Public Board of Directors meeting

Wed 30 April 2025, 15:30 - 17:30

Governors Hall, St Thomas' Hospital and online via MS Teams

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 29 January 2025

Decision *Charles Alexander*

20250129 Public BoD Meeting Minutes vFinal.pdf (4 pages)

15:50 - 16:00 (10 min)

4. Chairman's Report

Information *Charles Alexander*

16:00 - 16:30 (30 min)

5. Chief Executive's Report

Information *Ian Abbs*

Chief Executive Report - April 2025 Public Board vFinal.pdf (9 pages)

16:30 - 16:50 (20 min)

6. Strategy Implementation Framework

Decision *Jackie Parrott*

Strategy Implementation - Public Board of Directors.pdf (4 pages)

16:50 - 17:10 (20 min)

7. Board Assurance Framework

Decision *Simon Steddon*

Board Assurance Framework Review and Refresh.pdf (1 pages)

Board Assurance Framework Review and Refresh Annex.pdf (21 pages)

17:10 - 17:25
15 min

8. Updates from Chairs of Board Committees

Information *Board Committee Chairs*

Papers for Noting

17:25 - 17:25
0 min

9. Reports from Board Committees

Information

9.1. Quality and Performance Committee 15 January 2025 and 9 April 2025

9.1.1. 15 January 2025

Q&P summary 15.01.2025.pdf (2 pages)

9.1.2. 9 April 2025

Q&P summary 09.04.2025.pdf (2 pages)

9.2. Integrated Performance Report at Month 12

Integrated Performance Report at Month 12.pdf (14 pages)

9.3. Finance, Commercial and Investment Committee 22 January 2025

FCI summary 22.01.2025.pdf (1 pages)

9.4. Financial Report at Month 11

Financial Report Month 11.pdf (4 pages)

9.4.1. Appendix A - M11 Finance Report

Appendix - Financial Report Month 11.pdf (20 pages)

9.5. Audit and Risk Committee 5 February 2025

ARC summary 05.02.2025.pdf (1 pages)

9.6. Transformation and Major Programmes Committee 26 February 2025

TMP summary 26.02.2025.pdf (2 pages)

9.7. People, Culture and Education Committee 5 March 2025

PCE summary 05.03.2025.pdf (1 pages)

17:25 - 17:25
0 min

10. Register of Documents Signed Under Seal

Information *Ian Abbs*

Documents Signed under Trust Seal 16 January 2025 - 23 April 2025 - vFinal.pdf (3 pages)

17:25 - 17:30
5 min

11. Any Other Business

Date of Next Meeting - 23 July 2025,23 July 2025, 3.45pm – 5.30pm

Burnett Ria
24/04/2025 17:50:10

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS

Wednesday 29 January 2025, 3.45pm – 5.30pm
Robens Suite, Guy's Hospital and MS Teams

Members Present:	Charles Alexander (Chair)	Simon Friend
	Ian Abbs	Richard Grocott-Mason
	Crystal Akass	Felicity Harvey
	Gubby Ayida	Jamie Heywood
	Miranda Brawn	Deirdre Kelly
	Sarah Clarke	Graham Lord
	Gemma Craig (for Avey Bhatia)	Pauline Philip (MS Teams)
	Louise Dark	Ian Playford
	Steven Davies	Simon Steddon
	Nilkunj Dodhia	Lawrence Tallon
	Jon Findlay	Alison Wilcox
In attendance:	Sarah Allen (item 4)	Denis Lafitte
	Edward Bradshaw (minutes)	Jackie Parrott
	Andrea Carney (item 6)	Tendai Wileman
	Anita Knowles	
	Members of the Council of Governors, members of the public and members of staff.	

1. Welcome and apologies

1.1. The Chair welcomed members of the Trust Board of Directors (the Board) and all staff, governors and members of the public in the room and online. A particular welcome was given to Jamie Heywood and Alison Wilcox who had joined the Trust as non-executive directors in recent weeks. Apologies had been received from Avey Bhatia.

2. Declarations of interests

2.1. There were no declarations of interest.

3. Minutes of the meeting held on 23 October 2024

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

4. Patient Story

4.1. The Board was joined by a patient who had been diagnosed with Haemophilia B and who spoke about the impact of this condition on his childhood. The patient described how he had been referred to the Trust and had been the first person to receive this treatment as part of a clinical trial. He spoke about his experience of care and the impact of gene therapy treatment on his day-to-day life. The Trust's Haemophilia team also presented further information on how the gene therapy programme was delivered.

4.2. Board members reflected on the story and the positive impact of gene therapy treatment on patient outcomes. There was recognition that this was an excellent example of medical innovation that the Trust would seek to implement and embed more into its service provision over the next decade, consistent with the Trust's strategy.

5. Chair's Update

5.1. The Trust anticipated that NHS England would publish the 2025/26 operating guidance the following day, which would help inform the Trust's emerging business plan. A continuation of capital and revenue funding restraints was expected which would put increased emphasis on operational productivity and the need to identify different ways to raise capital. In recent months, particularly since the Synnovis incident had been stood down, the Trust had made significant improvements in operational performance. The Trust was committed to working hard to improve further in 2025/26.

5.2. The Chair provided a brief overview about the process to seek a successor to the Trust's Chief Executive, who had recently announced his intention to step down later in the year.

6. Chief Executive's Update

6.1. 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.

6.2. Earlier in January, NHS England had removed the Trust from its tiering programme for elective waiting times. This had been enabled by the considerable progress the Trust had made in reducing the overall backlog of patients waiting for treatment, and in reducing the number of patients waiting over 65 weeks. It was reported that Trust staff were pleased that their hard work had been recognised.

6.3. Whilst the Trust remained in tiering for cancer performance and diagnostics, it was ahead of trajectory in its diagnostic recovery plan. Similarly good progress had been made in improving performance against the faster diagnosis cancer standard. Overall 62-day cancer performance remained challenging given the complexities of the Trust serving as a major tertiary centre for referrals in south east England, but a comprehensive recovery plan was in place to improve this position. The Trust's year-to-date performance against the four-hour urgent and emergency care standard remained relatively static at 71.6%, although this compared well with its peers and had been resilient to the increasing operational pressures seen during the winter months.

6.4. In discussion, Board members expressed confidence that the improvements were sustainable and would be a foundation for further progress in the final quarter of the year and into 2025/26. Staff across the Trust were thanked for their hard work. There was consideration about the extent to which the transformational changes would become part of 'business as usual'. Assurance was sought around the effectiveness of the work being done to ensure patients referred from other trusts were seen as quickly as possible to improve overall cancer performance.

6.5. The Trust was continuing to track quality assurance metrics closely, including numbers of serious incidents; regrettably, in the past three months the Trust had reported two 'never events' which were being investigated. The Board was pleased to note that the Trust had performed well in a number of recent national patient surveys and continued to generate strong Friends and Family Test scores in the majority of areas surveyed. The Trust was continuing to report good patient outcomes, although Board members queried how the Trust was addressing an increasing number of formal complaints, including around communication and information, and enquiries to the patient advice and liaison service (PALS). The Board noted that the Trust was managing infection prevention and control well when data was compared with previous years and benchmarked with other trusts in the Shelford Group. There had been a further case of healthcare-associated Legionella pneumonia in the Trust which was being addressed by the Essentia team, working closely with external specialists.

6.6. To the end of December 2024, the Trust had delivered a deficit of £33.2m against the planned £3.0m deficit. This reflected the challenges the Trust was 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 was continuing to work hard to identify cost improvement programmes that would deliver a recurrent financial benefit and help it achieve its full-year plan to break even.

6.7. The Trust's capital expenditure to date was behind the phased plan and the main reasons for this were set out. Whilst a higher proportion of the plan was due to be spent in the final quarter of the year, work was nevertheless being done to consider what capital schemes could be brought forward from the next financial year in order that the Trust fully utilised its capital allowance in 2024/25. The cash position was noted.

6.8. The Trust had achieved a response rate of 57% in the 2024 NHS Staff Survey, which was a significant increase on the previous year's outturn. Board members recognised the response rate was a proxy for staff engagement and morale, and agreed that this indicated staff believed that Trust leadership would respond positively to the survey outcomes to continue to improve the quality of the working environment for staff. The Trust was one year into the delivery of its ambitious equality, diversity and inclusion (EDI) improvement programme, which was being generously supported by Guy's & St Thomas' Charity. The Board was given an overview about the range of events that had been held to celebrate equality, diversity and inclusion and different religions at the Trust since the previous Board meeting.

6.9. The Board noted a range of other updates including the opening of a new Positron Emission Tomography (PET) scanner at St Thomas' Hospital and 'gamma camera' at the Royal Brompton Hospital. Both machines would support earlier and faster diagnosis. The Trust had also commenced a six-month trial to use electric drones to increase the speed of transportation of urgent blood samples between Guy's Hospital and St Thomas' Hospital. The trial was already proving successful in reducing the time from around 30 minutes to two minutes, as well as helping the Trust reduce its carbon emissions.

7. Patient and Public Engagement Strategy

7.1. The Board received the Trust's new patient and public engagement strategy, noting the input that had been received from both internal and external stakeholders – including from the Trust's governors. The strategy had been written in response to, and would support, the delivery of the Trust's strategic priorities as described in its organisational strategy 'Better, faster, fairer healthcare for all'. It highlighted the key areas where patients wanted to be involved in the Trust's work. The Board noted that clinical groups and services, supported by the Trust's central patient and public engagement team, would be tasked with greater ownership and to ensure ongoing community engagement links.

7.2. The Board was supportive of the strategy's aim to deliver a step change in the Trust's ambition for how it collaborates with patients, families, carers and the wider communities, particularly those who experience the greatest health inequalities. Board members agreed that this wider involvement was critical to continuing to deliver high-quality patient care across its hospital and community sites. Clarity was sought around how the voice of children and young people would be sought, and about how the success and impact of the strategy would be measured, including how feedback about this would be gleaned from patients and the public. It was recognised that the size and diversity of the Trust's patient population provided considerable opportunities for research and development.

RESOLVED:

7.3. The Board approved the new patient and public engagement strategy.

8. Cyber security update

8.1. The frequency of healthcare-related cyber-crime was reported to be increasing exponentially and with greater sophistication, in line with the increasing role of technology in the delivery of healthcare. State actors, phishing, ransomware, and social engineering were reported as among the most prevalent threats to NHS providers. The cyber-attack on Synnovis in 2024 had clearly demonstrated the severity of the impact of such cyber-attacks, and had led the Trust to take further steps to increase the resilience of its own cyber security arrangements. The Board received an overview of the work that

had been done and how the Trust was continuing to assure itself about the adequacy of these. There was support for increasing investment in areas such as detection, training and spreading awareness across the organisation.

8.2. Board members were pleased to note that NHS England had upgraded its assessment of the Trust against the Data Security Protection Toolkit as 'standards met', which provided a strong level of external assurance over the adequacy of its cyber arrangements. Further detail was sought about the lessons the Trust had learned from the Synnovis incident, and the steps it was taking to identify cyber vulnerabilities in its supply chain. The importance of strong business continuity arrangements was also discussed.

9. Updates from chairs of Board committees

9.1. The non-executive chairs of the Trust Board committees 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 23 October 2024.

9.2. Professor Graham Lord gave the Board an overview about the work being done to establish an Academic Committee-in-Common with King's College Hospital NHS Foundation Trust and King's College London. This Committee would be a sub-committee of the Guy's and St Thomas' Board of Directors, and would support the Trust's aspiration to be a national and international leader in education, research and innovation, in line with the vision set out in the Trust's new strategy. The patient story the Board had heard earlier was a good example of the positive patient outcomes that research and development could deliver. The Committee would have its inaugural meeting later in the year and the Board would receive another verbal update at its next meeting in April, and then receive formal reports – in common with its other committees – from July onwards.

9.3. The Trust Chair thanked the non-executive director chairs of the Board committees for their work. The committee structure was felt to be working effectively, and a refresh of the membership was close to completion, to ensure an equity of both opportunity and workload. Together with the clinical and delivery group boards, the Chair felt the Trust Board of Directors was well-established to deliver its duties in terms of both assurance and strategic delivery.

10. Reports from Board committees for noting

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

11. Register of documents signed under seal

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

12. Any other business

12.1. There was no other business.

The next public meeting of the Board of Directors would be held on 30 April 2025

BOARD OF DIRECTORS

WEDNESDAY 30 APRIL 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. • The report also includes updates on major and strategic programmes of work, where significant achievements have been made since the January 2025 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: 1. **Note** this paper.

1. Introduction

1.1. This report outlines the main developments since the last public Board meeting on 29 January 2025 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 we are working hard to maintain and improve operational performance and the Trust's financial position whilst continuing to deliver high-quality care and address the increasing demand for many of our services.

1.2. As we enter a new financial year, I would like to thank all our staff for their hard work and commitment during 2024/25, which included dealing with the operational implications of the cyber-attack on our pathology provider Synnovis and maintaining high standards of patient care through the challenging winter months.

2. Board changes

2.1. Following my decision to stand down from my role as Chief Executive of the Trust in 2025 I am delighted that the Trust's non-executive directors, with the support of the Council of Governors, have appointed Amanda Pritchard as my successor. Amanda, of course, also preceded me as Chief Executive prior to her move to NHS Improvement in 2019, and I know she is looking forward to returning to lead the organisation. Amanda will start with us on 1 September 2025.

2.2. Last month our Deputy Chief Executive, Lawrence Tallon, left the Trust to become Chief Executive of the Medicines and Healthcare products Regulatory Agency (MHRA). Lawrence made a huge contribution during his five years at the Trust and played significant roles in both the successful merger with Royal Brompton & Harefield NHS Foundation Trust, and the development of our Trust strategy to 2030. While we are sad to lose an important member of our Board, we are proud that he will be leading such a vital organisation and wish him every success in his new position.

2.3. Following Lawrence's departure, Steven Davies will assume the role of Deputy Chief Executive on an interim basis. To enable Steven to do this, Damien O'Brien – our Operational Finance Director – becomes Chief Financial Officer, again on an interim basis. Simon Mendy, our Strategic Finance Director, will play a greater role in leading internal financial management to support Damien. I am very grateful to Steven, Damien and Simon for their flexibility in taking on these new or expanded roles.

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

3.1. A comprehensive Integrated Performance Report is included in the Board papers for this meeting which sets out how we are performing

against the plans we have agreed with NHS England. This performance has been strong in recent months as the Trust has benefited from a sustained period without industrial action or the operational disruption experienced following the cyber-attack on Synnovis.

3.2. Activity: During the final quarter of 2024/25 the Trust continued to make significant progress with reducing the overall backlog of patients waiting for elective (planned) treatment. The total waiting list at the end of March was around 123,000 patients, which was ahead of trajectory and below the 2024/25 year-end target of 132,184. This includes a small number of patients waiting over 78 weeks and 65 weeks for treatment; whilst this is behind our plan, we are confident that these patients will be treated during April 2025.

3.3. Operational performance: The Trust remains in NHS England's tiering programme for cancer and diagnostics performance, and in segment 3 of the NHS Oversight Framework. We recognise the importance of maintaining focus on these key operational areas into 2025/26 for the benefit of our patients.

3.4. The Trust's diagnostics performance in March was 23.7%; whilst this was behind the Trust's plan of 19.5% it nevertheless is a significant improvement on the position in the early part of 2024/25, which was around 50%, and a significant improvement on January's performance of 36.9%. It also reflects the Trust's best position since July 2023. Work also continues to optimise the capacity of community diagnostic centres in south east London, to enable GPs to refer patients directly to these centres rather than to the Trust for a wider range of diagnostic procedures. Adult echocardiograms remain the most challenged service, partly due to staffing shortages, although we are working hard to address this.

3.5. Performance against the Faster Diagnosis Standard for patients with actual or suspected cancer exceeded 77% for the first time in October 2024 and this has been sustained into 2025, with unvalidated performance at the end of March at 79.1%. Overall 62-day cancer performance has seen significant improvement throughout the year, but remained below plan at 59.3% in March due to the number of patients being referred for specialist treatment from other hospitals. We are confident that performance will continue to improve in 2025/26 given the comprehensive recovery plan in place. A key element of this plan is the work being done with specialised commissioning teams across London and south east England to improve access to treatment for patients with actual or suspected lung cancer, as this remains the most complex tumour group in terms of performance. The Trust has continued to perform well on its internal 62-day cancer performance, where patients are referred directly to the Trust.

3.6. Despite the challenging winter pressures and the increased attendance in our emergency department due to seasonal viruses, the Trust's performance against the four-hour urgent and emergency care has remained strong, and in March 2025 it was 79.12% against the standard of of 78% set by NHS England. The Board should note that patient flow through the hospital remains challenged, and more work is needed with partners across the health system to support timely discharge. Patient with mental health conditions attending our emergency department

continue to represent a significant area of clinical risk.

3.7. 2025/26 planning: In March 2025 the Trust submitted its 2025/26 business plan to the South East London Integrated Care Board and NHS England. The Trust is planning to be compliant with all the operational requirements set out in the national planning guidance except cancer 62-day performance, where the Trust anticipates delivering 70.3% against the 75% standard by March 2026 due to the impact of late referrals from other organisations. However, the Trust aims to achieve the 75% target for internal 62-day performance and the Trust is contributing to work to ensure the standard is met for patients in south east London. The Trust remains in the upper quartile for 62-day cancer performance for the majority of tumour groups, with lung cancer performance a notable exception, and will continue to explore all reasonable steps to increase overall performance towards 75%.

3.8. Epic: Positive progress has been made in addressing issues linked to the implementation of the Epic electronic health record system in recent months. A basic set of internal dashboards covering all key operational performance areas have been developed and published, with ongoing work to improve the quality of the content of these dashboards. The Trust is now submitting the vast majority of the 93 performance and activity external returns, including all 'priority 1' returns. We are continuing to work with Epic to resolve remaining issues as quickly as possible. The Trust was pleased to note the recent announcement from NHS England that Epic will be integrated with the NHS App, and we anticipate this will support our patients to continue to take greater control of their own healthcare.

3.9. Quality of Care: The ongoing provision of safe, high-quality care to our patients continues to be the Trust's overriding priority. The Trust tracks quality assurance metrics closely, including numbers of patient safety incident investigations and learning responses. In the last quarter (January to March) the Trust has reported two separate and unrelated 'never events', both of which are being investigated in line with the Patient Safety Incident Response Framework. This means the Trust has declared eight never events in 2024/25; an increase on the five declared in 2023/24. The Board's Quality and Performance Committee discussed the Trust's approach to learning from never events earlier this month. Since the last Board meeting clinical groups, supported by the Trust's patient safety team, have continued to work hard to complete and close all actions arising from previously-investigated serious incidents and Ionising Radiation (Medical Exposure) Regulations (IRMER) incidents. Significant process has been made as a result, with only a small number of legacy actions overdue at the end of March.

3.10. As reported to the Board previously, responding to complainants within the timescale outlined in the Trust policy continues to be challenging. Whilst there has been a reduction in the number of overdue complaints since the last report, around 250 remained at the end of March. Additional guidance has been shared with the aim to improve accuracy and visibility of where a complaint is within the process. A review of the team supporting the process is also underway.

3.11. Infection prevention and control: We have experienced an ongoing outbreak of *Candidozyma auris* (formerly *Candida auris*) in the Trust since

October 2023. Only a small number of the 180 patients affected since then have developed *C. auris* infections; they have been treated using antifungal agents and have made good recoveries. No patients have come to serious harm as a result of the infection. The Trust has implemented a range of prevention measures in line with those set out in national guidance with robust oversight arrangements that have recently been reviewed and refreshed. We invited external reviews from experts at the UK Health Security Agency (UKHSA) and at Oxford University Hospitals NHS Foundation Trust; both reviews concluded that our response to date has been appropriate and proportionate, and in many instances exceeded measures outlined in national guidelines. The UKHSA national guidance for the management of *C. auris* was undated recently, and we are launching a new Trust policy in line with this national guidance in the coming weeks.

3.12. There have been a total of five healthcare-associated MRSA blood stream infections in 2024/25, compared with nine during 2023/24. No new healthcare-associated MRSA bloodstream infections have been detected during Q4. We have established a multi-professional improvement group to develop a campaign to improve our management of vascular access devices and urinary catheters to reduce the risk of bloodstream infection. This will be launched in Q1 2025/26. Our rate of *Clostridium difficile* infection remains the lowest in the Shelford Group of hospitals.

3.13. Nursing and midwifery workforce: The vacancy rate has fluctuated in recent months, but it was lower towards the end of 2024/25 than at the same period in 2023/24. This reflects the impact of the newly-qualified nurses that joined the organisation from September 2024 and the ongoing focus on local recruitment and retention initiatives, whilst significantly reducing our international recruitment programme. Annual voluntary turnover continues to improve and remains well within the Trust target and is also lower than the same period last year.

3.14. Patient Experience: Overall patient experience remains positive, as reflected by Friends and Family Test scores of 90% or higher in all areas of care except for the emergency department, where scores increased between Q3 and into Q4. In February, the Trust received the initial report on its performance in the 2024 National Children and Young People's Survey, the first since the merger in 2021. Whilst various changes mean it is not possible to directly compare results with the previous survey undertaken in 2020, the results compare positively to the average scores for the other 54 trusts which commissioned Picker as their survey contractor. The Patient Advice and Liaison Service (PALS) and the MyChart Patient Helpdesk remain busy which reflects the operational pressures the Trust is experiencing. 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 undertaken local initiatives to address these concerns.

4. Sustaining and improving the Trust's financial performance

4.1. 2024/25 position: Whilst the Trust is working hard to close down the accounts for 2024/25, early indications are that the Trust's financial position at the end of March 2025 (month 12) was a surplus of £12.7m. This was partly due to the in-month surplus in February, where the Trust accounted for the receipt of its share of the South East London Integrated Care Board's forecast surplus, which led the Trust to revise

its planned full-year outturn from breakeven to a surplus of £12.7m.

4.2. During 2024/25 the Trust delivered £72.1m of cost improvement programmes (CIPs) against the planned £93.8m which reflects a strong and concerted effort to control costs and broaden income streams. In recent months the Trust has been developing a programme focused on improving all aspects of organisational productivity including increasing theatre productivity, reducing bureaucracy, modernising corporate services, using Epic as effectively as possible, and ensuring the availability and accuracy of data to support decision-making. As well as generating clinical and operational benefits, many of these areas – if successful – will improve the experience of patients and deliver significant financial benefits.

4.3. The Trust's cash balance at the end of March was £190.7m which includes the central cash support from NHS England and a surplus distribution from South East London Integrated Care Board received during the year. The Trust spent £130.3m of capital expenditure against its allocation of £130.4m. This represents significant progress during the final months of the year to ensure full utilisation of its capital allocation before year end.

4.4. 2025/26 planning: We anticipate that 2025/26 will be a challenging year for the NHS in a period of stringent financial constraint and increasing demand for healthcare services. The changes announced recently demonstrates that the Government and NHS England will take decisive steps to ensure sound financial stewardship, and NHS providers are expected to do the same.

4.5. In March 2025 the Trust submitted a breakeven financial plan to the South East London Integrated Care Board and NHS England. This requires delivery of a significant cost improvement target across all clinical groups and corporate directorates combined with the Trust-wide productivity programme (referred to above). Our financial performance will continue to be tracked closely by both the Trust Executive Committee and the Trust Board over the coming months.

5. Supporting our workforce

5.1. NHS staff survey: The 2024 NHS staff survey ran for ten weeks in autumn 2024 and the results were published in late March 2025. Over 13,000 members of staff (57% of our workforce) took part in the survey; this was the highest participation rate we have seen in recent years and is indicative of an engaged and committed workforce. The results were positive, as the Trust scored above the national average in all seven NHS People Promise elements, as well as the 'staff engagement' and 'morale' themes. In addition:

- 84% of staff said that care of patients and service users was the Trust's top priority, against the national average for acute and acute and community trusts of 74%

- 73% said that they would be happy to recommend the Trust as a place to work against the national average of 61%
- 82% said that they would be happy to recommend the Trust as a place to receive care/treatment against the national average of 62%
- 91% said that they were proud to work at the Trust.

5.2. Whilst we should take great encouragement from these results, nobody at the Trust is complacent and we recognise that there is more to do to improve the experience of all our colleagues, particularly on inclusion; bullying, harassment and discrimination; career progression; staff retention; and addressing burn-out. We are committed to addressing these challenges through both a Trust-wide action plan and local actions which include:

- An equality, diversity and inclusion improvement programme, which includes initiatives to support our commitment to being an anti-racism organisation. Recently the programme has developed to champion LGBT+ inclusion and in the months ahead we will be expanding this further to look at how we can better support colleagues with a disability, a long-term health condition, or who are neurodivergent; and
- A 'making working lives better' programme, which aims to provide better access to nutritious, high-quality food (including out-of-hours); upgraded changing and toilet facilities; and safe storage for personal belongings while staff are at work; as well as ensuring all staff have timely access to rotas.

5.3. We will involve key stakeholders in the further development of this action plan and aim to ensure positive change is embedded at every level of the Trust.

5.4. Celebrating equality, diversity and inclusion (EDI) across the organisation: Inclusivity is one of our Trust values and in recent weeks there have been a significant number of opportunities to celebrate the diversity of our staff and patients. February was LGBT+ History month and we marked this by launching our new progress pride badges for colleagues wanting to show their support for people of all sexual orientations and gender identities. We also launched our transgender equality policy for staff, and supported staff wanting to take part in International Transgender Day of Visibility on 31 March. In March we also marked Women's History Month, a celebration of women's contributions to history, culture and society, with the theme of 'inspiring inclusion' woven into the resources and events that took place. Other events marked by staff included Zero Discrimination Day, World Autism Awareness Day, and Neurodiversity week. The Trust also held events to recognise and celebrate several important religious events during recent months including Easter, Eid, Passover, Lent, Ramadan, Holi, Hola Mohalla, and Naw-Ruz.

6. Other news

6.1. Once again, the Trust performed strongly in *Newsweek's* rankings of the world's best hospitals 2025. St Thomas' Hospital and Guy's Hospital ranked first and second, respectively, in the United Kingdom, with Royal Brompton Hospital ranked as one of the top specialist hospitals. St Thomas' Hospital was also ranked as the 33rd best hospital internationally. Staff across the Trust should be very proud of their hard work that contributes to the Trust being recognised in this way.

6.2. Last month Feryal Clark MP, minister for Artificial Intelligence (AI) and digital government, visited Guy's Cancer Centre to announce almost £20 million in government funding towards an AI project known as PharosAI. PharosAI aims to transform cancer care by unlocking decades of NHS cancer data and combining it with additional information such as tissue samples, genetic data, prescriptions, radiology images such as mammograms and scans, and doctors' notes. Over time, the project aims to give patients access to the highest quality diagnostics and therapies in a timely fashion, improving outcomes and experience. In developing the PharosAI project the Trust has partnered with King's College London, Barts Health NHS Trust and Queen Mary University of London. This is another exciting development and an example of the cutting-edge innovation that is at the heart of our organisational strategy.

6.3. In February Edward Thawe (known to his colleagues as Eddie), one of our porters at Royal Brompton Hospital was awarded the National Porter of the Year award. Eddie has worked at the hospital as an NHS porter for almost 20 years and won for his unwavering dedication to patients, despite facing personal loss. BBC Breakfast filmed a story with Eddie at Royal Brompton as part of a wider piece about porters and how they support the NHS. On behalf of the Board I offer my congratulations to Eddie, as well as thanking all our porters for the work they do to support our patients.

7. Consultant Appointments from 1 January 2025 – 31 March 2025

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 Bone and Endocrinology and Diabetes	Dr Alina Oprea	Replacement post	03/02/2025
Consultant in Intensive Care	Dr Maryam Khosravi	Replacement post	08/02/2025
Consultant Paediatric & Perinatal Pathologist	Dr Taiki Fujiwara	Replacement post	10/02/2025
Consultant in Intensive Care	Dr Waqas Akhtar	Replacement post	01/03/2025

Name of post	Appointee	Post Type	Start date
Consultant in Community Sexual and Reproductive health (SRH)	Dr Annette Thwaites	Replacement post	03/03/2025
Consultant in Dental Maxillofacial Radiology	Mr Vishal Patel	Replacement post	03/03/2025
Consultant Radiologist in Genitourinary and Oncological Imaging	Dr Adam Mayers	Vacant post	03/04/2025
Consultant in Paediatric Inherited Metabolic Diseases	Dr Berna Yilmaz	Replacement post	05/05/2025
Consultant in Paediatric Inherited Metabolic Diseases	Dr Dinusha Pandithan	Replacement post	05/05/2025
Consultant in Paediatric Neurodisability	Dr Katharine Wood	Replacement post	06/05/2025
Consultant in Plastics with subspecialist interest in Dermato-Oncology	Mr Matthew David Stodell	Replacement post	01/06/2025

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS

WEDNESDAY 30 APRIL 2025

Report title:	**Our Strategy to 2030: An organisational framework for implementation**
Executive sponsor:	**Jackie Parrott (Chief Strategy Officer)**
Paper author:	**Jennifer Morris (Deputy Director of Strategy), Ailsa White (Senior Strategy Manager)**
Purpose of paper:	To seek approval
Main strategic priority:	All strategic priorities
Primary BAF risk:	Risk 12: operational and programmatic demands may reduce the focus on the development and/or delivery of the Trust's strategic ambitions
Key points of paper:	• This paper has been prepared to support discussions across Guy's and St Thomas' Trust on an organisational approach to implementation of '***Our Strategy to 2030: better, faster, fairer healthcare for all***.' • The proposal utilises existing organisational governance and reporting, setting a standardised expectation around project/programme update reporting. • It supports the CQC requirement for bi-annual Board reporting on progress against strategic priorities.
Paper previously presented at:	Trust Executive Committee Deep Dive 28th February 2025
Recommendation(s):	The BOARD is asked to: 1. **Note** the proposed organisational framework for strategy, delivery and monitoring (page 2). 2. **Approve** the proposal to utilise existing reporting and governance fora (page 3). 3. **Approve** the approach to bi-annual reporting to the Board in Committee. (page 4)

1. Introduction

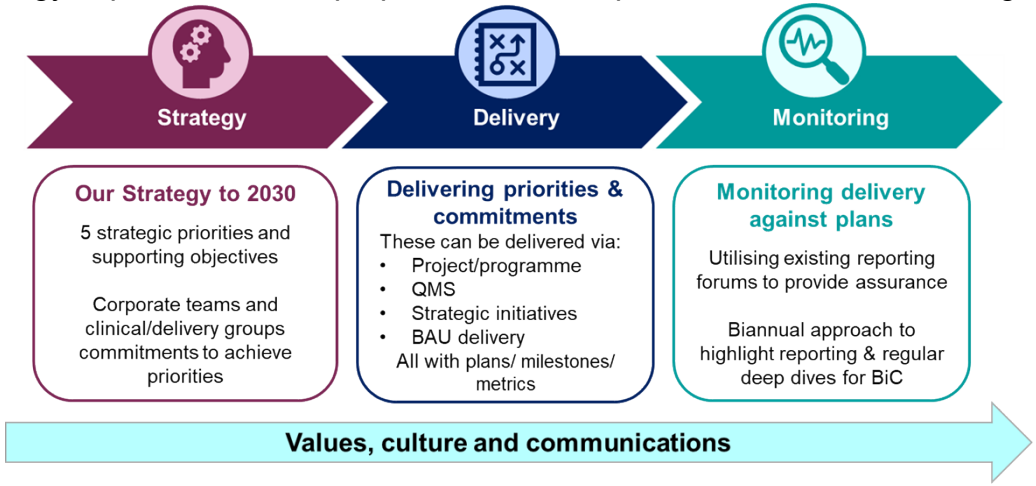
1.1. This paper is recommending an approach to providing assurance to the Board on delivery of the new Trust strategy in line with regulatory requirements and best practice. We have built on learning from our previous strategy implementation and recognise the twin challenges the organisation faces, managing today's very real pressures while continuing to build momentum towards longer-term solutions.

