

Public Board of Directors meeting

Wed 23 July 2025, 16:00 - 17:45


Robens Suite, Guy's Hospital

Agenda


- 16:00 - 16:05
5 min



1. Welcome and apologies
Verbal Charles Alexander
- 16:05 - 16:05
0 min


2. Declarations of interest
Verbal
- 16:05 - 16:05
0 min

3. Minutes of previous meeting (30 April 2025) and review of actions
 20250430 Public BoD Meeting Minutes vFinal.pdf (5 pages)
- 16:05 - 16:15
10 min

4. Chairman's update
Verbal Charles Alexander
- 16:15 - 16:45
30 min

5. Chief Executive's update
Ian Abbs
 Chief Executive Report - July 2025 Public Board vFinal.pdf (9 pages)
- 16:45 - 17:05
20 min


6. Freedom to Speak Up report
Eve Bignell
 FTSU Annual Report.pdf (6 pages)
 FTSU Annual Report - appendices.pdf (9 pages)
- 17:05 - 17:25
20 min



7. Sustainability and Green Plan update
Andrew Asbury
 Sustainability and Green Plan Update.pdf (5 pages)
- 17:25 - 17:40
15 min

8. Reports from chairs of Board Committees
Verbal Board Committee chairs

Papers for noting

- 17:40 - 17:40
0 min

9. Reports from Board Committees
9.1. 9.1 Academic Committee in Common (22 May 2025)
 ACIC summary 22.05.2025.pdf (1 pages)
9.2. Audit and Risk Committee (14 May 2025 and 18 June 2025)

-  ARC summary 14.05.2025.pdf (1 pages)
-  ARC summary 18.06.2025.pdf (1 pages)

9.3. Finance, Commercial and Investment Committee (23 April 2025)

-  FCI summary 23.04.25.pdf (1 pages)

9.4. Financial Report at Month 3

-  M03 Financial Performance.pdf (6 pages)

9.5. Quality and Performance Committee (21 May 2025)

-  QP summary 21.05.2025.pdf (1 pages)

9.6. Integrated Performance Report July 2025

-  Integrated Performance Report - July 2025.pdf (14 pages)

9.7. People, Culture and Education Committee (11 June 2025)

-  PCE summary 11.06.2025.pdf (1 pages)

9.8. Transformation and Major Programmes Committee (7 May 2025)

-  TMP summary 07.05.2025.pdf (2 pages)

17:40 - 17:40
0 min

10. Register of documents signed under seal

Ian Abbs

-  Register of documents signed under Trust Seal.pdf (2 pages)

17:40 - 17:45
5 min

11. Any other business

Verbal

Charles Alexander

BOARD OF DIRECTORS

Wednesday 30 April 2025, 3.45pm – 5.30pm
Governors' Hall, St Thomas' Hospital and MS Teams

Members present:	Charles Alexander (Chair)	Simon Friend
	Ian Abbs	Richard Grocott-Mason
	Crystal Akass	Felicity Harvey
	Gubby Ayida	Jamie Heywood
	Avey Bhatia	Deirdre Kelly
	Miranda Brawn	Graham Lord
	Sarah Clarke	Damien O'Brien
	Louise Dark	Pauline Philip
	Steven Davies	Simon Steddon
	Jon Findlay	Alison Wilcox
In attendance:	Edward Bradshaw (minutes)	Charles Martin (to item 8)
	Anita Knowles	Jackie Parrott
	Denis Lafitte	Lucy Yasin

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. Apologies had been received from Nilkunj Dodhia and Ian Playford.

2. Declarations of interests

- 2.1. There were no declarations of interest.

3. Minutes of the meeting held on 29 January 2025

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

4. Chair's Update

- 4.1. Amanda Pritchard, the Trust's new incoming Chief Executive, would start during the first week of September, and would also spend much of July in the Trust as part of her induction. Non-executive directors were thanked for their work in making this appointment, which had been well-received by colleagues both internally and externally.
- 4.2. The Chair reflected on recent developments across the NHS since the previous Board meeting, including news that NHS England would be absorbed into the Department for Health and Social Care ahead of its abolition in 2026. The Government's ten-year NHS plan was expected to be published in the coming months.
- 4.3. Following the recent UK Supreme Court ruling on the definition of 'woman' and 'sex' under equality legislation, the Chair reaffirmed the Trust's unwavering commitment to supporting people of all gender identities and gender expression. The Trust was awaiting the outcome of an urgent review of national guidance on how this ruling would affect NHS organisations.

5. Chief Executive's Update

- 5.1. The Board noted that 2024/25 had been a very challenging year operationally, particularly because of the cyber-attack on Synnovis in June 2024. However, during the second half of the year the Trust had made significant improvements against every national performance standard and the trajectories that had been agreed with NHS England. The backlog of patients awaiting elective treatment had been reduced and the Trust had comfortably surpassed its year-end target in this regard. There were a small number of patients waiting over 65 and 78 weeks at the end of March, but the Trust was confident they would receive treatment early in 2025/26. The Trust's urgent and emergency care performance had remained strong throughout the difficult winter period and, in March 2025, it was 79.12% against the standard of 78% set by NHS England. However, patients with mental health conditions attending the emergency department continued to represent a significant clinical risk.
- 5.2. The Trust remained in NHS England's tiering programme, and in segment three of the NHS Oversight Framework, for its for cancer and diagnostics performance. Whilst diagnostics performance was slightly behind plan at year end, performance of 23.7% was a notable improvement from earlier in the year, partly as a result of increased investment in capacity and work to manage demand. Remaining areas of pressure included audiology and echocardiology. The Board was pleased that performance against the cancer Faster Diagnosis Standard had remained strong across all cancer pathways and had reached 79.1% by year end. While overall 62-day cancer performance had also improved, to 59.3%, it remained below target due to the impact of late referrals to the Trust from other organisations for patients requiring specialist treatment. There was also some variation in performance across different tumour groups, with lung cancer particularly challenged. A recovery plan was in place to address this. The Trust had continued to perform well on its internal 62-day cancer performance, where patients are referred directly to the Trust.
- 5.3. In March the Trust had submitted its 2025/26 business plan to the South East London Integrated Care Board and NHS England. The Trust planned to be compliant with all the operational requirements set out in the national planning guidance except cancer 62-day performance, where the Trust anticipated delivering 70.3% against the 75% standard by March 2026.
- 5.4. The Trust was tracking quality assurance metrics closely to ensure it continued to provide safe, high-quality care to its patients. Two 'never events' had been declared in quarter four, bringing the total to eight in 2024/25 compared to the five the previous year. Board members discussed the steps the Trust was taking to reduce these incidents from occurring and noted how the Patient Safety Incident Response Framework (PSIRF) was used to promote learning across the organisation. Updates on work done to close actions resulting from serious incidents and provide timely responses to complaints were also noted. The Board noted that overall patient experience, as measured by various surveys such as the Friends and Family Test, remained very positive. Whilst the Friends and Family test score for the emergency department was under the target of 90% the scores were considerably higher than the national average. Feedback showed that communications continued to be an area of frustration for patients, and this had also been highlighted by the Trust's governors. The Board noted the key steps being taken to address this.
- 5.5. Since October 2023, the Trust had managed an outbreak of *Candidozyma auris* which had affected 180 patients. Only a small number had developed infections which had been treated successfully with antifungal agents, and none had come to serious harm. The Trust had implemented a range of prevention measures, and two external reviews had concluded that these measures were appropriate and, in many cases, had exceeded those outlined in national guidelines. National guidance for the management of *Candidozyma auris* had been updated recently, and the Trust was launching a new policy in line with this guidance in the coming weeks.
- 5.6. The Trust's full-year draft accounts were in the process of being audited, but indicated the Trust had met its financial plan with a surplus of £12.7m, subject to audit. An overview was provided about how this had been achieved. Cost improvement savings of £72m had been delivered during the year which was a strong performance⁷; although this was below the target of £93.8m and had been mitigated by

underspends in other areas. The Trust had fully-utilised its capital expenditure allocation of £130.4m and had brought forward schemes from 2025/26 to ensure the allocation was spent before year end. The Trust anticipated finances in 2025/26 would remain challenging. It had submitted a breakeven plan that would again be achieved by a large cost improvement programme. In recent months the Trust has been developing a programme to improve all aspects of organisational productivity including patient flow, surgical productivity, ambulatory transformation, reducing excess bureaucracy, and private patients. As well as generating clinical and operational benefits, many of these areas – if successful – would improve the experience of patients and deliver significant financial benefits. Board members sought clarification over aspects of the 2025/26 financial plan, including the capital expenditure allocation and opening cash position.

- 5.7. Over 13,000 members of staff, equating to 57% of the workforce, had taken part in the 2024 NHS staff survey the previous autumn. This was a 19% increase from the rate of participation the previous year. Board members were pleased to note that the Trust had scored above the national average in all NHS People Promise elements, and had significantly exceeded the national average scores in all key questions such as being happy to recommend the Trust as a place to work and as a place to receive treatment. 91% of staff had said they were proud to work for the Trust. In many of these questions, the Trust's scores were amongst the best in the country. However, despite the positive results, the Board recognised there was opportunity to improve the experience of all staff, particularly on inclusion; bullying and harassment; career progression; staff retention; and addressing burn-out. A Trust-wide action plan had been developed and was underpinned by local action plans to address these challenges. The Board also noted a range of events that had been held in recent months to mark religious events and to celebrate the diversity of staff and patients. Whilst the Trust had launched its transgender policy ahead of the recent Supreme Court ruling, it would await national guidance before taking steps to review this to ensure it aligned with the ruling. The Trust would continue to take steps to reduce discrimination and promote inclusivity for all staff and patients, in line with its values.

6. Strategy Implementation Framework

- 6.1. The Trust's strategy to 2030, *better, faster, fairer healthcare for all* had been published in September 2024, and this had already been embedded across the organisation through objectives of individual staff, and at team, directorate and clinical group or corporate service level. This would help ensure all parts of the organisation took responsibility for strategic delivery. A proposal was presented for how the Board would take assurance over delivery of the strategy. The proposal sought to leverage the governance framework that had been developed over recent years. Existing Board committees would oversee the delivery of individual programmes and initiatives; this would be supplemented by a standardised rolling focus on each strategic priority and a biannual report assessing overall progress in other forums such as Board away days.
- 6.2. Board members were supportive of the proposed approach. Clarity was sought about the difference between the approach proposed versus the one that had been adopted for the previous strategy, *Together we care 2018 – 2023*, which the Board recognised had been interrupted by the Covid-19 pandemic. It was noted that the new strategy, and the operating model that underpinned it, was considerably broader and more complex, and so whilst it would be important to prioritise the initiatives and deliverables it contained, a simpler approach had to be adopted to oversee delivery, with fewer metrics. Further proposals regarding prioritisation of strategic deliverables would be brought back to the Board in due course. There was further discussion about the communications approach that was needed to maintain momentum for strategic delivery across the organisation.

RESOLVED:

- 6.3. The Board approved the strategy implementation framework and would keep this under review.

7. Board Assurance Framework

- 7.1. The Board Assurance Framework (BAF) helps the Board manage and mitigate the principal risks that are caused by, or threaten, the achievement of the Trust's strategic objectives. Each risk on the BAF was owned by both an executive committee and a Board committee and reviewed on a quarterly basis. The risks on the BAF reflected the Trust's previous strategy, *Together we care*. Work was needed to refresh the risks to ensure they were aligned to the strategic objectives set out in the Trust's new strategy to 2030.
- 7.2. The Board considered the Trust's principal risks in light of the new strategic priorities and the internal and external challenges the Trust was facing, and reviewed a draft set of new BAF risks that had been proposed by executives as the main risks to delivery of the new strategy. The key points of the ensuing discussion included:
- explanation that some existing risks had been consolidated to recognise the interdependencies between them and make it easier to track their mitigations and controls;
 - clarification that risks around workforce and 'organisational excellence' were separate, to recognise the latter extended beyond staffing and into governance, risk and leadership;
 - the need for productivity to be split out from operational performance and established as a separate risk, given its importance to a wide range of strategic deliverables;
 - recognition that the Trust should not be bound to a specific number of BAF risks, but that these should be manageable by the Board and its committees;
 - the importance of using the BAF to drive the planning of agendas for Board committees; and
 - the need for the risk around research and development to expand beyond funding and governance and also to reference the new Academic Committee in Common with King's College Hospital NHS Foundation Trust and King's College London.
- 7.3. Board members agreed cyber security risk should remain prominent on the BAF. This led to discussion about the work being done to manage this specific risk and that this had led to an improvement in the Trust's most recent Data Security and Protection Toolkit assessment to 'standards met'.
- 7.4. Corporate Affairs would work with relevant colleagues across the Trust to develop the new and updated risks in line with the proposals and the discussion points, and to bring these to the next round of Board committees for agreement and ongoing management.

RESOLVED:

- 7.5. The Board approved the proposed set of BAF risk areas, subject to the points made during the discussion, and the next steps for further development of the risks at Committee level.

8. Updates from chairs of Board committees

- 8.1. 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 in January.
- 8.2. The Board noted that the first meeting of the newly-established Academic Committee in Common would be held on 22 May. The Board would receive a formal report – in common with its other committees – from its next meeting.

9. Reports from Board committees for noting

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

10. Register of documents signed under seal

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

11. Any other business

11.1. There was no other business.

The next public meeting of the Board of Directors would be held on 23 July 2025

BOARD OF DIRECTORS

WEDNESDAY 23 JULY 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:	<ul style="list-style-type: none"> 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 April 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):	<p>The BOARD is asked to:</p> <ol style="list-style-type: none"> Note this paper.

1. Introduction

- 1.1. This report outlines the main developments since the last public Board meeting on 30 April 2025 that I wish to bring to the attention of the Board of Directors. I want to thank all our exceptional teams who have been working hard to deliver high-quality care for our patients. Although we are in high summer, we remain extremely busy, and we have experienced rising demand for many of our services.
- 1.2. Last month we welcomed the Chancellor, Rachel Reeves, and Secretary of State for Health and Social Care, Wes Streeting, to Evelina London Children's Hospital and St Thomas' Hospital. It was a pleasure to introduce them to a range of staff across our Trust and illustrate the many ways we are working to deliver healthcare excellence for all our patients.
- 1.3. The Trust welcomed the vision and ambition of the Government's *Fit for the Future: 10 year health plan for England* which was published earlier this month. We are encouraged by the alignment between the ten-year plan and our strategy to 2030 - better, faster, fairer healthcare for all, particularly in areas such as integrated care, innovation, workforce development, and health equity. The ten-year plan is also consistent with the recently launched King's Health Partners' Strategy, with its focus on personalised medicine, digital and population health. The Government's plan is therefore a strong endorsement of the direction the Trust and its partners have already set, and we are committed to playing a leading role in delivering its shared goals.
- 1.4. NHS England has indicated that the Trust will be placed into segment two of the new NHS Oversight Framework which is the national tool for identifying both areas of success and opportunities for improvement in healthcare providers. The Framework categorises providers based on the degree of support and intervention they require, with the highest-performing trusts in segment one and those requiring intensive support in segment five. Whilst this is a largely positive outcome, the Trust recognises there is scope to improve both operational and financial performance to progress to segment one.
- 1.5. Today marks my final public Board of Directors meeting since joining the organisation first as a student in 1978 and as a consultant in 1994 and becoming Chief Executive in 2019. It has been an immense privilege to have served Guy's and St Thomas' for so many years, and I would like to thank the Board and the Council of Governors, both past and present, for their unwavering support throughout my tenure. I should also like to pay a deep and very sincere tribute to all of my Trust colleagues for their unstinting commitment to providing our patients with the best possible care. I am confident that the Trust will continue to thrive under the leadership of my successor Amanda Pritchard, who will assume the role of Chief Executive on 5 September.

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

- 2.1. 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. All data relating to June 2025 referred to below remains unvalidated and therefore subject to change.
- 2.2. Activity: The Trust is working hard to safely treat as many patients as possible and is exceeding planned activity levels in a number of areas including new outpatient and elective day case appointments. The total waiting list at the end of June was under 122,000 as we seek to reduce it to 114,730 by 31 March 2026. Although the Trust has significantly reduced the number of patients waiting over 52 weeks for treatment in the past 12 months, we are currently above the trajectory agreed with NHS England. The number of patients waiting over 65 weeks for treatment has increased since April and, whilst this number remains a very small proportion of our overall waiting list, we are working hard to treat these patients as quickly as possible. Urology represents the greatest area of risk to this position and a service-level recovery plan has been developed.
- 2.3. Operational performance: The Trust remains in NHS England's tiering programme for cancer and diagnostics performance, and we continue to prioritise driving improvement in these important areas.
- 2.4. The Trust ended 2024/25 with a diagnostics performance of 23.7%. This has deteriorated slightly in the first quarter of 2025/26 and was at 25.8% in June. The Trust is experiencing challenges in specific modalities including urodynamics, echocardiograms and audiology, and the diagnostics recovery group is working closely alongside these services to support improvements. We have, however, been successful in reducing the number of patients waiting over 13 weeks for a diagnostic test, which has reduced from a peak of 8,852 in 2024/25 to 1,706 in June 2025.
- 2.5. Performance against the Faster Diagnosis Standard for patients with actual or suspected cancer has continued to improve and reached 78.7% in May (the latest available data at the time of writing). Meeting our trajectory for overall 62-day cancer performance remains highly challenging due to the number of patients being referred for specialist treatment from other hospitals. Performance against this standard has declined since March and was 56.2% in May. Patients with actual or suspected lung cancer remain the most complex tumour group. Internal performance, where patients are referred directly to the Trust, remains significantly stronger and was 68.6% in May. The Trust continues to deliver the comprehensive recovery programme which was agreed with NHS England and will continue work closely with system partners and the regional and national teams to improve performance.
- 2.6. The Trust has consistently demonstrated strong performance against the four-hour urgent and emergency care standard in 2024/25 and into

2025/26, with June 2025 reaching 80.02% which is the highest position since April 2022. Performance was over 92% for paediatrics. Patients with mental health conditions attending our emergency department continue to represent a significant area of clinical risk. The Trust is working closely with South London and Maudsley NHS Foundation Trust to ensure these patients are treated in the most appropriate settings.

