

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

Wed 29 April 2026, 15:45 - 17:45

Governors' Hall, St Thomas' Hospital



Guy's and St Thomas'
NHS Foundation Trust

Agenda

15:45 - 16:00 **Trust care awards**
15 min

16:00 - 16:05 **1. Welcome and apologies**
5 min
Verbal *Charles Alexander*

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

16:05 - 16:05 **3. Minutes of the previous meeting (29 January 2026)**
0 min
Papers
 20260128 Public BoD Meeting Minutes vFinal.pdf (5 pages)

16:05 - 16:15 **4. Chairman's report**
10 min
Verbal *Charles Alexander*

16:15 - 16:45 **5. Chief Executive's report**
30 min
Paper *Amanda Pritchard*
 Chief Executive Report - April 2026 Public Board vFinal.pdf (10 pages)

16:45 - 17:00 **6. Integrated Neighbourhood Teams update**
15 min
Paper *Louise Dark*
 29th April INT IHOP Board Pack Cover Sheet.pdf (2 pages)
 29th April INT IHOP Board Pack v Final 2.pdf (28 pages)

17:00 - 17:15 **7. Maternity update**
15 min
Paper *Gubby Ayida*
 Update on GSTT Maternity Services.pdf (12 pages)

17:15 - 17:25 **8. Modern Slavery Statement**
10 min
Paper *Avey Bhatia*
 Modern Slavery Statement 2026-2027 FINAL.pdf (6 pages)

17:25 - 17:40 **9. Updates from chairs of Board committees**
15 min
Verbal *Board committee chairs*

Papers for noting

17:40 - 17:40 **10. Reports from Board committees:**

0 min

Papers

10.1. Academic Committee in Common 29 January 2026

 ACIC summary 29.01.2026.pdf (2 pages)

10.2. Audit & Risk Committee 4 February 2026

 ARC summary 04.02.2026.pdf (2 pages)

10.3. Finance, Commercial & Investment Committee 21 January 2026

 FC&I summary 21.01.2026.pdf (1 pages)

10.4. Financial Report at Month 12 (2025/26)

 M12 Financial Performance.pdf (12 pages)

10.5. Quality & Performance Committee 11 February & 15 April 2026

 Q&P summary 11.02.2026.pdf (1 pages)

 Q&P summary 15.04.2026.pdf (1 pages)


10.6. Integrated Performance Report February 2026

 Public Board IPR 29.04.26 Final.pdf (13 pages)

10.7. People, Culture & Education Committee 4 March 2026

 PCE summary 04.03.2026.pdf (2 pages)

10.8. Transformation & Major Programmes Committee 18 February 2026

 TMP summary 18.02.2026.pdf (1 pages)

17:40 - 17:40 **11. Register of documents signed under seal**

0 min

Paper

Amanda Pritchard

 Documents Signed under Trust Seal 22 January 2026 to 22 April 2026 Final .pdf (2 pages)

17:40 - 17:45 **12. Any other business**

5 min

BOARD OF DIRECTORS

Wednesday 28 January 2026, 4.00pm – 5.45pm
Robens Suite, Guy's Hospital

Members present:

Charles Alexander (Chair)	Simon Friend
Crystal Akass	Felicity Harvey
Gubby Ayida	Jamie Heywood
Avey Bhatia	Deirdre Kelly
Miranda Brawn	Graham Lord
Sarah Clarke	Damien O'Brien
Louise Dark	Pauline Philip (MS Teams)
Steven Davies	Ian Playford
Nilkunj Dodhia	Amanda Pritchard
Jon Findlay	Simon Steddon

In attendance:

Andrew Asbury	Denis Lafitte
Edward Bradshaw (minutes)	Jackie Parrott
Anita Knowles	Keith Thompson (item 7)
Dorothy Kufeji (item 6)	Tendai Wileman

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 Richard Grocott-Mason and Alison Wilcox.

2. Declarations of interests

- 2.1. Felicity Harvey declared an interest in relation to agenda item 7, given her role as a non-executive director at Sciensus, which is involved in specialist pharmacy services. Simon Friend also declared an interest for the same item, due to his role as a non-executive director of Otsuka Pharmaceuticals Europe Limited. It was agreed that the scope and content of the Pharmacy report meant it was unnecessary to for either individual to recuse themselves from the meeting for this item.