1.2. Our annual business plan will address the first challenge with delivery driven by operational teams in the clinical and Essentia groups. The second challenge will be the focus of our longer-term strategic implementation and to support colleagues to manage the twin challenges a pragmatic approach is proposed

1.3. The Board will have visibility on strategy implementation through a variety of mechanisms which are detailed in section 3, maximising the existing governance that we already have in place and the detailed reporting which already takes place, A standardised approach to reporting will assist in efficient aggregation of information.

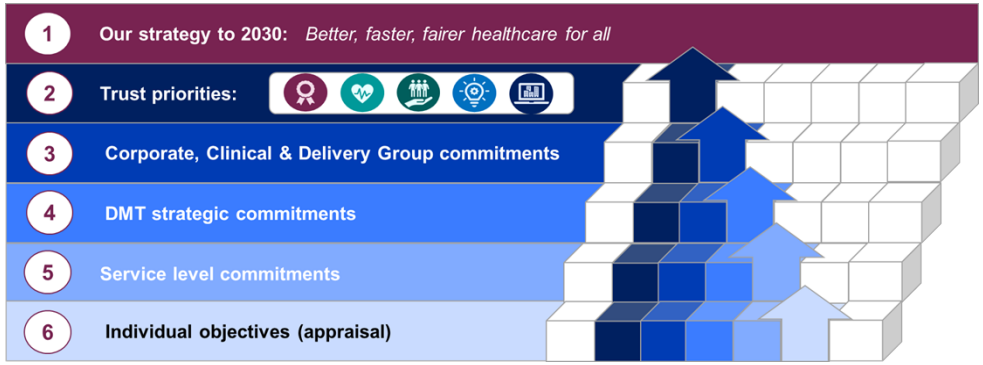
2. Strategy implementation framework

2.1. A standardised framework for strategy implementation is proposed, to develop a Trust wide common language and approach.



2.2. The Trust priorities provide an organisational 'North star' for corporate, clinical and delivery group strategies and programmes/ projects, all of which contribute to delivery of the strategy, recognising that due to the nature of the work of different teams, some priorities may be delivered at different levels within the organisation.

2.3. The new Personal Development Record has already changed to facilitate development of personal objectives against the five Trust priorities.



2.4. Since the strategy launch, we have been working with colleagues across the organisation to scope and identity the list of strategic initiatives we have committed to delivering now to030. For each initiative we have reviewed whether they have a designated Senior Responsible Officer (SRO), appropriate resources, clear governance and delivery plans to enable delivery.

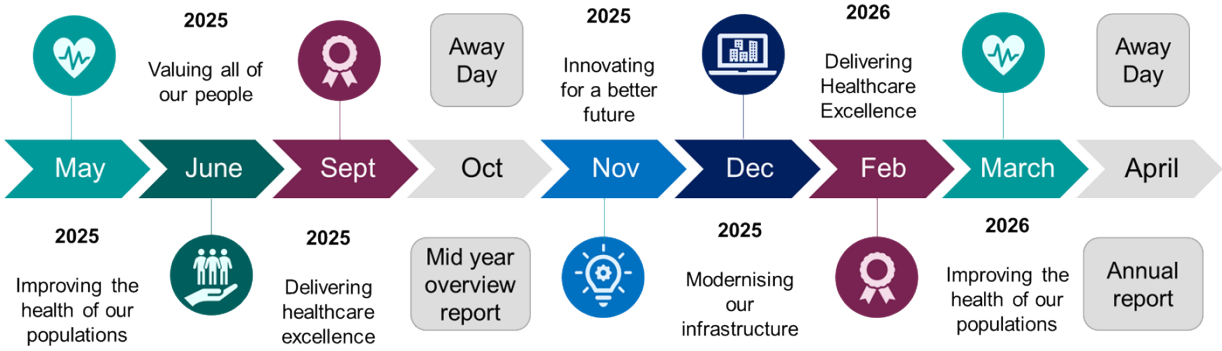
2.5. Most strategic initiatives to be delivered by 2030, are either in 'mobilisation' or 'in flight' stages. The Trust Executive Committee has agreed that we will critically review suitable phasing and plansto ensure we are resourced to deliver, including our ability to deliver all schemes simultaneously, particularly given all the current challenges, and the outputs will be shared with the Board in a future meeting.

2.6. At Trust level we propose maintaining oversight of implementation of in-flight strategic initiatives through established and pre-existing governance forums with standardised reporting adopted. Highlight and summary reports for strategic initiatives will be developed from existing programme/project reports generated through established governance channels thereby minimising the need for bespoke reporting.

2.7. Clinical Groups have delegated responsibility for local delivery of both Trust and Group priorities and the Trust Executive Committee agreed that strategic projects/programmes at Trust, clinical/ delivery group and directorate management team level will adopt the standardised Central Portfolio Office, or Quality Management System, project reporting approach. A consistent format will assist Board members, aid visibility of strategic developments and support aggregation. Clinical Groups also update Executives twice a year at two of their quarterly Performance Review meetings.

2.8. Board reporting and oversight the Board would have visibility of strategy implementation through the following mechanisms:

- Detailed and standardised reporting on individual programmes and initiatives, which are contributing to delivery of our strategic priorities, at Board sub committees, including the Clinical Group Boards.
- A rolling focus on each strategic priority at Board in Committee with related updates, presentations and reports and an illustrative annual rhythm is provided below:



2.9. In order to ensure that the full Board is provided with a holistic overview of progress across all strategic priorities a short and engaging bi-annual report will be produced for the Board in Committee. This report would consist of three sections, each including risks, gaps, partnership working and interdependencies:

- An executive summary of overall progress;
- A highlight report for each of the five strategic priorities and
- Group highlight reports of local progress.

2.10. Bi-annual update reports would typically coincide with Board Away days and could provide an opportunity for Clinical Group updates facilitating additional visibility on Clinical Group delivery and contribution.

3. Recommendations

The Board is asked to:-

1. Note the proposed organisational framework for strategy, delivery and monitoring (page 2).
2. Approve the proposal that we continue to use existing governance fora for detailed updates and briefing.
3. Approve the proposal to standardise the reporting format at all levels in the organisation to aid visibility and enable aggregation (page 3).
4. Approve the production of a holistic bi-annual report to be presented to the Board in Committee (page 4).

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS

WEDNESDAY 30 APRIL 2025

Report title:	**Board Assurance Framework (BAF)**
Executive sponsors:	**Simon Steddon, Chief Medical Officer; Tendai Wileman, Chief of Staff and Director of Organisational Change**
Paper author:	**Edward Bradshaw, Director of Corporate Governance and Trust Secretary**
Purpose of paper:	To seek approval
Main strategic priority:	All strategic priorities
Primary BAF risk:	Risk 13: inability to attain organisational excellence could impair ability to deliver strategy
Key points of paper:	• The BAF helps the Board manage and mitigate the principal risks that are caused by, or threaten, the achievement of the Trust's strategic objectives. • There are two current issues with the current BAF risks that need addressing: 1) They are based on the Trust's old organisational strategy rather than GSTT 2030; and 2) There are 15 risks which is more than most other trusts in the Shelford Group, which typically have 10 or fewer. • The Trust therefore needs a refreshed and streamlined BAF that reflects the main risks to delivery of GSTT 2030. • With this objective in mind, the following slide pack provides information for Committee members to consider, specifically: the current BAF risks; the Trust's new strategic priorities; an assessment of the internal and external challenges the Trust is facing; and a proposal for how each current BAF risk is dealt with. • Slide 19 sets out a proposed updated set of BAF risks, including a summary and description of each risk: these have been discussed by executives and are now brought to the Board for review and approval.
Paper previously presented at:	Trust Executive Committee Deep Dive, 28 February 2025. Discussions regarding the functioning of the BAF were also held at the Audit & Risk Board Committee on 5 February 2025.
Recommendation(s):	The BOARD is asked to: 1. Approve the updated set of BAF risks as set out on slide 19 of the slide pack.

Guy's and St Thomas'
NHS Foundation Trust

Board Assurance Framework

Review and refresh

Public Board, 30 April 2025

Guy's and St Thomas'
NHS Foundation Trust

Introduction

Introduction (1/2)

Guy's and St Thomas' NHS Foundation Trust

What is the Board Assurance Framework (BAF)?

A live document that sets out:

- the principal (also known as 'strategic') risks that are caused by, or threaten, the achievement of the Trust's strategic objectives; and
- information on the existing and planned controls, and assurances that demonstrate how the risks are being managed.

What is the purpose of the BAF?

- Helps to focus the Board's attention/business on the work needed to mitigate these risks
- Ensure we achieve our strategic objectives by appropriately mitigating the principal risks
- A strong BAF is indicative of a 'well-led' organisation: the CQC requires us to 'ensure that any risks to delivering the strategy… are understood' and that we 'have an action plan to address them'.

What characterises a 'principal' risk?

- Directly linked to the organisation's strategic objectives
- Are more 'cross-cutting', 'thematic' or 'enabling' than operational risks on the Corporate Risk Register
- Will affect multiple services or departments

Introduction (2/2)

Guy's and St Thomas' NHS Foundation Trust

Objective

- The current BAF risks are based on our old organisational strategy (*Together we care*).
- We have 15 BAF risks which is more than most other trusts in the Shelford Group.
- **We therefore need a refreshed and more streamlined BAF that reflects the main risks to delivery of our new strategy**.

Process

- Executives reviewed the BAF risks at the Trust Executive Committee deep dive meeting on 28 February and now present a proposed updated BAF to the Board for approval and adoption.

Guy's and St Thomas' NHS Foundation Trust

Background information

For prior review and consideration

BAF process (for reference only)

Guy's and St Thomas' NHS Foundation Trust

- Each BAF risk is 'owned' by a named executive director, executive committee and Board committee (on behalf of the full Board);
- On a quarterly basis the score, assurance level and narrative are for each risk are reviewed and, if necessary, updated. These updates can include proposals to add, remove or reword risks as necessary;
- Updates are agreed by the executive committee before being brought to the relevant Board committee for final review and approval;
- Board committee agendas are 'topped and tailed' with the relevant BAF risks in order to firstly remind committee members of the risks owned by the committee, and secondly to review and approve the updates proposed, or suggest further changes or assurances needed;
- The full BAF should be reviewed by the full Board twice a year; this both reflects the 'unitary board' principle and ensures that any interdependencies between BAF risks owned by different committees can be identified and managed; and
- The BAF is used in agenda planning meetings for Board committees and the cycle is repeated.

Current BAF risks

Guy's and St Thomas' NHS Foundation Trust

	BAF risk	Exec owner(s)	Exec Committee	Board Committee
1	**Operational performance** The Trust's activity and productivity levels may not be sufficient to recover in line with our strategic plans, which may impact our ability to provide safe and responsive care to patients meet national strategic demands.	Jon Findlay	TOB	Q&P
2	**Quality of care** The Trust may fail to deliver safe, high-quality care to patients across all sites and services.	Simon Steddon, Avey Bhatia	TRAC	Q&P
3a	**Estates infrastructure – operational impact** Estate infrastructure failures impact on operational and clinical activity.	Andrew Asbury	TEC	Q&P
3b	**Estates infrastructure – strategic ambitions** We may be unable to modernise our environment, estate and maximise the use of the available space in order support clinical group and Trust strategies, in the context of the constrained financial environment and impact on CDEL as a result of the introduction of IFRS16.	Andrew Asbury	TEC	TMP
4	**Workforce recruitment and retention** Failure to hire and retain staff with the right skills and behaviours may undermine the Trust's ability to deliver services in line with agreed quality standards and strategic priorities.	Crystal Akass	TOB	People
5	**Workforce resilience, health and wellbeing** The Trust may be unable to ensure the resilience of its workforce by failing to maintain staff health & wellbeing, which could undermine the Trust's ability to deliver services.	Crystal Akass	TOB	People
6	**Financial sustainability** The Trust may be unable to sustain financial efficiencies and secure sufficient income and/or capital for services, curtailing our ability to deliver high quality care and meet our strategic agenda.	Steven Davies	TEC	FCI
7	**Research delivery and associated partnerships** The Trust may be unable to maintain its current levels of research ambition and partnerships and may fail to attract sufficient investment and income in order to remain a research leader.	Simon Steddon	TEC	BiC

Current BAF risks

Guy's and St Thomas' NHS Foundation Trust

	BAF risk	Exec owner	Exec Committee	Board Committee
8	**Alignment of GSTT and system priorities** GSTT and system priorities may not align, leading to uncertainty that hampers effective system working.	Jackie Parrott	TEC	BiC
9	**Specialised commissioning** Changes to the specialised commissioning financial regime, in particular delegation, could have a significant financial impact on the Trust.	Jackie Parrott, Steven Davies	TEC	BiC
10	**Epic EHR benefits realisation** The Trust may not fully realise the opportunities to transform ways of working based on the EPIC EHR implementation and may not deliver the benefits set out in the business case	Jon Findlay	TEC	TMP
11	**Capital restrictions** The availability of CDEL and our ability to generate surpluses may restrict future investment in our strategic and operational objectives.	Steven Davies	TEC	FCI
12	**Operational & programmatic demands reduce focus on strategy** Operational and programmatic demands may reduce the focus on the development and/or delivery of the Trust's strategic ambitions	Jackie Parrott	TEC	BiC
13	**Organisational excellence** The Trust's leadership and governance arrangements, which are still evolving following the implementation of a new operating model, may not be optimised to enable the Trust to consistently deliver its new strategic priorities.	Tendai Wileman	TEC	BiC
14	**Cyber Security** Patient personal data and the Trust's provision of clinical services are at risk of loss or disruption from cyber-attack, which could involve unauthorised change, deletion, theft or locking of patient data and may disrupt or delay the timely provision of critical clinical services to patients.	Lawrence Tallon	TEC	ARC

GSTT2030: strategic priorities and deliverables

Guy's and St Thomas' NHS Foundation Trust

1. Delivering healthcare excellence

Delivering world-class quality and safety

- Continuing to be amongst the safest organisations in the NHS
- Quality improvement
- The opportunity of Epic
- Breadth of specialist care

Delivering improved access to diagnostics and treatment

- Making it easier to access care
- Reducing waits for planned care
- Streamlined emergency pathways

Ensuring our services are sustainable and we live within our means

- Improving productivity
- Growing non-NHS income to support NHS services

Key deliverables

- ✔ We will deliver world-class clinical care and continuous improvement in quality and safety, including through our new, best practice quality management system
- ✔ With King's College Hospital, we will maximise the transformational opportunities of Epic to drive improvements in quality, patient experience and productivity
- ✔ We will deliver on the opportunity of our merger with Royal Brompton and Harefield hospitals to be a global leader in clinical care and research for cardiovascular and respiratory medicine and surgery
- ✔ We will establish the new Principal Treatment Centre for children's cancer in south London and the South East to provide world-class care and research for children and their families
- ✔ As part of the Acute Provider Collaborative, we will drive down waiting times for planned and emergency care, recognising that timely access to treatment is our patients' number one concern
- ✔ Through new technology and innovation, we will make a step change in the productivity of our services so that we can treat more patients within finite resources

GSTT2030: strategic priorities and deliverables

Guy's and St Thomas'
NHS Foundation Trust

2. Improving the health of our populations

Patients as partners in their care

- Our MyChart patient portal
- Making Every Contact Count

Using technology and data to predict and prevent disease and to personalise care

- Understanding healthcare needs and reducing inequity
- Outside hospital care

Working in partnership

- With local partners
- Building healthier communities as an anchor organisation

Burnett Ria
24/04/2025 17:50:10

Key deliverables

- ✔ We will offer patients far greater convenience and control over their care through MyChart, whilst maintaining non-digital, alternative channels for those who need them
- ✔ We will move decisively and collaboratively towards deeper integration with primary care so that patients' experience of care is organised around their needs, not institutional boundaries
- ✔ Working with primary care, and through our community services and Integrated Care System, we will extend technologically enabled out-of-hospital care, including in patients' own homes
- ✔ We will tackle the harmful health inequalities among the populations we serve, using evidence-based interventions to address major risk factors causing premature ill-health and death
- ✔ We will play a broad and expanded role as an anchor organisation to promote local health, prosperity and a healthier environment, using our purchasing power and potential as a major employer

GSTT2030: strategic priorities and deliverables

Guy's and St Thomas'
NHS Foundation Trust

3. Valuing all of our people

Recruiting and retaining the very best people

- New routes into work
- Flexibility
- Responding to new technology

Creating a fairer and supportive workplace

- Equality, diversity and inclusion
- Staff health and wellbeing

Providing opportunities to grow and develop

- Education, learning and development
- Leadership development
- Health data sciences
- Support for academic careers
- Developing online and hybrid educational programmes
- Investing in simulation technology
- Expansion of the Learning Hub
- Fulfilling and tailored careers

Key deliverables

✔ We will embrace and enable flexibility – empowering colleagues (through tools, technology and support) to exercise choice and achieve balance in their work and life while delivering the highest standards of patient care

✔ We will promote and develop healthy workplaces, partnering with our Charities to develop and extend our wellbeing programme, tailored to the needs of colleagues, teams and services

✔ We will be diverse and representative of the communities we serve – an organisation that recognises barriers to inclusion and strives to dismantle and eliminate them through our commitment to anti-racism and anti-discrimination of all forms

✔ We will be a leader in healthcare education, learning and development – fostering innovation in curriculum design and investing in skills for the future to ensure all our people are ready to embrace and adopt new technologies and transformational ways of working, and can develop varied and fulfilling careers

✔ We will invest in leadership – equipping and empowering leaders to inspire and support the development of healthy, high performing and highly engaged teams

GSTT2030: strategic priorities and deliverables

Guy's and St Thomas'
NHS Foundation Trust

4. Innovating for a better future

Translational research, advanced therapies and academic partnerships

- Translational research
- Multi-professional research
- Academic and industry partnerships
- Academic Health Science Centres
- Advanced therapies
- Using data for research

Healthcare innovation, digital technologies and industry partnerships

- A leading innovator
- Future technologies
- Automation and artificial intelligence (AI)

Burnett Ria
24/04/2025 17:50:10

Key deliverables

✔ Through King's Health Partners, we will drive our collective ambition as a world class Academic Health Sciences Centre, specialising in advanced therapies, data sciences and population health

✔ We will deliver translational and multi-professional research that supports the next generation of clinical breakthroughs, from laboratory bench to patient bedside

✔ We will scale up our leading-edge advanced therapies so that patients benefit from care that is far more predictive and personalised, based on gene therapies, cell therapies and tissue engineered products

✔ We will become one of the most innovation friendly health systems in the country, attracting the brightest and best innovators to design and deploy mid-21st century healthcare solutions

✔ We will be a responsible pioneer of automation and AI in healthcare, so we provide better, faster, fairer healthcare in ways that are ethical and supported by the communities we serve

GSTT2030: strategic priorities and deliverables

Guy's and St Thomas'
NHS Foundation Trust

5. Modernising our infrastructure

A strategic approach to our estates

- Estates master plan
- Addressing and responding to climate change
- Quality spaces

Developing our facilities

- Expanding Evelina London Children's Hospital
- Increasing operating theatre capacity
- Developing Royal Brompton Hospital and surrounding sites

Infrastructure to support innovation

- Research and innovation
- Advanced Therapies
- Computing power and data storage

Key deliverables

✔ We will significantly improve the resilience, reliability and user-experience of our physical and digital estate, making sure we get the basics right for patients, visitors and staff

✔ We will develop an ambitious master plan for each of our main hospital sites and our community services, setting out our long-term strategic commitment to develop and improve each one

✔ We will increase the pace of change on climate adaptation and progress towards net zero, recognising our leadership role in tackling the climate emergency

✔ With support from Evelina London Children's Charity and NHS England, we will realise our ambitious plan to expand Evelina London as a comprehensive children's hospital for London and the South East

✔ We will renew and expand our operating theatre capacity, with a particular focus on theatres and robotics at Guy's as a centre of surgical excellence

✔ Working with King's College London, we will expand our clinical research facilities to provide state-of-the-art infrastructure that will drive our ambitions, including in advanced therapies

GSTT2030: operating environment

Guy's and St Thomas' NHS Foundation Trust

This slide sets out the **internal** challenges that the Trust will face in delivering its strategy, and which may therefore present the risks to achievement of the strategic objectives.

Internal

- Under-performance against national targets leads to regulatory intervention
- Reduced organisational productivity and inability to make required CIPs
- New strategy (GSTT 2030)
- Stabilisation and optimisation of Epic to deliver business case benefits
- Evolving Trust Operating Model
- Delivery of merger benefits and full integration
- Despite more investment insufficient capital to ensure resilience of digital, technological & estates infrastructure and equipment (including backlog maintenance)
- Funding required to deliver our R&D and clinical academic ambitions
- Turnover on the Board of Directors potentially leads to destabilisation
- Financial pressures and the need to diversify our income (& put more organisational effort into fundraising)
- Fragility of staff morale, health and wellbeing
- Need to be more flexible to meet changing workforce expectations (eg hybrid working), to recruit & retain and increased likelihood of local industrial action
- More work required to embed EDI in all we do (including workforce, programmes, policies, access to care and outcomes).
- New and complex services eg paediatric cancer, gender development services
- Lack of capacity to deliver operational as well as broad strategic agenda including delivery of highly complex major programmes and service transfers.
- Some of our more innovative work is reliant on charitable/ philanthropic and short- term funding.
- Need to collect the right information to undertake meaningful population health analytics and to work with system partners to enable us to address population health inequalities
- Inability to keep up with the pace of change and innovation eg AI

GSTT2030: operating environment

Guy's and St Thomas' NHS Foundation Trust

This slide sets out the **external** challenges that the Trust will face in delivering its strategy, and which may therefore present the risks to achievement of the strategic objectives.

External

- Implications of 10-year plan on policies & operating model
- Low economic growth, poor national productivity and high inflation
- Lack of capital & changes in financial allocations (including for specialised services) lead to less income
- Technological/digital advances require significant changes to our ways of operating and prioritisation of resources
- Increasing demand for services plus pressure on all sectors, including primary care, mental health & social care lead to delays in access
- Unpredictable/unforeseen events distract from strategic delivery eg cyber attacks
- Impact of climate change on infrastructure resilience, populations, and clinical services requires mitigations to be put in place
- Widening health inequalities require a new approach from NHS & partners
- NHS a less attractive employer, shortages in certain professions/ areas of expertise & industrial unrest a new reality
- Significant, and increasing, demand for services.
- National health policy and priorities, including levelling-up agenda
- Impact of unpredictable and unforeseen events that take management time away from strategic delivery, including Synnovis cyber-attack, critical IT incident, industrial action.
- Erosion of foundation trust model and associated freedoms
- Duty to collaborate whilst retaining statutory accountability as a sovereign organisation
- Need to invest time & resources in partnership working to deliver many of our strategic objectives:
  - APC (regarding 'Delivering healthcare excellence')
  - Primary care (regarding 'Improving the health of our populations')
  - KHP (regarding 'Innovating for a better future')
  - KCL, GSTF (regarding 'Modernising our infrastructure)

Proposals regarding current BAF risks

Guy's and St Thomas' NHS Foundation Trust

	Risk	Proposed treatment
1	Operational performance	**Retain**, but strengthen emphasis on operational productivity
2	Quality of care	**Retain,** as fundamental to our core purpose
3a	Estates – operational impact	**Retain, but reword** to make more generally focused on infrastructure resilience (estates and digital). Include 'making working lives better' programme?
3b	Estates – strategic ambitions	**Replace**, to focus on the importance of capex which will enable the estates strategy to facilitate how we will deliver all the objectives
4	Workforce recruitment and retention	**Replace** Create a new risk around having a workforce that enables safe care and is fit for the future. Recruitment and retention, health and wellbeing are part of this, but so is automation of HR processes and the importance of strong and visible leadership.
5	Workforce health and wellbeing	**Replace** – merge into risk 4 and remove
6	Financial sustainability	**Retain**, but incorporate risk 9 (specialised commissioning) and incorporate more focus on commercial
7	Research partnerships and investment	**Retain, but reword** to focus on the risk of not achieving our research and academic ambitions.
8	Alignment of GSTT and system priorities	**Replace** – we are required to have the same priorities. To be superseded by a new risk around partnerships.
9	Specialised commissioning	**Replace** – merge into risk 6 (financial sustainability) as a key sub-risk of this
10	Epic benefits realisation	**Retain**, as fundamental to so much of the Trust's strategic objectives
11	Capital restrictions	**Retain, but reword** – we are no longer as dependent on higher CDEL as it's our cash position and ability to attract investment that may restrict our ability to invest.
12	Operational demands reduce focus on strategy	**Replace** – merge into risk 13 (organisational excellence), and the section on leadership capacity and capability
13	Organisational excellence	**Retain** as this underpins delivery of everything the Trust is aiming to achieve through its strategy
14	Cyber security	**Replace** This is quite a specific/operational risk, so potentially merge with risk on infrastructure resilience.

Guy's and St Thomas' NHS Foundation Trust

Board discussion

Discussion

Guy's and St Thomas' NHS Foundation Trust

Objective

Taking into account the information provided (the current BAF risks, the Trust's strategic priorities, and the internal and external operating environment):

- To review and discuss the proposed new BAF risks set out on the following slide
- **To agree a refreshed and more streamlined list of BAF risks for adoption by the Board**

Considerations

- What are the thematic risks to delivery of GSTT 2030?
- How should our BAF evolve to reflect these?
- To what extent are the current risks the most critical threats to achievement of the strategic objectives?
- What are the key threats to the new objectives that we haven't captured on the BAF?

Proposed new set of BAF risks

Guy's and St Thomas' NHS Foundation Trust

	Proposed risk	Proposed risk description (plus key topical areas to include in the body of the risk)
1	Operational performance and productivity	The Trust's activity and productivity levels may not be sufficient to meet the trajectories in our operating plan, resulting in patients being unable to access our services in a timely manner and continued or increased regulatory intervention. *[Include partnership working, eg APC, and consideration of health inequalities]*
2	Quality of care and patient experience	The Trust may fail to deliver safe, high-quality care to patients across all sites and services, whilst providing excellent standards of customer service that results in a high-quality patient experience. [*Include consideration of health inequalities]*
3	Resilience of estates and digital infrastructure	The Trust's estates and digital infrastructure may be insufficiently resilient to protect the Trust from current and emerging risks, such as cyber security, that may negatively impact operational performance and take focus away from strategic delivery.
4	Epic benefits realisation	The Trust may not fully realise the opportunities to transform ways of working that the Epic electronic health record system provides and may not deliver the clinical, operational and financial benefits set out in the business case.
5	Financial sustainability	The Trust may be unable to sustain financial efficiencies, secure sufficient income, or be impacted by changes to national, local and specialised commissioning, any of which may impair its ability to deliver high-quality care and timely access to services, and possible regulatory intervention. *[Include commercial ambitions]*
6	Capital expenditure investment	The availability of CDEL and the Trust's ability to generate surpluses or attract external financing may restrict future investment in the physical and digital initiatives that underpin delivery of its strategic objectives.
7	Workforce fit for the future	The Trust may fail to transform its workforce and working practices to ensure it can treat as many patients as safely as possible, whilst supporting delivery of the Trust's strategic objectives, and ensuring all of the Trust's staff are treated equally.
8	Organisational excellence	The Trust may fail to establish strong, visible leadership that creates a positive culture, ensures good governance and risk management, and focuses on continuous improvement so that it can provide high quality care for patients. *[Include management capacity]*
9	Research and academic ambitions	The Trust may lack the focus, infrastructure, resources, or clarity of partnership working to deliver its objectives relating to research and development and clinical academia. *[Include innovation and keeping up with the pace of change, eg AI]*
10	Transformation programmes	Failure to deliver any of the Trust's large estates-based transformation programmes, such as theatres, children's hospital and paediatric cancer may prevent the Trust from achieving key elements of its strategy.

Proposed new set of BAF risks – proposed ownership

Guy's and St Thomas' NHS Foundation Trust

	Proposed risk	Proposed executive owner(s)	Proposed executive committee	Proposed Board committee owner(s)*
1	Operational performance and productivity	COO	Trust Operations Board	Quality & Performance
2	Quality of care and patient experience	CMO, CNO	Trust Risk and Assurance Committee	Quality & Performance
3	Resilience of estates and digital infrastructure	MD of Essentia, CDIO	Trust Risk and Assurance Committee	Audit & Risk Committee
4	Epic benefits realisation	Epic programme SRO	Trust Executive Committee	Transformation & Major Programmes Committee
5	Financial sustainability	CFO	Trust Executive Committee	Finance, Commercial & Investment Committee
6	Capital expenditure investment	CFO	Investment Portfolio Board	Finance, Commercial & Investment Committee
7	Workforce fit for the future	CPO	Trust Operations Board	People, Culture & Education Committee
8	Organisational excellence	Chief of Staff	Trust Executive Committee	Board in Committee
9	Research and academic ambitions	CMO	Trust Executive Committee	Board in Committee
10	Transformation programmes	DCEO	Trust Executive Committee	Transformation & Major Programmes Committee

* Ownership of the risk requires that Committee to actively manage the risk by reviewing and approving updates to the risk narrative, score, and level of assurance. However, the cross-cutting nature of these risks mean that some may also need to be considered (although not actively managed) by other Board committees.

