 | 60 | 56 | 78 | 69 | 68 | 66 | 69 |
| Creditors | 116 | 127 | 103 | 144 | 96 | 109 | 126 | 124 | 124 | 110 | 110 | 100 |
| Dividend Paid / Loan repayment | 1 | 0 | 3 | 0 | 0 | 22 | 1 | 0 | 0 | 0 | 3 | 20 |
| **Sub-total Payments** | **248** | **259** | **233** | **275** | **230** | **264** | **276** | **285** | **273** | **259** | **259** | **269** |
| **Net in Month Cash Movement** | **17** | **-33** | **-5** | **-21** | **18** | **33** | **24** | **-4** | **-0** | **34** | **-32** | **-33** |
| **Subsidiaries Bank Bal.** | **5** | **5** | **5** | **5** | **4** | **5** | **2** | **5** | **5** | **5** | **5** | **5** |
| **Closing Balance** | **107** | **74** | **69** | **48** | **65** | **98** | **123** | **119** | **119** | **152** | **120** | **87** |

| Debtors | > 90 Days £m's |
|---|---|
| NHS debtors | 26.2 |
| Contract ICB debtors | 3.4 |
| Non-NHS debtors | 50.2 |
| **Total** | **79.8** |

| Creditors | > 90 Days £m's |
|---|---|
| NHS creditors | 16.5 |
| Non-NHS creditors | 20.5 |
| **Total** | **37.0** |

| Cashflow Movement to Current Balance | £m's |
|---|---|
| **Opening balance 1st April 2024** | **89.9** |
| I&E YTD Deficit | -33.2 |
| Bal' Sheet Flexibility - Non Cash | -3.3 |
| Depreciation - Non Cash | 87.7 |
| Contract payments | 10.8 |
| PDC | 9.8 |
| VAT Rebate | 9.0 |
| Capital Payments | -14.7 |
| Loan Repayments | -13.3 |
| Cash Support | 62.5 |
| Movement in Working Capital | -86.7 |
| **Closing balance 31st December 2024** | **118.5** |

The Trust began the new financial year with a cash balance of £90m, which had increased to £118.5m at December month-end following receipt of pay award funding.
The other primary contributing factor to these movements in cash balances YTD is the £62.5m in cash support received in September that has assisted in temporarily addressing the creditor invoices backlog. Capital PDC of £4.9m is also forecast for drawdown in January.

The forecast also includes capital cash support for the 24/25 capital programme of £38.23m to allow the delivery of the projected capital plan. This was received week commencing 13th January.

A significant element of our non-NHS debtor position is driven by Private Patient debt (which accounts for three-quarters of the non-NHS debt over 90 days figure), for the most part successfully collected, albeit some elements (Embassies), taking a prolonged period of time to collect (noting that Embassy debt over 90 days amounts to over £24m). Overseas visitor debts, which account for another approx £8m of over 90 days debt, can also be very problematic to collect. Additional collaborative working measures are under way to progress a co-ordinated approach to billing and collection across all areas of our Private Patient work.

Please note that creditor payments is the element of the forecast over which we have most control, and the forecast has been set to balance between paying down suppliers, whilst also maintaining cash holdings (although noting the considerable backlog of pending payments).

| BPPC YTD performance 2024/25 | Volume % | Value % |
|---|---|---|
| NHS Invoices | 68% | 69% |
| Non NHS Invoices | 77% | 77% |
| **Total** | **73%** | **73%** |

| | |
|---|---|
| **Committee name** | Transformation and Major Programmes Committee |
| **Date, time** | Wednesday 20 November 2024, 1 – 4pm |
| **Venue** | Robens Suite, Guy's Hospital |
| **Chair** | Ian Playford |

**Committee Terms of Reference Refresh**
The Committee approved the revised terms of reference, including changes to the membership. Future meetings would focus more on benefits delivery, wider strategy and system imperatives.

**Central Portfolio Office Major Programme Report**
Three key matters were noted: budget pressures impacting programmes, the need for greater discipline in clarifying Senior Responsible Officer (SRO) responsibilities, and agreement on progressing the ambulatory transformation programme. The Committee discussed arrangements for delivery and oversight of the Better, Faster, Fairer productivity programme. It was agreed that a meeting would be held in early January 2025 for the Committee Chair and relevant executives to discuss this further.

**Estates Update Report**
Key updates included a delay in cancer centre re-cladding work, the staff consultation arising from proposed changes to the capital projects team, and community and outpatient space utilisation discussed with a focus on reducing operational costs. There were also plans for a workplace strategy, and the Trust would need to think carefully about its footprint and consider the need for a cultural change regarding space utilisation.