- 2.7. Industrial action: The British Medical Association announced a strike by resident doctors for five days later this month due to a pay dispute. As we know from previous experience, these strikes have a significant operational impact on the Trust and our patients and require us to enact our business continuity plans which, in the past, have meant having to cancel elective appointments so we can treat those who are in most need of urgent care. Whilst we always respect our staff's right to undertake industrial action, we remain hopeful that this can be averted through further negotiations to avoid any detrimental impact on our patients.
- 2.8. Quality of Care: The ongoing provision of safe, high-quality care to our patients continues to be the Trust's overriding priority. Positive developments include improvement in patient administration and clear monitoring dashboards from EPIC health record system to reduce the risk of delays to patient care from administration processes and compliance with external reporting requirements post-Epic go-live. The continued quality assessments across clinical groups enables on-going review of quality strengths and areas for improvement. These efforts reflect a clear trajectory of improvement and a strong commitment to enhancing patient care and organisational assurance. The Trust tracks quality assurance metrics closely, including numbers of patient safety incident investigations and learning responses. In the first quarter of the new financial year (April to June) the Trust has reported three separate and unrelated incidents involving surgical procedures categorised as 'Never Events' that are being reviewed in accordance with the Patient Safety Incident Response Framework to identify any learning and improvement actions. Progress has been made in addressing legacy serious incident actions, with the majority now closed and only a small number of overdue actions remaining—representing a notable improvement compared to the same period in 2024/25.
- 2.9. Complaints Management: The Trust continues to prioritise improving the timeliness of complaint responses, with focused efforts underway to address a current backlog of approximately 269 cases overdue the Trust internal standard of 35 or 45 working days. There are currently two complaints in this backlog over the regulatory six-month completion timescale. There is now a weekly review of the ten most overdue complaints to improve performance and the timeliness of responses. Current changes to the team structure, designed to enhance long-term capacity, are in progress, with some short-term impact on response times during this time. Complaints data from the final quarter of 2024/25 show that the most common general themes relate to co-ordination of care, decisions over care, communication and staff attitude, providing valuable insight to inform ongoing service improvements.
- 2.10. Infection prevention and control: The Board was previously advised that the Trust had experienced an ongoing outbreak of *Candidozyma auris* (formerly *Candida auris*) since October 2023. A total of 202 patients have been affected. Eight developed *C. auris* infections from which they recovered. We have seen a sustained month-on-month reduction in the number of new cases detected since implementing the enhanced

prevention measures in February 2025 that were detailed in my previous report to the Board in April.

- 2.11. We have also experienced an outbreak of Vancomycin Resistant Enterococci (VRE) on our Harefield site which is being actively managed. There were two healthcare-associated MRSA bloodstream infections during the first quarter of this financial year. Post-infection review identified issues with vascular access devices for both cases; as a result we have launched a Trust-wide campaign to improve the care of vascular access devices and urinary catheters to reduce the risk of bloodstream infection. Our rate of *Clostridium difficile* infection of six cases per 100,000 patient bed days at the Trust remains the lowest in the Shelford Group of hospitals.
- 2.12. Patient Experience: Overall patient experience remains strong, with Friends and Family Test scores above 90% in most areas, except the Emergency Department, patient transport, and maternity services, all of which are showing improvement. The Trust has seen increased volumes of feedback and continues to address concerns raised through Patient Advice and Liaison Services (PALS) and the MyChart Helpdesk. Initiatives like the Contacting Us Programme and patient-led appointment booking aim to improve access, communication, and service responsiveness across the organisation.
- 2.13. Safeguarding: The number of adult safeguarding referrals remained stable in quarter one. Neglect or self-neglect was the top concern, followed by domestic abuse. The Safeguarding Children team has continued to provide input to a significant number of children identified as being vulnerable. Neglect, including non-attendance at appointments, physical injuries and mental health remain prevailing concerns.

3. Sustaining and improving the Trust's financial performance

- 3.1. In June, the Government's Comprehensive Spending Review brought welcome news of a 3% annual increase in funding for the NHS. However, we know that this requires us to deliver efficiency savings and improve our productivity in the longer term, and the Government expects waiting lists to reduce and patient outcomes to improve.
- 3.2. Strong financial management is crucial to enabling high quality care and ensuring that we continue to deliver the best possible outcomes for our patients. It is also central to us having the money to invest in the exciting developments that we set out in our strategy to 2030 - better, faster, fairer healthcare for all.
- 3.3. In the three months to 30 June 2025 the Trust reported a year-to-date deficit of £22.9m, which is in line with plan. Capital expenditure was £10.6m against the planned £20.0m and the cash position was £129.4m.
- 3.4. We have identified around 80% of our full-year cost improvement savings target of £102.1m and delivery of this target is essential to achieving

a sustainable financial position going forward. The Trust's productivity programme will be a key enabler of generating these savings, both in 2025/26 and beyond, and work is continuing at pace, with efforts now being channelled through five specific workstreams: patient flow; surgical productivity; ambulatory transformation; administration; and private patients. Quantifiable outcomes data are being established for each workstream to enable us to assess the impact of the actions we are taking and enable monitoring of this work by both the Trust Executive Committee and the Trust Board. The Trust is implementing tighter financial controls around vacancies, the use of temporary staff, and administrative and clerical positions.

4. Supporting our workforce

- 4.1. Celebrating equality, diversity and inclusion (EDI): The communities the Trust serves are among the most diverse in the country and this rich diversity is also reflected in our workforce. Recent global and national events have brought the need for tolerance and understanding into sharp focus, and places more importance on our values of 'inclusive' and 'caring'. We take pride in the wide range of events we hold to celebrate equality, diversity and inclusion which, since April, have included Pride Month and the national day for staff networks. In June we were proud to take part in Learning Disability Week which this year had a theme of 'Do you see me?' The activities during the week aimed to surface and challenge the barriers faced by people with a learning disability, and to celebrate the benefits people with a learning disability bring to society. The week was important in continuing to highlight the different forms of neurodiversity and the 'less visible' conditions that can affect considerable numbers of people. The Trust has also held events to recognise and celebrate several important religious events during recent months including Eid al-Adha and Shavuot.
- 4.2. WRES/WDES: Since the last public Board meeting the Trust has developed its latest Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports, both of which are mandated and form a critical part of NHS England's commitment to advancing equality, diversity, and inclusion across the health and care system. The frameworks are designed to highlight and address disparities in experience and outcomes for staff from Black and Minority Ethnic (BME) backgrounds and staff with disabilities. Each standard is underpinned by a set of evidence-based indicators that NHS providers are required to report against annually, and analysis of the indicators allows us to benchmark progress, identify areas of concern, and develop targeted action plans. These plans are created in collaboration with key stakeholders and are aligned with the Trust's strategic priority 'valuing all of our people'.
- 4.3. Overall, while there have been improvements across several indicators in recent years, BME and disabled staff continue to report less favourable experiences. This highlights the ongoing need for targeted, sustained action to address disparities and improve equity, particularly in relation to recruitment, career progression, access to development opportunities, and workplace culture, as reflected in both the WRES and WDES reports. The Trust's existing equality, diversity and inclusion programme is being reviewed to assess whether it remains sufficient in addressing the issues highlighted, and whether any additional or revised actions are required to strengthen our approach.

- 4.4. Valuing our people: In May we held the annual Nursing and Midwifery Awards, which celebrate exceptional nursing and midwifery staff across the Trust's hospital and community services. We received 870 nominations for awards in over two dozen categories including matron of the year, team of the year, and community nurse/midwife of the year. Whilst we recognise the challenges the Trust has faced over the past year, the awards highlighted the remarkable strength and adaptability of our nursing and midwifery teams and their focus on ensuring our patients receive the best possible care. I would like to offer my own thanks and congratulations to all winners and nominees for their hard work.
- 4.5. The Trust is part of the Veterans Covenant Healthcare Alliance (VCHA) and proud to be a Veteran Aware hospital. We have signed the Armed Forces Covenant and on 25 June we celebrated Armed Forces Day with a wide range of stalls, entertainment and refreshments in the Mary Seacole memorial square at St Thomas' Hospital. This was an important opportunity to celebrate and show gratitude both for veterans and those currently serving in the UK Armed Forces. On 8 May we marked the 80th anniversary of VE Day, the end of World War II in Europe, by remembering those who were injured or gave their lives in active service.

5. Transformation

- 5.1. Since the last public Board meeting, I am pleased to announce that the NHS England Joint Investment Committee has approved the business case for Guy's Surgical Hub. This significant milestone in the programme means we can now move forward with our plans to expand surgical capacity at Guy's Hospital, which will enable us to treat considerably more patients requiring complex and specialist elective (planned) treatment.
- 5.2. Work is continuing at pace with our Children's Hospital Programme to expand capacity for children's and young people's services. A key component of this, which is progressing well, is the programme to relocate the Principal Treatment Centre for very specialist children's cancer services in south London and much of south east England from south-west London to St Thomas' Hospital. The Transformation and Major Programmes Board Committee endorsed the full business case last month, and work is continuing at pace to meet the ambitious timetable of opening service provision in October 2026. The Centre will enable the Trust to deliver innovative care in a purpose-built, family-friendly environment tailored to the needs of children and young people with cancer.
- 5.3. The Trust's programme to implement and embed the Epic electronic health record system has now transitioned from the stabilisation phase to the benefits realisation stage. Initial steps are being taken to integrate Epic's MyChart app with the NHS app, and also to integrate Epic with the EMIS system that is used widely across primary care services nationally. Both offer exciting opportunities to provide better joined-up care to our patients. These integrations, in addition to providing safer and more efficient care, will enhance the data available for us to improve health equity and population health management.

6. Other news

- 6.1. The Trust was proud to learn that four members of staff were recognised in this year's King's Birthday Honours list. Professor Avey Bhatia, Chief Nurse; Professor Adam Fox, professor of paediatric allergy; Professor Anthony Dorling, now retired professor of transplant inflammation and repair; and Professor Caroline Ogilvie, recently retired consultant clinical scientist in genetics at the South East Genomics Laboratory Hub at Guy's and St Thomas', have all been awarded the Order of the British Empire (OBE). On behalf of the Board I would like to congratulate our colleagues for their achievements.
- 6.2. Last month Guy's and St Thomas' became the first Trust in the UK to treat a patient on the NHS with a new, potentially life-changing drug for haemophilia B. Haemophilia B is an inherited bleeding disorder caused by a lack of Factor IX, an important blood-clotting protein. Patients often experience spontaneous bleeding leading to chronic joint pain. Until now, these patients face the burden of regular infusions of clotting factors one to twice a week. Hemgenix, a one-off gene therapy infusion lasting 1-2 hours, could eliminate the need for regular injections of factor IX and prevent adult patients with moderately severe or severe haemophilia B from having to experience painful bleeds. The drug has been funded by NHS England via the Innovative Medicines Fund.
- 6.3. I would like to congratulate all those involved in providing transplant services at Harefield Hospital, which recently came out on top of a national report on long-term survival rates for those who have had lung transplants, including in having the greatest proportion of patients surviving, on average, five years or more after their transplants.

7. Consultant Appointments from 1 April 2025 – 30 June 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 Occupational Medicine	Karen Pratt	Permanent Consultant	02-Jun-25
Consultant in Occupational Medicine	Daniel Keith Border	Permanent Consultant	01-Aug-25
Consultant in Occupational Medicine	Ali Hashtroudi	Permanent Consultant	01-Aug-25
Consultant Medical Oncologist in Lung Cancers GSTT/ QEH	Daniel Johnathan Hughes	Permanent Consultant	09-Jun-25

Name of post	Appointee	Post Type	Start date
Consultant in Dermatology in Xeroderma Pigmentosum & Photodermatology	Alexandra Stephanie Olivia Paolino	Permanent Consultant	01-May-25
Consultant in Dermatology with a special interest in Hair	Chuin Ying Ung	Permanent Consultant	07-May-25
Consultant in Acute Internal Medicine & General Medicine	Aoife Caitlin Molloy	Permanent Consultant	16-Jun-25
Consultant in Restorative Dentistry	Ashok Vijayakumar	Permanent Consultant	25-Aug-25
Consultant in Paediatric Intensive Care	Qi Yuee Wang	Permanent Consultant	26-May-25
Consultant in Paediatric Intensive Care	Geoff Ewart Burnhill	Permanent Consultant	12-May-25
Consultant in Paediatric Anaesthesia	James Peter Selby	Permanent Consultant	01-Sep-25
Consultant in Myeloproliferative Disorder and General Haematology	Priya Sriskandarajah	Permanent Consultant	19-May-25
Consultant in Nephrology and General Medicine	Alec Dawson	Permanent Consultant	16-Jul-25
Consultant in Paediatric Respiratory Medicine	Elliott James Davis	Permanent Consultant	07-Jul-25
Paediatric Sleep Consultant	Witney Mone Tane Lau	Permanent Consultant	TBC
Consultant in Allergy	Kostadin Vladov Stoenchev	Permanent Consultant	06-Oct-25
Consultant in Medical Oncology – Gynaecology	Helen Alexandra Hockings	Permanent Consultant	04-Aug-25

BOARD OF DIRECTORS

WEDNESDAY 23 JULY 2025

Report title:	Freedom to Speak Up Annual Report
Executive sponsor:	Crystal Akass (Chief People Officer)
Paper author:	Eve Bignell (Lead Freedom to Speak up Guardian)
Purpose of paper:	The aim of this paper is to update the Board on the case numbers and themes raised through the speaking up service over the last 12 months, to share the learning from all areas of the Trust and areas for improvement including the priorities for the next 12 months
Main strategic priority:	Valuing all of our people
Primary BAF risk:	Risk 2: safe, high-quality care across all sites and services
Key points of paper:	<ul style="list-style-type: none"> From April 2024 to March 2025 the Freedom to Speak Up service has dealt with 371 cases across the Trust. This is 50% higher than the previous 12 months (284 cases). The Staff Survey 2024 shows that staff (both nationally and at the Trust) feel safer to speak up and are marginally more confident that their concerns will be acted upon than in previous years, which is against a previous downward trend.
Paper previously presented at	Trust Executive Committee, 15 July 2025
Recommendation(s):	<p>The BOARD is asked to:</p> <ol style="list-style-type: none"> Note the report from the Freedom to Speak up Guardians and to continue its support of the initiative.

1. **Background and introduction**

This is the ninth annual report to the Guy's and St Thomas' Board by the Freedom to Speak Up Guardians. The Guardians now report to the Board twice a year: in July to the Public Board with an annual report and then a mid-year update to the People Culture & Education Board Committee in December.

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

2. **The Freedom to Speak Up service**

Following the introduction of the two new Deputy Guardians, one completed their 12-month secondment and returned to their patient facing-role, the other was invited to extend their secondment and is now substantive in post. Due to unforeseen circumstances there has been a period of vacancy in one deputy guardian posts however this role has now been successfully recruited to, restoring the team to full establishment.

3. **Performance**

This report covers the 12 months from April 2024 to March 2025 in which the Guardians have had 371 cases. This is 50% higher than the previous 12 months (284). This can, in part, be attributed to the increase in guardian resource within the service and credit must go to the deputy guardians who raised awareness of the service with roadshows and many induction and training sessions across the Trust; however the number of cases in 2023-24 are lower due to long-term sickness absence of the sole guardian.

The Trust's speak up service sees significantly more cases than our comparators and this should be seen as a positive, indicating that staff are aware of the service and are confident in approaching the Guardians.

The number of cases and key themes is shared with the National Guardian's office on a quarterly basis and published on the Model Health System website.

48% of the contacts at GSTT were made through the confidential email account, 49% were made directly to the Guardians, 3% made through Speaking Up Champions or via other routes such as direct to the Executive offices or by post.

Cases have come from a broad section of the Trust and across all occupational groups.

3.1 Freedom to Speak Up cases

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

We record all contacts with the service including general queries raised through Speak Up, both about Speak Up (19) and about other issues (12) which were comparable to last years contacts. These queries have been excluded from the data below showing the percentage of concerns (rather than contacts) managed by the guardians.

The cases are grouped by themes details are shown in Appendix 1. Once again, the breakdown of personal relationships and alleged poor behaviour across the Trust including bullying and harassment and culture are behind the majority of the concerns this year (60%) however this is lower than the previous 12 months (71%). 12% of these cases cited bullying and harassment which is the same proportion as the previous year. (Appendix 1)

From April 2025, Freedom to Speak Up data is managed within a confidential area in RADAR this has enabled the service to expanded the themes recorded and provide more detailed on the nature of concerns (Appendix 2)

Concerns about the systems and processes have become a significant proportion of concerns (16%) with many reporting that processes, particularly HR processes are not being followed appropriately. The potential benefits from introduction of the People Hub will not be reflected in this data although it should help managers follow HR processes with more confidence and accuracy.

There were 28 cases (8%) with an element of patient safety or quality compared to 11 in the previous 12 months, in many of these cases it related to the same issue but were raise by different members of staff. There have been three significant issues which have caused concern to staff, one relating to the staff management of a clinical service and two relating to individual senior clinical member of staff. In each case the 'collective' concerns have been investigated fully and are being managed by the relevant clinical group leadership teams.

There have been 14 cases with an element of staff safety including sexual safety issues, physical and verbal assaults, accusations of racism and financial control concerns, all were escalated to the appropriate services including where appropriate the Adult Safeguarding Team.

Cases have come from a broad section of the Trust and across all occupational groups. The number of anonymous concerns has increased significantly, 19 cases compared to 3 the previous year, this could reflect increased anxiety in the Trust but also in response to updated promotional material from this service that emphasises confidentiality and reassurance that we will respond to anonymous concerns. The breakdown of staff groups using the service is shown in Appendix 3. Appendices 4 and 5 provide data, where known, on the ethnicity and banding of staff contacting the service from April 2024 to March 2025.

3.2 Speaking up service user feedback

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

- *Initially I felt nervous to reach out but so glad I did which has filled me with confidence to do this again if needed.*
- *Reported a problem. Ownership was taken despite sharing premises with KCL. Good resolution.*
- *I felt listened to, valued and understood something I wasn't getting from my department.*
- *Very helpful and responsive. Definitely the best way to solve your problems when you feel unheard.*
- *The speaking up guardian that I met with was fantastically supportive, empathetic and reassuring.*

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

- *Felt like the person that caused my issue was given a lot of slack, and in the end, I was never given a proper apology by this person as it would, in broader terms, possibly make him feel inadequate or attacked. I understand that aspect but I didn't appreciate how my feelings were put aside to favour someone that was already creating issues.*
- *No response to multiple emails and no visible action in my work place to serious issues.*
- *I think if the Speaking Up Guardians were given more power to actually make change rather than suggest changes that are not taken onboard as nothing changes.*

Results from 2024 Staff Survey

There are four questions in the Staff Survey which relate to staff feeling safe to speak up and confidence that their concerns will be heard. In each question, the positive scores for the Trust were higher than the previous two years and remain consistently above the National Average (which were again lower than previous years in each question). A breakdown of these results is shown in Appendix 6.

Other key findings include:

- Staff working in the Clinical Groups felt safer to raise concerns than those in non-clinical and Corporate services.
- Data, Technology and Information are a clear outlier with responses over 10% lower into their confidence to speak up about anything and 15% lower than the other areas that the Trust would address their concern.
- Overall all staff groups felt safer to raise concerns about anything this year although Nurses and Admin & Clerical staff were more confident that the Trust would address their concerns than other staff groups.

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

4. Speaking Up Champions

Following the engagement exercise with the Speaking Up Champions in 2024, work is currently underway to develop the role of the Champions further, improve initial and refresher training to reflect the need for these champions to promote the service and educate their colleagues on how Freedom to Speak Up helps build the culture of openness and continuous improvement.

Working together with the guardians the Champions will help develop and deliver comprehensive information packs, presentations and events to maintain awareness and understanding of Freedom to Speak Up for staff and workers across all parts of the Trust. This will provide much needed additional resource for the Guardians and also development opportunities for the Champions.

There are around 180 Champions across the Trust, Workers are encouraged to contact Champions from any part of the Trust or any staff group, the details of all champions are listed on the Staff intranet (GTi) pages.