Next steps

Guy's and St Thomas' NHS Foundation Trust

- Following Board agreement of a new set of BAF risks, executive owners of each risk will be asked to draft the new/updated BAF risks for the next round of Board committee meetings, as follows:

  - People, Culture and Education Committee: 11 June 2025
  - Board in Committee: 25 June 2025
  - Quality & Performance Committee: 16 July 2025
  - Finance, Commercial & Investment Committee: 30 July 2025
  - Transformation & Major Programmes Committee: 17 September 2025

Committee name	Quality and Performance Committee
Date, time	Wednesday 15 January 2025, 12.45pm – 4pm
Venue	MS Teams
Chair	Pauline Philip

Patient Story: A young patient shared their experience of receiving gene therapy to treat Haemophilia B, illustrating the positive impact of the treatment on their life. The Committee recognised the pioneering work of the Trust's gene therapy team, emphasising the importance of continuing to develop this work and the potential opportunities it could unlock in other areas.

Feedback from site visits: Feedback from non-executive directors' recent visits to a number of clinical areas were noted with all reporting broadly positive feedback from staff and patients.

Quality and safety update: The overall risk score for quality and safety had been reduced following the return to normal operations for blood and pathology services following the cyber-attack on the Trust's pathology partner Synnovis. However, further work was required to mitigate this risk as it continued to remain above the risk tolerance set by the Board due to factors including mental health patient management, residual risks linked to administrative processes and water safety compliance.

The Trust continued to promote learning by making use of the insights gained from the Patient Safety Incident Response Framework, complaints and other qualitative and quantitative information. An increase in formal complaints was noted, primarily related to clinical care and communication, with ongoing efforts to improve response times and reduce the backlog of outstanding complaints.

The Human Tissue Authority had inspected the Trust's mortuary sites and had issued a report with only two areas identified for improvement. Overall patient experience remained strong, with positive Friends and Family Test scores of 90% or higher in all areas of care except the Emergency Department which scored 84% but was better than both regional and national averages.

The Committee noted a number of reports regarding delivery of its statutory and regulatory requirements.

Quality Management System (QMS): The Committee received an update on the work being undertaken to implement a QMS across the Trust to support the aim of achieving ongoing quality improvement in all matters. This would be aligned to NHS England's new national framework for improvement (NHS Impact). There was support for the launch of the QMS approach across the Trust later in 2025.

Mental healthcare provision: The Committee discussed disparities in care for mental health patients and the need for improved services in south east London owing to ongoing demand for inpatient mental health beds. Ongoing collaboration with South London and Maudsley NHS Foundation Trust was critical to this.

Operational performance: The Trust remained in NHS England's tiering programme for elective activity, cancer and diagnostic performance, and in segment 3 of the NHS Oversight Framework. The Trust had made significant progress in reducing the backlog of patients waiting for elective treatment, with the waiting lists already below the year-end target. Similar good progress had been made in reducing the number of patients waiting over six weeks for diagnostics appointments, for which the Trust was ahead of its trajectory. Improvements had also been made in providing more timely access to cancer diagnosis and treatment, with ongoing efforts to meet the overall 62-day cancer target. The Trust's performance against the four-hour urgent and emergency care standard remained relatively static at 71.6%, although this compared well with peer trusts and had been resilient to the increasing winter pressures during Q3.

Digital and estates infrastructure: The Committee received an update on initiatives to strengthen cyber security arrangements and bolster the resilience of the Trust's digital infrastructure to avoid impacting patient care. Improvements in non-emergency patient transport services were recognised, with enhanced performance since the in-house solution was implemented the previous year.

Clinical group reports: The Committee noted 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.

Maternity quarterly report: The Maternity Good to Outstanding Programme had been formally launched by the Evelina Women's and Children's Clinical Group in September 2024 and was making good progress in driving service improvement with eight workstreams in place. The Committee discussed the condition of the maternity estate and highlighted the need for additional theatre capacity in the Maternity Assessment Unit as a top priority for senior management in 2025. The Assisted Conception Unit Improvement Programme had been established to deliver the recommendations of the external review into the unit and the majority of the 17 recommendations for service improvement had already been completed.

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, although it was recognised improvements had been made in operational performance in recent months following the Synnovis critical incident.

Committee name	Quality and Performance Committee
Date, time	Wednesday 9 April 2025, 12.45pm – 4pm
Venue	MS Teams
Chair	Pauline Philip

Patient story: The Committee heard from an adult male patient and long-term amateur football player who had experienced persistent respiratory issues after recovering from COVID. He shared his journey through diagnostic testing and treatment at the Royal Brompton Hospital, highlighting issues with communication and waiting times, but also the high-quality care received and the professionalism of staff.

Feedback from Trust site visits: Non-executive directors provided feedback from their recent visits to the maternity and neonatal units, highlighting staff efforts and the need for expanded maternity estate capacity. Governors also provided feedback from their visits, noting the high calibre of staff and some frustrations with the Epic system.

Operational performance and activity: The Committee noted that, during the final quarter of 2024/25, the Trust had continued to make significant progress with reducing the overall backlog of patients waiting for elective treatment. Diagnostics performance had improved, though challenges remained in echocardiograms and audiology tests. The Trust had maintained its improvement in cancer performance although remained behind the overall 62-day target given the complexities of the Trust serving as a major tertiary centre for referrals in south east England. Committee members were assured there was a comprehensive recovery plan in place to improve this position. The Trust's performance against the four-hour urgent and emergency care target remained strong and above the trajectory that had been agreed with NHS England. Whilst the Trust had been resilient to the winter pressures, work was continuing to optimise patient flow to support timely access to emergency care.

Quality and safety update: The Committee reviewed metrics on quality and safety, discussing steps to eliminate never events and the steps being taken to contain and mitigate the ongoing outbreak of *Candidozyma auris*. No patients had come to serious harm as a result. Two external reviews had concluded that the Trust's response to date had been appropriate and proportionate, and in many instances exceeded measures outlined in national guidelines. The Trust was undertaking an internal review of the quality of care being provided on the ninth floor of St Thomas' Hospital floor. The Committee reviewed key points from the Health and Safety, Learning from Deaths, Guardian of Safe Working, Patient Experience and Nursing and Midwifery staffing levels reports.

Infrastructure update: The Committee received updates on IT serious incidents and trends, noting a decrease in incidents following the introduction of Epic. Issues with the TQuest system affecting local GP practices had been resolved, and the Trust was working to enhance test ordering reliability. The Trust scored above the national average in the annual Patient-Led Assessment of the Care Environment (PLACE) survey and would address identified issues with ringfenced funds. Progress had been made on addressing risks relating to water safety and fire.

Clinical group 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 Assisted Conception Unit had now been assessed by the Human Fertilisation and Embryology Authority (HFEA) as 'compliant' in the four areas that had previously been assessed as non-compliant. Chemotherapy was identified as a particular risk area within Cancer and Surgery Clinical Group, with operating levels in excess of recommended capacity due to demand. Mitigating actions were being taken, but there were concerns regarding staff health and wellbeing as a result of the operating environment. The safe care of mental health patients requiring emergency treatment continued to be the main clinical risk in the Integrated and Specialist Medicine Clinical Group; there had been further engagement with system partners, but it was likely that the most impactful resolutions remained a number of months away.

Maternity quarterly report: The Trust reported compliance with NHS Resolution safety actions, receiving a financial rebate. Concerns about laboratory screening for preeclampsia were discussed, and steps were being taken to address this issue.

Board Assurance Framework – Quality and Performance Risks: The Committee agreed that the risk scores and assurance levels for the three risks for which it was responsible should remain unchanged. Whilst there had been substantial improvements in operational performance it was agreed that the risk regarding activity and timely access to care should remain as 'limited' assurance until the Trust's progress was formally recognised by NHS England regarding the Trust's status in the tiering programmes and NHS Oversight Framework.

Statutory and regulatory reports: The Committee noted a number of reports regarding its statutory and regulatory requirements.

Integrated Performance Report

March 2025

Highlight Report Contents

Guy's and St Thomas' NHS Foundation Trust

Domain	Theme	Indicator	Latest Actual
Responsive	4.1 A&E access	A&E stays less than 4 hours (type 1 2 3)	79.1%
Responsive	4.1 A&E access	Number of patients spending >12 hours in A&E from decision to admit (DTA)	71
Responsive	4.2 Elective treatment access - referral to tre...	RTT - Total incomplete pathways	121,183
Responsive	4.3 Cancer access	Cancer - 62 day all referral types (total)	49.6%
Responsive	4.3 Cancer access	Cancer - FDS	83.2%
Responsive	4.4 Diagnostic access	Diagnostic waits - % over 6 weeks	25.4%
Responsive	4.9 Recovery	Elective DC & IP vs 24/25 Operational Plan	100.8%
Responsive	4.9 Recovery	Number of 65 Week Waiters	47
Responsive	4.9 Recovery	Number of 78 Week Waiters	4
Responsive	4.9 Recovery	Outpatient New & FU vs 24/25 Operational Plan	106.9%

Executive summary

NHS
Guy's and St Thomas'
NHS Foundation Trust

Referral to Treatment

- The Trust's submitted Referral to Treatment (RTT) waiting list position for March is 121,183, demonstrating a significant reduction in the overall size of the waiting list.
- The Trust's Referral to Treatment (RTT) performance position in March was 60.7% with 47,644 patients waiting longer than 18 weeks for their routine treatment, representing the best performance figure for the Trust since November 2023.
- The number of patients waiting for longer than 78 weeks for their routine treatment in March was 4, reducing a total of 66 patients from a peak of 70 over the summer period following the Synnovis critical incident. The number of patients waiting longer than 65 weeks was 47, reducing a total of 1,447 patients over the same period.
- The Trust has made significant progress in reducing the number of patients waiting longer than 52 weeks for their routine treatment, reducing the total number by 4,674 since June 2024 reaching a position of 2,506 patients waiting in March which now represents 2.1% of the total waiting list.
- The Trust remain committed to treating all remaining long waiting patients in a timely fashion and will continue to build on the momentum gained in 2024/25 to ensure it can meet the operational planning priorities set out in its business plan for 2025/26.

Cancer

- The latest 28-day Faster Diagnosis Standard (FDS) performance position is 83.2% in February, demonstrating continued improvement throughout 2024/25 with performance expected to remain over 80% in March 2025 and moving in to 2025/26.
- The combined 62 day submitted performance position is 49.6% in February, which contains shared pathways with other Trusts. Internal 62 day performance is 51.1%.
- Cancer performance in January and February reduced following the Christmas and New Year period due to the number of Bank Holidays that compromised outpatient, diagnostic and treatment capacity in the Trust but this is expected to return to an improved position from March 2025 onwards.
- The Trust play a significant role in the treatment of patients locally and 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 this portion of shared pathway performance that represents the greatest area of risk to the Trust, however the Trust remain committed to improving this position working in collaboration with key stakeholders as part of the continued recovery effort in 2025/26.

Diagnostics

- The Trust reported a position of 25.44% patients waiting longer than 6 weeks for their diagnostic procedure in March, an improvement on the lowest performance position of 51.28% in 2024/25.
- The Trust reported a position 1,827 patients waiting longer than 13 weeks for their diagnostic procedure in March , representing a reduction of 7,025 since the peak in 2024/25 of 8,852.

Accident and Emergency

- The Trust demonstrated strong four hour all-type performance in quarter four of 2024/25 and ended the quarter with a position for March of 79.13%, demonstrating an improvement in performance despite the significant operational pressures faced by the department during the winter months.
- The Trust reported 71 12 hour DTA breaches for March representing patients who were patients experiencing a mental health crisis.

Activity

- Year-to-date performance for outpatient new and follow up activity is 98% and 103% respectively and for elective overnight and day case is 85.1% and 91.8% 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.

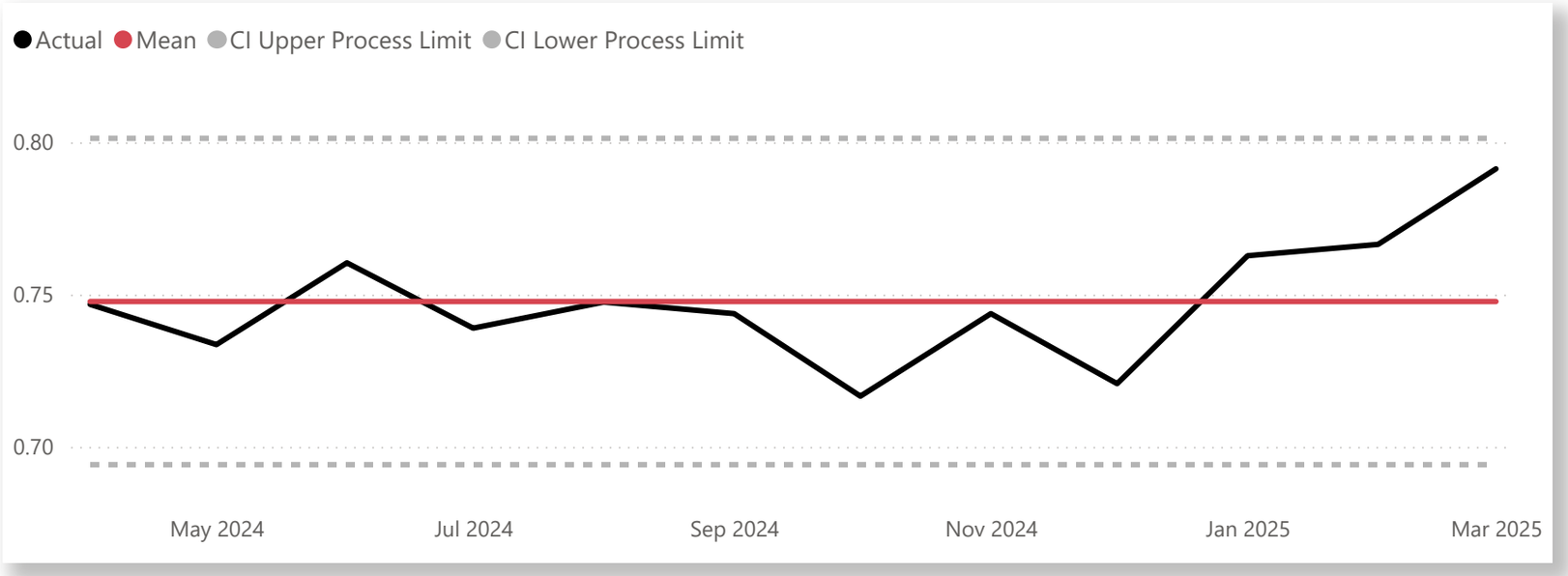
Responsive

Guy's and St Thomas'
NHS Foundation Trust

March 2025
79.1%

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

March 2025
71

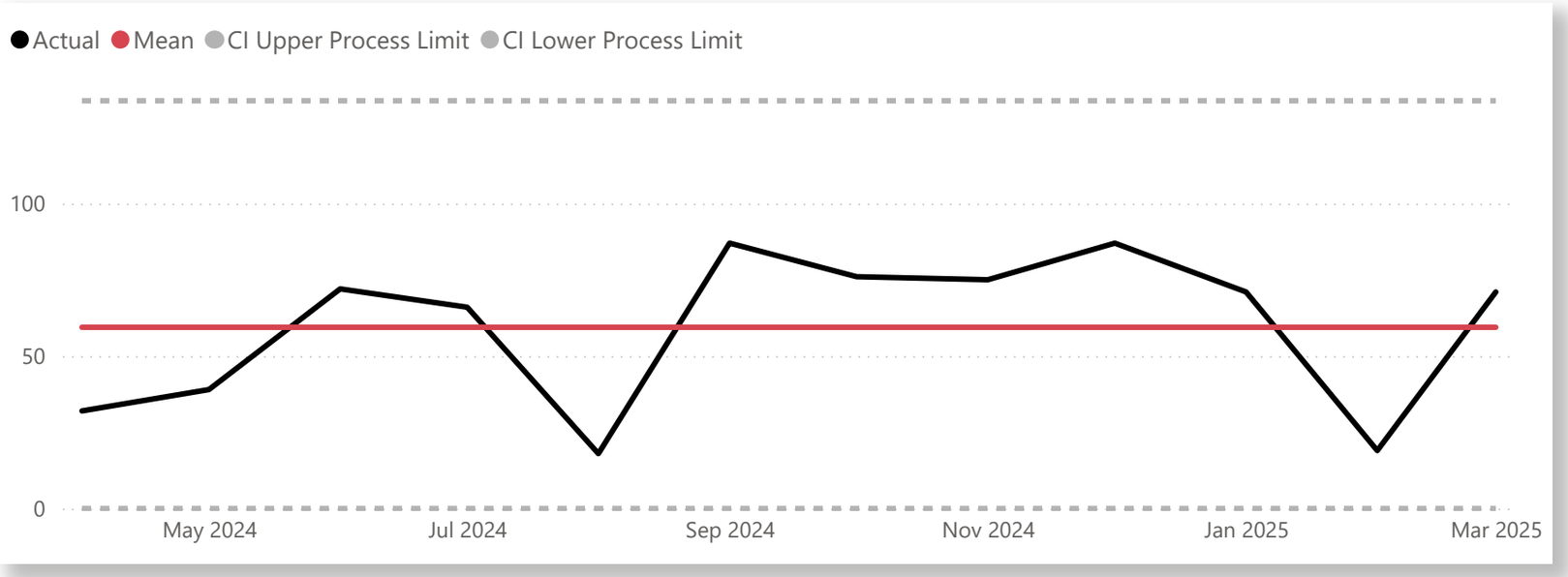
SPC

This indicator is showing common cause variation

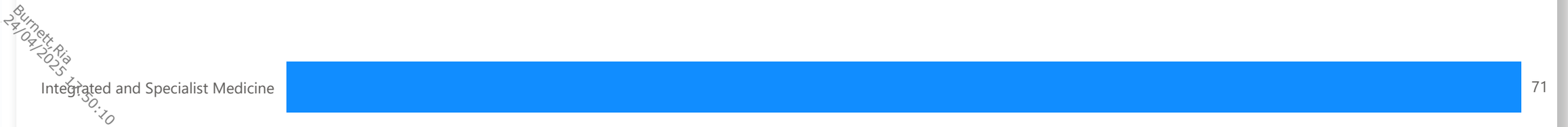
Caveat

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



Burnett, Ria
24/04/2025 17:30:10

Responsive

Guy's and St Thomas'
NHS Foundation Trust

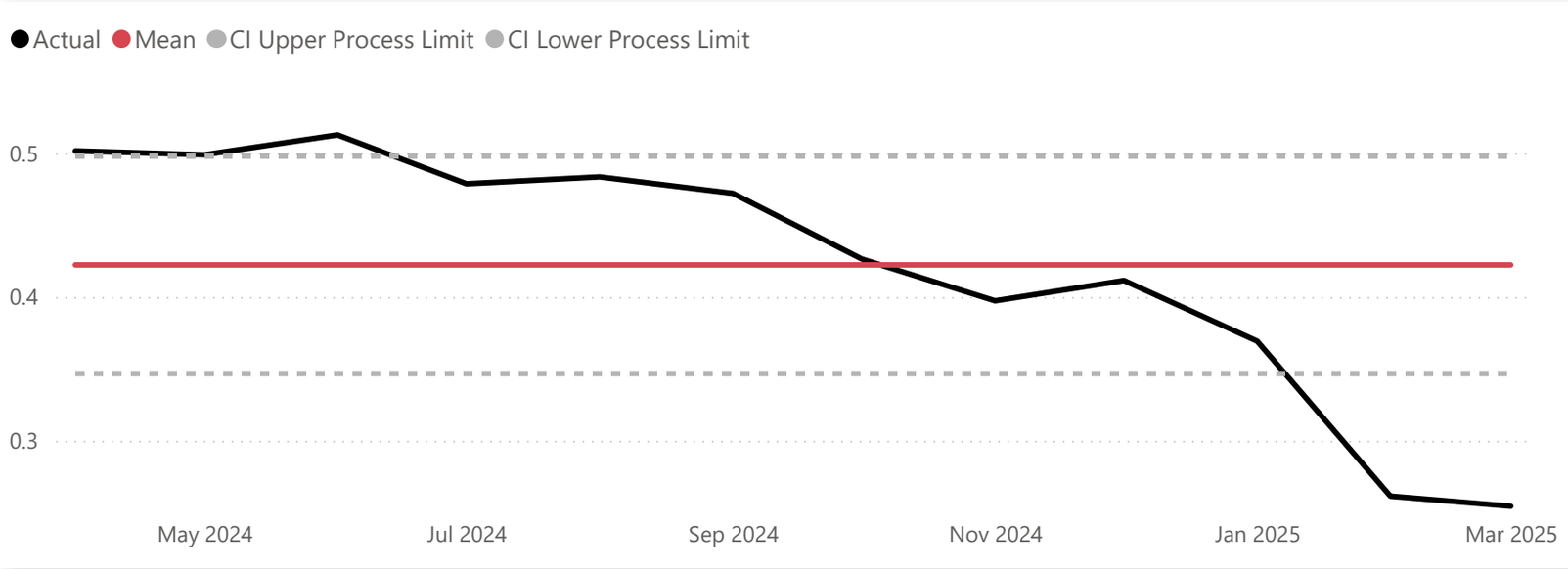
March 2025

25.4%

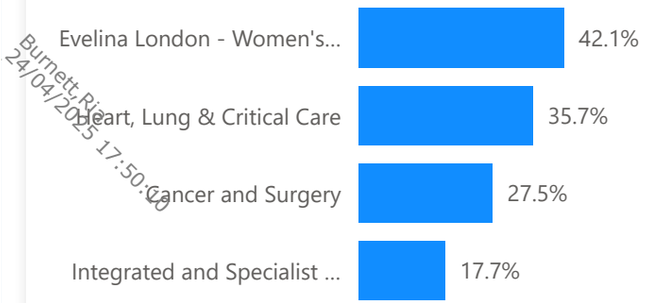
SPC

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

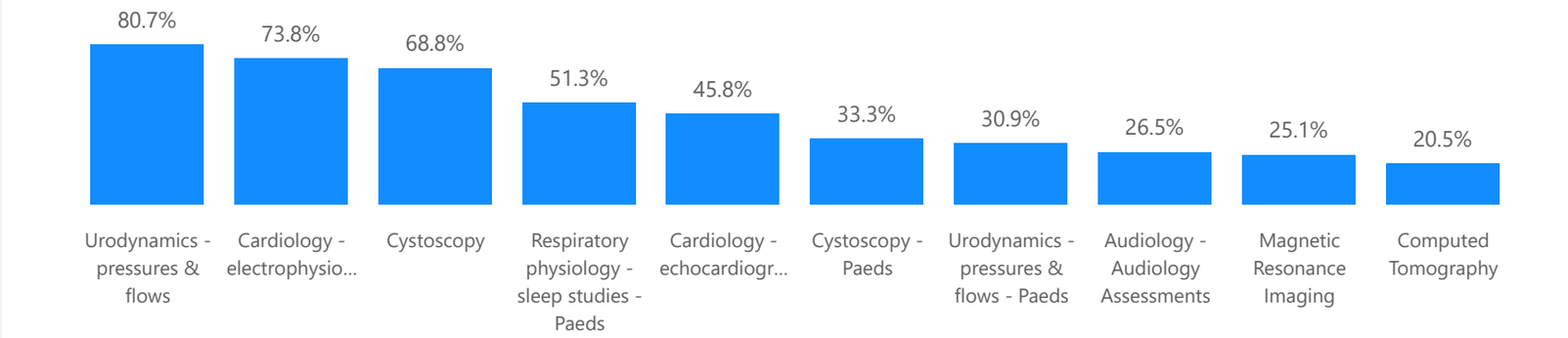
Diagnostic waits - % over 6 weeks



Clinical Group Overview



Directorate Overview



Responsive

Guy's and St Thomas'
NHS Foundation Trust

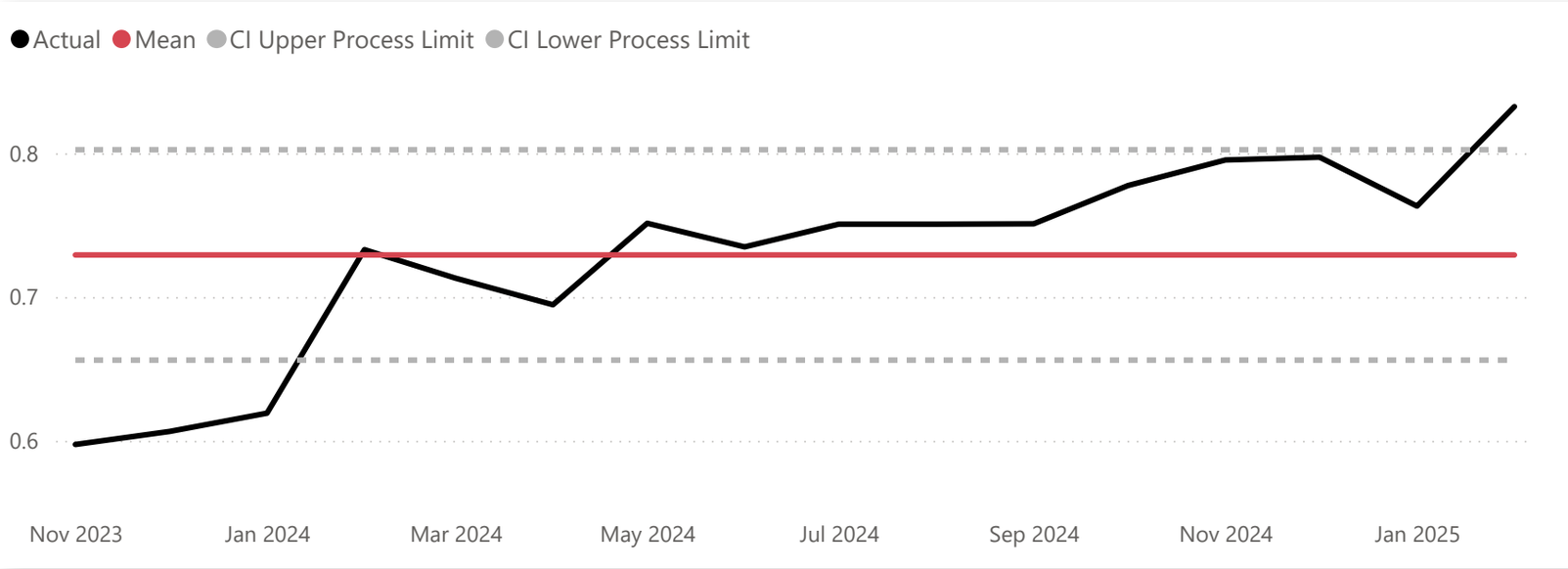
February 2025

83.2%

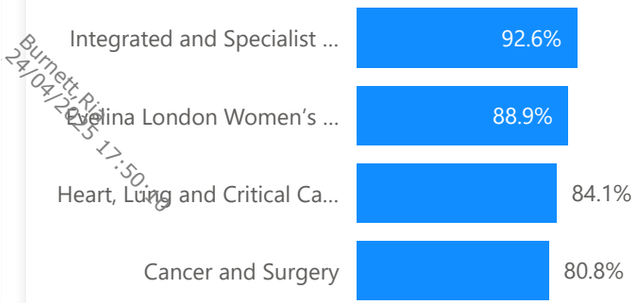
SPC

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

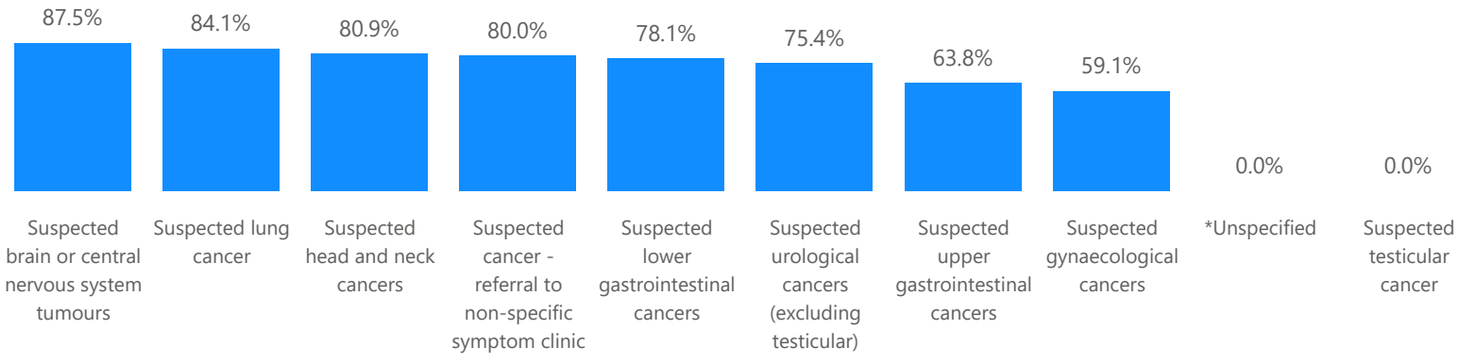
Cancer - FDS



Clinical Group Overview



Tumour Group Level



Responsive

Guy's and St Thomas'
NHS Foundation Trust

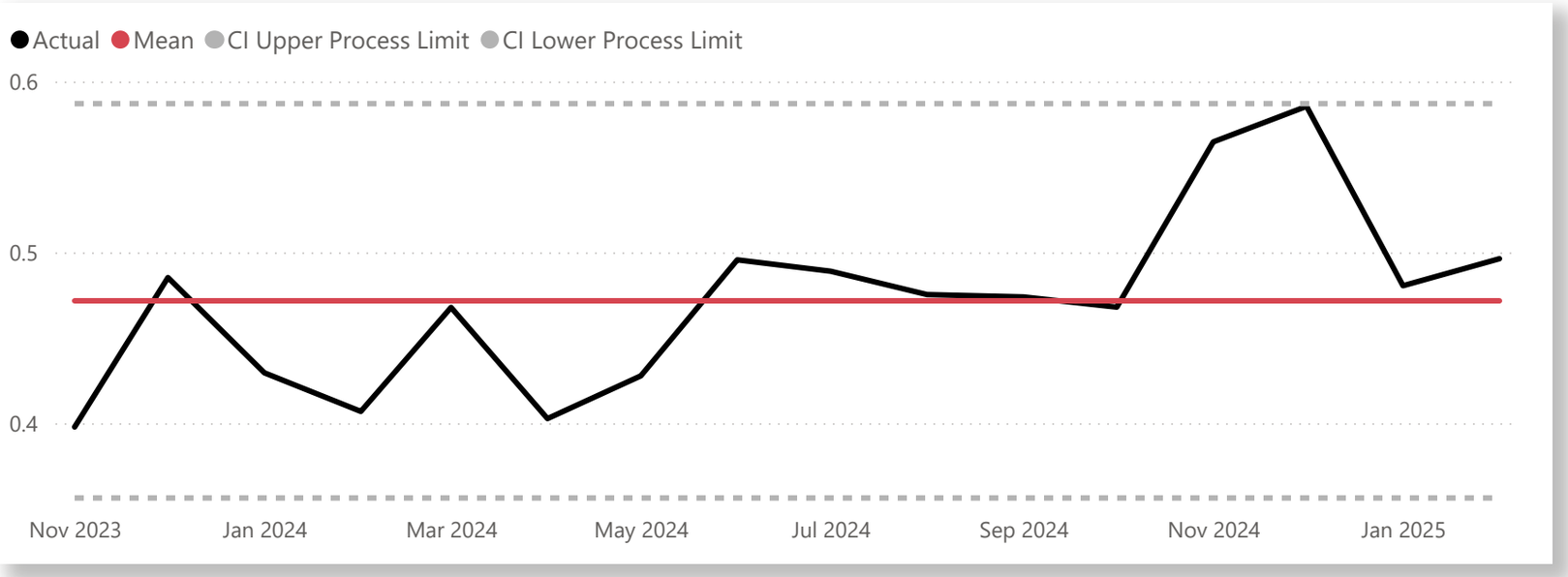
February 2025

49.6%

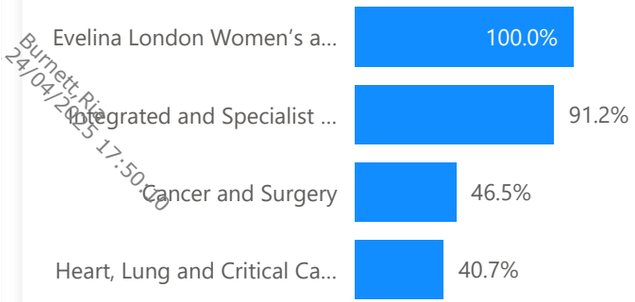
SPC

This indicator is showing common cause variation

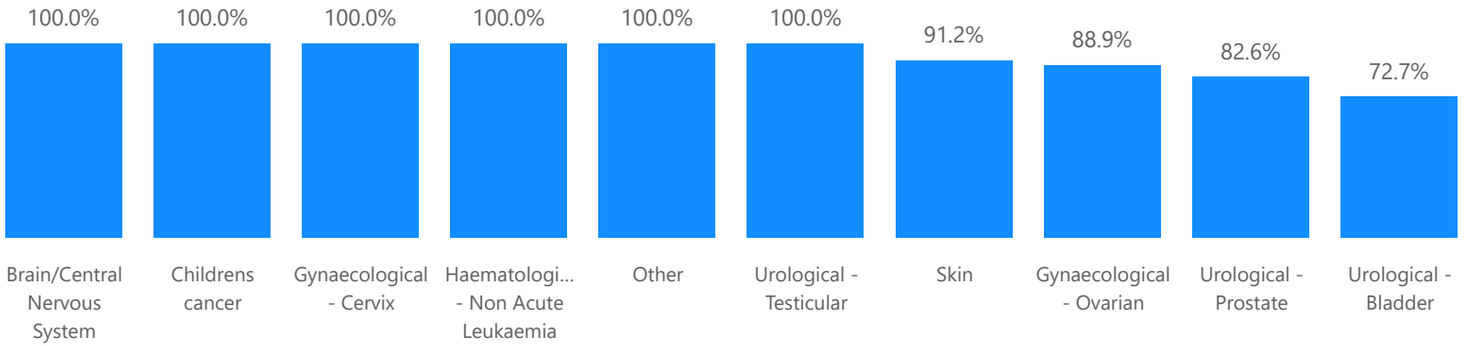
Cancer - 62 day all referral types (total)