3. Minutes of the meeting held on 22 October 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. Since the Board had last met in public there had been further consolidation of the NHS in London, and there would soon be three blocks of integrated care boards (ICBs) in the capital, with North West and North Central ICBs due to merge in April 2026, and South East and South West London ICBs forming a 'cluster' arrangement. The responsibility of the ICBs for strategic commissioning rather than oversight of provider performance was now clear.
- 4.2. The Chair thanked the Trust's executive directors and their teams for their hard work in dealing with increased operational pressures over the winter period, whilst planning for future years.
- 4.3. The Chair reflected on the Board away day that had been held in early December. A key focus had been on the need for transformation to both help the Trust to meet the expectations in the 10-year

health plan and navigate the increasingly tight national budgetary constraints. Time had also been spent on considering how Board members could best work together in a unitary way in order to address the challenges and capitalise on the opportunities that lay ahead.

5. Chief Executive's Update

- 5.1. The Chief Executive thanked staff for their exceptional efforts over the recent holiday period, noting the considerable operational pressure across the Trust. Much of the organisation's recent effort had focused on preparing operational and financial plans for the coming years, and a major senior leadership event had taken place the previous day, showcasing the clinical directorates' business plans for the following year. There was strong energy and commitment to build on the organisation's achievements. The Chief Executive emphasised that partnership working across ICBs, NHS England, and primary care, remained at the heart of the Trust's strategy. She also highlighted important upcoming changes to the executive team that will support continuity and enhance leadership capacity.
- 5.2. The Trust had continued to deliver good levels of elective activity, with referral-to-treatment performance ahead of plan, and consistently strong urgent and emergency care performance. On the morning of the meeting the winter escalation ward at St Thomas' Hospital had been opened to help manage patient flow; this had quickly eased pressures in the Emergency Department. Board discussion emphasised the need to reduce future reliance on escalation wards by improving flow resilience. Whilst the Trust had been unable to reduce the number of patients waiting over 65 weeks for treatment to zero by the end of December 2025, this was primarily due to patients choosing to continue to wait. It was anticipated that this objective would be achieved in February.
- 5.3. Diagnostics remain the most significant access challenge, with waits well above plan. The Board discussed the recurring issue of constrained facilities, equipment pressures and workforce limitations, and the lessons that had been learned as the Trust planned for improved performance in 2026/27. Demand for diagnostic tests, particularly referral from primary care, had also risen particularly in areas where the Trust's performance had improved such as imaging. The Trust would increasingly utilise community diagnostic centres over the coming years to improve sustainability.
- 5.4. Performance with the Faster Diagnosis cancer standard remained strong, but the 62-day standard continued to be the Trust's greatest operational challenge. Delays in pathology test turnaround times had contributed to delays, and the Trust was engaged in regular discussion with colleagues from Synnovis to address this. A backlog clearance plan for Q4 and focused service summits were expected to enable improvement over the coming months.
- 5.5. The Trust was reported to maintain a healthy incident-reporting culture, with most events categorised as low or no harm. The most commonly reported events were medication errors, violence and aggression towards staff, and delays in accessing care. Harm due to waiting had reduced, but there had been an increase in never events during 2025/26 that the Quality and Performance Board Committee was exploring in detail. Board members discussed the establishment of Martha's Rule, which was now fully operational and being extended into community settings; usage levels would be reviewed as implementation matures.
- 5.6. Board members were pleased that overall mortality indicators remained positive, whilst healthcare-associated MRSA cases continue to be monitored, with Trust-wide actions underway. There had been a quarter-on-quarter reduction in the number of *C. auris* cases at St Thomas' Hospital, although the Trust's ambition remained full eradication of the outbreak. The number of confirmed 'flu cases had increased before Christmas but had since stabilised. Flu vaccination uptake has slowed after an initially strong campaign, and thanks were given to peer vaccinators. Patient experience overall remains high, with the Emergency Department showing improvement and maternity services still performing well, though slightly down on earlier in the year.
- 5.7. The Board welcomed the launch of the Trust's first Neurodiversity Strategy, co-produced with staff and families, aimed at embedding inclusive practice in both care and employment.