5. Priorities for the year ahead

5.1 Audit

The Trust Internal Audit team are currently undertaking an audit of the Freedom to Speak Up service, the recommendations and proposed actions from this will be available for the next interim report from Freedom to Speak Up. The terms of reference cover both the mechanisms of the service and the wider culture of openness within the Trust (see Appendix 7).

5.2 Development of the Freedom to Speak Up service

Throughout an extended period of staff shortages within the service, the Guardians to continue to provide quality support service to workers raising concerns, however some projected developments have been delayed in implementation. With a fully restored establishment the focus will again include further emphasis on supporting the leadership teams with the right information to learn from these concerns and implement improvements.

5.3 Improve quality and depth of FTSU data

Freedom to Speak Up service went live with the new data management system using RADAR in April 2025. As the data set builds over time the service will use this high-quality data with a larger number of metrics and will improve the quality of information reported to the leadership teams and the Trust Board and help the service identify areas in need of support.

5.4 Improve Communications and Promotion of the service

The renewed focus on the role of the Speaking Up Champions, together with focussed training and development will help extend the reach of the Freedom to Speak Up service. Presentations and promotions at inductions and to teams or services, which have been previously been delivered by Guardians will also be part of the Champion support.

6. Conclusion

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

BOARD OF DIRECTORS

WEDNESDAY 23 JULY 2025

FREEDOM TO SPEAK UP ANNUAL REPORT 2024-25 APPENDICES

APPENDIX 1: BREAKDOWN OF ISSUES RAISED VIA THE SPEAK UP SERVICE BY QUARTER

Theme	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21	Jan-Mar 22	Apr-Jun 22	Jul-Sep 22	Oct-Dec 22	Jan-Mar 23	Apr-Jun 23	Jul-Sep 23	Oct-Dec 23	Jan-Mar 24	Apr-Jun 24	Jul-Sep 24	Oct-Dec 24	Jan-Mar 25
Behaviour/relationship	16%	21%	45%	14%	22%	22%	34%	13%	28%	23%	30%	37%	49%	39%	31%	26%	34%
Bullying/ Harassment	14%	16%	16%	31%	24%	20%	15%	14%	11%	17%	4%	12%	7%	14%	14%	9%	9%
Competence of a colleague																	2%
Culture	5%	6%	5%	6%	6%	9%	12%	4%	9%	13%	9%	14%	21%	11%	9%	19%	6%
Disadvantageous																	3%
Discrimination																	1%
Environment	0%	0%	3%	1%	0%	0%	1%	1%	4%	2%	4%	4%	0%	0%	0%	1%	1%
Fraud	0%	0%	0%	3%	2%	0%	1%	0%	0%	0%	2%	1%	0%	1%	3%	2%	1%
HR	19%	10%	11%	8%	17%	9%	10%	13%	8%	13%	9%	4%	0%	7%	5%	6%	8%
Lack of training/development																	1%
Patient safety/quality	18%	1%	0%	6%	4%	13%	7%	7%	3%	2%	4%	7%	4%	5%	8%	3%	12%
Staff safety	11%	9%	3%	6%	7%	0%	3%	1%	0%	0%	2%	0%	0%	0%	9%	4%	2%
System/process	1%	9%	13%	8%	11%	7%	5%	14%	3%	9%	8%	7%	1%	14%	17%	21%	8%
Unknown	3%	3%	3%	1%	0%	4%	3%	6%	2%	13%	4%	8%	1%	1%	0%	2%	2%
Racism																2%	0%

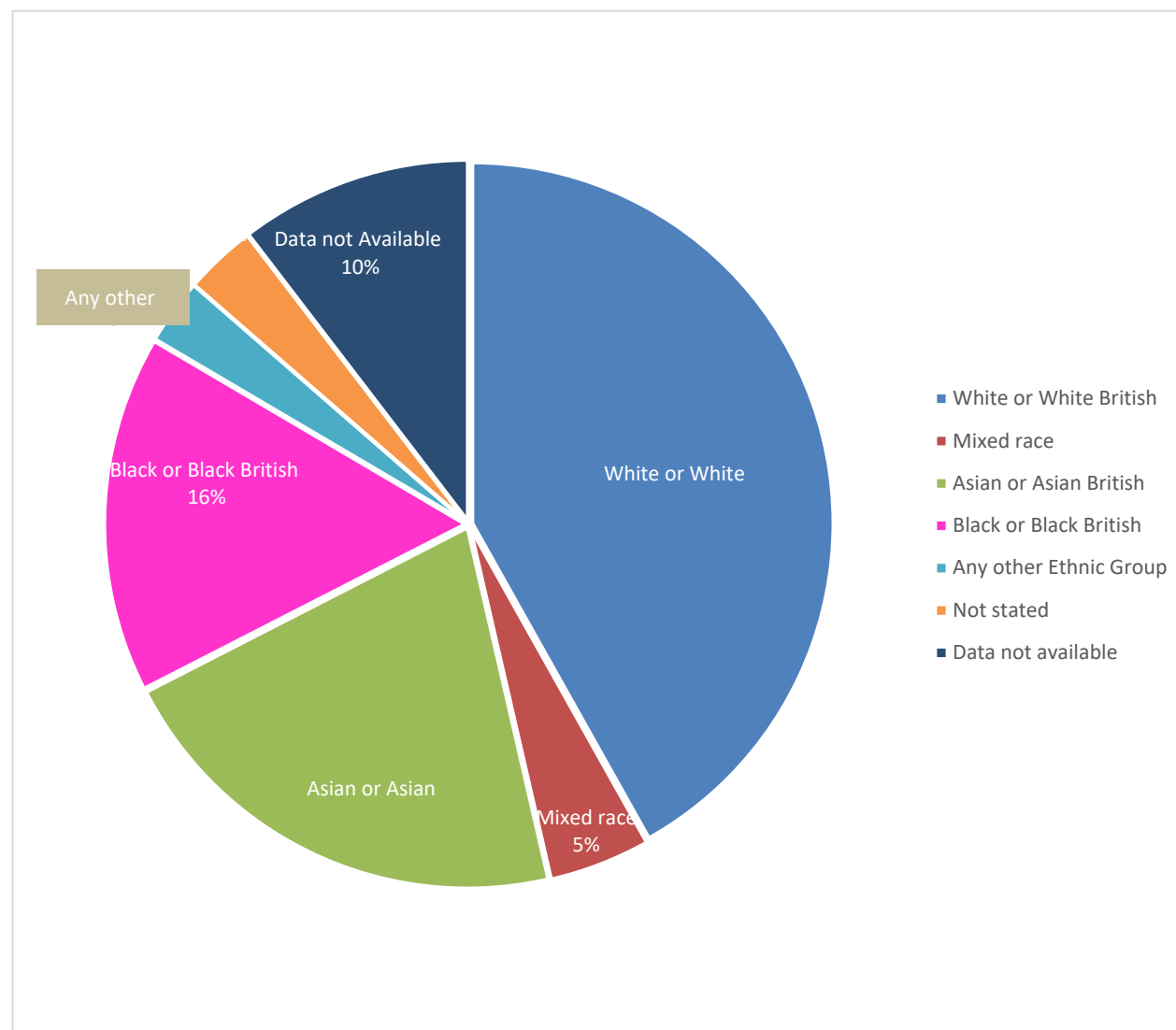
APPENDIX 2: NEW LIST OF THEMES INTRODUCED FROM APRIL 2025

• Bullying & Harassment (Colleague)	• Information Governance
• Bullying & Harassment (Manager)	• Location issues/ Impact on Care Delivery
• Competence of a colleague	• Patient Safety/Quality
• Confidentiality breach	• Poor communication
• Culture	• Processes not followed
• Disadvantage after Speaking Up	• Query - Non Speak Up
• Disadvantageous Treatment	• Query - Speak Up
• Fear of Retribution/disadvantage	• Query - System /Process
• Financial Issues	• Racism - allegations
• Fraud	• Safeguarding concerns
• Gender Specific Concerns	• Sexual Harassment/Assault/Behaviours
• HR & Recruitment processes	• Staff Shortages Impacting on Care
• HR issues with HR	• Staff wellbeing
• HR process, currently subjected to	• Training/Development, lack of
• Improvements required/recommended	• Unknown at this stage
• Inappropriate behaviours	• Violence and Aggression
• Inequalities due to race, protected characteristics	• Worker safety

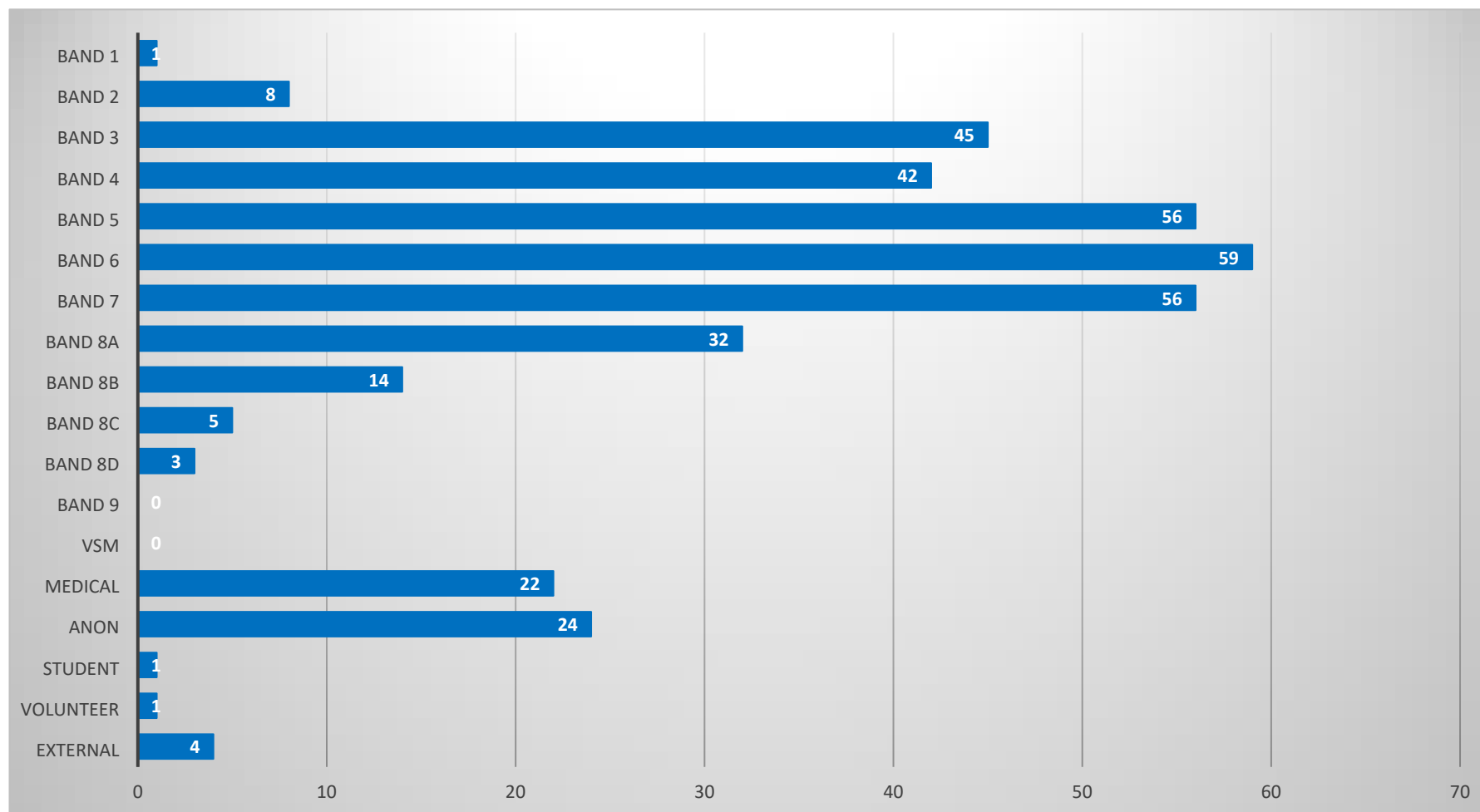
APPENDIX 3: STAFF ACCESSING THE SPEAK UP SERVICE BY OCCUPATIONAL GROUP BY QUARTER

STAFF GROUP	Jul-Sep 22	Oct-Dec 22	Jan-Mar 23	Apr-Jun 23	Jul-Sep 23	Oct-Dec 23	Jan-Mar 24	Apr-Jun 24	Jul-Sep 24	Oct-Dec 24	Jan-Mar 25
Additional professional scientific & technical	7	3	4	2	2	5	12	4	3	7	5
Medical & Dental	6	8	20	5	4	6	6	7	6	4	5
Nurses & Midwives	27	22	17	7	20	20	12	27	16	38	33
Admin & Clerical	17	23	27	20	18	29	31	29	28	45	24
Allied health professionals	10	8	9	5	4	8	3	7	3	7	13
Additional clinical service	1	2	2	2	0	4	1	6	5	6	8
Estates & ancillary	2	1	9	3	1	0	3	1	2	2	1
Healthcare scientists	0	0	0	0	0	0	0	0	0	0	1
Students	0	0	1	0	2	1	1	0	0	1	1
Not Know	0	0	0	2	1	3	0	0	0	0	2
Anonymous	3	2	3	0	1	0	2	7	1	2	9
Other (external)	0	0	1	1	0	0	1	0	0	1	4
Total	73	69	93	47	53	76	72	88	64	113	106

APPENDIX 4: STAFF ACCESSING THE FTSU GUARDIANS 2024-25 BY ETHNICITY



APPENDIX 5: STAFF ACCESSING THE FTSU GUARDIANS 2024-25 BY BANDING



APPENDIX 6: NHS STAFF SURVEY 2024

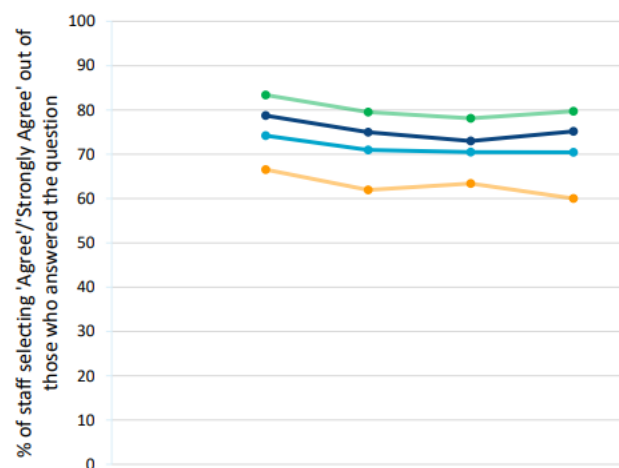


People Promise elements and theme results – We each have a voice that counts: Raising concerns

Survey
Coordination
Centre **NHS**

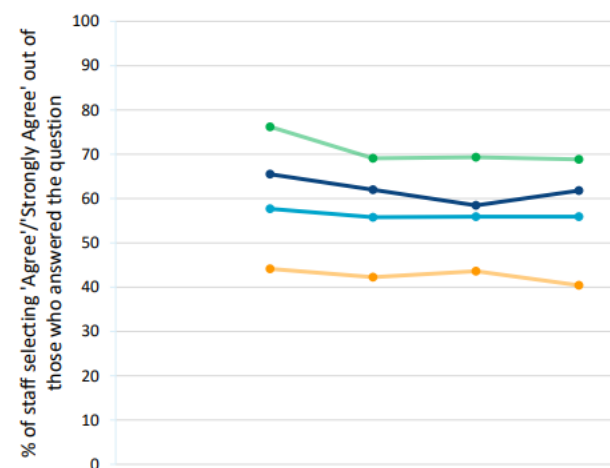


Q20a I would feel secure raising concerns about unsafe clinical practice.



	2020	2021	2022	2023	2024
Your org	-	78.74%	74.99%	72.99%	75.15%
Best result	-	83.39%	79.51%	78.11%	79.71%
Average result	-	74.20%	70.96%	70.47%	70.44%
Worst result	-	66.55%	61.96%	63.38%	60.03%
Responses	-	10092	9119	8811	13038

Q20b I am confident that my organisation would address my concern.



	2020	2021	2022	2023	2024
Your org	-	65.50%	61.99%	58.46%	61.82%
Best result	-	76.20%	69.10%	69.35%	68.85%
Average result	-	57.68%	55.79%	55.93%	55.91%
Worst result	-	44.13%	42.28%	43.61%	40.42%
Responses	-	10074	9093	8786	12998

Guy's and St Thomas' NHS Foundation Trust Benchmark report

52

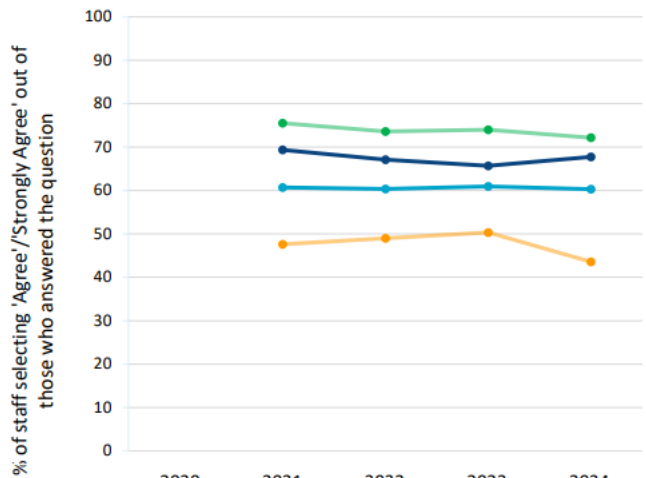


People Promise elements and theme results – We each have a voice that counts: Raising concerns

Survey
Coordination
Centre

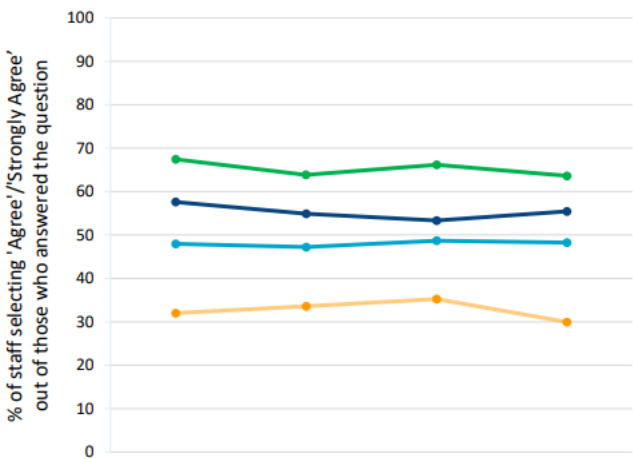


Q25e I feel safe to speak up about anything that concerns me
in this organisation.



	2020	2021	2022	2023	2024
Your org	-	69.35%	67.09%	65.68%	67.73%
Best result	-	75.50%	73.58%	74.00%	72.15%
Average result	-	60.68%	60.37%	60.93%	60.29%
Worst result	-	47.61%	48.97%	50.33%	43.56%
Responses	-	10056	9100	8812	13016

Q25f If I spoke up about something that concerned me I
am confident my organisation would address my concern.



