Public Board of Directors meeting

Wed 22 October 2025, 16:00 - 17:45

Robens suite, Guy's Hospital and online via MS Teams

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 the previous meeting (23 July 2025) and review of actions

- 20250723 Public BoD Meeting Minutes vFinal.pdf (4 pages)

16:05 - 16:15 10 min

4. Chairman's report

Verbal *Charles Alexander*

16:15 - 16:45 30 min

5. Chief Executive's report

Amanda Pritchard

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

16:45 - 16:55 10 min

6. King's Health Partners Annual Conference

Verbal *Graham Lord, Simon Steddon*

16:55 - 17:10 15 min

7. SC1 London Life Sciences Innovation District

Graham Lord

- SC1 London Health and Life Sciences Innovation District update.pdf (4 pages)

17:10 - 17:25 15 min

8. Infection prevention and control

Avey Bhatia, Nick Price

- Infection Prevention and Control Annual Report 24-25.pdf (3 pages)
- Infection Prevention Control Annual Report 2024 25_Updated.pdf (22 pages)

17:25 - 17:40 15 min

9. Updates from chairs of Board committees

Verbal *Board committee chairs*

Papers for noting

17:40 - 17:40 0 min

10. Reports from Board committees:

10.1. Academic Committee in Common 15 July 2025

ACIC summary 15.07.2025 vFinal.pdf (1 pages)

10.2. Audit & Risk Committee 11 September 2025

ARC summary 10.09.2025 vFinal.pdf (2 pages)

10.3. Finance, Commercial & Investment Committee 30 July 2025

FCI summary 30.07.2025 vFinal.pdf (1 pages)

10.4. Financial Report at Month 6

M06 Financial Performance.pdf (9 pages)
M06 Finance Report.pdf (18 pages)

10.5. Quality & Performance Committee 16 July 2025

QP summary 16.07.2025 vFinal.pdf (1 pages)

10.6. Integrated Performance Report August 2025

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

10.7. People, Culture & Education Committee 3 September 2025

PCE summary 03.09.2025 vFinal.pdf (1 pages)

10.8. Transformation & Major Programmes Committee 17 September 2025

TMP summary 17.09.2025 vFinal.pdf (1 pages)

17:40 - 17:40
0 min

11. Register of documents signed under seal

Amanda Pritchard

Documents Signed under Trust Seal 16 July 2025 to 22 October 2025 FINAL.pdf (3 pages)

17:40 - 17:45
5 min

12. Any other business

Verbal *Charles Alexander*

BOARD OF DIRECTORS

Wednesday 23 July 2025, 4.00pm – 5.30pm
Robens Suite, Guy's Hospital and MS Teams

Members present:	Charles Alexander (Chair)	Simon Friend
	Ian Abbs	Richard Grocott-Mason
	Crystal Akass	Felicity Harvey
	Gubby Ayida	Jamie Heywood
	Avey Bhatia	Deirdre Kelly
	Miranda Brawn	Graham Lord
	Louise Dark	Damien O'Brien
	Steven Davies	Pauline Philip
	Nilkunj Dodhia	Ian Playford
	Jon Findlay	Simon Steddon
In attendance:	Andrew Asbury	Denis Lafitte
	Edward Bradshaw (minutes)	Jackie Parrott
	Anita Knowles	
	Members of the Council of Governors, members of the public and members of staff.	

1. Welcome and apologies

1.1. The Chair welcomed members of the Trust Board of Directors (the Board) and all staff, governors and members of the public in the room and online. Apologies had been received from Sarah Clarke and Alison Wilcox.

2. Declarations of interests

2.1. There were no declarations of interest.

3. Minutes of the meeting held on 30 April 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. The Chair paid tribute to the Trust's Chief Executive, Professor Ian Abbs, for whom he noted this was the final public Board meeting before he stepped down in September. Professor Abbs had joined the Trust in 1978 and became Chief Executive in 2019, since when he had guided the Trust through the COVID-19 pandemic, the merger with Royal Brompton and Harefield NHS Foundation Trust, and the implementation of the Epic electronic health record system. On behalf of the Board of Directors the Chair thanked Professor Abbs for his service and dedication and wished him all the best for his future endeavours.

4.2. Since the last public Board meeting the Government had published *Fit for the Future: ten-year health plan for England*. The Chair reflected that the Board should take encouragement from the strong correlation between the ten-year plan and the Trust's strategy to 2030, particularly in themes such as integrated care, health equity and digital innovation. There was also alignment between the ten-year plan and the new King's Health Partners strategy which had also been published in recent weeks.

4.3. The Government's Spending Review in June had confirmed a three percent average, real-terms growth in NHS funding over the next three years. Whilst positive, the Chair noted that this would come

with expectations that providers treated more patients more quickly and delivered significant productivity growth. Capital budgets would be held flat in real terms, although there would be more investment in technology and digital transformation projects across the NHS, which was a positive development.

5. Chief Executive's Update

5.1. The Chief Executive thanked the Chair for his kind words and reflected on his tenure with the Trust, remarking that it had been an immense privilege to have served for so long. He thanked the Board, both past and present, for their support, and the Trust's staff for their hard work in treating patients with care and compassion. The Chief Executive echoed the Chair's suggestion that the ten-year plan provided cause for optimism and stated that the Trust's strategy demonstrated it was committed to playing a leading role in delivering the Government's objectives.

5.2. NHS England had placed the Trust in segment two of the new NHS Oversight Framework; whilst the Chief Executive regarded this as positive and reflective of the strong progress that had been made in recent months, the Trust was focused on improving its segmentation. An update was also provided about a recent visit the Trust had received from the Chancellor of the Exchequer and Secretary of State for Health had Social Care who had met staff and learned about the Trust's work.

5.3. The Trust continued to experience high demand for its services. Planned activity had been exceeded in areas such as outpatient and elective day cases, and the total waiting list was now under 122,000. The number of patients waiting over 52 and 65 weeks for treatment was above trajectory, particularly in urology where a recovery plan was in place. The Trust remained in NHS England's tiering programme for cancer and diagnostics. Previous improvements in diagnostic performance had slowed, with some issues in echocardiology, though long waits over 13 weeks had significantly reduced. Cancer performance had improved under the Faster Diagnosis Standard, but 62-day performance, particularly for patients with actual or suspected lung cancer, remained challenging due to the timeliness of referrals for patients requiring specialist treatment from other hospitals. Urgent and emergency care performance had exceeded 80% in June, the best position since April 2022, with paediatric performance above 92%. Safely treating patients with mental health conditions continued to be a risk area, and the Trust continued active discussions with system partners to ensure patients received treatment in the most appropriate settings.

5.4. The British Medical Association had announced a five-day strike by resident doctors later that week. Though the Trust was working hard to minimise the impact of the strikes on patients, it was anticipated they would have a significant operational impact, and that cancellations of elective appointments would be needed to protect patients requiring urgent and emergency care. No derogations had yet been received. There was discussion about how other staffing groups were feeling about the strikes, and Board members expressed concern that this would be the first in a series of strikes.

5.5. Quality of care remained the Trust's main priority, with improvements in patient administration from the Epic system helping to reduce the risk of delays to patient care. Ongoing quality assessments across clinical groups were enabling a clearer picture of the Trust's strengths and areas for improvement in the care it provided. Three 'never events' had been reported since the start of April and were under review. Legacy serious incident actions had now largely been addressed. Similarly, the timeliness of response to complaints was improving; the Board also noted that the main general themes of complaints related to co-ordination of care, decisions over care, and communication.

5.6. The Trust has seen a sustained decline in new cases of *Candidozyma auris* since enhanced infection control measures had been introduced earlier in 2025. A Vancomycin Resistant Enterococci (VRE) outbreak at Harefield was being actively managed, and two Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections had prompted a Trust-wide campaign to improve vascular access and catheter care. The Trust continued to report the lowest *Clostridium difficile* infection rate among Shelford Group hospitals.

5.7. Patient experience remained strong, with Friends and Family Test scores above 90% in most areas. Improvements were ongoing in emergency, maternity, and patient transport services. Feedback volumes had increased, and initiatives like the 'Contacting Us' programme and patient-led booking aimed to enhance communication and access. Safeguarding referrals for adults were stable in Q1, with neglect and domestic abuse as leading concerns. The Safeguarding Children team continued to support vulnerable children, with neglect, physical injuries, and mental health as key themes.

5.8. The Trust was focused on sustaining and improving its financial performance and, as of 30 June 2025, it reported a £22.9m deficit, in line with its plan. Approximately 80% of the £102.1m cost improvement target had been identified, and tighter financial controls were being implemented around vacancies, temporary staffing, and administrative roles. Delivery of a Trust-wide productivity programme was being driven by five core workstreams: patient flow, surgical productivity, ambulatory transformation, administration, and private patients. Each had measurable outcomes to track progress. Board members noted capital expenditure of £10.6m was only around half of the planned spend at this stage and sought assurance about the steps the Trust was taking to ensure the full allocation was spent in-year. At this stage, the Chief Financial Officer remained confident the allocation would be fully-utilised.

5.9. The Trust was continuing to champion equality, diversity, and inclusion, celebrating events such as Pride Month, Learning Disability Week, and religious observances like Eid al-Adha and Shavuot. These initiatives highlighted the importance of understanding, celebrating and embracing diversity. The Trust had also published its latest Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports, identifying ongoing disparities in staff experience for non-white and disabled staff. Targeted action plans were being developed to address these issues.

5.10. The annual Nursing and Midwifery Awards had been held recently to celebrate staff excellence, with 870 nominations across multiple categories. The Trust also marked Armed Forces Day and the 80th anniversary of VE Day, reinforcing its commitment to the Armed Forces Covenant and status as a Veteran Aware hospital. These efforts reflected the Trust's strategic priority of valuing its people and fostering an inclusive, supportive workplace culture.

5.11. The Trust was continuing to press ahead with a number of ambitious transformation programmes and the Chief Executive was pleased to announce that NHS England had approved the business case for the Guy's Surgical Hub, enabling expansion of surgical capacity for complex elective care. Progress also continued on the Children's Hospital Programme and the relocation of the Principal Treatment Centre for specialist children's cancer services to St Thomas' Hospital. The Trust's Epic electronic health record system had moved into its benefits realisation phase, whilst integration between MyChart and the NHS app and between Epic and the EMIS system in primary care was underway, aiming to improve care coordination, safety, and population health management.

5.12. Finally, the Chief Executive congratulated four staff from the Trust – including the Chief Nurse – who had received OBEs in the King's Birthday Honours. Other areas of pride for the Trust included becoming the UK's first to treat a haemophilia B patient with a new gene therapy called Hemgenix, and Harefield Hospital leading national rankings for long-term lung transplant survival.

6. Freedom to Speak Up Guardian report

6.1. The Freedom to Speak Up Guardian outlined the service's activity between April 2024 and March 2025. There had been a 50% increase in the number of cases handled, which was attributed to increased capacity within the team, and successful efforts to promote the service. Most cases related to workplace culture, including bullying and harassment, with other themes including systems and processes. Patient safety and quality issues accounted for a small proportion of cases, with three major concerns fully investigated. Staff safety concerns, including sexual safety and racism, were also reported and escalated appropriately.

6.2. Feedback about the service from users was largely positive, though some expressed frustration over unresolved issues. Staff survey results showed improved confidence in speaking up, with clinical staff

feeling safer than corporate teams. The Trust was continuing to refine its EDI and FTSU strategies to ensure all staff feel heard and supported. Work was underway to develop the role of speaking up champions further to maintain awareness and understanding of the service across the Trust. Priorities for the year ahead included completing an internal audit, improving data quality via the new RADAR system, and expanding communications. With staffing restored, the service would focus on supporting leadership with actionable insights from concerns raised.

6.3. Representatives from clinical groups gave their feedback, with all noting improvements in the extent to which the speaking-up service was embedded across the Trust and in the level of staff awareness. Board members reiterated their commitment to supporting the service improve further; this led to discussion about extending its 'reach' into the organisation and the communications that would be required to do this. It was agreed that an increasing number of cases handled was a positive indicator of staff confidence in the service, and that it was important to triangulate the themes from the service with other information sources such as the NHS Staff Survey to identify the key issues for resolution.

7. Sustainability and Green Plan Update

7.1. The Board was informed that a new Green Plan (2025–2028) was in development and would replace the Trust's current Sustainability Strategy. The Green Plan would focus on reducing emissions, improving the environment, and adapting to climate change, with an objective to achieve net zero by 2040. The Green Plan Delivery Board, chaired by the Trust's net zero lead, would oversee implementation, supported by a joint sustainability team working across the Trust and King's College Hospital. Key focus areas for 2025/26 included travel, estates, food, and air quality. A Clinical Lead would also be appointed to drive net zero transformation in clinical areas, targeting high-emission areas like emergency care and chronic disease management.

7.2. The Board welcomed news that the Trust had not sent any waste to landfill in 2024/25 and commended those involved for driving this achievement. There was agreement that the Green Plan would not be 'standalone' and would be the by-product of delivery of the Trust's wider ambitions, including around productivity, population health and the estates strategy. Board members noted that, whilst there had been good progress in reducing carbon emissions to date, this progress was not expected to be linear over the period to 2040 and would be accelerated by larger schemes such as the decarbonisation of the St Thomas' hospital site. The Trust was also increasingly incorporating a sustainability element into decision-making around procurement and capital schemes.

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 April. This included the newly-established Academic Committee in Common, which had met twice since the previous public Board meeting – on 22 May and 15 July – and which had quickly identified a number of priority areas to focus on.

9. Reports from Board committees for noting

9.1. The Board noted summary reports from meetings of its committees.

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 22 October 2025.

BOARD OF DIRECTORS

WEDNESDAY 22 OCTOBER 2025

Report title:	**Chief Executive's Report**
Executive sponsor:	**Amanda Pritchard, 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:	• This report provides 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 July 2025 Board meeting.
Paper previously presented at:	The content of this report has largely been discussed in other forums, including Board committees, but has been amalgamated for the first time in this report.
Recommendation(s):	The BOARD is asked to: 1. **Note** this paper.

1. Introduction

1.1. I am delighted and proud to have taken up my role as Chief Executive Officer at Guy's and St Thomas' last month, returning to the frontline of the NHS at a Trust that is very special to me. I want to thank the Board and all staff for the warm welcome I have received; it has been a pleasure to meet so many new colleagues while also reconnecting with lots of familiar faces. Much has changed since I was last leading the Trust in 2019 and I am excited to get to know the new organisation and work with colleagues both at the Trust and in the wider healthcare system to meet the challenges currently facing the NHS, capitalise on the unique opportunities we have to transform the way we work, and deliver the best possible care for our patients.

1.2. I would like to place on record my thanks to Professor Ian Abbs, my predecessor as Chief Executive, for his outstanding contribution to the Trust – stretching back to 1978 when he first joined as a medical student – and to the wider NHS. Ian was an astounding clinical leader and Chief Executive. His compassionate and inclusive leadership style combined with his relentless ambition for the Trust to be among the very best healthcare organisations both nationally and globally have left a strong legacy to build on.

1.3. I want to thank all of our staff who have been working hard to deliver high-quality care for our patients. Demand for our services has remained high through the summer and into autumn, and we are taking steps to ensure we are as well-prepared as possible to cope with the expected increases in demand over the winter period. In spending time in different parts of the organisation over the past few weeks, I have been particularly struck by how committed our staff are to the Trust's values and to demonstrating them on a daily basis.

2. Significant developments since the previous public Board meeting

2.1. In July the Board was advised that NHS England had provisionally placed the Trust in segment two of the new NHS Oversight Framework, which identifies areas of success and opportunities for improvement across healthcare providers. Following further analysis and benchmarking, NHS England confirmed the Trust's placement in segment one – the best rating on a scale of 1 to 4. The Trust ranked 15th out of 134 acute trusts in England for overall performance, reflecting significant improvements over the past 12 months and the dedication and hard work of our staff. Retaining this position will require us to build on our achievements and continue to improve performance, financial management, quality and staff experience. The segmentation is reviewed quarterly, and the Board will be kept informed of any future changes.

2.2. Following a competitive national application process Lambeth and Southwark have been selected as pilot sites for the National Neighbourhood Health Implementation Programme. Guy's and St Thomas' is working in partnership with primary care colleagues to act as the 'Integrator' for Lambeth and Southwark, leading the development of Integrated Neighbourhood Health Teams. The national programme is a flagship initiative from NHS England and the Department of Health and Social Care to support the development of neighbourhood-based health services, a

central component of the Government's 10-Year Health Plan for England published in July 2025. The south east London pilot, which includes Lambeth and Southwark, is one of five in London and 43 nationally. It will involve collaboration between Guy's and St Thomas', King's College Hospital, South London and Maudsley NHS Foundation Trusts, Lambeth and Southwark Councils, GPs, and the voluntary and community sector. Overseen by the NHS South East London Integrated Care Board, the programme aims to deliver more responsive, locally tailored care, particularly for residents facing the greatest health inequalities and barriers to good health

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

3.1. A comprehensive Integrated Performance Report is included in the Board papers for this meeting which sets out how we are performing against the plans we have agreed with NHS England. 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.

3.2. Activity: The Trust is working hard to safely treat as many patients as possible and is exceeding planned activity levels across a number of areas. The total waiting list at the end of August was around 112,400 which is already lower than the target of 114,730 by 31 March 2026. Despite this, challenges remain in treating those patients waiting longest for treatment.

3.3. Access to elective care: The number of patients waiting over 65 weeks has risen each month since April and was at 287 at the end of August, whilst the number of patients waiting over 52 weeks has remained around 2,500 since April. Whilst these patients represent a very small proportion of our overall waiting list, we are working hard to treat them as quickly as possible and prevent others waiting this long. The Trust has plans to ensure all patients waiting over 65 weeks are treated by the end of November 2025. In August 2025, 64.8% of patients commenced routine elective treatment within 18 weeks, reflecting a sustained and steady improvement over the past 12 months. This performance level already exceeds the Trust's March 2026 planning target of 63.0%.

3.4. Diagnostics: After improvements earlier in the year, diagnostic waits rose in August, with 30.7% of patients waiting over six weeks, which was above the 16.4% trajectory agreed with NHS England. This was mainly due to a change in national guidance requiring inclusion of additional audiology patients who had previously been excluded from national submissions. Echocardiography, MRI and non-obstetric ultrasound also remain areas of risk. More positively, long waits over 13 weeks fell by 6,626 between July 2024 and June 2025, reaching a low of 1,559, though this rose to 3,264 in August following the reporting changes in audiology.

3.5. Cancer: Performance against the 28-Day Faster Diagnosis Standard (FDS) for patients with actual or suspected cancer reached 83.3% in August 2025; this continues the upward trajectory this year and has already met the year-end target of 80%. Meeting our trajectory for overall 62-day cancer performance remains challenging due particularly to the number of patients being referred for specialist treatment from other

hospitals. However, performance improved to above 60% for the first time in 2025/26, reaching 61.1% in August, and we are hopeful that the significant steps taken to address performance, including through the NHS England tiering programme, will have lasting benefits, though performance is like to drop in September.

3.6. Urgent and emergency care: The Trust has consistently demonstrated strong comparative performance against the four-hour urgent and emergency care standard in the last few years, and reached 80.02% in June 2025, its highest level since April 2022. Performance has dipped slightly since then and was just over 78% in July, August and September. Patients with mental health conditions attending our emergency department continue to represent a significant area of clinical risk. The Trust is continuing to work closely with South London and Maudsley NHS Foundation Trust to ensure these patients receive care as quickly as possible in the most appropriate settings.

3.7. Winter planning: Each year the Trust allocates funding to support winter schemes designed to mitigate the increased operational pressures typically experienced across the NHS during colder months. These schemes align with both local and national priorities for urgent and emergency care, helping to maintain high-quality patient services despite rising demand and acuity. Planning for winter 2025 began in the summer and includes a mix of longstanding schemes – now under review for efficiency and cost-effectiveness – and newer initiatives focused on strengthening community service resilience and avoiding unnecessary admissions. An Equality Impact Assessment has been undertaken to ensure these schemes do not inadvertently disadvantage individuals or groups with protected characteristics under the Equality Act 2010.

3.8. Industrial action: Between 25 and 30 July 2025, resident doctors undertook five days of industrial action under a British Medical Association mandate in response to a national pay dispute. The Trust experienced absence rates among eligible staff ranging from 10.6% to 29.6%, which were lower than anticipated. While services across hospital and community sites remained resilient, business continuity plans required the cancellation of a range of elective appointments to prioritise urgent care. This resulted in an estimated loss of approximately 10% of usual outpatient activity and 15% of inpatient activity, with a financial impact of £1.8 million based on average tariffs. The Trust continues to respect the right of staff to strike and remains hopeful that further negotiations will help avoid future disruption and minimise impact on patient care.

3.9. Quality of Care: The Trust remains committed to delivering safe, high-quality care to all of our patients. In Quarter 2 (July – September 2025), one new patient safety incident investigation (PSII) was initiated, relating to the Assisted Conception Unit at Evelina London Women's and Children's Hospital. One never event was reported in Quarter 2, following five in Quarter 1. The Quality and Performance Board Committee continues to seek assurance about the steps being taken to reduce and learn from never events, including analysis of trends over the past 24 months. No Maternity and Newborn Safety Investigations (MNSIs) were reported in Quarter 2, following one in Quarter 1. One Ionising Radiation (Medical Exposure) Regulations (IRMER) incident occurred, down from two in the previous quarter; all IRMER incidents were reported to the Care Quality Commission as required.

3.10. Mortality indicators remain stable. The Trust's Hospital Standardised Mortality Ratio (HSMR) is within the lower-than-expected range for April 2024 to March 2025. The Summary Hospital-level Mortality Indicator (SHMI) has stabilised and is within the expected range for March 2024 to February 2025, though it remains above the Shelford Group average. This trend is attributed to issues following the Epic go-live, with improvements in data quality expected to reduce SHMI in future reporting. The Trust continues to follow national guidance on mortality reviews, including the use of an independent Medical Examiner system and robust adult, maternity, and child death review processes. Learning is shared across clinical services, clinical groups more broadly, and via the Trust Mortality Surveillance Group.

3.11. Complaints Management: Responding to complaints within the Trust's policy timescales remains a challenge, though notable progress has been made. While formal complaints continue to rise year-on-year, early resolution efforts are helping to address concerns promptly. As of early October, the number of complaints overdue by more than 100 days has significantly reduced, reflecting the impact of targeted improvement actions. These include the recruitment of Senior Patient Resolution Officers, strengthened central team capacity, weekly backlog reviews, and enhanced escalation processes. Continued engagement with corporate functions and the trial of AI tools are also supporting more efficient complaint handling. The Trust remains committed to improving timeliness and quality of responses, with clinical care, communication, and staff behaviour remaining key themes.

3.12. Infection prevention and control: Infection prevention and control remains a priority. The ongoing outbreak of *Candidozyma auris* (formerly *Candida auris*) at St Thomas' Hospital has affected 222 patients since October 2023, with eight developing infections and recovering without any reported harm. Only one new acquisition was detected in September, indicating progress in reducing transmission, but constant vigilance is required. The *Methicillin-resistant Staphylococcus aureus* (MRSA) outbreak affecting 14 babies in Evelina's neonatal unit has persisted for nine months, with enhanced interventions planned for Quarter 3. The Trust is also managing an outbreak of *Vancomycin Resistant Enterococci* (VRE) at Harefield Hospital and responding to a UK Health Security Agency notification regarding surgical site infections in orthopaedics. Water hygiene remains a risk area, with improvement work ongoing.

3.13. Patient Experience: Overall patient experience remains positive. Friends and Family Test scores exceed 90% in most areas, with the Emergency Department rising to 87.0% in August and maternity services declining slightly to 87.8%, from a position of 90.9% at the start of Quarter 2. With the exception of patient transport services, response volumes for all areas declined slightly in August. The Care Quality Commission's annual NHS inpatient survey 2024 showed that Guy's and St Thomas' had the best overall score amongst similar trusts in London. Patients felt the Trust had improved its service across the board from the previous year, rating it particularly highly for kindness and compassion. Of the nine indicators measured in the survey, Guy's and St Thomas' has improved in all of them. Areas where the Trust was rated amongst the best in London include the service provided by our doctors and nursing staff; patient experience provided when being admitted and discharged from our hospitals; and the overall quality of our hospitals and wards. The Trust also performed strongly in the 2024 Children and Young People's Survey, and showed marked improvement in both the 2024 National Cancer Patient Experience Survey and the

2025 National Maternity Survey compared to previous years.

3.14. The Patient Advice and Liaison Service (PALS) remains busy, with key concerns including appointment scheduling, waiting times, and difficulties contacting the Trust. Clinical groups are implementing local initiatives to improve these areas, supported by the 'Contacting Us' Programme, which is helping teams update contact information, introduce patient-led booking, and enable patients to use a new 'fast pass' systems to access cancelled appointment slots.

4. Sustaining and improving the Trust's financial performance

4.1. The Trust continues to work hard to improve its financial position and take steps to deliver sustainable, high-quality, responsive care within available funding. In the six months to 30 September 2025 the Trust reported a year-to-date deficit of £24.0m, which is slightly ahead of the planned £24.8m deficit. Key drivers continue to include under-delivery of cost improvement programmes (CIPs), lower than anticipated private patient income, and overspending on drugs and clinical supplies. The cash balance has been impacted as a result, and was £112m at month six, which is £79m lower than at the start of the year. Capital expenditure to date was £28.1m, which is £29.4m lower than the phased plan including additional public divided capital (PDC) awards and donations. The Trust is taking steps to meet its full capital allocation for the year.

4.2. We have identified around 82% of our full-year cost improvement savings target of £102.1m, with delivery of these identified schemes £2.9m behind plan. Full delivery of this target is essential to achieving a sustainable financial position going forward. The Trust has taken decisive steps to implement a series of corporate measures to control our costs, including enhanced restrictions on external recruitment; measures to reduce what we spend on temporary staffing; and additional controls on the procurement of goods and services. In addition, work proceeds at pace on the Trust's Productivity Programme as a key enabler for recurrent savings, both in 2025/26 and beyond. The Programme, led by the Acting Deputy Chief Executive, has now moved from mobilisation to delivery. Five priority workstreams – patient flow, surgical productivity, ambulatory care, clinical and corporate administration, and private patients – each have an executive lead, programme director, and clinical lead, with progress tracked via key performance indicators. These are supported by four enabling workstreams: data and analytics; digital, technology and innovation; workforce; and estates. The Programme aims to deliver financial, operational, and clinical benefits by reducing resource use while maintaining or improving service quality and patient safety.

5. Supporting our workforce

5.1. Celebrating equality, diversity and inclusion (EDI): Our current NHS workforce is more diverse than at any point in its history, which is a great strength and source of pride and we take pride in the wide range of events we hold to celebrate equality, diversity and inclusion at the Trust. During October 2025 we are celebrating Black History Month; the theme this year is 'Standing Firm in Power and Pride' to reflect the resilience

and strength that defines the Black community across the globe. Events are being held to explore ways in which we can ensure that Black voices are heard, respected and remembered. This is a timely reminder that, whilst the Trust has taken significant steps in recent years to express its commitment to being an anti-racism organisation, there is still work to be done to improve the experiences of Black and other global majority colleagues at the Trust. Key ongoing areas of focus to do this include deepening understanding of anti-racism, and embedding inclusive leadership practices.

5.2. Over recent months the Trust has held events to recognise and celebrate several important religious and cultural events during recent months including Rosh Hashanah, Diwali, Onam and South Asian Heritage Month.

5.3. NHS Staff Survey: The NHS Staff Survey 2025 opened in late September and will close on 28 November. The Trust performed strongly in the 2024 survey, achieving a response rate of 57% which was significantly above the national average of 49% and marked a notable improvement on the Trust's 2023 response rate. We have a comprehensive range of initiatives, including launch events and roadshows, to encourage all staff to complete this year's survey and provide honest feedback on what the Trust is doing well and where further improvements are needed. Staff input is essential to shape a positive working environment and drive continuous improvement. As a result of previous feedback, the Trust continues to deliver a multi-year action plan focused on investing in leadership; diversifying and being representative of the communities we serve; promoting and developing healthy workplaces; leading in healthcare, education, learning and development; and embracing and enabling flexibility.

5.4. General Medical Council (GMC) National Training Survey 2025: The Trust had a strong response rate to the 2025 GMC National Training Survey which, at 78%, exceeded both national and Shelford Group averages. The Trust maintained high levels of trainee satisfaction and reduced serious concerns, with no new urgent reviews or external visits. However, an increase in red flags and a decline in green flags, which signalled fewer areas of excellence and the need to refocus on sustaining quality. The Survey also highlighted ongoing challenges in balancing service delivery with protected education time, funding, and access to training space, as well as the need to address high levels of burnout and sickness among resident doctors. The People, Culture and Education Committee is exploring these outcomes in more detail.

6. Transformation

6.1. Work is continuing at pace with the Trust's major capital programmes. These include the relocation of the Principal Treatment Centre for very specialist children's cancer services serving south London and south east England, which is planned to move from south-west London to the Evelina London Children's Hospital, on the St Thomas' Hospital site, and also the establishment of the Guy's Surgical Centre to increase capacity for elective (planned) care at Guy's Hospital.

6.2. October 2025 marks two years since the Trust's joint go-live with Epic, our electronic health record system, in partnership with King's College Hospital NHS Foundation Trust and Synnovis. The new system has already had a transformative impact on how we work by enhancing patient care and strengthening collaboration across organisations. Over 750,000 patients have registered with MyChart, Epic's secure patient portal, providing easy access to health information, including test results and appointment details. To date, more than 5.3 million test results have been delivered via MyChart, and patients registered with the portal are half as likely to miss appointments compared to the Trust average, helping reduce unused clinic slots. These are just two examples of how Epic is supporting more responsive, efficient, and patient-centred care. The Trust continues to monitor the financial benefits of the system to ensure it delivers the savings anticipated in the original business case.

6.3. On 25 September, to mark the two-year anniversary of the Epic go-live, an Epic Showcase brought together 250 senior leaders across the Trust, King's College Hospital NHS Foundation Trust and Synnovis to highlight collaborative achievements, clinical system developments, and upcoming innovative features from Epic. Breakout sessions led by end users from both trusts allowed collective reflection on topics such as clinical decision support and improving patient flow, emphasising the importance of involving clinical colleagues in system development to improve knowledge and skills with a strong focus on making care delivery easier. Discussions included further opportunities to engage patients more effectively, redesign of care pathways for greater flexibility, and moving care closer to home in line with the 10-year NHS plan, utilising Epic functionality to enhance patient experience.

6.4. Work is progressing on the refresh of the Trust's estates strategy, which will support the objective to reduce the overall estates footprint and associated costs by 10%. The updated strategy will reflect the evolving financial landscape across the NHS and align with ours and Government ambitions to shift more patient care into community settings. It will also set out a long-term vision for estate development, including detailed interventions over the next five years to support delivery of the Trust's strategic priorities to 2030.

7. Other news

7.1. In late July, the Trust was pleased to open the new Harold Moody Health Centre on the Aylesbury Estate in Southwark. The centre brings together two GP practices and a range of community health services – including speech and language therapy, health visiting, school nursing, breastfeeding support, and midwifery – delivered by Guy's and St Thomas'. Developed in partnership with the GP practices, NHS South East London, NHS Property Services, and Southwark Council, the centre reflects our strong commitment to collaborative working and neighbourhood-based care.

7.2. The Trust is proud to continue to celebrate the outstanding commitment of long-serving staff through regular 'long service' award ceremonies. Two recent events in July and September honoured 28 and 29 staff members respectively, collectively representing over 1,400 years of

service. I was pleased to attend the September ceremony and was struck by the dedication of both clinical and non-clinical colleagues who received awards – I offer my congratulations to them all. My thanks go to Guy's and St Thomas' Charity for funding these awards, and I look forward to future celebrations.

7.3. Last month, I joined patients and staff for the annual charity abseil down the front of St Thomas' Hospital, raising funds for three of the charities which support Guy's and St Thomas' NHS Foundation Trust to deliver care for patients above and beyond what the NHS can provide. This year marked the tenth anniversary of the event, which has seen nearly 3,000 participants raise over £1.5 million to date. I would like to thank the organisers and all those who took part or donated for their enthusiasm and generosity.

8. Consultant Appointments from 1 July 2025 – 30 September 2025

8.1. The Board is asked to note the following consultant appointments made since the last report:

Directorate	Appointee	Post Type	Start date
Paediatric Theatres & Anaesthetics	Shyamala Moganasundram	Consultant	01/07/2025
Paediatric Palliative Care	Emma Purdie	Locum Consultant	07/07/2025
Paediatric Theatres & Anaesthetics	Francesca Saddington	Locum Consultant	08/07/2025
Gynaecology	Matthew Brown	Locum Consultant	26/08/2025
Acute and General Medicine	Nan Ma	Locum Consultant	04/08/2025
Restorative Dental Services	Ashok Vijayakumar	Consultant	25/08/2025
Community Paediatrics	Sanchita Pal	Consultant	01/09/2025
Ophthalmology	Sunjay Parmar	Locum Consultant	08/09/2025
Critical Care	Julian Muller	Locum Consultant	01/09/2025

BOARD OF DIRECTORS

WEDNESDAY 22 OCTOBER 2025

Report title:	**SC1 London Health and Life Sciences Innovation District: Progress and Opportunities**
Executive sponsor:	**Prof Graham Lord, Chief Academic Officer, Senior Vice-President (Health & Life Sciences) at King's College London, Executive Director at King's Health Partners, and Chief Academic Officer and Board Member of Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts**
Paper author:	**Christie Norris, Head of Strategy and Partnership Development (Health and Life Sciences)**
Purpose of paper:	For awareness/noting only
Main strategic priority:	Innovating for a better future
Primary BAF risk:	Risk 12: Research and academic ambitions
Key points of paper:	• SC1 London Health and Life Sciences Innovation District has undergone significant developments this year, including a renewed interim Board and newly appointed SC1 London Team • Guy's and St Thomas' NHS Foundation Trust, as a founding partner of SC1 London, will play a critical role in the London Growth Plan, UK's Industrial Strategy and local Council Growth Plans • London Life Sciences Week (LLSW) presents the Trust, through SC1 London-hosted events, with high profile opportunities to connect with partners and key industry, investor and political stakeholders
Paper previously presented at:	N/A
Recommendation(s):	The BOARD is asked to: 1. **Support** renewed commitment to SC1 London Health and Life Sciences Innovation District as a founding partner 2. **Note** an invitation to attend and put forward attendees for SC1 London's reactivation event 'SC1 Spotlight: The Future of Health and Life Sciences' on Thursday 20 November, as part of London Life Sciences Week

1. Introduction

1.1. SC1 London is a health and life sciences innovation district in south central London, bringing together seven partners of which Guy's and St Thomas' NHS Foundation Trust (GSTT) is one: Lambeth Council, Southwark Council, Guy's & St Thomas' Foundation, and the four founding partners of King's Health Partners (KHP) – Guy's & St Thomas', King's College Hospital, and South London and Maudsley NHS Foundation Trusts, and King's College London. Together, they form an ecosystem of partners, places and talent across three thriving innovation clusters (Waterloo, London Bridge and Denmark Hill).

2. Background

Critical role of SC1 London

2.1. SC1 London's primary strategic objective is to promote and advocate for its partners' collective strengths and further the unique opportunities that exist across the district in innovation, places, talent, enterprise, communities and networks. SC1 London will play a critical role in delivering the ambitions of the UK Government's 10-Year Health Plan, which places great focus on innovation and driving economic growth, in addition to activation of the London Growth Plan and the UK's Modern Industrial Strategy (both of which prioritise growth opportunities in health and life sciences).

Update on SC1 London developments

2.2. This year, SC1 London partners reviewed and renewed their commitment to a shared SC1 London agenda and opportunities to work together. SC1 London currently operates by drawing down on previous contributions made from founding partner organisations. Specific developments include:

2.2.1. **Development of renewed interim partnership board** now jointly chaired by Cllr. Claire Holland (Leader of Lambeth Council and Chair of London Councils) and Professor Graham Lord (Executive Director of King's Health Partners). As Co-Chair, Graham Lord represents KHP (i.e. GSTT) partners and is held accountable through the KHP Board.
2.2.2. **Appointment of a new team** (Helen Santer, Interim Head of Partnership; helen.santer@kcl.ac.uk, Christie Norris, Head of Strategy and Partnership Development (Health and Life Sciences); christie.norris@kcl.ac.uk, Louis Vine, Head of Communications and Engagement); louis.vine@kcl.ac.uk to help drive forward our ambitions
2.2.3. **Actively deepened engagement** with a broad spectrum of stakeholders, spanning national and regional government, academia and industry, to advance our position as a leading innovation district

2.2.4. **Guy's & St Thomas' Foundation submitted the planning application for the new £350m Snowsfields Quarter** development in the BioTech London Bridge hub, with a planning meeting expected with Southwark Council in October

2.2.5. **Lambeth Council granted planning permission for the Royal Street development scheme** near the St Thomas' hospital Medtech hub near Waterloo, and Guy's & St Thomas Foundation are advancing towards implementation of the scheme

2.2.6. **Committed funding to advance innovative local community projects** in health and life sciences through SC1 London Skills & Employment Plan, such as career mapping, schools outreach and engagement, and employer led development of skills support, through a post working across Southwark and Lambeth Councils

2.2.7. **Strengthened relationships with partners**: For example, support for the development and launch of the Lambeth Growth Plan, and promoting joint projects such as the My Life SC1ence campaign to promote life science careers to young people

2.2.8. **Support of the** London Growth Plan: SC1 London is positioned as a key driver of inclusive innovation and economic growth and was mentioned in Mayor Sadiq Khan's launch speech of the London Growth Plan: "From Euston to White City to SC1 on the South Bank, London's innovation clusters are driving frontier growth in life sciences, med tech and AI - creating jobs, tackling health inequalities, and putting our city at the forefront of global health innovation"

2.2.9. **Support of the** Modern Industrial Strategy: SC1 London's ambitions are reflected in the UK's Modern Industrial Strategy, identifying life sciences as one of eight high-growth sectors and highlighting London's clusters as central to national productivity and innovation.