Clinical Group Overview



Tumour Group Level



Responsive

Guy's and St Thomas' NHS Foundation Trust

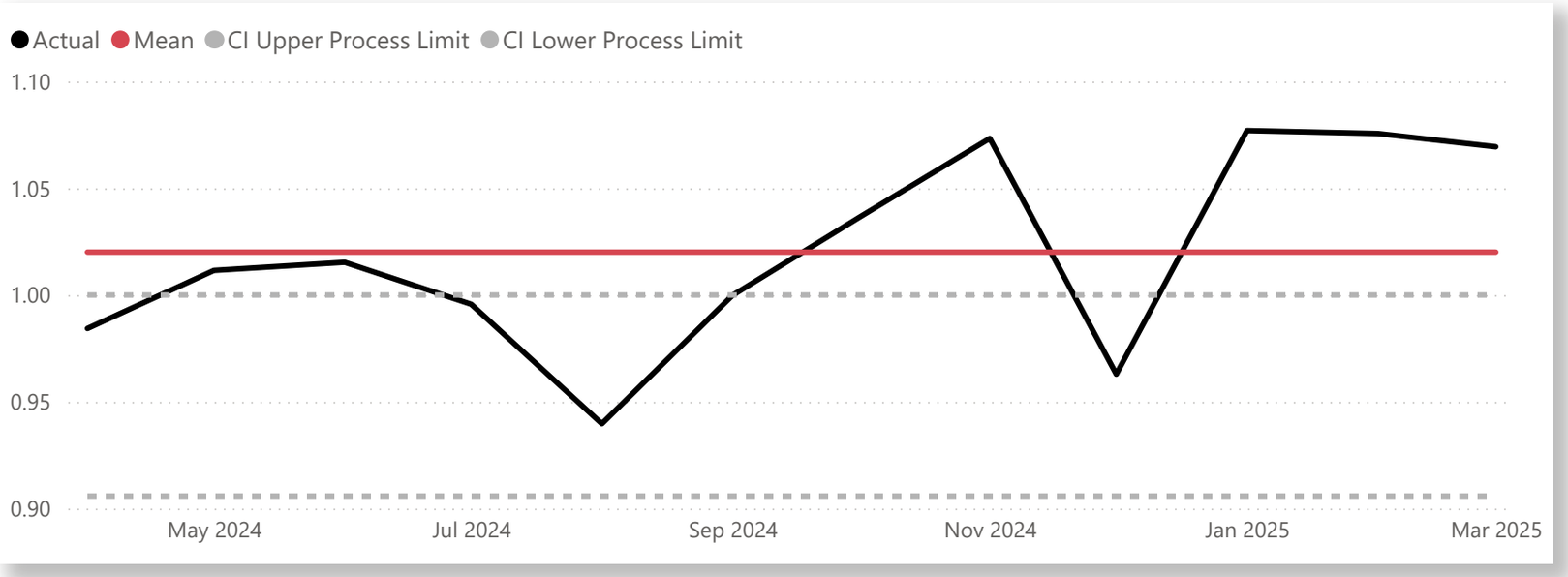
March 2025

106.9%

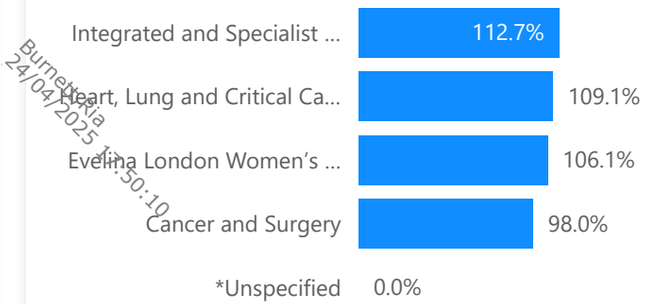
SPC

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

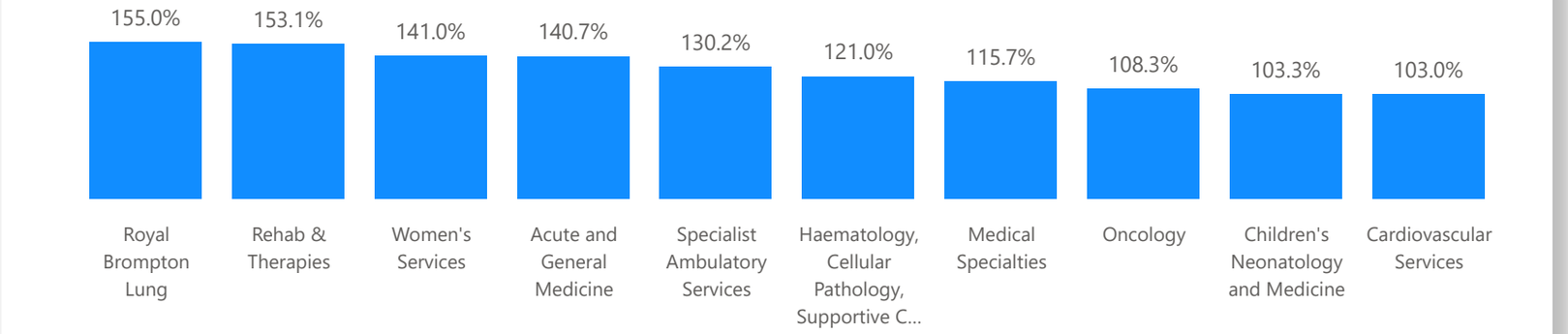
Outpatient New & FU vs 24/25 Operational Plan



Clinical Group Overview



Directorate Overview



Responsive

Guy's and St Thomas'
NHS Foundation Trust

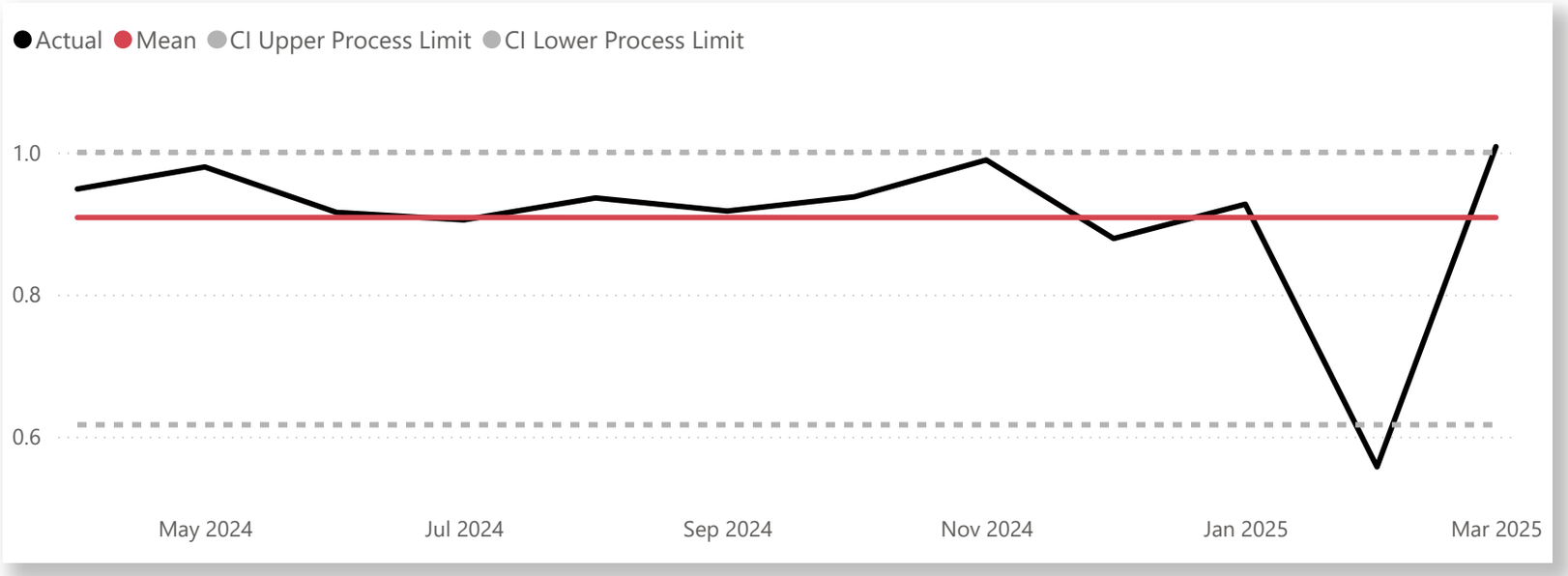
March 2025

100.8%

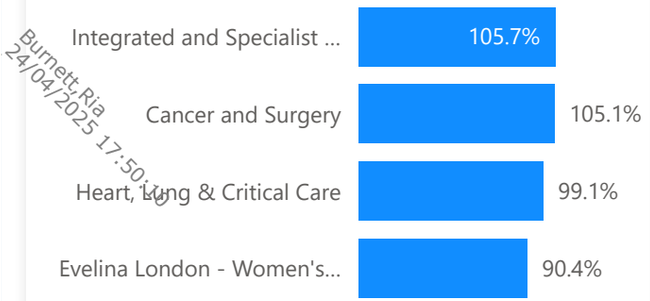
SPC

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

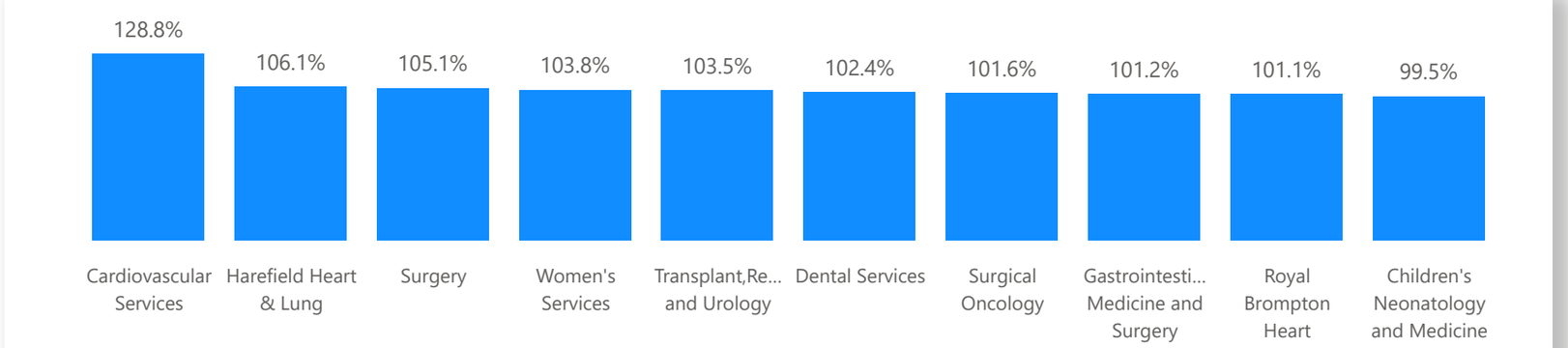
Elective DC & IP vs 24/25 Operational Plan



Clinical Group Overview



Directorate Overview



Responsive

Guy's and St Thomas'
NHS Foundation Trust

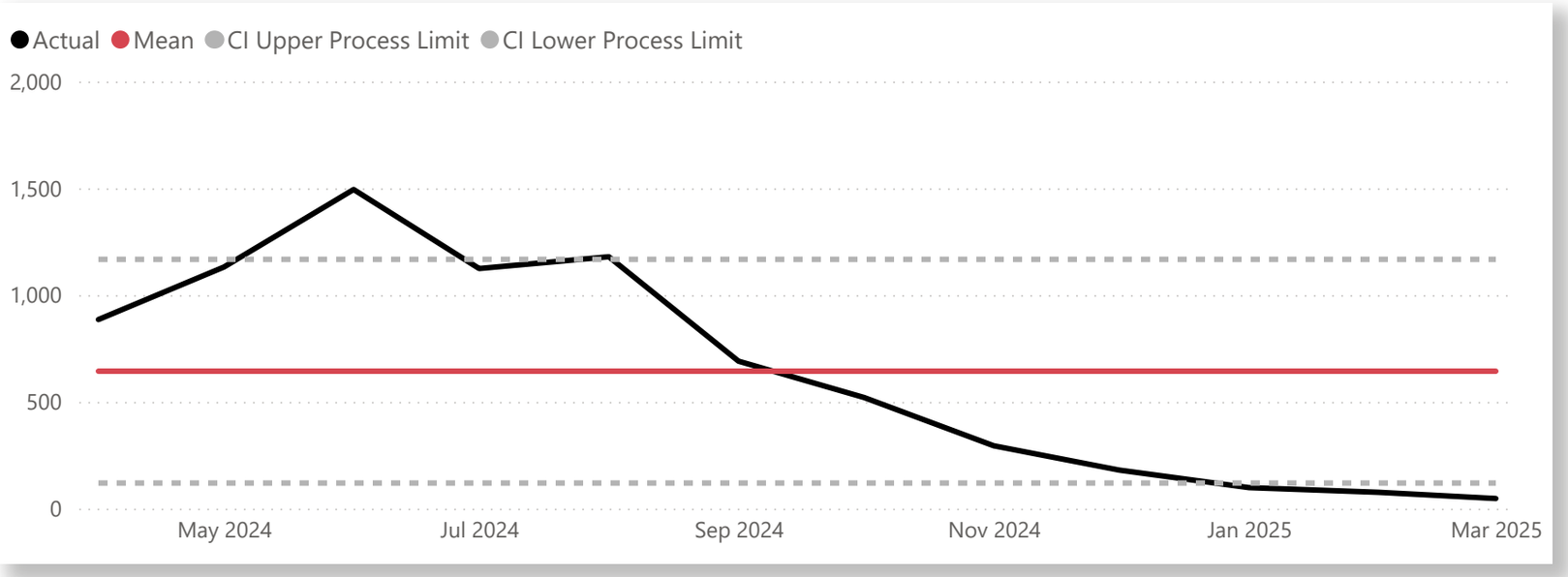
March 2025

47

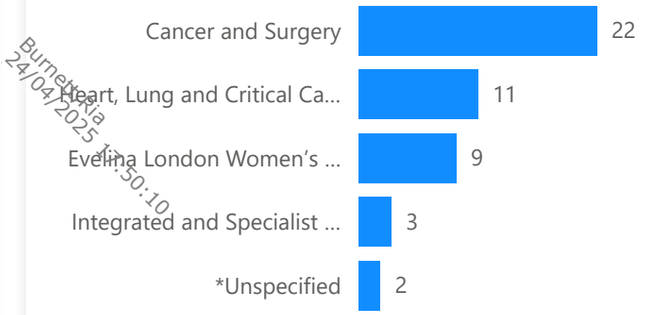
SPC

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

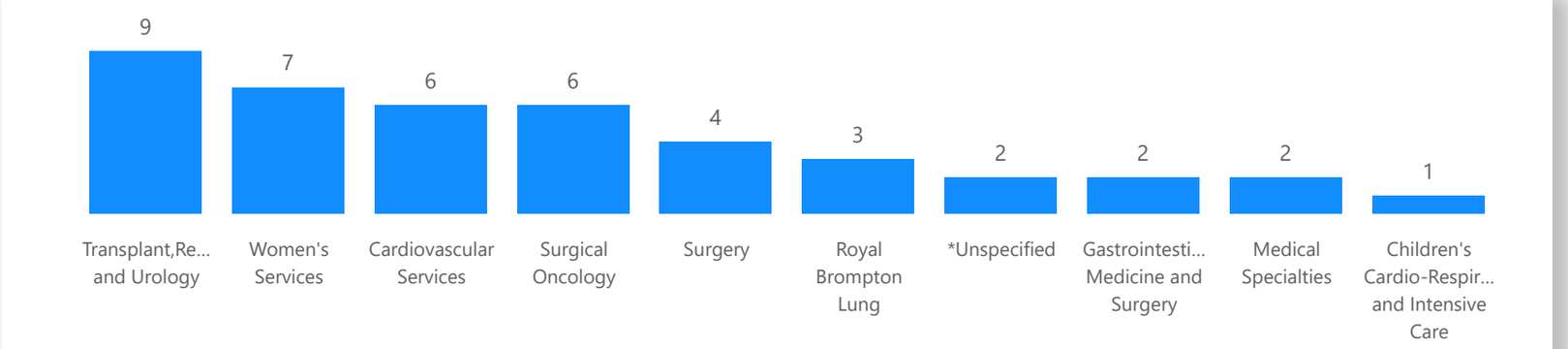
Number of 65 Week Waiters



Clinical Group Overview



Directorate Overview



Responsive

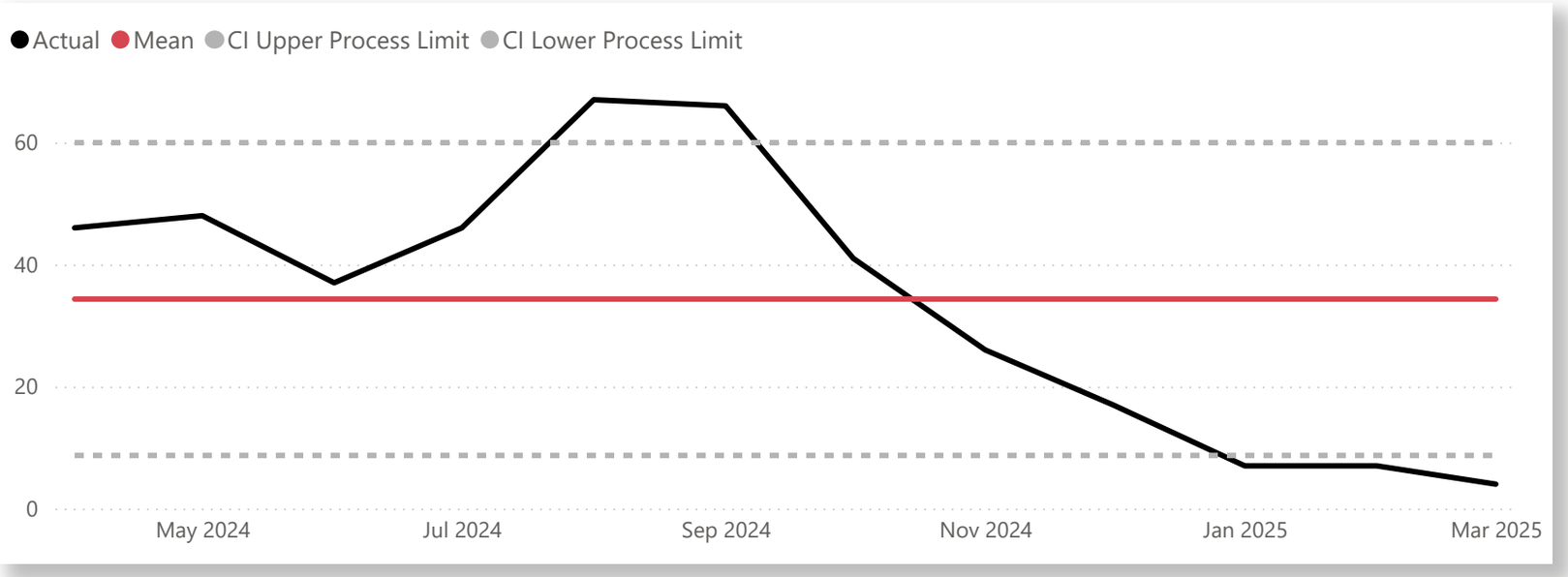
Guy's and St Thomas'
NHS Foundation Trust

March 2025
4

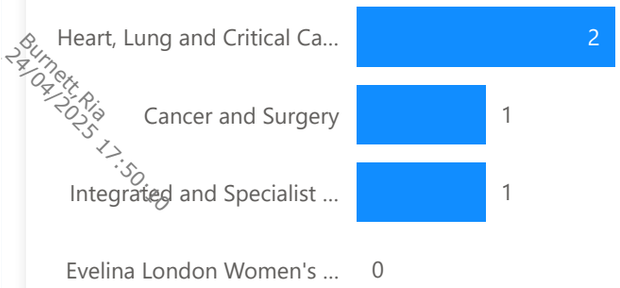
SPC

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

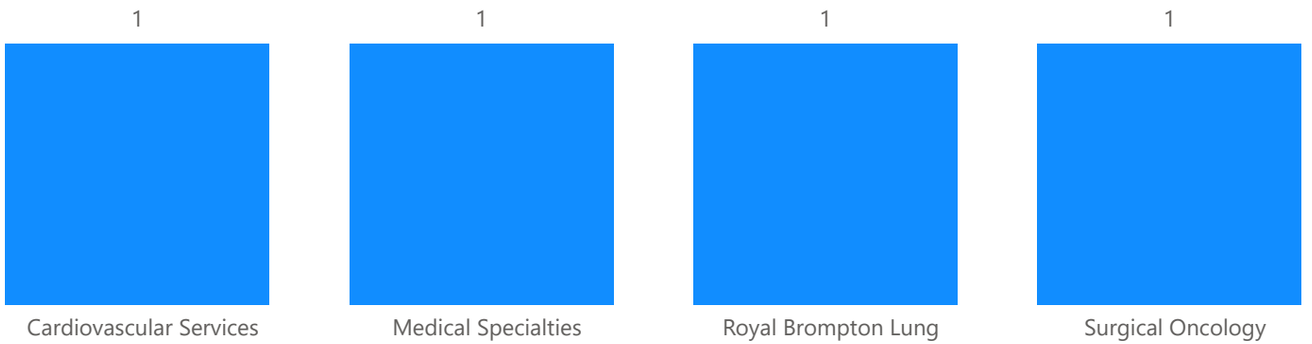
Number of 78 Week Waiters



Clinical Group Overview



Directorate Overview



Responsive

Guy's and St Thomas'
NHS Foundation Trust

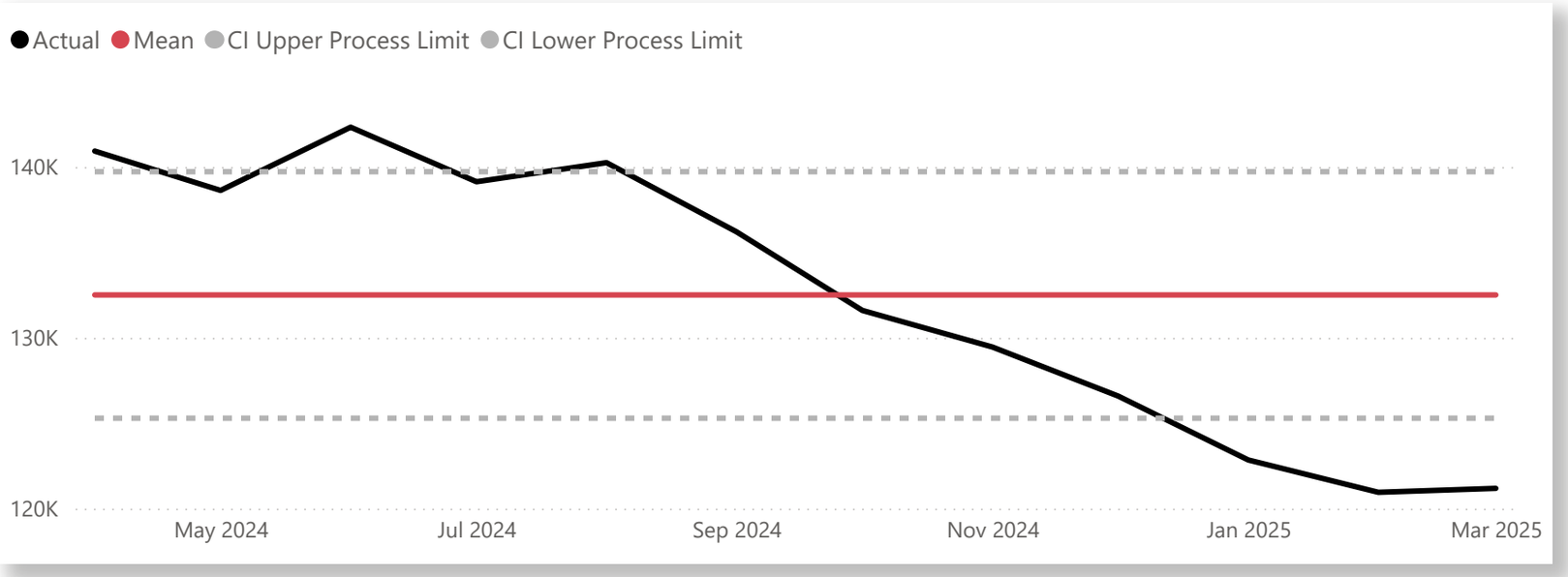
March 2025

121,183

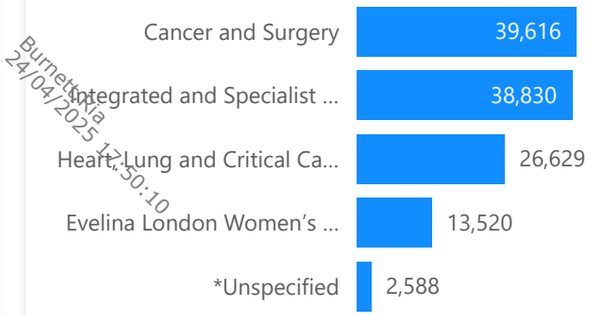
SPC

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

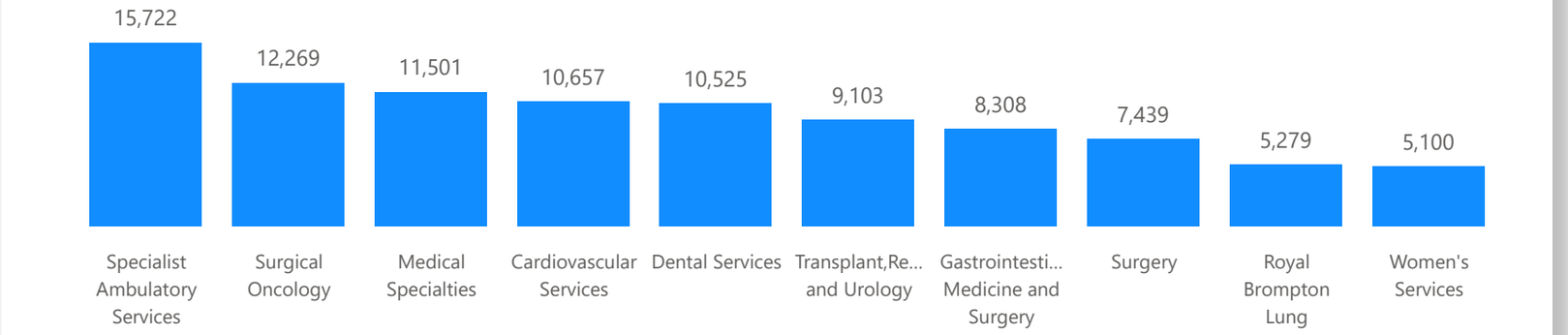
RTT - Total incomplete pathways



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

Guy's and St Thomas' NHS Foundation Trust

Committee name	Finance, Commercial and Investment Committee
Date, time	Wednesday 22 January 2025, 1pm – 4pm
Venue	Chelsea Wing Boardroom, Royal Brompton Hospital
Chair	Simon Friend

Financial Update: At 31 December 2024 the Trust had reported a year-to-date deficit of £33 million, which was largely attributable to the impact of the Synnovis cyber-attack. Delivery of the cost improvement programme was behind plan, although work was ongoing to identify further opportunities to reduce both pay and non-pay costs on a recurrent basis. Analysis of the remaining overspend identified high non pay costs, particularly in relation to drugs and clinical supplies, and inflation as the key contributors to the variance. The Trust aimed to achieve a breakeven position by the end of the financial year.