	2021	2022	2023	2024
Your org	57.58%	54.89%	53.33%	55.45%
Best result	67.43%	63.83%	66.16%	63.63%
Average result	47.94%	47.23%	48.67%	48.23%
Worst result	32.01%	33.59%	35.24%	29.95%
Responses	10051	9097	8798	12987

APPENDIX 7: FREEDOM TO SPEAK UP AUDIT -TERMS OF REFERENCE

*Internal Audit Department
 Freedom to Speak Up (FTSU) 2025/26*

Guy's and St Thomas' **NHS**
 NHS Foundation Trust

Freedom to Speak Up (FTSU) *Terms of Reference*

Authority

At the request of the Chief People Officer, a review will be undertaken of the Trust's 'Freedom to Speak Up' process.

Background

The Freedom to Speak Up (FTSU) was introduced as a consequence of the Francis Report (2015) and based on guidance from the National Guardians Office (NGO), in order to promote a culture where members of staff are encouraged to raise concerns over safety, harm or other issues affecting patient care. NHS Trusts have a duty to implement appropriate systems to support staff, investigate concerns raised and protect 'whistle-blowers'. The Francis Report laid out 5 key principles on culture of safety, learning, free from bullying, visible leadership and support.

Objectives

The aim of this audit is to provide assurance over the effectiveness of processes and controls designed to provide an equitable framework for staff to raise concerns freely, without fearing repercussions or intimidation and where concerns are raised, there is an appropriate investigation and learning from outcomes.

Scope

The audit will cover the following:

1. Confirm that the Trust's FTSU policies and procedures are in line with national standards and guidance from the National Guardian's Office.
2. There is commitment and clear direction from the Board on how a culture of openness, safety and learning is to be delivered within the FTSU framework.
3. There are appropriate and various methods available to staff for raising concerns without fearing reprisal and staff have sufficient protection to remain anonymous with safeguards to protect their confidentiality.

4. There is promotion and visibility of FTSU processes and encouragement given to all staff to raise concerns, with focus on staff groups that are harder to reach than normal methods or those staff that traditionally have not been vocal in raising safety/ care issues.
5. There is a robust process for recording and managing all issues and concerns raised through the FTSU process. Access to case data and referrals should be restricted to ensure confidentiality and protection of staff raising concerns.
6. To what extent is there consistency of policy, practice and governance across the organisation.
7. Staff involved with promoting (including Speaking Up Champions), managing or investigating concerns under the FTSU policy had appropriate training and understood the requirements of the policy.
8. Each concern (referral) is given appropriate consideration and where necessary an investigation is undertaken within a given timeframe. Sample testing of cases will be undertaken to assess the effectiveness of handling of concerns which will include timeliness of response, investigations and outcomes ensuring they have been implemented.
9. There is evidence of learning and improvement from the FTSU process. Sufficient information is analysed, produced and promulgated to inform clinical teams and service departments to make adjustments and address issues raised.
10. There is appropriate governance, with reporting lines to the Board and there is benchmarking data with other similar organisations.

Methodology & Timeframe

The Lead FTSU Guardian will be the main contact for this audit and will provide information, including access to case management databases. A detailed examination of a sample of cases will be undertaken. In addition, a sample of staff involved in FTSU processes will be interviewed to determine their understanding of their role and how they have helped promote openness and other FTSU principles

The audit is planned to commence in May 2025 and a draft report is expected to be completed by end of May/ early June 2025, although the actual timescale will be dependent on the availability of required information and the helpful assistance of relevant Trust staff. The final reporting deadline will be aligned with the Audit and Risk Board Committee reporting cycle.

Reporting

A draft report with our findings will be discussed with senior management as necessary. A final report will then be produced and issued to relevant senior management.

Follow Up

Any recommendations made and actions agreed in the final report will be followed up by Internal Audit with relevant management either by an agreed completion date or three months after the issue of the final report. The status of any recommendations or actions will be reported to the Trust's Audit Committee.

BOARD OF DIRECTORS

WEDNESDAY 23 JULY 2025

Report title:	GSTT Sustainability and Green Plan Update
Executive sponsor:	Tendai Wileman, Chief of Staff and Director of Organisational Change, Andrew Asbury, Essentia Managing Director
Paper author:	Amy Butterworth Fernandes, Associate Director of Sustainability
Purpose of paper:	For discussion (to get views or guidance)
Main strategic priority:	Modernising our infrastructure
Main strategic priority	Improving the health of our populations
Primary BAF risk:	Risk 3a: estate infrastructure impacts on operational and clinical activity
Key points of paper:	<ul style="list-style-type: none"> • Sustainability agenda links to GSTT's strategic priorities – particularly modernising our infrastructure and improving the health of our populations – the development and delivery of the estates strategy, and organisational excellence as assessed by the CQC well-led domain. • The Chief of Staff and Director of Organisational Change has been appointed as Trust lead for net zero and a clinical lead has also been appointed with oversight of net zero clinical transformation work. • A Green Plan Delivery Board has been established, and the Trust's work programme reprioritised. • The paper includes an update on climate-related financial disclosures.
Paper previously presented at:	Trust Executive Committee, 1 July 2025
Recommendation(s):	The BOARD is asked to note the paper and the progress being made.

1. Introduction and context

- 1.1. The Trust's Board-approved Sustainability Strategy, launched in 2021 sets out our commitment to providing environmentally sustainable healthcare, a vision of where we need to be, and how we plan to get there. During the fourth year of delivering against our Sustainability Strategy, we remain committed to the NHS England ambitions.
- 1.2. The NHS committed to reaching net zero carbon emissions, through the Health and Care Act 2022, by 2040 (for emissions we control directly). The Trust's Sustainability Strategy commits to a reduction of our carbon footprint, improving our natural environment, adapting to a changing climate and moving towards a circular economy. It will be superseded by a Green Plan (2025 – 2028) following NHS England requirements and will address the Trust's strategic objectives of 'building healthier communities as an anchor organisation' and 'addressing and responding to climate change'.
- 1.3. Delivery of green plans should be overseen by a designated board-level net zero lead, generally an existing executive director, with clearly identified operational support. This role was held by the previous Deputy CEO and has now been taken on by the Trust Chief of Staff and Director of Organisational Change. The Sustainability Committee has been reconstituted as the Green Plan Delivery Board.
- 1.4. In November 2022, Guy's and St Thomas' (GSTT) and King's College Hospital (KCH) NHS Foundation Trusts joined forces in sustainability by bringing two teams together to deliver on both trusts' Green Plans. The GSTT-KCH Sustainability team has succeeded with implementing several plans, projects and initiatives at both Trusts, often by following a process of evaluation and replication, and at times by seizing opportunities that are specific to each Trust's ways of working. Most of the Sustainability team serves both GSTT and King's (50-50 split for each staff member amounting to c.4 WTE per Trust).
- 1.5. Progress reporting against the Green Plans is included in Care Quality Commission's well-led framework and assessed as part of the CQC's Single Assessment Framework. The work on refreshing our Green Plan, as required by NHS England, is due to be completed by October / November this year (as agreed through SE London ICS) and will be subject to Board approval.

2. Green plan programme of work

- 2.1 A number of Green Plan focus areas are already being prioritised during 2025/26 across GSTT and KCH to support Green Plan delivery. At GSTT these include Travel and transport, Estates and facilities, Food and nutrition and Air quality. There is a project manager appointed from within the Sustainability Team to lead on projects and initiatives within these priority focus areas. These projects and initiatives reflect the scope and scale of two Trusts, historical success/lead up time of past work in the context of managing change in healthcare setting and

capacity/capability within the Sustainability Team.

- 2.2 There are key Green Plan focus areas that have been prioritised but have, to date, had lower levels of traction/engagement. These areas include Digital transformation, Net zero clinical transformation and Supply chain and procurement. Progress against Greener NHS requirements will be evaluated to inform changes that need to be made, to strengthen governance and formalise responsibilities of colleagues outside of the Sustainability Team
- 2.3 The **Estates elements of the Green Plan** will be fully integrated into the refreshed Estates Strategy, ensuring that, as we look to modernise and improve our estate and infrastructure, we deliver on the technical aspects of working towards net zero as part of the NHS commitment through the Health and Care Act 2022 to reach net zero by 2040 for the emissions we directly control. By integrating these plans, the estate requirements for net zero can become 'business as usual' as part of our overall plan for modernisation described in strategic objective 5 in GSTT 2030. Essentia have now selected a professional team to progress the refreshing of our estate strategy covering all the GSTT sites and this work will commence shortly

3. Governance and oversight arrangements – green plan delivery board

- 3.1 As per the NHS guidance, the **Green Plan Delivery Board** will be chaired by the Trust's net zero lead (and supported by relevant directors to lead and coordinate delivery. The members proposed by the NHS guidance are chief medical, chief nursing, chief allied health professional officers and chief pharmacists, directors of estates and facilities, directors of procurement, chief information officers, directors of finance. When considering future resilience, requesting oversight from the accountable emergency officer is appropriate.
- 3.2 The Trust has also appointed a Clinical lead with oversight of net zero clinical transformation, ensuring high-quality, preventative, low-carbon care is provided to patients at every stage. The Clinical lead will be a member of the Green Plan Delivery Board. They will focus on reducing emissions and improving quality of care for high carbon intensity clinical areas (e.g. TAP and Acute and general medicine, emergency care, as well as diagnostic tests and procedures and medical pathways with a focus on acute or long-term conditions such as renal disease, diabetes or cardiovascular disease). They will chair a multi-disciplinary working group responsible for reducing emissions in the agreed clinical areas, and report progress back to the Green Plan Delivery Board. Agreed clinical areas will complete quality improvement projects to achieve measurable reduction in emissions, with co-benefits for outcomes and quality of care, efficiency and reducing healthcare inequalities, supported by training available through the Centre for Sustainable Healthcare and national resources such as the Green Theatre Checklist (developed by the Royal College of Surgeons) and Green ED (developed by Royal College of Emergency Medicine).

3.3 Given our scale, clinical/delivery group and corporate level will be required to coordinate delivery at local level and provide assurance that objectives set in the Trust Green Plan (2025 – 2028) and associated key performance indicators (KPIs), are implemented and subject to scrutiny feed into the Trust Executive Committee via the Green Plan Delivery Board. There are several forums in place at local level and a key action will be to ensure that the terms of reference align with the Trust objectives and that there are robust plans and resourcing in place to drive the required changes.

3.4 Responsibilities of GPDB members

- Setting annual objectives and KPIs for own Clinical Group/Delivery Group/department to address Trust net zero priorities (2025-2028);
- Identifying operational support to deliver on these objectives and KPIs (2025-2028);
- Working collaboratively to deliver the Trust Green plan (sustainability strategy) by personally attending bi-monthly Green Plan Delivery Board meetings and collectively reviewing and approving proposals for net zero project implementation, practice and process change;
- Working in partnership with directors and other senior posts responsible for major contracts, clinical and non-clinical developments and operations;
- Working in partnership with NHSE Green Plan focus area leads; and
- Reporting on progress to Green Plan Delivery Board and in performance review meetings and the Trust Executive Committee.

4. **Climate-related financial disclosures**

- 4.1 The impact of climate-related risks is an area of increasing audit focus as a result of the Financial Reporting Council's (FRC) review of the 'task force on climate-related financial disclosures' (TCFD) disclosures. The FRC recommendations include recognising that climate change risks should be on the board agenda, integrated into decision making, and their impact on accounting and disclosures considered. This is why climate-related risks are an area of increasing audit focus.
- 4.2 NHS foundation trusts are required to follow TCFD requirements on a comply or explain basis. We are expected to disclose how we identify, assess and manage climate related risks, including GSTT board's oversight of climate-related issues. Metrics and targets used in assessment and management of climate issues should also be disclosed. We are expected to include TCFD disclosures within our Annual report.
- 4.3 An example of addressing climate-related risk includes the Trust commissioning Arup to undertake an assessment of critical infrastructure in line with projected climate change impacts following the extreme temperatures in Summer 2022 that caused issues with cooling plant. This report has been used to inform projects within our backlog maintenance workstream, and an update on progress was provided to the Audit and Risk Committee (ARC) in June 2025. Going forward this will feed into the overarching Green Plan Delivery Board.

5. Recommendations and next steps

The Board is asked to note:

- the appointment of Trust Net Zero Lead and the establishment of the Green Plan Delivery Board (GPDB) which will report bi-annually to the Trust Executive Committee and the Board (via the Transformation and Major Programmes Committee)
- the objectives of the GPDP to:
 - agree appropriate metrics and targets at Trust and Clinical/Delivery Group/corporate levels aligned to delivery of the Green Plan reported to TEC and the Board, through GPDB;
 - put mechanisms in place to assess board decisions which have an impact on climate and our vulnerability to climate and where appropriate agreeing the mitigations that will be built in; and
 - assess progress against net zero targets through robust data and reporting
- how responsibilities are discharged across the Trust and how will these take us to net zero and enable organisational resilience.

Committee name	Academic Committee in Common
Date, time	Thursday 22 May 2025, 9am – 11am
Venue	Burfoot Court Room, Guy's Hospital
Chair	Graham Lord

Committee terms of reference and governance model: The Committee reviewed the draft terms of reference that had been developed to underpin the Committee's objective to drive change and promote coherence across the clinical academic agenda in south east London. The Committee would function as a sub-committee of the boards of directors of Guy's and St Thomas' and King's College Hospital, and of the King's College London Council. Some feedback was received regarding elements of the terms of reference, which would be updated and circulated for final approval in correspondence.

Principles and ways of working: The Committee discussed a set of proposed principles and ways of working that partners should adopt to support the Committee to function effectively. These principles had also been developed collaboratively and were: ambition; transparency; collaboration and alignment; and the need to be evidence-based and data-driven.

Priorities for the year and measures of success: The Committee reviewed a draft workplan for the next 12 months which would help ensure the Committee discharged the responsibilities set out in its terms of reference. It was agreed that a focus on enterprise-level topics such as research and development and education should be supplemented by items on clinical services relevant to all partners, such as women's health. The success of the Committee would be assessed by the extent to which it could drive positive change across the partners, and that quantifiable metrics would be needed to measure this and track improvement.

Research and development: Summaries were provided about the current state of research and development within each organisation, broadly covering performance, governance, risks and key areas of focus. Whilst some issues would need to be dealt with by individual organisations, there were areas where the Committee could already drive positive change across the partners, for example developing stronger links with industry, reducing duplication in areas such as biobanking, and sharing infrastructure resources. The importance of data and the ability to track progress and improvement with research outcomes across the partners was noted. The Joint Research Office (JRO) 2027 strategy and implementation plan was commended for its ambition, and the Committee was supportive of the development of a dashboard of metrics that would enable the progress of the JRO to be tracked more effectively.

Risk management approach: Both NHS trusts had a risk relating to research and development on their board assurance frameworks (BAF), whilst King's College London was in the process of developing its BAF. It was agreed there was an opportunity to align these risks across the organisations as well as to identify the shared risks relevant to the Committee.

Committee name	Audit and Risk Committee
Date, time	Wednesday 14 May 2025, 1pm – 4pm
Venue	Burfoot Court Room, Guy’s Hospital
Chair	Nilkunj Dodhia

Draft annual report and accounts 2024/25: The Committee noted the draft 2024/25 annual accounts which had been submitted to NHS England and included feedback from a detailed review by two Committee members. No significant changes to accounting standards were reported. The accounts, under audit by Grant Thornton, showed a draft adjusted surplus of £12.7m. Key estimates, subsidiary matters, and the financial impact of the Synnovis cyber-attack were discussed. Turnover approached £3.2bn, with reduced consultancy spend. The Committee noted progress on the Annual Report narrative, including new environmental sustainability disclosures. The draft Annual Governance Statement was reviewed and approved, with no significant control issues identified.

External audit progress report and sector update: Grant Thornton provided an early-stage update on the external audit of the Trust’s 2024/25 financial statements, noting no significant concerns to date. A full audit report would be presented at the next meeting. The Committee also noted Grant Thornton’s sector update on national developments and common audit themes across NHS organisations.

Counter fraud update: The Committee received the 2024/25 annual counter fraud report, noting referral activity and outcomes were consistent with previous years. The Trust’s compliance with Government counter fraud standards was confirmed, and the 2025/26 workplan was approved with increased focus on reactive work. The Committee discussed NHS fraud trends, IT fraud controls, and agreed that collaboration between the Senior Information Risk Owner and counter fraud team was essential, with an update on joint efforts to prevent IT fraud to be provided at the next meeting.

Internal audit update: The Committee noted the audits that had been completed and discussed the findings and recommendations of the three audits that had received ‘limited assurance’. The Quality and Performance Board Committee would be advised about the clinical implications of two of these audits. Progress was noted on past audit actions, and the Head of Internal Audit’s 2024/25 opinion highlighted generally sound financial controls despite fewer ‘substantial assurance’ ratings. The Committee approved the final internal audit plan which reflected updated standards and included a focus on productivity.

Finance items: The Committee approved updates to the Standing Financial Instructions and noted a significant reduction in the number and value of single tender waivers due to improved processes and procurement transformation. Committee members commended the progress and emphasised the importance of competitive procurement and strong contract management.

Governance and compliance reports: The Committee approved the Trust’s self-certification of compliance with condition CoS7 of the NHS provider licence, subject to a minor amendment, and noted broad compliance with the NHS Code of Governance, with explanations to be provided in the Annual Report for the areas where the Trust was not fully compliant such as the tenure of non-executive directors. Declarations of interest compliance had reached 85% in 2024/25, with plans to continue to improve this figure.

Any other business: The Committee was informed of the publication of a new ‘model blueprint’ for integrated care boards (ICBs), reflecting their evolving role amid significant national funding reductions. The blueprint outlined the transfer of several functions from ICBs to providers, which was expected to have implications for the Trust.

Committee name	Audit and Risk Committee
Date, time	Wednesday 18 June 2025, 1pm – 4pm
Venue	Burfoot Court Room, Guy's Hospital
Chair	Nilkunj Dodhia

Update on Arup climate change assessment: The Committee noted the upgrades that had been made to the Trust's infrastructure following the 2022 Arup climate risk assessment, including key improvements such as enhanced cooling systems at Guy's and St Thomas' data centres, updated heating and electrical systems, and improved backup power and water distribution. A full decarbonisation review of the St Thomas' site had been completed, with market testing for a delivery partner underway. Despite this progress the Trust had a significant investment backlog.

Trust annual report and accounts 2024/25: The Committee endorsed the Annual Report and Accounts for Trust Board approval, subject to further refinements regarding the section on addressing health inequalities. Previous feedback had been addressed and there had been no significant changes to the accounts. It was noted that the Quality Accounts had been approved by the Quality and Performance Board Committee the previous month.

External auditor's annual report 2024/25: The Committee received a positive update on the external audit, with no major issues found and the finance team was praised for their work. However, the audit certificate was delayed pending a national review. While the Value for Money review had found no significant weaknesses and concluded the Trust's corporate governance arrangements were sound, a small number of improvement recommendations had been made around financial planning and timely audit action implementation.

Internal audit progress report: The Committee received an update on internal audit progress, with three audits completed since the previous meeting, two of which had 'substantial' assurance over the effectiveness of the controls in place. An advisory audit of the Assisted Conception Unit showed good progress on recommendations; a further update would be taken to the Quality and Performance Board Committee in six months' time.