3. Proposals

3.1. To maximise the impact of SC1 London for Guy's and St Thomas' NHS Foundation Trust, the following SC1 London-led initiatives are proposed:

3.1.1. **Leverage London Life Sciences Week (LLSW)** as a flagship platform to showcase GSTT's research excellence, clinical innovation, and emerging talent. SC1 London will be hosting two in-person events during the week, offering the Trust high profile opportunities for visibility and engagement. Event details:

3.1.2. **SC1 Pathfinders: The Next Generation of Life Sciences'** on Tuesday 18 November. This event aims to engage young people in our communities with health and life sciences, as they put questions to a panel of innovators and leaders in health and life sciences

3.1.3. **'SC1 Spotlight: The Future of Health and Life Sciences'** on Thursday 20 November. Consisting of a keynote and panels with senior leaders, this reactivation event will offer SC1 London partners an opportunity to engage with existing and prospective partners across

industry, investment and government

3.1.4. **Strengthen investor and industry engagement** through GSTT and SC1 London colleagues working together to promote GSTT-led innovations and partnership opportunities, including through SC1 London and LLSW events. Forums will include SC1 London representation at the GSTT/KCL/GST Foundation Estate Planning Strategy Group Meetings

3.1.5. **Position GSTT and fellow founding partners as a policy influencer** by deepening collaboration with central government, local councils, and regional authorities to shape inclusive innovation and health equity agendas

3.1.6. **Accelerate innovation adoption** by connecting GSTT researchers with SC1 London's infrastructure and emerging commercial opportunities

3.1.7. **Create structured pathways for student engagement** in SC1 London innovation projects, internships and translational research, aligned with GSTT's academic and clinical strengths.

4. Recommendations

4.1. The Board is asked to:

- **Support** the renewed commitment to SC1 London, with Guy's and St Thomas' NHS Foundation Trust as a founding partner
- **Note** the invitation to attend and put forward select attendees for SC1 London's reactivation event 'SC1 Spotlight: The Future of Health and Life Sciences' on Thursday 20 November.

BOARD OF DIRECTORS

WEDNESDAY 22 OCTOBER 2025

Report title:	**Infection Prevention and Control Annual Report 2024/25**
Executive sponsor:	**Prof Avey Bhatia, Chief Nurse**
Paper author:	**Dr Jon Otter & Dr Nick Price, Joint Directors of Infection Prevention and Control**
Purpose of paper:	To seek approval
Main strategic priority:	All strategic priorities
Primary BAF risk:	Risk 2: Quality of care and patient experience
Key points of paper:	• This is the mandatory IPC report for 2024/25, which will be made available to the public once agreed. • The report provides an overview of activity across the IPC report for the 2024/25 financial year. • Key risks include lack of assurance around water hygiene, the emergence and spread of *Candidozyma auris*, and challenges with implementation and functionality of Bugsy, the IPC module in Epic.
Paper previously presented at:	Trust Infection Control and Assurance Committee (TICAC).
Recommendation(s):	The BOARD is asked to **note** and **approve** the report.

1. Introduction & Background

1.1. During 2024/25 Guy's and St Thomas' NHS Foundation Trust (GSTT) sustained a data led infection prevention and control (IPC) programme across its five hospitals and community services. Led by two Joint Directors of Infection Prevention and Control and supported by strong governance, the team focused on reducing healthcare associated infections (HCAIs), delivering antimicrobial stewardship, modernising digital surveillance, and aiming to embed an organisation wide culture of continuous improvement.

1.2. HCAI performance compared well with peer Trusts, though some national thresholds were exceeded. The Trust recorded 66 healthcare associated Clostridioides difficile infection cases (threshold 60) and 135 healthcare-associated Escherichia coli bloodstream infections (threshold 130). The rate of C. difficile infection remains the lowest in the Shelford Group of hospitals. Healthcare-associated Pseudomonas aeruginosa bloodstream infections fell 33% to 37, and healthcare-associated methicillin resistant Staphylococcus aureus (MRSA) bloodstream infections dropped to six, down from nine in 2023/24, and lower rates than peer Trusts.

1.3. The Surveillance and Innovation Unit (SIU) created live dashboards, undertook epidemiological analysis to support the service, and lay foundations for AI enabled analytics. These tools provided insight and supported decision-making during Candidozyma auris and other outbreaks.

1.4. Surgical Site Infection (SSI) surveillance broadened. Rolling rates remained above national benchmarks in adult orthopaedic, cardiac and some vascular and gastrointestinal specialties, but stayed low or fell in paediatric cardiac, paediatric spinal and women's gynaecology. The award nominated SSI team extended its Central Digital Wound Hub to seven new specialties and won a £10 m NIHR grant for the 26,000 patient ROSSINI Platform Study.

1.5. Despite Epic related data gaps, the antimicrobial stewardship programme met 2024/25 reduction targets: broad spectrum agent use fell, and observational audits of practice identified generally good guideline adherence. Labour intensive point prevalence surveys produced granular consumption data to guide interventions.

1.6. The Vascular Access Service logged 9,021 encounters—a three fold rise. Weekend cover and an Evelina London expansion were delivered. Audits showed high procedural compliance but documentation gaps that will be tackled by the "Every Device Journey Matters" improvement campaign.

1.7. Environmental work advanced, with theatre ventilation refurbishments nearing completion and sterile services plant replacement on track. The water safety risk escalated after a further healthcare associated Legionella case. Essentia have put in place steps to improve the operational management of water hygiene in the Trust.

1.8. Several outbreaks were managed, including an outbreak of C. auris mainly affecting the East Wing of St Thomas' and involving 176 patients, an outbreak of VRE at Harefield affecting 51 patients, 18 COVID 19 clusters, and activation of the High Consequence Infectious Diseases unit for Mpox.

1.9. Education, training, and audit underpins our service: 96 % of all staff completed and 80% of clinical staff completed IPC training. Hand hygiene audits are undertaken across the Trust, supported by the IPC team and a network of link practitioners.

1.10. The team published peer reviewed research on environmental microbiology, digital SSI surveillance and antimicrobial resistance, reinforcing the Trust's role as an Academic Health Science Centre.

1.11. For 2025/26 the IPC team will stabilise Epic reporting, extend antimicrobial analytics, launch vascular and urinary catheter care improvements, aim to control persistent outbreaks, and deliver national SSI research - ensuring GSTT remains a leader in safe, sustainable and innovative infection prevention and control.

2. Recommendations

2.1. The Board is asked to note and approve the report.

Guy's and St Thomas'
NHS Foundation Trust

Infection Prevention and Control Annual Report

2024/25

1 Foreword

The 2024/25 year has been one of both challenge and progress for the NHS, and for infection prevention and control (IPC) at Guy's and St Thomas' NHS Foundation Trust. Across the health and care system, we continue to operate under significant financial and operational pressures. Rising demand, workforce constraints, and the ongoing recovery from the COVID-19 pandemic have tested our resilience. Yet, in the face of these challenges, our IPC team has remained committed to its mission: to protect patients, staff, and the wider community from preventable harm from infection.

This report outlines the breadth and depth of our work over the past year. It reflects a data-led, evidence-based approach to infection prevention, underpinned by strong governance and a culture of continuous improvement. From reducing healthcare-associated infections and managing complex outbreaks, to advancing antimicrobial stewardship and leading national research, the team has delivered with professionalism, innovation, and compassion.

The threat of antimicrobial resistance (AMR) continues to grow, both nationally and globally. AMR undermines our ability to treat common infections and perform routine procedures safely. Prevention is our most powerful tool in this fight. Every avoided infection is a small victory, reducing the demand for antibiotics, a hospital bed not occupied, and a patient's life not disrupted. Our antimicrobial stewardship programme, despite data challenges, has met its reduction targets and continues to evolve in response to emerging risks. The work of our Surveillance and Innovation Unit, including the development of AI-enabled analytics, positions us at the forefront of digital infection control.

We are particularly proud of the achievements of our Surgical Site Infection team, whose innovations in remote wound monitoring and national research leadership are shaping the future of post-operative care. Likewise, our response to emerging threats and outbreaks – especially an outbreak of *Candidozyma auris* – has demonstrated the value of preparedness, collaboration, and rapid action.

None of this would be possible without the dedication of our IPC team. Their expertise, adaptability, and commitment to excellence are the foundation of our success. We also extend our sincere thanks to colleagues across the Trust – clinical and non-clinical – who uphold infection prevention and control in their daily practice. It is a shared responsibility, and one that is vital to the safety and sustainability of our services.

As we look ahead to 2025/26, we remain focused on stabilising our digital systems, expanding our analytics capabilities, and delivering national applied research that will inform best practice across the NHS. In doing so, we reaffirm our commitment delivering our Trust strategy: better, faster, fairer healthcare for all.

Professor Avey Bhatia, Chief Nurse and Vice President for the Florence Nightingale Foundation
Dr Jon Otter and Dr Nick Price, Joint Directors of Infection Prevention and Control

Contents

2 Glossary

A&E	Accident & Emergency
AI	Artificial Intelligence
AMS	Antimicrobial Stewardship
BAF	Board Assurance Framework
BSIs	Bloodstream infections
CABG	Coronary artery bypass graft
CATS	Cardio Adjustable Thoracic Support
CCQIP	Critical Care Quality Improvement Programme
CITI	Centre for Innovation Transformation and Improvement
CQUIN	Commissioning for Quality and Innovation
DoI	Directorate of Infection
HCAI	Healthcare Associated Infection
HCAI DCS	Healthcare associated infections data capture system
HCID-A	High Consequence Infectious Disease – Airborne
HDU	High Dependency Unit
HEPA	High Efficiency Particulate Air
ICB	Integrated Care Board
IPC	Infection Prevention and Control
ICU	Intensive care unit
iGAS	invasive Group A Streptococcus
IPC	Infection Prevention and Control
LTV	Long Term Ventilation
MDR	Multidrug Resistant
MRSA	Methicillin-resistant *Staphylococcus aureus*
MSSA	Methicillin-susceptible *Staphylococcus aureus*
NIPCM	National Infection Prevention & Control Manual
PPE	Personal protective equipment
RMcH	Ronald MacDonald House
RSV	Respiratory Syncytial Virus
SEL	South East London
SI	Serious Incident
SIAP	Serious Incident Assurance Panel
SIU	Surveillance and Innovation Unit
SSI	Surgical site infection
UKHSA	UK Health Security Agency
UTI	Urinary tract infections
VAD	Vascular Access Device
VRE	Vancomycin-resistant enterococci

3 Executive summary

- During 2024/25 Guy's and St Thomas' NHS Foundation Trust sustained a data-led infection prevention and control (IPC) programme across its 5 hospitals and community services. Led by 2 Joint Directors of Infection Prevention and Control and supported by strong governance, the team focused on reducing healthcare-associated infections (HCAIs), delivering antimicrobial stewardship, modernising digital surveillance, and aiming to embed an organisation-wide culture of continuous improvement.
- HCAI performance compared well with peer trusts, though some national thresholds were exceeded. The Trust recorded 66 healthcare-associated *Clostridioides difficile* infection cases (threshold 60) and 135 healthcare-associated *Escherichia coli* bloodstream infections (threshold 130). The rate of *C. difficile* infection remains the lowest in the Shelford Group of hospitals. Healthcare-associated *Pseudomonas aeruginosa* bloodstream infections fell 33% to 37, and healthcare-associated methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections dropped to 6, down from 9 in 2023/24, and lower rates than peer trusts.
- The Surveillance and Innovation Unit (SIU) created live dashboards, undertook epidemiological analysis to support the service, and lay foundations for AI-enabled analytics. These tools provided insight and supported decision-making during *Candidozyma auris* and other outbreaks.
- Surgical Site Infection (SSI) surveillance broadened. Rolling rates remained above national benchmarks in adult orthopaedic, cardiac and some vascular and gastrointestinal specialties, but stayed low or fell in paediatric cardiac, paediatric spinal and women's gynaecology. The award-nominated SSI team extended its Central Digital Wound Hub to 7 new specialties.
- Despite data gaps related to Epic, our new electronic health record system, the antimicrobial stewardship programme met 2024/25 reduction targets: broad-spectrum agent use fell, and observational audits of practice identified generally good guideline adherence. Labour-intensive point-prevalence surveys produced granular consumption data to guide interventions.
- The Vascular Access Service logged 9,021 encounters – a 3-fold rise. Weekend cover and an Evelina London expansion were delivered. Audits showed high procedural compliance but documentation gaps that will be tackled by the "Every Device Journey Matters" improvement campaign.
- Environmental work advanced, with theatre ventilation refurbishments nearing completion and sterile services plant replacement on track. The water safety risk escalated after a further healthcare-associated Legionella case. Essentia have put in place steps to improve the operational management of water hygiene in the Trust.
- Several outbreaks were managed, including an outbreak of *C. auris* mainly affecting the East Wing of St Thomas' and involving 176 patients, an outbreak of VRE at Harefield affecting 51 patients, 18 COVID-19 clusters, and activation of the High Consequence Infectious Diseases unit for mpox.
- Education, training, and audit underpins our service: 96% of all staff completed and 80% of clinical staff completed IPC training. Hand-hygiene audits are undertaken across the Trust, supported by the IPC team and a network of link practitioners.
- The team published peer-reviewed research on environmental microbiology, digital SSI surveillance and antimicrobial resistance, reinforcing the Trust's role as an Academic Health Science Centre.
- For 2025/26 the IPC team will stabilise Epic reporting, extend antimicrobial analytics, launch vascular and urinary catheter-care improvements, aim to control persistent outbreaks, and deliver national SSI research - ensuring Guy's and St Thomas' remains a leader in safe, sustainable and innovative infection prevention and control.

4 About Guy's and St Thomas' NHS Foundation Trust

- From our 5 main hospitals, and in the community, we provide a full range of lifelong, general and specialist care, as well as clinical research, innovation, education and training.
- We are a diverse and welcoming organisation and are incredibly proud of our 23,700 staff and the dedication they show to our patients and each other.
- We aim to be outstanding in everything we do and to provide high quality and compassionate care and experience to all of our patients and families.
- As a leading centre of clinical research with a long history of innovation and medical firsts, we are able to provide the latest and most advanced treatments. We're ranked top in England for the number of trials open to patients and in the top 10 for the number of patients recruited to help us in our research.
- Together with our partners in King's Health Partners, we form one of the UK's 8 Academic Health Science Centres.
- Our world-famous teaching hospitals train the doctors, nurses and healthcare professionals of the future. GKT School of Medical Education is our medical school, run jointly with King's College London and King's College Hospital.
- We are guided by our values in everything we do and, as one of the largest employers in London, we reflect the diversity, opportunity and ambition of our communities and the people we serve.

5 Healthcare-associated infection (HCAI) surveillance

The Surveillance and Innovation Unit (SIU), established in 2022/23, continues to provide improved insight into the epidemiology of infections to inform IPC activity. Accessibility of information about mandatory reportable and other organism surveillance programmes continues to improve within and outside the IPC team.

6.1 Summary of mandatory organism surveillance

- *Minimising Clostridioides difficile and Gram-negative Bloodstream Infections* (NHS, 2024/25) sets out annual thresholds for healthcare-associated *C. difficile* infections and Gram-negative bloodstream infections (BSIs) attributable to *Escherichia coli*, *Klebsiella sp.*, and *Pseudomonas aeruginosa*.
- We ended 2024/25 exceeding the thresholds for all organisms except *Pseudomonas aeruginosa* BSIs (Figure 2).

5.1.1 *Clostridioides difficile* infection

- In 2024/25, there were 66 healthcare-associated *Clostridioides difficile* (*C. difficile* toxin-positive (reportable) cases), against the NHS threshold of 60.
- There has been a 6% increase in cases since 2023/24, and a 61% increase in cases over the last 5 financial years. When compared with the Shelford Group, as of March 2025, we had the lowest rates of *C. difficile* per 100,000 bed days and have maintained this position throughout 2024/25 (Figure 3).
- A post-infection review is undertaken for each *C. difficile* infection; one lapse in care due to antibiotic choices was identified and fed back to clinical teams during 2024/25; no lapses in care due to cross-transmission were identified.

5.1.2 MRSA bloodstream infections

- In 2024/25, there were 6 healthcare-associated MRSA BSIs; there is a zero tolerance for MRSA BSIs nationally.
- There has been a 33% decrease in cases since 2023/24 (6 vs 9).
- When compared with the Shelford Group, as of March 2025, we had the fifth highest rate of healthcare-associated MRSA BSIs per 100,000 bed days.
- A post-infection review is undertaken for each healthcare-associated MRSA BSI. Key messages from these reviews include: one case with a missed screening opportunity (which was not assessed to have contributed to the development of the BSI); one case was associated with a PICC line, although no specific issues with line care were identified; in 3 of the cases, there was a lack of

documentation around vascular access devices, but this was not assessed to have contributed directed to the development of the infections.

5.1.3 MSSA bloodstream infections

- In 2024/25, there were 55 healthcare-associated MSSA BSIs; no national threshold is provided.
- There has been a 28.6% decrease in cases since 2023/24, and a 15.4% decrease in cases over the last 5 financial years. When compared with the Shelford Group, as of March 2025, we had the third lowest rate of healthcare-associated MSSA bacteraemia per 100,000 bed days.
- Investigations of these cases have identified recurring themes related to peripheral line care practices and record keeping. Key messages to promote best practice have been shared with clinical leaders in the organisation and frontline clinical teams.

5.1.4 Gram-negative bloodstream infections

- Each Gram-negative BSI is clinically reviewed to identify sources, risk factors and determine which cases were potentially avoidable.

5.1.4.1 *Escherichia coli* bloodstream infections

- In 2024/25, there were 135 healthcare-associated *E. coli* BSIs, against the NHS threshold of 130.
- There has been a 23.3% decrease in cases since 2023/24, and a 2.3% increase in cases over the last five financial years (135 vs 132). When compared with the Shelford Group, as of March 2025, the Trust had the second lowest rate of healthcare-associated *E. coli* BSI per 100,000 bed days.

5.1.4.2 *Klebsiella sp.* bloodstream infections

- In 2024/25, there were 114 healthcare-associated *Klebsiella sp.* BSIs, against the NHS threshold of 97. There has been a 4.2% decrease in cases since 2023/24, and a 10.7% increase in cases over the last 5 financial years (114 vs 103). When compared with the Shelford Group, as of March 2025, we had the fifth lowest rate of *Klebsiella sp.* bacteraemia per 100,000 bed days.

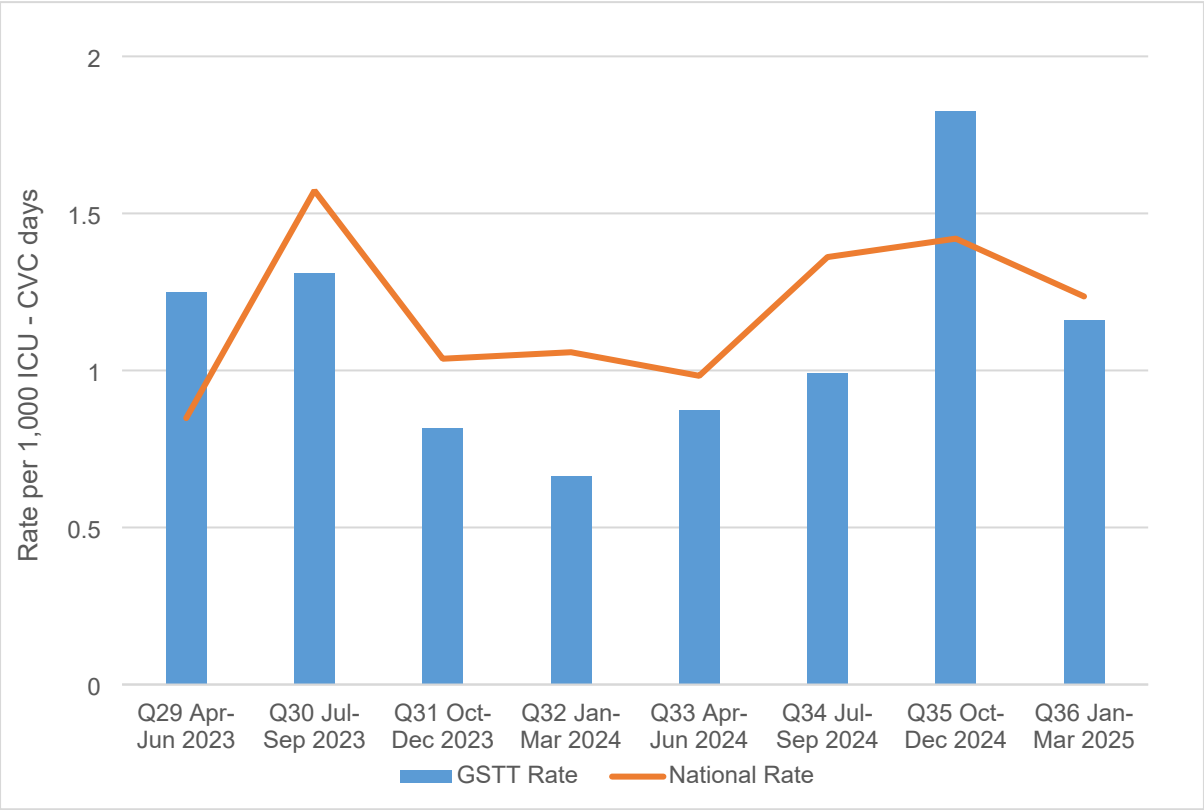
5.1.4.3 *Pseudomonas aeruginosa* bloodstream infections

- In 2024/25, there were 37 healthcare-associated *Pseudomonas aeruginosa* BSIs, against the NHS threshold of 51. There has been a 32.7% decrease in cases since 2023/24, and a 33.9% decrease in cases over the last financial years (37 vs 56). When compared with the Shelford Group, as of March 2025, we have the fourth lowest rate of *P. aeruginosa* bacteraemia per 100,000 bed days.

5.2 ICU-associated central venous catheter-associated bloodstream infections

The UKHSA Infection in Critical Care Quality Improvement Programme (ICCQIP) surveillance programme provides data on the rate of BSI and central-venous catheter-associated BSIs in participating adult ICUs. For 2024/25, we remained below the national rate in all but 2 of the reporting quarters, including the most recent (Figure 1).

Figure 1: ICU-associated central venous catheter (CVC)-associated BSI data from ICCQIP (April 2023 – March 2025, the latest available data).



5.3 Respiratory virus infections

The respiratory infections dashboard monitors Trust-wide trends in respiratory illnesses. Figure 4 displays rates of COVID-19, Influenza A, Respiratory Syncytial Virus (RSV), and parainfluenza between October 2024 and March 2025. COVID-19 cases initially increased before stabilising in December, with numbers remaining relatively steady through to March. RSV and Influenza A both exhibited a sharp rise from October, peaking between December and January before declining. In contrast, parainfluenza cases fluctuated throughout the period, showing intermittent peaks and troughs. The data reveals distinct seasonal patterns, with Influenza A and RSV demonstrating the most notable surges during the winter months.

5.4 Digital and epidemiological development in the Surveillance and Innovation Unit

- In line with the digital transformation goals of the wider NHS, the SIU has adopted using SharePoint sites, available to all members of the Directorate of Infection to host dashboards for data access, reports for collaborative editing, training and educational materials for continued development and applied research projects.
- Interactive dashboards have been created for Clinical Group stakeholders to provide an overview of IPC data and reports accurate to the previous reporting month. This includes dashboards presenting mandatory reported organisms at a Trust and Clinical Group level, dating back to 2017.
- A HCAI DCS case register has been established to improve the process efficiency and oversight of data that we report nationally – these data feed into reports and dashboards.
- Other registers are available for non-reportable organisms (non-toxin positive *C. difficile,* MRSA acquisitions, and respiratory cases in children, *Mycobacterium tuberculosis* complex, rotavirus and norovirus).
- The SIU is a centre of expertise to use applied epidemiology to support and extend clinical teams within the Directorate of Infection.
- The SIU has worked closely with the Epic teams to tailor the Bugsy (IPC) application within Epic for best IPC utilisation.

- The SIU led the data transformation from our legacy IPC system (ICNet) to Epic, ensuring the extraction of microbiologically relevant cases to Bugsy, ensuring patient reports are historically robust.
- The implementation of Epic unifies a variety of data sources, which the SIU plans to utilise with advanced data analytical tools to gain further epidemiological insight surrounding HCAI.

Figure 2: Trust-wide mandatory healthcare-associated HCAI surveillance case numbers over the last 5 financial years

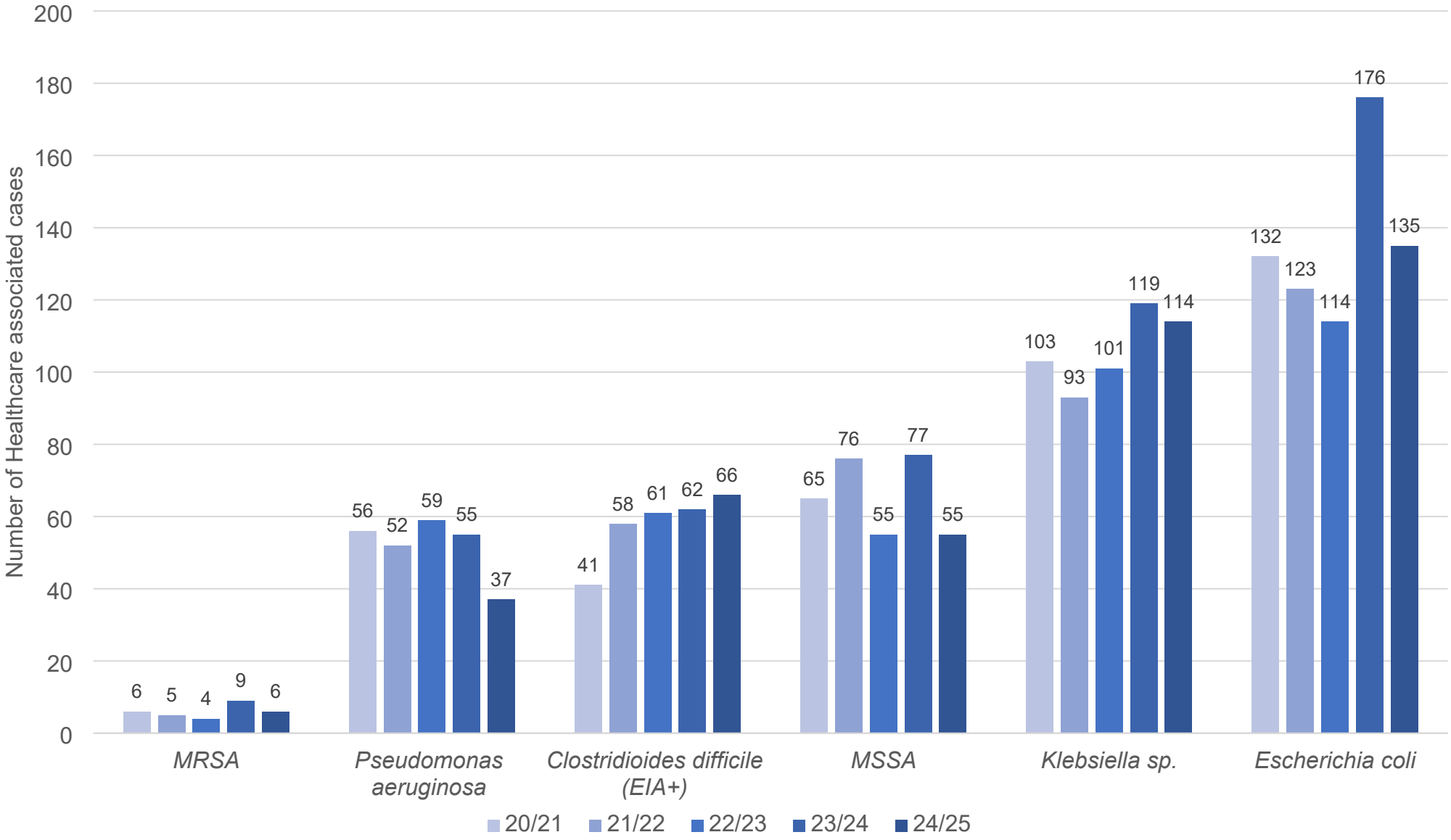


Figure 3: Healthcare-associated HCAI surveillance rates in the Shelford Group (April 2024–March 2025)

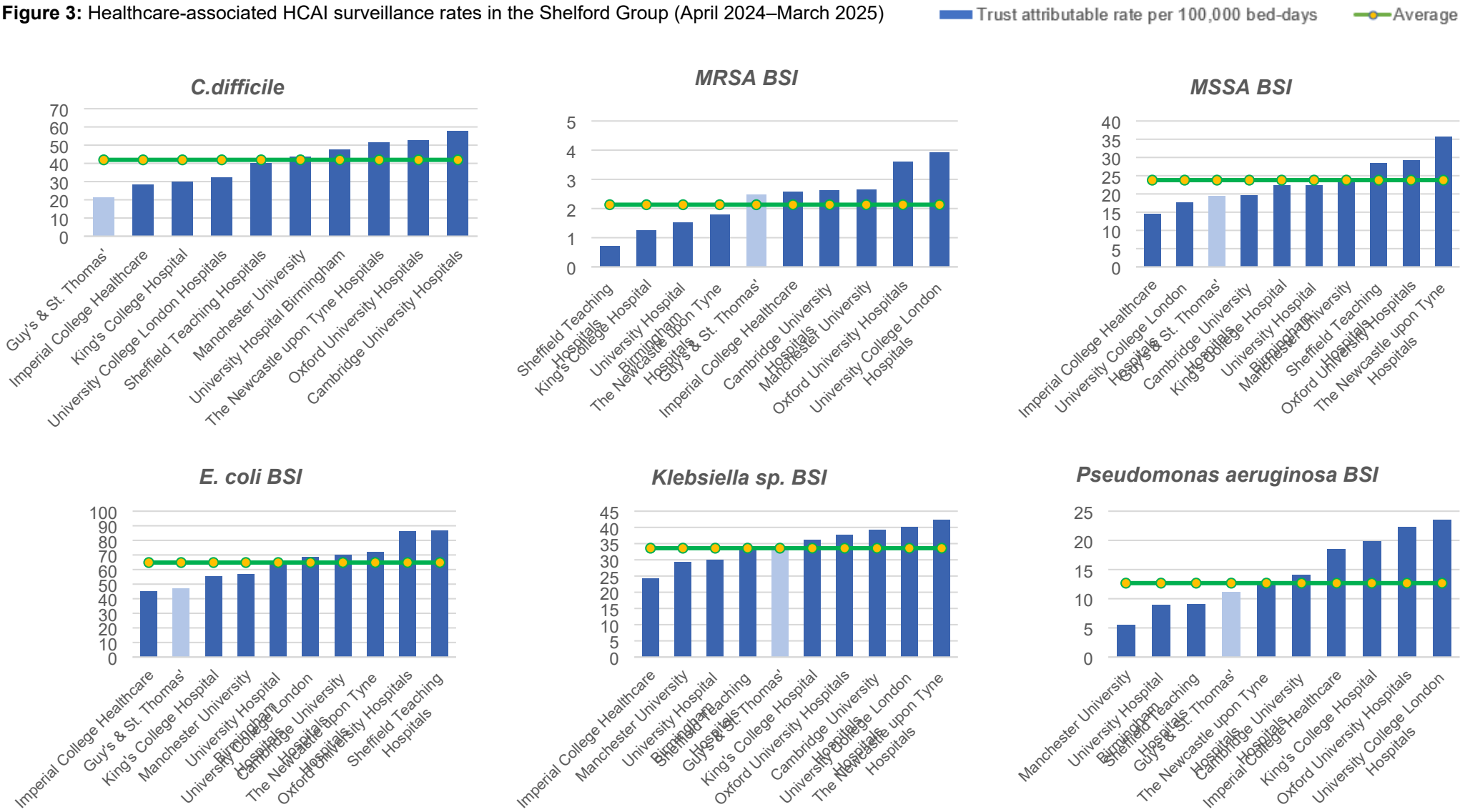
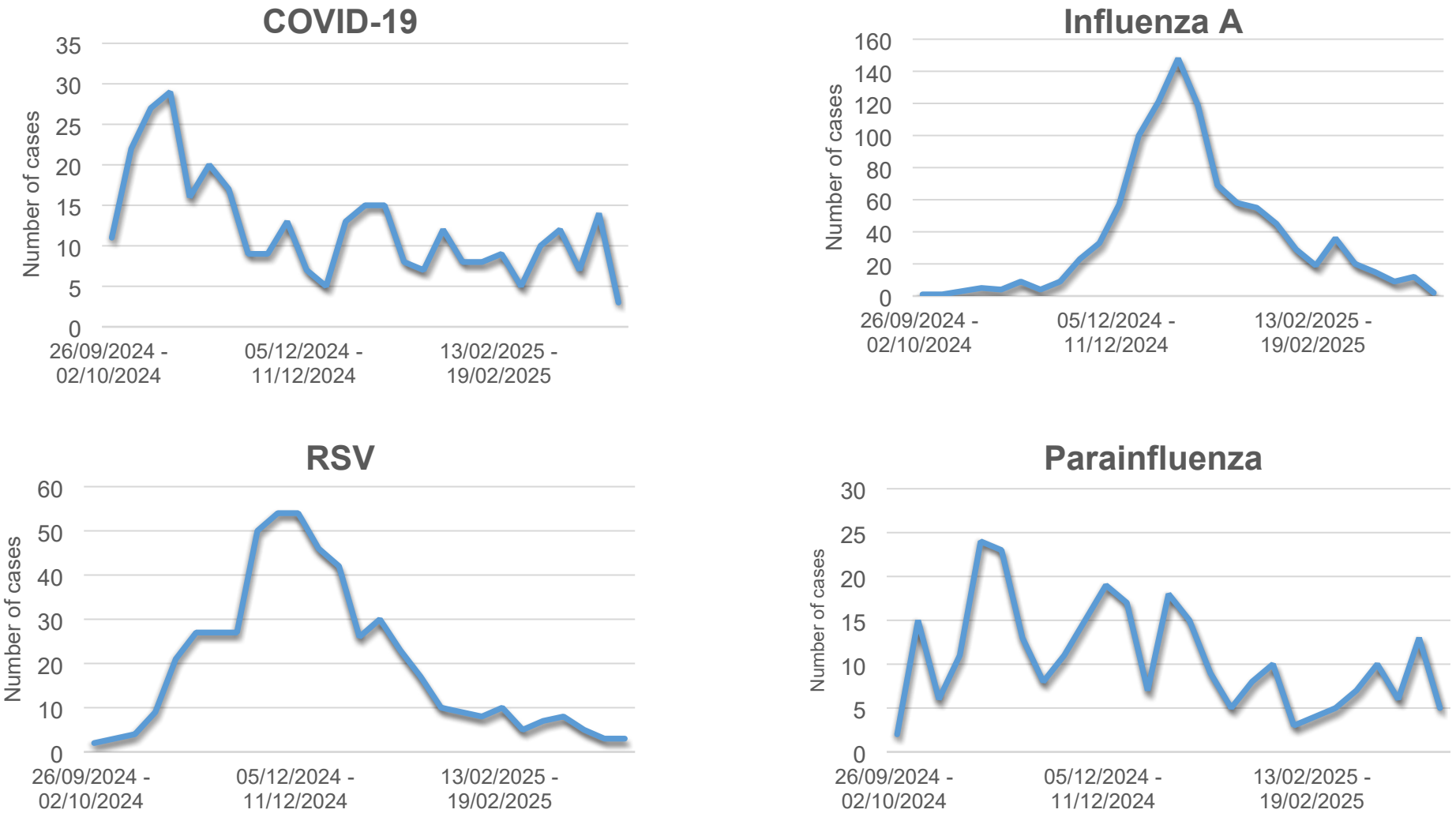


Figure 4: Respiratory virus trends (October 2024–March 2025)



5.5 Surgical site infection surveillance

5.5.1 Surgical site infection rates, impact, and prevention

- Rates of surgical site infection (SSI) are monitored by the SSI team in most surgical specialities across the Trust. The SSI team are delighted to be shortlisted for the Nursing Times 'Team of the Year' in the 2025 Awards. The 12-month rolling rate of SSI in the following specialities are identified as higher when compared with national data: Adult Orthopaedic (Hip and Knee), Adult Cardiac (CABG and Non-CABG at RBH), Adult Vascular, Gynaecology (oncology) and Adult Gastrointestinal (Large Bowel).
- Consistently low SSI rates were observed in the following specialties: paediatric cardiac, paediatric spinal, adult gastrointestinal (small bowel), and gynaecology (women's). Notably, the SSI rate for gynaecology (women's) decreased from 0.6% in the 2023/24 financial year to 0.0% in 2024/25. Paediatric cardiac also saw a reduction from 2.1% to 0.0%.