To enable the Trust to spend its capital expenditure allocation in full, a successful application for capital cash support had been made. Work was taking place to prioritise capital schemes that could be expedited during quarter four, noting there were significant schemes scheduled for 2025/26 that could potentially be brought forward.

Productivity comparison: A presentation highlighted the changes in productivity levels between 2019/20 and 2024/25. The Committee noted lower growth in cost-weighted activity than that experienced by some other London trusts and an 11.9% increase in total pay costs since 2019/20. Growth in non-pay had also increased significantly which was in line with other trusts in the region. The Committee considered how the Trust would balance cost containment with increased clinical productivity in 2025/26.

Annual planning update: Whilst no official budgetary planning guidance had yet been received, a significant amount of work to develop the 2025/26 capital and revenue budgets had taken place, with a draft budget expected in February ahead of final approval in March. The Committee noted that the financial situation across the health sector would remain challenging, and that the Trust would again be required to identify and deliver a significant cost savings target.

HFMA financial sustainability assessment: The Committee received an update on the Trust's Healthcare Financial Management Association's (HMFA) financial sustainability rating which had deteriorated slightly since the last assessment in November 2022. This was attributed to a combination of factors including a more complex system environment, the impact of new systems including Epic, and training needs across the organisation. Improvement programmes were being developed to address the findings in all areas.

Private Patient Update: The Committee noted that private patient activity was underachieving against plan primarily due to the impact of the Synnovis cyber-attack and industrial action earlier in the year. New approaches to address staffing issues were being implemented and increasing income from private patient work had been identified as a key workstream under the Trust's productivity programme. A deep dive into this topic would be brought back to a future Committee meeting.

Provision of prosthetic and orthotic services:
The Committee approved a contract for prosthetic and orthotic services over the next five years.

Contract Reviews: The Committee received reports providing oversight and assurance of two of the Trust's high value strategic contracts. Committee members noted where the suppliers were performing well against the service levels set out in the contracts, and where improvements were required.

Board Assurance Framework Review: The Committee reviewed the two risks it owned on the Board Assurance Framework, relating to financial sustainability and capital expenditure, and agreed that no changes should be made to the risk scores or level of assurance.

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS

WEDNESDAY 30 APRIL 2025

Report title:	**Finance Report for the eleven months to 28th February 2025**
Executive sponsor:	**Damien O'Brien, Chief Financial Officer**
Paper author:	**Hazel Childs, Director of Operational Finance**
Purpose of paper:	To seek approval
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 £10.2m deficit, which is £9.2m worse than planned. • £25m was received from the ICB in February, the Trust's share of the ICB's forecast surplus, with £22.9m (11/12) recognised in the M11 position. • The Board has approved a revised outturn target of a £13.2m surplus (excluding the impact of the pathology cyber-attack) in line with external expectations. • All commissioner contracts have now been agreed including for prior years. • The cash balance at the end of February of £182.5m is an increase of £92.6m against the opening balance. This includes the cash support of £62.5m received in September 2024, the further £38.2m received in January 2025 & the £25.0m ICB surplus received in February.
Paper previously presented at:	Trust Executive Committee, 25 March 2025 and Financial, Commercial and Investment Committee, 23 April 2025
Recommendation(s):	The BOARD is asked to discuss and note the content of this report.

1. Introduction

1.1. This paper updates the Board on financial performance for the eleven month period to 28th February 2025.

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). This surplus position has been distributed to providers in February and, as expected, the Trust has been asked to improve its forecast surplus to £13.2m.

2.2. Performance for the eleven months to February 2025 is a deficit of £10.2m, following a £23.4m in month surplus, primarily as a result of the distribution of the ICB surplus.

Income and Expenditure	Budget Mth £m	Actual Mth £m	Variance Mth £m	Budget YTD £m	Actual YTD £m	Variance YTD £m	Annual Plan £m
Income	239.8	274.5	**34.7**	2,630.1	2,751.2	**121.1**	**2,869.8**
Pay	(139.5)	(139.4)	**0.1**	(1,531.4)	(1,537.1)	**(5.8)**	**(1,671.5)**
Non Pay	(99.4)	(111.7)	**(12.3)**	(1,099.8)	(1,224.3)	**(124.5)**	**(1,198.2)**
Surplus / (Deficit) - Adjusted Financial Position (AFP)	**1.0**	**23.4**	**22.4**	**(1.0)**	**(10.2)**	**(9.2)**	**0.0**
DODA	(1.0)	(1.1)	**(0.2)**	(10.7)	(17.2)	**(6.5)**	**(11.7)**
Capital Donations	0.9	(2.6)	**(3.5)**	5.0	0.2	**(4.8)**	**5.0**
Technical Adjustments	0.0	(0.0)	**(0.0)**	0.0	(0.0)	**(0.0)**	**0.0**
Surplus / (Deficit) - Excl Fin Adj's	**0.9**	**19.6**	**18.8**	**(6.7)**	**(27.3)**	**(20.6)**	**(6.7)**

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 £8.9m 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 has received £25m from SEL ICB in February as its share of the ICB's forecast surplus. The YTD position includes £22.9m of this as the YTD impact.
- The Trust's underlying performance YTD is estimated at a £33.9m 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 (£22.4m above plan) are only partially offset by estimated additional VCM (excluded devices) income of £2.3m. 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 under-estimate of the savings seen in 2023/24 due to high levels of industrial action;
- The Trust has managed to agree all outstanding commissioner contracts, including for prior years. The favourable income variance of £86.4m offsets the overspends seen on high cost drugs and clinical supplies year to date. Outstanding balances for the 23/24 ERF have been agreed with a reported positive impact of £18.3m.
- 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 January is £182.5 which is an increase of £92.6m 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, with a further £38.2m of cash support received on 13th January 2025. Furthermore the trust received £25m in cash for the ICB surplus distribution in February. The full £125.7m is reflected in the M11 reported position, and is the primary driver of the improved cash position since April.

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 £71.4m has been recorded against CDEL funded schemes which is £1.7m less than the YTD core CDEL allocation. February saw increased expenditure as a result of efforts to consume available CDEL before year end. Significant expenditure is required in March to utilise the remaining CDEL and £12m of expedited schemes have been approved in pursuit of this.

3.3. **Cost Improvement Programmes:** YTD CIP achievement stands at £64.1m against a YTD plan of £64.8m for planned schemes. CIP achievement against the trust target is £20.9m behind the YTD plan of £85.0m. 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. Year-end Forecast (Excluding the impact of the pathology cyber-attack): The Trust target for year end has now been clarified at a £13.2m surplus following discussions with the SEL ICB and London Region over recent months. At the beginning of the year the Trust set a breakeven target and as additional funding was allocated to the Trust, we have been in discussions about whether the majority of this should support the initial plan or move the Trust to a surplus target.

The most material amount of additional income is £8.5m from the London region. The Trust has argued that this supported specialised services income growth assumptions we had already made. The regional team have now clarified with the ICB that it must be used to improve the Trust's financial position above initial plans.

Given this clarification the Board has approved a change in our target for the year to a £13.2m surplus.

5. Recommendations

5.1. 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 £10.2m.
- Note the current cash balance of £182.5m
- Note the receipt of PDC cash support of £62.5m in September 2024, the further £38.2m in January 2025 and the ICB surplus distribution of £25m in February 2025.
- Note the current capital expenditure of £71.4m which is within the phased capital plan.
- Note the contents of Appendix A – CIP.
- Note the revised Trust forecast outturn target of £13.2m surplus (excluding the impact of the pathology cyber-attack).

NHS

Guy's and St Thomas'

NHS Foundation Trust

Finance, Commercial and Investment Committee

23rd April 2025

Finance Report - 24/25

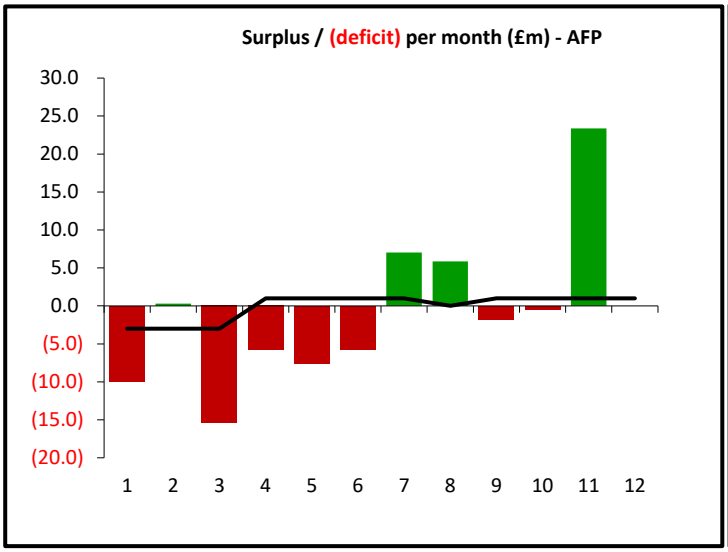
Month 11

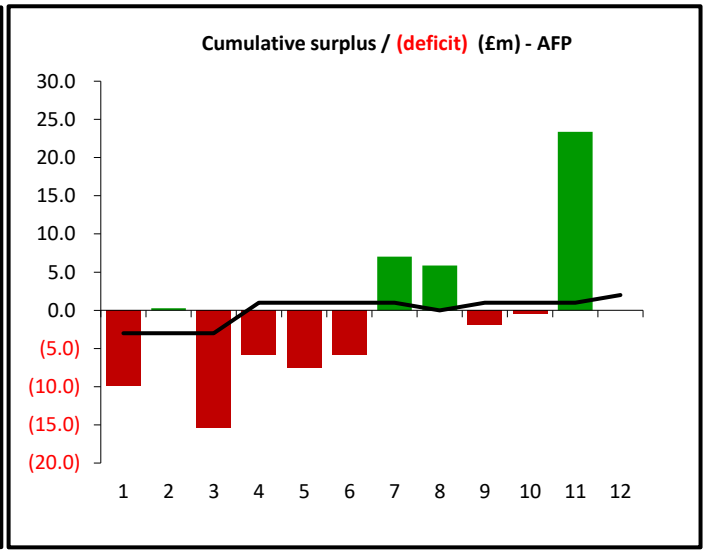
NHS
Guy's and St Thomas'
NHS Foundation Trust

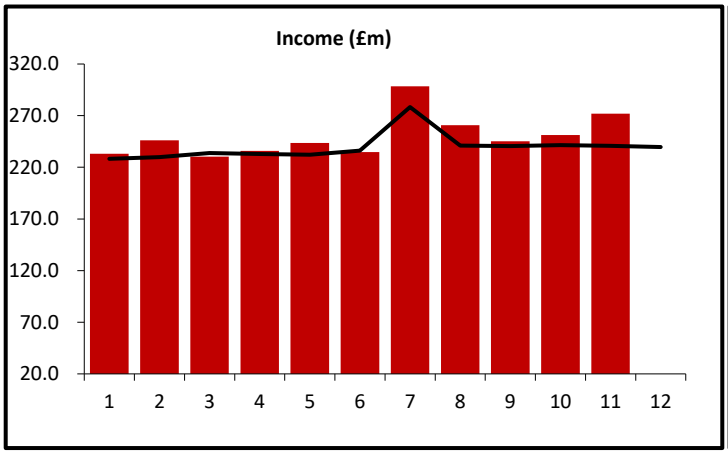
Contents

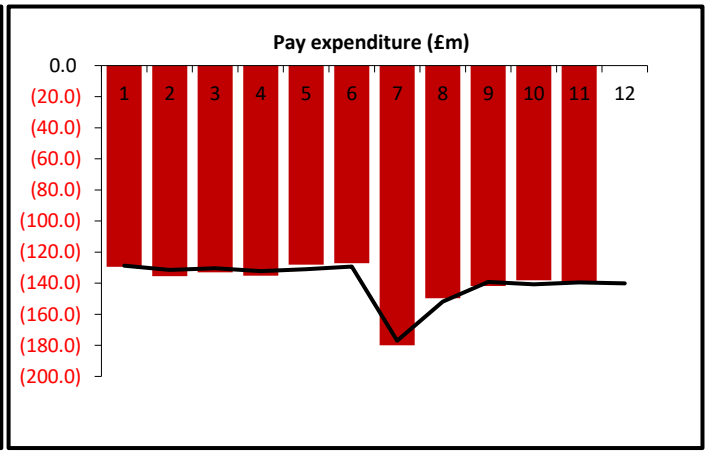
Summary Financial Performance - Trust

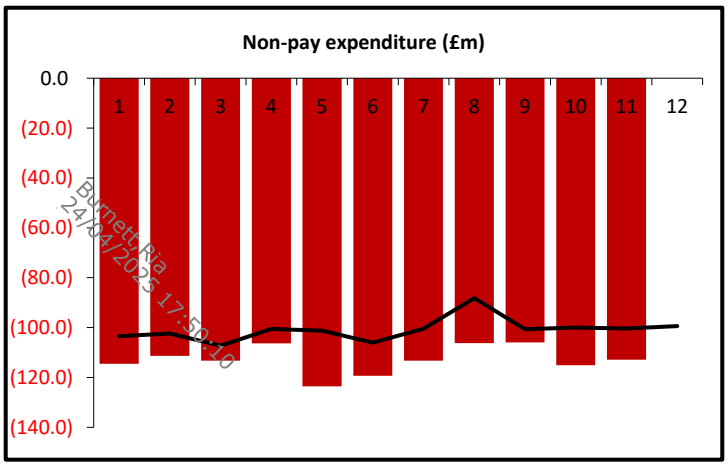
Income and Expenditure	Budget Mth £m	Actual Mth £m	Variance Mth £m	Budget YTD £m	Actual YTD £m	Variance YTD £m	Annual Plan
Income	239.8	274.5	**34.7**	2,630.1	2,751.2	**121.1**	**2,869.8**
Pay	(139.5)	(139.4)	**0.1**	(1,531.4)	(1,537.1)	**(5.8)**	**(1,671.5)**
Non Pay	(99.4)	(111.7)	**(12.3)**	(1,099.8)	(1,224.3)	**(124.5)**	**(1,198.2)**
Surplus / (Deficit) - Adjusted Financial Position (AFP)	**1.0**	**23.4**	**22.4**	**(1.0)**	**(10.2)**	**(9.2)**	**0.0**
DODA	(1.0)	(1.1)	**(0.2)**	(10.7)	(17.2)	**(6.5)**	**(11.7)**
Capital Donations	0.9	(2.6)	**(3.5)**	5.0	0.2	**(4.8)**	**5.0**
Technical Adjustments	0.0	(0.0)	**(0.0)**	0.0	(0.0)	**(0.0)**	**0.0**
Surplus / (Deficit) - Excl Fin Adj's	**0.9**	**19.6**	**18.8**	**(6.7)**	**(27.3)**	**(20.6)**	**(6.7)**

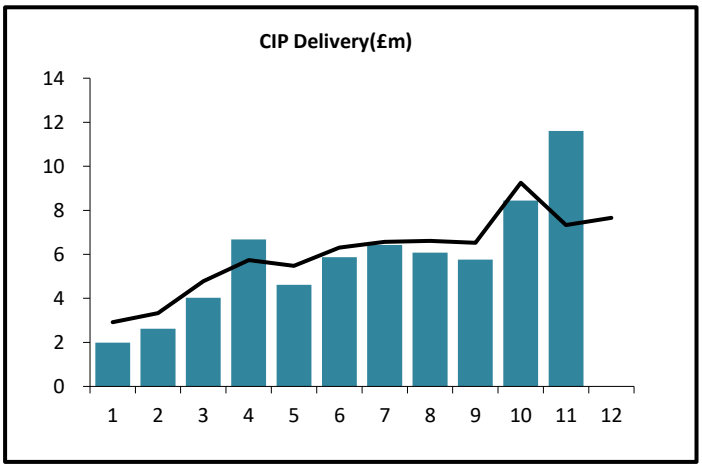












Finance Report Commentary

Executive Summary

Summary: YTD, as its adjusted financial performance, the Trust is reporting a deficit of £10.2m, which is £9.2m adverse to plan. The key drivers of this are:

- **Current Year Clinical Income:** reported at £31.7m behind plan at M11. 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 £8.9m lower than planned, with £3.6m of this attributable to high cancellations June to September.
- **ICB Surplus:** In M11 the Trust received a share of the ICB's expected surplus for the year, amounting to £25.0m for the full year, of which £22.9m, covering the YTD period, has been recognised in M11.
- **CIP delivery:** YTD £64.1m of CIPs have been delivered, which is this is £0.8m less than phased identified plans, however this rises to £20.9m behind plans once unidentified savings targets are included. The under-delivery is held within both pay and non pay budgets within the reported position
- **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.
- **Balance Sheet Flexibility:** to date £2.7m of non-recurrent benefits have been realised.
- **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 £6.9m more than budgeted.
- **Non Pay:** Excess inflation costs in the position total £15.9m

Income: YTD income totals £2,751m and is £121.1m favourable to plan, the main drivers of which are:

- **Current Year Clinical Income:** reported at £31.7m behind plan at M11. 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 £8.9m lower than planned, with £3.6m of this attributable to high cancellations June to September.
- **ICB Surplus:** In M11 the Trust received a share of the ICB's expected surplus for the year, amounting to £25.0m for the full year, of which £22.9m, covering the YTD period, has been recognised in M11.
- **Pass through drugs and devices** income is £47.7m and £2.27m 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.
- **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:** £54.7m above plan YTD. This includes additional funding for depreciation / asset disposals of £11.6m and £8.0m of non-recurrent funding for hosted services pay awards. Additonally, Education income is £11.6m ahead of plan, R&D income is £6.4m ahead of plan and income from Lexica is £8.6m ahead of plan.

Pay budgets:YTD expenditure of £1,537m is £5.8m worse than plan;

- **Capital Staff** There are costs of £1.9m relating to staff that were previously classed as capital including £1.5m of redundancy costs.
- **Apollo Stablisation** costs of £2.6m 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 £0.5m and Lexica £6.5m.

Non Pay budgets (including Reserves and Unidentified CIPs): YTD performance is £124.5m worse than plan, the main drivers of which are:

- **CIP delivery:** YTD £64.1m of CIPs have been delivered, which is this is £0.8m less than phased identified plans, however this rises to £20.9m behind plans once unidentified savings targets are included. The under-delivery is held within both pay and non pay budgets within the reported position
- **Independent Sector** - On-going use of the Independent sector has resulted in expenditure above plan of £6.9m.
- **Depreciation & amortisation** costs have resulted in expenditure above plan of £19.0m
- **Drugs and clinical supplies** budgets are £51.6m overspent YTD, though this is materially offset within income.
- **Premises** are £7.6m overspent, in part due to £4.4m of Apollo costs of which £2.4m is to invoiced to KCH (income is accrued).
- **Excess Inflation** costs in the position total £15.9m

Balance Sheet: The Trust closed the month with a cash balance of £182.5m; this is an increase of £92.6m from the opening balance on 1st April 2024. This includes £38.2m cash support for capital programmes received in M10 and the £25.0m share of SEL ICB's surplus received in M11.

Drivers of YTD Group Variances £000

Variance Type	Cancer & Surgery	Evelina London	HLCC	ISM	Essentia	Corporate	Other	Trust Total
Pay	(4,132.6)	7,097.6	(2,086.3)	(1,073.1)	(191.3)	14,122.0	(19,524.3)	**(5,788.1)**
Further Improvement Target	316.2	(4,293.3)	(835.0)	409.4	2,330.5	(7,179.8)	(21,722.1)	**(30,974.1)**
Internal Recharges	322.2	(246.9)	554.5	64.6	728.9	(2,118.5)	(168.0)	**(863.3)**
Non Pay	(20,360.7)	(9,849.6)	(20,822.7)	(18,451.4)	(5,667.1)	(3,984.9)	(13,572.7)	**(92,709.1)**
Income (Excl Clin Income Adj)	(9,215.8)	(456.3)	(353.5)	(5,199.1)	1,857.6	(2,408.1)	136,931.9	**121,156.8**
Total (Excl Clin Income Adjs)	**(33,070.7)**	**(7,748.6)**	**(23,543.0)**	**(24,249.6)**	**(941.4)**	**(1,569.3)**	**81,944.7**	**(9,177.8)**
Clinical Income Adjustment (excl pass through D&D)	5,220.5	1,873.5	945.7	2,842.8	80.0	4,091.0	(15,053.5)	**0.0**
Pass Through Drugs & Devices Clinical Income	14,432.3	9,116.7	(2,302.4)	5,207.7	0.0	0.0	(26,454.3)	**0.0**
Total (Incl Clin Income Adjs)	(13,418.0)	3,241.7	(24,899.7)	(16,199.2)	(861.4)	2,521.7	40,437.0	(9,177.8)

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	(3,704.7)	393.4	(1,235.1)	(2,326.3)	17.5	1,649.0	(8,312.9)	**(13,519.0)**
Nursing Staff	(783.2)	3,025.2	(2,824.7)	3,282.1	(48.0)	61.6	(2,544.4)	**168.5**
PAMs	(315.9)	(228.8)	1,197.5	2,198.2	4.8	(651.0)	(72.1)	**2,132.6**
Professional & Technical (PTB)	193.9	442.3	4,309.7	2,504.4	(6.2)	(811.4)	(119.1)	**6,513.6**
Admin & Clerical	4,702.8	2,095.6	(3,748.2)	1,643.3	3,316.4	14,027.0	(8,077.2)	**13,959.8**
Estate and Facilities Staff	0.8	98.3	3.9	2.1	(3,754.0)	(375.8)	(22.0)	**(4,046.8)**
All Other Staff	(4,226.4)	1,271.5	210.6	(8,376.9)	278.3	222.8	(376.6)	**(10,996.7)**
Total Pay	**(4,132.6)**	**7,097.6**	**(2,086.3)**	**(1,073.1)**	**(191.3)**	**14,122.0**	**(19,524.3)**	**(5,788.1)**
Non-Pay								
Drug Costs	(16,757.7)	(6,625.9)	(34.2)	(9,015.5)	1.8	454.8	2,863.0	**(29,113.8)**
Clinical Supplies	(5,772.3)	(3,807.2)	(12,401.8)	(7,423.8)	46.7	4,737.1	2,179.8	**(22,441.4)**
Premises Costs	(159.2)	202.3	(1,007.5)	(1,369.1)	(4,838.3)	(3,450.0)	3,060.4	**(7,561.3)**
Purchase of Healthcare from non-NHS bodi	1,589.6	(246.9)	(4,512.1)	790.3	0.0	(1,450.0)	(1,090.0)	**(4,919.0)**
Establishment Costs	16.0	(98.7)	1,158.4	240.9	(107.0)	632.6	(965.2)	**876.9**
Other Non-Pay Costs	722.9	726.7	(4,025.5)	(1,674.2)	(770.4)	(4,909.3)	(19,620.6)	**(29,550.4)**
Total Non-Pay	**(20,360.7)**	**(9,849.6)**	**(20,822.7)**	**(18,451.4)**	**(5,667.1)**	**(3,984.9)**	**(13,572.7)**	**(92,709.1)**

Summary: YTD the Trust is reporting an adverse variance to plan of £9.2m measured on an adjusted financial performance basis.
The key drivers of the adverse position are CIP delivery which to date has under-performed by £20.9m across both unidentified and unachieved CIPs.
Current Year Clinical Income is £31.7m behind plan predominantly driven by high cancellations in Q1 & Q2. Within this, £8.9m relates to Private Patients.
Apollo Stabilisation costs in pay amout to £2.7m, with a further £4.4m costs within non-pay, partly offset by income from KCH of £2.4m
Overspends within drugs are materially offset by pass through income. Clinical supplies overspends are partially offset with income. Non-pay costs overall continue to see significant excess inflationary pressures, with total excess inflation reaching £15.9m at M11.

Underlying Performance £000

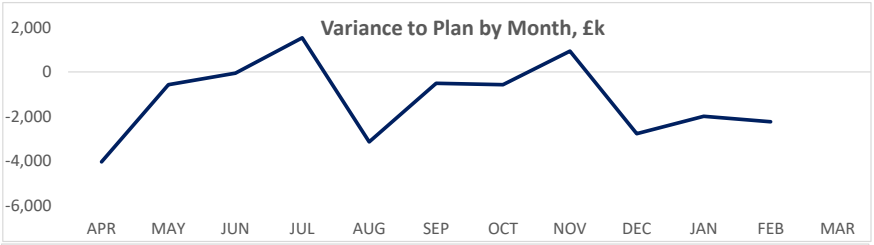
Variance Type	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Trust Total (24/25)	Trust Total (25/26)
Current Month Adjusted Financial Performance (AFP)	**(9,888)**	**286**	**(15,428)**	**(5,802)**	**(7,573)**	**(5,779)**	**7,016**	**5,853**	**(1,860)**	**(427)**	**23,376**	**(10,227)**	**(34,369)**
Industrial Action	0	0	0	(946)	(161)	2,194	29	0	0	0	0	**1,116**	**1,116**
Independent Sector - current year	(493)	(336)	(491)	(827)	460	(173)	(857)	(549)	(688)	(459)	(279)	**(4,692)**	**(4,692)**
Balance Sheet Flexibility	(4,223)	6,920	0	0	0	0	0	0	0	0	0	**2,697**	**2,697**
Prior Year (Costs) \ Benefits	109	(508)	(2,339)	2,242	(903)	6,646	558	2,924	650	1,664	(222)	**10,821**	**10,821**
Current Year Non-Recurrent items	(1,504)	(935)	1,038	(108)	940	(115)	(1,836)	2,148	(2,087)	(598)	211	**(2,847)**	**11,605**
Accruals Released	(26)	58	86	825	129	532	772	0	0	143	1,489	**4,008**	**2,562**
Current Month Errors \ Omissions	1,240	2,982	1,967	5,470	4,002	(89)	107	27	105	111	(406)	**15,516**	**15,516**
Prior Period Correction	0	(1,240)	(2,982)	(1,967)	(5,470)	(4,002)	89	(107)	(27)	(105)	(111)	**(15,923)**	**(15,923)**
Capital \ Revenue Transfers	(403)	10	(84)	(31)	(1)	(78)	(28)	(84)	(71)	652	(28)	**(146)**	**(146)**
Bad Debt Movements	(527)	157	1,762	(1,393)	167	(300)	(311)	6	(270)	(56)	43	**(722)**	**(722)**
Synnovis Incident	0	0	(9,734)	(4,180)	(6,363)	(5,506)	(1,214)	(165)	(176)	77	(58)	**(27,321)**	**(27,321)**
ICB Surplus	0	0	0	0	0	0	0	0	0	0	22,917	**22,917**	**22,917**
Total Adjustments	**(4,826)**	**8,608**	**(9,977)**	**(916)**	**(3,701)**	**(891)**	**8,809**	**4,199**	**(2,564)**	**1,428**	**23,555**	**23,723**	**36,729**
Underlying Recurrent AFP position	**(5,062)**	**(8,322)**	**(5,451)**	**(4,887)**	**(3,873)**	**(4,888)**	**(1,793)**	**1,655**	**704**	**(1,855)**	**(179)**	**(33,951)**	**(48,181)**
Prior Period Adjustments	*2,052*	*2,052*	*2,052*	*1,983*	*2,052*	*2,052*	*1,992*	*(4,265)*	*(8,387)*	*(1,646)*	*64*	**(0)**	
Revised Underlying Recurrent AFP position	**(3,010)**	**(6,270)**	**(3,399)**	**(2,904)**	**(1,821)**	**(2,836)**	**200**	**(2,610)**	**(7,683)**	**(3,501)**	**(116)**	**(33,951)**	
Average Monthly Underlying AFP Position	***(5,062)***	***(10,853)***	***(6,278)***	***(5,930)***	***(5,519)***	***(5,414)***	***(4,896)***	***(4,078)***	***(3,546)***	***(3,070)***	***(2,829)***	***(3,086)***	

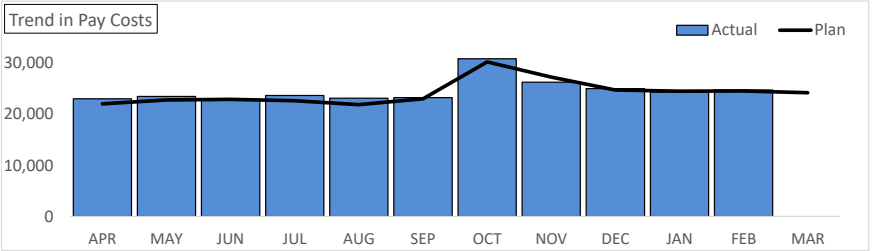
Summary:
The reported position in the month is a surplus of £23.4m; within this position non-recurrent or exceptional items totalling £23.6m in aggregate have been identified giving an Underlying AFP position of a £0.2m deficit. The most significant movement in month relates to receipt of the ICB surplus distribution which has contributed £22.9m in the month to the position, but which is a non-recurrent benefit.