- 5.8. The Trust continued to take all reasonable steps to improve its financial position. At the end of December 2025 (month 9) the Trust had reported a £25.1m deficit, slightly ahead of plan, with a strong cash position and active management of capital expenditure to ensure full utilisation of its allocation by year-end. Around £83.8m of the £102.1m cost improvement programme (CIP) target had been identified, with over half of the remaining gap relating to pathology services and remedial actions underway. The productivity programme, particularly the flow, surgery and administration workstreams, was gathering pace and remained central to the Trust's long-term financial sustainability.
- 5.9. Since the previous Board meeting the Trust had held several events to celebrate the diversity of its staff and the contributions of staffing groups, including the 'Love Admin' awards. The Chief Executive noted the strong link between high levels of diversity and high-quality care. Over 11,000 staff had completed the 2025 NHS Staff Survey, with detailed results to come to the Board in due course., The Board welcomed news that the Trust's strategic programmes continued to progress, notably the relocation of the Principal Treatment Centre for specialist children's cancer services. The Trust's new Green Plan had been launched earlier in January to set out the organisational priorities to 2028 to protect the environment alongside the delivery of high-quality care for patients.

6. Resident doctors 10-point plan

- 6.1. NHS England's 10-point plan to improve the working lives of resident doctors aims to address core elements of doctors' day-to-day experience, particularly the basics, such as rota management, induction, rest facilities, payroll accuracy and access to essential amenities. This work was central to the Trust's commitment to valuing its workforce, and Board oversight was recognised as essential for sustaining progress.
- 6.2. The Trust had made significant headway to date, meeting 87% of the national requirements largely due to existing programmes, especially the internal Making Working Lives Better initiative. Notable achievements include strengthened induction processes, better support for Locally Employed Doctors and International Medical Graduates, upgrades to staff rooms and wellbeing spaces, and successful rollout of hot and cold food options available at all hours. Implementation of the NHS England Sexual Safety Charter was continuing, with enhanced training and a dedicated Trust-wide group in place.
- 6.3. A major area of improvement was the introduction of the new Exception Reporting Framework which was planned to go live on 4 February 2026. This represented a substantial shift in processes, supported by upgraded software, improved policy guidance and Trust-wide readiness for monitoring. This change was expected to strengthen assurance, improve transparency, and help identify organisational trends more effectively. Nationally mandated amenities audits had been completed, with the local audit revealing positive feedback on food availability but ongoing challenges with overnight rest spaces, locker provision and variable access to rest facilities. These findings will inform the Making Working Lives Better improvement plan.
- 6.4. The Board welcomed the update and the good progress that had been made which had been overseen at a Board level by the People, Culture and Education Committee. Members queried where the biggest positive impact had been felt so far by resident doctors, the priorities for the next phase of delivery, and how would be sustained over time. It was suggested that there should be triangulation with National Student Survey data, given the similarity of some of the findings such as onboarding. This led to discussion about the potential impact of the Trust's work on the following year's General Medical Council (GMC) training survey. It was also agreed that these improvements may highlight issues relevant to other staffing groups, offering further opportunities for Trust-wide benefit.

7. Pharmacy update

- 7.1. The Board received an overview of the Pharmacy and Medicines Optimisation directorate which provides an integrated, Trust-wide service across five hospital sites, with several functions hosted and delivered on behalf of regional and national partners. The service oversees the safe and effective flow of around £400m of medicines annually, supporting all clinical groups and maintaining high-risk, highly

regulated environments including Medicines and Healthcare products Regulatory Agency (MHRA)-licensed units and specialist quality-assurance services. The directorate's scope spans medicines procurement and supply, including community-based partnerships, homecare, aseptic preparation of chemotherapy and advanced therapies, clinical pharmacy interventions, medicines information functions such as the patient helpline, and commercial manufacturing. The service also manages medicines shortages and works closely with community pharmacies to support continuity of supply and patient access.

- 7.2. The directorate demonstrated its work in helping the Trust deliver in each of the five strategic priorities in its organisational strategy to 2030. The Boots-delivered outpatient pharmacy model was showing strong operational improvements, highlighted in the recent deep dive at the Finance, Commercial and Investment Board Committee, with reductions in errors, complaints and waiting times, and expanded patient-choice options. The Medicines Value Programme had delivered over £10m in savings between April to December 2025.
- 7.3. The Board welcomed the directorate teams' diverse backgrounds and collaborative culture, noting potential learning could be showcased in the People, Culture and Education Committee. Pharmacy was strengthening research and innovation capacity and capability: four separate clinical trials pharmacy teams contribute to improving performance against the 150-day clinical trials target, with better metrics now emerging. Board members requested that this work should feed into the Academic Committee in Common which was overseeing the Trust's compliance with the 150-day target.
- 7.4. Board members agreed the importance of aseptic transformation remained a critical strategic priority for the next five years. Phase 1 would deliver a major new aseptic suite at St Thomas', enabling capacity for the Children's Cancer Principal Treatment Centre and growing demand for adult chemotherapy and advanced therapies. Wider infrastructure modernisation included new dispensary automation at Evelina and a substantial refurbishment of the St Thomas' outpatient pharmacy with plans for an expanded dispensing robot. The Board was pleased that the development of electronic prescribing within Epic continued to reduce medication-related harm, with increasing data enabling proactive safety interventions.
- 7.5. In discussion, the Board noted the importance of bringing together regulatory reporting, including Good Manufacturing Practice (GMP) compliance, into future reports to the Quality and Performance Board Committee, and welcomed the work done to review and refresh the reporting arrangement from Pharmacy to the Board.