5.5.1.1 Impact

- Overall, SSIs across monitored specialisms contributed to an estimated 1,125 excess bed days and over 180 allocated theatre slots.
- Between May 2024 and April 2025, the most significant impact in terms of excess bed days and theatre slot utilisation was observed in cardiac specialisms – particularly Royal Brompton CABG (309 bed days, 73 theatre slots) and Royal Brompton Non-CABG (268 bed days, 40 slots). Gynaecology Oncology and Paediatric Orthopaedics also demonstrated notable excess bed days despite smaller SSI case volumes. Several specialisms, including Gynaecology (Women's), neck of femur repair, and Evelina Paediatric Cardiac, reported no SSIs or associated impact on bed days or theatre slots.
- Slow progress with Epic has disrupted our ability to report our SSI rates to UKHSA, limiting our contribution to the national SSI surveillance scheme. Despite ongoing development of the electronic reporting process in Epic, quarterly rate data for adult orthopaedic procedures (hip, knee, and repair of neck of femur) was submitted for the period January to March 2025. We plan to re-establish SSI reporting to UKHSI during 2025/26.

5.5.1.2 Prevention

- The systems established for automated monitoring of compliance with the SSI prevention measures outlined by NICE, which were in place at Royal Brompton and Harefield sites, have not been available since Epic was launched.
- Recommencing our national reporting of SSI rates to UKHSA, integrating Isla (remote patient monitoring software) into EPIC, and establishing automated monitoring of compliance with SSI prevention measures will be priorities for 2025/26.

5.5.2 Surgical site infection team innovation

5.5.2.1 Central Digital Wound Hub (CDWH)

- The Central Digital Wound Hub (CDWH) supports post-discharge remote wound monitoring to enable enhanced recovery pathways, facilitate day case surgery, reduce pressure on clinical services, improve surgical throughput, and help address the elective care backlog. The drive for day case surgery and Enhanced Recovery Programmes increases the need for safety netting, ensuring ongoing patient safety after initial care, particularly when patients are managing their own recovery at home. It acts as a "backup plan" to catch problems early and avoid harm.
- Over the past 2 years, with funding from Guy's & St Thomas' Charity and support from CITI's Remote Care Programme, the CDWH has been embedded into clinical and operational workflows. This has allowed us to extend access to all eligible patients and establish digital wound monitoring as a core element of the Trust's future care model. Within the 2024/25 financial year, post-discharge surveillance was expanded to include additional specialisms beyond CABG, non-CABG, and C-section procedures. These newly included areas are: thoracic surgery at Harefield, vascular surgery at St Thomas', upper gastrointestinal (GI) surgery at St Thomas', general surgery at St Thomas',

and breast surgery. The surveillance programme monitors patient-reported SSI, antibiotic usage, and patient-reported surgical wound dehiscence.
- This service includes a tech-enabled approach to self-management, including the targeted provision of 'SSI prevention kits' to patients with early signs of wound breakdown, to reduce SSI rates and antibiotic consumption. This novel approach will move SSI prevention from the clinical setting, to the community setting with patient involvement as central to prevention, leading the way for national and international studies on this under-researched area.

5.5.2.2 Revenue-generating innovations

- Products developed by the SSI team continue to sell well, including the CATS (Cardio Adjustable Thoracic Support) vest, BHIS™ (Brompton Hospital Infection Score) bra and Isla SSI module. The Trust receives a portion of royalties for these innovations, and the remainder go to the SSI innovation budget.
- CATS vest sales are significantly outperforming 2024 so far in 2025. Export sales (Kuwait, Ireland, Australia/New Zealand) have overtaken sales in the UK market. If current trends hold, 2025 could see a more than 4-fold increase in total sales. The patent is being prosecuted in Europe and the United States, 2of the most significant markets for the product.

5.5.3 SSI team research

- **ROSSINI Platform Study** (Status: commenced January 2025, NIHR HTA (National Institute for Health and Care Research Health Technology Assessment) funded, £10 million). The Central Digital Wound Hub will provide remote wound monitoring for the UK's largest ever surgical trial. We will support 26,000 participants across 100 hospitals over the next 5years. GSTT will be a vanguard site for participation in the obstetrics and cardiac pillars. Vascular (groin) and major lower limb amputation participation is to be confirmed. Breast participation is pending.
- **TREASURE Study** (Status: commenced April 2025, NIHR RfPB (National Institute for Health and Care Research for Patient Benefit) funded, £241,000). A feasibility study exploring the safety, acceptability, and practicality of patients swabbing their surgical wounds at home.
- **WISDOM** (Status: closing December 2025, NIHR i4i funded, £1 million). A study to develop and clinically evaluate AI to assist clinicians in reviewing and prioritising wound images.
- **WISDOM 1.1** (Status: starting September 2025, NIHR Connect funded, £150,000). A study aimed at refining the AI model for use on darker skin tones.
- **LIGHT Study** (Status: commenced June 2025, internally funded). The SSI team is currently collaborating with the Ear, Nose and Throat (ENT) team on a study involving nasal photodisinfection.

6 Antimicrobial stewardship programme

6.1 Challenges

- Epic – although we now have organisational-level data on antimicrobial consumption, due to interfacing with a third-party vendor, we continue to lack adequate reporting systems within or from Epic to be able to monitor antimicrobial consumption in organisational sub-units, such as Trust sites, clinical groups or directorates. This limited intelligence on our consumption patterns means that adverse trends or performance levels are extremely difficult to identify, and opportunities to drive improvement are missing. This is a particular concern for management of complex patients with resistant organisms and for monitoring of restricted agent use.
- External metrics – the Trust continues to face exceptionally challenging external antimicrobial consumption metrics, based on pre-pandemic and pre-merger performance.
- Staffing resource – the antimicrobial stewardship programme has lost further members of staff over the year, and due to the additional funding constraints around the South East London Vaccination & Intervention Service these staff have not been replaced. Increasing workload, especially at the Royal Brompton and Harefield sites, has put significant pressure on the antimicrobial stewardship team, amid drug resistant-organism outbreaks e.g., VRE.
- Antimicrobial shortages are not a new challenge but the extent and frequency is unprecedented.

6.2 Successes

- The organisation antibacterial consumption data showed that the Trust has reduced antibacterial consumption across all 3 major categorisations from 2023/24 to 2024/25 (Table 1)
- This dataset also shows that carbapenem usage across the Trust continues to fall, and has now reached the lowest levels since the pandemic (Figure 5).
- The team and service continue to support the implementation and optimisation of Epic ensuring safety and efficacy for optimal patient care. We continue to lead on improvements in Epic configuration for antimicrobial agents bringing about safer prescribing and usage, and have led on a switch from previously used AmBisome liposomal amphotericin to a significantly less expensive alternative product, with predicted full-year savings for £250,000. Our ongoing partnership working with colleagues at King's College Hospital continues to benefit both organisations, and we are now extending this partnership working to include other Epic-using sites around the UK, in order to learn and adopt best practice for patient benefit.
- The team and service continue to lead on and support antimicrobial stewardship initiatives across south east London, working closely with primary and secondary care partners to share best practice and harmonise guidance across the whole of south east London

6.3 Future plans

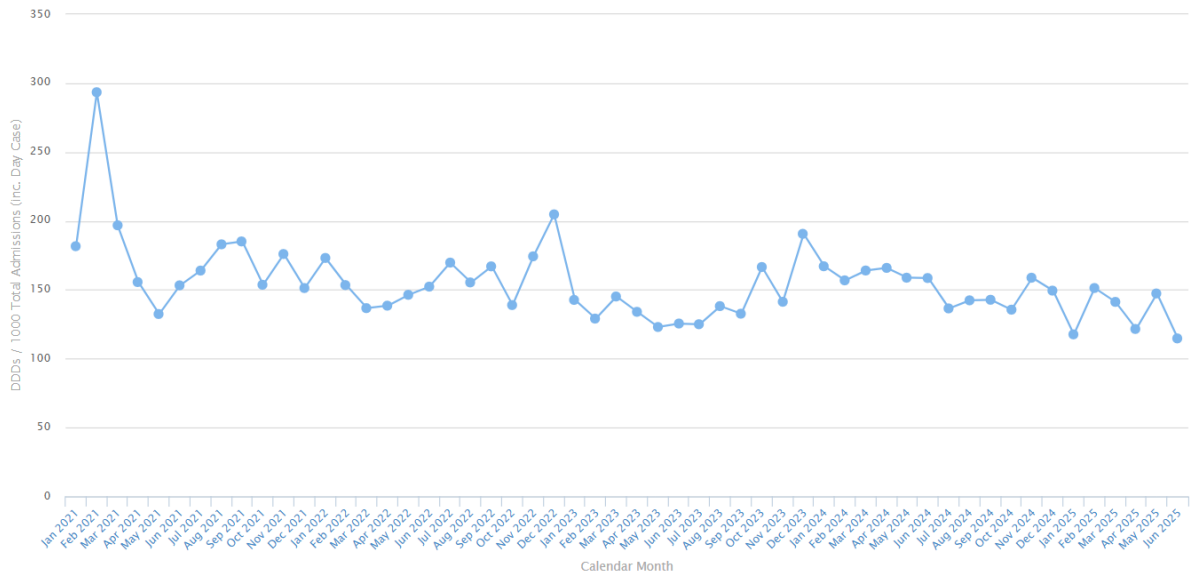
- We await the fuller detail on the new antimicrobial resistance national action plan targets and will incorporate these into our workplan once clarity is available.
- We continue to work with colleagues within the Benefits Realisation team, and Epic, on developing systems within Epic to generate usable and timely data on antimicrobial consumption.
- When such data becomes available we will develop a programme of work to interrogate the data, identify areas for improvement and generate joint plans with relevant clinical areas in order to optimise our usage of antimicrobials.
- Using this data we will be able to also further drive programmes of work around reducing consumption of broad-spectrum antibacterials, shortening duration of antimicrobial therapy and improving switch from IV to oral therapy.

Table 1 – Antibacterial Consumption Variance

Year	Total	Access	Watch	Reserve
2019 v 2024-25	14.4%	27.6%	1.9%	
22-23 v 23-24	4.0%	4.1%	5.5%	3.9%
23-24 v 24-25	1.2%	1.2%	0.5%	5.3%

Red = Increase in consumption; Green = Decrease in consumption

Figure 5. Antibacterial Defined Daily Doses per 1000 Admissions for January 2021 to June 2025: Carbapenems - taken from Rx-Info Define.



7 Vascular access team

- **Strategic expansion.** Planning is underway to extend the Vascular Access Service to the Royal Brompton and Harefield sites, aligning with our commitment to equitable access and service excellence across all Trust locations.
- **Workforce development.** Substantial progress has been achieved in enhancing team capability, with all members upskilled in advanced peripheral cannulation techniques.
- Investment in training and capacity has resulted in a significant increase in the number of clinicians proficient in midline and peripherally inserted central catheter (PICC) insertion.
  Quality assurance. Monthly point prevalence audits of intravascular access devices continue across Guy's, St Thomas', and Evelina London sites. A consistent theme includes the need to complete documentation related to vascular access devices.
- **Education and continuous improvement.** The 'Vascular Access Masterclass' study days have been increased to a bi-monthly schedule, fostering a continuous learning environment.
- Regular educational updates support the ongoing professional development of staff Trust-wide.
- **Service demand and activity.** Clinical acuity and service activity have *tripled* compared to the previous year, with a total of *9,021* clinical encounters recorded in 2024/25, demonstrating the team's agility and responsiveness to rising demand.
- In August 2024, the Evelina service expansion was launched, establishing a dedicated team and enhanced onsite presence, significantly improving accessibility of care.
- A weekend service was introduced in September 2024, further boosting service capacity and enabling team to meet increasing demand.
- **Patient Experience.** Patient satisfaction remains consistently high, as evidenced by ongoing survey feedback, affirming the team's patient-centred approach and clinical excellence.
- **Innovation and resources.** The launch of the dedicated Vascular Access Webpage marks a significant step in centralising education and training resources. This digital platform streamlines communication and promotes easy access to best-practice guidance.

8 Decontamination, water, ventilation, and environmental hygiene

8.1 Decontamination

- An issue with the pre-cleaning (before use) of non-channelled nasoendoscopes used by the Community Head and Neck Cancer Team was identified. This was caused by user error and updated training has been provided followed by an audit visit. This did not result in any patient harm.
- An investigation into a small cluster of 3 patients who had *Candida tropicalis* isolated from urine samples following cystoscopy/ureteroscopy was undertaken. No common links were identified and no evidence of any poor practice uncovered.
- Dental services have rationalised the use of barrier wrap in some situations/patient groups, with the support of the decontamination committee, which should result in cost savings as well as contributing to the Trust environmental sustainability goals.
- Both Sterile Services Departments are nearing the completion of a full refurbishment project which will see the replacement of machines and plant.
- The regular rolling programme of audits to areas where critical/semi-critical devices are decontaminated continues, with generally good compliance. Most deficiencies relate to poor environment / lack of storage.

8.2 Water

- The challenges around water safety across the majority of the estate continue. The water safety risk on the corporate risk register was raised to a rating of 16 in March 2025. This reflects the ongoing significant issues related to the poor estate and management of risks associated with water supply across the Trust.
- In October 2024 a patient contracted Legionnaires disease whilst under the Trust's care in North Wing at St Thomas'. This was classed as healthcare-associated as the onset of symptoms was around 20 days following admission. Sampling of the water from outlets on the 2 wards that the patient had contact with both identified Legionella. Temperature profiling of the hot water supply identified deficiencies with 18 of the 44 risers to the building, evidence of non-compliance with a large number of thermostatic mixing valves as well as evidence of insufficient and inconsistent

dosing with chlorine. This is the 6th case of healthcare-associated legionnaires disease in the past 5 years.

- The Trust is continuing to receive targeted support from South London Health Protection Team at UKHSA to monitor our improvement plan, with regular bi-monthly meetings with the Chief Nurse and Managing Director of Essentia. An improvement plan has been developed, however progress to date has been limited.
- An interim Director of Water Safety has been appointed (January 2025) to further develop and manage the improvement plan and a further 2 assurance and compliance appointments have been made.
- To mitigate the water safety risk, a large number of point of use filters are currently deployed, particularly in North Wing, Borough Wing and Nuffield House.
- There are ongoing issues with access to critical water safety data in properties owned/manged by Community Health Partners. This results from the complex relationships between the multiple partners involved. The Essentia Director of Operations and the Trust legal team are both involved.

8.3 Ventilation

- The refurbishment of theatres 3 and 4 at Guy's Hospital is nearing completion, with an anticipated handover in June 2025 at which point work will begin on theatres 1 and 2. Planning for the wider theatres, interventional radiology and catheter labs continue taking a phased approached over several years. In the interim there is ongoing risk of failure of the Air Handling Units that are well beyond their useful working life.

9 High consequence infectious diseases – airborne (HCID)

- We host one of the 7 specialist HCID-airborne centres in the UK.
- We have been involved in the ongoing response to the mpox challenges in the UK.
- We continue to provide ongoing training to ensure preparedness for HCID-A cases.
- Our HCID clinical lead sits on the steering committee for the UKHSA Avian Influenza research project.
- We continue to provide extensive technical support to new HCID-A units opening in both Oxford and Bristol, sharing practical resources, hosting visits, and visiting proposed facilities on sites.
- As a Trust we continue to support the HCID network centres and our HCID Clinical Nurse Specialist group share learned experiences and best practice.

10 Hand hygiene, PPE, audit

- Hand hygiene compliance is monitored through audits regularly undertaken in all clinical areas across the Trust.
- 'Action Compliance' is measured against the WHO 5 moments e.g., hand hygiene before and after patient contact, before sterile procedures, after body fluid exposure, and after contact with the patient environment, and 'Barrier Compliance' is any physical barrier to hand hygiene such as long sleeves, watches, and false nails.
- We now use 'Action Compliance' to measure overall compliance, because it gives a more accurate picture of hand hygiene compliance.
- Overall Action Compliance for hand hygiene was 80% (44,377 observations) and 96% (44,377) for Barrier Compliance.
- Audits undertaken by the IPC team showed 61% Action Compliance (12,900 observations) and 95% Barrier Compliance.
- Overall compliance score from PPE audits undertaken by both the IPC team and link practitioners was 91% (11,095 observations). The compliance rate for donning was 91%, while compliance rate for doffing was 92%.
- Currently, our 5 main hospital sites have different audit structures, so a Trust-wide combined audit programme is in development.
- There are multiple forms in testing now, including a new bespoke equipment cleaning audit and a combined PPE and isolation audit form that merges both existing forms enabling all sites to audit as one.

- We will be moving away from the previous environmental audit forms to area-specific Standard Infection Control Precautions (SICPs) forms. The new forms were developed following constructive feedback from the current form in use.

11 Clinical activity and Incidents

11.1 *Candidozyma auris*

- An outbreak of *C. auris* was first identified in 2023 and has continued throughout 2024/25, mainly affecting patients in the East Wing of St Thomas' in vascular, cardiovascular, and critical care units.
- A total of 176 patients were affected by the end of 2024/25. Most patients have been colonised without signs or symptoms of infection due to *C. auris*; there has been 2 cases of candidaemia and no attributable deaths. 159/176 (90.3%) of cases were first identified through screening swabs.
- A point prevalence screen undertaken during Q2 identified a 6% rate of unidentified colonisation in the East Wing wards. A further point prevalence screen undertaken during Q4 identified no unidentified *C. auris* colonisation outside of the East Wing.
- We have identified small transmission clusters at Guy's, Royal Brompton, in the North Wing of St Thomas', and in the Amputee Rehabilitation Unit.
- During Q1 2025/26, we plan to implement rapid molecular point of care testing for *C. auris* in the East Wing of St Thomas'.
- Our response to the ongoing outbreak has followed the approach outlined in UKHSA guidance for the prevention and control of *C. auris*.
- We have invited external reviews from both experts at UKHSA and at Oxford University Hospitals NHS Foundation Trust. Both external reviews have concluded that our response to date has been appropriate and proportionate.

11.2 Mpox

An outbreak of mpox (previously monkeypox) is ongoing in parts of Africa centred in the Democratic Republic of Congo. The Trust's High Consequence Infectious Diseases (HCID) facility was activated to care for a family with mpox Clade Ib.

11.3 Vancomycin-resistant enterococci (VRE) outbreak

An outbreak of VRE was identified in November 2024, which now involves 51 patients. Enhanced patient screening was put in place which included a one-off screen of all patients across the critical care pathway and the introduction of admission, weekly and discharge screening. 24 patients were identified to have VRE in clinical samples, 12 were identified to be colonised with VRE through the one-off screens, and 15 patients have been identified to have VRE through the enhanced screening process. The outbreak is being managed currently with an emphasis on antimicrobial stewardship, cleaning and enhanced screening.

11.4 Bugsy incident

An incident occurred related to Bugsy, the IPC module within Epic, meaning that contact tracing letters were not physically sent when order electronically in Epic. We retrospectively sent letters to a small number of contacts of patients exposed to *Mycobacterium tuberculosis.*

11.5 Norovirus outbreaks

10 outbreaks of norovirus occurred across the Trust in 2024/25. 2 occurred in Q1 and affected paediatric wards, 3occurred in Q3 on paediatric, older persons and medical wards and the remaining 5 occurred on paediatric and acute medicine wards in Q4. In total, 9 children and 23 adults were affected. Outbreak management measures included closing bays temporarily to admissions and transfers, enhanced cleaning and disinfection, and a review of IPC practices. Learning focussed on reinforcing occupational health advice to staff health and not attending work whilst symptomatic with diarrhoea and/or vomiting. No additional treatment was required and all patients recovered.

11.6 COVID-19

18 outbreaks of COVID-19 occurred across the Trust in 2024/25. 10 occurred in Q1 and affected paediatric, acute medicine, cardiology and cardiovascular wards. 4 occurred in Q2 on cardiology, medical, cardiovascular and oncology wards and 3 occurred in cardiology, cardiovascular and respiratory wards in Q3. In Q4 there were 2 outbreaks affecting cardiac wards. In total, 125 adults were affected. Outbreak management measures included closing bays temporarily to admissions and transfers, enhanced cleaning and disinfection, and a review of IPC practices. Learning focussed on reinforcing early isolation when symptoms are recognised, and prompt notification to IPC to assist with outbreak management measures.

11.7 Influenza

9 outbreaks of Influenza occurred across the Trust in 2024/25. One occurred in Q1 affecting an acute medicine ward and 4occurred in Q3 on cardiology, private patients and paediatric wards In Q4 there were 4 outbreaks affecting cardiology and acute medicine wards. In total, 28 adults and 2 children were affected. Outbreak management measures included closing bays temporarily to admissions and transfers, enhanced cleaning and disinfection, and a review of IPC practices. Learning focussed on reinforcing the importance of timely prophylaxis for contact patients, early isolation when symptoms are recognised, and prompt notification to IPC to assist with outbreak management measures.

11.8 Measles/pertussis

In line with the London region and across the UK, we have seen an increase in suspected and confirmed measles and *Bordetella pertussis* across both adult and paediatric areas. This has resulted in a significant increase in contact tracing of patients and staff who may have been inadvertently exposed. We have worked closely with the Emergency Department to manage this process.

12 Training and education

- Mandatory IPC training continues to be delivered online to all new starters as well as return to monthly face to face updates for some staff. Overall, Trust compliance (including hand hygiene) training for all staff is 96%, and for clinical staff is 80%, which is above the lower level Trust target of 75% but below the upper level target of 95%. Plans are in place to improve compliance with mandatory training across the Trust.
- Active IPC link practitioner programmes are in place across the Trust.
- The Trust Annual IPC Conference was held in September 2024 involving 10 speakers and more than 200 delegates coming from across the Trust and some external partners.
- At the Trust, bespoke education sessions are delivered regularly by IPC, often in clinical settings.

13 Governance, policy, risk, and improvement

13.1 Team structure

The IPC team is a multi-professional team comprising nurses, doctors, scientists, pharmacists, and others to support the Trust in meeting its obligations under the *Health and Social Care Act 2008 code of practice for prevention and control of infections and related guidance* and other relevant legislation and guidance from, for example, the Department of Health and Social Care, UKHSA, and the Care Quality Commission. The service is led by 2Joint Directors of Infection Prevention and Control, with the Chief Nurse as executive lead.

13.2 Governance and assurance arrangements

- A quarterly Trust Infection Control Assurance Committee is chaired by the Chief Nurse and reports to the Trust board.
- It receives regular reports and updates from each Clinical Group and the following various sub-committees:
    - Trust Infection Control Committee
    - Clinical Group specific Infection Control Committees

    - Surgical Site Infection (SSI) Committee
    - Water and Ventilation Safety Committee
    - Decontamination Committee
    - Antimicrobial Stewardship Committee
    - Intravenous Line Governance Committee.
- The Trust Infection Control Committee Assurance Committee also receives reports or updates from our UKHSA Consultant in Communicable Disease Control, Clinical Commissioning Group and/or Integrated Care Board IPC lead, Essentia (estates and facilities), Occupational Health, and Health and Safety. Any interim exceptional reporting to the Trust board is undertaken via existing reports from the Chief Nurse's Office.
- Occupational Health continue to record information on infectious diseases in staff, occupational exposure of staff to body fluids (including sharps injuries), fit testing for respiratory PPE, and any issues with processes for occupational healthcare work clearance related to infectious diseases.
- The Trust Infection Control Assurance Committee includes a representative from the pathology laboratory, to ensure that appropriate laboratory support is in place for our services.
- IPC policies are agreed via either the quarterly Trust Infection Control and Decontamination Assurance Committee or the monthly Infection Control Committee. During 2024/25, work on merging the key IPC policies to cover all sites continued. For example, new "Standard and Transmission-Based Precautions" policies were launched, in line with the *National Infection Prevention and Control Manual for England*.

13.3 Risk management

- IPC risks are included on a risk register, which is reviewed quarterly at the Trust Infection Control Assurance Committee.
- The risk related to the management of *C. auris* has been upgraded to reflect the ongoing outbreak.
- The risk related to water hygiene continues to reflect the challenges around assuring water hygiene safety across the Trust. This risk is on the corporate risk register.
- The IPC Board Assurance Framework (BAF) has been updated throughout 2024/25. Actions arising from the BAF are being monitored via the Infection Control Committee.

13.4 Improvement

- A multi-professional group is in place to develop and lead a Trust-wide intervention to improve the management of vascular and urinary catheters, aiming to reduce the risk of BSI. This campaign is titled "Every Device Journey Matters" and will be launched in Q1 2025/26 following a successful pilot on wards at each of our hospital sites.
- We have relaunched our campaign to reduce the unnecessary use of gloves ('Gloves Off') during 2024/25, in collaboration with Trust communications and the sustainability team.
- We are reviewing our PIR process to streamline it and bring it into line with the new Patient Safety Incident Response Framework (PSIRF) framework.

14 Applied research

The IPC team is committed to the goals of the Trust as an Academic Health Science Centre in undertaking and implementing the findings of applied research. The Directorate of Infection hosts the King's College London Centre for Clinical Infection and Diagnostics Research, which is focussed on applied research in healthcare-associated infection and antimicrobial resistance. During 2024/25 the IPC team contributed to several research projects resulting in peer-reviewed papers on topics including:

- Air and surface contamination with mpox.
- Metagenomic characterisation of wastewater from hospital sinks to evaluate the prevalence and distribution of potential pathogens and antimicrobial-resistant organisms.
- The potential for remote digital surgical wound monitoring and surveillance using smartphones to enhance surveillance and deliver clinical benefits.
- A review of risk factors for SSI following cardiac surgery.
- The use of faecal microbiota transplantation to aim to eradicate gastrointestinal carriage with antibiotic-resistant organism.
- The use of respiratory metagenomics to detect pathogens in the ICU setting.

15 Annual plan

Table 2. IPC team objectives for 2024/25.

Objective	Lead team
Delivering healthcare excellence	
Finalise business case for a vascular access service for our Royal Brompton and Harfield sites.	Vascular access
Review and update our Post Infection Review process across our sites in line with the new PSIRF framework.	IPC nursing
Complete the alignment of our policies and clinical procedures across our sites.	All
Implement a Trust wide improvement project, “Every Device Journey Matters”, to improve our care of vascular access devices and urinary catheters to reduce the risk of infection and other complications.	All
Actively promote our remote wound service which supports earlier discharges, optimised bed use, and reduced demand on clinical teams, to improve elective throughput.	SSI
Improving the health of our populations	
Continue to support sustainability initiatives (including the “Gloves Off” campaign, a transition to reusable sharps bins, and remote wound monitoring to reduce patient travel).	All
Implement systematic measurement of compliance with our admission screening programme (e.g. for MRSA, C. auris, CPO), and improve compliance.	SIU
Bring ongoing outbreaks of *C. auris,* MRSA, and VRE under control.	IPC nursing
Continue to embed equality and diversity monitoring in our SSI service, and deliver solutions to improve health equity and fairness.	SSI
Valuing all of our people	
Ensure that training and development opportunities are available and integrated into PDRs, including developing applied research skills.	Managers
Embed the learning from our civility training, the People Manager Programme, and discussions on anti-racism to improve our team performance.	All
Implement a regular education session aimed at our clinical teams.	All
Innovating for a better future	
Develop the functionality of Epic to report on antimicrobial stewardship indicators.	SIU
Undertake an epidemiological evaluation of the ongoing *C. auris* and CPE outbreaks.	SIU
Review and evaluated innovate training support systems (e.g. virtual reality).	All
Strength links with the ACORN programme to provide applied research opportunities for the team.	All
Review opportunities for income generation from the services we provide.	All
Expand on the successful commercialisation of the Central Wound Hub model, establishing service level agreements with additional partner organisations.	SSI
Promote revenue-generating innovations developed by the SSI team, including the BHIS bra, the Isla SSI pathway, and CATS vests.	SSI
Deliver the ambitious SSI national research programme, which includes remote wound swabbing, interventions to reduce SSI, antibiotic-sparing innovations, and applications of AI.	SSI
Modernising our infrastructure	
Ensure that Bugsy, the IPC module in Epic, is optimised and its use is standardised across our sites.	SIU
Begin to implement AI-enabled solutions to improve our surveillance systems for SSI and other HCAI.	SIU

Table 3. Strategic aims for the service over: 2021-2025.

Patients

- Involve patients in the prevention and management of infection, including the involvement of patient representatives in Trust committees and service development
- Move from 'control' to 'prevention' of healthcare-associated infection, with a focus on optimizing the use of antimicrobial agents, improving patient safety around the use of vascular lines, reducing the risk of infection from the environment (especially water, air, and medical devices), and reducing the risk of surgical site infection

People

- Invest in training and education to remain an expert advisory clinical academic service
- Maintain a reputation that will attract a world class, diverse, multi-disciplinary team
- Implement a service model that meets the needs of our organisation / ICS

Partnerships

- Work more closely across the Integrated Care System to reduce infection risk
- Become an established centre for hospital epidemiology and implementing technology and innovation to reduce healthcare-associated infection and antimicrobial resistance and improve patient outcomes
- Develop equitable services across all sites, including community, which are well integrated with the new clinical groups.

Committee name	Academic Committee in Common
Date, time	Tuesday 15 July 2025, 9am – 12pm
Venue	Old Committee Room, Second Floor, King's Building, Strand Campus
Chair	Graham Lord

Matters arising: The Committee was formally established as a sub-committee of the Guy's and St Thomas' Board, with similar approvals pending from King's College Hospital and King's College London. Members were encouraged to promote the new KHP Strategy. The Government's 10-year Health Plan was noted to align with partner strategies, offering opportunities for further collaboration. An update on the NIHR ARC bid was shared, with a final interview scheduled for 21 July.

Committee forward workplan: The Committee's revised workplan would focus on research, education, workforce, and campus development, with financial flows considered across all areas. Members supported reducing duplication and accelerating strategic initiatives. The October meeting would spotlight research, including setup times, infrastructure, and metrics. It was recognised that collaboration with regulators and shared learning would be key to demonstrable progress.

Measures of success/impact framework: The Committee supported using the KHP Strategy's impact framework to assess its effectiveness, focusing on innovation access, clinical academic careers, curricula, and financial benefit. Concerns were raised about data availability across partners. Each organisation would assess existing data and report barriers to collection. A coordinated approach to data gathering would shape the Committee's focus and promote integrated working, with updates due at the next meeting.

Financial position and Research and Development summary: The Committee reviewed each partner's financial position and agreed on the importance of ongoing visibility of this. Differences in accounting for research and development were noted, with work underway to improve consistency. Members discussed the need for baseline data on clinical academics and funding. The October meeting would include a deep dive into research and development finances to assess how current structures support strategic progress.

Improving clinical education and training: The NHS 10-Year Plan offered partners a chance to better align academic curricula with NHS needs, such as emphasising primary care. A dental training case study highlighted the need for collaboration across partners to balance quality, satisfaction, and value. The Committee supported a transparent, strategic approach to clinical education, including reviewing funding flows and exploring new teaching models aligned with integrated care and government priorities.

Education scope discussion: The Committee reflected on its remit for clinical education, aiming to clarify its role within each organisation's governance to avoid duplication. Governance leads would map reporting lines and alignment. Concerns were raised about workforce shortages and the need for collaborative postgraduate training. A suggestion was noted to include chief people officers as formal Committee members. Members also discussed the vision for education to 2030, including curriculum innovation.

Clinical academic workforce: improving joint working: Work was underway to improve joint management of clinical academics across partner organisations, focusing on financial flows and support, especially in light of the NHS 10-Year Plan. Efforts were progressing to support nurses, midwives, and allied health professionals in academic careers. A joint MoU was proposed to guide collaboration and promote equity. Recognition of NHS staff contributions through honorary roles varies, and alternative models like professors of practice were being explored. An update will be provided at the October meeting, with further discussion on employment structures and metrics.

Risk management approach: The Committee noted the risk relating to research and development on the Guy's and St Thomas' Board Assurance Framework, which had recently been reviewed and refreshed. King's College Hospital was in the process of refreshing its equivalent risk, which was likely to be similar in its scope. King's College London was developing its Board Assurance Framework. It was agreed that, once all three risks were presented, the Committee would take steps to define its role in overseeing the management and mitigation of the risks.

Guy's and St Thomas'
NHS Foundation Trust

Committee name	Audit and Risk Committee
Date, time	Wednesday 10 September 2025, 1pm – 4pm
Venue	Online via Microsoft Teams
Chair	Nilkunj Dodhia

Review of action log: The Committee requested more visibility of how management were implementing the recommendations from the 2024/25 external auditors' report to drive improvements in the Trust's internal control environment. There was discussion about how the Committee could gain greater oversight of actions and issues referred to other Board committees.

External audit progress report and sector updates: Although the audit of the 2024/25 financial statements was complete, issuing of the audit certificate had been delayed due to a decision made by the National Audit Office; this had affected a number of trusts nationally and did not have any particular implications for Guy's and St Thomas'. There was discussion about how the Trust's external auditor was incorporating artificial intelligence into their audit work, and about the resilience of the audit market.

Counter fraud report: A progress report on counter fraud referrals and case closures was received. The Committee noted the disciplinary action taken in response to a number of cases. The Committee queried the counter fraud function's capacity to investigate the increasing volume of cases effectively, prompting a recommendation to review the current operational model. Discussions also covered the need for enhanced fraud awareness communications, financial support mechanisms for staff, improved controls against cyber-enabled fraud, and strengthened organisational oversight of fraud risks.

Internal audit report: The internal audit report covered several audits, with limited assurance given to audits of workplace adjustments, annual leave management, and Fit and Proper Persons. Recommendations for workplace adjustments and annual leave management were accepted, with actions initiated. The Fit and Proper Persons audit highlighted the need for improved evidence and record-keeping on ESR. The Committee discussed the appropriateness of using internal audit for issues potentially identifiable through routine management oversight, and emphasised the need for stronger tracking of aged internal audit actions.

Freedom to Speak Up annual report: The Committee received the Freedom to Speak Up annual report, previously presented at the public Board meeting in July. Discussion highlighted the underrepresentation of medical staff in referrals, with concerns about hierarchical barriers, power dynamics, and career progression. It was recognised that these cultural challenges were not unique to the organisation but reflected broader systemic issues across the NHS. The underrepresentation of Black and Asian staff accessing the service was also noted. It was agreed that these matters would require separate consideration by the People, Culture and Education Board Committee.

Internal audit progress updates: Updates on Deprivation of Liberty Safeguards (DoLS) and Patient Advice and Liaison Service (PALS) audits were received, with significant progress made in implementing the recommendations from each.

Waiver report: The Committee received an update on waiver submissions and procurement compliance, noting a 60% reduction in waiver submissions. Continued updates were welcomed, with Committee members emphasising the importance of tracking waiver reasons to support future improvements in the Trust's procurement.

Standards of Business Conduct Policy: The updated policy was approved, with relatively few changes made as a result of the more substantial re-write of the policy in 2022 following the merger with Royal Brompton and Harefield. Key changes were outlined to the Committee and included expanded guidance on donations, clarifying that the Trust could not accept donations directly and aligning procedures with those of its associated charities.

Data centre resilience progress update: The Committee received an update on data centre resilience, with Phase 1A improvements completed and Phase 1B on track. The Committee emphasised the importance of ongoing testing and mitigation planning, and supported closing the 2022 review while requesting visibility into future resilience actions and strategy. Assurance was sought about the physical safety of the data centres.

Board Assurance Framework Risk – resilience of digital infrastructure: The Committee reviewed the risk related to digital infrastructure resilience, proposing a revision of the risk score. The matter was referred to the Trust Risk and Assurance Committee for further review of the controls and scoring rationale, with a view to bringing an updated position back to the Committee at a later date.

Items for noting: The Committee noted updates on declarations of interest compliance and the Committee's own forward workplan.

Guy's and St Thomas'
NHS Foundation Trust

Committee name	Finance, Commercial and Investment Committee
Date, time	Wednesday 30 July 2025, 1pm – 4pm
Venue	Burfoot Court, Counting House, Guy's Hospital
Chair	Simon Friend

Financial update: The Committee reviewed the Trust's financial position at the end of Q1 2025/26. As at 30 June 2025 the Trust reported a deficit of £22.9million, which was behind the planned £13million deficit. This variance was ascribed to inflationary pressures on contracts, underperformance in cost improvement programme (CIP) savings, lower than anticipated private patient income, and overspending on drugs and clinical supplies. An additional £22million in national funding had been received for critical infrastructure projects; a substantial portion would be used to improve power resilience at Harefield Hospital.

NHS England was in the process of reforming the national Financial Framework to re-establish the link between activity and funding. It was anticipated that the outcomes of this work would be available before the end of December 2025.

National Cost Collection Pre-Submission Report: The Committee received an update on the Trust's work to collate its mandatory costings data submission to NHSE as part of the National Cost Collection process, which informs key systems including the Patient Level Information & Costing System (PLICS) and national tariff pricing. Due to EPIC implementation challenges, the 2023/24 return had been based on legacy data from the first half of the year, and the 2024/25 submission used aggregated estimates where detailed EPIC data was unavailable. Progress was being made to rebuild the Trust's PLICS to enable a full and compliant submission for 2025/26.

Private Patients Strategy and Business Plan Update: The Committee received an update on the development of an International and Private Patient Strategy under the Trust's Productivity Improvement Programme. It was recognised that a Trust USP needed to be developed to encourage clinicians to choose the Trust as the location of their private clinic work, and that the benefits and cross subsidisation that the income from private patient work would bring the wider Trust should be communicated more widely.