**Children's Hospital Programme**
Final planning permission for the triangle development site had been secured. The Trust had also received assurance from HM Treasury on the financial strategy, as well as a formal letter of intent from Guy's and St. Thomas' Foundation regarding its contribution. The programme had approval to proceed with the development of an Outline Business Case following these developments. The Committee acknowledged the complexities of the programme, which involved parallel management of many stakeholders moving at different paces.

**Children's Day Treatment Centre Benefits – Six Month Update**
The new facility had enabled the Trust to eliminate 78-week paediatric waits and the introduction of new pathways, such as cleft surgery. Spinal surgery activity had doubled, and the Day Treatment Centre had received multiple awards. The Committee was pleased to note the accomplishments made to date and encouraged other areas of the Trust to adopt the learnings to support greater productivity.

**Principal Treatment Centre**
The Trust remained committed to delivering the Children's Cancer Services Principal Treatment Centre by October 2026. Key discussions included mitigating risks to keep the programme on track, funding the shortfall for IT infrastructure and Epic costs, and regional discussions on aseptics. The Committee approved the outline business case, subject to clarification and inclusion of additional costs related to Epic and IT infrastructure. The Committee also endorsed the allocation of costs required to proceed to a Full Business Case.



**Trust Integration: Programme Update**
The Committee noted the achievements of the merger with the Royal Brompton and Harefield NHS Foundation Trust, including a forecasted cost improvement plan of around £15m for

2024/25. The programme would likely be formally stood down and the Committee would receive details clarifying how integration work would transition into business as usual.

**Apollo Programme: Stabilisation & Benefits Realisation Update**
The achievements in the first year of Epic were noted. The Committee agreed to formally close down the stabilisation phase and move to the optimisation phase. Business planning for 2025/26 would include a number of small changes to the structure and required posts that would drive the vital work to optimise the use of Epic.

**Theatre Estate: Programme Update**
NHS England had provided comments on the Guy's Surgical Hub outline business case which had been submitted in July 2024. In parallel a contractor procurement had commenced and the Committee approved the appointment of a contractor and the commencement of pre-construction services discussions. These would conclude in January 2025 and provide a cost for the delivery of RIBA stage 4 design.

**Pathology: Programme Update and Benefits Realisation Update**
The Pathology programme was running six months behind due to the cyber-attack on Synnovis systems. A timeline received from Synnovis would need further testing given the further delays.

**Technology Enabled Innovation Portfolio Overview**
Due to time constraints, this item would be discussed in greater detail at the December Board in Committee meeting. There was strong support for the proposals set out in the papers, on which work would continue at pace.

**TMP Board Assurance Framework – Review**
The Committee approved proposed changes to the Trust's principal strategic risks owned by the Committee.

| | |
|---|---|
| **Committee name** | Audit and Risk Committee |
| **Date, time** | Wednesday 27 November 2024, 1 – 4pm |
| **Venue** | Robens Suite, Guy's Hospital |
| **Chair** | Nilkunj Dodhia |

**Audit and Risk Committee Terms of Reference Review**
A review of the Committee's terms of reference and meeting effectiveness indicated that the Committee was generally working well, though some papers could be shorter. Changes were proposed to membership arrangements in line with external best practice. The Committee discussed its oversight of the organisation's risk management arrangements and the development of a new risk management strategy. The updated terms of reference and forward workplan were approved.

**IT Assurance Progress Update**
The Committee received an update on the progress in implementing recommendations from the data centre incident review of July 2022. Actions included improving infrastructure resilience and procuring cloud backup and disaster recovery. The Committee discussed learning from other organisations' experiences with data centre recovery and the Trust's resilience to potential future cyber-attacks.

**Information Governance and Health Records Bi-Annual Report**
The Trust had achieved a rating of 'approaching standards' for the data security and protection toolkit return for 2023-24. An improvement plan had been submitted and approved by NHS England. Compliance rates for Freedom of Information Act requests were improving, although work in this area needed to be sustained.

**Board Assurance Framework Risk – Cyber Security**
The Committee approved the proposed assurance level for the principal risk under its oversight on the Board Assurance Framework and agreed that further details should be included on other risks including third-party cyber-security, medical device cyber-security and artificial intelligence.

**External Audit Progress Report and Sector Update**
The Committee received an update from the Trust's external auditors. Formal planning of detailed audit work would commence in December 2024.