Counter fraud progress report: The Committee reviewed counter fraud activity for April–May 2025, noting the two confirmed fraud cases. Some concern was expressed over rising referrals and open cases, requesting further investigation and benchmarking data for context.

Risk management: The Committee endorsed the Trust's revised risk management strategy for 2025–2028 which aimed to shift from a bureaucratic to a generative risk culture through four strategic objectives and a phased implementation plan. The Committee reviewed the corporate risk register and noted the alignment with the Board Assurance Framework. Committee members highlighted the opportunity for better integration of corporate and strategic risks into executive and Board meeting agendas.

Information governance and health records biannual report: The Trust had met its baseline Data Security and Protection Toolkit submission deadline and achieved a 'Standards Met' rating. Freedom of Information compliance had improved but remained below target, prompting an improvement plan. Subject Access Request volumes stayed high, with compliance improving by May. A reduction in document scanning volumes reflected progress in digital maturity, though issues with poor-quality images persisted.

Cyber security: The Committee received a comprehensive cyber security update, highlighting the development of a cyber resilience strategy focused on five key areas: risk management, secure solutions, culture and awareness, monitoring, and incident response. Key actions included enhanced cloud security, supplier risk management, and adoption of NHS threat intelligence tools. Staff training and phishing simulations were ongoing, supported by a new awareness campaign. An external assessment had rated the Trust's cyber posture as reasonably strong, with continuous improvement needed, especially against emerging AI-driven threats. The Committee approved updates to the cyber security risk on the Board Assurance Framework, noting no change in risk score or assurance level.

Committee name	Finance, Commercial and Investment Committee
Date, time	Wednesday 23 April 2025, 1pm – 4pm
Venue	Burfoot Court, Counting House, Guy's Hospital
Chair	Simon Friend

Financial update: The Trust had ended the 2024/25 financial year with a draft adjusted surplus of £12.7m, slightly above its £12.6m target. The Trust had delivered £72.1m of cost improvement plans against its £93.8m target, and the reasons for this were discussed. Although a breakeven plan for 2025/26 had been submitted, work was being undertaken to identify ways to address the £5.3m gap that remained at the time of the meeting. Delivery of this breakeven plan was again predicated on a significant cost improvement programme of £102 million. The Trust was also continuing to grow and diversify its commercial income streams.

The Medium-Term Capital Plan had been updated, with improvements to the resilience of existing infrastructure, medical equipment and technology being prioritised. Changes to Government accounting regulations meant that leases were no longer ringfenced, giving the Trust greater flexibility around its capital allocation.

Productivity update: The Committee reviewed the progress of the Trust’s productivity programme, the outputs of which would be a key contribution to delivery of the cost improvement programme in 2025/26. The programme would focus on five core areas: patient flow; surgical productivity; ambulatory care; administrative efficiency; and private patients. The development of leadership structures, performance metrics, and milestones for each area was progressing at pace.

The Committee acknowledged the wealth of ideas for productivity improvements emerging from staff across the organisation, many of which would fall outside these five main areas. Hearing and acting-upon these ideas would be an important part of the programme’s success.

Approach to commercial retail opportunities: The Committee reviewed the status of the Trust’s commercial retail contracts and there was discussion regarding the work taking place to both improve patient and staff experience and secure additional commercial income for the Trust.

Contract review: The Committee received reports providing oversight and assurance of supplier performance for three of the Trust’s high value strategic contracts.

Board Assurance Framework risks: The Committee reviewed the BAF risks it owned on behalf of the Board and agreed a number of updates.

BOARD OF DIRECTORS

WEDNESDAY 23 JULY 2025

Report title:	Finance Report for the three months to 30th June 2025
Executive sponsor:	Damien O'Brien, Interim Chief Financial Officer
Paper author:	Hazel Childs, Associate Director of Finance – Financial Management
Purpose of paper:	For awareness/noting only
Main strategic priority:	All strategic priorities
Primary BAF risk:	Risk 8: financial sustainability
Key points of paper:	<ul style="list-style-type: none"> The reported financial performance to 30th June 2025 is a deficit of £22.9m, slightly ahead of plan. This follows an in-month deficit of £5.6m, which was £2.1m ahead of plan, materially driven by prior year income from NHSE. YTD CIP delivery totals £8.9m against a full year plan of £102.1m. Unidentified CIPs stand at £25.9m at M3 The cash balance at 30th June 2025 stands at £129.5m, a reduction of £61.3m since the start of the year.
Paper previously presented at:	Trust Operations Board, 22 nd July 2025
Recommendation(s):	<p>The BOARD is asked to:</p> <ol style="list-style-type: none"> Discuss and note the content of this report.

1. Summary

1.1. This paper updates the committee on the financial performance of the Trust for the three months to 30th June 2025.

2. Financial Performance Summary

2.1. The Trust has agreed a breakeven plan for 2025/26, based on achieving £102.1m in cost improvement savings over the year. The rate of CIP delivery is expected to increase over the course of the year and the plan has been phased to take this into account, with a planned deficit for the first quarter, and a planned surplus in quarter four.

2.2. In the three months to 30th June 2025 the Trust has reported a deficit of £22.9m, which is slightly ahead of the planned £23.0m deficit. This follows an in-month deficit of £5.6m, £2.1m better than planned.

Table 1: Trust I&E Summary at 30th June 2025.

Income and Expenditure £,m	Budget Mth	Actual Mth	Variance Mth	Budget YTD	Actual YTD	Variance YTD	Annual Plan
Income	249.9	253.5	3.6	744.0	752.1	8.1	2,981.7
Pay	(143.9)	(143.5)	0.5	(428.0)	(428.4)	(0.4)	(1,712.5)
Non Pay	(113.6)	(115.6)	(2.0)	(339.0)	(346.7)	(7.7)	(1,269.2)
Surplus / (Deficit) - Adjusted Financial Position (AFP)	(7.7)	(5.6)	2.1	(23.0)	(22.9)	0.0	(0.0)
DODA	(1.1)	(1.0)	0.1	(3.4)	(3.2)	0.2	(13.7)
Capital Donations	0.4	0.0	(0.4)	1.3	0.1	(1.1)	5.0
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit) - Excl Fin Adj's	(8.4)	(6.6)	1.8	(25.2)	(26.0)	(0.8)	(8.7)

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

- CIP delivery is £1.4m lower than phased plans for identified schemes.
- Private patient income is £2.2m behind plan YTD. The run rate is marginally ahead of the monthly average achieved last year, with £18.0m in income achieved to date
- Purchase of healthcare, including independent sector, insourced and outsourced services, is £1.0m overspent YTD
- Drugs are £8.8m overspent, partially offset by additional income, with the net position being £1.2m worse than planned.
- Clinical supplies are £11.2m overspent, and £8.4m overspent in net once high cost device income is accounted for. This reflects a continuation of high levels of expenditure as experienced in Q4 of 2024/25. The areas of greatest overspend are:
 - Pathology, £4.5m overspent to date and 24% above average costs in 2024/25 (unadjusted for cyber incident impact), driven by delays to price drops which should have offset the rephased fixed cost increases. This has a £1.0m/month impact until the price changes commence. Under accrued prior year costs due to refreshed data from Synnovis, and increased month-on-month test volumes are also material drivers of the oversepnds. The month three position also includes contractual inflation uplifts (averaging 5.5% and equating to an estimated £6.9m annually) which have been funded in budgets from non-pay inflation reserves in month.
 - HLCC, £3.5m overspent to date with average monthly spend consistent with that seen in 2024/25. The group is actively engaged in trust wide work to provide a clearer analysis of the drivers of increased expenditure.
- These variances are partly offset by the £18.9m plan phasing adjustment that balances to the £23.0m planned deficit YTD. This phasing adjustment starts to reduce from next month, whereupon a continuation of the above overspends or a failure to deliver to the full CIP requirements will be visible in both the deficit and the variance to plan.

3. Cost Improvement Programme

- 3.1. The externally reported CIP target for 2025/26 is £102.1m. This includes a 2% efficiency target on controllable costs, unbudgeted items offset by agreed funding, carry-forward of unmet 2024/25 CIP, and growth-related adjustments.
- 3.2. NHSE has previously raised concerns about GSTT's financial position and CIP performance. In April, GSTT was identified as the lowest-performing London provider in these areas. CIP performance, alongside other financial indicators, is used by NHSE to assess confidence in an organisation's financial delivery. Regional teams score each provider accordingly.
- 3.3. At the end of June identified CIPs stood at £76.3m, including £22m of central schemes, against the Trust target of £102.1m. This is a £3.1m improvement on month two and £12.8m improvement since the start of the year, but still leaves £25.9m unidentified. Maturity of identified schemes has improved by £3.9m in month. See Table 2.
- 3.4. While formal WTE targets have not been set, it has been requested that 60% of CIP plans focus on pay-related schemes and the Trust submitted a WTE reduction of 1,535 as part of the external planning submission. Much of the CIP planning shortfall is due to a shortfall in pay schemes, with non-pay and income CIPs broadly on track.

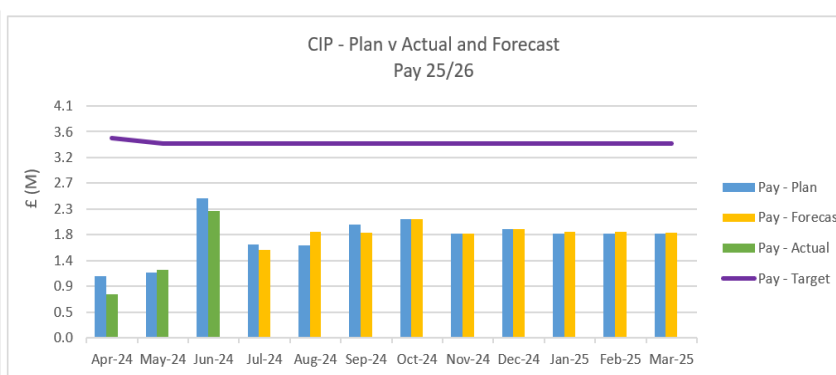
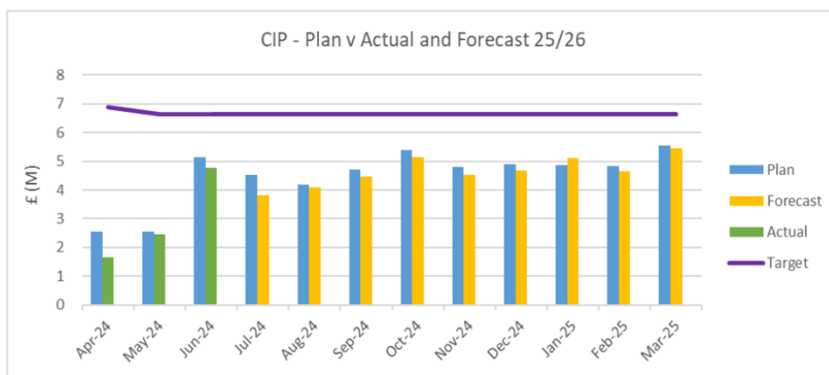
Table 2 – 2025/25 CIP Plan Trust Summary

2025/26 CIP Plan Trust Summary 7th July 2025	Target	Planning Status				(Unweighted)			Delivery Performance		
		Opportunity	Plans in Progress	Fully Developed - delivery not yet started	Fully Developed - in delivery	Total Plan	Unidentif'd CIPs	Progress (%) RAG	Fully Developed Full Yr Plan	Fully Developed FOT	Variance
		25%	50%	75%	100%						
Clinical Groups / Delivery Group / Corporates											
C&S	14,872	537	918	17	7,492	8,963	-5,909	60.3%	7,508	6,864	-644
Evelina	8,933	950	374	552	5,335	7,211	-1,722	80.7%	5,887	5,886	-1
HLCC	16,031	2,090	2,340	1,342	8,643	14,415	-1,616	89.9%	9,985	9,972	-13
ISM	14,760	2,681	1,311	117	5,552	9,661	-5,099	65.5%	5,669	5,380	-289
Essentia	4,066	0	1,197	0	2,608	3,805	-261	93.6%	2,608	2,608	0
Pathology	10,546	0	0	0	164	164	-10,381	1.6%	164	164	0
Corporate	10,684	890	493	0	8,425	9,808	-875	91.8%	8,425	8,610	185
Total Allocated CIP	79,891	7,148	6,634	2,028	38,218	54,028	-25,863	67.6%	40,246	39,485	-762
Central	22,236	0	22,236	0	0	22,236	0	100.0%	0	0	0
Total CIP	102,127	7,148	28,870	2,028	38,218	76,264	-25,863	74.7%	40,246	39,485	-762

- 3.5. Year to date CIP delivery in month three totalled £8.9m, £1.4m behind the phased plan of £10.3m for identified schemes. This equates to a delivery rate of 86.5%, up from 81.3% in month two. If including unidentified schemes, and measured against an evenly phased plan, the delivery falls to 45.3% however, underlining the need for both further identification of schemes and an increased pace of delivery as a priority.

Table 3: Month 3 Actuals – delivery against CIP plan + phasing

2025/26 CIP Plan Trust Summary 7th July 2025	M3 YTD Performance				M3 YTD Performance			
	Plan	Actual	Variance to Plan	Progress (%) RAG	Target*	Actual	Variance to Target	Progress (%) RAG
Clinical Groups / Delivery Group / Corporates								
C&S	2,084	1,821	-263	87.4%	3,718	1,821	-1,897	49.0%
Evelina	1,648	1,211	-437	73.5%	2,356	1,211	-1,145	51.4%
HLCC	1,579	1,645	66	104.2%	4,000	1,645	-2,355	41.1%
ISM	2,433	1,698	-735	69.8%	3,692	1,698	-1,993	46.0%
Essentia	305	305	0	100.0%	1,017	305	-711	30.0%
Pathology	41	41	0	100.0%	2,713	41	-2,672	1.5%
Corporate	2,176	2,161	-15	99.3%	2,677	2,161	-516	80.7%
Total Allocated CIP	10,268	8,884	-1,384	86.5%	20,172	8,884	-11,288	44.0%
Central	0	0	0	0.0%	266	0	-266	0.0%
Total CIP	10,268	8,884	-1,384	86.5%	20,438	8,884	-11,554	43.5%



4. Cash and Capital

- 4.1. **Cash** - The cash balance at 30th June stood at £129.5m, a £61.3m reduction compared to the opening position for the year of £191m. The movement YTD has been impacted by significant payments to non-NHS creditors, notably to Synnovis and NHS Supply Chain, payments to capital creditors reflecting the high levels of capital expenditure at the end of 2024/25, and only partly offset by the initial proceeds from the sale of Lexica. Cash is forecast to recover to c£150m in July.
- 4.2. **Capital** – The Trust was initially allocated a CDEL limit of £110m for 2025/26. In May 2025 a further £22m CDEL funding has been awarded, specifically for backlog maintenance, along with an additional £2m of capital funding in recognition of the Trust's 12hr A&E performance in 2024-25. Year-to-date the trust has spent £10.8m on capital schemes, which is £9.3m lower than the phased plan for the year.

5. Recommendations

- 5.1. The Board is asked to:
- Note the YTD deficit of £22.9m at month 3, slightly ahead of plan.
 - Note the significant level of unidentified CIPs at month 3, currently standing at £25.9m of the £102.1m annual plan
 - Note the delivery of 86.5% of identified CIP schemes against the phased CIP plan
 - Note the current cash balance of £129.5m at 30th June 2025 and £61.3m reduction in cash since the start of the year

Committee name	Quality and Performance Committee
Date, time	Wednesday 21 May 2025, 12.00 pm – 12.30 pm
Venue	MS Teams
Chair	Pauline Philip

Trust Annual Quality Account Report 2024/25: The Committee reviewed the draft Quality Account, which outlined the Trust’s approach to improving quality and safety. It had been prepared separately from the Annual Report and Accounts, in line with NHS England guidance.

The draft Quality Account was on track for submission to NHS England by 30 June 2025. Feedback on the proposed 2025/26 priorities had been requested from Healthwatch Lambeth, Healthwatch Southwark, and the South East London Integrated Care Board.

The Committee noted that two quality priorities would continue from the previous year: improving patient contact experience; and implementing Martha’s Rule, alongside three new ones: reducing violence and aggression; addressing the clinical impact of administrative risks; and improving clinical guidance processes.

Members provided feedback, sought assurance on data accuracy, and raised questions about clinical audit, patient experience, maternity data, and learning from deaths. It was agreed that the comments would be incorporated into the final version of the Quality Account.

The Quality Account was approved, pending no material changes from external feedback.

Integrated Performance Report Public Board

Guy's and St Thomas' NHS Foundation Trust
July 2025

Highlight Report Contents

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)	69
Responsive	4.2 Elective treatment access - referral to tre...	RTT - Total incomplete pathways	120,286
Responsive	4.3 Cancer access	Cancer - 62 day all referral types (total)	56.2%
Responsive	4.3 Cancer access	Cancer - FDS	78.7%
Responsive	4.4 Diagnostic access	Diagnostic waits - % over 6 weeks	29.7%
Responsive	4.9 Recovery	Elective DC & IP vs 24/25 Operational Plan	105.0%
Responsive	4.9 Recovery	Number of 65 Week Waiters	179
Responsive	4.9 Recovery	Number of 78 Week Waiters	11
Responsive	4.9 Recovery	Outpatient New & FU vs 24/25 Operational Plan	101.6%

Executive summary

Accident and Emergency

- The Trust continue to demonstrate strong 4 hour performance in A&E with a reported position of 79.1% in May, ranking in the top quartile for performance when benchmarked nationally.
- The Trust's 12 hour Decision to Admit (DTA) relative performance remains strong with a reported position of 69 in May.

Diagnostics

- The Trust reported a position of 29.7% patients waiting longer than 6 weeks for their diagnostic procedure in May, a significant improvement on the lowest performance position of 51.28% in 2024/25.
- The Trust reported a position 1,651 patients waiting longer than 13 weeks for their diagnostic procedure in May, representing a reduction of 7,201 (81%) since the peak in 2024/25 of 8,852.

Cancer

- The Trust continue to demonstrate strong 28-day Faster Diagnosis Standard (FDS) performance with a position of 80.5% in April.
- The combined 62 day submitted performance position is 58.1% in April, which contains shared pathways with other Trusts. Internal 62 day performance is 68.6%.
- 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.

Activity

- Year-to-date performance for outpatient new and follow up activity is 101.6% and for elective overnight and day case is 105%.

Referral to Treatment

- The Trust's submitted Referral to Treatment (RTT) waiting list position for May is 120,286 demonstrating a significant reduction in the overall size of the waiting list.
- The Trust's Referral to Treatment (RTT) performance position in May was 62.9% with 44,626 patients waiting longer than 18 weeks for their routine treatment, representing the best performance figure for the Trust since October 2023.
- 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 4,578 since June 2024 reaching a position of 2,602 patients waiting in May 2025 which now represents 2.2% of the total waiting list.
- The number of patients waiting longer than 65 weeks for their routine treatment was 179 in May, the Trust has made significant progress in this area and despite a small rise in numbers in recent months the Trust remain committed to clearing the remaining patients by the end of September.
- The number of patients waiting for longer than 78 weeks for their routine treatment in May was 11.