Commercial and Retail Leases Update: The Committee received an update on plans to refurbish the main foyer at Guy's Hospital. The plans included the relocation of the main reception desk to a more central position and the installation of an expanded manned food offer that would be available on a 24/7 basis with opportunities to pre-order food. Temporary facilities would be put in place while the work was taking place. Consideration would be given to improving wayfinding in the foyer as part of the works. Refurbishment of the main entrance foyer at St Thomas' Hospital would commence following completion of the work at Guy's.

Contract review: The Committee received a report summarising the learning arising from a review of the failure of the contract for Non-Emergency Patient Transport provision in 2024. The Committee commended Essentia staff for the swiftness of their response to the contractor's failure and the improved patient transport service that had since been developed.

Ratification Reports for Approval: The Committee reviewed and approved a report recommending the award of two contracts: one for Community Dermatology Services and another for Nutritional Feed Products.

Board Assurance Framework (BAF) risks: The Committee reviewed the BAF risks it owned on behalf of the Board and agreed that Risk 8: Financial Sustainability would be updated to reflect the changes to the financial framework.

BOARD OF DIRECTORS

WEDNESDAY 22 OCTOBER 2025

Report title:	**Finance Report for the six months to 30th September 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:	• The reported financial performance to 30th September 2025 is a deficit of £24.0m, slightly ahead of plan. • YTD CIP delivery totals £36.0m against a full year plan of £102.1m. Unidentified CIPs stand at £18.8m at M6 • The cash balance at 30th September 2025 stands at £112.1m, a reduction of £79.0m since the start of the year.
Paper previously presented at:	Trust Operations Board, 14 October 2025
Recommendation(s):	The BOARD is asked to: 1. Discuss and note the content of this report.

1. Summary

1.1. This paper updates the Board on the financial performance of the Trust for the six months to 30th September 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 six months to 30th September 2025 the Trust has reported a deficit of £24.0m, which is slightly ahead of the planned £24.1m deficit. This follows a £0.9m deficit in month, which is £0.6m worse than planned.

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

Income and Expenditure £,m	Budget Mth	Actual Mth	Variance Mth	Budget YTD	Actual YTD	Variance YTD	Annual Plan
Income	255.2	254.5	**(0.7)**	1,505.9	1,516.6	**10.7**	**3,014.6**
Pay	(149.3)	(150.0)	**(0.7)**	(891.3)	(890.1)	**1.2**	**(1,780.3)**
Non Pay	(106.3)	(105.4)	**0.9**	(638.6)	(650.4)	**(11.8)**	**(1,234.2)**
Surplus / (Deficit) - Adjusted Financial Position (AFP)	**(0.4)**	**(0.9)**	**(0.6)**	**(24.1)**	**(24.0)**	**0.1**	**(0.0)**
DODA	(1.1)	(1.2)	**0.0**	(6.9)	(6.5)	**0.4**	**(13.7)**
Capital Donations	0.4	0.3	**(0.1)**	2.5	0.7	**(1.8)**	**5.0**
Technical Adjustments	0.0	0.0	**0.0**	0.0	0.0	**0.0**	**0.0**
Surplus / (Deficit) - Excl Fin Adj's	**(1.1)**	**(1.8)**	**(0.7)**	**(28.4)**	**(29.8)**	**(1.4)**	**(8.7)**

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

- The in-month position includes a number of significant movements, notably:
  - An adjustment within Pathology has led to a £4.4m improvement, £2.9m of which relates to prior months.
  - Prior year accruals released totalling £4.9m have provided a non-recurrent benefit to the position this month.
  - All MARS payments were processed in month at a total cost of £3.0m. At a trust level this cost is being phased over the remainder of the year reducing the in-month impact to £0.4m.
  - Backdated pathology costs totalling £1.2m relating to Dermatology tests not previously billed. Historic costs are being challenged however it is likely that recent and ongoing costs will be due.
  - Increased bad debt provisions of £0.5m primarily due to £0.9m Private Patient debts.

- CIP delivery is £2.9m lower than phased plans for identified schemes (excluding the sale of Lexica where this was planned for M12). In addition, unidentified CIPs still stand at £18.8m, which, phased evenly contribute £9.4m adversely to the trust performance YTD.

- Private patient income is £1.6m behind plan YTD. The run rate is £0.9m/month ahead of the monthly average achieved last year, with £40.1m in income achieved to date

- Purchase of healthcare, including independent sector, insourced and outsourced services, is £4.6m overspent YTD

- Drugs are £17.0m overspent, partially offset by additional income, with the net position being £5.3m worse than planned.

- Clinical supplies are £8.9m overspent, and remain £4.5m overspent 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, £4.0m overspent to date driven under by accrued prior year costs due to refreshed data from Synnovis, including Dermatology costs recognised in month, and increased month-on-month test volumes. These are only partially offset by the £2.0m accrued credit for overstated prior year costs under the RBH contract, which was recognised earlier in the year.

- Clinical groups are £8.5m overspent to date, though this reduces to £4.2m once high cost device income is accounted for.

- The reported position includes £0.5m of costs relating to the resident doctor industrial action in July 2025.

- The variances above are partly offset by the £14.5m plan phasing adjustment that balances to the £24.1m planned deficit YTD. This phasing adjustment has started to reduce, whereupon a continuation of the above overspends or a failure to deliver to the full CIP requirements will be start to be visible in both the deficit and the variance to plan.

3. Cost Improvement Programme

3.1. The Trusts 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. At the end of September identified CIPs stood at £83.4m, including £22.2m of central schemes, against the Trust target of £102.1m. This is a £3.7m improvement on month five and £19.9m improvement since the start of the year, but still leaves £18.8m unidentified. There are further schemes within the pipeline to bridge the gap to the full CIP target.

3.3. Although formal WTE targets were not set, teams initially planned for 60% of CIP plans to be pay-related schemes. Of planned group savings: 27% (£22.8m) are pay, 60% (£50.2m) non-pay, and 12% (£10.4m) income. The Trust's CIP tracker shows a planned reduction of 454.6 WTE identified to date.

3.4. Year to date CIP delivery in month six totalled £36.0m. This includes £12.4m in relation to the sale of Lexica which was planned to be achieved in M12. If the Lexica sale is excluded, YTD delivery is £2.9m behind the phased plan of £26.5m for identified schemes. This equates to a delivery rate of 89.0%, slightly ahead of the reported month five position. If including unidentified schemes, and measured against an evenly phased plan, the delivery (including Lexica) falls to 70.6% however, underlining the need for both further identification of schemes and an increased pace of delivery as a priority.

Table 2 – 2025/26 CIP plan Trust Summary

2025/26 CIP Plan Trust Summary *7th October 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	538	35	11,784	**12,895**	-1,977	86.7%	11,819	10,834	-985
Evelina	***8,933***	1,347	1,504	851	3,449	**7,151**	-1,782	80.1%	4,300	5,675	1,374
HLCC	***16,031***	100	2,420	1,096	11,632	**15,248**	-783	95.1%	12,729	12,396	-333
ISM	***14,767***	2,939	1,001	17	7,379	**11,336**	-3,431	76.8%	7,396	7,375	-21
Essentia	***4,066***	0	388	0	3,792	**4,180**	114	102.8%	3,792	3,767	-25
Pathology	***10,546***	0	0	0	164	**164**	-10,381	1.6%	164	164	0
Corporate	***10,677***	290	408	0	9,442	**10,141**	-536	95.0%	9,442	9,736	294
Total Allocated CIP	**79,891**	**5,213**	**6,259**	**2,000**	**47,643**	**61,115**	**-18,776**	76.5%	**49,643**	**49,948**	**305**
Central	***22,236***	0	22,236	0	0	**22,236**	0	100.0%	12,431	12,431	0
Total CIP	**102,127**	**5,213**	**28,496**	**2,000**	**47,643**	**83,351**	**-18,776**	81.6%	**62,074**	**62,379**	**305**

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

2025/26 CIP Plan Trust Summary *7th October 2025*	M6 YTD Performance				M6 YTD Performance			
	Plan	Actual	Variance to Plan	Progress (%) RAG	Target*	Actual	Variance to Target	Progress (%) RAG
Clinical Groups / Delivery Group / Corporates								
C&S	6,873	5,624	-1,248	81.8%	7,436	5,624	-1,812	75.6%
Evelina	3,242	2,872	-370	88.6%	4,548	2,872	-1,677	63.1%
HLCC	4,638	4,657	20	100.4%	8,000	4,657	-3,343	58.2%
ISM	5,147	4,166	-981	80.9%	7,383	4,166	-3,218	56.4%
Essentia	1,708	1,248	-460	73.1%	2,033	1,248	-785	61.4%
Pathology	82	82	0	100.0%	5,324	82	-5,242	1.5%
Corporate	4,831	4,911	80	101.7%	5,354	4,911	-443	91.7%
Total Allocated CIP	26,521	23,561	-2,960	88.8%	40,079	23,561	-16,518	58.8%
Central	0	12,431	12,431	100.0%	531	12,431	11,900	2338.9%
Total CIP	26,521	35,992	9,471	135.7%	40,610	35,992	-4,619	88.6%

4. Cash and Capital

4.1. **Cash** - The cash balance at 30th September stood at £112.1m, a £79.0m reduction compared to the opening position for the year of £191m and a £27.0m deterioration in month.

4.2. **Capital** – The Trust was initially allocated a CDEL limit of £110m for 2025/26. In year CDEL and PDC awards have added £61.1m to annual capital plan, including £22m for backlog maintenance and £25m for the Children's Hospital Programme and the Paediatric Cancer PTC. Including donations of £5m, this gives a total capital plan for 2025/26 of £176.4m. Year-to-date the trust has spent £28.1m on capital schemes, which is £29.4m lower than the phased plan for the year including in year CDEL awards, additional PDC awards and donations. IPB is overseeing a review of options for ensuring all capital allowances are fully utilised in year including scope to bring forward spend from future years to offset slippage in year.

5. Risk of Non-Delivery Assessment (RoNDA) and Draft Internal Oversight Framework

5.1. From July 2025 the financial performance of NHS organisations is being assessed using the Risk of Non-Delivery Assessment (RoNDA) framework, with organisations put into one of four segments based on the RoNDA scores. The segmentation determines the level of external intervention or additional operating freedoms organisations will face. The framework considers the organisation's financial position and efficiency delivery, with an additional metric around cash performance still to be added.

5.2. Table 4 below gives our internal assessment of our RoNDA scores using September results. It also includes performance thresholds for moving up or down a tier for each metric, to put performance in context and provide visibility of the degree of risk and opportunity within the segmentation scoring.

5.3. A number of assumptions have had to be made where metrics utilise national data, notably it has been assumed that annual national allocations remain unchanged from M3 and the national average planned efficiency % for M6 has been extrapolated from M3 (M3 + 3/9 of the remaining plan for the year).

5.4. The estimated assessment indicates the Trust would place in segment 1 using September figures, with no overall change from the internal assessment last month. The improvement from the M03 external score reflects [a] the trust YTD deficit remaining at a comparable level to M3, and [b] the improvement in YTD CIP delivery as a result of the Lexica sale being included in YTD CIPs in advance of planned delivery.

Table 4: RoNDA internal assessment M06

Metrics	Metric Name	Metric Description	Current Performance	Metric Score	Weighting	Weighted Score	Threshold to move up £m	Threshold to move down £m	Prior Month Metric Score	Movement in month
Financial Position	YTD Variance	Surplus / Deficit YTD variance to plan as a percentage of YTD turnover	£0.09	1	2.00	0.19	n/a	£0.00	1	0.00
	YTD Actual Surplus / Deficit	YTD actual (surplus / deficit) as a percentage of national total of system allocation (pro rata)	(£23.98)	2	2.00	0.38	£0.00	(£53.49)	2	0.00
	YTD Pay Variance	Provider pay expenditure YTD variance to plan as a percentage of YTD Plan for Pay	£1.15	1	2.00	0.19	n/a	£0.00	1	0.00
	Forecast Outturn + Total Risk	FOT (surplus / deficit) variance to plan + unidentified mitigations + other risks) as percentage of FOT Turnover	£0.01	1	2.00	0.19	n/a	£0.00	1	0.00
Efficiency	Efficiency Variance YTD	Efficiency YTD variance to plan as a percentage of YTD plan	£9.47	1	1.00	0.10	n/a	£0.00	1	0.00
	Efficiency delivery vs. National average	Difference between YTD actual delivery as a % FY efficiency plan and expected delivery based on national average plan profile	£35.99	4	1.00	0.38	£40.16	n/a	4	0.00
	Efficiency Variance FOT	Efficiency FOT variance to plan as a percentage of Full Year Efficiency Plan	£0.00	1	0.50	0.05	n/a	£0.00	1	0.00
Cash	Year to date operational cashflow compared to breakeven	TBC			0.00	0.00				
Trust Score					10.5	1			1	0.00

5.5. The Internal Group Oversight Framework was refreshed in August to align this to RoNDA as far as possible and taken through governance routes in September.

5.6. There are a number of RoNDA metrics which can only be calculated at trust level which are therefore excluded, notably the cash metric, YTD surplus/deficit & efficiency delivery vs national plan average. The financial discipline metric looking at the % services adverse to plan has been retained from the previous iteration of the framework. Controllable expenditure has been used as the denominator for a number of metrics rather than turnover to ensure comparability across all groups.

5.7. Each metric is scored 1 to 4, with the % thresholds for each score and the weighting for metrics matched to those used in the Trust RoNDA assessment. The overall score calculation is now a weighted average, again aligned to the RoNDA approach giving a final score between 1 & 4 for each group.

5.8. The draft group results under this framework are given in Table 5 below.

Table 5: Internal Group Financial Oversight Framework M06

Domain	Metric	Basis	Weighting		C & S	Evelina London	HLCC	ISM	Essentia	Corporate	Other
Financial Discipline	# Services NOT under Control	No. of services with an adverse variance as % of total number of services	0.5	Performance	24	28	21	28	31	29	11
				Metric result	-52.2%	-49.1%	-52.5%	-39.4%	-53.4%	-33.7%	-37.9%
				Score	3	2	3	2	3	2	2
Financial Position	I&E Variance	Total YTD Variance (all income and expenditure) v YTD Expenditure Plan as %, at CG level	2	Performance	-£7,020	£2,806	-£8,461	-£9,601	-£11	-£1,021	£23,393
				Metric result	-2.8%	1.4%	-2.6%	-3.3%	0.0%	-0.5%	17.1%
				Score	4	1	4	4	2	3	1
	Pay Variance	Total YTD Pay Variance v YTD Pay Plan, at CG level	2	Performance	-£3,013	£1,453	-£2,372	-£3,609	-£419	£8,641	£473
				Metric result	-1.9%	0.9%	-1.2%	-1.6%	-0.7%	7.7%	87.0%
				Score	3	1	3	3	2	1	1
	FOT + Risk	FOT Variance (Likely Case) v FY Expenditure Plan, at CG level	2	Performance	-£14,248	£2,465	-£13,869	-£16,272	£809	-£5,773	-£5,998
				Metric result	-2.9%	0.6%	-2.1%	-2.8%	0.3%	-1.4%	-2.9%
				Score	4	1	4	4	1	4	4
Efficiency	CIP Variance	CIP YTD Variance v YTD Plan for 25-26	1	Performance	-£1,248	-£370	£20	-£981	-£460	£80	£12,431
				Metric result	-18.2%	-11.4%	0.4%	-19.1%	-26.9%	1.7%	15128.9%
				Score	4	3	1	4	4	1	1
	CIP FOT Variance	CIP FOT Variance v Total Target for 25-26	0.5	Performance	-£3,426	-£1,782	-£1,538	-£5,061	£77	-£242	-£10,381
				Metric result	-23.0%	-19.9%	-9.6%	-34.3%	1.9%	-2.3%	-31.7%
				Score	4	4	3	4	1	2	4
	Overall score				**4**	**2**	**3**	**4**	**2**	**2**	**2**

6. Recommendations

6.1. The Board is asked to:

- Note the YTD deficit of £24.0m at month 6, slightly ahead of plan.
- Note the delivery of 89.0% of identified CIP schemes against the phased CIP plan
- Note the current cash balance of £112.1m at 30th September 2025 and £79.0m reduction in cash since the start of the year

NHS

Guy's and St Thomas'

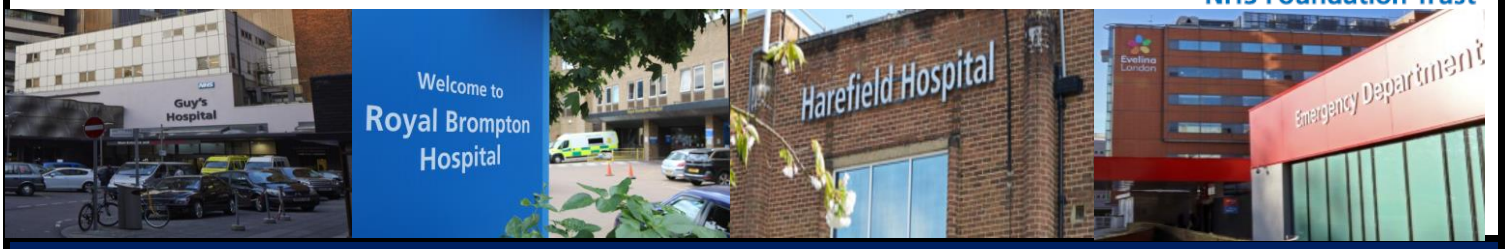
NHS Foundation Trust

Board of Directors Public Meeting

22nd October 2025

Finance Report - 25/26
Month 6

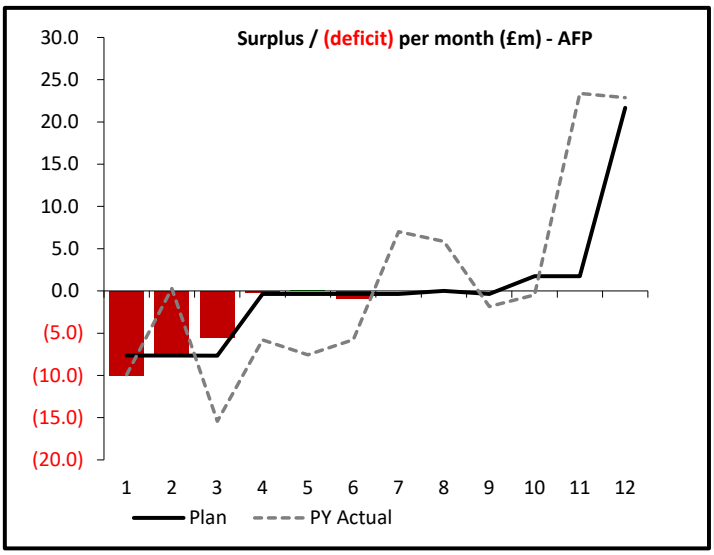
NHS
Guy's and St Thomas'
NHS Foundation Trust

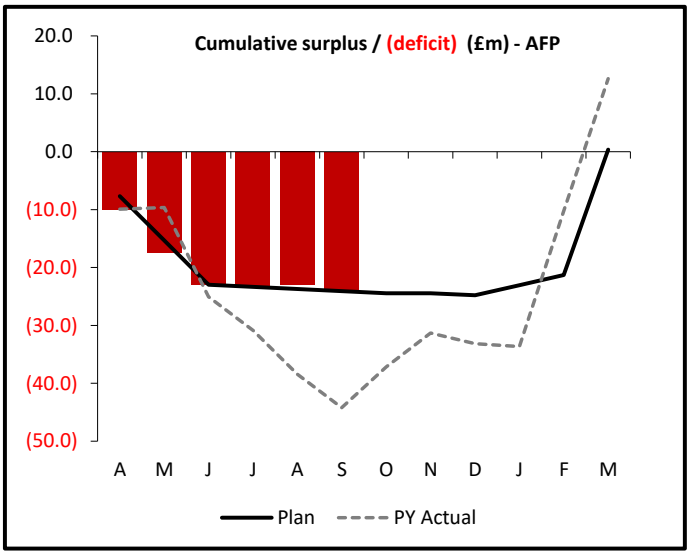


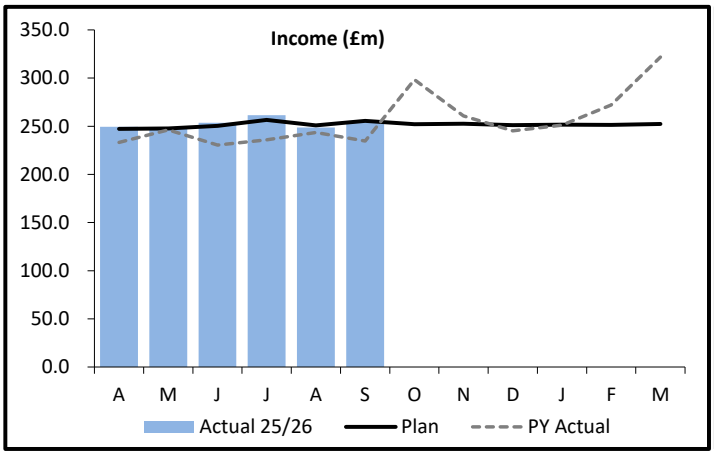
Contents

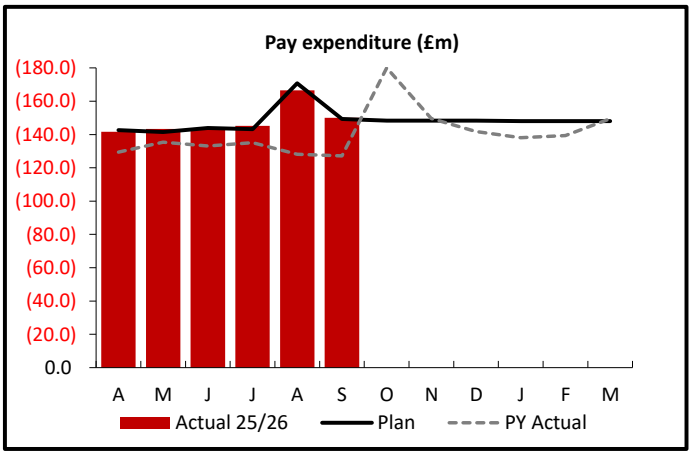
Summary Financial Performance - Trust

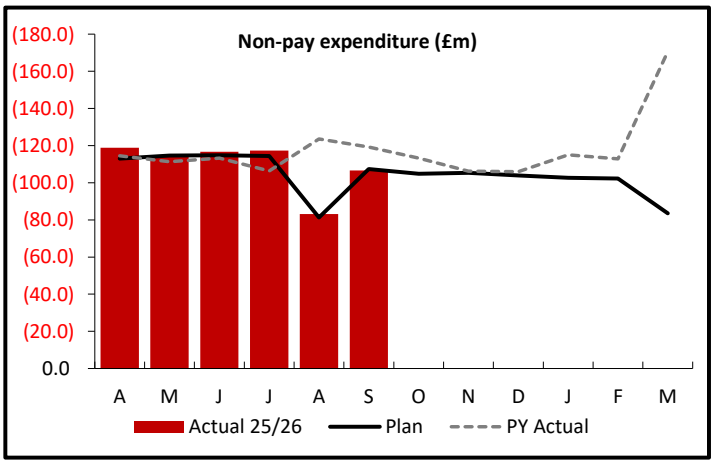
Income and Expenditure	Budget Mth £m	Actual Mth £m	Variance Mth £m	Budget YTD £m	Actual YTD £m	Variance YTD £m	Annual Plan
Income	255.2	254.5	**(0.7)**	1,505.9	1,516.6	**10.7**	**3,014.6**
Pay	(149.3)	(150.0)	**(0.7)**	(891.3)	(890.1)	**1.2**	**(1,780.3)**
Non Pay	(106.3)	(105.4)	**0.8**	(638.6)	(650.4)	**(11.8)**	**(1,234.2)**
Surplus / (Deficit) - Adjusted Financial Position (AFP)	**(0.4)**	**(0.9)**	**(0.6)**	**(24.1)**	**(24.0)**	**0.1**	**(0.0)**
DODA	(1.1)	(1.2)	**(0.0)**	(6.9)	(6.5)	**0.4**	**(13.7)**
Capital Donations	0.4	0.3	**(0.1)**	2.5	0.7	**(1.8)**	**5.0**
Technical Adjustments	0.0	0.0	**0.0**	0.0	0.0	**0.0**	**0.0**
Surplus / (Deficit) - Excl Fin Adj's	**(1.1)**	**(1.8)**	**(0.7)**	**(28.4)**	**(29.8)**	**(1.4)**	**(8.7)**

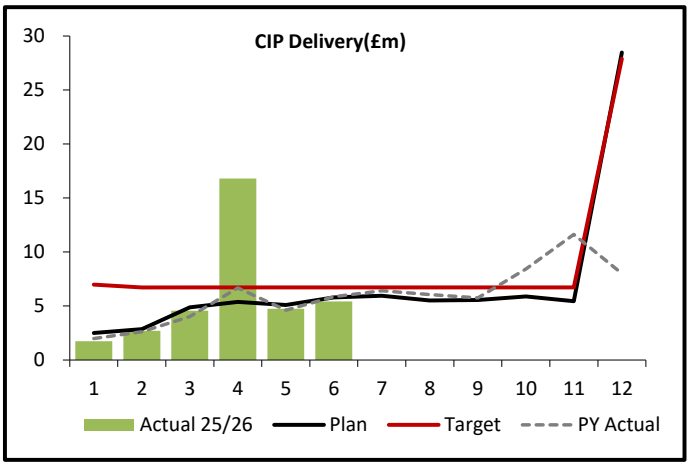












Finance Report Commentary

Executive Summary

Summary: YTD, as its adjusted financial performance, the Trust is reporting a deficit of £24.0m, this being slightly ahead of plan. This follows a £0.9m deficit, this being £0.6m worse than planned. The key headlines in month are:

- **In month movement:** The M06 position includes a number of non-recurrent and backdated benefits which have offset the continued underlying deficit of the organisation in the current month as in prior months. These benefits include a correction to pathology costs for Q2 totalling £4.4m, and the release of £4.9m of prior year accruals no longer required, primarily within Essentia and Genomics. The underlying deficit is running at around £7.5m/month and reflects ongoing overspends with only limited reductions in these along with under delivery of CIPs.
- **MARS** costs of £3.0m were paid in month, though the impact of these has been centrally phased over the remaining months of the year with only a £0.4m impact within M06.
- **CIP delivery:** YTD £36.0m of CIPs have been delivered, which is £9.5m more than phased identified plans primarily due to the recognition of £12.4m in respect of the Lexica sale which was planned for in M12. Excluding Lexica, YTD CIPs are £3.0m behind plan. The unidentified CIPs balance at the end of September stands at £18.8m, which, phased evenly, contributes £9.4m adversely to the YTD position. The under-delivery is held within both pay and non pay budgets within the reported position

Income: YTD income totals £1,516.6m and is £10.7m favourable to plan, the main drivers of which are:

- **Current year pass through drugs and devices** income are £11.6m and £4.3m above plan respectively. These are partially offset by corresponding overspends in non pay.
- **Private patient income** is £1.6m behind plan, with £40.1m income generated to date. The monthly run rate is £0.9m higher than was achieved in 2024/25. September saw a recovery of Private Patient income, following lower activity in August. Income is steadily increasing though remains behind target levels.

Pay budgets: YTD expenditure of £890.1m is £1.5m better than planned;

- **Apollo Stabilisation** costs of £1.5m have been incurred YTD
- **Annual leave:** the net impact of buying & selling of annual leave has been an additional pay cost of £0.5m
- **Lexica** estimated closing M2 position includes a £1.3m pay spend.
- **Industrial action** costs of £0.5m have been incurred for resident doctor strike at the end of July
- **Medical staffing**: £6.3m overspent YTD predominantly within resident doctors. This is a continuation of trends seen in 2024/25, and all clinical groups have above plan spend on medical pay. Spend in month was £0.5m above trend, likely driven by the rotation of resident doctors causing a crossover of pay costs.
- **Admin & Clerical** staffing is £11.2m underspent YTD. Costs increased by £0.7m above trend in month notably within corporate areas, partly relating to R&D and offset in income, partly relating posts being filled in departments that have experienced recent restructures.

Non Pay budgets (including Reserves and Unidentified CIPs): YTD expenditure of £650.4m is £11.7m worse than plan, the main drivers of which are:

- **Drugs** are £17.0m overspent YTD, though this is materially offset within income. The net variance within the reported position is £5.4m adverse to plan.
- **Clinical supplies** are £8.9m overspent YTD. This is partially offset by high cost devices income, but the net impact remains £4.5m adverse to plan. Within this, pathology is £4.0m adverse to plan, reflecting increased variable test costs and understated prior year costs due to data quality issues arising from the cyber incident.
- **Purchase of healthcare**, including independent sector, insourcing and outsourcing arrangements, is £4.7m overspent at M5.
- **Plan Phasing adjustment** used to set the Q1 deficit plan provides a £14.5m benefit to the YTD variance partially offsetting overspends reported above. This is unwinding monthly with a diminishing impact as the year progresses.
- **Lexica sale** - the position includes a £12.4m net benefit from the sale of Lexica earlier in the year.

Balance Sheet: The Trust closed the month with a cash balance of £112.1m; this is a £78.6m reduction from the opening balance on 1st April 2025

Capital Expenditure: At 30th September, the Trust has incurred £28.1m of capital expenditure, which is £29.4m lower than the phased plan.

Drivers of YTD Group Variances £000

Variance Type	Cancer & Surgery	Evelina London	HLCC	ISM	Essentia	Corporate	Other	Trust Total
Income (Excl Clin Income Adj)	(403.6)	2,886.6	1,054.6	(1,735.8)	(375.8)	(6,534.0)	20,628.6	**15,520.7**
Clinical Income Adjustment (excl Drugs/Devices)	1,155.7	103.2	13.9	497.3	(0.0)	2,380.0	(8,959.9)	**(4,809.9)**
Clinical Income Adjustment - Drugs & Devices	12,810.7	1,732.8	6,764.3	(2,769.2)	0.0	0.0	(18,538.6)	**0.0**
Total Income	**13,562.9**	**4,722.6**	**7,832.8**	**(4,007.7)**	**(375.8)**	**(4,154.0)**	**(6,870.0)**	**10,710.8**
Pay	(3,013.5)	1,453.4	(2,372.0)	(3,608.5)	(419.3)	8,640.8	473.3	**1,154.2**
Further Improvement Target	(671.4)	(860.9)	(2,927.8)	(5.6)	(754.2)	(2,926.9)	9,262.6	**1,115.7**
Internal Recharges	359.8	(384.3)	262.9	(77.3)	590.6	375.9	10.5	**1,138.0**
Non Pay inc reserves	(17,258.0)	(2,124.6)	(11,256.5)	(1,901.4)	947.3	(2,957.2)	20,509.9	**(14,040.7)**
Total Expenditure	**(20,583.0)**	**(1,916.5)**	**(16,293.5)**	**(5,592.8)**	**364.4**	**3,132.5**	**30,256.2**	**(10,632.8)**
Total	(7,020.2)	**2,806.1**	**(8,460.7)**	**(9,600.6)**	**(11.4)**	**(1,021.5)**	**23,386.2**	**78.0**

SNAPSHOT VARIANCE DRIVERS - £000's

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

	Cancer & Surgery	Evelina London	HLCC	ISM	Essentia	Corporate	Other	Trust Total
Income								
CCGs and NHS England	**0.0**	**24.5**	**0.0**	**25.1**	**0.0**	**(9.0)**	**12,113.3**	**12,153.9**
Private Patients Income	**(95.5)**	**2,394.5**	**(3,404.6)**	**(564.8)**	**0.0**	**57.7**	**0.0**	**(1,612.8)**
Clinical Income Adjustment (excl Drugs/Devices)	**1,155.7**	**103.2**	**13.9**	**497.3**	**(0.0)**	**2,380.0**	**(8,959.9)**	**(4,809.9)**
Clinical Income Adjustment - Drugs & Devices	**12,810.7**	**1,732.8**	**6,764.3**	**(2,769.2)**	**0.0**	**0.0**	**(18,538.6)**	**0.0**
All Other Income from Activities	**484.6**	**248.2**	**705.6**	**133.5**	**0.0**	**427.8**	**858.3**	**2,857.9**
Research & Development Income	**306.0**	**40.8**	**2,445.0**	**172.3**	**0.0**	**2,601.8**	**1,535.6**	**7,101.5**
Education & Training Income	**0.0**	**(1.6)**	**(17.8)**	**(5.0)**	**0.0**	**(52.8)**	**3,504.6**	**3,427.4**
Non-Patient Care Services to other NHS bodies	**386.8**	**(374.7)**	**(43.3)**	**(658.8)**	**(369.9)**	**(1,252.0)**	**269.3**	**(2,042.6)**
All Other Operating Income	**(1,485.5)**	**554.9**	**1,369.7**	**(838.0)**	**(5.9)**	**(8,307.4)**	**2,347.5**	**(6,364.5)**
Total Income	**13,562.9**	**4,722.6**	**7,832.8**	**(4,007.7)**	**(375.8)**	**(4,154.0)**	**(6,870.0)**	**10,710.8**
Staffing								
Medical Staff	(2,561.4)	(1,189.1)	(1,942.4)	(1,070.2)	(51.7)	519.4	(10.0)	**(6,305.4)**
Nursing Staff	(1,375.0)	2,054.2	121.6	(861.5)	(9.1)	329.0	733.2	**992.5**
PAMs	224.7	(195.4)	(586.0)	369.8	22.0	(472.7)	21.1	**(616.7)**
Professional & Technical (PTB)	(55.3)	(113.7)	388.4	1,270.9	(0.1)	(228.5)	61.4	**1,323.1**
Admin & Clerical	637.6	646.2	(42.3)	575.5	1,244.6	8,158.7	(19.2)	**11,201.1**
Estate and Facilities Staff	(10.3)	12.3	64.3	(10.2)	(2,593.3)	(172.9)	6.9	**(2,703.1)**
All Other Staff	126.2	238.8	(375.7)	(3,882.8)	968.3	507.9	(320.1)	**(2,737.3)**
Total Pay	**(3,013.5)**	**1,453.4**	**(2,372.0)**	**(3,608.5)**	**(419.3)**	**8,640.8**	**473.3**	**1,154.2**
Non-Pay								
Drug Costs	(14,298.3)	(895.9)	(4,571.8)	2,554.4	(20.3)	517.0	(254.6)	**(16,969.4)**
Clinical Supplies	(1,414.9)	(1,780.0)	(3,424.6)	(1,862.9)	(176.4)	3,884.7	(4,079.6)	**(8,853.6)**
Premises Costs	(151.0)	405.9	947.2	(741.2)	2,117.2	2,043.6	(48.6)	**4,573.1**
Purchase of Healthcare from non-NHS bodies	(774.8)	80.6	(2,667.5)	(116.8)	2.6	(2,384.0)	1,213.8	**(4,646.1)**
Establishment Costs	(401.0)	(73.2)	(34.8)	131.8	6.3	(2,048.3)	(3,396.0)	**(5,815.2)**
Movement in Bad Debt Provisions	(32.0)	(665.5)	(1,198.6)	(447.0)	(774.9)	323.7	9,361.4	**6,567.2**
Other Non-Pay Costs	(186.0)	803.5	(306.5)	(1,419.7)	(207.4)	(5,294.0)	17,713.4	**11,103.4**
Total Non-Pay	**(17,258.0)**	**(2,124.6)**	**(11,256.5)**	**(1,901.4)**	**947.3**	**(2,957.2)**	**20,509.9**	**(14,040.7)**

Summary: YTD the trust is reporting a positon £0.6m ahead of plan measured on an adjusted financial performance basis.

The key drivers of the position are CIP delivery (excluding the Lexica sale) which to date has under-performed by £2.9m against identified, phased schemes, above plan drugs and clinical supplies spends (£17.0m and £8.9m overspent respectively) only partially offset in income, purchase of healthcare including independent sector use, insourcing and outsourcing arrangements £4.6m overspent YTD, and priviate patient income £1.6m behind plan at month 6. Overspends on medical staff of £6.3m, predominantly within resident doctors, are materially offset by underspends within other staff groups notably, A&C and professional & technical roles. The £12.4m net benefit from the sale of Lexica is reported in the position as of M5. The plan phasing adjustment contributes £14.5m favourably to the position - the adjustment is reported under the 'Further Improvement Line' here, which would show £13.3m adverse excluding this.