**Internal Audit Update**
Four audit assignments had been completed since the last meeting, with two given a 'limited assurance' rating: Deprivation of Liberty Safeguards (DoLS) and the Heart, Lung and Critical Care Catheter Laboratory (Cath Labs) Consumables. The Committee emphasised the importance of ensuring no patients came to harm as a result of the safeguards. The review into Cath Lab stock management found opportunities for improvements. The review into agency expenditure within the Heart, Lung and Critical Care Clinical Group received 'substantial assurance'. Work would be undertaken with executive leads to close down legacy audits.



**Internal Audit Report Recommendations: Progress Updates**
The Committee received an update on progress with implementing actions from previous internal audit reports, including:

- Specific changes had been made by the Trust's finance team to improve coding of research and development income and expenditure.
- A water quality improvement programme had been set up to drive improvements in this area; and
- Significant progress was being made towards the removal of non-compliant Aluminium Composite Material cladding from the Cancer Centre at Guy's Hospital.

**Counter Fraud Update**
The Committee received an update on counter fraud investigation activity for the period 1st September to 31st October 2024.

**Risk Management Policy**
The Committee received the updated risk management policy, noting changes made to align with the Trust's current corporate governance framework. The policy also now included the Trust risk appetite statement and tolerance levels which had been agreed by the Board earlier in the year. The updated policy was approved.

**External Audit Policy**
The Trust received an updated policy on the use of external auditors for non-audit services. The updated policy was approved.

**External Audit Contract Update**
The Committee received an update on the work being done to identify a firm to provide external audit services from July 2025.

| | |
|---|---|
| **Committee name** | People, Culture and Education Committee |
| **Date, time** | Wednesday 4 December 2024, 1 – 4pm |
| **Venue** | 16th Floor, Tower Wing, Guy's Hospital |
| **Chair** | Miranda Brawn |

**Revised Terms of Reference and Meeting Effectiveness**
A review of the Committee's terms of reference (ToR) and meeting effectiveness was undertaken. The Committee approved the revised ToR and proposed workplan, subject to review of non-executive director membership.

**Staff Story**
The Head of Finance Operations shared a positive experience of completing the People Managers' Programme (PMP) training course. The Committee reflected on the challenges faced by staff in balancing their roles with the need for professional development. Members stressed the importance of continuous professional development, implementing new technologies, and clear communication channels. They committed to fostering diversity and inclusion and emphasised regular policy reviews to meet the organisation's evolving needs.

**NHS Staff Survey Results Update**
The Committee received an update on the latest staff survey results, noting a 57% completion rate, which was 20 percentage points higher than the previous year. The Committee commended the progress made on staff engagement and emphasised the importance of responding proactively to feedback.

**People Performance Metrics Dashboard**
An overview of the latest people performance metrics dashboard was provided. The Trust's vacancy rate had improved, and its voluntary turnover rate had reduced. However, sickness levels remained above the Trust's target of 3% and a continued focus in this area was required. This led to discussion about the work being done to address this issue.

**Job Planning Audit Outcome Progress Report**
The Committee received an update on the job planning audit recommendations work. Gaps had been identified, including the need for an appropriate policy and a process to test the consistency of job plans. The Committee was assured that a plan was in place to address the recommendations.

**Workforce directorate Overview**
The Committee reviewed the work undertaken to reform the Trust's central Workforce directorate, including plans to assess future overseas recruitment. The Committee endorsed the near and longer-term objectives for delivery and improvement.

**Interim EDI Performance and Improvement Programme Report**
The Committee noted the key achievements and next steps for the Equality Diversity and Inclusion (EDI) programme. The Trust's EDI Director was leaving the organisation and the role would be absorbed into the Workforce directorate. Further information on how leadership of this important work would be taken forwards would be reported at a future meeting.



**UK Riots – After Action Review**
An update was provided on the learning review following the racial civil unrest in summer 2024. Initial findings highlighted the importance of communication with and between staff. A detailed report and action plan would be presented at the next meeting in March 2025.

**Leadership – Current Offer and Recommendations for 2025**
The Committee discussed the current leadership development offer and proposed a new approach for talent management. A leadership steering group would be established from January 2025 to ensure the leadership offering was fit for purpose.

**People, Culture & Education Board Assurance Framework**
The Committee discussed two strategic risks on the Board Assurance Framework (BAF) related to staff recruitment, retention, and wellbeing. No changes were made to the sufficiency of controls, and the assurance level remained substantial for both.

| | |
|---|---|
| **Committee name** | Extraordinary Audit and Risk Committee |
| **Date, time** | Monday 20 January 2025, 3 – 3.30pm |
| **Venue** | MS Teams Online |
| **Chair** | Nilkunj Dodhia |

**External audit contract award 2025/26 onwards**

The Audit and Risk Committee met on 20 January 2025. The primary agenda item was the external audit contract award for five years from 2025/26. The Committee reviewed the tender process and recommended reappointing the current auditors, the only bidder, due to market constraints. The Committee discussed financial implications, potential risks, and concluded that the reappointment was appropriate. The recommendation would be put to the Council of Governors for approval.