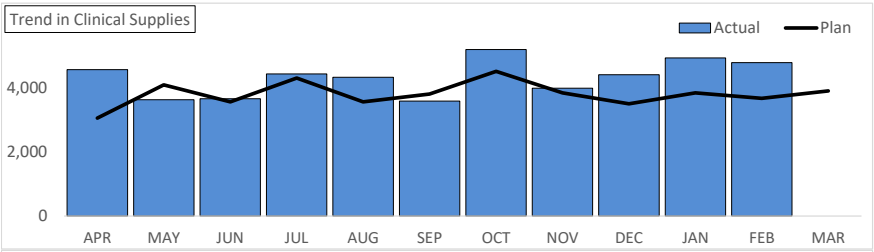
YTD, the Underlying Recurrent AFP is assessed at a £34.0m deficit, which averages to a £3.1m underlying monthly deficit, notably reflecting unidentified and undelivered savings, and the impact of excess inflationary costs. The average underlying monthly deficit has been gradually reducing over the year, reflecting continued work across the organisation on financial control and delivery.

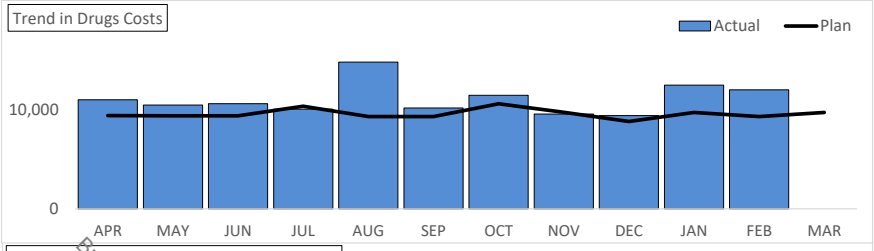
Cancer & Surgery Clinical Group - Financial Performance

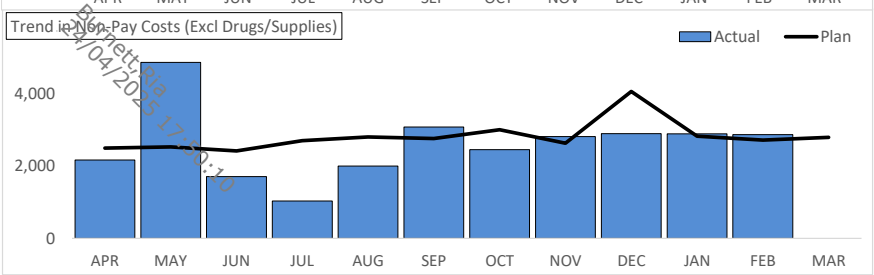
Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(24,536)	(24,741)	(205)	(266,522)	(270,654)	(4,133)
Further Improvement Target	(38)	0	38	(316)	0	316
Internal Recharges inc Overheads	(10,957)	(10,838)	119	(119,491)	(119,169)	322
Non Pay	(15,730)	(19,719)	(3,989)	(178,500)	(198,861)	(20,361)
Income (Excl Clin Income Adj)	4,059	3,468	(591)	41,878	32,662	(9,216)
Total (Excluding Income Adjustment)	**(47,203)**	**(51,830)**	**(4,627)**	**(522,951)**	**(556,022)**	**(33,071)**
Clinical Income Adjustment (excl pass through D&D)	35,772	36,048	275	393,435	398,656	5,220
P/T Drugs & Devices Clinical Income	8,200	10,314	2,114	90,197	104,629	14,432
Total	**(3,230)**	**(5,469)**	**(2,238)**	**(39,318)**	**(52,736)**	**(13,418)**











Summary

The Clinical Group is reporting a YTD position of £13.4m behind plan. The main drivers of the position YTD are:

Pay £4.1m overspent
- Medical pay £3.7m overspent, mainly within Consultants £1.8m overspent, driven by i) industrial action £0.1m, ii) premium bank rates, iii) unfunded maternity cover £0.3m and iv) arrears pay £0.2m. Trainee Grades £1.9m overspent, in Haematology, TAP and TR&U, drivers includes i) high bank and agency usage and ii) unfunded maternity cover £0.7m and iii) vacancy factor £0.6m behind plan. See actions.
- Nursing (inc ODPs) £1.1m overspent, mainly within Surgery, TAP, Oncology and GMS, due to i) unmet vacancy factor, ii) unfunded maternity cover £0.7m iii) high bank and agency usage, drivers include enhanced care, flex beds and sickness. See actions
- A&C £1.9m underspent, driven by vacancies.
- Unmet Headcount reduction target £4.2m.
- Hosted Service £0.7m underspent, offset within Income.
- R&D £2.0m underspent, offset in Income.

Further Improvement Target £0.3m ahead of plan
- The Clinical Group had £11.7m to identify as part of 24/25 business planning and have identified £12.0m or 103% to date.

Non Pay & Internal Recharges £19.7m overspent
- Drugs £16.6m overspent, partially offset by passthrough income, net position £2.2m behind plan.
- Clinical Supplies £5.1m overspent, wthin TAP £2.2m, TR&U £1.8m and Surgical Oncology £0.8m
- J&J £2.0m underspent, driven by low activity, includes £0.2m prior year benefit.
- Hosted Service £0.5 underspent, offset within Income.
- R&D £0.6m underspent, offset in Income.

Income £9.2m behind plan.
- Hosted Services £4.9m behind plan, offset in Clinical Income, Pay and Non Pay.
- Mortuary income £0.2m behind plan, driven by staffing issues.
- Private patients £1.0m behind plan, partially offset by Internal Recharges, net position £0.9m behind plan.
- R&D £3.9m behind plan, partially offset in Pay and Clinical Income. Net position £1.0m behind plan. See key issues.
- HCA gain share overperformance £0.9m ahead of plan.

P/T Drugs & Devices Clinical Income £14.4m ahead of plan
- Variable Drugs & Blood income £14.4m ahead of plan, partially offset by Non Pay.

Clinical Income Adjustment (excl pass through D&D) £5.2m ahead of plan
- Hosted Service £3.6m 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.£4.6m

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. This will require accurate and reliable Contract Monitoring data.

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

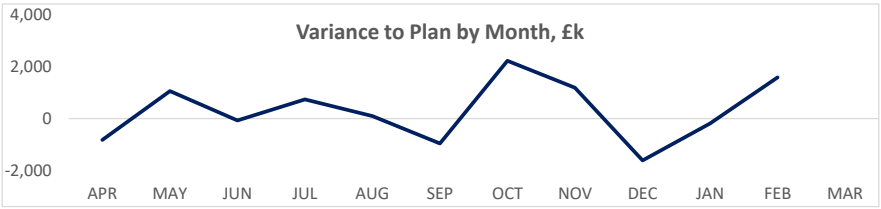
4. Pay
- Reducing reliance on premium bank rates (RTT) to provide cover.
- Review of Medical overspend to understand drivers.

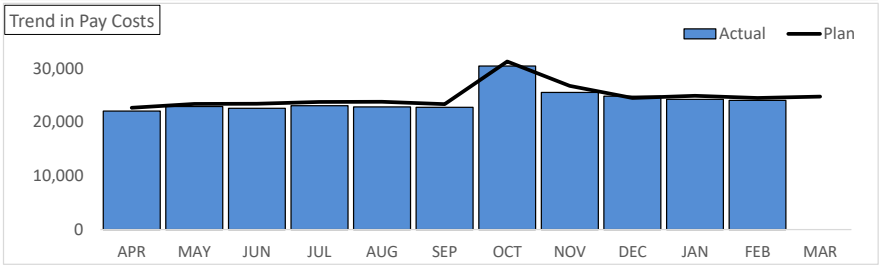
5. R&D

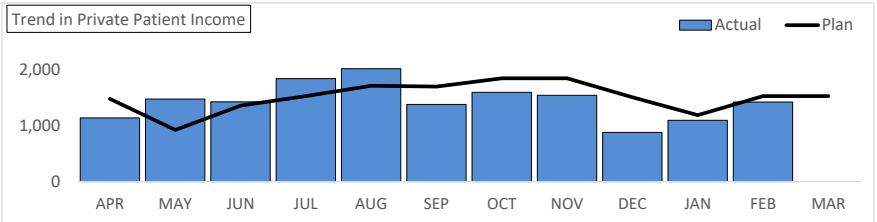
Awaiting central finance guidnace on how spend relating to income released in 24/25 will be honoured.

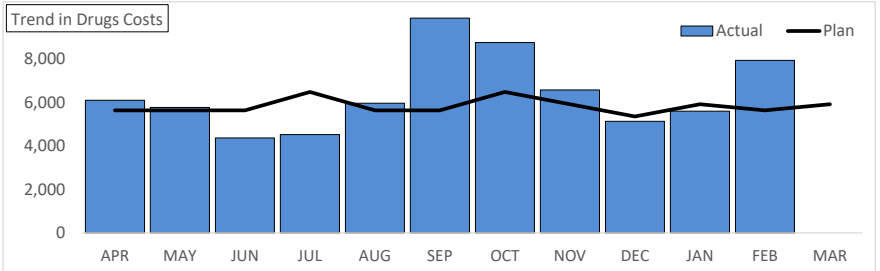
Evelina London Clinical Group - Financial Performance

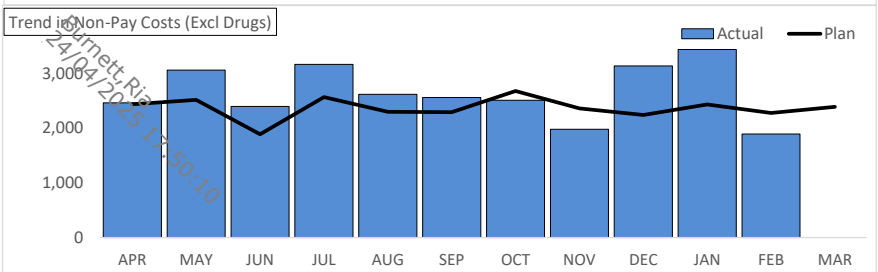
Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(24,448)	(24,018)	430	(271,982)	(264,885)	7,098
Further Improvement Target	(360)	0	360	4,293	0	(4,293)
Internal Recharges inc Overheads	(9,008)	(9,028)	(20)	(99,087)	(99,334)	(247)
Non Pay	(7,900)	(9,811)	(1,911)	(89,794)	(99,643)	(9,850)
Income (Excl Clin Income Adj)	3,170	3,323	153	36,486	36,030	(456)
Total (Excluding Income Adjustment)	**(38,547)**	**(39,535)**	**(988)**	**(420,084)**	**(427,833)**	**(7,749)**
Clinical Income Adjustment (excl pass through D&D)	31,648	32,135	487	347,883	349,757	1,874
P/T Drugs & Devices Clinical Income	4,799	6,890	2,091	52,786	61,903	9,117
Total	**(2,100)**	**(510)**	**1,589**	**(19,415)**	**(16,173)**	**3,242**











Summary

Evelina reported M11 performance is £1.6m ahead of plan in month and £3.2m ahead of plan YTD.

The income position in month was driven by a prior year income release in PHM (£337k) and increased PTC transition income (£253k). Pass through income is favourable, although mostly offset by Non-pay (£1.6m attributable to Zolgensma). Pay is £0.4m favourable (driven predominantly by the transfer of Consultant budget from HLCC to CRIC, £378k) and unidentified savings is also £0.4m favourable due to the transaction of circa £1m of CIPs in month.

YTD Position

The key drivers of the YTD positions are:

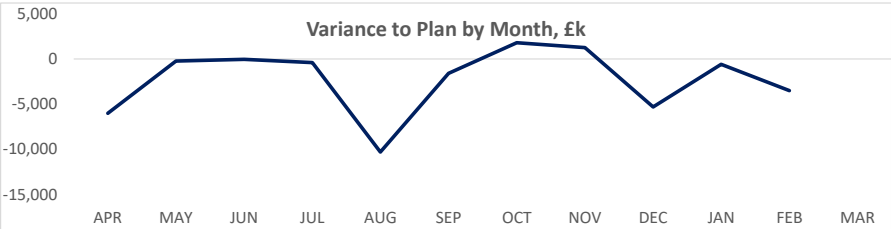
- **Further Improvement Target behind plan (£4.3m).**
- **NHS Income £11m ahead of plan**. NHS Income is largely broken even except for high cost drugs and devices pass-throughs. Note, we have administered 14 Zolgensma infusions YTD against a plan of 11, resulting in a favourable position across other pass through drugs and devices of £2.9m and £1.5m respectively (offset by non pay overspends).
- **Pay is £7.1m underspent.** Nursing remains underspent, although the underspend has reduced to £2.7m YTD, this reflects continued high vacancy levels in Universal Community Services (£823k fav), Day Surgery vacancies (£813k fav) and PICU (£154k fav). Medical is £393k underspent due to backdated budget transfer from HLCC to CRIC, also includes £185k relating to IA (Industrial Action) in June.
- **Non pay is (£9.8m) overspent**, which moves to £0.7m adverse net of pass-through drugs and and devices income. The drugs and devices position is £1.3m adverse assuming all over/underspends in supplies and drugs on the expenditure side are pass through related. Bad debt £0.9m driven by PP.
- **Other income is £(456k) behind plan,** an improvement in month of £153k, driven by R&D income £130k.PP income now stands at (£808k) adverse YTD.

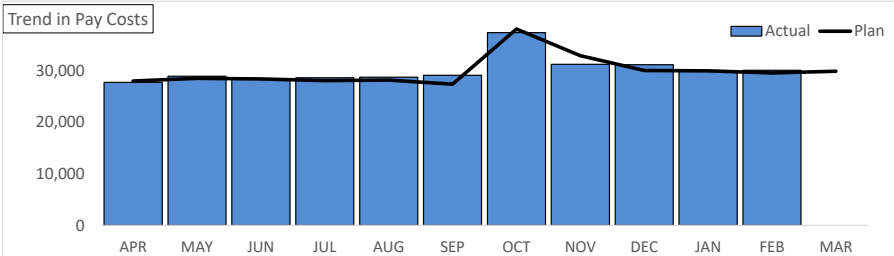
Key Issues

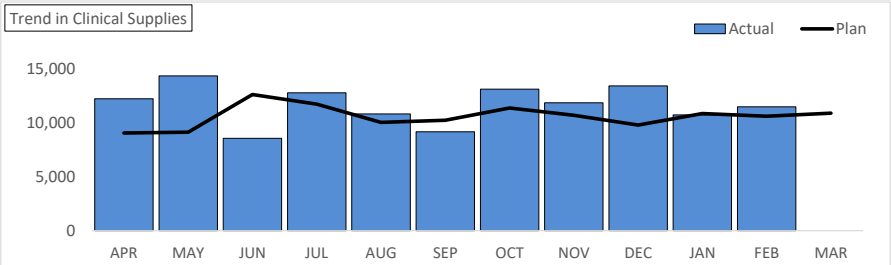
- While progress on CIP maturity has improved, (65% at CG level), with 102 out of 150 headcount target identified, further work is required to identify savings to close the 24-25 gap and convert non-recurrent savings into recurrent opportunities. As things stand, the financial challenge for 2025-26 is in the order of £12-13m, 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 identified respectively but given current overspends in non-pay, nothing has 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 remained at £2.1m in February, a key focus is now on the funding of a cohort of high cost devices as a material driver of the current position is the removal of £1.3m (full year) funding earlier in the financial year. Meetings have taken place with income and central finance colleagues, with required detail provided to both and an outcome is awaited.

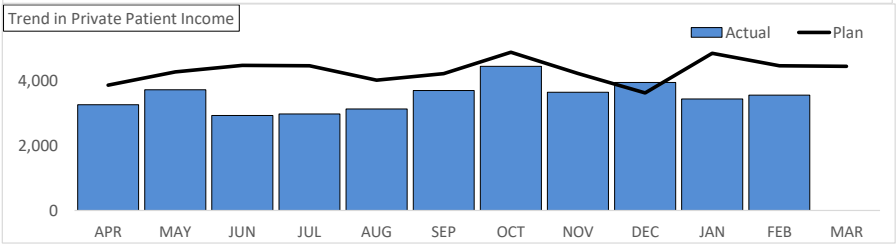
Heart, Lung and Critical Care Clinical Group - Financial Performance

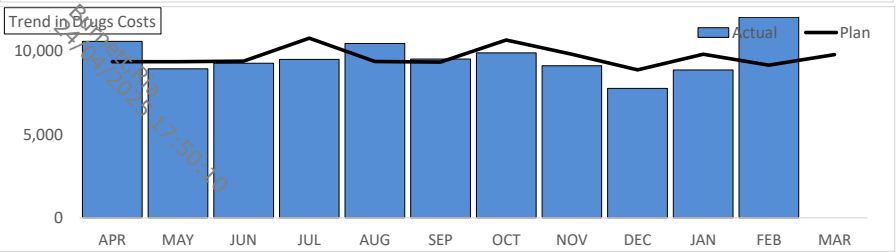
Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(29,538)	(30,053)	(515)	(328,940)	(331,026)	(2,086)
Further Improvement Target	69	0	(69)	835	0	(835)
Internal Recharges	(8,862)	(8,818)	43	(97,480)	(96,926)	555
Non Pay	(22,120)	(27,818)	(5,698)	(248,538)	(269,361)	(20,823)
Income (Excl Clin Income Adj)	6,760	7,126	367	72,688	72,335	(353)
Total (Excluding Income Adjustment)	**(53,692)**	**(59,563)**	**(5,872)**	**(601,435)**	**(624,978)**	**(23,543)**
Clinical Income Adjustment (excl pass through D&D)	39,050	39,153	103	425,762	426,708	946
P/T Drugs & Devices Clinical Income	12,961	15,235	2,273	142,574	140,272	(2,302)
Total	**(1,680)**	**(5,175)**	**(3,496)**	**(33,099)**	**(57,998)**	**(24,900)**











Summary

The Clinical Group is reporting a adverse variance to plan in month of (£3.5m) and year-to-date (YTD) adverse variance of (£24.9m).

The main drivers of the in month position is non pay where increased drug expenditure, continued supplies, independent sector and MRI oustourcing spend.

Income

Private Patient income is behind plan in month by £(0.9m) and YTD by (£8.6m). However, the in month position represents an improvement of £0.3m compared to H1, which were impacted by the cyber attack in Month 3. This impact continues given the priority of and pressure on NHS waiting lists.

Income for VCM devices is ahead of plan in month by £0.8m and ahead £1.6m 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 in month £0.1m and favourable by £1m YTD. All other NHS contract income continues to be reported on a breakeven (no variance) basis following EPIC go-live.

Pay

Pay costs are adverse to plan in month by £(0.5m) and adverse YTD by (£2.1m). Within the YTD pay position, the estimated impact of Industrial Action (IA) on pay is (£0.3m). Excluding the estimated IA impact, pay budgets are adverse to plan by (£1.8m) YTD. The estimated cost of Maternity Leave in the position is (£2.5m) and is unbudgeted.

Non-Pay

Non Pay costs are adverse to plan in month by £(5.7m) and adverse YTD by (£20.8m). The in month position is is driven by a continuation of clinical supply spend £(0.9m) and an overspend on drugs in month of £(2.9m) which is partially offset in income. The YTD variance is driven by clinical supply spend (adverse YTD by (£12.7m)) and purchase of healthcare from non-NHS bodies (adverse YTD by (£4.5m)).

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

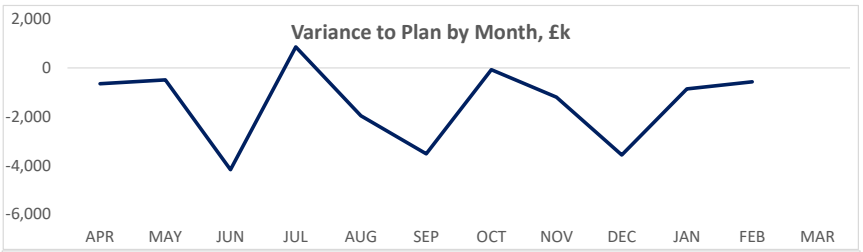
The Clinical Group's allocated CIP target for 24/25 is £14.8m, of which £11.5m has been identified to date. YTD CIP performance is (£3.2m) adverse to YTD target which equates to 70.3% delivery against target.

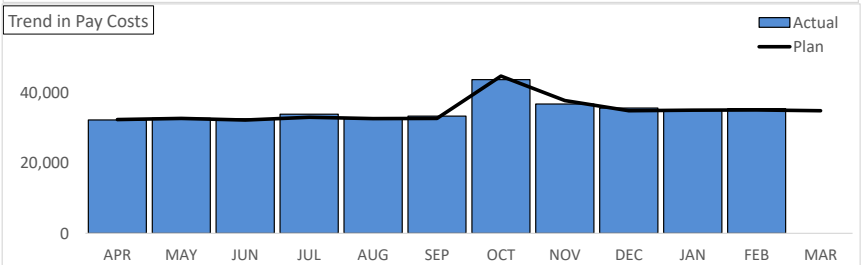
Key Issues

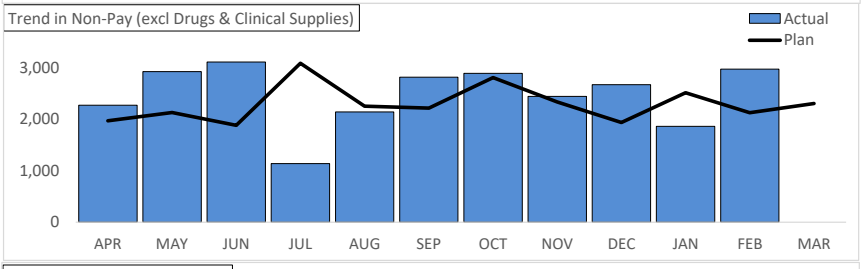
- While still unable to report NHS Income based on activity (except for VCM devices and pass-through Drugs), it is extremely challenging to understand the true scale of adverse non-pay variances
- Recovery from the cyber-attack and ongoing availability of capacity within cath labs to deliver PP activity

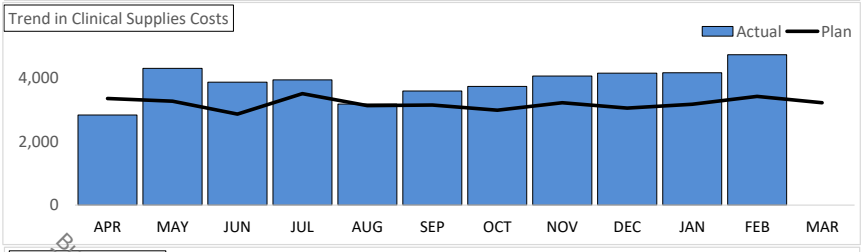
Integrated and Specialist Medicine Clinical Group - Financial Performance

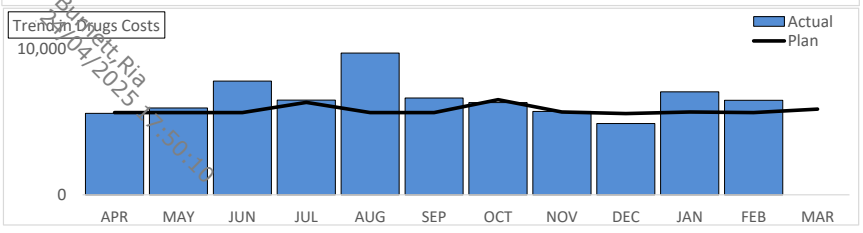
	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(35,044)	(35,430)	**(386)**	(382,624)	(383,697)	**(1,073)**
Further Improvement Target	(287)	0	**287**	(409)	0	**409**
Internal Recharges inc Overheads	(11,611)	(11,609)	**3**	(127,726)	(127,662)	**65**
Non Pay	(11,156)	(14,183)	**(3,027)**	(123,718)	(142,170)	**(18,451)**
Income (Excl Clin Income Adj)	5,678	5,430	**(248)**	62,382	57,183	**(5,199)**
Total (Excluding Income Adjustment)	**(52,420)**	**(55,792)**	**(3,372)**	**(572,095)**	**(596,345)**	**(24,250)**
Clinical Income Adjustment (excl pass through D&D)	37,340	38,997	**1,657**	410,614	413,457	**2,843**
P/T Drugs & Devices Clinical Income	5,500	6,647	**1,147**	60,501	65,709	**5,208**
Total	**(9,580)**	**(10,148)**	**(568)**	**(100,979)**	**(117,178)**	**(16,199)**











Summary

YTD Position
The YTD position at M11 is £(16.1)m adverse. There was an in month adverse position of (£0.6m) for the Clinical Group

Income - excl internal adj - £(5.2m) Adv YTD
• Specific shortfalls against budget in CLIMP NucMed income relating to DMO1 and Pharmacy clinical tests, relating to manufacturing unit closures.

Clinical Income - adj - £8.1m Fav YTD, £(2.8m) Fav in month
• Drugs & Blood income £3.9m fav YTD, primarily within SAS, AGM & Pharmacy. A material YTD correction was made to drugs income and expenditure in M11 - net adj to ISM of £0.8 m fav in month.
VCM device income is £1.3m fav.
The net drugs and devices position, considering income and expenditure actuals is £(0.4m) adv YTD with a YTD variance of (£1.9m) adv.

• Commissioned activity income is a further £2.8m fav. driven by CLIMP over performance.

Pay - £(0.4m) Adv in month, £(1.1m) Adv YTD.
• DM01 contribute to £1.3m YTD pay costs,
• AGM winter press/additional flow £(0.5m).
• Other unbudgeted pay pressures add a further £0.5m of pay costs, including £0.1m of earlier year Industrial Action costs.

Non-Pay - £(15.4m) adv YTD, £(1.7m) adv in month
• Drug expenditure is (£9m) adv to plan YTD. Cumulatively we report £0.6m more PT drugs expenditure than income, primarily within Medical Specialities. We continue to review the coding drugs spend and re-alignment of budgets.
Pass Through drugs expenditure in month at £5.3m is offset by income (£5.9m).
YTD reclassification of optical drugs to pass through actioned in M09.
• VCM devices contribute £1.7m adv to the non pay adv variance, largely offset by income.
• Clinical Supplies - £(1.3m) adv in month & £(7.4m) adv YTD in MSSE purchase & xray purchase. £1.1m (x-ray purchase) in CLIMP due to DMO1 &0.2 m due to winter pressures - the latter is offset by income.
Additionally, there remains a continence supplies issue and cost pressure within ILS, of c£0.4m, for the current year.
Recharges - £0.07m fav YTD.

Key Issues
•A number of the above and below matters are included in the CG financial improvement plan as workstreams to improve, with particular focus on AGM & CLIMP

• Significant focus on income within CLIMP (MHRA) and Pharmacy (clinical tests & external sales)

• The ISM Group current year Pay CIP challenge is £11.4m, all of which is achieved, £4.8m of which is non recurrent. We are currently forecasting overall full achievement against total CIP of £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 M12.

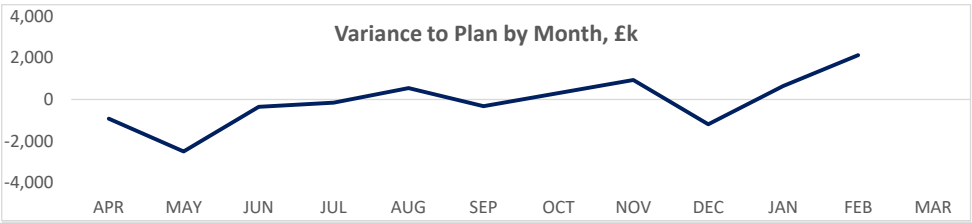
• Clinical Supplies continue to show a pressure against budget (YTD £7.4m - 19%) and a significant pressure in key areas as well as monthly expenditure remaining volatile. Within ILS, continence supplies costs remain high, aligned to last years budget overspend. Focus and trust support is required to bring to resolution, including purchasing procedures and bulk purchasing agreements to bring about price efficiencies.

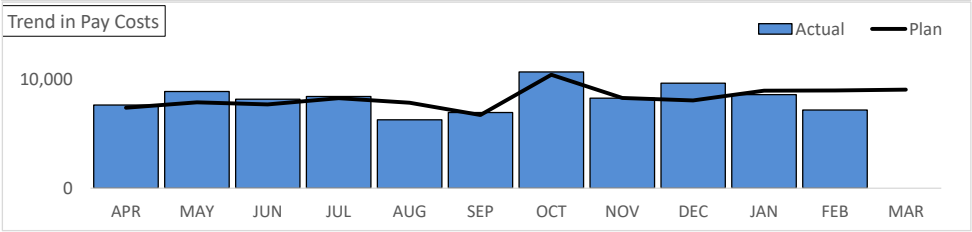
• The Clinical Group continues to apply greater scrutiny and focus on Non Pay costs and is evaluating a number of levers to pull to de-pressurise the non-pay run-rate. This remains a key operational priority, supported by both Finance and Procurement.

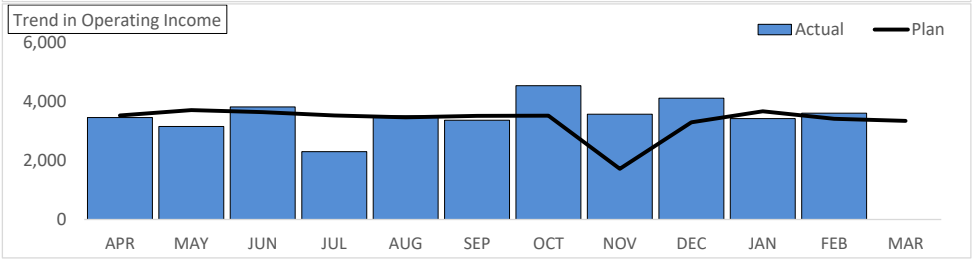
• £0.1m net prior year accrual released across pay and non pay in M11.