Trend in Actuals

£m	2024/25 YTD Ave	2024/25 FY Ave	YTD ave	Last Six Months: Apr	May	Jun	Jul	Aug	Sep	YTD Total Plan	Actual	Variance
Income From Activities												
NHSE	76.39	80.90	18.04	17.40	17.58	18.08	19.58	17.23	18.38	107.01	108.25	**1.24**
SEL ICB	58.76	70.34	91.12	90.24	91.53	92.22	89.41	91.10	92.20	546.55	546.70	**0.14**
Other ICBs	35.46	38.14	71.37	75.99	71.63	70.92	60.99	71.01	77.71	434.36	428.24	**(6.12)**
High Cost Devices Income	5.51	6.13	5.85	7.28	5.84	3.79	6.97	6.03	5.21	33.31	35.12	**1.81**
High Cost Drugs Income	27.11	23.52	28.53	21.97	26.63	30.28	41.98	27.86	22.48	155.69	171.20	**15.51**
Private Patients	5.73	5.82	6.68	5.74	5.85	6.38	7.92	6.07	8.13	41.69	40.08	**(1.61)**
All Other Income from Activities	3.54	3.72	4.40	4.55	4.22	2.64	5.96	4.49	4.52	28.76	26.37	**(2.39)**
Total Income From Activities	**212.51**	**228.56**	**225.99**	**223.18**	**223.28**	**224.29**	**232.81**	**223.77**	**228.62**	**1,347.36**	**1,355.95**	**8.59**
Operating Income												
Research and Development	5.72	6.90	7.24	5.38	6.91	8.86	7.48	8.35	6.45	36.33	43.44	**7.10**
Education and Training	6.50	7.26	7.04	7.05	6.33	6.69	7.88	6.95	7.32	38.80	42.23	**3.43**
Non patient care services to other bodies	3.04	3.41	2.47	3.94	2.29	2.29	1.94	2.95	1.39	16.85	14.80	**(2.04)**
Income for Clinical Services	1.35	1.41	1.75	1.94	1.65	1.86	1.94	1.51	1.61	9.84	10.50	**0.67**
All Other Operating Income	7.73	8.52	8.27	8.02	8.63	9.55	9.28	5.05	9.13	56.68	49.65	**(7.03)**
Total Operating Income	**24.33**	**27.50**	**26.77**	**26.32**	**25.80**	**29.26**	**28.53**	**24.81**	**25.90**	**158.50**	**160.62**	**2.12**
Total Income	**236.84**	**256.06**	**252.76**	**249.50**	**249.08**	**253.55**	**261.34**	**248.58**	**254.52**	**1,505.86**	**1,516.57**	**10.71**
Pay												
Medical Staff	(36.02)	(38.90)	(40.75)	(38.63)	(38.81)	(39.54)	(39.27)	(47.04)	(41.20)	(238.19)	(244.50)	**(6.31)**
Nursing Staff	(43.85)	(46.49)	(48.80)	(46.99)	(47.62)	(47.00)	(47.82)	(54.38)	(49.01)	(293.82)	(292.82)	**0.99**
PAMs	(9.06)	(9.61)	(10.42)	(9.87)	(9.91)	(10.25)	(10.12)	(11.77)	(10.61)	(61.92)	(62.54)	**(0.62)**
Professional & Technical (PTB)	(5.32)	(5.55)	(5.98)	(5.72)	(5.77)	(5.84)	(5.87)	(6.69)	(5.99)	(37.20)	(35.88)	**1.32**
Admin & Clerical	(25.15)	(26.67)	(27.78)	(26.18)	(27.19)	(26.38)	(27.96)	(30.59)	(28.40)	(177.90)	(166.70)	**11.20**
Estate and Facilities Staff	(4.31)	(4.77)	(5.67)	(5.54)	(5.66)	(5.71)	(5.62)	(5.90)	(5.61)	(31.34)	(34.04)	**(2.70)**
All Other Staff	(7.66)	(8.55)	(8.94)	(8.73)	(8.32)	(8.73)	(8.54)	(10.13)	(9.20)	(50.91)	(53.64)	**(2.74)**
Total Pay	**(131.37)**	**(140.54)**	**(148.35)**	**(141.66)**	**(143.28)**	**(143.46)**	**(145.19)**	**(166.51)**	**(150.03)**	**(891.28)**	**(890.13)**	**1.15**
Non-Pay												
Drug Costs	(33.28)	(33.20)	(32.97)	(33.20)	(33.15)	(33.71)	(33.33)	(32.20)	(32.26)	(180.88)	(197.85)	**(16.97)**
Clinical Supplies	(32.22)	(34.83)	(35.27)	(34.92)	(35.43)	(41.09)	(34.20)	(36.77)	(29.18)	(202.74)	(211.59)	**(8.85)**
Premises Costs	(15.38)	(15.07)	(12.69)	(15.18)	(12.39)	(14.70)	(10.94)	(12.71)	(10.20)	(80.69)	(76.12)	**4.57**
Purchase of Healthcare (non-NHS)	(3.88)	(4.51)	(4.41)	(4.65)	(3.42)	(4.13)	(5.38)	(4.74)	(4.17)	(21.84)	(26.48)	**(4.65)**
Establishment Costs	(2.42)	(2.78)	(3.52)	(2.18)	(2.44)	(3.25)	(6.20)	(2.33)	(4.71)	(15.30)	(21.12)	**(5.82)**
Depreciation	(6.11)	(6.99)	(6.37)	(4.89)	(8.97)	(4.96)	(6.46)	(6.47)	(6.47)	(36.31)	(38.22)	**(1.91)**
Amortisation	(1.43)	(1.67)	(1.49)	(1.51)	(1.51)	(0.64)	(1.61)	(1.36)	(2.31)	(9.04)	(8.93)	**0.11**
Clinical Negligence	(3.15)	(3.13)	(3.21)	(3.25)	(3.25)	(3.22)	(3.11)	(3.21)	(3.21)	(19.44)	(19.24)	**0.19**
Movement in Bad Debt Provisions	0.02	(0.28)	0.68	(0.98)	1.17	5.00	(0.45)	0.22	(0.89)	(2.51)	4.05	**6.57**
Other Non-Pay Costs	(7.37)	(8.77)	(8.13)	(9.21)	(5.83)	(8.74)	(6.94)	(9.38)	(8.67)	(46.28)	(48.77)	**(2.49)**
Total Non-Pay	**(105.22)**	**(111.23)**	**(107.38)**	**(109.96)**	**(105.22)**	**(109.45)**	**(108.62)**	**(108.95)**	**(102.07)**	**(615.03)**	**(644.26)**	**(29.24)**
Other Adjustments												
Internal recharges inc Overheads	(0.14)	(0.00)	(0.12)	(0.27)	(0.06)	(0.02)	(0.11)	(0.10)	(0.14)	(1.91)	(0.70)	**1.20**
Finance costs	(3.33)	(3.23)	(0.69)	(2.84)	(3.00)	(3.52)	11.30	(3.09)	(2.99)	(19.89)	(4.14)	**15.75**
Budget Reserves	(4.14)	(0.00)	(0.22)	(4.76)	(4.92)	(2.66)	(6.45)	17.68	(0.22)	(0.71)	(1.32)	**(0.62)**
Further Improvement Target	0.00	0.00	0.00	0.00	0.00	0.00	(12.43)	12.43	0.00	(1.12)	0.00	**1.12**
AFP Surplus/Deficit	**(7.37)**	**1.05**	**(4.00)**	**(9.99)**	**(7.40)**	**(5.56)**	**(0.16)**	**0.04**	**(0.93)**	**(24.07)**	**(23.99)**	**0.08**

2024/25 figures have been adjusted for the £99m notional pension contribution & offsetting income reported in M12 for better comparability. No other adjustments to 2024/25 figures have been made, i.e. inflation / pay awards / NI changes will be driving a proportion of year on year variances. The material reduction in NHSE income from 2024/25 the 2025/26 average reflects devolution of Specialised Commissioning budgets and is offset in ICB lines. The increase in high cost drugs income in M4 reflects amounts within ICB contracts being disaggregated & is offset by corresponding reductions on ICB lines.

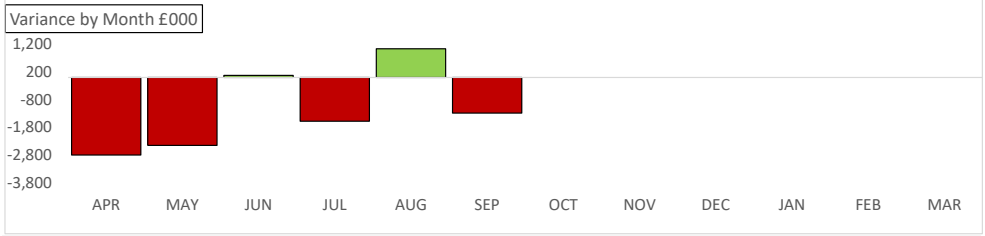
The inclusion of Lexica's I&E position at the point of sale within July's numbers has contributed £2.0m to operating income, £1.3m to pay (predominantly in A&C) and £2.7m to non-pay (predominantly in establishment). The NHS pay award was transacted in August contributing an estimated £24m in additional pay costs in month. This is materially offset in Reserves where costs had been accrued for in previous months.

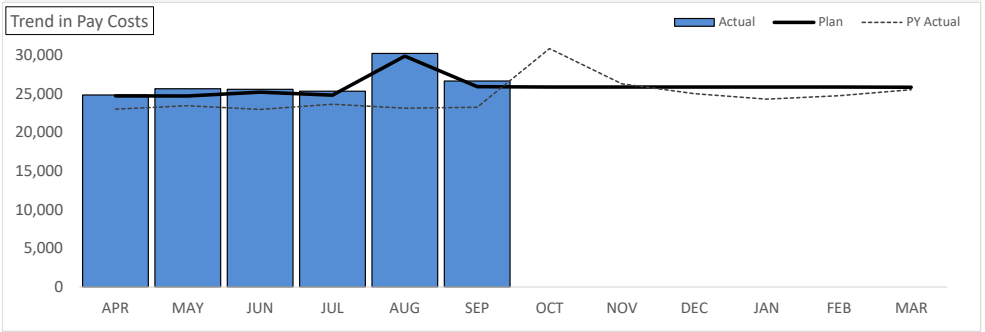
Clinical supplies spend in September is £7.3m lower than the trend seen in M1-5, reflecting a £4.4m revision to Q2 pathology numbers and £2.9m reduction in prior year genomics accruals as actual figures have been received. Premises spend was also lower than trend in July & September due to reduced energy accruals relating to RBH premises (held within Essentia), the release of accrued prior year EPIC maintenance charges and XXX.

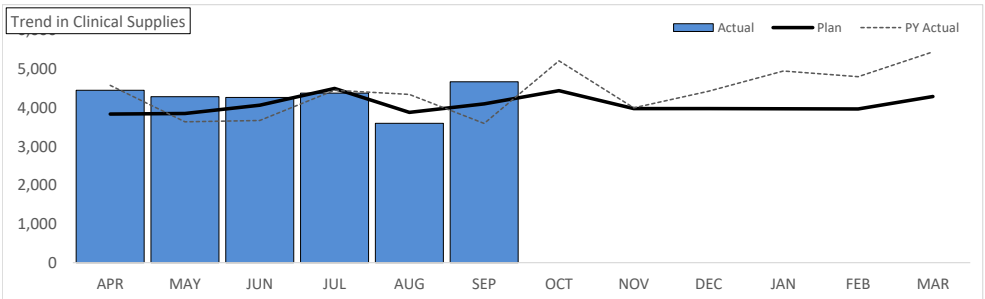
Pay spend was above trend in September reflecting resident doctor rotations, bank holiday enhancements relating to August and MARS payments, though the latter have been phased over the remainder of the year with £0.4m of £3.0m costs recognised in M06. High cost drugs income was lower than trend on month, reflecting the movement of blood products (£15.5m annual plan) back into ICB block values, & which are above trend in month.

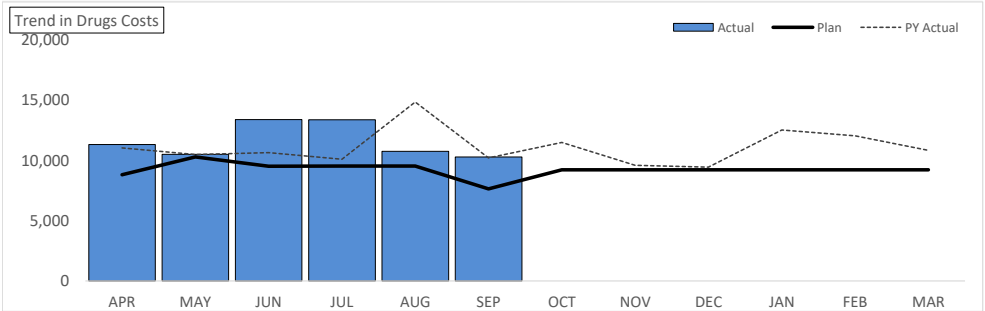
Cancer & Surgery Clinical Group - Financial Performance

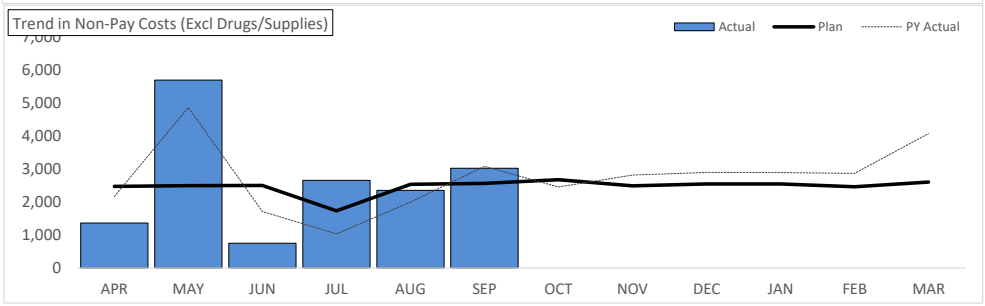
Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Clinical Income Adjustment (excl Drugs/Devices)	36,105	36,263	158	216,382	217,538	1,156
Clinical Income Adjustment - Drugs & Devices	8,204	10,447	2,243	49,223	62,034	12,811
Income (Excl Clinical Income Adjustments)	3,810	3,683	(126)	22,120	21,716	(404)
Total Income	**48,118**	**50,393**	**2,274**	**287,726**	**301,288**	**13,563**
Pay	(25,904)	(26,637)	(733)	(155,216)	(158,229)	(3,013)
Non Pay	(14,299)	(17,982)	(3,683)	(93,853)	(111,111)	(17,258)
Further Improvement Target	(913)	0	913	671	0	(671)
Internal Recharges inc Overheads	(10,997)	(11,058)	(61)	(65,036)	(64,676)	360
Total Expenditure	**(52,114)**	**(55,677)**	**(3,563)**	**(313,434)**	**(334,017)**	**(20,583)**
Total	**(3,995)**	**(5,284)**	**(1,289)**	**(25,708)**	**(32,728)**	**(7,020)**











Summary

At M06 Cancer & Surgery Clinical Group reported a position of £7.0m behind plan, following a £1.3m deterioration in month.

YTD Position

Pay £3.0m overspent

- Medical pay is £2.3m overspent, of which £1.4m relates to consultants and £0.9m to resident doctors. Key drivers are consultant pay arrears £0.4m, maternity costs £0.6m, additional activity inc. HCA £0.1m, a prior year correction for KCH ENT service £0.1m and unmet vacancy factor £0.4m
- Nursing (inc ODPs) £1.6m overspent, reflecting maternity leave £0.5m costs and unmet vacancy factors £0.9m.
- Hosted Service £0.2m underspent, offset within Income, net position £b/e
- R&D £0.6m ahead of plan, net position £1.2m ahead of plan, driven by commercial income in OHCT.

Further Improvement Target £0.7m behind plan

- The Clinical Group has a total annual FIT of £14.9m, made up of: i) Legacy 23/24 headcount target £4.6m, ii) Unmet 24/25 target £1.4, iii) 25/26 target £7.4m and iv) 25/26 stretch target £1.5m. As at M06 £12.8m has been identified against the target, with £2.1m unidentified.

Non Pay & Internal Recharges £16.9m overspent

- Drugs £14.3m overspent, partially offset by with high cost drug income, net position £1.8m behind plan.
- Clinical Supplies £1.4m overspent, mainly within TAP £0.6m, GMS £0.6m and TR&U £0.4m. See 'Key actions'.
- Endoscopy insourcing £0.7m overspent, funded non recurrently in 24/25.
- Hosted Service £0.3m underspent, offset within Income.

Income £0.4m behind plan.

- Hosted Services £1.5m behind plan, offset in Clinical Income and Pay and Non Pay.
- R&D £0.7m ahead of plan.

Clinical Income Adjustment - Drugs & Devices £12.8m ahead of plan

- The net P/T Drugs & Devices position is £1.8m behind plan, driven by TR&U £1.2m, due to drugs switches driven by drug shortages and move from unbranded to branded.

Clinical Income Adjustment (excl Drugs/Devices) £1.2m ahead of plan

- Hosted Service £1.0m ahead of plan, offset within Income.

Key Actions

1. CIPs

Delivery of remaining unidentified target of £2.1m.

2. Activity Performance

Interrogation of Contract Monitoring data, to understand performance and to work through capture, coding and mapping issues.
Clear understanding of 25/26 commissioned activity payment rules.

3. Procurement Support

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

4. Resident Doctors

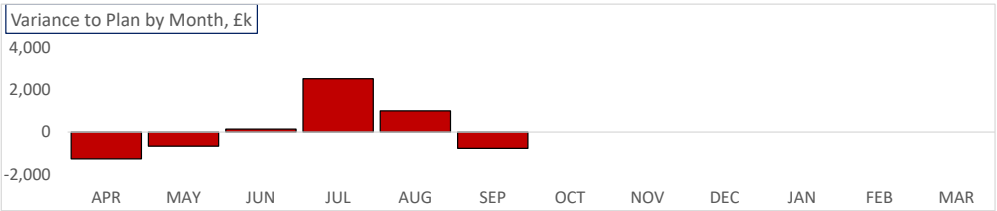
Review of establishments, to ensure rota changes have all been actioned correctly.

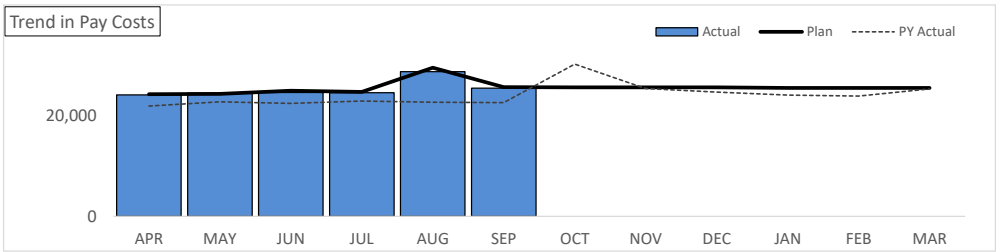
5. Drugs income

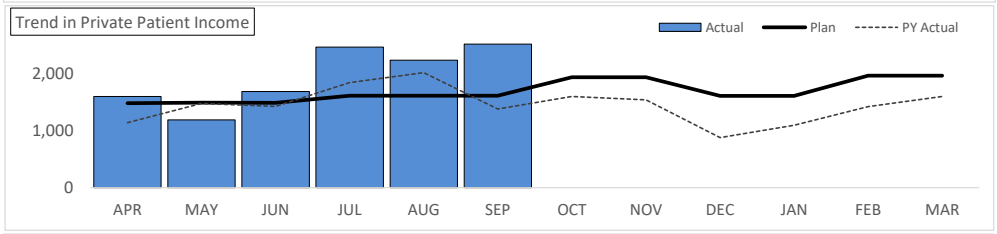
A review of pass-through recovery rates required, to ensure all appropriate costs are being billed to commissioners.

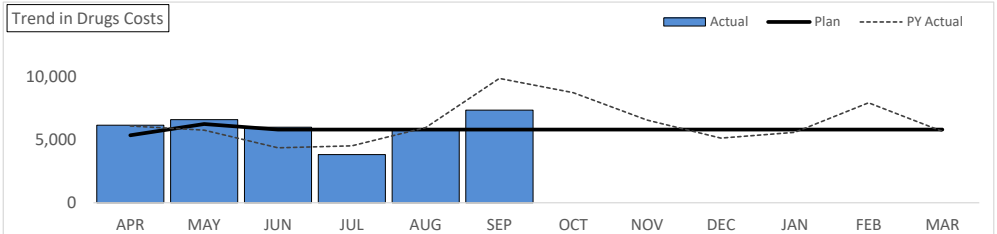
Evelina London Clinical Group - Financial Performance

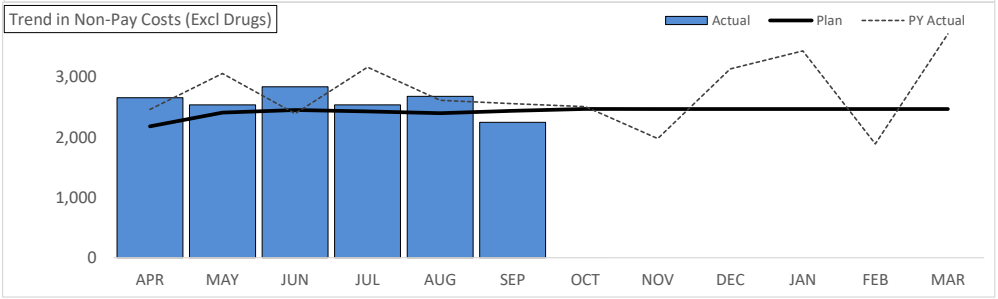
Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Clinical Income Adjustment (excl Drugs/Devices)	31,976	31,978	2	191,542	191,645	103
Clinical Income Adjustment - Drugs & Devices	4,799	6,368	1,570	28,793	30,525	1,733
Income (Excl Clinical Income Adjustments)	3,584	4,302	719	19,924	22,811	2,887
Total Income	**40,358**	**42,649**	**2,290**	**240,259**	**244,981**	**4,723**
Pay	(25,787)	(25,618)	170	(154,261)	(152,807)	1,453
Non Pay	(8,235)	(9,598)	(1,364)	(49,083)	(51,207)	(2,125)
Further Improvement Target	143	0	(143)	861	0	(861)
Internal Recharges inc Overheads	(9,353)	(9,502)	(150)	(55,451)	(55,835)	(384)
Total Expenditure	**(43,231)**	**(44,718)**	**(1,487)**	**(257,933)**	**(259,850)**	**(1,916)**
Total	**(2,872)**	**(2,070)**	**803**	**(17,674)**	**(14,868)**	**2,806**











Summary

- At M6 Evelina CG reported a position of £2.8m ahead of plan, following a £0.8m improvement in month.
- Key drivers of the in month position are £0.9m over performance in PP income (PICU bed days predominantly), pay underspends of £0.2m, partially offset by unidentified savings (£0.1m) and Internal Recharges (relating to PP cost of delivery) (£0.1m).

Year to Date Position

The key drivers of the M6 YTD position are:

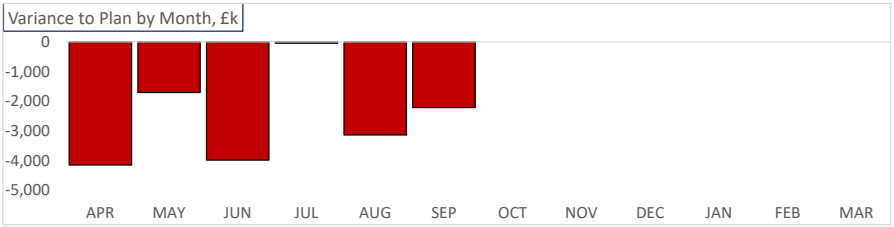
- Clinical Supplies (£1.3m) overspent net of pass-through income and R&D/Charity funding, of which £0.5m is unmet CIP and (£0.8m) underlying non pay pressure currently being investigated.
- Unidentified savings (0.8m)
- Pay is £1.5m underspent net of R&D/Charity funding driven by vacancies across Nursing £2.1m and Admin £0.7m partly offset by (£1.2m) Medical overspends
- Private Patient Income £2.4m ahead of plan - with overperformance in CRIC of £2.8m (mostly PICU) more than offsetting ACU underperformance of (£0.8m).

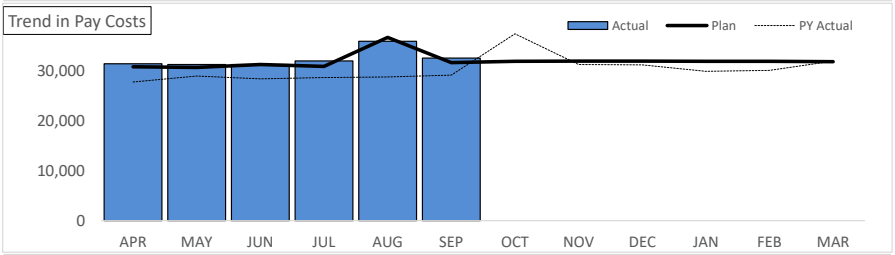
Key Actions

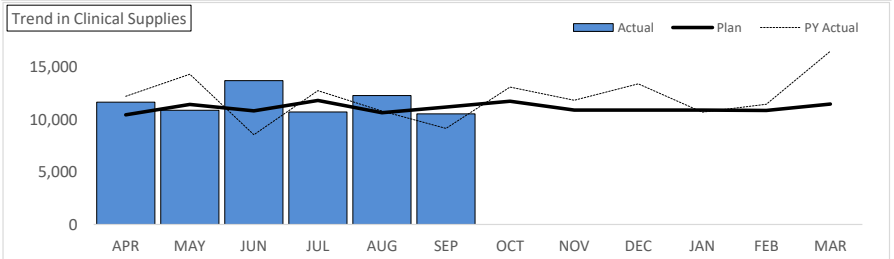
- An ACU PP Income recovery plan has been developed and assumes areas of underperformance will return to plan from M7. This is being closely tracked and monitored on a weekly basis by the Task and Finish Group and Evelina CEO Team.
- The CG savings target currently stands at £8.9m (£2.7m c/fwd + £6.2m 25-26 allocation) of which £7.2m has been identified. There was a marginal improvement to the maturity level of identified schemes but this has remained broadly in line with status reported in M5 at £4.6m (52%). There is still significant work to do, in order to move schemes along the maturity gateways and to convert non-recurrent pay underspends into sustainable, recurrent savings.
- Despite temporary staffing only representing 4% of the CG's overall Pay bill, a line by review of all temporary staff with a need to establish exit strategies for Admin, and 'Project work' for the second half of the financial year.
- Evelina Procurement Oversight group now has clinical directorate representation joining senior membership from Procurement, Finance and CG Operations to closely monitor delivery of the CG's planned £1.8m non-pay CIPs. Potential savings of £372k 25-26 (£474k Full Year) identified by procurement for review - Evelina Finance Team are working with directorate management teams to validate schemes that can be counted as a 25-26 CIP.
- The underlying non-pay pressure of (£0.8m) is currently being investigated including potential impact of supply chain catalogue charge out price per unit being overwritten with pack/box size.

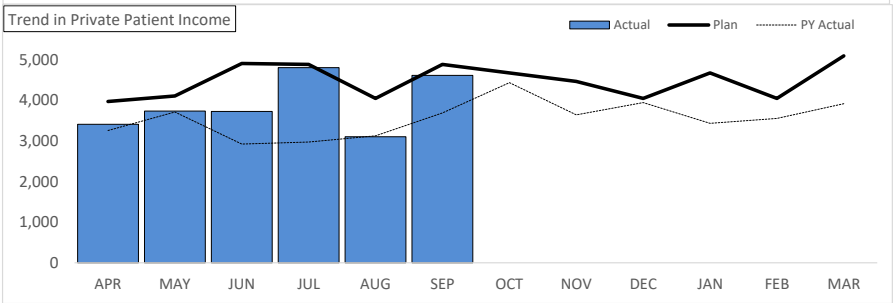
Heart, Lung and Critical Care Clinical Group - Financial Performance

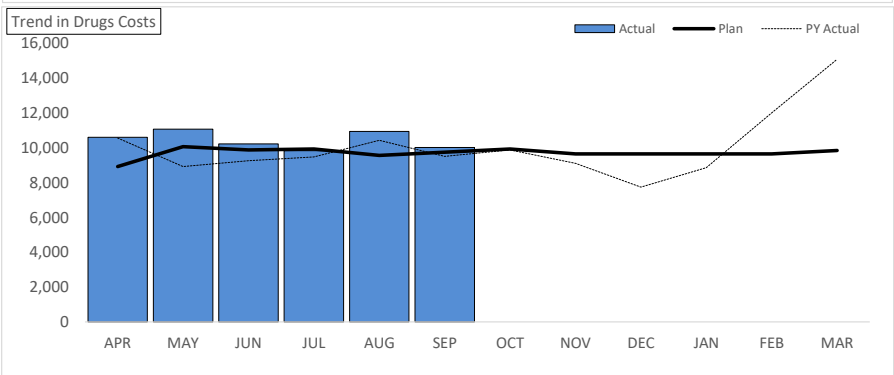
Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Clinical Income Adjustment (excl Drugs/Devices)	38,971	38,987	16	233,824	233,838	14
Clinical Income Adjustment - Drugs & Devices	12,961	13,303	342	77,768	84,532	6,764
Income (Excl Clinical Income Adjustments)	7,445	7,754	309	42,090	43,145	1,055
Total Income	**59,377**	**60,044**	**667**	**353,682**	**361,515**	**7,833**
Pay	(31,607)	(32,481)	**(874)**	(191,681)	(194,053)	**(2,372)**
Non Pay	(23,447)	(24,754)	**(1,307)**	(139,569)	(150,825)	**(11,257)**
Further Improvement Target	412	0	**(412)**	2,928	0	**(2,928)**
Internal Recharges inc Overheads	(10,779)	(10,710)	69	(64,025)	(63,762)	263
Total Expenditure	**(65,421)**	**(67,946)**	**(2,525)**	**(392,347)**	**(408,641)**	**(16,293)**
Total	**(6,044)**	**(7,902)**	**(1,858)**	**(38,665)**	**(47,125)**	**(8,461)**











Summary

The Clinical Group is reporting a £(1.9)m adverse position in month and a year-to-date (YTD) adverse variance of £(8.5)m.

The in month position is mainly driven private patient bad debt costs in month related to Kuwait Health Office & Qatar amounting to £(0.8m)adv, MARS payments £(0.4m)adv and underperformance of PP £(0.3m) adv. Private Patient activity has consistently not met plan this year however there has been an increase in the Q2 average £4.2m compared to the Q1 average of £3.6m. M6 saw an increase of £1.5m from last month but this relates to a few high paying patients rather than a general increase in activity volumes. Low activity in H1 was driven by significant cancellations to due NHS ITU capacity and diagnostic underperformance at Wimpole Street.

Income

NHS Income relating to passthrough adjustments are £0.3m ahead of plan in month and £6.8m ahead of plan YTD. As at M06, £5.0m is related to drugs and £1.8m is related to VCM income. Income for passthrough should in theory offset in expenditure, however, the net position is £(1.4)m adverse for Drugs and £(1.6m) adverse for VCM. There remains pressure on Clinical Supplies as analysis of our device expenditure with NHS Supply Chain indicates a significant increase in cost, also seen in 24/25, not reflected in pass-through devices income. A detailed review is being undertaken.

Trust to Trust income is £0.1m ahead of plan in month and £0.3m ahead of plan YTD which is driven by activity at Wimpole & Harefield. All other NHS contract income continues to be reported on a breakeven (no variance) basis following EPIC go-live.

Pay

In month, payments were made in relation to MARS amounting to £(0.4m) for the clinical group. Pay costs are £(0.9)m adverse in month and £(2.4)m overspent YTD. The YTD overspend is mainly driven by medical pay which is £(1.9m) adv. The overspends relate to temporary staffing use in PACCS & Harefield. In addition, resident doctors in RBH Heart & CVS are over established. In month, vacancy factor was distributed across all staff groups as it previously sat in A&C.

Non-pay

Non-pay costs are adverse in month by £(1.3)m and £(11.3)m adverse YTD.

Clinical supplies saw a reduction in spend this month, however though a catch up of spend in M07 is anticipated. The in month clinical supplies spend of £10.6m is £0.3m lower than Q2 average last year . Working groups have been set up to drive improved understanding of supplies spend and identify opportunities to reduce costs. Non-pay controls commenced in August across cost centres identified as having increased supplies spend since 23/24.

The in month drugs spend of £10.0m is in line with the 2024/25 average spend. Most of the in month spend relates to pass through drugs in Lung.

Purchase of healthcare costs is £(0.3)m adverse in month and £(2.7)m adverse YTD. This is driven by Cardiovascular due to MRI activity with KCL. From June onwards use of independent sector for TAVIs and Vascular surgery ceased.

The Clinical Group's allocated CIP target for 25/26 is £16m, of which £15.2m has been identified to date. YTD CIP performance is slightly ahead of plan which equates to 100.4% delivery against plan.

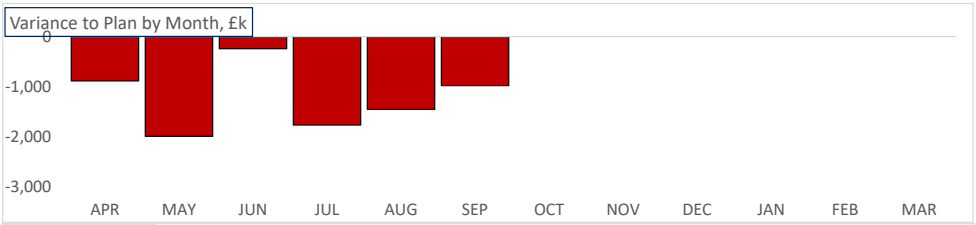
Key Actions

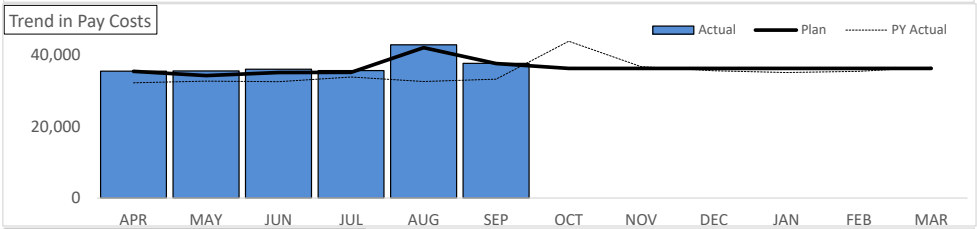
Work is ongoing to develop a clearer understanding of our non-pay variances, in particular clinical supplies and drugs. The group is actively engaged in trust wide work to improve the analysis and reporting of the non-pay position.

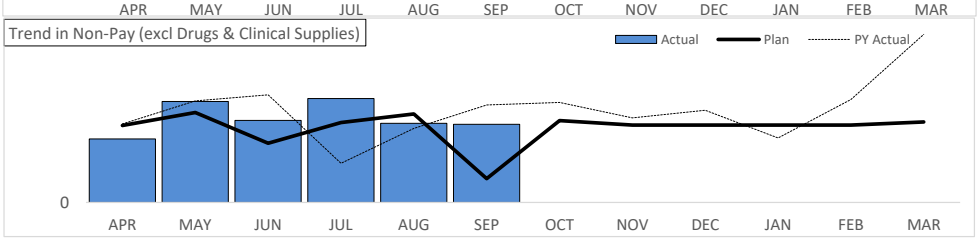
Material reviews of contract monitoring data is commencing in October to ensure all activity is being captured.

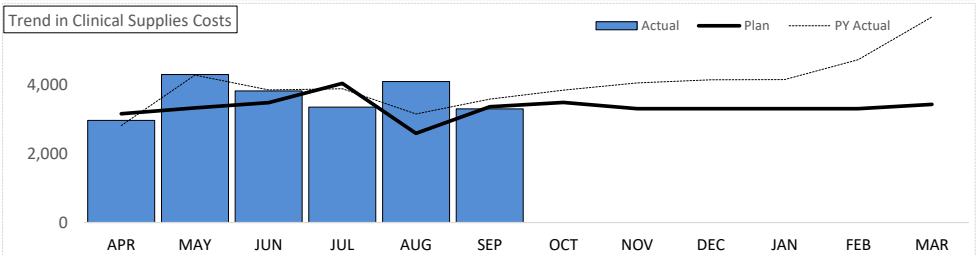
Integrated and Specialist Medicine Clinical Group - Financial Performance

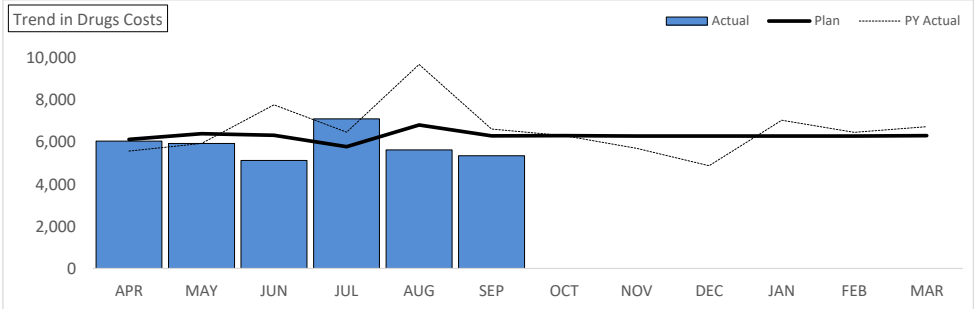
	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Clinical Income Adjustment (excl Drugs/Devices)	37,604	37,472	(132)	225,621	226,118	497
Clinical Income Adjustment - Drugs & Devices	5,978	4,907	(1,071)	35,867	33,098	(2,769)
Income (Excl Clinical Income Adjustments)	5,347	5,028	(319)	31,666	29,931	(1,736)
Total Income	**48,929**	**47,406**	(1,522)	**293,155**	**289,147**	(4,008)
Pay	(37,591)	(37,621)	**(30)**	(219,465)	(223,073)	**(3,609)**
Non Pay	(10,347)	(10,899)	**(552)**	(69,764)	(71,665)	**(1,901)**
Further Improvement Target	2	0	**(2)**	6	0	**(6)**
Internal Recharges inc Overheads	(12,034)	(12,112)	**(78)**	(71,063)	(71,140)	**(77)**
Total Expenditure	**(59,970)**	**(60,632)**	(662)	**(360,286)**	**(365,879)**	(5,593)
Total	**(11,041)**	**(13,225)**	(2,184)	**(67,131)**	**(76,732)**	(9,601)











YTD Position
The YTD position at M06 is £(9.6)m adverse

Clinical Income (excl Drugs/Devices) - adj - £0.5m Fav
• Drivers are CLIMP £0.3m fav - funding received for London Imaging Academy and AI Fellowship projects; Dental 0.2m fav due to funding for Saturday waiting list reduction sessions.