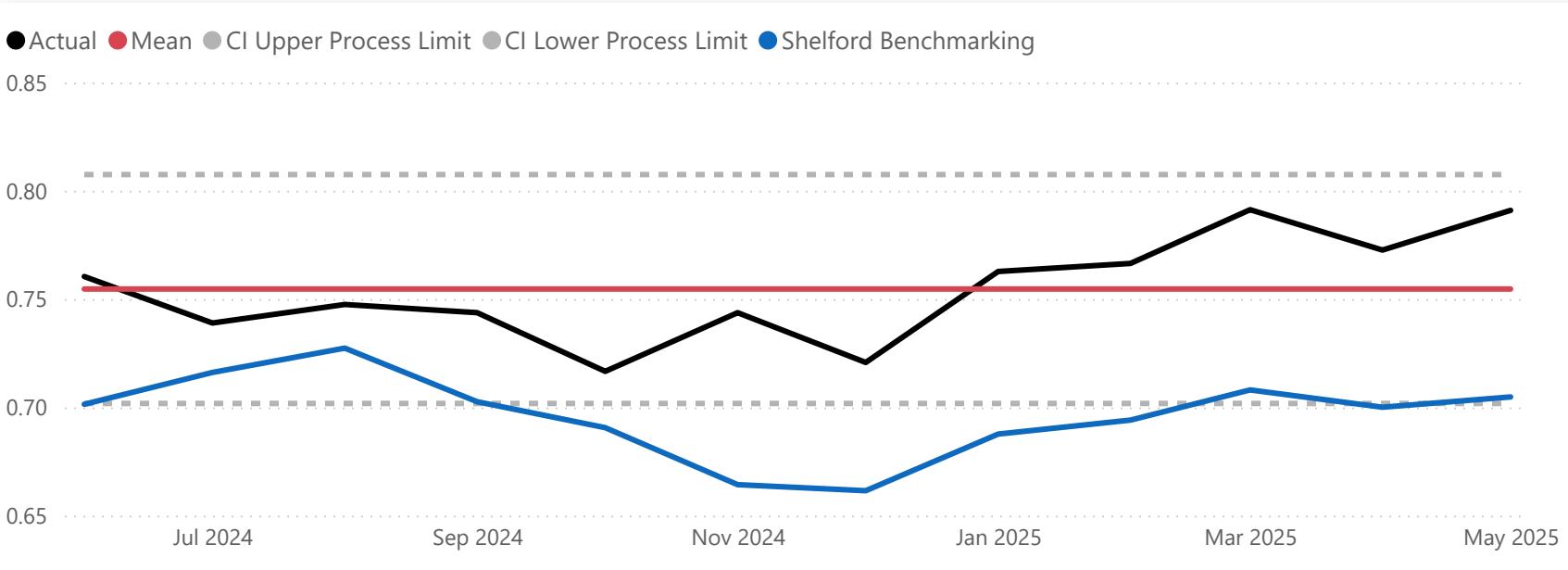
May 2025

79.1%

SPC

This indicator is showing special cause variation - 2 of 3 (Positive)

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



Clinical Group Overview



May 2025

69

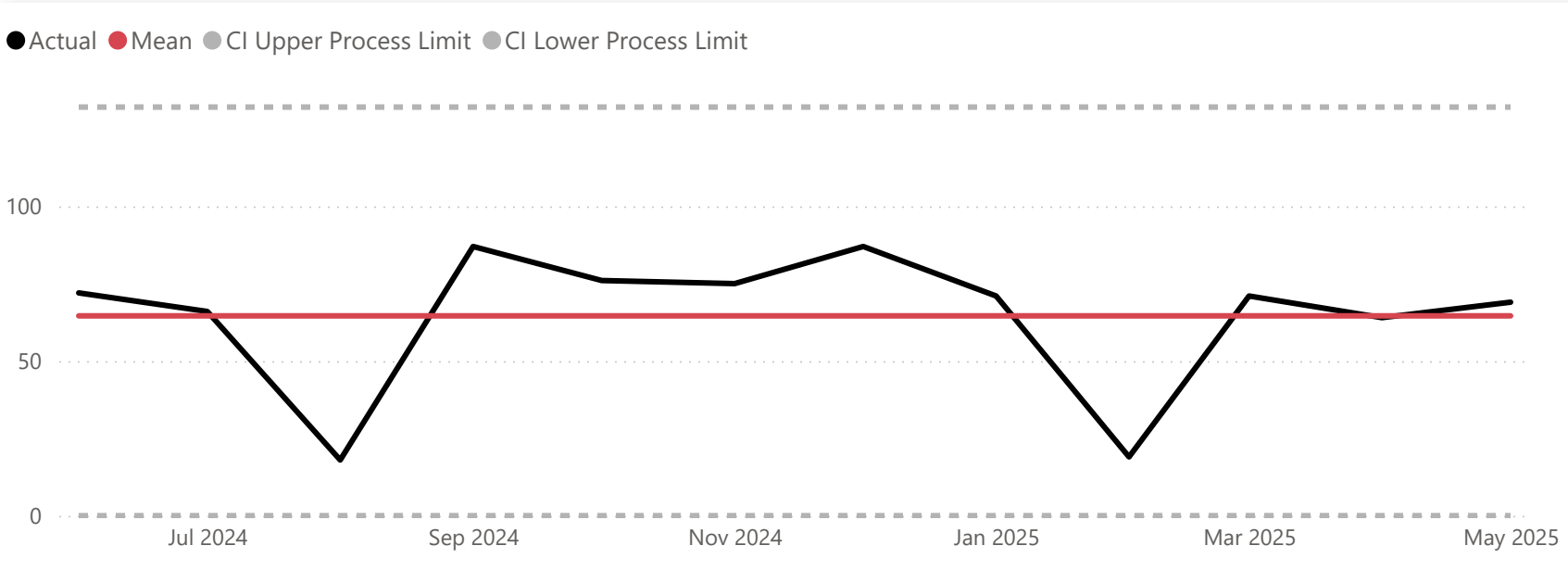
SPC

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.

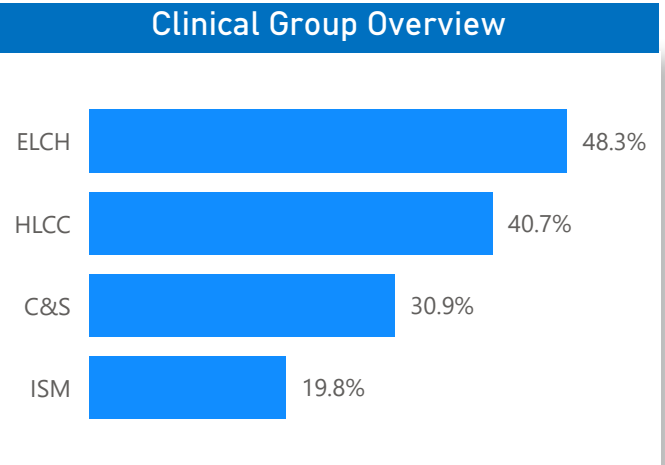
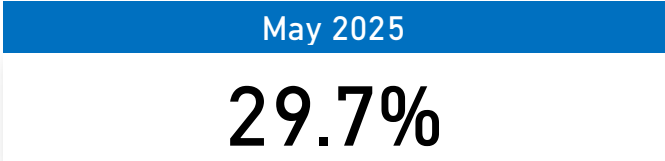
Number of patients spending > 12 hours in A&E from decision to admit (DTA)



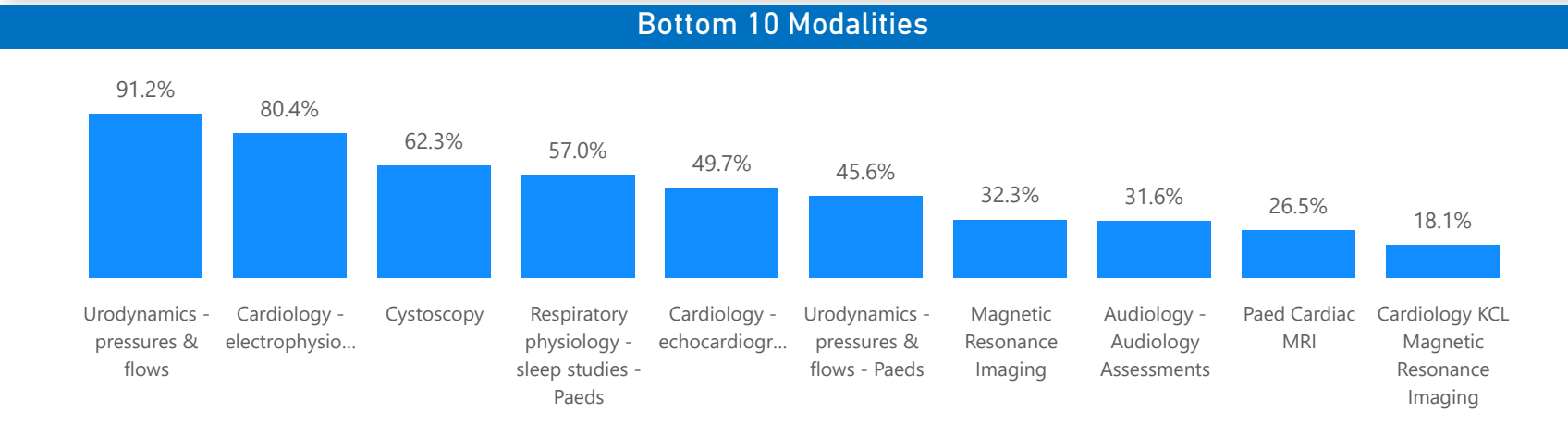
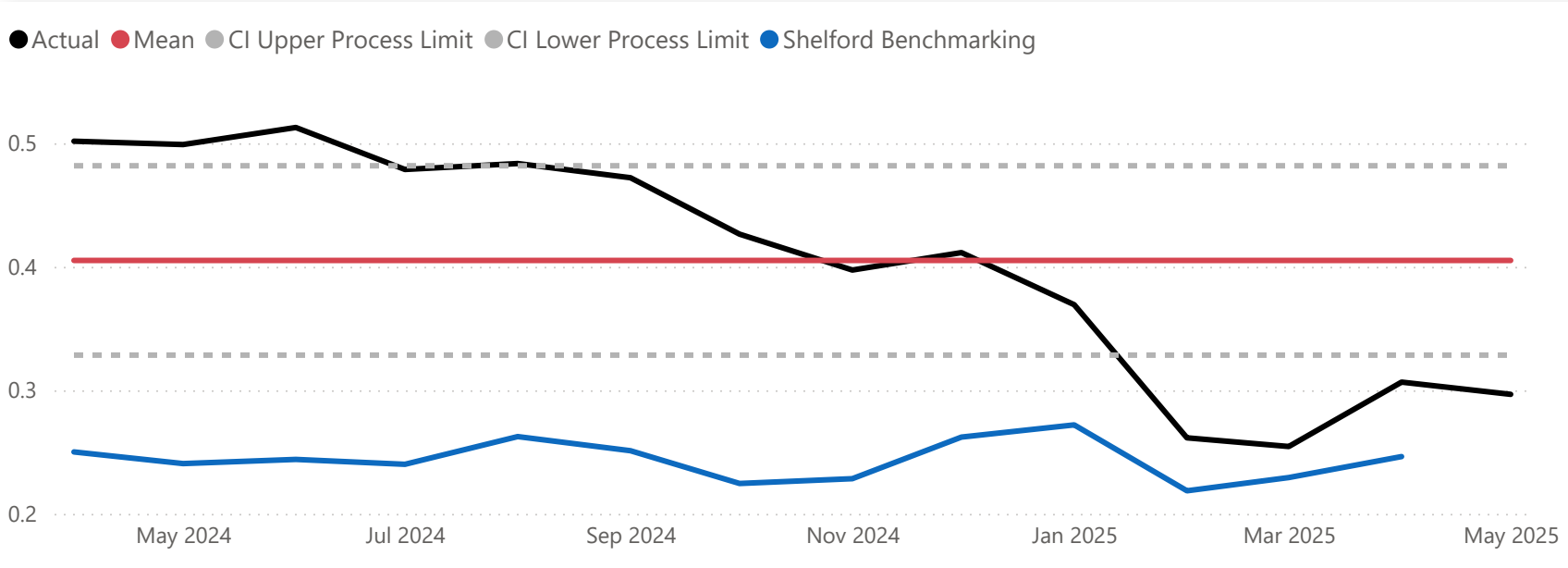
Clinical Group Overview

ISM

69



Diagnostic waits - % over 6 weeks



April 2025

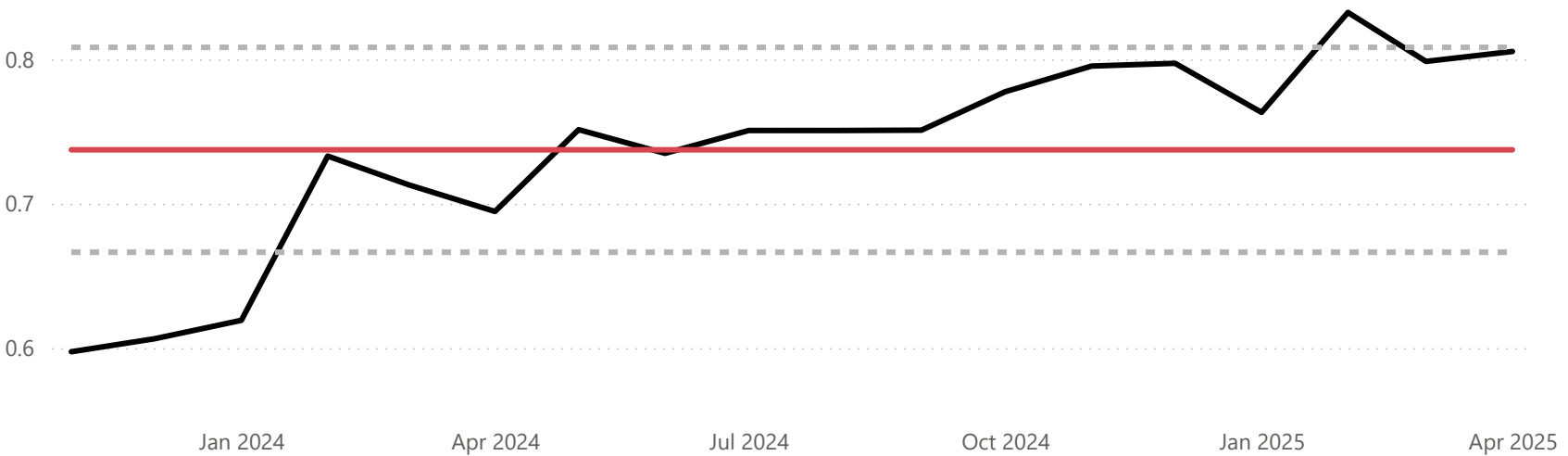
80.5%

SPC

This indicator is showing special cause variation - Shift (Positive)

Cancer - FDS

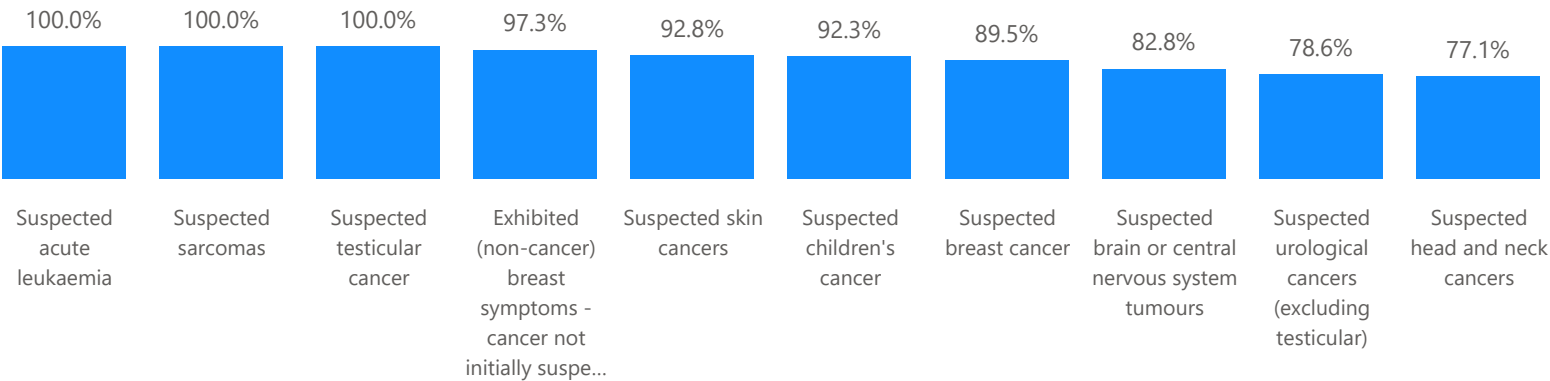
● Actual ● Mean ● CI Upper Process Limit ● CI Lower Process Limit



Clinical Group Overview



Top 10 Tumour Groups



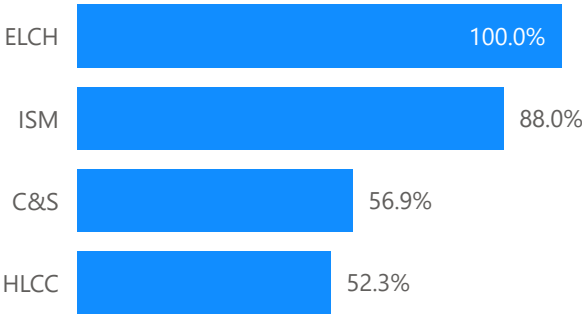
April 2025

58.1%

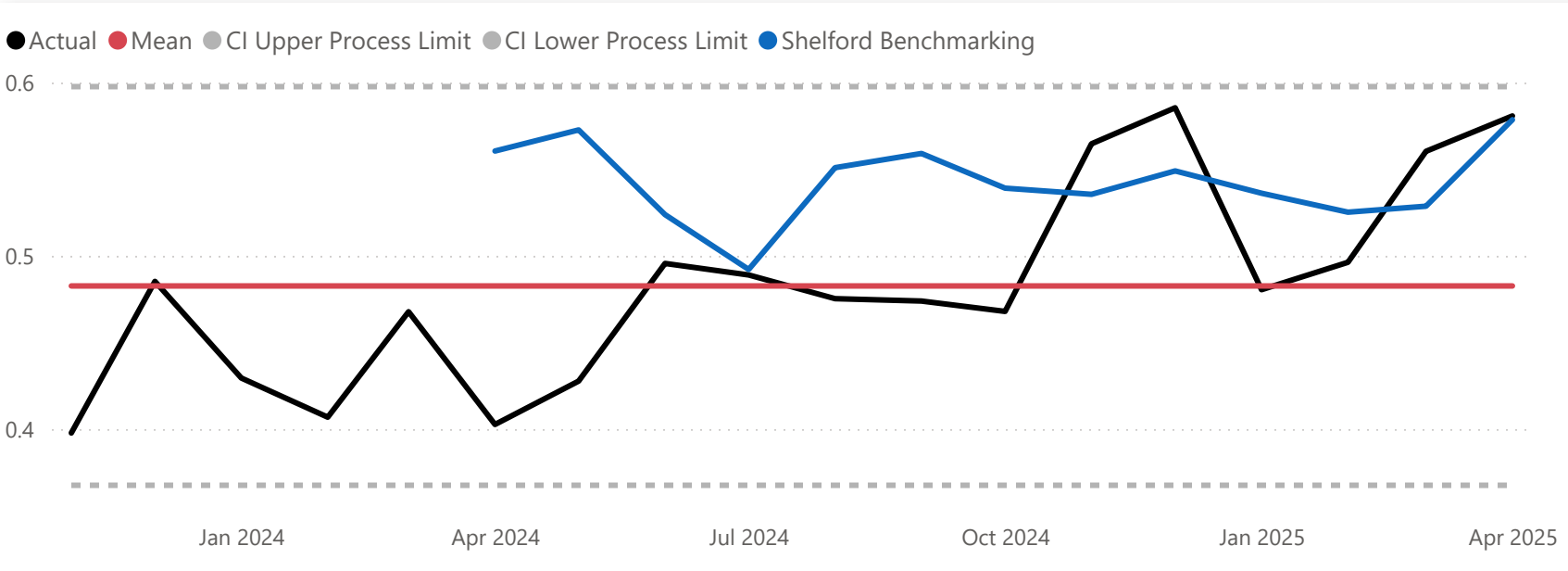
SPC

This indicator is showing special cause variation - 2 of 3 (Positive)