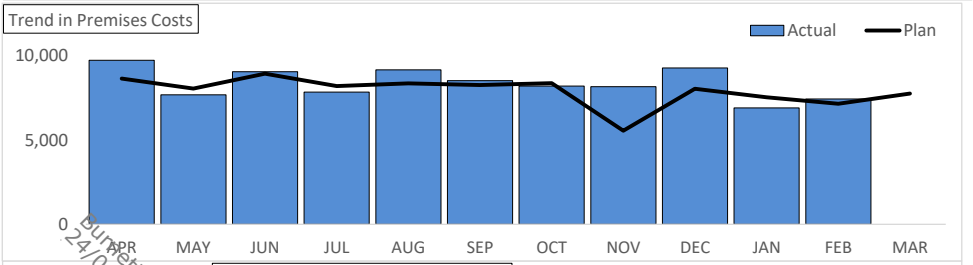
Essentia - Financial Performance

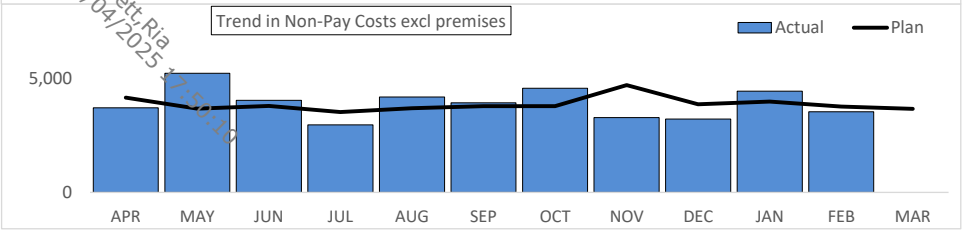
Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(8,951)	(7,167)	1,784	(90,318)	(90,509)	(191)
Further Improvement Target	(211)	0	211	(2,331)	0	2,331
Internal Recharges inc Overheads	11,254	11,317	63	123,799	124,528	729
Non Pay	(10,991)	(11,125)	(134)	(130,711)	(136,378)	(5,667)
Income (Excl Clin Income Adj)	3,418	3,611	193	37,046	38,904	1,858
Total (Excluding Income Adjustment)	**(5,480)**	**(3,363)**	**2,117**	**(62,514)**	**(63,456)**	**(941)**
Clinical Income Adjustment (excl pass through D&D)	2,147	2,163	16	23,616	23,696	80
P/T Drugs & Devices Clinical Income	0	0	0	0	0	0
Total	**(3,333)**	**(1,201)**	**2,133**	**(38,899)**	**(39,760)**	**(861)**











Summary

YTD Position The Group reported an overspend of £0.9m to the end of February.

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.
£0.8m of environmental pass through income.
£0.5m of additional income from Tenants which offset against additional infrastructure costs.
£0.4m insurance claim settled for Guys CHP
£0.2m under recovery of pay recharges to local Trusts where vacancies exist.

Pay £0.2m over plan
The main points to note are:
The Group has spent £2.3m over budget on services that were included in internal recharges mainly relating to St Thomas'.
£1.5m of redundancies relating to the revised capital model were recoded to reserves.
Underspends in PTS (£0.6m) and Guys Engineering (£0.7m) 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, offset by reduced income
Vacancies held in SSD (£0.6m) while the new service model is implemented and other vacancies (£0.8m) where operational changes are being made.
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 £0.1m on the Soft FM project.

Non-Pay £5.7m over plan.
The main points to note are:
Costs of £1.2m over plan relate to services that were part of internal recharges such as taxi hire and postage.
£0.8m of environmental pass through costs.
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 £2.0m over plan but in month £1.0m has been cross charged to capital.
The costs of PTS (£0.6m) and Guy's Engineering (£0.7m) are overspent where contractors are being used to cover staff vacancies.
The cost of the new waste contract is £0.7m 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 debts write off have been incurred.
Prior year accruals of £1.1m have been released and £0.5m of one off costs for RBH soft FM project incurred.
There has been an increase in Finance costs of £0.5m to date mainly at Great Dover Street after the lease update.

Internal recharges £0.7m over achieved
This refers to the continuing recharges for hosted services.

CIPs £2.3m over achieved
The overachievement to date is mainly due to vacating of properties.

Key Issues -
In planning for 25/26 the Group is showing a recurrent deficit of £4.6m which is being reviewed.
The group is working towards identifying its CIPs for 25/26,
From January the soft FM services for RBHH have been insourced.

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	(1,112.7)	(1,532.1)	(0.0)	2,709.4	(64.6)		0.0	(4,551.0)
Director of Finance	2,086.3	(2,002.5)	(21.3)	1,609.2	(276.2)	1,395.4	108.0	1,503.4
DT&I	1,037.6	(1,059.6)	0.0	(3,107.5)	2,434.2	(695.3)	137.5	(557.8)
Workforce	(130.9)	(1,679.3)	116.6	(4,543.5)	907.1	(5,330.0)	2,706.9	(2,623.1)
Chief Executive	261.9	732.8	(1,541.2)	1,277.7	(1,067.4)	(336.2)	259.8	(76.5)
Deputy Chief Executive	1,155.2	0.0	(1,982.9)	548.3	898.3	618.8	0.0	618.8
Hosted Services	8,613.1	0.0	43.4	(2,297.7)	(5,935.7)	423.1	0.0	423.1
Medical Director	1,036.5	(598.3)	(10.0)	4,148.7	467.4	5,044.3	819.9	5,864.2
Chief Nurse	(151.4)	(1,040.7)	474.1	(428.3)	114.4	(1,031.9)	58.9	(973.0)
GSTT R&D NIHR	1,326.4	0.0	802.7	623.2	114.6	2,866.9	0.0	2,866.9
Commercial	0.0	0.0	(0.0)	(0.5)	0.0	(0.5)	0.0	(0.5)
GSTS Pathology Payroll	0.0	0.0	0.0	(8.7)	0.0	(8.7)	0.0	(8.7)
Total Corporate	**14,122.0**	**(7,179.8)**	**(2,118.5)**	**(3,984.9)**	**(2,408.1)**	**(1,569.3)**	**4,091.0**	**2,485.7**

Summary - YTD Position

COO:

The Directorate is reporting a **YTD adverse position of £4.5m** as of M11. Two primary factors are contributing to this variance, in addition to the YTD unmet FIT of £1.5m

- **Unfunded Independent Sector expenditure**: This accounts for £1.6m YTD, excluding charges for Jun to Oct-24, which were identified as related to Synnovis activity.
- **Unfunded costs of the Post Apollo stabilisation team:** Approved by TEC earlier this year, incurring £2.7m YTD.
- **Transfer of Undated Follow-Ups and Referrals Program from ISM**: This unfunded transfer has added £255k to the overall YTD adverse variance.

These adverse impacts are partially offset by

- £739k favourable variance from Winter Pressures funding drawn from reserves in Month 8, which will be allocated to clinical directorates
- c£670k transfer to Capital (approved in IPB) for Mitchener Ward refurbishment costs incurred to date.

Director of Finance:

The Director of Finance reports a **YTD favourable variance of £1.5m** as of M11, comprising favourable variances of **£1.3m** from **Finance** and **£242k** from **Procurement**.

The positive contribution from **Procurement** is primarily due to:

- Pay underspends of £1.3m YTD, driven by vacancies.
- Non-pay underspends of £1m, 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£1.4m.
- YTD Income underachievement of £671k, 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 £800k combined with an income overachievement of £503k, of which £145k is non-recurrent Salary Recharge income. This has helped mitigate the YTD FIT target shortfall of £620k.
- £566k YTD Non-pay underspend, primarily driven by VAT savings from Boots Pharmacy and a positive in-month shift in trust VAT recovery

DT&I:

DT&I is reporting a **YTD overspend of £557k** as of M11, which includes:

- **Business as Usual (BAU):** YTD favourable variance of c£1.7m, reflecting a £619k improvement from the previous month. This improvement is primarily due to a review of various contracts and associated current-year accruals, leading to release of £500k and reported in-month benefit.
- **ITCS (Apollo):** YTD adverse variance of £2.2m representing a £376k improvement from previous month. This improvement is mainly due to the processing of a further £362k decommissioning target in-month, reducing the annual FIT target to £33k. However, additional non-pay pressures of £557k, further EPIC charges, and the partially funded Healthcare Comms contract of £1.9m remain the key drivers of the YTD adverse variance.

Workforce:

The Directorate is reporting a **YTD adverse position of c£2.6m** as of M11. The key factors contributing to this variance include:

- YTD unmet FIT target of £1.7m.
- YTD VISA charges totaling £2.4m, covering both legacy RBH and GSTT. These charges remain a pressure as the Workforce Directorate does not hold the budget for them and were historically recharged to directorates via internal recharges.
- Occupational Health income target is behind plan £459k YTD, primarily due to historical income targets and the loss of several external contracts, including:
  - SLAM and SWLSTG (annual contract value: £366k)
  - Unison contract (annual value: £35k)
  - KCL Med School (annual contract value: £311k).

In addition to Occupational Health income shortfall, Human Resources is reporting a YTD underachievement of £211k, resulting from a combination of historical income targets and shortfall in Nursery Fee income.

- YTD pay underspend of £1.2m is helping to partially offset the adverse variances listed above.

Chief Executive:

The Chief Executive Directorate is reporting a **favourable position of £915k** in M11. 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 £992k**, mainly driven by the ongoing issue of historically overstated internal recharges budgets, which account for an adverse £1.5m YTD position. Additionally, there has been underperformance against the income target by £807k, primarily in UK Consulting, where billing is delayed as contract proposals are still being finalised. However, this is partially offset by pay (£174k) and non-pay (£782k) underspends.

Deputy Chief Executive:

The Directorate is reporting a **favourable YTD variance of £619k**, driven by underspends in Pay, particularly within the CITI, Intellectual Property, 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 £423k** in M11**.** 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 £5.8m** in M11. This is predominantly attributed to:

- **Genomics,** achieved a favourable YTD variance of £5.2m, reflecting a £446k improvement from the previous month. This was primarily driven by the continued underspending on clinical supplies budgets and lower than expected Synnovis activity. Additionally, income received for the Genomics AI Network and Serious Presentation of Infectious Diease (SPID) further contributed to the improvement.
- **Quality and Assurance**, reporting a favourable YTD variance of £416k, attributed to pay underspends from vacancies and non-recurrent underspends on CQC costs, which has been banked as a non-recurrent CIP.
- **Medical Director** presents a YTD underspend of £247k, reflecting a £122k improvement from the previous month due to the release of prior year accruals.

Chief Nurse:

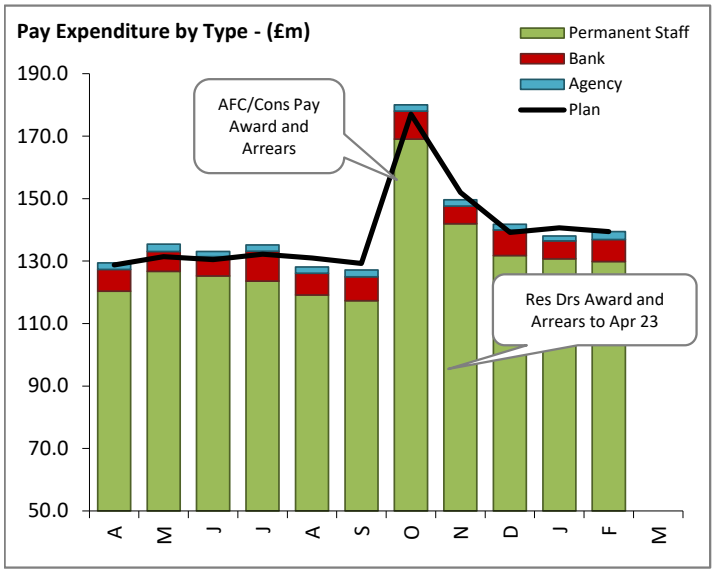
The Directorate has recorded an **adverse YTD balance of £973k** in M11, driven by several factors:

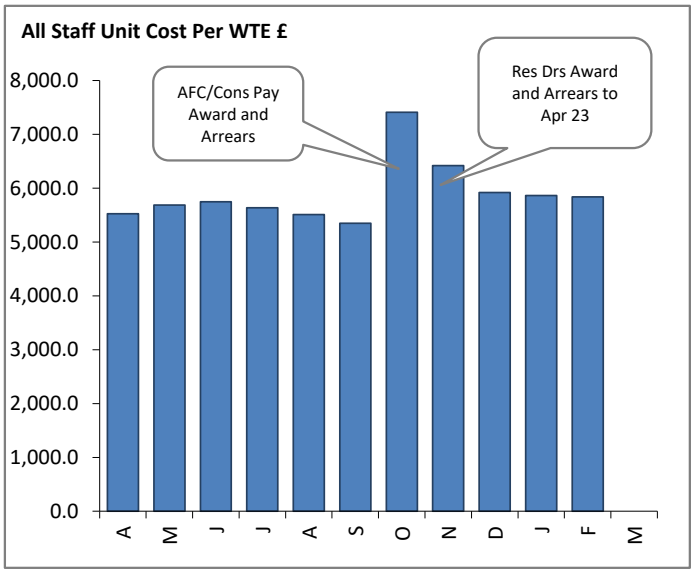
- Unmet FIT target of £1m YTD, with £600k attributed to unfunded items in the run rate.
- Pay overspends primarily due to unfunded substantive clinical positions in Infection Control along with ongoing unfunded projects, such as the **Kofoworola Abeni Prat Fellowship (£168k)**, which continue to contribute to the overall overspend.

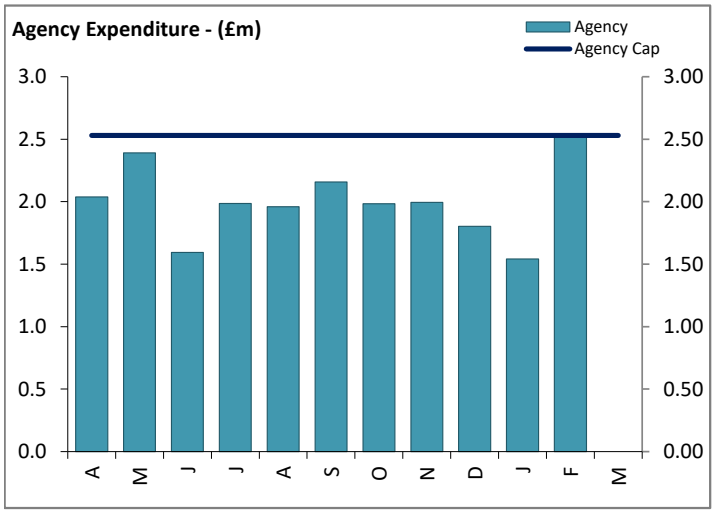
Financial Perfomance - All other functions

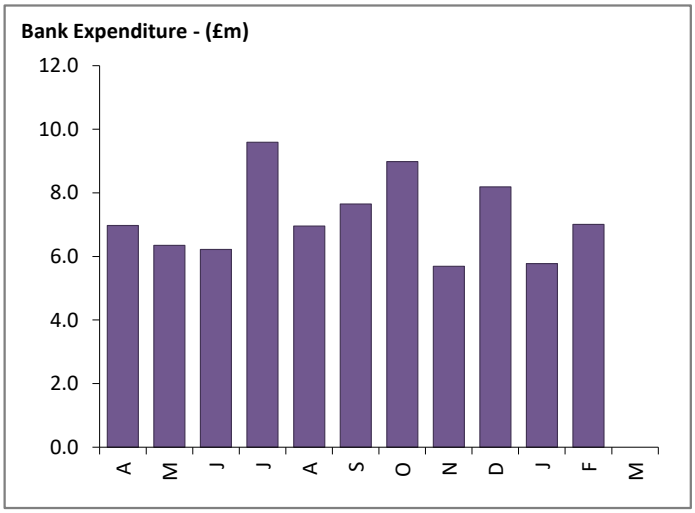
Variance Type	Pay	Further Improvement Target	Internal Recharges	Non Pay	Income (Excl Clin Income Adj)	Total (Excl Clin Income Adjs)	Internal Income Adjustment (Offsets with Trust Income)	Total (Incl Clin Income Adjs)
Trust Income	0.0	0.0	0.0	(27.2)	124,975.0	124,947.8	(44,972.0)	79,975.8
Reserves	(9,322.5)	(21,551.8)	0.0	3,551.2	698.1	(26,624.9)	125.3	(26,499.6)
Pathology	120.4	(170.4)	0.0	(6,799.3)	1,162.8	(5,686.5)	458.5	(5,228.0)
Interest Receivable	0.0	0.0	0.0	5,810.0	0.0	5,810.0	0.0	5,810.0
Vaccination Programme	(3,729.6)	0.0	0.0	(660.3)	4,318.7	(71.1)	71.0	(0.1)
Coronavirus [HCOVID]	(0.3)	0.0	0.0	57.7	0.0	57.4	0.0	57.4
GSTT Enterprises Ltd	(118.4)	0.0	0.0	773.5	0.0	655.1	0.0	655.1
Pathology Services Ltd	0.0	0.0	0.0	93.0	0.0	93.0	0.0	93.0
Lexica	(6,473.8)	0.0	0.0	(2,616.9)	8,588.5	(502.2)	0.0	(502.2)
Capital Depreciation	0.0	0.0	0.0	(13,193.4)	0.0	(13,193.4)	0.0	(13,193.4)
Other	0.0	0.0	(168.0)	(561.0)	(1.8)	(45,048.0)	0.0	(730.8)
Total Other	**(19,524.3)**	**(21,722.1)**	**(168.0)**	**(13,572.7)**	**139,741.4**	**40,437.0**	**(44,317.2)**	**40,437.0**

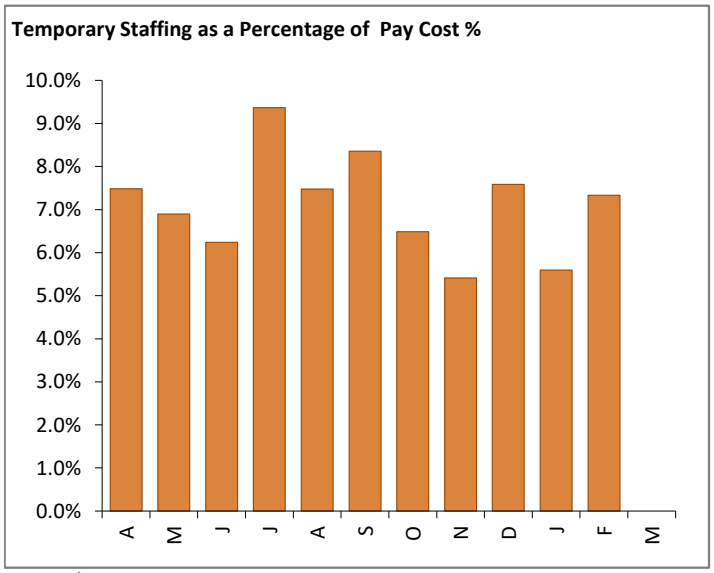
Key Payroll Metrics - Trust

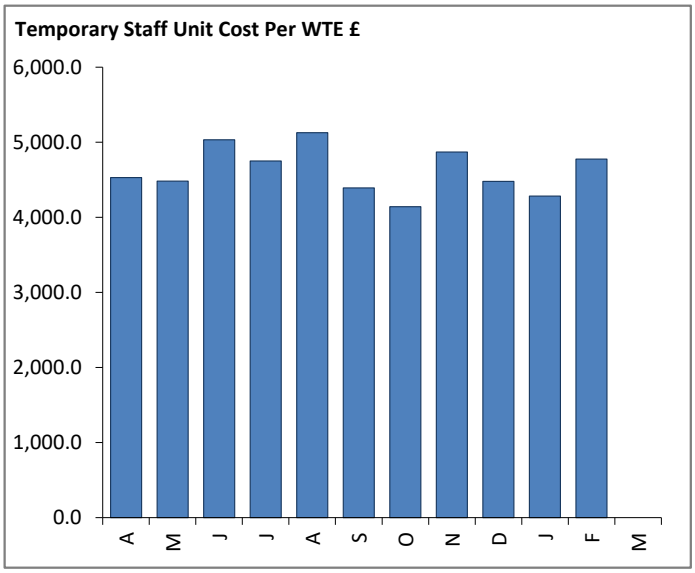








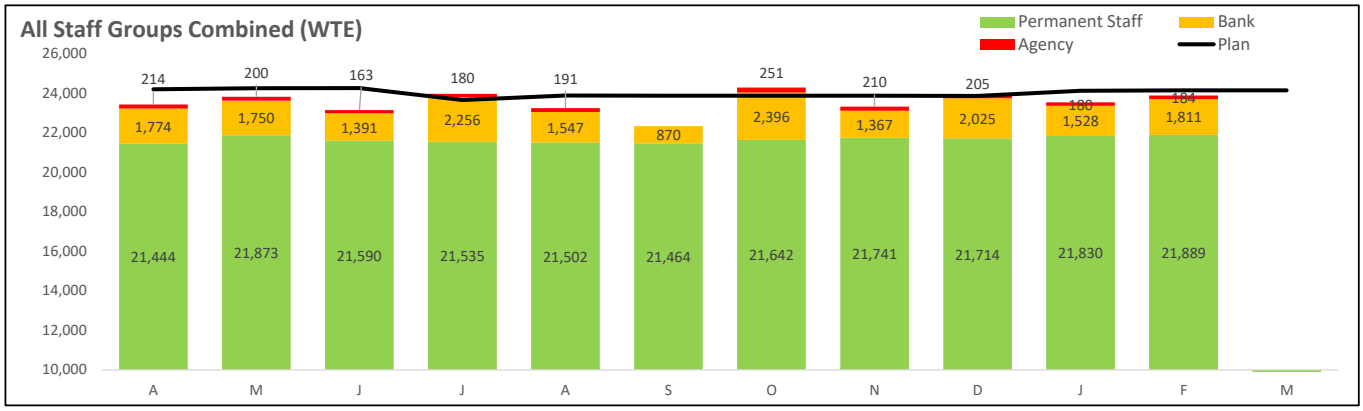


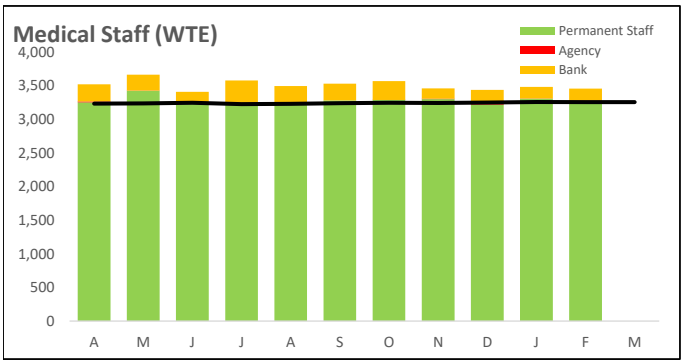


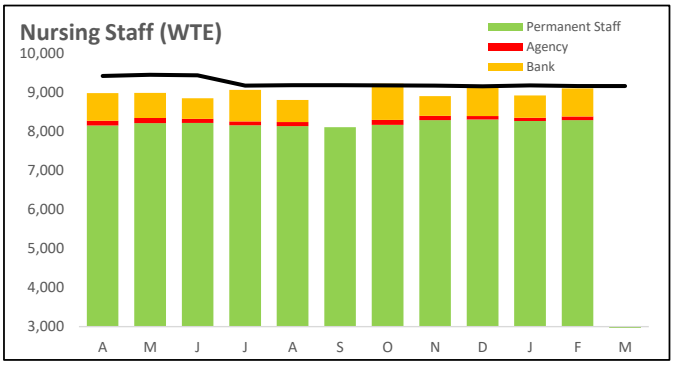
The NHSE agency cap for the Trust for 24/25 is £2.53M per month (based on 100% of 23/24 spend). YTD the Trust has been averaging agency spend of £2M per month; £0.53M below the 24/25 cap, for the current month the Trust was marginally below the Agency Cap

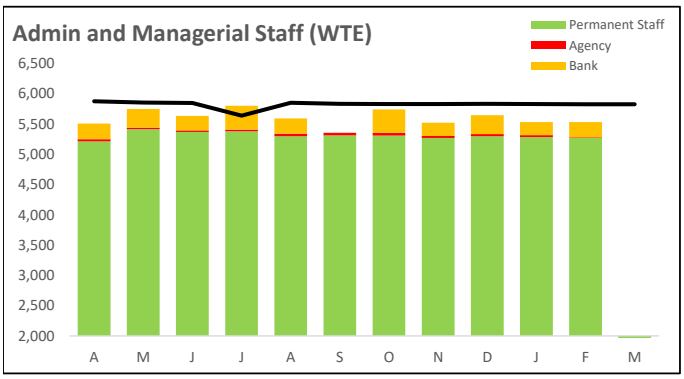
Bank expenditure, when flattened to take account of 4 or 5 week months is c.£7.22M per month, this is below the trend noted in 2023/24 of £8.5M, driven by the impact of the industrial action.

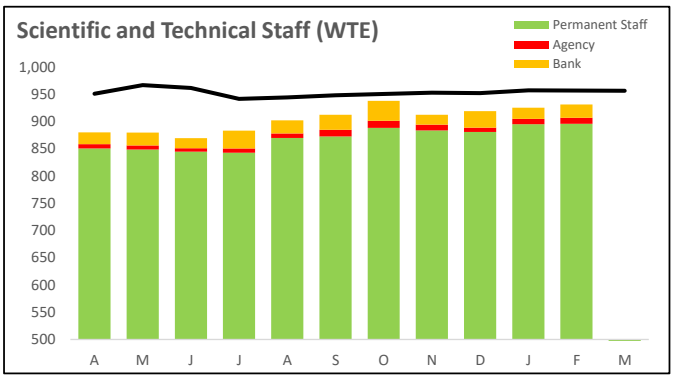
Staffing Utilisation (WTE's) - Trust

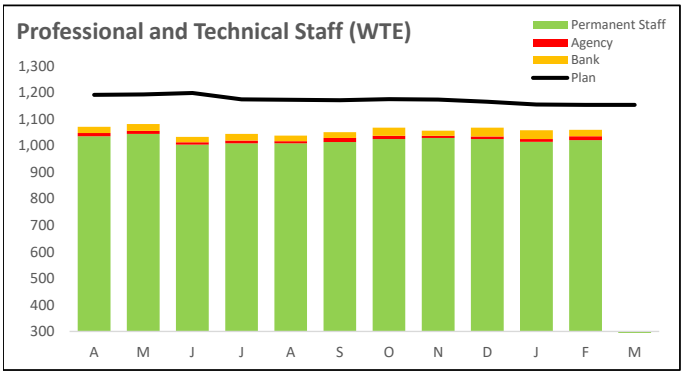


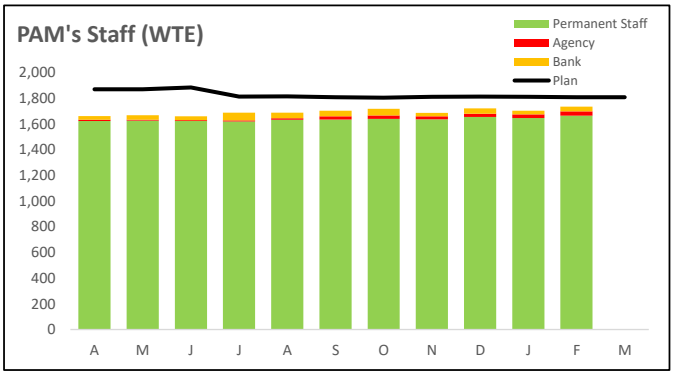


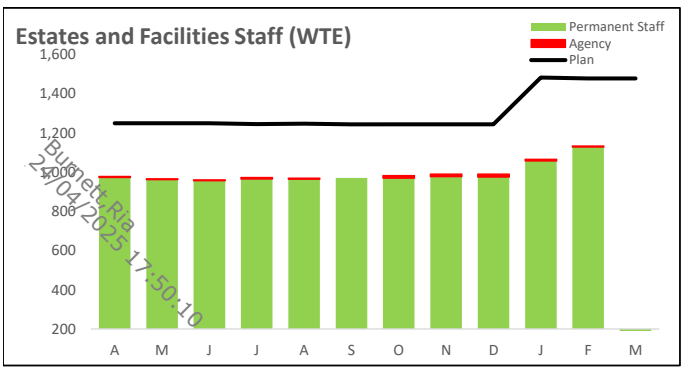


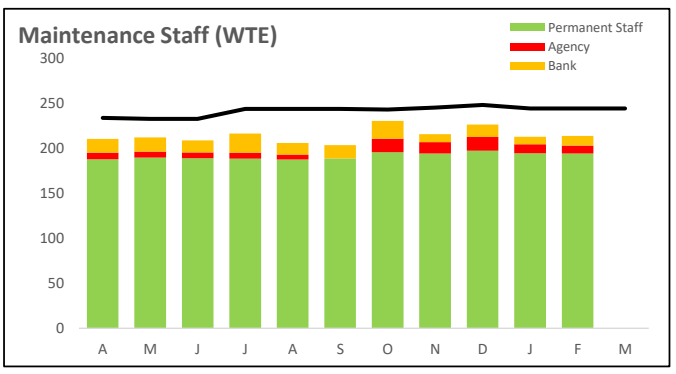












Trust Capital Programme

Source	Current Mth Plan	Current Mth Spend	Current Mth Variance	YTD Capital Plan	YTD Spend	YTD Variance	Capital Plan
	£000	£000	£000	£000	£000	£000	£000
In-Flight Programmes							
TYA Cancer Ward relocation	307	(106)	413	3,374	5,099	(1,725)	3,680
East Wing Critical Care Unit	60	60	(0)	655	465	190	715
Nuffield Theatres	48	86	(38)	526	1,827	(1,301)	574
DTI Strategic Network	265	206	60	2,918	3,691	(773)	3,183
Telephony refresh	106	125	(19)	1,169	1,428	(259)	1,275
Investment in MedTech company	58		58	642	467	175	700
Mary Seacole Centre (Joint Imaging)	41	(12)	53	454	333	121	495
Re-Cladding Cancer Centre	0	64	(64)	0	2,553	(2,553)	
Allowance for further slippage of 23-24 schemes	250		250	2,750		2,750	3,000
Maternity Assessment Unit	49	51	(2)	537	543	(6)	586
Third Obstetric Treatment Room	111	0	111	1,222	27	1,195	1,333
Linac at Guys	423	349	73	4,648	5,091	(443)	5,070
Data Centres	208	150	58	2,292	671	1,620	2,500
NHS Mail	167	263	(97)	1,833	1,493	340	2,000
Block Allocations							
Estates Maintenance Backlog	1,333	3,923	(2,590)	14,667	13,352	1,315	16,000
Medical Equipment (exl. Cath Labs)	1,333	3,877	(2,543)	14,667	12,750	1,916	16,000
DT&I	400	180	220	4,400	4,059	341	4,800
Infrastructure and Resilience							
Theatres	400	1,759	(1,359)	4,400	4,151	249	4,800
Cath Labs	525	76	449	5,775	431	5,344	6,300
Trust Major Programmes							
Paediatric Oncology	317	57	260	3,483	650	2,833	3,800
Surgical Hub	0	31	(31)		826	(826)	0
Delivery Group Priorities							
Priority 1 Schemes	372	0	372	4,097	0	4,097	4,489
Sterile Services		463	(463)		1,895	(1,895)	
Aseptic Transformation		6	(6)		75	(75)	
Interventional Radiology at Guy's		0	(0)		128	(128)	
St. Thomas Campus Power Upgrade		0	(0)		1	(1)	
Central Assumptions							
Slippage	(442)	0	(442)	(4,858)	0	(4,858)	(5,300)
Others							
Asset Management	0	3,473	(3,473)	0	5,302	(5,302)	0
DT&I		(66)	66	0	(756)	756	
Others	0	1,651	(1,651)	0	4,842	(4,842)	0
TOTAL MTCP CDEL	6,332	16,664	(10,333)	69,648	71,394	(1,746)	76,000
Unallocated CDEL	0	0	0	0	0	0	16,450
TOTAL CDEL	6,332	16,664	(10,333)	69,648	71,394	(1,746)	92,450
Donations	0	(2,754)	2,754	0	172	(172)	5,000
TOTAL	**6,332**	**13,910**	**(7,579)**	**69,648**	**71,567**	**(1,918)**	**97,450**

At £13.9m Capital expenditure in Feb 25 was significantly higher than prior months due to the efforts to consume available CDEL following the provision of capital cash support.