Clinical Income Drugs & Devices - adj - £(2.7m) Adv
• Drugs & Blood income is £(3.8m) adv YTD mainly attributable to SAS while VCM device income reports a £1.0m fav position.
• The net pass through drugs and devices position, considering income and expenditure actuals is £0.6m in surplus, variance is £0.3m fav YTD.

Income - excl internal adj - £(1.7m) Adv YTD
• Drivers are ISM Management under performance in Commercial Income £(0.5m) adv. Notable variances also exist within Pharmacy Production £(0.8m) adv & CLIMP NucMed £(0.7m) adv reflecting the current performance against historic income targets. The above is offset by £0.3m fav in SAS Service Support.
• Private patients £(0.6m) adv, spread across Pharmacy £(0.2m) adv, CLIMP £(0.1m) adv & Therapies and Rehabilitation £(0.2m) adv.
• The above is offset by £0.2m fav in R&D.

Pay - £(3.6m) Adv YTD
• £(1.4m) unidentified CIP in pay positions - and a comparable value for under-performing CIPs within Pay.
•£(1.0m) adv. medical pay of which £(0.2m) adv due to industrial action.
• £(0.6m) adv. YTD due to DM01 maintenance expenditure of which £(0.3m) is due to MRI staffing and the rest due to reporting / insourcing.
•£1.3m CIP budget reallocation between pay and non pay (CLIMP) in M06 has enabled a breakeven position in M06.

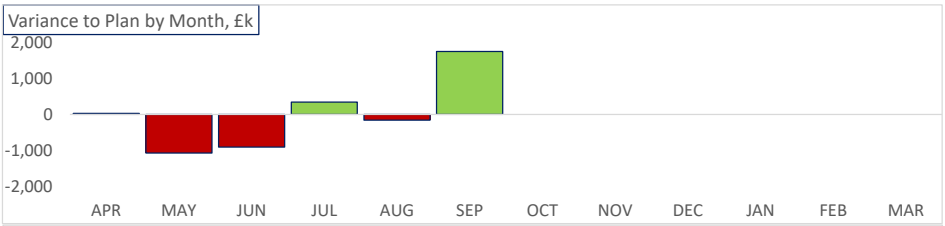
Further Improvement Target
• FIT now reallocated to Pay and Non Pay lines.

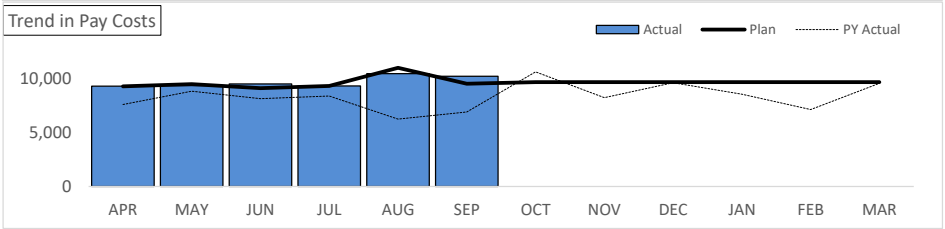
Non-Pay - £(1.9m) Adv YTD
• Bad debt provisions account for £(0.4m) adv YTD.
• Trustwide medical equipment purchases £(0.2m) adv YTD
• Expenditure incurred to maintain the recovered imaging DM01 position costs within CLIMP are £(1.1m) adv. Monthly spend has reduced slightly.
• Overspends in Premises lines of £(0.7m) underscore actions to extend non-pay controls - lines under non-pay controls have decreased.
• £(1.3m) CIP budget reallocation between pay and non pay (CLIMP) in M06 has contributed to an adverse position in month.
• Balance sheet prior year non pay release of £0.4m fav, with an additional HCTED stock write back (devices) of £0.5m fav.

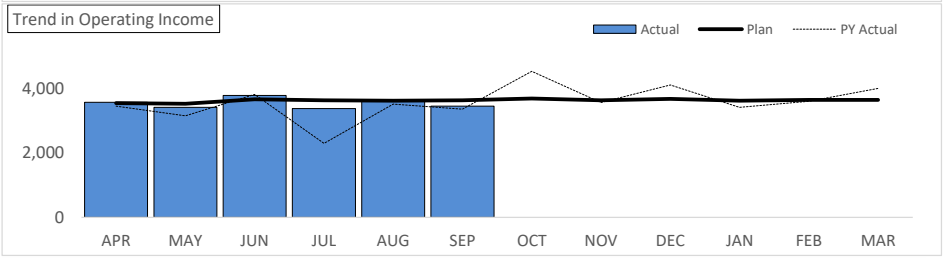
Key Actions
• Operating income from external sales and Commercial Education income target is being closely monitored by the recently appointed NICER director.
• ISM commenced direct executive control of non-catalogue ordering requests for clinical supplies and premises on 9th June. Data indicate scope for improvement in both transactional and strategic procurement. Benefits starting to be seen in forecast compared to prior year.
• Controls are being extended to key Establishment lines, ordering via Essentia and CDIO for IT, as well as one large volume NHS Supply Chain product type.
• Stock-counts continue for insulin pumps and pain management devices (non NHS supplies)- both SAMS.
• The ISM Group current year CIP challenge is £9.5m, with a further carry forward prior year CIP of circa £5.3m, totalling £14.8m. Current unidentified schemes are primarily attributable to the brought forward balance and we continue to work with directorates to identify new schemes to reduce this balance further. A further £0.4m cip identified in M06 bringing the identified cips to 77%.
• YTD CIP variance stands at £(1.7m) adv. i.e. forecast under performance of £(3.4m).

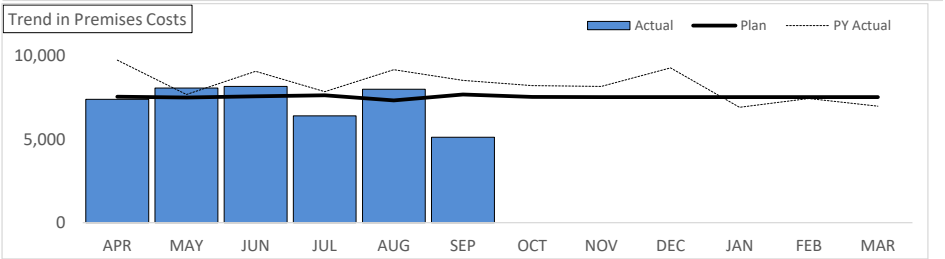
Essentia - Financial Performance

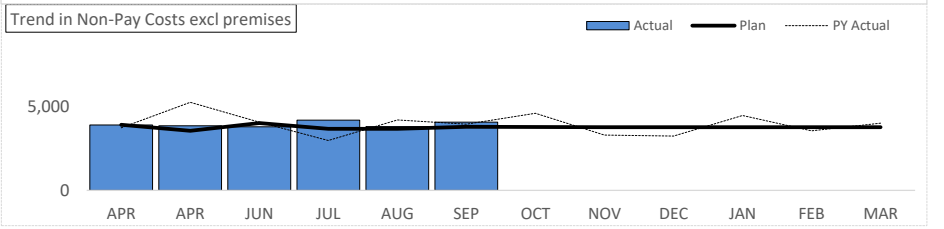
Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Clinical Income Adjustment (excl Drugs/Devices)	2,163	2,163	(0)	12,977	12,977	(0)
Income (Excl Clinical Income Adjustments)	3,627	3,446	(181)	21,591	21,216	(376)
Total Income	**5,790**	**5,609**	(181)	**34,569**	**34,193**	(376)
Pay	(9,501)	(10,180)	(679)	(57,565)	(57,984)	(419)
Non Pay	(11,578)	(9,324)	2,254	(68,454)	(67,507)	947
Further Improvement Target	(101)	0	101	754	0	(754)
Internal Recharges inc Overheads	12,024	12,272	249	68,519	69,109	591
Total Expenditure	(9,155)	(7,231)	1,924	(56,746)	(56,382)	364
Total	(3,366)	(1,622)	1,743	(22,177)	(22,189)	(11)











Summary

YTD Position The Group reported an over spend of £11k to the end of September.
The main headlines are

- Inflationary pressures £0.8m
- Additional services to clinical groups £1.7m
- CIPs behind profile £0.8m
- Cleaning for infection outbreaks £0.3m
- Bad debt provision £0.8m
- Other non recurring costs £0.6m
- Impact of MARS £0.4m

Offset by

- Old year benefits £3.6m
- Offset by pay vacancies £1.2m
- Costs transferred to capital £0.3m
- Internal recharges in non pay £0.2m

Income £0.4m under achieved.
There is a shortfall in pass through services income (£0.4m) where a contra can be seen in costs.

Pay £0.4m over plan.
The Group has spent £1.2m over budget on services that were included in internal recharges, notably Food Services, Housekeeping and Portering, disproportionately relating to St Thomas'.

In month the impact of MARS payments to staff was £447k.

Across the Group there is a net £1.2m favourable position where either vacancies are held or costs are being incurred via a contractor. The services include Patient Transport , Development and Compliance, Sterile Services and Guy's engineering

Non-Pay £0.9m under plan
Costs of £0.3m over plan relate to services that were part of internal recharges. In month recharges for taxi hire, postage and photocopying recommenced

The position includes remaining inflationary pressures of £0.7m mainly for on going rent reviews. In month annual inflationary pressures of £0.6m were budgeted.

Year to date £0.8m has been provided for bad debts where the bills continue to be chased. In month this figure was reduced by £0.4m after payments of outstanding invoices Also a review of prior year invoices has identified £3.6m of accruals no longer needed.

Internal recharges £0.6m over achieved
For on going recharges for HIN rental and PP services at St Thomas'. the Group is £0.25m ahead of target. The internal recharges for postage, taxis and photocopying are £0.25m ahead of target which offset non pay overspends noted above.

CIPs £0.8m under achieved
The Group has identified opportunities totalling 102% of its 2025/26 target. Against a evenly phased plan the group is £0.8m behind targets but over achieved by £0.1m in month as the majority of savings expected to start in Q2/Q3

Key actions:

- Continuing to identify FIT schemes
- Management of inflationary pressures especially around rent reviews
- Review of approach to internal recharges, with a view to a phased restart of recharges where appropriate.
- Review of energy costs
- Continuing review of vacancies

Corporate - Financial Performance

Variance Type	Pay	Further Improvement Target	Internal Recharges	Non Pay	Income (Excl Clin Income Adj)	Total (Excl Clin Income Adjs)	Internal Income Adjustment (Offsets with Trust Income)	Total (Incl Clin Income Adjs)
Chief Operating Officer	(1,129.7)	(859.5)	(0.0)	(2,426.7)	0.0	(4,416.0)	186.5	(4,229.5)
Director of Finance	1,827.2	(640.8)	(11.8)	(133.7)	348.6	1,389.5	0.0	1,389.5
DT&I	619.0	(349.2)	(12.4)	746.5	(429.5)	574.4	0.0	574.4
Workforce	(330.7)	(379.0)	44.6	(3,211.1)	1,463.1	(2,413.1)	1,141.2	(1,272.0)
Chief Executive	3.9	123.0	(668.2)	622.5	(1,031.0)	(949.8)	560.5	(389.3)
Deputy Chief Executive	(22.3)	0.0	(112.8)	177.6	457.3	499.8	0.0	499.8
Hosted Services	8,067.6	0.0	12.6	519.9	(8,644.3)	(44.1)	0.0	(44.1)
Medical Director	(483.3)	(413.2)	(9.1)	2,099.3	1,095.6	2,289.2	399.4	2,688.6
Chief Nurse	(146.6)	(408.3)	(8.0)	(157.4)	348.6	(371.6)	92.4	(279.2)
GSTT R&D NIHR	235.6	0.0	1,141.0	(1,229.2)	(142.4)	5.0	0.0	5.0
Commercial	0.0	0.0	0.0	35.2	0.0	35.2	0.0	35.2
GSTS Pathology Payroll	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Corporate	**8,640.8**	**(2,926.9)**	**375.9**	**(2,957.2)**	**(6,534.0)**	**(3,401.5)**	**2,380.0**	**(1,021.5)**

COO:
The Directorate is reporting an **adverse** YTD financial position of **£4.2m** as of Month 6. The main drivers of this position are:
- Unfunded Independent Sector expenditure, contributing £2.4m to the YTD overspend, comprising £1.9m for HCA and £450k in prior-year BUPA Cromwell charges transferred from Surgical Oncology in M4.
- Unfunded costs related to the Post-Apollo Stabilisation Team, which was approved by TEC last year that account for £1.5m YTD.

Director of Finance:
The Director of Finance reports a **favourable variance of £1.4m** as of M6, consisting of favourable variance of **£1.5m** from **Finance** and adverse variance of **£75k** from **Procurement**.
The positive contribution from **Finance** is largely driven by:
- Pay underspend of £766k due to vacancies
- Income overperformance of £654k, largely driven by Overseas Visitors £417k, Financial Operations £143k.
- Non-Pay YTD underspend of £46k, largely relating to Pharmacy Outpatients.

On the **Procurement** side, the £75k adverse variance is driven by:
- Pay underspends of c£1m resulting from vacant posts
- This is partly offset by income underperformance of £300k YTD, linked to unmet historical targets for supplier rebates and ad-hoc procurement services to external organisations.
- Non-pay overspend of £180k, mainly due to:
  - Procurement (ECH Cabinets Lease final settlement) – £452k
  - Supply Chain Hub (CEVA backdated rent increase) – £250k
  - Offset by Dartford Stock YTD favourable balance – £740k

DT&I:
As of Month 6, DT&I reports a **YTD underspend of £574k**
- **Business as Usual (BAU):** Favourable variance of £1.1m driven by pay underspends (£604k) and non-pay underspends £920k.These underspends offset a £349k shortfall against the FIT target pending transaction.
- **ITCS (Apollo):** Adverse variance of £533k in Month 6. Mainly due to the unfunded Healthcare Comms contract (adverse £839k YTD).

Workforce:
As of Month 6, the Directorate is reporting an **adverse variance of £1.3m**. The main drivers behind this position are:
- VISA expenditure: £1.2m adverse YTD, including £55k related to prior year costs partially offset by a favourable movement from L&G Payroll invoice no longer being classed as bad debt (c£207k)
- Income reflects a shortfall of £303k, largely due to loss of several Occupational Health external contracts. Despite the loss, historic income targets remain, specifically:
  - SLAM and SWLSTG (annual contract value: £218k) - YTD adv variance of £109k
  - Unison contract (annual value: £35k) - YTD adv variance of £17k
  - KCL Med School (annual contract value: £311k) - YTD adv variance of £155k
  - Nursery fees income is also underperforming, with a YTD shortfall of £289k, although this is partially offset by pay underspends, leading to a net favourable Nursery variance of £57k YTD.

Chief Executive:
- The Chief Executive Directorate is reporting a **favourable YTD variance of £120k** for Month 6 driven by underspends in both Pay and Non-Pay.

Deputy Chief Executive:
Deputy Chief Executive is reporting **a favourable YTD variance of £500k** in M6. Main drivers of this position;
- Favourable pay variance of £194k, due to vacancies — £135k within the Central Deputy Chief Executive area, £107k in Intellectual Property and £123k in CITI.
- Income is showing a YTD favourable variance of £471k, largely from strong performance in Intellectual Property (fav £279k), offset by a £114k adverse position in Internal Recharges. This reflects the overperformance in income and the subsequent distribution of Intellectual Property contract income to R&D and Clinical Groups.
- The non-pay variance has deteriorated compared to last month, now standing at £53k adverse, mainly due to increased Intellectual Property expenditure, where budgets are phased for the latter part of the year.

In contrast, Private Patients is reporting an **adverse variance of £509k**. This is largely due to a £637k adverse impact from historically overstated internal recharge budgets. Additionally, there is a £ 479k income shortfall, mainly within UK Consulting, where contract negotiations and finalisation are ongoing. These pressures are partially mitigated by non-pay underspends of £553k across the directorate.

Hosted Services:
Hosted Services are reporting an **adverse YTD variance of £44k**, primarily driven by HIN. This represents an improvement of £512k compared to the previous month, mainly due to the reinstatement of prior-year income accruals that had been inadvertently released in earlier months.

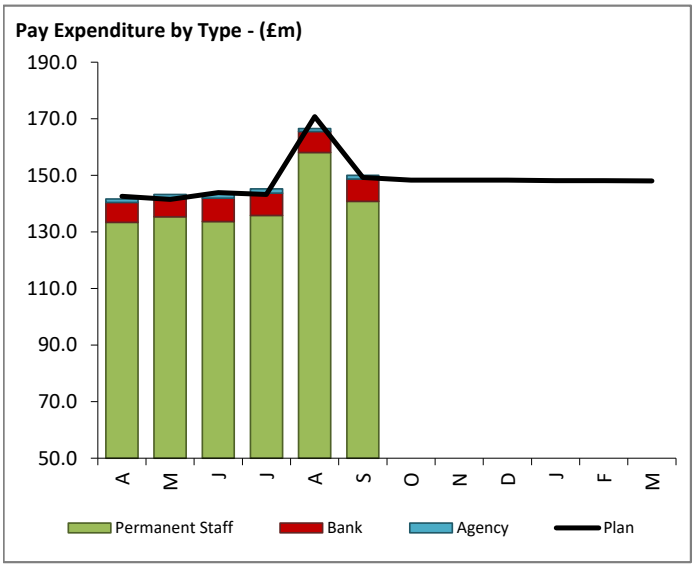
Medical Director:
The Directorate is reporting an overall **YTD favourable position of £2.6m** in Month 6. Key drivers of this position include:
- **Genomics:** Reporting a favourable YTD variance of £3.4m, an improvement of £2.7m compared to the prior month, mainly due to the release of prior year expenditure accruals.
- **Health Informatics:** Reporting a YTD favourable variance of £194k, resulting from pay and non-pay underspends of £134k and £82k respectively, offsetting a FIT shortfall of £23k.
- **Quality and Assurance:** YTD favourable variance of £137k YTD, with pay underspends offset by adverse variances in other areas. This represents a deterioration of £139k from the previous month, mainly due to a correction of a prepayment adjustment made in month.
- **Medical Director:** Reporting an overspend of £737k, driven by:
  - Pay overspend of £201k, primarily due to Bank and Agency costs and Recruitment & Retention Premium within Clinical Coding. These support external income-generating contracts, with the favourable Clinical Coding income reducing the net variance to £51k adverse.
  - Non-pay overspend of £470k, mainly due to higher than budgeted Undergraduate training costs, Postgraduate Library charges from KCL (£46k relating to prior year) and Consultant CPD costs, and the recognition of double running costs for Health Catalyst and Snowflake (healthcare data and analytics platforms).
  - Remaining variance relates to **FIT shortfall** pending transaction in the ledger.

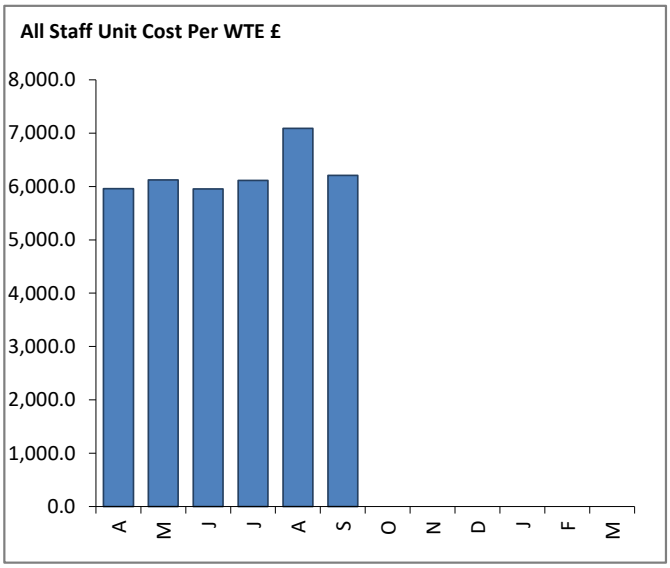
Chief Nurse:
As of Month 6, the Directorate has recorded an **adverse YTD performance of £279k,** comprising a £569k overspend in the Director of Infection, partially offset by a £290k underspend in Chief Nurse portfolio. Key drivers include:
- Pay is reporting an overall favourable variance of £77k, reflecting a £130k pay overspend in the Director of Infection due to a funding shortfall for substantive clinical roles and ongoing unfunded c osts associated with the Kofoworola Abeni Pratt Fellowship (£125k). These pressures are offset by £332k of pay underspends within the Chief Nurse budgets.
- The Director of Infection continues to experience non-pay pressures, primarily driven by drug cost increases (£189k adverse). These are partially offset by underspends in International Recruitment, resulting in an overall non-pay adverse variance of £6k.

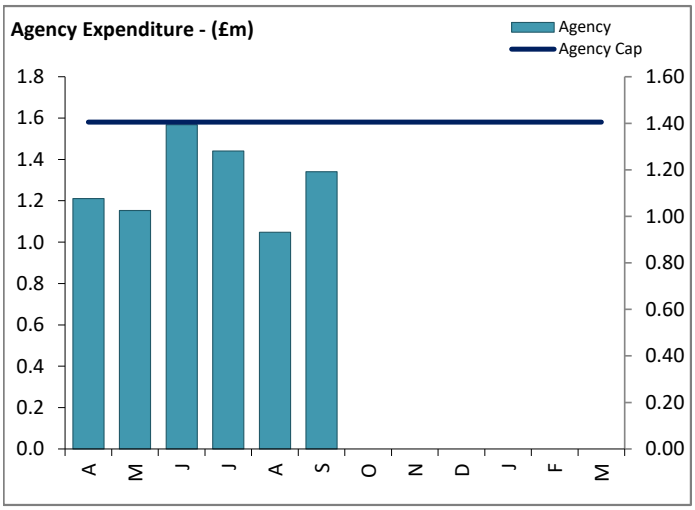
Financial Performance - All other functions

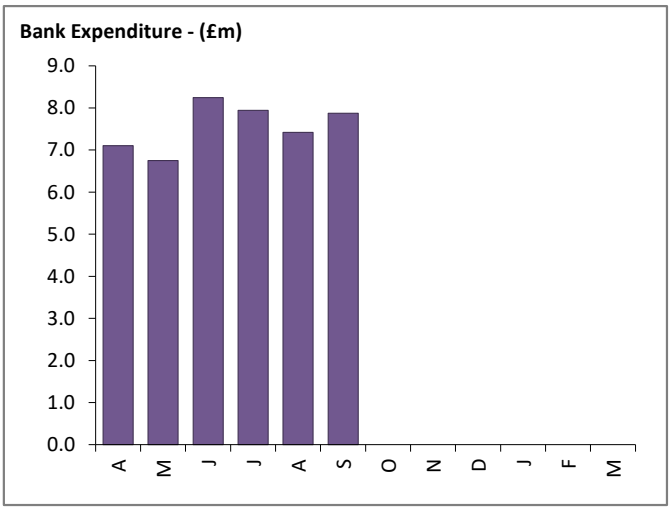
Variance Type	Pay	Further Improvement Target	Internal Recharges	Non Pay	Income (Excl Clin Income Adj)	Total (Excl Clin Income Adjs)	Internal Income Adjustment (Offsets within Groups)	Total (Incl Clin Income Adjs)
Trust Income	0.0	0.0	0.0	(493.5)	14,649.4	14,155.9	(27,557.6)	(13,401.7)
Reserves	3,106.9	14,453.2	0.0	24,518.6	1,913.4	43,992.2	0.0	43,992.2
Pathology	24.6	(5,190.6)	0.0	(5,166.7)	518.3	(9,814.4)	32.7	(9,781.7)
Interest Receivable	0.0	0.0	0.0	1,265.0	0.0	1,265.0	0.0	1,265.0
Vaccination Programme	(1,295.7)	0.0	0.0	(437.3)	1,706.6	(26.4)	26.4	(0.0)
Coronavirus [HCOVID]	0.0	0.0	0.0	(4.4)	0.0	(4.4)	0.0	(4.4)
GSTT Enterprises Ltd	(60.7)	0.0	0.0	16,891.3	5.0	16,835.6	0.0	16,835.6
Pathology Services Ltd	0.0	0.0	0.0	(275.4)	0.0	(275.4)	0.0	(275.4)
Lexica	(1,300.8)	0.0	0.0	(3,201.5)	1,835.8	(2,666.5)	0.0	(2,666.5)
Capital Depreciation	0.0	0.0	0.0	2,393.5	0.0	2,393.5	0.0	2,393.5
Other	(1.0)	0.0	10.5	(14,979.7)	0.0	(14,970.3)	0.0	(14,970.3)
Total Other	**473.3**	**9,262.6**	**10.5**	**20,509.9**	**20,628.6**	**50,884.7**	**(27,498.5)**	**23,386.2**

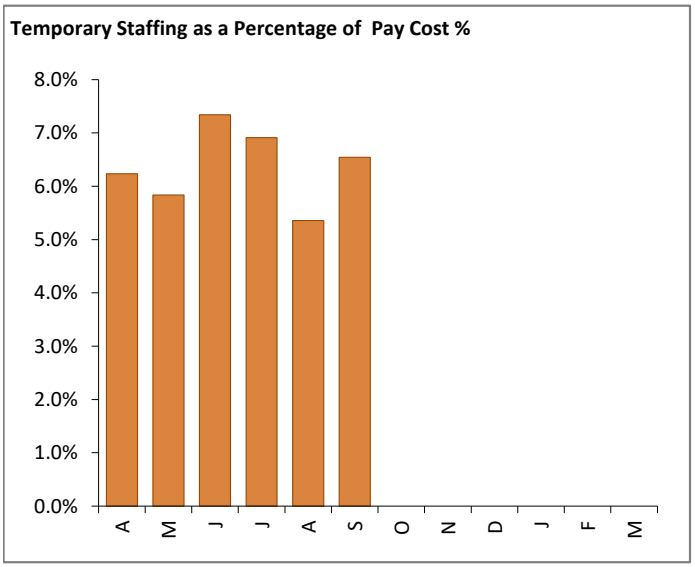
Key Payroll Metrics - Trust

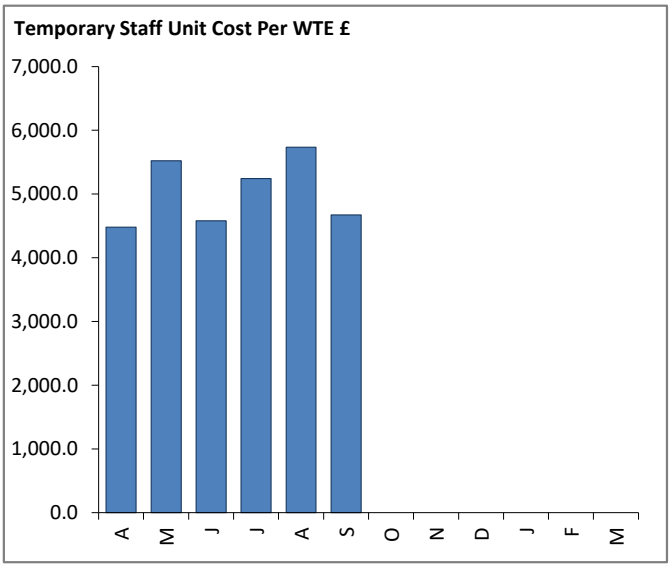








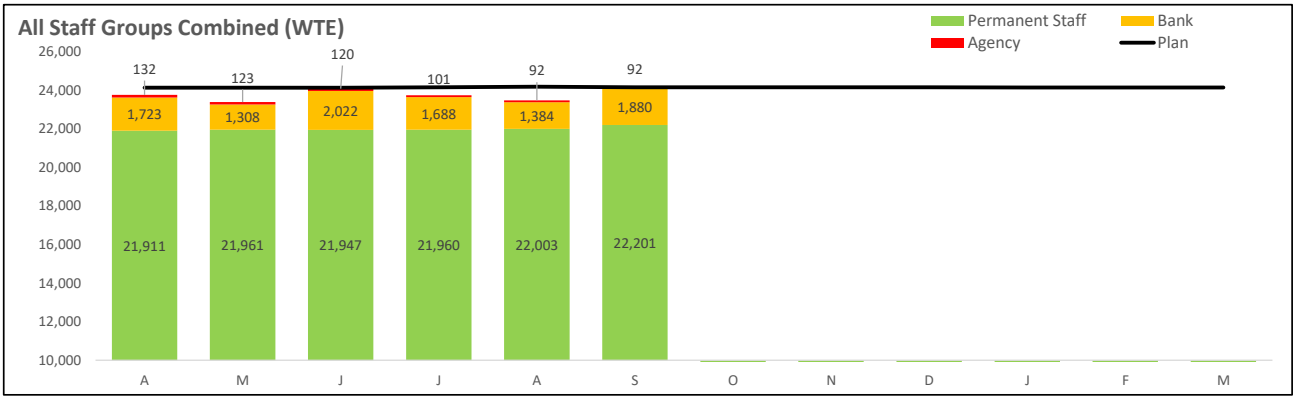


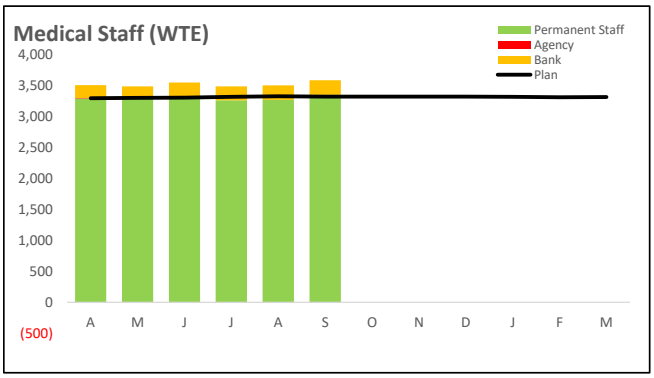


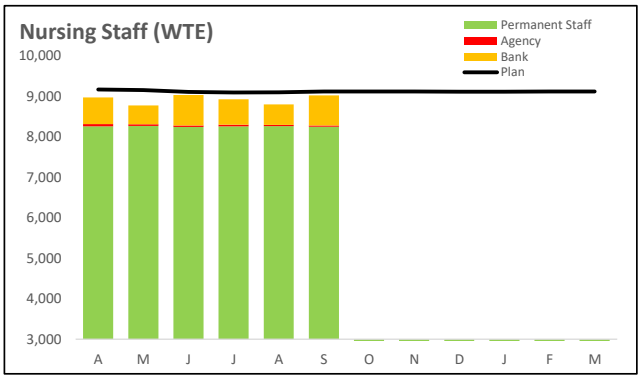
The NHSE agency cap for the Trust for 25/26 is £1.4M per month (based on 70% of 24/25 spend). YTD the Trust has been averaging agency spend of £1.29M per month; £0.12M below the 25/26 cap, for the current month the Trust was marginally above the Agency Cap

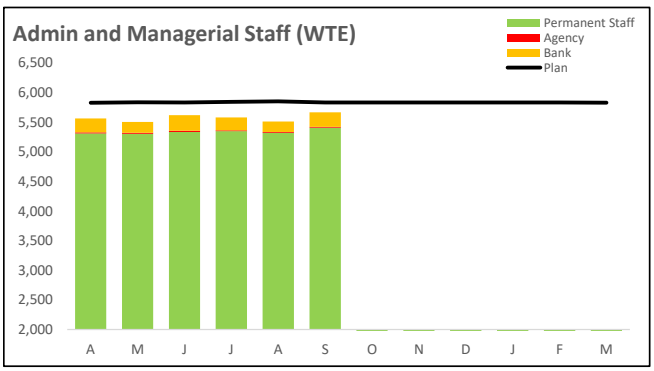
Bank expenditure, when flattened to take account of 4 or 5 week months is c.£7.55M per month, this is above the trend noted in 2024/25 of £7.2M.

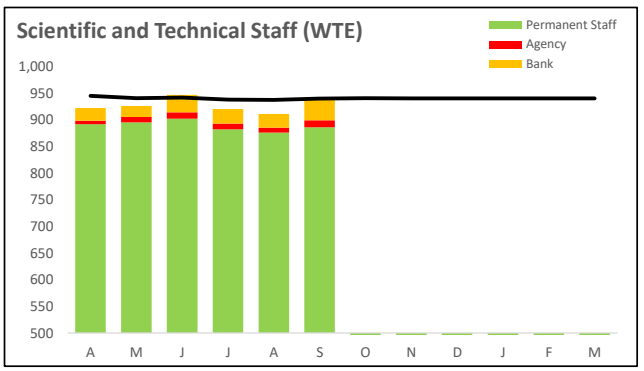
Staffing Utilisation (WTE's) - Trust

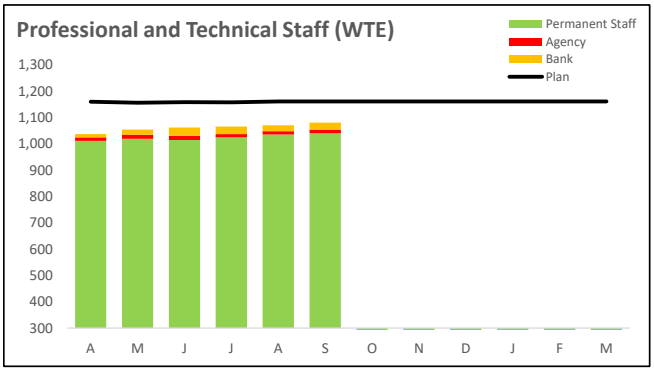


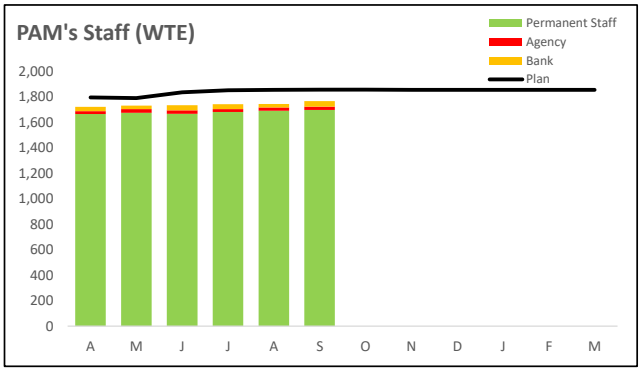


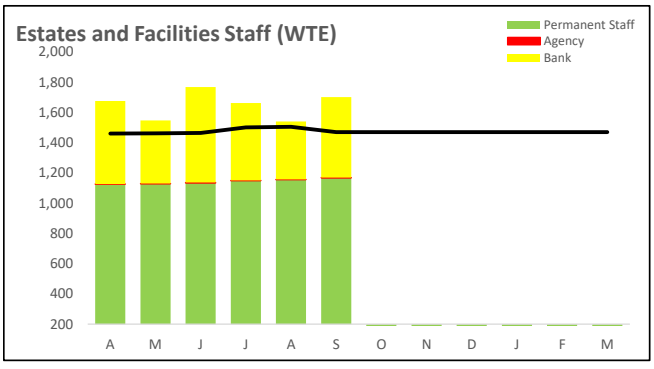


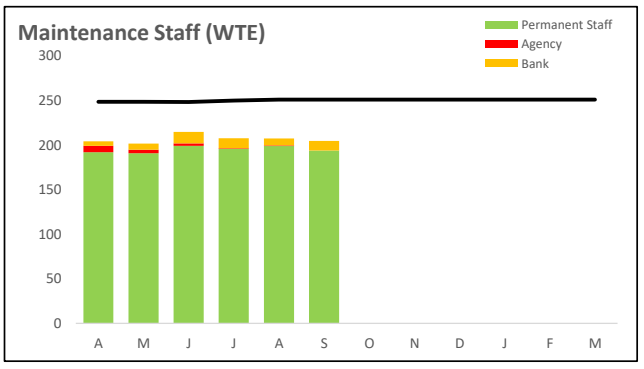












Trust Capital Programme

Source	Current Mth Plan	Current Mth Spend	Current Mth Variance	YTD Capital Plan	YTD Spend	YTD Variance	Capital Plan
	£000	£000	£000	£000	£000	£000	£000
In-Flight Programmes							
DTI Strategic Network	148	322	(175)	886	1,491	(606)	1,771
Maternity Assessment Unit	332	54	278	1,991	71	1,920	3,982
Data Centres	67	(43)	110	400	166	234	800
Cancer Centre Re Cladding	133	1,641	(1,507)	800	1,822	(1,022)	1,600
Sterile Services	22	59	(37)	132	139	(7)	263
NHS Mail	83	109	(25)	500	1,644	(1,144)	1,000
Telephony Refresh	7	81	(75)	40	725	(685)	80
GMP Labs	229	224	5	1,375	2,095	(720)	2,750
Slippage on inflight programmes	190	0	190	1,140	0	1,140	2,280
Block Allocations							
Estates Maintenance Backlog	1,417	766	651	8,500	3,020	5,480	17,000
Medical Equipment (exl. Cath Labs)	1,417	682	734	8,500	3,638	4,862	17,000
DT&I	300	115	185	1,800	299	1,501	3,600
Theatres	333	577	(244)	2,000	659	1,341	4,000
Cath Labs	325	33	292	1,950	347	1,603	3,900
Wards	125	29	96	750	57	693	1,500
Trust Major Programmes							
PTC	998	141	857	5,988	3,489	2,499	11,975
Surgical Hub	542	643	(101)	3,255	1,945	1,309	6,509
CHP	0	14	(14)	0	540	(540)	0
Delivery Group Priorities							
Aseptic Transformation	300	84	216	1,800	465	1,335	3,600
Interventional Radiology at Guy's	167	45	122	1,000	95	905	2,000
St. Thomas Campus Power Upgrade	25	5	20	150	9	141	300
Radiopharmacy	8	0	8	50	0	50	100
Pathology IT	63	23	39	375	36	339	750
Apheresis Expansion	42	2	40	250	2	248	500
Evelina Pharmacy Robot	63	0	63	375	0	375	750
Aseptic Phase 2	0	0	0	0	0	0	0
Repurpose Synnovis space/HLCC-Paediatric solu	21	34	(13)	125	119	6	250
Data Centres - Phase 2+	42	0	42	250	0	250	500
Central Assumptions							
Slippage	(583)	0	(583)	(3,500)	0	(3,500)	(7,000)
Others							
Asset Management	0	767	(767)	0	2,628	(2,628)	0
DT&I	0	(192)	192	0	472	(472)	0
Others	0	244	(244)	0	944	(944)	0
Leases	0	0	0	0	0	0	33,090
TOTAL MTCP CDEL	6,813	6,458	355	40,880	26,916	13,964	114,850
Slippage require to CDEL allocation							(4,573)
SEL CDEL Allocated	6,813	6,458	355	40,880	26,916	13,964	110,277
In-year CDEL awards:							
UEC Performance	167	0	167	1,000	0	1,000	2,000
CDEL for PTC	1,250	0	1,250	7,500	0	7,500	15,000
CDEL for CHP	833	0	833	5,000	0	5,000	10,000
CDEL prior to PDC	9,063	6,458	2,605	54,380	26,916	27,464	137,277
PDC awards		555	0		588	0	34,149
Donations	417	122	295	2,500	586	1,914	5,000
TOTAL	**9,480**	**7,135**	**2,900**	**56,880**	**28,090**	**29,378**	**176,426**

The table has been updated to reflect SEL CDEL allocation and In-year changes, bringing the total CDEL to £137,277k

Expenditure to date is significantly lower than an equally phased plan with some notable drivers: the majority of Delivery Group Priorities are yet to progress to delivery phase, PTC has noted slippage in year with FBC to be approved in Q3. Surgical Hub expenditure is expected in Q3/4.