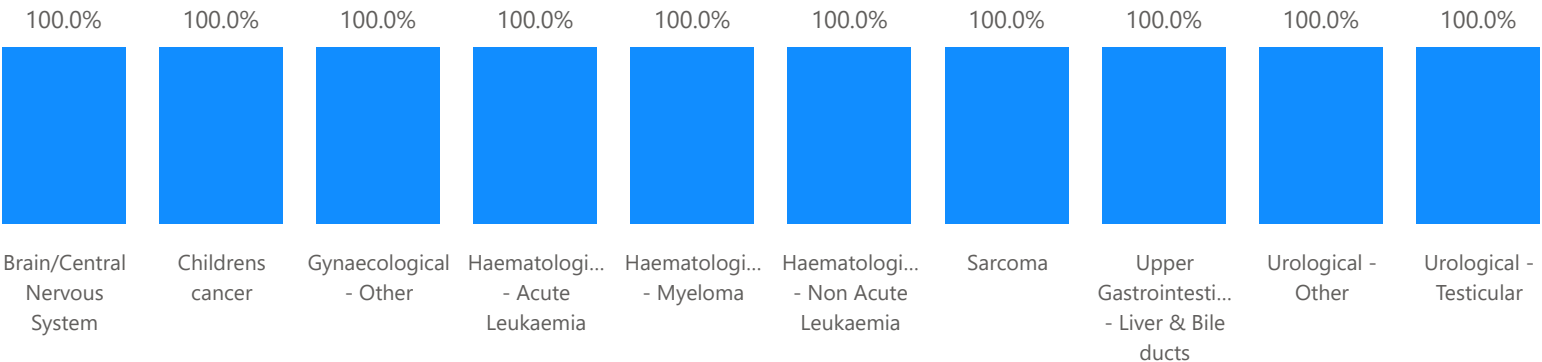
Clinical Group Overview



Cancer - 62 day all referral types (total)



Top 10 Tumour Groups



May 2025

101.6%

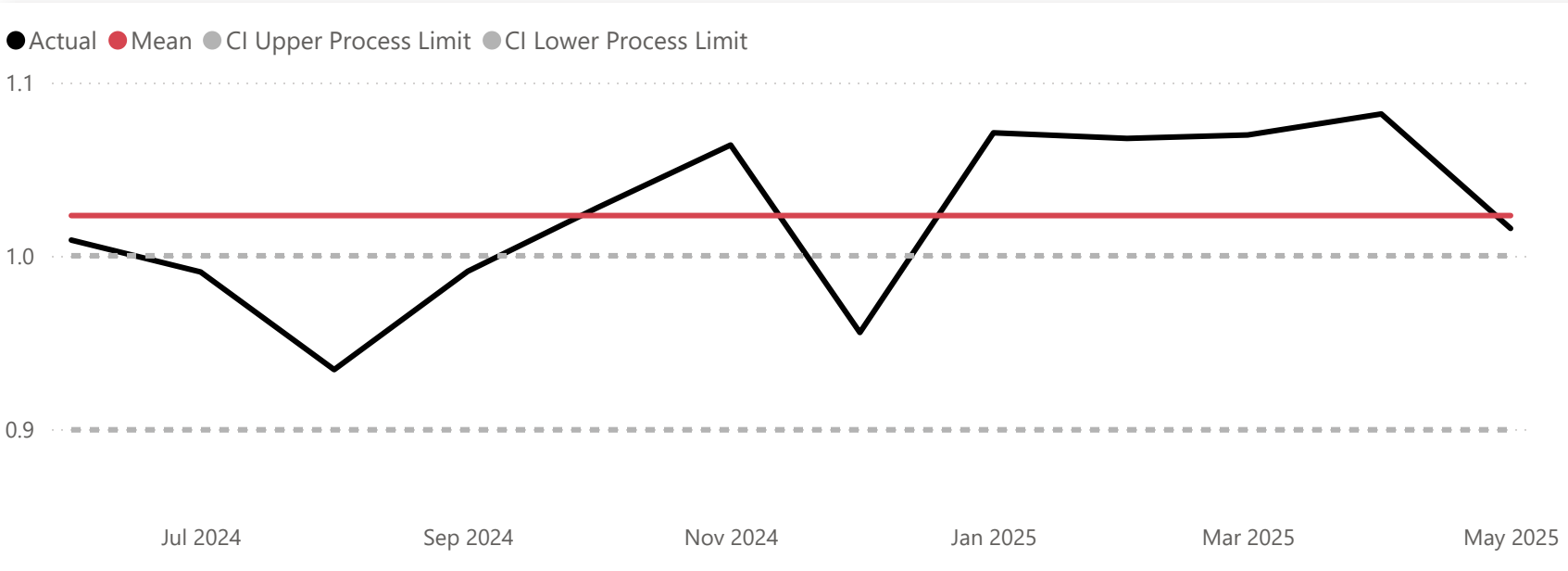
SPC

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

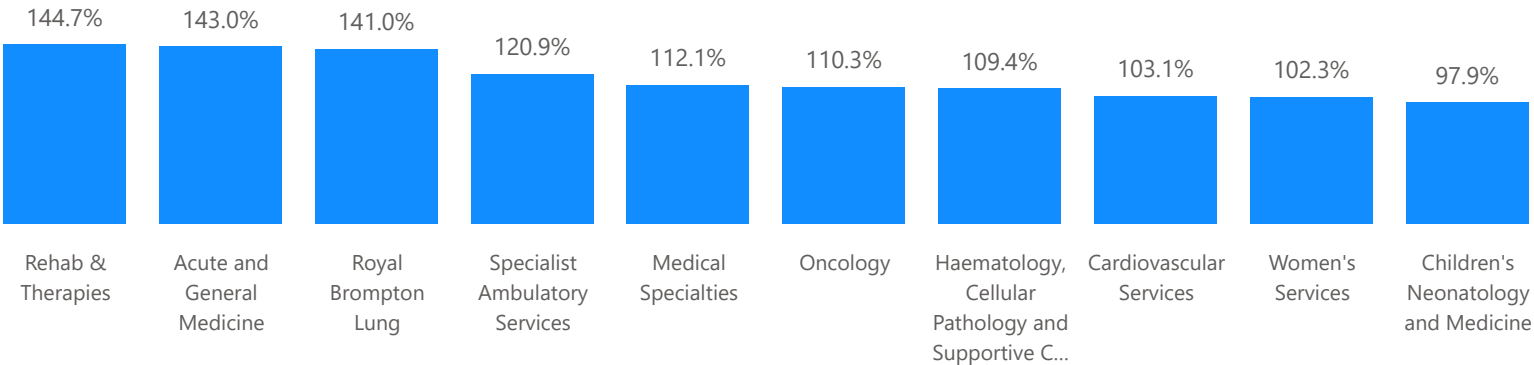
Clinical Group Overview



Outpatient New & FU vs 24/25 Operational Plan



Top 10 Directorates



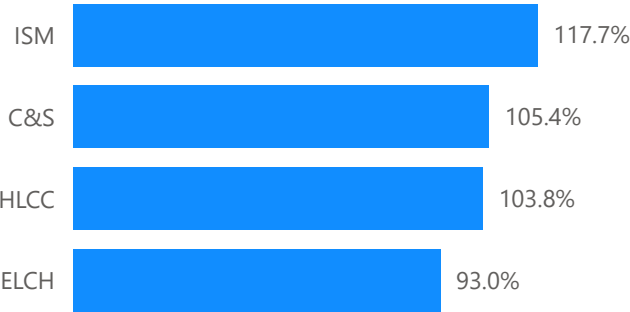
May 2025

105.0%

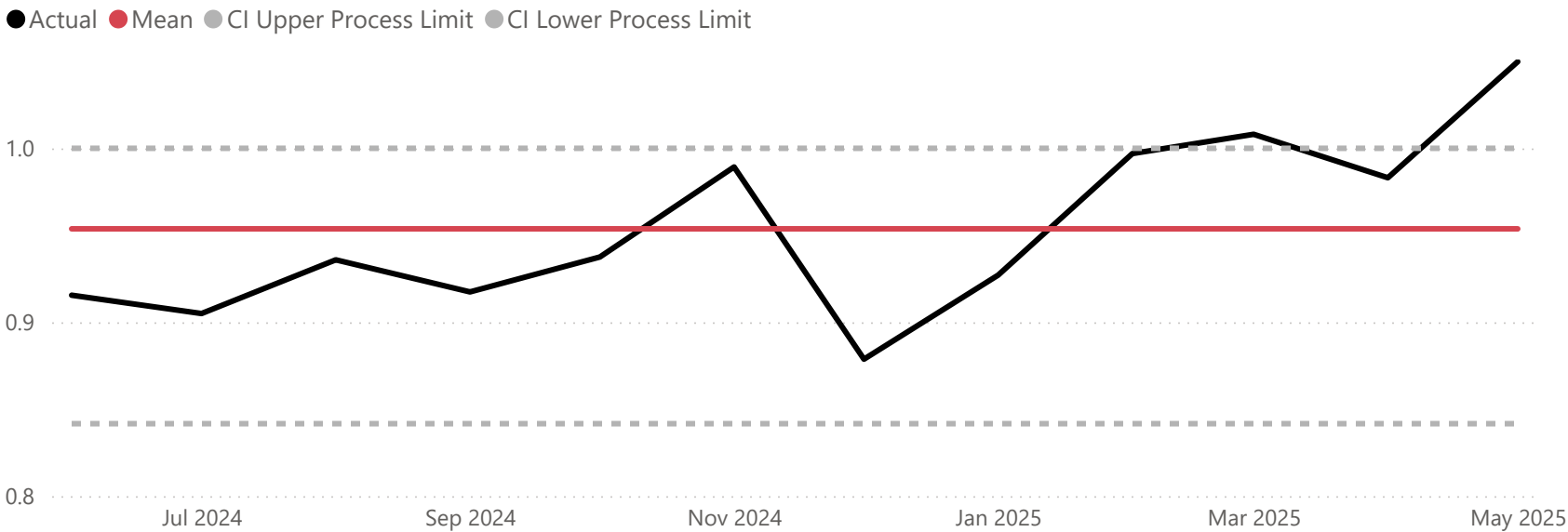
SPC

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

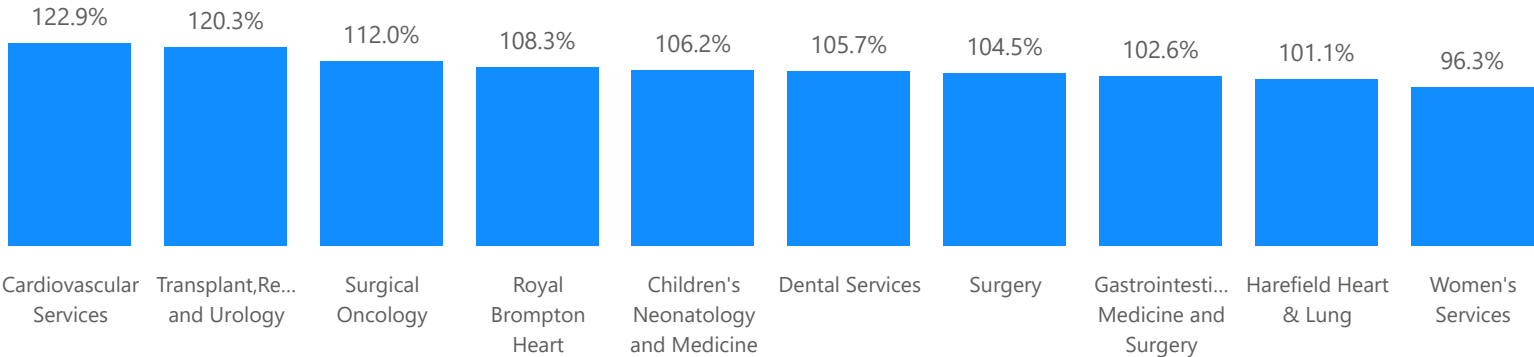
Clinical Group Overview



Elective DC & IP vs 24/25 Operational Plan



Top 10 Directorates



May 2025

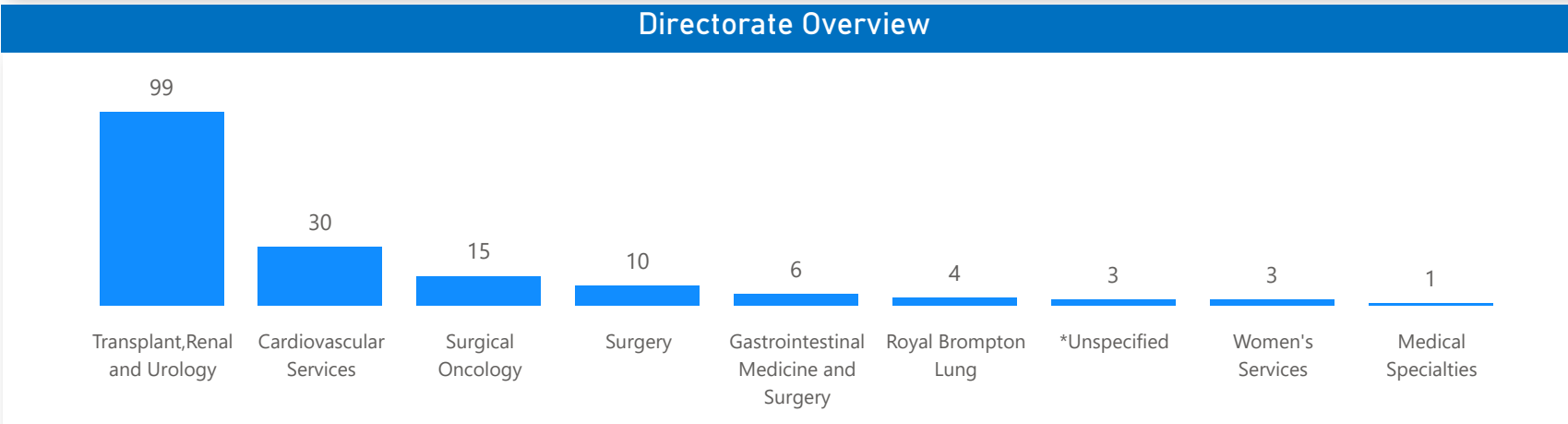
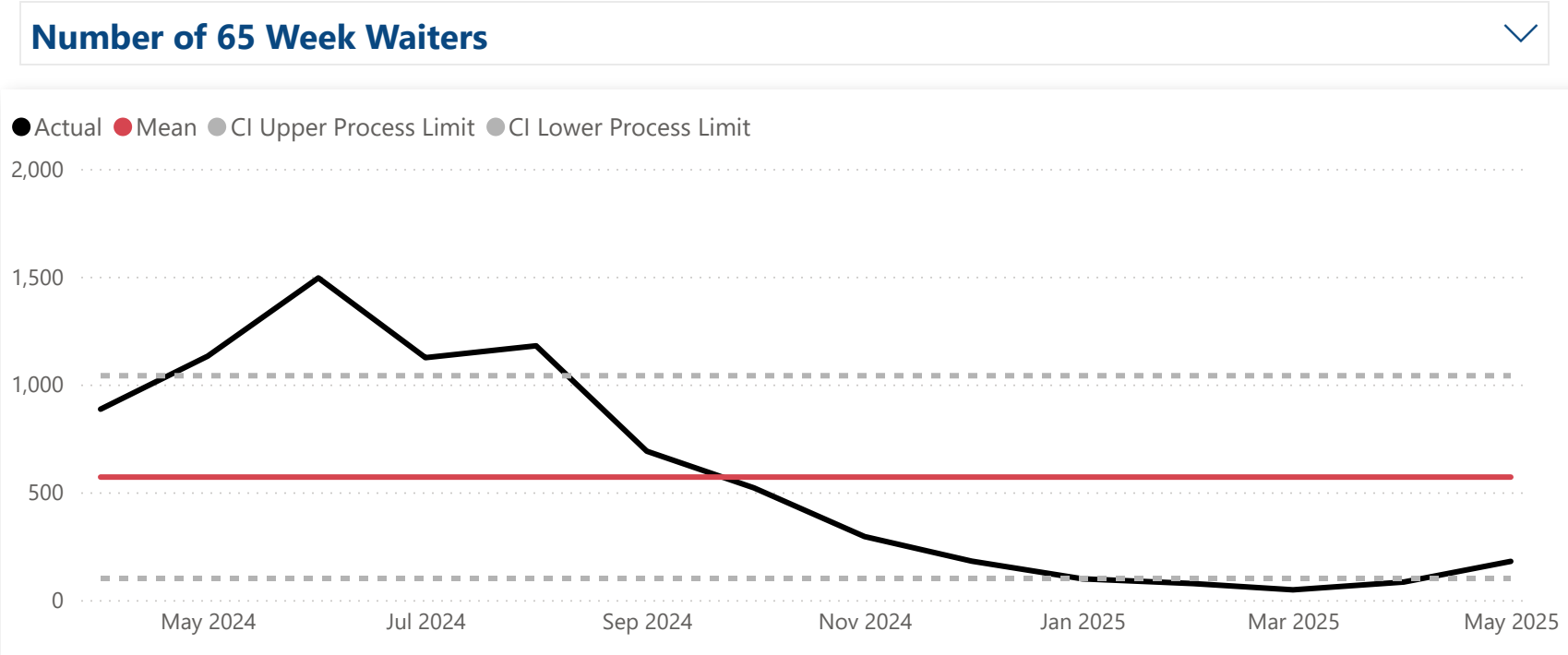
179

SPC

This indicator is showing special cause variation - Shift (Positive)