8. Board Assurance Framework

- 8.1. The Board reviewed the Board Assurance Framework (BAF) at the end of December 2025, noting the scores and assurance levels for all the Trust's principal strategic risks. Four risks were rated as 'red', and several risks exceeded their tolerance level as per the Trust's risk appetite statement. It was agreed that, whilst the Board committees did well to keep the risks under review, seeing the complete list on a regular basis was important to ensure information could be challenged by directors who did not attend some committees, and for interdependencies to be identified.
- 8.2. There was discussion about risk nine regarding capital expenditure, and how work undertaken in Essentia had helped to clarify the size of the Trust's backlog maintenance programme. Following some debate, including with reference to risk three regarding the quality and safety of the Trust's estate, it was agreed the score of eight remained appropriate. This was due to the Trust's increased understanding of the condition of its estate, which had enabled it to target spending on the areas in greatest need of maintenance.
- 8.3. The Board considered whether the BAF risks were sufficiently reflective of the work the Trust was doing to establish and deliver neighbourhood-based health services as the 'Integrator' for Lambeth and Southwark, given the importance of this work in the 10-year health plan. It was agreed that a risk linked to the Trust's objectives in this area should be added to the BAF in the coming months.

9. Reports from Board committees for noting

9.1. The non-executive chairs of the Trust Board committees summarised the key areas of discussion, the key risks noted, and the decisions made in the committee meetings held since the last public Board meeting in October. Of particular note were the following updates:

- The Academic Committee in Common met in October 2025 and would also meet the following day, where there would be a focus on the 150-day clinical trials target and how the Trust and its partners were set up to meet this at the earliest possible opportunity;
- The Audit Committee had undertaken a deep dive into the physical security of data centres and had started preparations for its oversight of the external audit of the Trust's 2025/26 accounts;
- The Finance, Commercial and Investment Committee was continuing to scrutinise the Trust's financial position and seek assurance it was on track to meet its breakeven plan at the end of March. There had been a focus on the work being done to develop sufficient cost improvement programmes in 2026/27 and on the Trust's private patient plans;
- The Quality and Performance Committee had continued its focus on never events and complaints response times and noted a reduction in overdue complaints. At the following meeting it would explore the Trust's cancer 62-day recovery plan in more detail;
- The Transformation and Major Programmes Committee continued to seek assurance around delivery of the Trust's major programmes, several of which had met, or were approaching, key milestones. The Committee had also approved the Trust's Green Plan; and
- The People, Culture and Education Committee had examined aspects of the Trust's people policies, the Brawn review and sexual safety.

10. Reports from Board committees for noting

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

11. Register of documents signed under seal

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

12. Any other business

12.1. There was no other business. The next public meeting of the Board of Directors would be held on 29 April 2026.

BOARD OF DIRECTORS

WEDNESDAY 29 APRIL 2026

Report title:	Chief Executive's Report
Executive sponsor:	Amanda Pritchard, Chief Executive Officer
Paper author:	Edward Bradshaw, Director of Corporate Governance and Trust Secretary
Main strategic priority:	All strategic priorities
Primary BAF risk:	All BAF risks
Key points of paper:	<ul style="list-style-type: none"> • 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 January 2026 Board meeting.
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.
Supporting material:	The following supporting information has been supplied in the reading room: <ol style="list-style-type: none"> 1. N/a
Purpose of report:	For awareness/noting only
Recommendation(s):	The BOARD is asked to: <ol style="list-style-type: none"> 2. Note this paper.