A deep dive of forecast with delivery plans took place at the October 2025 IPB, and an interim IPB is being held soon to strengthen forecast control.

Trust Balance Sheet - £000

	Opening Balance @ Month 1 £000	Closing Balance @ Month 6 £000	Movement £000
Fixed Assets			
Property, Plant Equipment	1,788,128	1,768,084	(20,044)
Intangible Assets	125,458	119,714	(5,744)
Investment property	71,784	71,784	0
Trade & Other Receivables Non-Current	8,221	8,444	223
Other Financial Assets	2,503	2,413	90
Total Fixed Assets	**1,996,094**	**1,970,439**	**(25,475)**
Current Assets			
Inventories	49,516	53,120	3,604
Cash & Cash Equivalents	190,734	112,131	(78,603)
Trade & Other Receivables - Current	217,424	244,905	27,481
Total Current Assets	**457,674**	**410,156**	**(47,518)**
Creditors: Amounts Falling Due Within One Year	(444,494)	(421,537)	22,957
Borrowings: Amount Falling Due within One Year	(40,630)	(20,621)	20,009
Provisions For Liabilities & Charges	(1,703)	(1,206)	497
Net Current Assets / (Liabilities)	**(29,153)**	**(33,208)**	**(4,055)**
Fixed & Net Current Assets / (Liabilities)	**1,966,941**	**1,937,231**	**(29,530)**
Borrowings: Amount Falling Due More Than 1 Yr	(273,402)	(273,388)	14
Provisions For Liabilities & Charges	(12,362)	(12,499)	(137)
Public Dividend Capital	768,010	768,010	0
Revaluation Reserve	540,493	540,531	38
Other reserves	743	743	0
Retained Earnings	371,931	342,060	(29,871)
Total Taxpayers Equity	**1,681,177**	**1,651,344**	**(29,833)**

The Trust closed the month with a cash balance of £112.1M, a reduction of £78.6M from the opening balance on 1st April 2025.

An analysis of the reduction in cash is contained on P18.

Trust Cashflow

	Sep-25 £m *Actual*	Oct-25 £m *Forecast*	Nov-25 £m *Forecast*	Dec-25 £m *Forecast*	Jan-26 £m *Forecast*	Feb-26 £m *Forecast*	Mar-26 £m *Forecast*	Apr-26 £m *Forecast*	May-26 £m *Forecast*	Jun-26 £m *Forecast*	Jul-26 £m *Forecast*	Aug-26 £m *Forecast*
Opening Balance	**139**	**112**	**134**	**181**	**171**	**169**	**177**	**150**	**160**	**156**	**143**	**154**
RECEIPTS												
NHS Acute Activity Income	230	216	216	216	216	216	216	216	216	216	216	216
Education/Merit awards/R&D	5	20				20		20			20	
Other income	25	38	36	34	35	30	41	32	35	33	35	31
Loan / PDC received	0		48									
PDC Received - Cyber Security	0	0	0	0	0	0	0	0	0	0	0	0
Sub-total Receipts	**259**	**274**	**300**	**250**	**251**	**266**	**257**	**268**	**251**	**249**	**271**	**247**
PAYMENTS												
Salaries & Wages	82	81	81	81	81	81	81	81	81	81	81	81
PAYE / Superannuation/ NI	79	65	65	65	65	65	65	65	65	65	65	65
Creditors	101	105	107	110	109	109	115	110	107	111	111	110
Dividend Paid / Loan repayment	24	1	0	3	0	3	22	1	0	3	0	0
Sub-total Payments	**286**	**252**	**253**	**259**	**256**	**258**	**283**	**258**	**255**	**262**	**259**	**258**
Net in Month Cash Movement	**-26**	**22**	**47**	**-9**	**-5**	**8**	**-26**	**10**	**-4**	**-13**	**12**	**-11**
Subsidiaries Bank Bal.	**5**	**2**	**5**	**5**	**3**	**3**	**5**	**6**	**7**	**8**	**9**	**10**
Closing Balance	**112**	**134**	**181**	**171**	**169**	**177**	**150**	**160**	**156**	**143**	**154**	**143**

Debtors	> 90 Days £m's
NHS debtors	20.2
Contract ICB debtors	8.3
Private Patient debtors	24.7
other Non-NHS debtors	23.8
Total	77.0

Creditors	> 90 Days £m's
NHS creditors	9.3
Non-NHS creditors	41.5
Total	**50.8**

Cashflow Movement to Current Balance	£m's
Opening balance 1st April 2025	**190.7**
Operating Deficit	-25.7
Depreciation for all asset types	53.6
Net Public Dividend Capital paid	-21.4
Capital Payments	-48.6
Loan Repayments	-8.5
Cash Support	0.0
Amounts owed to the Trust (increase)/decrease ytd	-27.7
Amounts owed by the Trust increase/(decrease)	13.2
Lease repayments	-11.5
Other movements	-2.1
Closing balance 31st May 2025	**112.1**

The Trust began the new financial year with a cash balance of £191m. This balance has subsequently decreased to £112m by September month-end, partly due to payment of the PDC Dividend (£21m) and significant payments required by Synnovis, Sciensus (formerly Healthcare @ home) and NHS Supply chain before September month-end, along with other payments to suppliers to ensure continuity of service.

Cash holdings are projected to remain below £150m by October month-end as balances are built back up towards the £150m threshold, whilst still striving to meet monthly creditor payment needs. Looking into November the forecast now includes a revised estimate of £48m in capital cash funding to be received, based on the latest feedback, although this timing is not certain.

The draft cash forecast projecting further forward currently indicates a balance of £171m at the turn of the calendar year as a result of £1bn in creditor payments during the first nine-months of this financial year, with a balance of £150m as at 31st March 2026.

Please note that these figures now reflect 2025 block contract uplifts and also pay award / pay award funding from August, and on-costs uplift from September. These figures also seek to reflect an overall balance between total income and expenditure.

A significant element of our non-NHS debtor position is driven by Private Patient debt (which accounts for around half of the non-NHS debt over 90 days figure), for the most part successfully collected, albeit some elements (Embassies), taking a prolonged period of time to collect (noting that Embassy debt over 90 days amounts to approx. £20m). Overseas visitor debts (included under "other non-NHS debtors"), which account for another approx. £10m of over 90 days debt, can also be very problematic to collect. Additional collaborative working measures are under way to progress a co-ordinated approach to billing and collection across all areas of our Private Patient work.

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

BPPC YTD performance 2025/26	Volume %	Value %
NHS Invoices	63%	76%
Non NHS Invoices	63%	70%
Total	**63%**	**73%**

Committee name	Quality and Performance Committee
Date, time	Wednesday 16 July May 2025, 1.45 pm – 4.45 pm
Venue	Robens Suite, Guy's Hospital
Chair	Pauline Philip

Patient Story: The Committee heard an account from two parents whose daughter had surgery for a rare heart tumour at Evelina. Despite her passing, the family credited the hospital with extending her life and had collaborated with the Trust to offer a patient perspective on developing the Principal Treatment Centre for children's cancer. Committee members expressed deep gratitude for the family's openness and their donation of books authored by their daughter. These contributions were acknowledged as valuable resources for other families and as a catalyst for learning and future improvements in care.

Feedback from Trust Site Visits Feedback was shared from visits to the Children's Safeguarding Team and the Continence Advisory Service. The safeguarding visit highlighted the complexity of partnership working and the challenges faced by staff. Digital infrastructure issues were noted during the community team visit, prompting discussions on future support for neighbourhood health services which were anticipated to expand under the new NHS ten-year plan.

Infrastructure Update: The Committee was informed of successful cyber risk mitigation, including the completion of Microsoft 365 migration and implementation of Multi-Factor Authentication. External security monitoring had begun for critical suppliers. Estates updates included fire safety resolutions at the Children's Day Treatment Centre and progress in water management. Concerns about Building Safety Act approval relating to the Principal Treatment Centre had been escalated to NHS England.

Quality and Safety Update: The Committee noted revisions to the Board Assurance Framework risks, with improved assurance levels due to enhanced controls. General updates included administrative safety improvements and reduced never events through targeted interventions. Patient experience remained positive, though concerns about MyChart accessibility for marginalised groups were raised. Staffing updates showed ongoing recruitment efforts and stable turnover rates.

Operational Performance and Activity: The Committee reviewed progress on referral to treatment targets, noting reductions in long-wait patients and strong performance in emergency services. The Faster Diagnosis Standard for Cancer was being met, though challenges remained with the 62-day standard. Diagnostic performance had also improved, whilst urgent and emergency care performance remained strong. Continuity planning for the upcoming industrial action was also discussed.

Clinical Group Assurance Reports: Clinical groups reported on quality and operational performance, highlighting improvements in elderly care and challenges with staff safety. The Assisted Conception Unit's licence extension was noted as a positive development. Assurance was received that maternity services remained compliant with external standards. Risks related to obstetric theatre capacity were discussed, with plans to explore alternative facilities and review demand models.

Board Assurance Framework – Quality and Performance Risks: The Committee reviewed and approved updates to three strategic risks owned by the Committee, reflecting revised wording and increased assurance levels.

Statutory and Regulatory Reports: The Committee acknowledged the statutory and regulatory reports, most of which had been covered earlier in the meeting.

Committee Work Plan The Committee reviewed the work plan designed to ensure focus on key statutory and regulatory reporting throughout the year. The plan would be updated regularly and included at the end of each agenda for future planning.

Any Other Business: The Committee discussed the latest phase of the David Fuller inquiry, noting ongoing security concerns and lack of oversight. It was agreed that a mortuary assurance briefing would be presented at the next meeting to strengthen governance.

Integrated Performance Report August 2025

Guy's and St Thomas' NHS Foundation Trust

Public Board

22 October 2025

we are **Caring** | **Ambitious** | **Inclusive**

NHS
Guy's and St Thomas'
NHS Foundation Trust

Highlight Report Contents

Guy's and St Thomas' NHS Foundation Trust

Domain	Theme	Indicator	Latest Actual
Responsive	4.1 A&E access	A&E stays less than 4 hours (type 1 2 3)	78.0%
Responsive	4.1 A&E access	Number of patients spending >12 hours in A&E from decision to admit (DTA)	67
Responsive	4.2 Elective treatment access - referral to tre...	RTT - Total incomplete pathways	112,389
Responsive	4.3 Cancer access	Cancer - 62 day all referral types (total)	61.1%
Responsive	4.3 Cancer access	Cancer - FDS	83.3%
Responsive	4.4 Diagnostic access	Diagnostic waits - % over 6 weeks	30.7%
Responsive	4.9 Recovery	Elective DC & IP vs 25/26 Operational Plan	99.3%
Responsive	4.9 Recovery	Number of 65 Week Waiters	287
Responsive	4.9 Recovery	Number of 78 Week Waiters	32
Responsive	4.9 Recovery	Outpatient New & FU vs 25/26 Operational Plan	91.5%

Executive summary

Accident and Emergency

- The percentage of emergency patients admitted, transferred or discharged within 4 hours in September 2025 was 78%, with the Trust ranking 27th our of 121 general hospital trusts nationally (top quartile).
- The number of patients waiting in the emergency department for greater than 12 hours from decision-to-admit was 67.

Referral to Treatment

- The total number of Referral to Treatment (RTT) patients waiting for treatment at the Trust in August was 112,389 and 64.8% of patients were waiting 18 weeks or less for their elective treatment.
- A total of 287 patients were waiting longer than 65 weeks for their routine treatment in August, with 32 of these patients having waited longer than 78 weeks.
- The Trust remain committed to clearing these long waiting patients with an ambition of reaching zero patients waiting longer than 65 weeks by the end of November 2025.
- A total of 2,680 patients were reported as waiting longer than 52 weeks for their treatment in August, representing 2.4% of the total waiting list.

Cancer

- The Faster Diagnosis Standard position reached 83.3% in August demonstrating continued improvement in-year with performance expected to remain over 80% in September
- The percentage of patients treated for cancer within 62 days of referral (overall) for August was 61.1%, demonstrating an improvement of 4.3 percentage points compared with July.

Diagnostics

- In August the Trust reported 30.72% of patients waiting longer than 6 weeks for their routine diagnostic procedure, with 14.38% of patients waiting longer than 13 weeks.

Activity

- The Trust reached a position of 91.5% of outpatient activity (new and follow up) in comparison with the levels planned for August and 99.3% for elective activity (elective overnight and day case).

Responsive

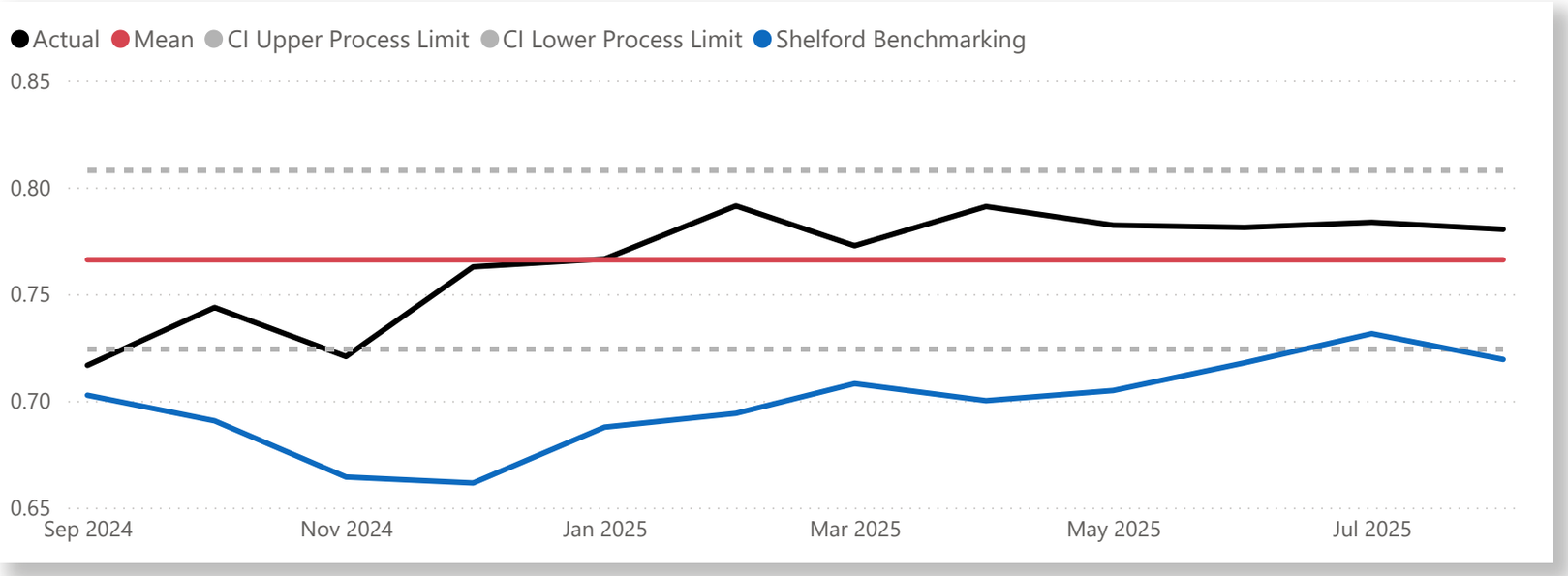
Guy's and St Thomas'
NHS Foundation Trust

September 2025
78.0%

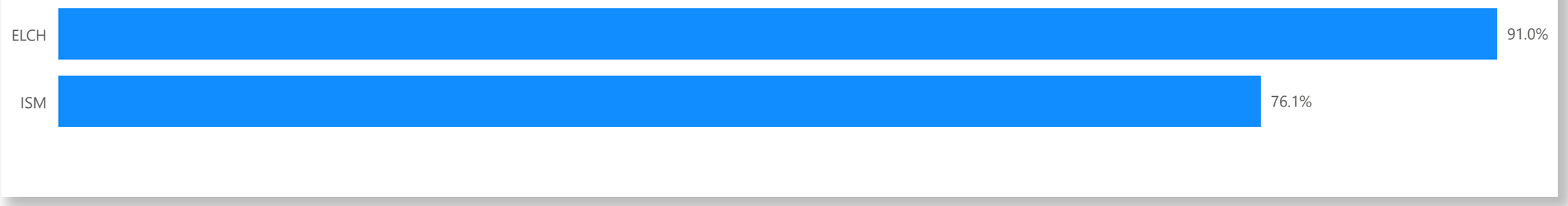
SPC

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

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



Clinical Group Overview



Responsive

Guy's and St Thomas'
NHS Foundation Trust

September 2025
67

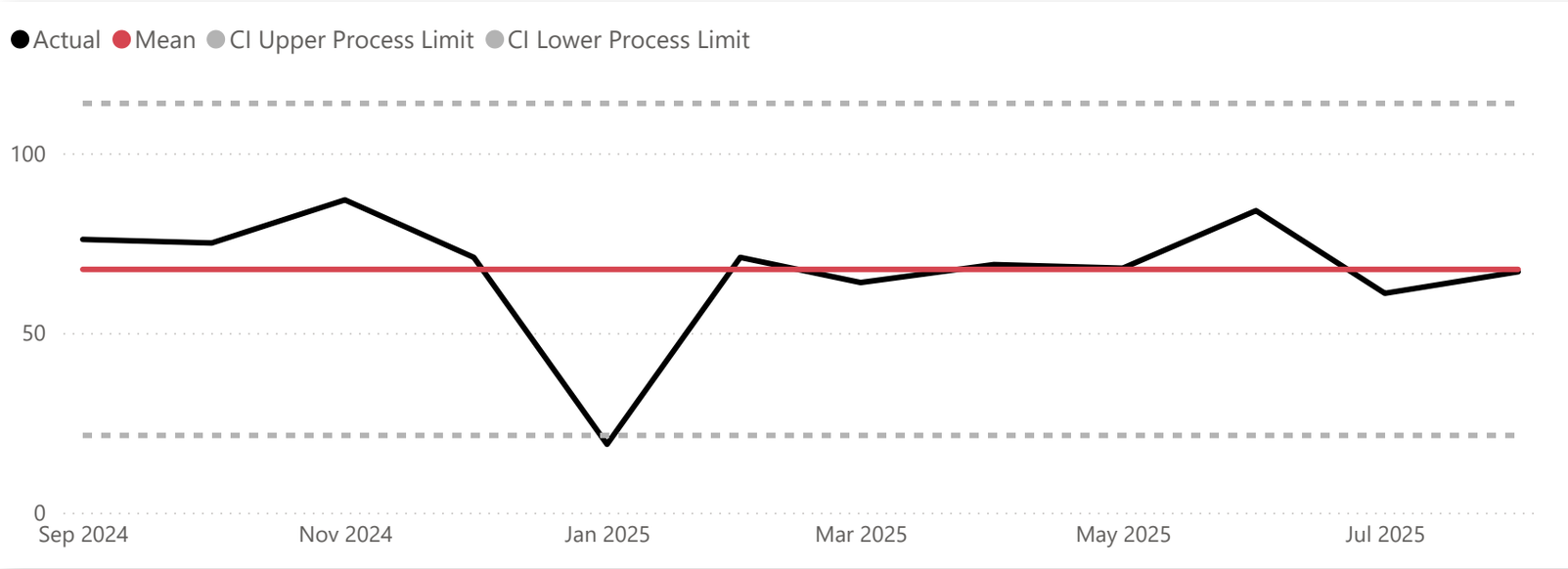
SPC

This indicator is showing common cause variation

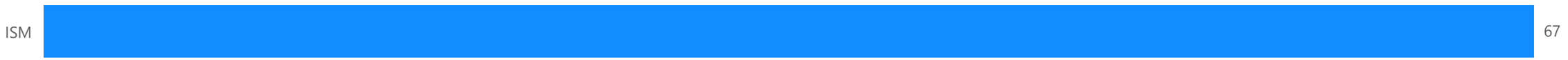
Caveat

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

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



Clinical Group Overview



Responsive

Guy's and St Thomas'
NHS Foundation Trust

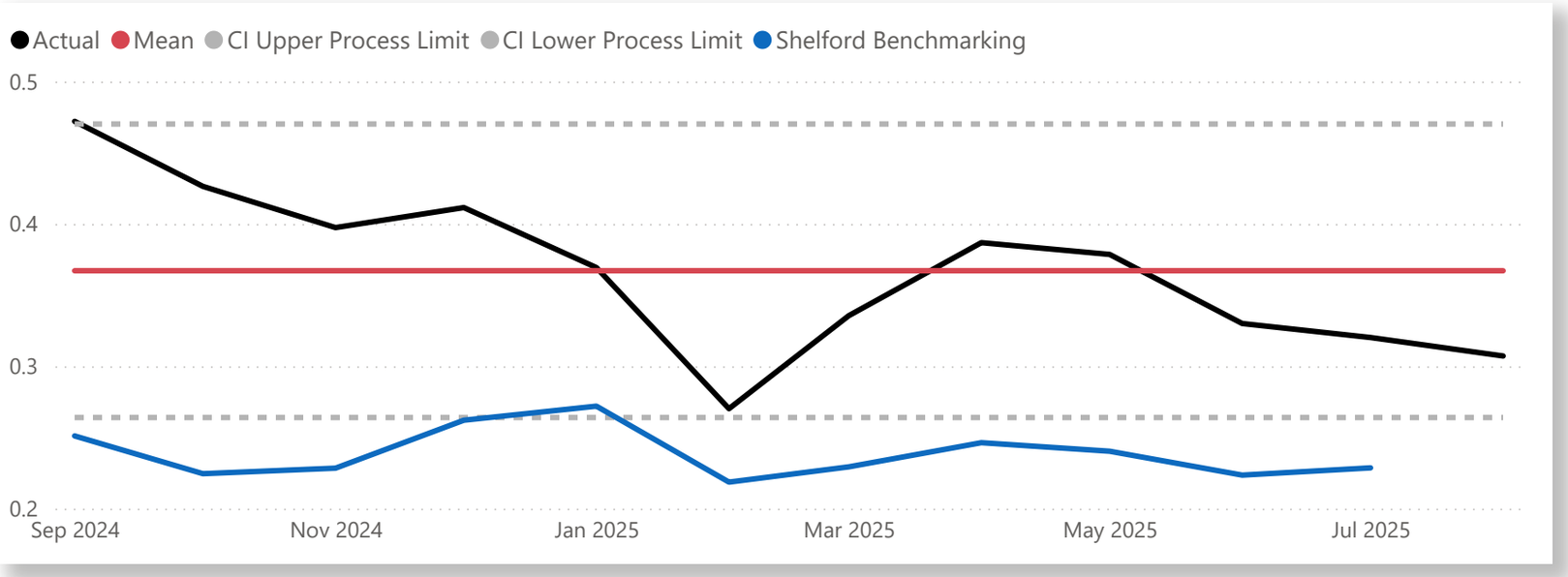
August 2025

30.7%

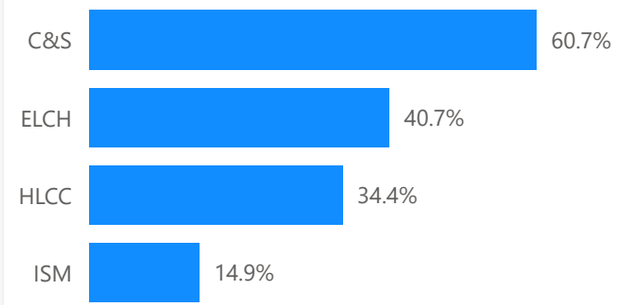
SPC

This indicator is showing common cause variation

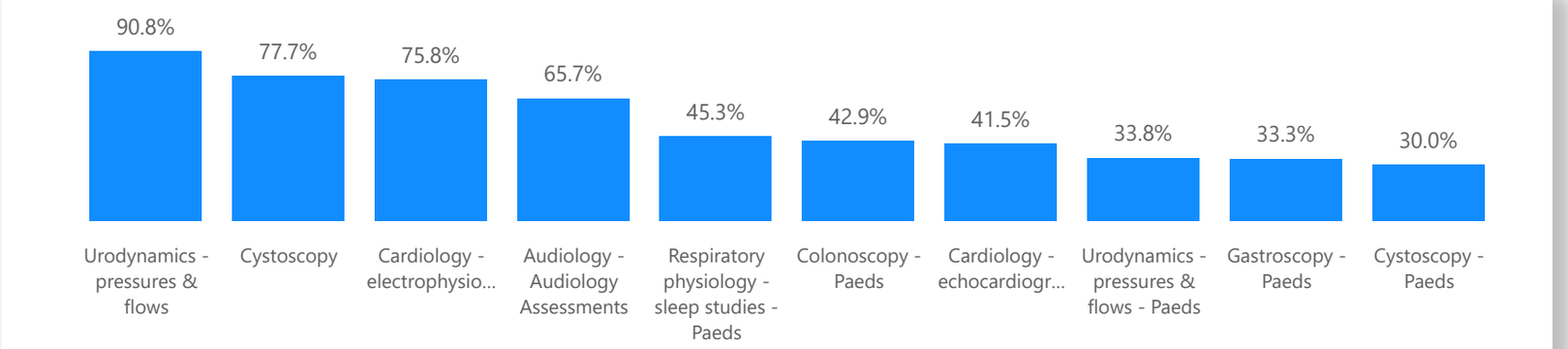
Diagnostic waits - % over 6 weeks



Clinical Group Overview



Bottom 10 Modalities



Responsive

Guy's and St Thomas'
NHS Foundation Trust

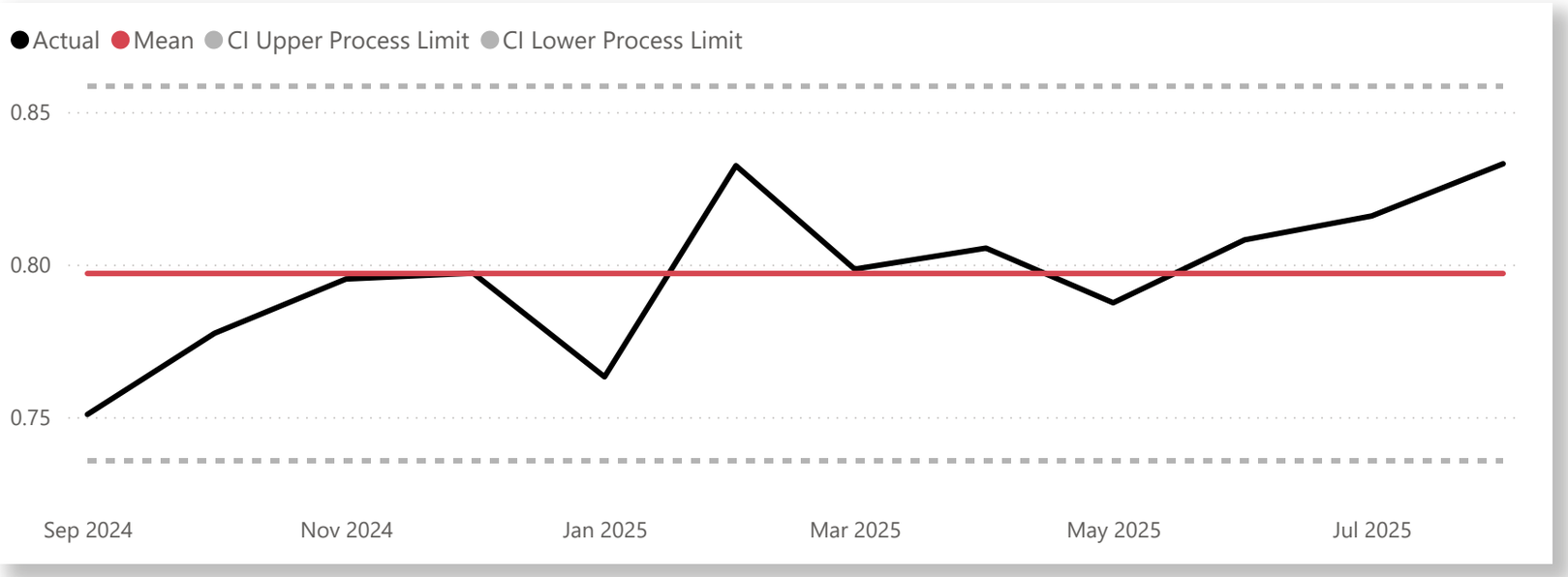
August 2025

83.3%

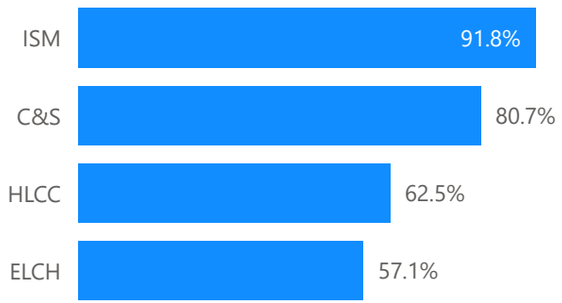
SPC

This indicator is showing common cause variation

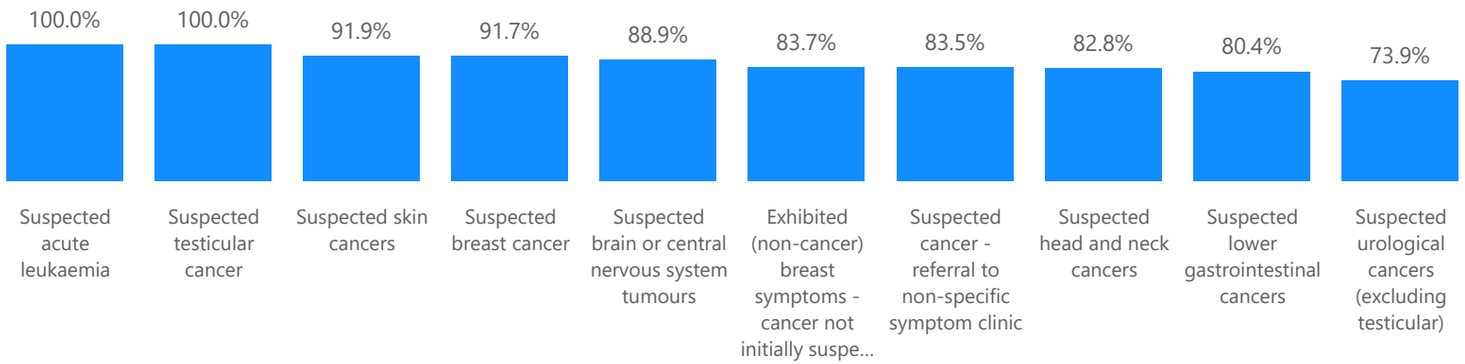
Cancer - FDS



Clinical Group Overview



Top 10 Tumour Groups



Responsive

Guy's and St Thomas'
NHS Foundation Trust

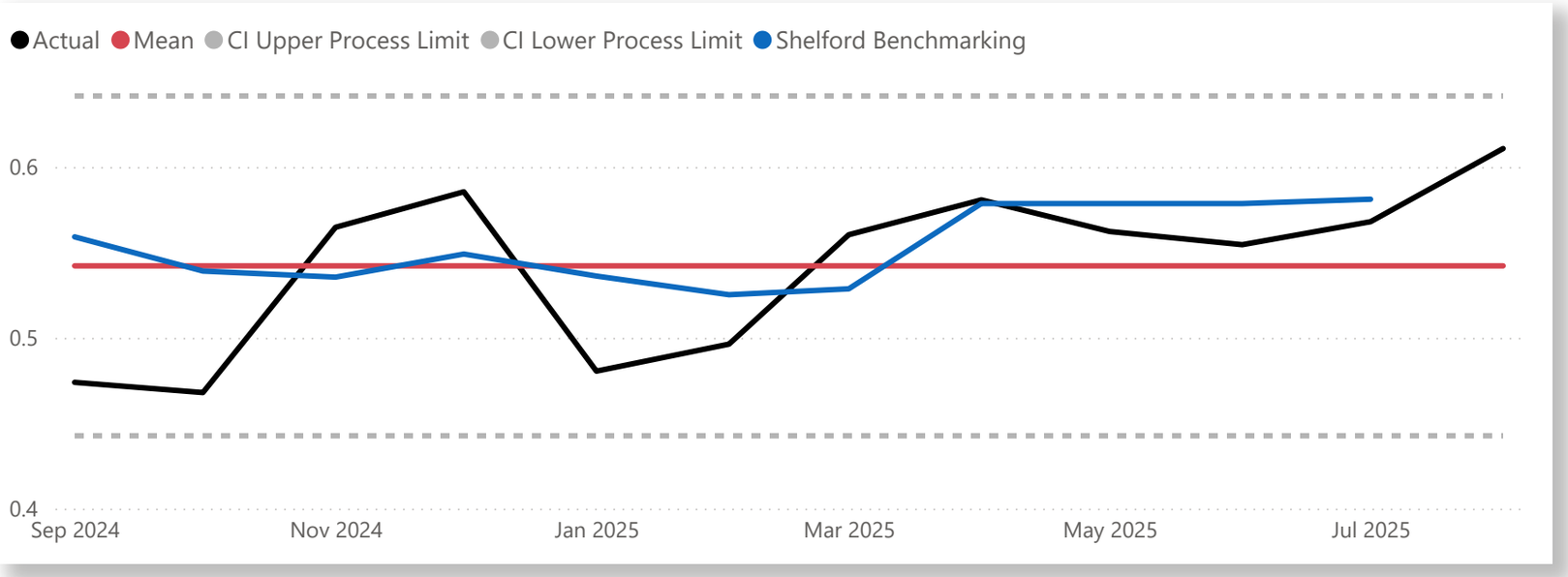
August 2025

61.1%

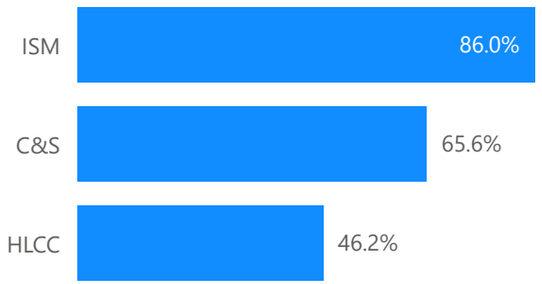
SPC

This indicator is showing common cause variation

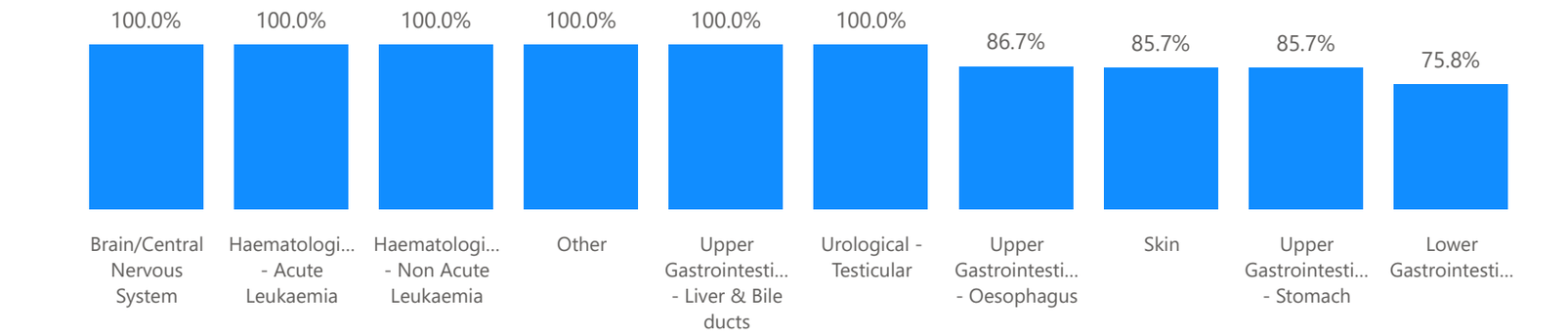
Cancer - 62 day all referral types (total)