Clinical Group Overview

C&S	130
HLCC	38
ELCH	6
Unspecified & Other	3
ISM	2



May 2025

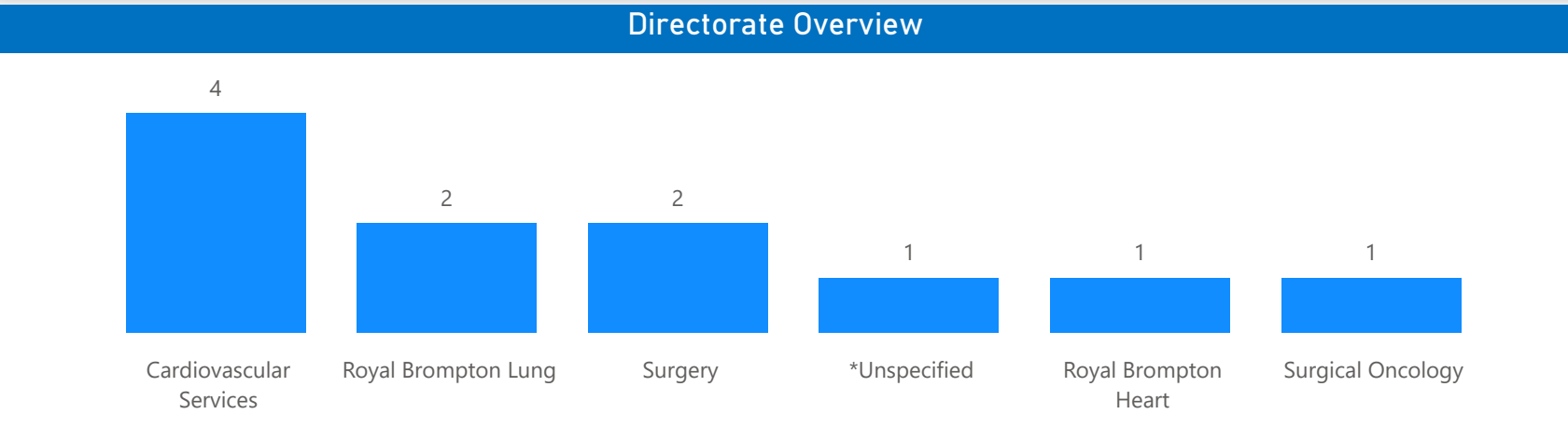
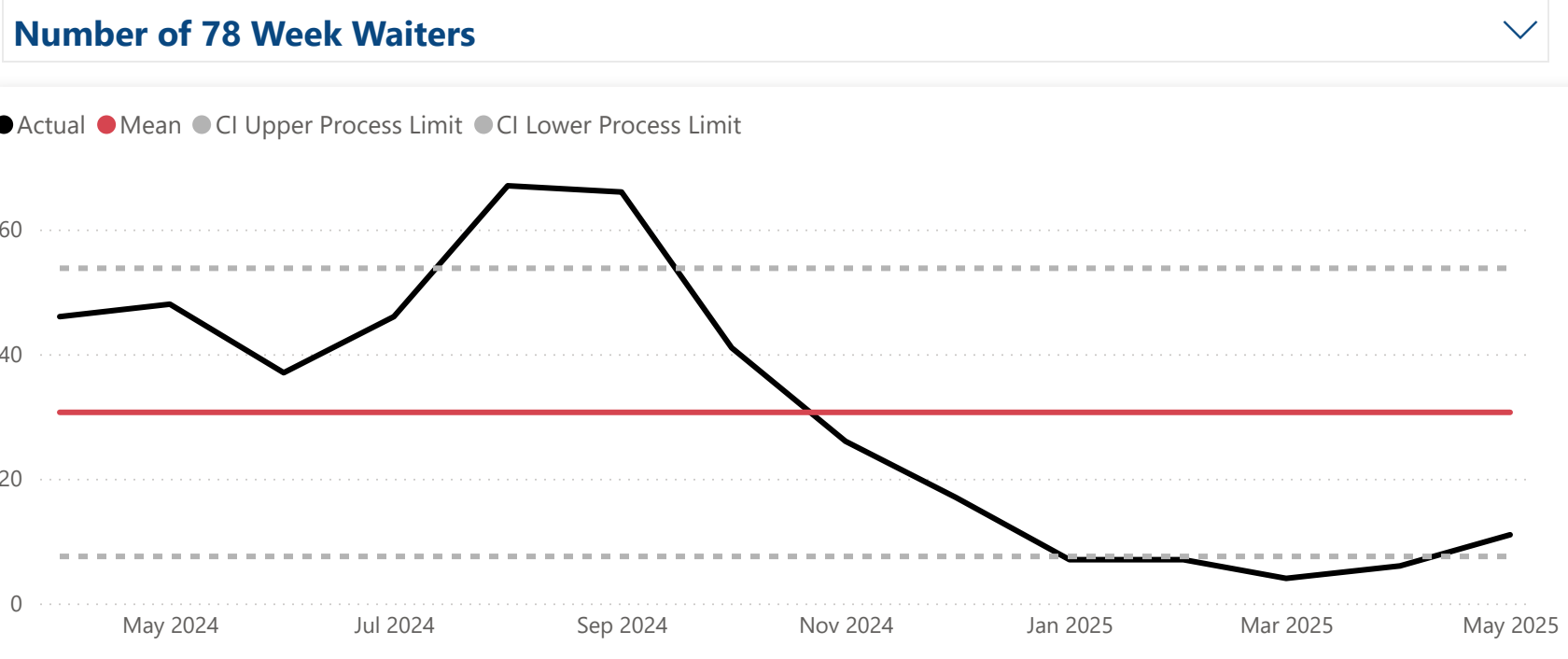
11

SPC

This indicator is showing special cause variation - Shift (Positive)

Clinical Group Overview

HLCC	7
C&S	3
Unspecified & Other	1
ELCH	0
ISM	0



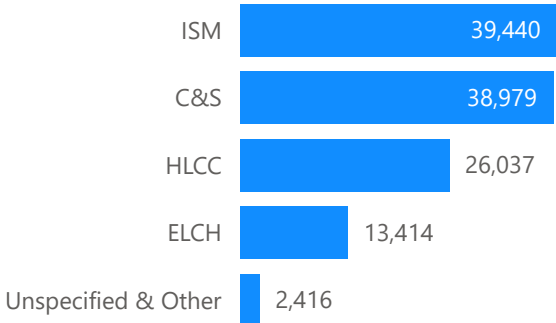
May 2025

120,286

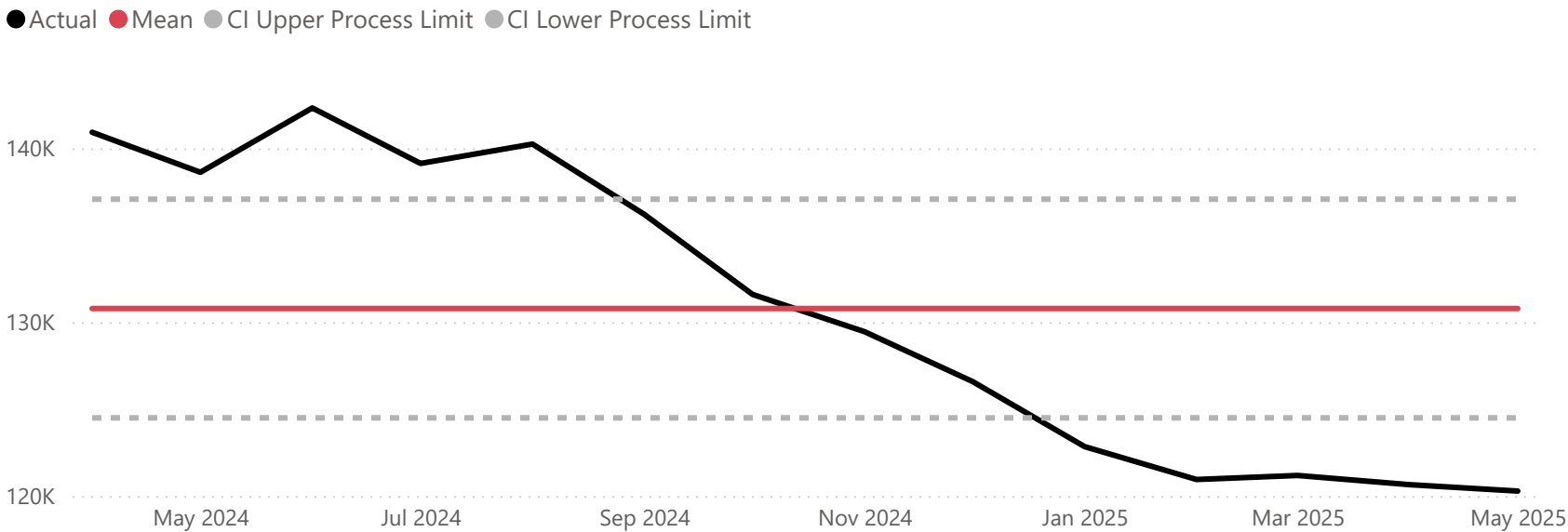
SPC

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

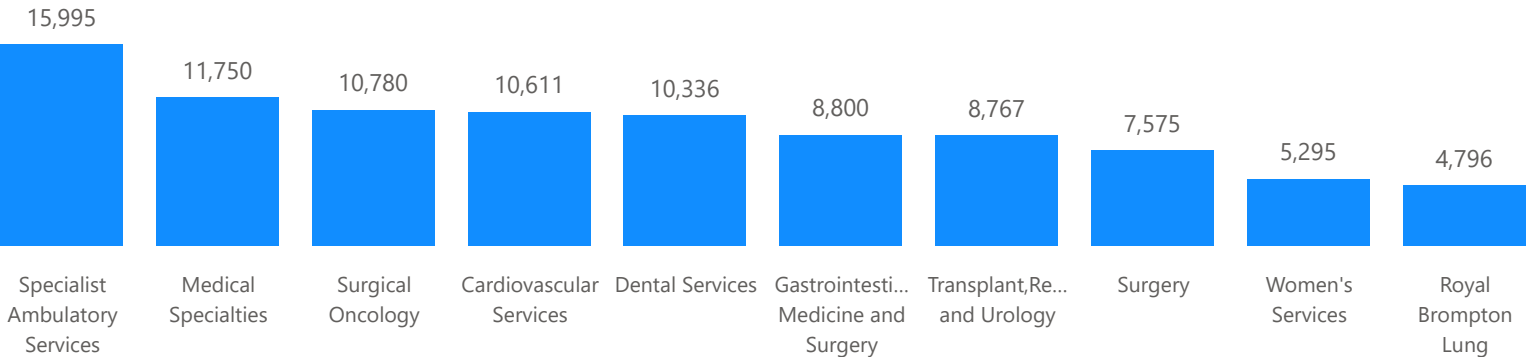
Clinical Group Overview



RTT - Total incomplete pathways



Top 10 Directorates



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

Common cause variation

Indicator has not triggered any SPC rules for current month

Special cause variation – single point

A single point outside the SPC confidence limits (mean \pm 3 sigma)

Special cause variation – trend/shift

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

Special cause variation – moving range

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

Special cause variation – 2 of 3

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

Committee name	People, Culture and Education Committee
Date, time	Wednesday 11 June 2025, 1pm – 4pm
Venue	Boardroom, Chelsea Wing, Royal Brompton Hospital
Chair	Miranda Brawn

Non-Executive Director visits: Non-executive directors reported back about site visits they had attended and highlighted themes of strong patient care, staff cohesion, and an inclusive culture. However, opportunities remained to improve understanding the Trust's operating model, staff capacity, and the need for transformation. A shift toward a more change-oriented mindset was recommended, along with a review of the operating model and improved internal communication.

Chief People Officer's update: The Committee received an update on people, workforce, and education activities. The Trust faced a significant challenge in reducing pay costs without impacting on the quality of patient care. Accordingly, initiatives such as a mutually agreed resignation scheme (MARS) and a sickness absence taskforce were underway. The new People Hub platform had launched successfully, streamlining HR processes, whilst the People Management Programme had been shortlisted for a national award. The Committee also discussed the need to engage with artificial intelligence as a transformational opportunity.

Valuing our people, including education update: The Committee reviewed an internal assessment of the people, education, and workforce contributions to the GSTT 2030 Strategy. It proposed narrowing priorities to focus on high-impact actions, with stronger emphasis on leadership and system-wide transformation. Five strategic deliverables – flexibility, wellbeing, inclusion, education, and leadership – were reaffirmed, though gaps in linking initiatives to performance and future workforce needs were noted. The Committee welcomed the direction and stressed the importance of defining core goals, success measures, and external collaboration.

Trust approach to support reduction of violence and aggression: The Committee received an update on violence and aggression against staff, noting a rise in incidents and an increased corporate risk rating. While the Trust met national standards, concerns persisted, especially in the Emergency Department, about the impact on affected staff. A refreshed campaign would commence, informed by staff and patient engagement. The Committee discussed the impact on all staff groups, potential underreporting of incidents, and the need for stronger enforcement, training, and post-incident support. Work had been commissioned to explore exclusions and multi-agency coordination, with internal alignment and executive backing seen as essential for progress.

Workplace race and disability equality standard reports: The Committee reviewed the Trust's latest Workforce Race and Disability Equality Standards (WRES and WDES) outcomes, noting ongoing disparities despite some progress. Key concerns included worsening recruitment outcomes for global majority applicants, low disability declaration rates, and barriers to progression. Positive developments included improved disciplinary outcomes and better implementation of reasonable adjustments. The Trust would undertake a recruitment review through an anti-racism lens and a campaign to boost disability declarations. The Committee stressed the need for data-driven action, measurable targets, and leadership accountability. Inclusion was reaffirmed as a shared responsibility, with efforts underway to support career progression and conduct a race-focused review.

Operational People Metrics: The Committee received an update on workforce KPIs, noting a rise in the vacancy rate to 11.8% due to recruitment controls. A sickness absence taskforce had been introduced to manage long-term absence costs and support staff transitions. The performance development review (PDR) window opened with a target of 90% completion by September, though current rates were lower than this.

People, Culture & Education Board Assurance Framework: The Committee reviewed and approved updates to two workforce-related risks on the Board Assurance Framework (BAF), with no changes to control sufficiency or assurance levels, which remained at "substantial" for both risks. A query was raised about including industrial action in the BAF, and it was agreed that this would be explored further.

Committee name	Transformation and Major Programmes Board Committee
Date, time	Wednesday 7 May 2025, 12.45pm – 3.45pm
Venue	Concert Hall, Harefield Hospital
Chair	Ian Playford

Central Portfolio Office major programme report: The Committee noted and discussed the risk that the Trust would exceed its capital expenditure allocation in 2026/27 as a result of potential delays in capital programmes in 2025/26. Anticipated delays in Building Safety Act approvals were a contributing factor and the Trust Board would escalate its concerns. The Trust would continue to mitigate the risk to the capital programmes through active expenditure and portfolio management, accurate forecasting, regular progress reviews and rigorous oversight.

Productivity improvement at scale: The Better, Faster, Fairer productivity initiative would be referred to as the Productivity Programme going forward. The programme was organised around five key work streams: flow and beds, surgical productivity, ambulatory care, administrative efficiency, and private patients. These were supported by critical enablers, including data, workforce, technology, and estates. Leadership, governance, and success criteria had been established, and a communication and engagement plan had been developed to build momentum.

Essentia capital update: The Committee welcomed the presentation of a 3D digital model of the Trust's estate which would be a key tool in developing the estates strategy. This software enabled a greater understanding of how space was utilised and would support steps to reduce the size of the Trust's overall estate. Initial steps taken to do this had included freezing requests for additional floor space and new leases and improved utilisation of existing buildings.

Principal Treatment Centre (PTC) Programme update: The Full Business Case was in development and the first phase would focus on developing the upper floors of the Children's Day Treatment Centre. Planning for clinical transitions, research, and workforce transformation was progressing and risks such as delays under the Building Safety Act and Epic integration were being actively managed to ensure the programme remained on track.

Guy's Surgical Hub Programme update: A Programme Director had been appointed to lead this work accelerating key activities including demand and capacity modelling and development of the full business case. Costs were being carefully monitored as the programme progressed to RIBA stage 4, which would allow more detailed modelling, and were expected to stay on track.

Children's Hospital Programme update: The Strategic Outline Case had received ministerial approval and support from Guy's & St Thomas' Foundation. There was also strong market interest in a long leasehold funding model and the Committee gave approval to develop a full financing strategy. Committee members also endorsed the next phase of work, noting the need to resolve the remaining challenges in respect of decant planning and negotiations regarding St Thomas' House, which were critical to advancing to the next milestones.

Children's Day Surgery Unit six-month update: The Children's Day Surgery Unit had significantly improved theatre productivity, halved surgical waiting times, and supported national quality initiatives, including becoming the first accredited paediatric 'Getting It Right First Time' (GIRFT) site. The unit had also enhanced scheduling efficiency, was generating private patient income, and was exploring opportunities to treat more complex cases and collaborate with other trusts.

Apollo Programme: stabilisation & benefits realisation update: The Committee reviewed the Apollo Programme's transition into its benefits realisation phase, highlighting progress in integrating MyChart and the NHS App, and supporting clinicians to adopt new workflows. The programme was currently marginally short of its 2024/25 benefits target, with efforts underway to identify new opportunities to meet the target for 2025/26. The potential of investing in Epic's artificial intelligence capabilities remained under consideration while a revised data strategy was developed to guide sustainable tech investments.

Royal Brompton campus master planning – Governance: The Committee reviewed strategic planning for the Royal Brompton campus, recognising the site's long-term value and approving initial investment to support early design work and planning discussions. A Chelsea Campus Masterplan Group had been established to guide development, with support for a 'subject to planning' approach to maximise site value before selecting a development partner.

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

BOARD OF DIRECTORS

WEDNESDAY 23 JULY 2025

Report title:	Documents Signed under Trust Seal, 24 April to 15 July 2025
Sponsor:	Charles Alexander, Chairman and Ian Abbs, Chief Executive
Paper author:	Joshua Roles, Senior Business Manager
Purpose of paper:	For awareness/noting only
Main strategic priority:	All strategic priorities
Primary BAF risk:	All BAF risks
Key points of paper:	<ul style="list-style-type: none"> 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):	<p>The BOARD is asked to:</p> <ol style="list-style-type: none"> Note the record of documents signed under Trust Seal.

1. Introduction

- 1.1. In line with the Trust's Standing Financial Instructions, Professor Ian Abbs, Chief Executive and Charles Alexander, Chairman signed document numbers 1103 to 1104 under the Foundation Trust's Seal during 24 April 2025 to 15 July 2025.

2. Recommendations

- 2.1. The Board is asked to note the record of documents signed under the Trust's Seal:

Number	Description	Date
1103	Signing and Sealing of the renewal Lease between (1) By-pass Nurseries Limited (tenant) and (2) Guy's and St Thomas' NHS Foundation Trust (as landlord) for a 3 year renewal lease term for 122 & 123 Sydney Street as part of 'Chelsea Farmers Market'	15 May 2025
1104	Signing and Sealing of the Deed of Surrender between (1) Ironjade Limited (tenant) and (2) Guy's and St Thomas' NHS Foundation Trust (as landlord) of 177 Sydney Street. Signing and Sealing of the Lease between (1) By-pass Nurseries Limited (tenant) and (2) Guy's and St Thomas' NHS Foundation Trust (as landlord) of 177 Sydney Street.	15 May 2025