Whilst YTD expenditure has increased significantly to £71.4m there is still significant expenditure required in Month 12 to meet CDEL. There are a number of significant one off items both in the core plan, significant increases in backlog and the outcomes of expedited capital bids to be accounted for in Month 12.

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.

Schemes have been approved as part of the expedited capital process totalling £12m to ensure all available CDEL is utilised in year.

Trust Balance Sheet - £000

	Opening Balance @ Month 1 £000	Closing Balance @ Month 11 £000	Movement £000
Fixed Assets			
Property, Plant Equipment	1,760,910	1,753,392	(7,518)
Intangible Assets	151,998	131,536	(20,462)
Investment property	71,548	71,548	0
Trade & Other Receivables Non-Current	15,220	8,123	(7,097)
Other Financial Assets	1,954	2,676	(722)
Total Fixed Assets	**2,001,630**	**1,967,275**	**(35,799)**
Current Assets			
Inventories	50,730	51,385	655
Cash & Cash Equivalents	89,863	182,511	92,648
Trade & Other Receivables - Current	223,838	267,529	43,691
Total Current Assets	**364,431**	**501,425**	**136,994**
Creditors: Amounts Falling Due Within One Year	(434,335)	(486,223)	(51,888)
Borrowings: Amount Falling Due within One Year	(39,341)	(17,009)	22,332
Provisions For Liabilities & Charges	(5,658)	(615)	5,043
Net Current Assets / (Liabilities)	**(114,903)**	**(2,422)**	**112,481**
Fixed & Net Current Assets / (Liabilities)	**1,886,727**	**1,964,853**	**76,682**
Borrowings: Amount Falling Due More Than 1 Yr	(287,086)	(286,663)	423
Provisions For Liabilities & Charges	(12,639)	(12,784)	(145)
Public Dividend Capital	661,263	767,007	105,744
Revaluation Reserve	529,138	529,138	0
Other reserves	743	743	0
Retained Earnings	395,858	368,518	(27,340)
Total Taxpayers Equity	**1,587,002**	**1,665,406**	**78,404**

The Trust closed the month with a cash balance of £182.5M, a increase of £92.6M from the opening balance on 1st April 2024.

An analysis of the reduction in cash is contained on P16.

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 Actual	Jan-25 £m Actual	Feb-25 £m Actual	Mar-25 £m Forecast
Opening Balance	**90**	**107**	**74**	**69**	**48**	**65**	**98**	**123**	**119**	**119**	**156**	**183**
RECEIPTS												
NHS Acute Activity Income	201	188	196	194	210	203	235	251	236	216	235	226
Education/Merit awards/R&D	20	5	0	23	0	5	26	5	0	20	3	0
Other income	44	32	32	38	38	27	39	25	36	31	29	28
Loan / PDC received	0	0	0	0	0	63	0	0	0	38	5	1
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**	**305**	**272**	**255**
PAYMENTS												
Salaries & Wages	72	75	72	74	78	73	93	83	80	77	77	80
PAYE / Superannuation/ NI	58	58	54	57	57	60	56	78	69	62	61	68
Creditors	116	127	103	144	96	109	126	124	124	130	105	122
Dividend Paid / Loan repayment	1	0	3	0	0	22	1	0	0	0	3	23
Sub-total Payments	**248**	**259**	**233**	**275**	**230**	**264**	**276**	**285**	**273**	**270**	**246**	**293**
Net in Month Cash Movement	**17**	**-33**	**-5**	**-21**	**18**	**33**	**24**	**-4**	**-0**	**35**	**27**	**-38**
Subsidiaries Bank Bal.	**5**	**5**	**5**	**5**	**4**	**5**	**2**	**5**	**5**	**3**	**3**	**5**
Closing Balance	**107**	**74**	**69**	**48**	**65**	**98**	**123**	**119**	**119**	**156**	**183**	**145**

Debtors	> 90 Days £m's
NHS debtors	21.2
Contract ICB debtors	3.6
Non-NHS debtors	48.5
Total	**73.3**

Creditors	> 90 Days £m's
NHS creditors	9.6
Non-NHS creditors	20.4
Total	**30.0**

Cashflow Movement to Current Balance	£m's
Opening balance 1st April 2024	**89.9**
Operating Deficit	7.8
Depreciation for all asset types	110.4
Net Public Dividend Capital paid	-17.4
Capital Payments	-90.2
Loan Repayments	-19.1
Cash Support	100.8
Amounts owed to the Trust (increase)/decrease ytd	-36.6
Amounts owed by the Trust increase/(decrease)	56.2
Lease repayments	-19.5
Other movements	0.2
Closing balance 28th February 2025	**182.5**

The Trust began the new financial year with a cash balance of £90m, which had increased to £183m at February month-end.

The primary contributing factors to the movement in cash balances YTD is the £62.5m in revenue cash support received in September and £38.2m in capital cash funding in January, which have assisted in temporarily addressing the creditor invoices backlog.

The cash forecast at financial year-end of £145m now includes an additional £25m confirmed by SEL ICB this week, being distribution of the planned surplus. Additionally the ICB have yet to recover the overpayment of ERF in December, which is approx. £20m, although this is now forecast to be clawed back in the new financial year (previously estimated recovery in March).

A significant element of our non-NHS debtor position is driven by Private Patient debt (which accounts for approx. 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, despite £3.5m received from Kuwait Health Office in February). 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.

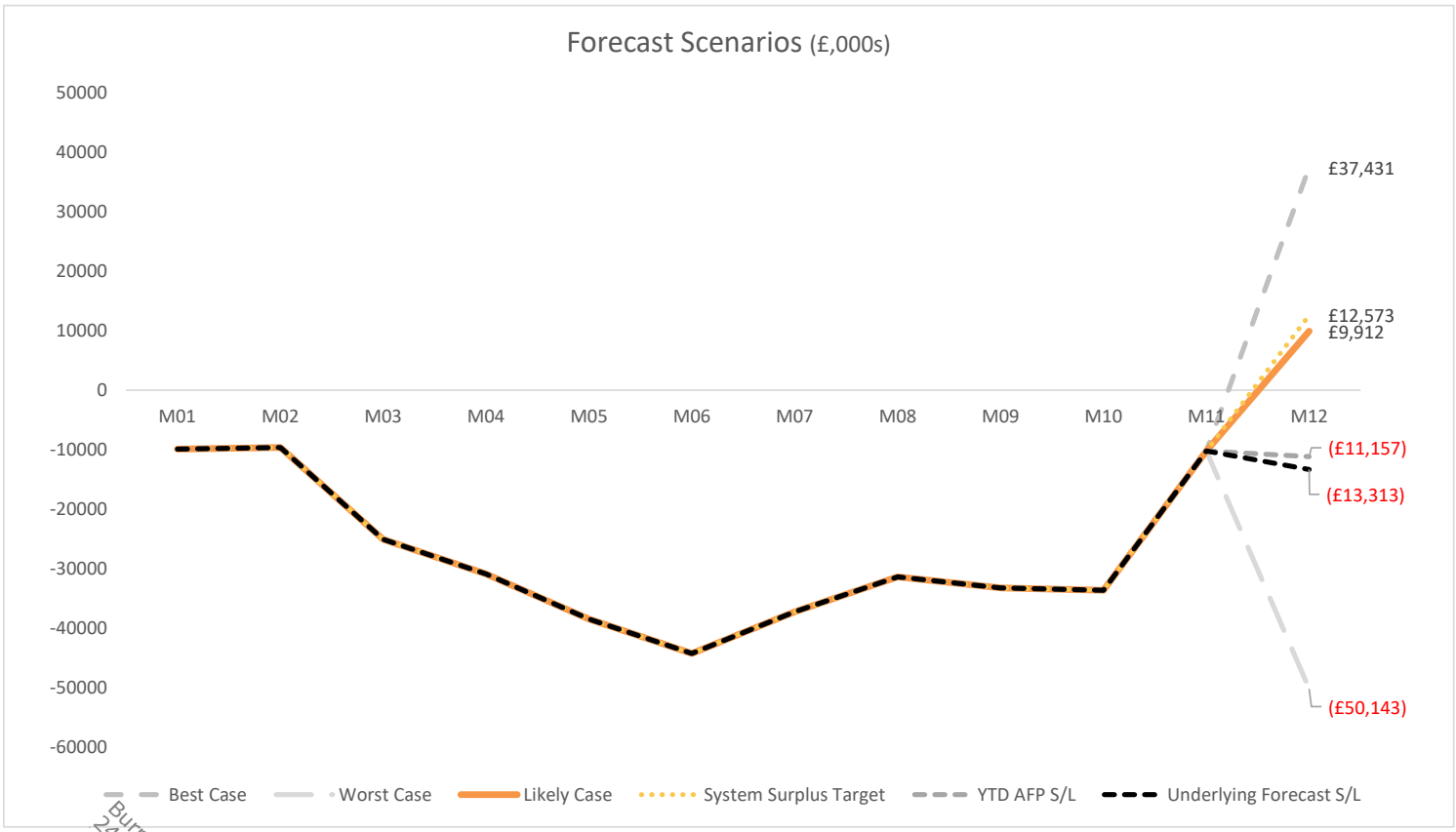
Please note that creditor payments is the element of the forecast over which we have most control, and the forecast has been set to balance between ensuring continuity of goods/service provision, whilst also maintaining cash holdings.

BPPC YTD performance 2024/25	Volume %	Value %
NHS Invoices	66%	67%
Non NHS Invoices	78%	75%
Total	**72%**	**71%**

Forecast

	M11 YTD AFP	Adjustments				Forecast	Change v M11 S/L	Gap to system target surplus	Prior Month Reported Forecast
		Underlying M1-11	Best Case	Worst Case	Likely Case				
Straight Line - Unadjusted	(£10,227)					**(£11,157)**	£0	(£23,730)	**(£40,324)**
Straight Line - Adjusted for Underlying position	(£10,227)	(£23,723)				**(£13,314)**	(£2,157)	(£25,887)	**(£40,358)**
Mitigated Adjusted Straight Line - Best Case	(£10,227)	(£23,723)	£50,745			**£37,431**	£48,588	£24,858	**£21,727**
Mitigated Adjusted Straight Line -Worst Case	(£10,227)	(£23,723)		(£36,830)		**(£50,144)**	(£38,987)	(£62,717)	**(£60,897)**
Mitigated Adjusted Straight Line - Likely Case	**(£10,227)**	**(£23,723)**			**£23,225**	**£9,911**	**£21,068**	**(£2,662)**	**£808**

The Trustwide forecast has been based on the underlying performance of the Trust YTD, with adjustments for known later year impacts. Taking the likely scenario from the Risks and Opportunities schedule there is strong confidence that the Trust can achieve a breakeven outturn, and increasing confidence around meeting the SEL system surplus target, in particular given the surplus distribution received in M11.



Risks and Opportunities

	New Items	In Position	In Forecast	Risks	Op's	Likelihood			Rag
						Best	Worst	Likely	
Category	Risks and opportunities;	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
				Value not incl. in YTD/Fcast					
BSF	Annual Leave accrual	£0	£0	£0	£3,041	£3,041	£0	£0	
BSF	Stock Validations (Drugs - SZ M11)	*£0*	*£0*	*£0*	*£1,640*	*£1,640*	*(£2,000)*	*£0*	
BSF	Change in Bad Debt Position	£0	£0	(£3,508)	£0	£0	(£3,508)	£0	
BSF	Control Account Review	*£0*	*£0*	*(£1,000)*	*£0*	*£0*	*£0*	*£0*	
BSF	VAT Charges Outstanding (Resolved M11)	(£1,275)	(£1,275)	£0	£0	£0	£0	£0	
BSF	DEL Impairments	£0	£0	(£6,457)	£0	£0	(£6,457)	£0	
BSF	DT&I Redundancy Final balance	£1,446	£1,446	£0	£0	£0	£0	£0	
BSF	Essentia - Redundancy costs	(£1,500)	(£1,500)	(£2,200)	£0	(£2,200)	(£2,200)	(£2,200)	
BSF	PDC charge mov't	£0	£0	(£1,000)	£0	£0	(£1,000)	£0	
BSF - PY	Non-Recovery of Dr Balances (Reserve Adj)	£0	£0	£0	£1,169	£1,169	£0	£0	
BSF - PY	Prior-year Drugs benefit	£1,762	£1,762	£0	£0	£0	£0	£0	
BSF - PY	PY - Accrual Reviews (PYEXP - £12.6M)	£4,694	£4,694	£0	£5,000	£5,000	£0	£5,000	
BSF - PY	NHSSC - 2324 final position	£2,687	£2,687	£0	£0	£0	£0	£0	
BSF - PY	VAT Rebates - 2324 confirmed I&E position	£4,025	£4,025	£0	£0	£0	£0	£0	
Income	ERF Income 2425 (above stretch target)			£0	£21,000	£22,800	£0	£10,000	
Income	Drugs Income adjustment	*£0*	*£0*	*(£21,000)*		*£0*	*(£21,000)*	*(£10,000)*	
Income	Income - Advice and Guidance	£0	£0	£0	£3,800	£3,800	£0	£3,800	
Income	CTO profit share from KCL	£2,508	£2,508	£0	£0	£0	£0	£0	
Income	Losses on Fixed Asset - Agile Ventilators and Covid 19 M	(£3,300)	(£3,300)	£0	£0	£0	£0	£0	
Income	Income - COVID Assets funding	£3,300	£3,300	£0	£0	£0	£0	£0	
Income	Income - Vaccination Income	£2,891	£3,469	£0	£0	£0	£0	£0	
Income	Non-Activity Adjustments (Deferred Income)	£2,000	£2,000	£0	£3,000	£3,000	£0	£2,000	
Income	ICB Surplus funding	£22,917	£22,917	£0	£0	£2,083	£2,083	£2,083	
Income - PY	NHS contract provisions / contract arbitration outcome	£4,758	£4,758	£0	£3,100	£3,100	£0	£3,100	
Income - PY	ERF Income 2425	£17,934	£21,521	£0	£0	£0	£0	£0	
Income - PY	Further ERF Income - 202324	£18,300	£18,300	£0	£0	£0	£0	£0	
Other	Revenue to capital transfer	£1,000	£1,000	£0	£11,000	£5,000	£0	£4,000	
Other	Rates rebate	£0	£0	£0	£107	£0	£0	£107	
Other	AFC band 2 - band 3 Change (HCA)	£0	£0	(£1,000)	£0	£0	(£1,000)	(£1,000)	
Other	Living London Wage	(£240)	(£240)	£0	£0	£0	£0	£0	
Other	Industrial Action - (Income recognised in month 6 - £1.9	£1,110	£715	£0	£0	£0	£0	£0	
Other	CIP improvement (F'cast £68M) - M10 shown, M11 to fc	£52,931	£63,517	£0	£0	£0	£0	£0	
Other	Pay Award (VSM, AFC Increments and Res Drs)	(£7,794)	(£13,362)	£0	£0	£0	£0	£0	
Other	Pay Award - PY Resident Doctors	(£7,474)	(£7,474)	£0	£0	£0	£0	£0	
Other	Pension Accrual	*£581*	*£581*	*£0*	*£0*	*£812*	*£0*	*£335*	
Other	ACU Accrual 1 Year Accrual	*£0*	*£0*	*£0*	*£0*	*£0*	*(£750)*	*£0*	
Other	Lexica	*(£502)*	*(£548)*	*£0*	*£1,500*	*£1,500*	*£502*	*£1,000*	
Other	Synlab Debtor	*£0*	*£0*	*(£1,000)*	*£0*	*£0*	*(£1,000)*	*£0*	
Other	KHP Investment - Impairment	*£0*	*£0*	*(£500)*	*£0*	*£0*	*(£500)*	*£0*	
Other	PTC Funding	£0	£0	£0	£1,700	£0	£0	£0	
Other	NHSE Additional Funding 24/25	£0	£0	£0	£10,000	£0	£0	£5,000	
Other	ICB Additional Funding 24/25	£0	£0	£0	£4,000	£0	£0	£0	
Other	ICB Pathology Direct Access	£0	£0	£0	£6,000	£0	£0	£0	
Other	Invoices on Hold	£0	£0	(£24,000)	£0	£0	£0	£0	
Synnovis	External funding - Synnovis incident (Income loss - NHS)	(£22,795)	(£22,795)	£0	£22,795	£0	£0	£0	
Synnovis	External funding - Synnovis incident (Income loss - PP)	(£3,611)	(£3,611)	£0	£3,611	£0	£0	£0	
Synnovis	External funding - Synnovis incident (Direct Costs)	(£857)	(£857)	£0	£857	£0	£0	£0	
	Total	£95,496	£104,240	(£61,665)	£103,320	£50,745	(£36,830)	£23,225	

Committee name	Audit and Risk Committee
Date, time	Wednesday 5 February 2025, 1pm – 4pm
Venue	Chelsea Wing Boardroom, Royal Brompton Hospital
Chair	Nilkunj Dodhia

Emergency preparedness, resilience and response update: The Committee received an update on the Trust's position in relation to the emergency preparedness, resilience and response (EPRR) core standards, noting that the annual self-assessment had been completed and that the Trust remained substantially compliant with the core standards. The Committee agreed the assurance outcome of the Trust's EPRR core standards.

Board Assurance Framework process update The Committee received a paper with proposals to strengthen the Board Assurance Framework (BAF) process, the majority of which were approved. It was also agreed that the BAF risks should be subject to a refresh to ensure they remained relevant and reflected the ambitions of the Trust's new strategy.

Management of risk annual report: The Committee received the findings of an audit of the Trust's risk management effectiveness for 2024. The annual risk report had identified areas of good practices across clinical services and areas for improvement in 2025/26. The Committee supported the recommendations to further strengthen the management of risk across the Trust.

External audit: The Committee received the external auditor's indicative audit plan for year ending 31 March 2025, noting that the significant risks identified for audit consideration were comparable to the prior year. Any significant findings would be communicated in the audit findings report to be brought to the Committee in June 2025. The value for money audit report would also be brought in June 2025, and the specific areas of focus of this review were noted.

Internal audit progress report: The Committee discussed the completed audits on planned maintenance at Guy's and St Thomas' sites, cancer waiting times performance targets, medicine management at Royal Brompton Hospital, and payroll and pensions. The findings of an advisory audit on outpatient clinic management and space usage were also reported, with several recommendations being taken forward. The Committee received an update on the actions being taken to improve data quality and the draft internal audit plan for 2025/26.

Internal audit progress update: private patient activity: The Committee received a progress update on private patient activity since the audit report of September 2024. The Committee noted other developments taking place, including the opening of a state-of-the-art Computed Tomography (CT) scanner at the diagnostic facility at Wimpole Street.

Counter fraud progress report: The Committee received an update on counter fraud activity for the period of 1 November 2024 to 31 January 2025 noting the new referrals received, closed cases and ongoing investigations. Investigation of a whistleblowing concern about overtime fraud had found no supporting evidence for the allegation.

Board Assurance Framework: The Committee reviewed the cyber security risk on the BAF and approved the proposed reduction of the score from high to limited.

Items for noting: The Committee noted the progress made against the recommendations arising from the payroll additions to pay audit report of 2023.

Committee name	Transformation and Major Programmes Committee
Date, time	Wednesday 26 February 2025, 1pm – 4pm
Venue	Robens Suite, Guy's Hospital
Chair	Ian Playford

Central Portfolio Office Major Programme Report: An update was received regarding capital programme delivery models and opportunities to take a more standardised approach, how to manage the complexity of the role of the Senior Responsible Officers for the Children's Hospital Programme, and financial constraints and capital funding implications.

Better, Faster, Fairer Productivity programme: The challenging financial climate provided a catalyst for the Trust to be bold in its change initiatives, embrace technology and build on the use of Epic. The Better Faster Fairer programme had been introduced to harness this work and drive productivity improvements with high energy and minimal bureaucracy. Colleagues were encouraged to be more innovative and make significant changes with a higher risk tolerance, moving away from the traditional incremental approach. The Committee would monitor return on investment from this work.

Essentia Capital Delivery Model Update: The Committee noted the latest position arising from phase one of the organisational re-design of the capital delivery model, which had delivered significant savings.

Outpatient Clinical Space Utilisation: The Committee noted the outcome of the internal audit on space utilisation, highlighting the issue of accessing utilisation data. Despite the data challenges it was clear there was an opportunity for significant transformation in the way that space was utilised. Plans would be developed to make more effective use of space; these were likely to include a reduction in the size of the Trust's estate and repurposing space for acute services currently used by outpatient clinics.

Sustainability Update: The Committee received an update on the District Energy Network project, a key strand of the Trust's 10-year Sustainability Strategy to reach net zero direct carbon emissions by 2040. A tender had been opened to seek an investment partner to work with the Trust on a decarbonisation plan.

Trust Integration Programme Update: The Committee received a closure report for the programme, noting substantial progress in key corporate areas and the plans to address outstanding issues through business as usual.

Guy's Surgical Hub Programme Update: The Committee noted the submission and approval of the Guy's Surgical Hub outline business case (OBC) at NHS England's Joint Investment Committee and subsequent ministerial approval. The OBC was with HM Treasury for final approval. An SRO had been appointed to lead this work and key programme roles were being recruited and governance established.

Children's Hospital Programme: The Committee noted the OBC had been submitted and enabling works funding had been approved. The Committee was particularly pleased to note that the economies case had been added to the national case studies library for best practice.

Cardiovascular, Respiratory & Intensive Care Programme Update: The Committee received an update on the reconfiguration of Cardiovascular, Respiratory and Intensive Care services, focusing on mitigating risks and addressing long patient waiting times. Options for CRIC services in the short to medium term would be further developed and a preferred option would be brought back for approval.

Principal Treatment Centre (PTC) Programme Update: The Committee noted the Secretary of State for Health and Social Care's decision not to 'call in' the decision for the Trust to host the PTC for paediatric cancer in south London and south east England. There was confidence in the Trust's ability to deliver on the robust plans it had in place for the programme, although it was noted that the timescale remained ambitious. The excellent partnership working with Royal Marsden and St George's NHS foundation trusts was recognised as an important step.

Apollo Programme: Stabilisation & Benefits Realisation Update: The Committee noted positive progress on stabilisation and benefits realisation, particularly with the Apollo programme's improvements in using Epic for staff and patients. The focus was now on optimising MyChart capability and usage to enhance productivity.

Board Assurance Framework: The Committee approved the proposed changes to the Trust's principal strategic risks on the Board Assurance Framework.

Committee name	People, Culture and Education Committee
Date, time	Wednesday 5 March 2025, 1pm – 4pm
Venue	Robens Suite, Guy's Hospital
Chair	Miranda Brawn

Chief People Officer report: The Committee received updates on talent development and succession planning programmes, noting an annual cycle would launch in April 2025 initially focused on Executive and Very Senior Manager roles. The Committee also noted the first draft Equality, Diversity and Inclusion delivery plan for 2025/26. This had been informed by insights from the 2024 NHS staff survey and would be refined with staff networks.

The Committee discussed strategic workforce planning, and the challenges inherent in the Trust's emerging 2025/26 business plan which emphasised the need for efficiency and transformation. Assurance was provided that the Trust remained safely staffed and continued to provide high quality care.

2024 NHS Staff Survey interim results: The interim results showed a 19% improvement in the response rate from the previous year's survey and improved scores in all the People Promise themes.

Pay gap report The Committee received a report that showed the gender pay gap (mean) had reduced from 18.8% in 2019 to 12.4% in 2024. The pay gap for black staff was higher, at 30.3%, but lower for disabled staff at 11.6%. There was discussion about the actions the Trust was taking to reduce the pay gaps in all areas.

Freedom to Speak Up Report: There had been a 15% increase in cases received through the Freedom to Speak Up service suggesting that awareness of and confidence in the service had increased. Assurance was provided that the concerns raised were being resolved, with lessons learned, particularly around the bullying and harassment of staff. The Committee agreed it was also important that the more serious concerns raised to senior members of staff outside the Speak Up process were appropriately captured and addressed.

Widening participation: Updates were received on the widening participation agenda, focusing on local career opportunities and collaboration with schools and education providers. This included discussion about ways in which interest could be gathered from harder to reach groups through the development of a communications plan.

Apprenticeship update 2025: The Committee noted the need to optimise the use of the apprenticeship levy and explore the relationship between widening participation and apprenticeships.

Operational people metrics: Updates were received on key performance indicators. Compliance rates for statutory and mandatory training and completion of performance development reviews remained behind the Trust's targets. The sickness absence rate was also behind the target and there was discussion about the main reasons for sickness absence whilst Committee members noted that plans to address long-term sickness would be incorporated into the Trust's productivity programme.

Board Assurance Framework (BAF): The Committee reviewed and approved updates to the two workforce-related risks on the BAF. No changes were made to the sufficiency of controls, and the assurance level remained substantial for both risks.

Any other business New lockers and vending machines were bring introduced at Trust sites to improve storage and food options as part of the 'Making Working Lives Better' programme.

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS

WEDNESDAY 30 APRIL 2025

Report title:	**Documents Signed under Trust Seal, 16 January 2025 to 23 April 2025**
Executive sponsor:	**Ian Abbs, Chief Executive**
Paper author:	**Joshua Roles, Senior Business Manager**
Purpose of paper:	For Information
Main strategic priority:	All Trust 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: 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 1087 to 1102 under the Foundation Trust's Seal during 16 January 2025 to 23 April 2025. Where the Chief Executive was not available to sign, Lawrence Tallon, Deputy Chief Executive and Avey Bhatia, Chief Nurse deputised on their behalf.

2. Recommendation

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

Number	Description	Date
1087	Signing and Sealing of the Deed of Variation between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Guy's and St Thomas' Foundation (The Charity) to allow the installation of the Targeted Health Lung screening scanner within the Carlisle Lane Car Park	21.01.2025
1088	Signing and Sealing of the Renewal Lease between (1) Guy's and St Thomas' NHS Foundation Trust as landlord and (2) By-pass Nurseries Limited as the tenant for Anchor Unit, Chelsea Farmers Market, 125 Sydney Street.	21.01.2025
1089	Signing and Sealing of the Deed of Agreement between (1) Guy's and St Thomas' NHS Foundation Trust and (2) The Mayor and Burgesses of the London Borough of Lambeth ("Council") relating to land at 51A Hazelbourne Road, London, SW12 9NU.	11.02.2025
1090	Signing and Sealing of the Lease between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Community Health Partnerships Limited relating to the premises at Eltham Community Hospital, 30 Passey Place, SE9 5DQ.	18.02.2025
1091	Signing and Sealing of the Lease between (1) Guy's and St Thomas' NHS Foundation Trust (as tenant) and (2) Guy's and St Thomas' Foundation (as landlord) relating to the premises known as Elizabeth Newcomen House, Newcomen Street, SE1	18.02.2025
1092	Signing and Sealing of the Lease between (1) Guy's and St Thomas' NHS Foundation Trust (as tenant) and (2) James Johnson-Flint and Julian Richer relating to the premises known as the Borough Dialysis Renal Unit, Ground Floor, Block A, Tabard Square (also known as 1-4 Empire Square), Lond Lane, London	18.02.2025
1093	Signing and Sealing of the lease made between (1) Guy's and St Thomas' Foundation (landlord) and (2) Guy's and St Thomas' NHS Foundation Trust (tenant) pertaining to Talbot Yard, Guy's Hospital, London, SE1.	04.03.2025

1094	Signing and Sealing of the lease made between (1) Guy's and St Thomas' Foundation (tenant) and (2) Guy's and St Thomas' NHS Foundation Trust (landlord) pertaining to the Art Store Room, Ground Floor, Old Guy's House, Guy's Hospital, London, SE1	04.03.2025
1095	Signing and Sealing of the lease between (1) Guy's and St Thomas' Foundation and (2) Guy's and St Thomas' NHS Foundation Trust pertaining to Nuffield House, Newcomen Street, London	04.03.2025
1096	Signing and Sealing of the lease between (1) UBS Real Estate GmbH (as landlord) and (2) Guy's and St Thomas' NHS Foundation Trust (as tenant) pertaining to Premises at 2nd Floor of India House, 45 Curlew Street, London, SE1	04.03.2025
1097	Signing and Sealing of the renewal lease between (1) Guy's and St Thomas' NHS Foundation Trust and (2) By Pass Nurseries Limited for a further 3 years rent within 119 Sydney Street (Chelsea Farmers Market)	10.03.2025
1098	Signing and Sealing of the underlease between (1) Community Health Partnerships Limited and (2) Guy's and St Thomas' NHS Foundation Trust relating to premises at the Beckenham Beacon, 379 Croydon Road, Beckenham, Kent, BR3 3QL	10.03.2025
1099	Signing and Sealing of the lease between (1) Guy's and St Thomas' NHS Foundation Trust (as tenant) and (2) Possfund Custodian Trustee Limited (as landlord) pertaining to the rent at Unit 5 Bricklayers Arms, Mandela Way, SE1	18.03.2025
1100	Signing and Sealing of the lease between (1) Guy's and St Thomas' NHS Foundation Trust (as tenant) and (2) NHS Property Services Limited (as landlord) pertaining to the premises at part ground floor and part 1st floor of The Manor Health Centre, 86 Clapham Manor Street, SW4 6EB	18.03.2025
1101	Signing and Sealing of the underlease between (1) KRT Developments Limited (as landlord) and (2) Guy's and St Thomas's NHS Foundation Trust (as tenant) relating to Premises at 2-5 Stedham Place, Bloomsbury, London WC1	25.03.2025
1102	Signing and Sealing of the renewal lease between (1) Royal Brompton and Harefield Hospitals Charity (as landlord) and (2) Guy's and St Thomas' NHS Foundation Trust (as tenant) of 1st Floor (Rear) 151 Sydney Street, London, SW3	25.03.2025