Clinical Group Overview



Top 10 Tumour Groups



Responsive

Guy's and St Thomas'
NHS Foundation Trust

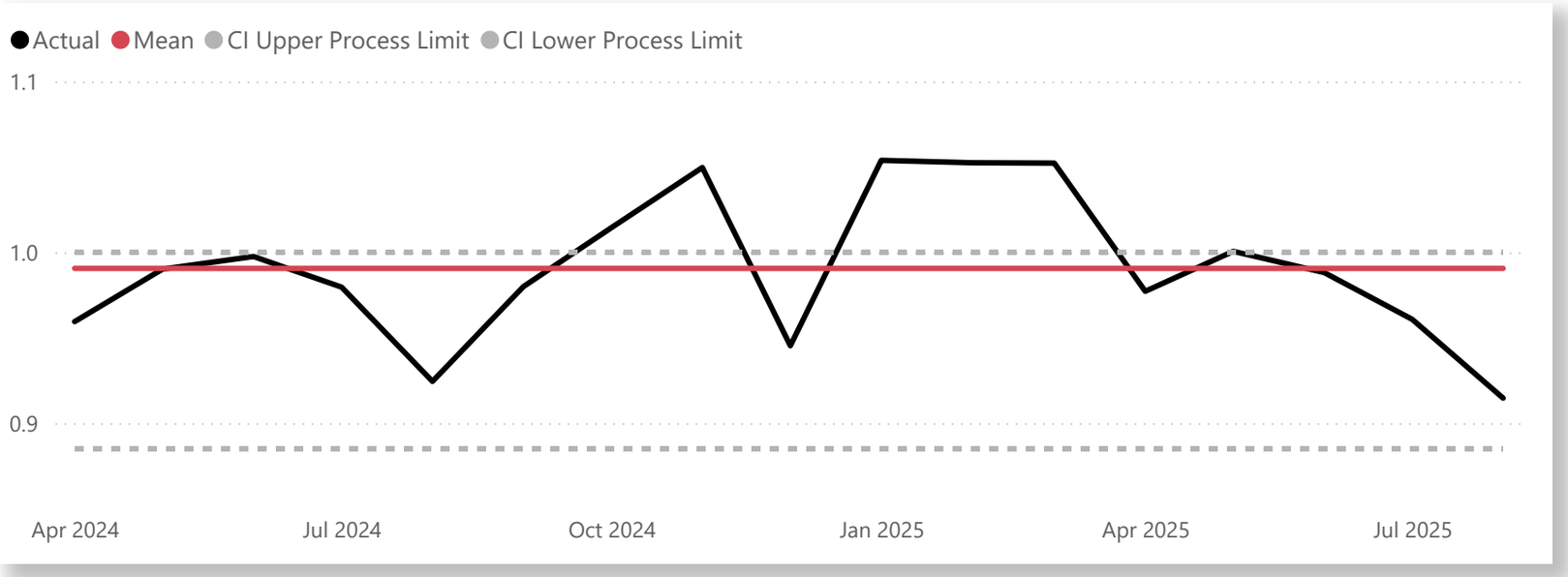
August 2025

91.5%

SPC

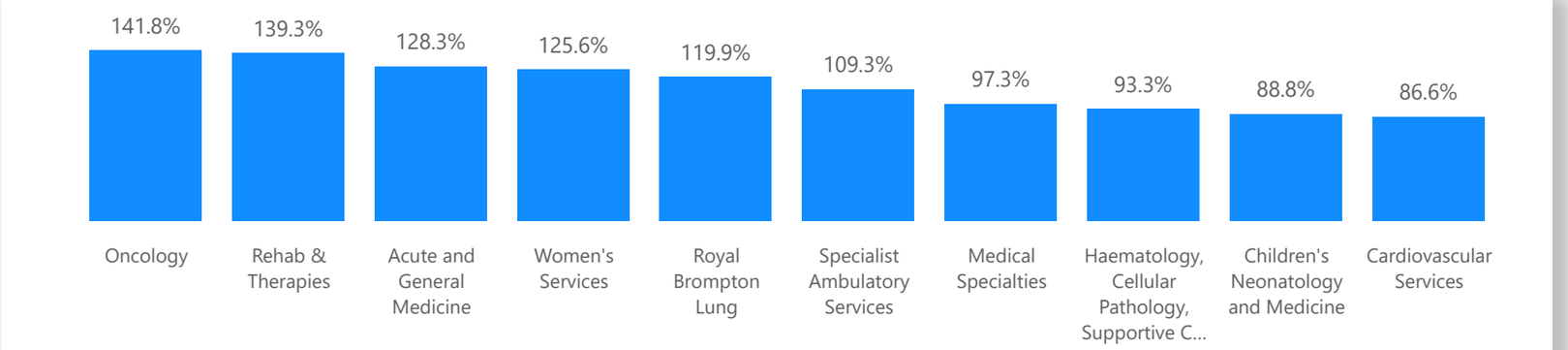
This indicator is showing common cause variation

Outpatient New & FU vs 25/26 Operational Plan



Clinical Group Overview

Top 10 Directorates



Responsive

Guy's and St Thomas'
NHS Foundation Trust

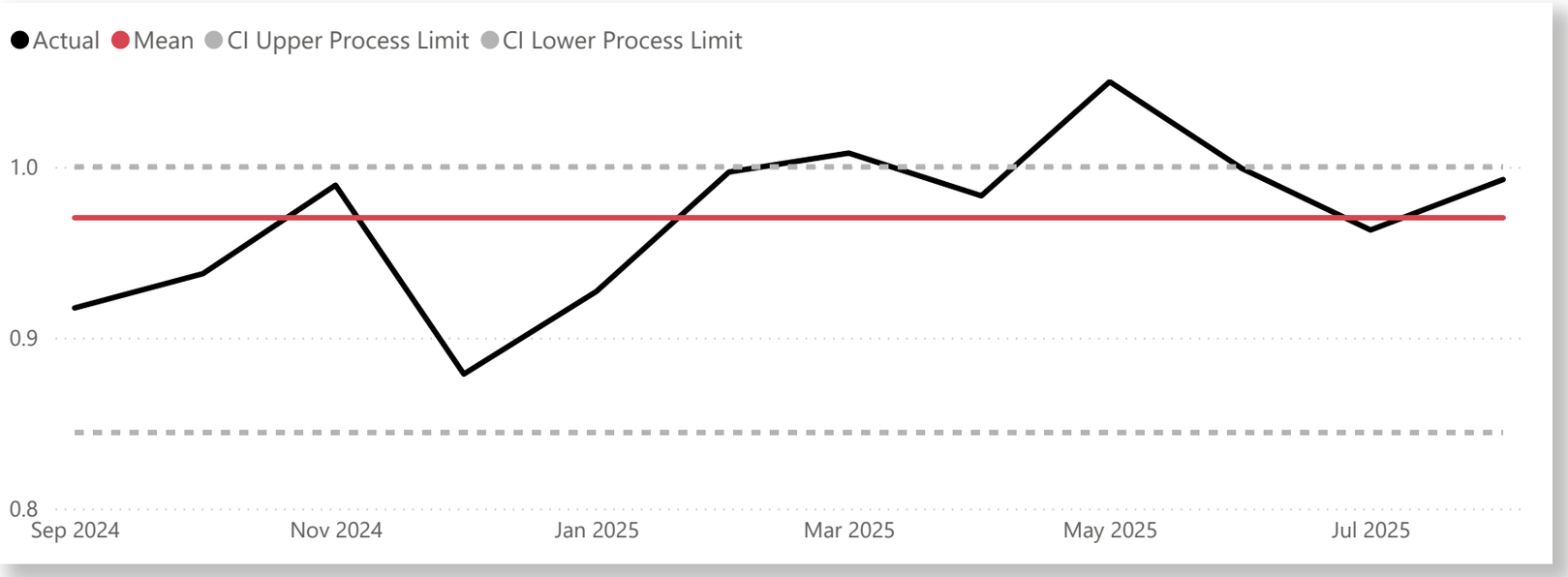
August 2025

99.3%

SPC

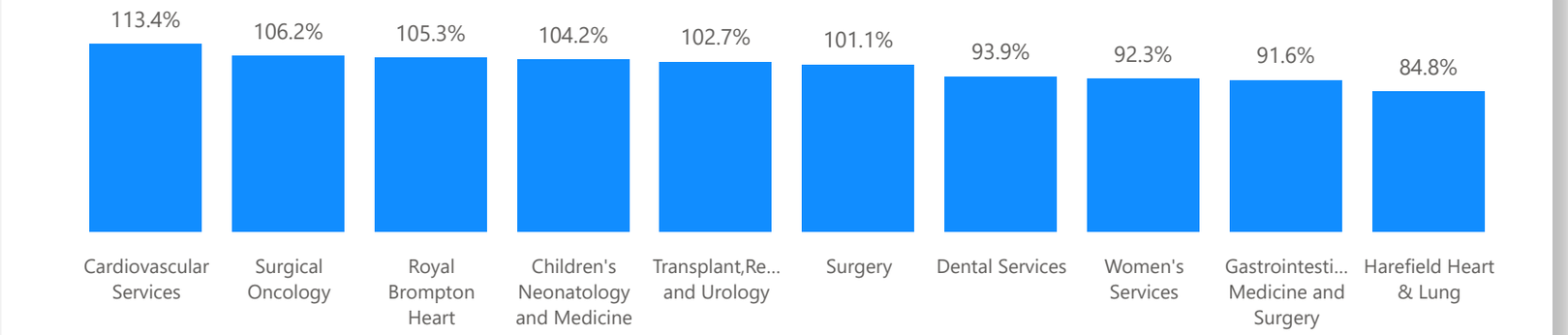
This indicator is showing special cause variation - 2 of 3 (Positive)

Elective DC & IP vs 25/26 Operational Plan



Clinical Group Overview

Top 10 Directorates



Responsive

Guy's and St Thomas'
NHS Foundation Trust

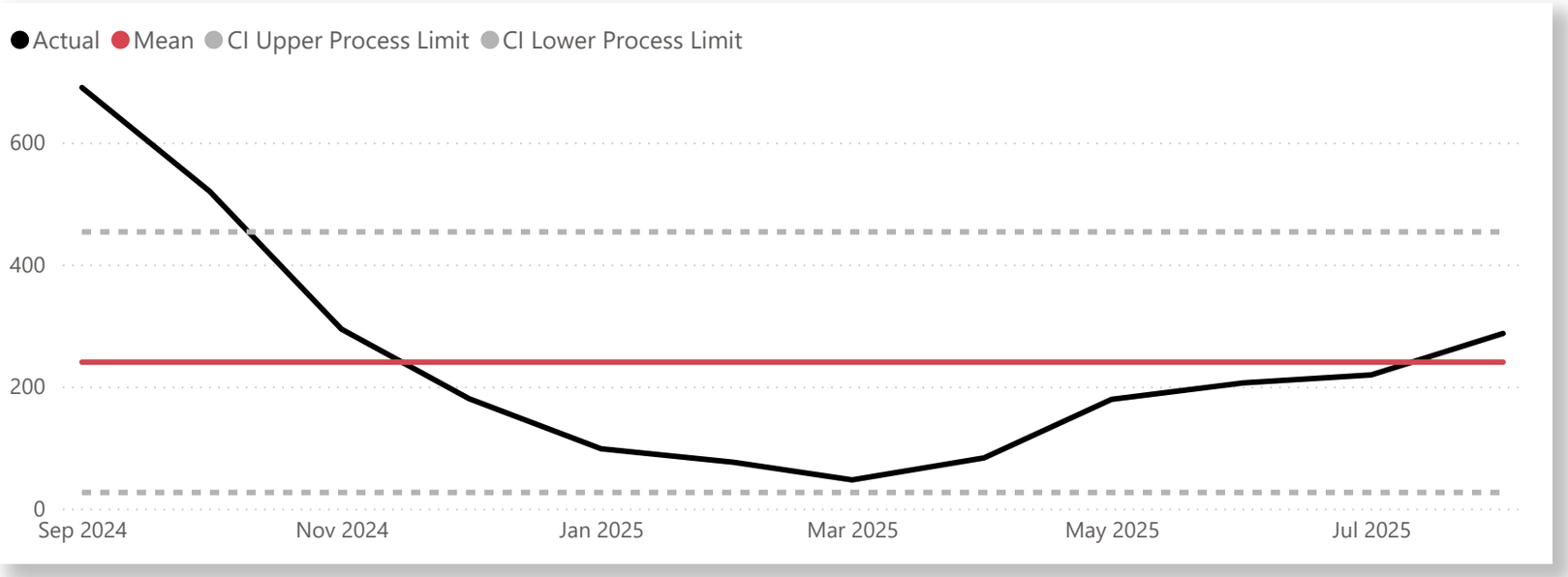
August 2025

287

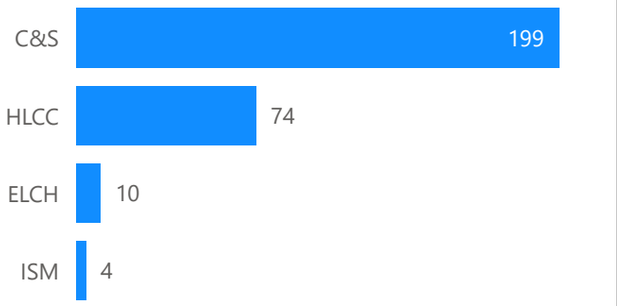
SPC

This indicator is showing common cause variation

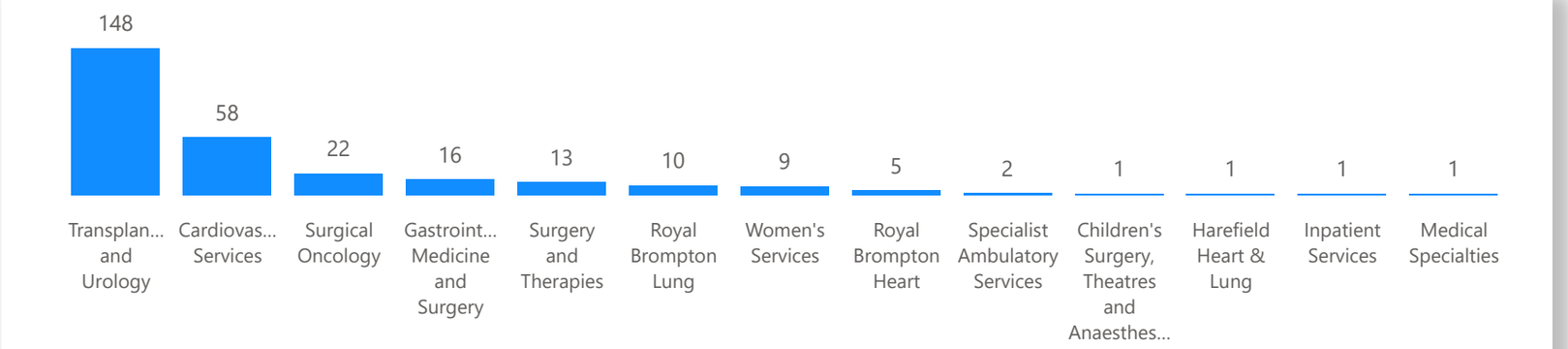
Number of 65 Week Waiters



Clinical Group Overview



Directorate Overview



Responsive

Guy's and St Thomas'
NHS Foundation Trust

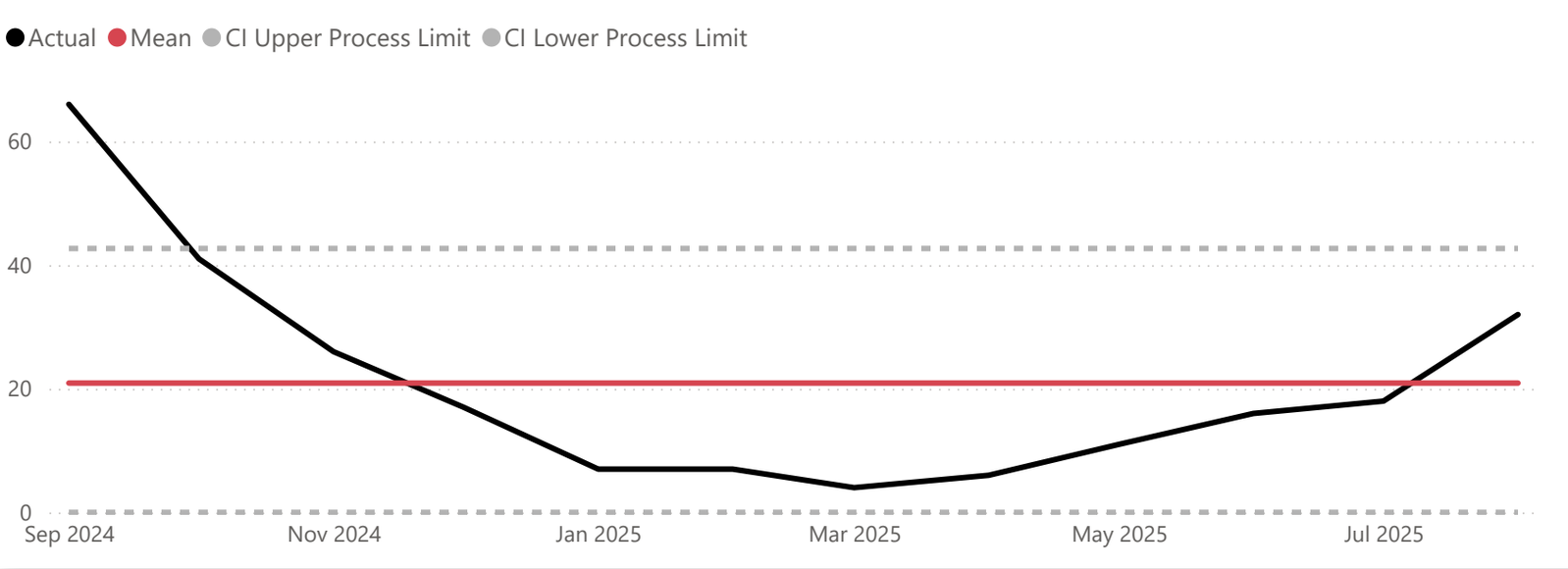
August 2025

32

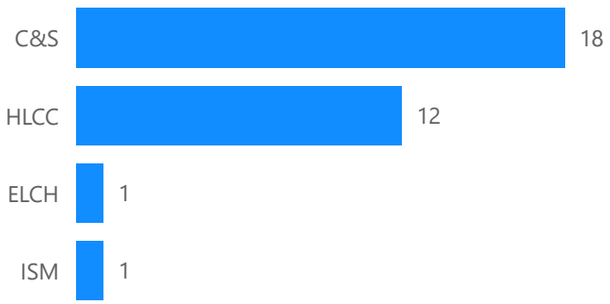
SPC

This indicator is showing common cause variation

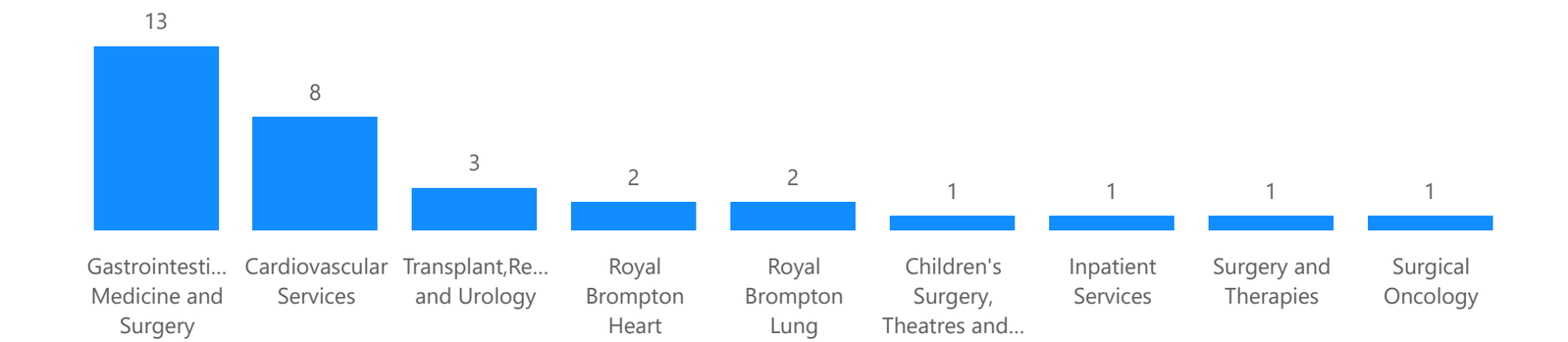
Number of 78 Week Waiters



Clinical Group Overview



Directorate Overview



Responsive

Guy's and St Thomas'
NHS Foundation Trust

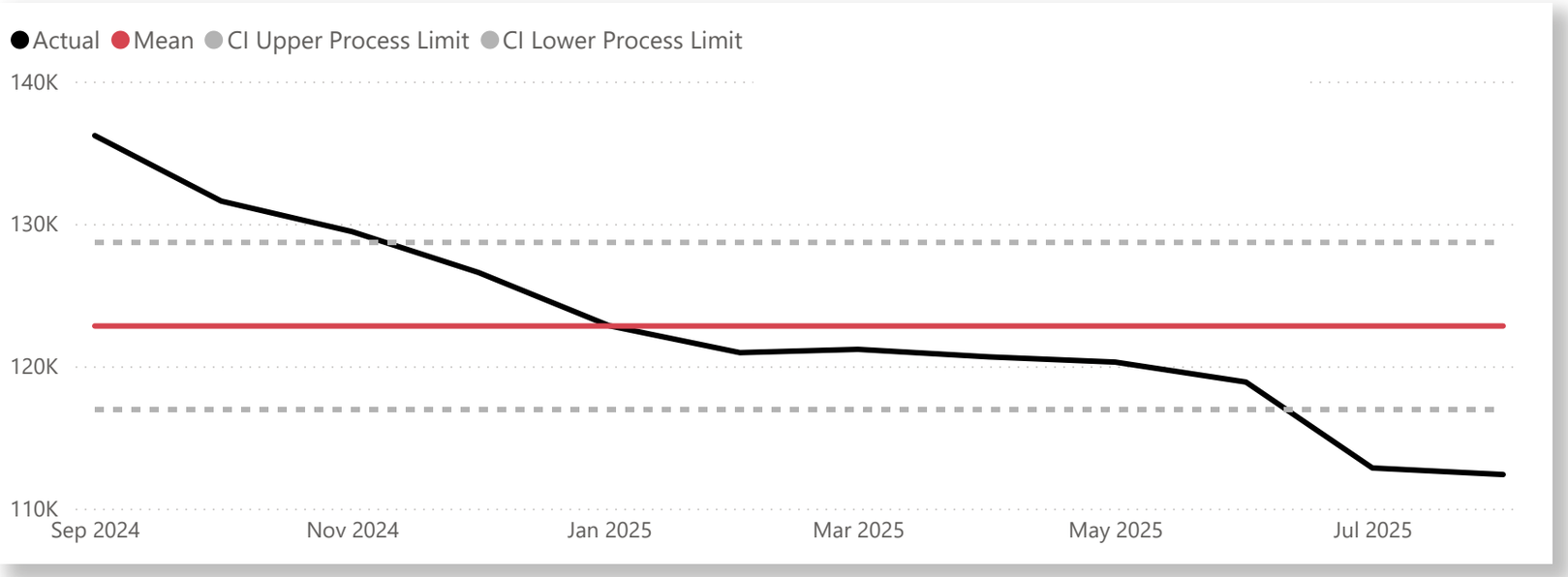
August 2025

112,389

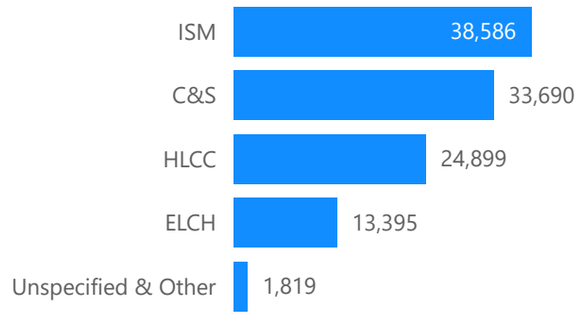
SPC

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

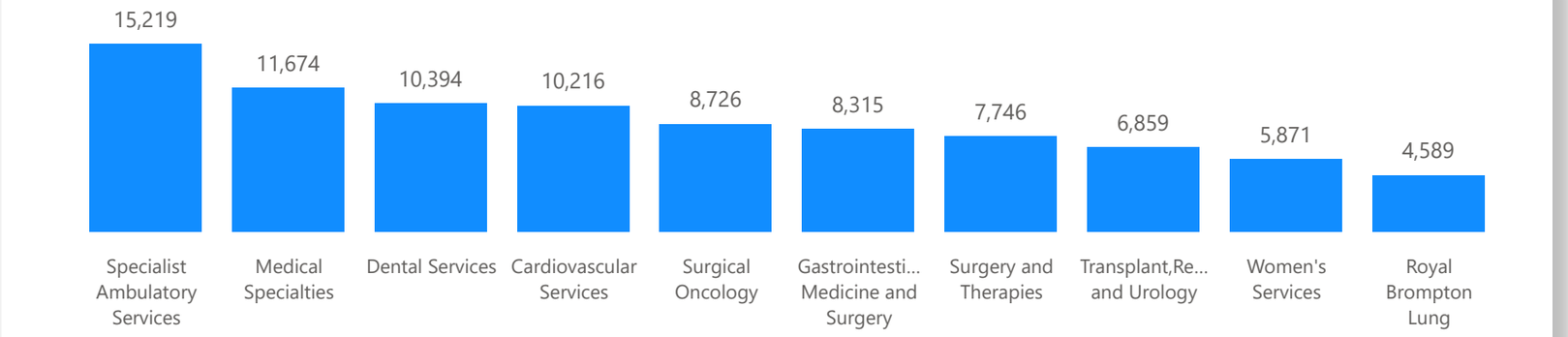
RTT - Total incomplete pathways



Clinical Group Overview



Top 10 Directorates



Supporting Information

SPC definitions

Guy's and St Thomas' NHS Foundation Trust

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

Common cause variation

Indicator has not triggered any SPC rules for current month

Special cause variation – single point

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

Special cause variation – trend/shift

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

Special cause variation – moving range

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

Special cause variation – 2 of 3

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

Committee name	People, Culture and Education Committee
Date, time	Wednesday 3 September 2025, 2pm – 5pm
Venue	Grand Committee Room, St Thomas' Hospital
Chair	Miranda Brawn

Review of action log and matters arising: The Committee reviewed the action log and noted updates on ongoing actions. The internal audit on consultant job planning had been reviewed by the Chief Medical Officer and Chief People Officer, with recommendations addressed and improvement work ongoing. The Committee discussed ongoing work to address inappropriate behaviour towards staff.

Chief People Officer's update: The mutually agreed resignation scheme had now closed and the Trust had approved over half of the c.200 applications received. The People Manager Programme had been highly commended at the British Training Awards. The sickness taskforce aimed to reduce the Trust's overall sickness absence rate from 4.6% to 3%, with monthly case closures and savings tracking to begin in October. A review of equitable and inclusive recruitment practices had resulted in recommendations for inclusive job design, selection methodology, and training, which the Trust planned to implement. Resident doctors had taken industrial action in July, with the Trust's absence rate ranging from 10.6% to 29.6%. Internal audits of the Freedom to Speak Up service and workplace adjustments had concluded, with 'significant' and 'limited' assurance ratings respectively.

NHS 10-year plan: The Committee received a summary of the workforce implications of the NHS 10-Year Plan, which aimed to transform healthcare delivery through technology, innovation, and improved patient care. The plan focused on shifting from hospital to community care, analogue to digital systems, and treatment to prevention. The Committee acknowledged the complexity of the transformation required and emphasised the importance of cultural readiness. A pilot-based approach was proposed to enable learning and refinement prior to wider implementation.

Medical and Dental Consultant appointment process: The Committee noted progress in harmonising Human Resources policies related to consultant recruitment. An update was provided on the newly developed Consultant Appointment Committee (CAC) protocol, which aimed to clarify roles, standardise recruitment processes, and enhance the recruitment experience. The Committee discussed the need for tailored selection methods, clearer guidance for stakeholders, and post-appointment reviews.

2025 NHS Staff Survey update: The Committee received an update on the NHS Staff Survey, noting the significant improvement in the Trust's response rate to 57% in 2024 and the positive gains across all People Promise areas. The 2025 survey would run until late November, and the Trust was aiming to increase the response rate once again. The Committee discussed the importance of sustained staff engagement and the need to understand reasons for non-participation.

Equality, Diversity and Inclusion: anti-racism in action: The Committee received an update on the anti-racism training programme, highlighting the importance of inclusive leadership practices and structural changes to address racism. An example was shared, illustrating the lived experience of long-serving staff members who felt overlooked for development opportunities. The Committee discussed the importance of safe avenues for staff to speak up and the need to collect data on bias and barriers to progression.

GMC National Training Survey 2025: The Committee received a summary of the 2025 GMC National Training Survey, noting strong response rates and the need to refocus efforts on sustaining quality. The Committee acknowledged ongoing challenges in balancing service delivery with protected education time and sustaining funding and discussed reports of burnout among some medical staff.

Operational people metrics: Updates were provided on headcount, vacancy rates, sickness absence, PDR completion, and efforts to reduce pay bill and temporary staffing costs. The Committee welcomed the workforce dashboard and requested cost data be included.

People, Culture and Education Board Assurance Framework Risk: The Committee approved updates to the refreshed strategic workforce risk, titled "High Performing and Future Ready Workforce".

Guy's and St Thomas'
NHS Foundation Trust

Committee name	Transformation and Major Programmes Board Committee
Date, time	Wednesday 17 September 2025, 1pm – 4pm
Venue	Meeting Room 1&2, R&D, Guy's Hospital
Chair	Ian Playford

Productivity Programme: Steering Group Update: The productivity programme had transitioned from mobilisation to delivery phase and was focused on five core workstreams: Flow, Surgical, Ambulatory Care, Administration and Private Patients, supported by four enablers. Key achievements included improved theatre utilisation, outpatient care optimisation and administrative service modernisation. Challenges such as resource constraints and competing priorities were acknowledged, however emphasis was placed on setting specific targets and keeping the pace of ambition and delivery.

Digital Update: The Committee received a detailed overview of digital transformation efforts emphasising resilient infrastructure, real-time data analytics, and driving innovation through programmes like Apollo and Digital Major Programmes. Notable achievements include improvements in genomics platforms, patient access tools like MyChart that had seen 48% outpatient adoption, and the use of generative AI. Challenges remained in infrastructure modernisation and data quality.

Epic: Benefits Realisation Update: The progress update on Epic benefit delivery at Month 4 highlighted that while cumulative savings had been achieved, they remained below target. Key contributors to savings included the remodelling of Clinical Directorate administrative teams, optimisation of pathology demand, and the retirement of legacy systems, with benefit tracking supported by Epic dashboards and PowerBI. Further transformation opportunities had been identified, though financial delivery continued to face challenges. The Committee was pleased to note that collaborative efforts in pathology demand optimisation with King's College Hospital were ahead of plan and were set to be published as an exemplar in the global Epic community.

Estates Strategy Refresh Plans: An update was provided on plans to develop the new estates strategy which would need to meet national compliance requirements, address targets to reduce the estate footprint by 10%, and support the Trust's long-term clinical and workplace goals. Although early priorities had been identified, further clarity would be required on delivery timelines.

Central Portfolio Office Major Programme Report: The Committee reviewed the status of major programmes including financials, delivery lifecycle stages, and risks such as potential capital expenditure exceeding CDEL limits in 2026/27. Resource challenges across some of the programmes were acknowledged with mitigation actions underway. Pre-flight programmes such as District Energy Network, Advanced Therapies and the Brompton Campus Development were also noted.

Guy's Surgical Centre (GSC) Programme: The GSC programme which aimed to increase theatre capacity and improve surgical quality and efficiency was progressing with the Full Business Case (FBC) and RIBA Stage 4 on track. Additional design maturity work was underway and actions to manage costs and mitigate risks including Building Safety Act approval delays were in place.

Children's Hospital Programme (CHP): The CHP programme had reached a major milestone with HM Treasury's approval of its Strategic Outline Case granted in July 2025, which enabled progress on financing, marketing and design planning for the Evelina London expansion. The Committee approved the initiation of the marketing process. It also noted strengthened governance, stakeholder engagement, and ongoing clinical planning to manage service decoupling and risks. While momentum had built, challenges remained around partner decant plans, regulatory conditions, and clarity on the financing model.

Children's Cancer Principal Treatment Centre (PTC) Programme: The PTC programme remained within budget, with ongoing stakeholder engagement and clinical progress including workforce planning and accreditation efforts. Challenges included tapered revenue funding and design rework requiring programme remapping. It was noted that the FBC completion was delayed to November 2025 but that this would not impact overall delivery timelines.

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

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS

WEDNESDAY 22 OCTOBER 2025

Report title:	**Documents Signed under Trust Seal, 16 July to 15 October 2025**
Sponsor:	**Charles Alexander, Chairman and Amanda Pritchard, 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:	• In line with the Trust's Standing Financial Instructions, the Chairman, Charles Alexander and Amanda Pritchard, Chief Executive are required to sign contract documents on behalf of the Trust, under the Foundation Trust's Seal.
Paper previously presented at:	N/a
Recommendation(s):	The BOARD is asked to: 1. **Note** the record of documents signed under Trust Seal.

1. Introduction

1.1. In line with the Trust's Standing Financial Instructions, Professor Ian Abbs, Chief Executive and Charles Alexander, Chairman signed document numbers 1105 to 1111 under the Foundation Trust's Seal during 16 July to 03 September 2025. Document number 1112 was signed by Amanda Pritchard, Chief Executive and Charles Alexander, Chairman during 04 September to 22 October 2025.

2. Recommendations

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

Number	Description	Date
1105	Signing and Sealing of the lease between (1) Guy's and St Thomas' NHS Foundation Trust (as landlord) and (2) National Westminster Bank PLC (as tenant) relating to premises at One ATM Unit on the Ground Floor within the Building known as North Wing at St Thomas' Hospital, Lambeth Palace Road, London, SE1 7EH	16 July 2025
1106	Signing and Sealing of the contract to initiate the main construction works for Theatres 1 and 2 between (1) Guy's and St Thomas' NHS Foundation Trust and (2) GPF Lewis PLC.	18 August 2025
1107	Signing and Sealing of the Licence to underlet between Guy's and St Thomas's NHS Foundation Trust (as landlord) and By-Pass Nurseries Limited (as tenant), Mezcalito Chelsea Limited (as undertenant) and Justin Francis Quintus Fenwick KC (ad guarantor of By-Pass Nurseries) at Ground Floor and Part Basement, 121 Sydney Street, London SW3 6NR	03 September 2025
1108	Signing and Sealing of Lease between (1) Guy's and St Thomas' NHS Foundation Trust (as landlord) and (2) The Stock Shop Limited (as tenant) relating to Premises at Unit 5, St Thomas' Hospital, Lambeth Palace Road, SE1 7EH	03 September 2025
1109	Singing and Sealing of the Licence to underlet between (1) Guy's and St Thomas' NHS Foundation Trust (as landlord) and (2) By-Pass Nurseries Limited (as tenant), (3) Mezcalito Chelsea Limited (as undertenant) and (4) Justin Francis Quintus Fenwick KC (ad-guarantor of B-Pass Nurseries) at Ground Floor and Part Basement, 121 Sydney St, SW3 6NR	03 September 2025
1110	Singing and Sealing of the Licence between (1) Guy's and St Thomas' NHS Foundation Trust (as landlord) and (2) London Farmers Market Limited (as tenant) relating to St Thomas' Hospital Garden, St Thomas' Hospital, St Thomas' Street, SE1 7EW	03 September 2025

1111	Singing and Sealing of the Lease between (1) Guy's and St Thomas' NHS Foundation Trust (as landlord) and (2) Plant'd Limited (as tenant) relating to Premises at Café, 3rd Floor of Evelina London Children's Hospital, Westminster Bridge Road, SE1 7EH	03 September 2025
1112	Singing and Sealing of the Lease between (1) Guy's and St Thomas' NHS Foundation Trust (as landlord) and (2) Medicinema (as tenant) relating to part of 2nd Floor Southwark and Bermondsey Wings, Guy's Hospital, Great Maze Pond Road, SE1 9RT	07 October 2025