# BOARD OF DIRECTORS

## WEDNESDAY 29 JANUARY 2025

| | |
|---|---|
| **Report title:** | **Documents Signed under Trust Seal, 17 October 2024 to 15 January 2025** |
| **Executive sponsor:** | **Ian Abbs, Chief Executive** |
| **Paper author:** | **Joshua Roles, Senior Business Manager** |
| **Purpose of paper:** | For awareness/noting only |
| **Main strategic priority:** | All strategic priorities |
| **Primary BAF risk:** | N/A |
| **Key points of paper:** | • In line with the Trust's Standing Financial Instructions, the Chairman, Charles Alexander and Professor Ian Abbs, Chief Executive are required to sign contract documents on behalf of the Trust, under the Foundation Trust's Seal. |
| **Paper previously presented at:** | N/A |
| **Recommendation(s):** | The BOARD is asked to:<br>1. Note the record of documents signed under Trust Seal. |

## 1. Introduction

In line with the Trust's Standing Financial Instructions, Professor Ian Abbs, Chief Executive and Charles Alexander, Chairman signed document numbers 1078 to 1086 under the Foundation Trust's Seal during 17 October 2024 to 15 January 2025.

## 2. Recommendation

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

| Number | Description | Date |
|---|---|---|
| **1078** | Signing and Sealing of the contract between (1) Guy's and St Thomas' NHS Foundation Trust and (2) GPF Lewis PLC for the provision of works relating to the Borough Wing Theatres 3 and 4 enhanced minor works and maintenance. | 06.11.2024 |
| **1079** | Renewal of lease between (1) Guy's and St Thomas' NHS Foundation Trust (as landlord) and (2) The Marker Place (Chelsea Ltd) and (3) Terence Hyde for Unit 1 for retail space within Chelsea Farmers Market. | 06.11.2024 |
| **1080** | Renewal of lease between (1) Guy's and St Thomas' NHS Foundation Trust (as landlord) and (2) Angelo Castagno and Rosa Castagno for Unit 9a for retail space within Chelsea Farmers Market. | 06.11.2024 |
| **1081** | Signing and Sealing between (1) Guy's and St Thomas' NHS Foundation Trust (as landlord) and (2) Cedars Sinai UK Ltd of a 12 month sub lease for the third floor of 79 Wimpole Street | 06.11.2024 |
| **1082** | Signing and sealing of six contractor collateral warranties between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Contractors as named below in relation to the refurbishment works undertaken at Mawbey Brough Health Centre:<br>(2a) Howarth LItchfield Partnership Limited as Architect, M&E, Cost Consultant and Civil Structural Engineer<br>(2b) Howarth LItchfield Partnership Limited as Principal Designer<br>(2c) Contractor, Re-Gen (UK) Construction Limited<br>(2d) Yorkshire Building Services Limited as M&E Subconsultant<br>(2e) Roger Carlton Structures Limited as Structural Engineer<br>(2f) Identity Consult Limited as Cost Consultant | 19.11.2024 |

| | | |
|---|---|---|
| **1083** | Signing and Sealing of Deed Variation between (1) Guy's and St Thomas' NHS Foundation Trust and (2) London Bus Services Limited pertaining to record additional equipment installation and increase to rental charge. | 26.11.2024 |
| **1084** | Signing and Sealing of extension of lease between (1) Guy's and St Thomas' NHS Foundation Trust (as tenant) and (2) Oxleas NHS Foundation Trust (as landlord) relating to the 12-month extension of Premises at Block A Queen Mary's Hospital, Sidcup, Kent, DA14 6LT | 18.12.2024 |
| **1085** | Signing and Sealing of extension of agreement to surrender and surrender (TR1) relating to the Aylesbury Health Centre and the new lease (underlease) relating to the new Harold Moody Centre (HMHC) being let to Guy's and St Thomas' NHS Foundation Trust by NHS Property Services Limited. | 18.12.2024 |
| **1086** | Signing and Sealing of the contract between (1) Guy's and St Thomas' NHS Foundation Trust and (2) JCT Design and Build for the replacement of the aging equipment within the Sterile Services Department (SSD) Equipment. | 07/01/2025 |