1. Introduction

- 1.1. I would like to thank all of our staff for their hard work during 2025/26. I continue to be so impressed by the strengths and expertise that we have across our sites, and by the commitment and compassion our staff show to our patients and each other each and every day. As I will explain more fully in this report, 2025/26 has been a largely successful year for the Trust, with significant progress made in increasing our clinical activity and reducing the number of people on our waiting list, particularly those who have been waiting the longest for treatment. We have again delivered our financial plan, and the quality of the care we provide remains exceptional. However, we know that the challenging conditions experienced in 2025/26 will intensify in 2026/27. We anticipate continued growth in demand for our services across almost all patient pathways including elective, non-elective and diagnostic care; this will reinforce the need for effective working with partner organisations to manage demand, reduce waiting times and continue to drive greater equality of access to healthcare services across South East London and beyond.
- 1.2. In my last report I updated the Board about several changes across the executive director cohort that would come into effect from 1 April. In addition to these, I am delighted to welcome back Professor Ian Abbs as Interim Chief Medical Officer for a period of up to 12 months. Ian's previous roles as both Chief Executive and Chief Medical Officer, his deep affection for the organisation and our people, and his most recent work leading life sciences development, mean that he is uniquely well placed to take on this role. He will be the Trust's most senior medical professional and will lead delivery of our clinical strategy, provide professional leadership to our medical workforce, and support the design of the Chief Medical Officer portfolio, into which we will recruit permanently in due course. Under Ian's leadership the four clinical group medical directors will retain their accountabilities within their respective clinical groups and will take on additional enhanced responsibilities for specific areas of the Chief Medical Officer portfolio. I am very grateful to all of them for their willingness to expand their roles in this way.

2. Significant developments since the previous public Board meeting

- 2.1. The Trust's overall performance is assessed by NHS England against a range of measures including quality of care, financial performance and waiting times. I am pleased to report that Guy's and St Thomas' remains in the highest-performing category (segment 1) of the NHS Oversight Framework. The Trust's position in the league table improved from twelfth of 134 acute trusts in quarter two (July to September 2025) to tenth at the end of quarter three (October to December 2025). This reflects sustained performance improvements and the continued hard work and commitment of our staff. Segmentation is reviewed quarterly and, notwithstanding anticipated significant changes to the NHS Oversight Framework in 2026/27, maintaining this position will require the Trust to build on its achievements and continue to strengthen operational performance, financial management, quality of care, and staff experience.
- 2.2. The Trust has been advised by NHS England that it has been awarded a provider capability rating of green/amber for 2025/26, which is the second highest rating available. The capability assessment is used alongside the Trust's segmentation in the NHS Oversight Framework to

determine what support may be needed by providers. The green/amber rating has been determined following NHS England's consideration of our self-assessment and a review of other measures available to them, including our tiering status. The rating indicates that there are some concerns across one or more areas, which we recognise, but that these are not yet affecting quality of care, delivery of core services, finance or the wider reputation of the NHS.

- 2.3. On 10 and 11 March the Trust welcomed colleagues from our regulator, the Care Quality Commission (CQC), who inspected the Trust's urgent and emergency services. This encompassed the entire emergency floor at St Thomas' Hospital, including paediatrics and the acute admissions ward, and the urgent treatment centre at Guy's Hospital. The initial verbal feedback from CQC was positive with strong performance noted on leadership, culture, partnership working, hygiene, and cleanliness. Whilst some safety concerns were noted around sepsis screening and sharp objects that were potentially accessible by vulnerable mental health patients, these were swiftly addressed by staff once identified. We subsequently received formal written feedback, to which we responded within the week to detail the actions the Trust has taken to address the concerns noted, and we are now awaiting the final report. We anticipate that further service inspections will follow in the upcoming weeks, and we look forward to further demonstrating the quality of care we provide at the Trust.

3. Future Ready

- 3.1. Since the last public Board meeting, the Trust has submitted its final three-year operating plan and a five-year strategic plan to NHS England. Sitting alongside our Trust strategy to 2030 these plans set out an ambitious vision for the future of patient care, including using digital technology in new and exciting ways, and reimagining how care can be delivered closer to home for our local population.
- 3.2. However, we are fully aware that these future plans can only happen if we also deliver the operational and financial commitments we have made in the operating plan. To achieve this, we have established three 'step change' operational priorities for 2026/27, in addition to maintaining our focus on continuous improvement:
- reducing the number of cancer patients waiting more than 62 days from referral to treatment
 - streamlining our elective (planned care) pathways, including first and follow-up outpatient appointments
 - increasing value for the money we spend and reducing waste.
- 3.3. We recognise that our ability to deliver these priorities is dependent on our people having the right skills and support. We therefore have an ongoing priority to ensure our staff have access to the right learning and development opportunities and that we create an environment where they all feel valued and can give their best. Further information is set out in section 6 below.

- 3.4. To support delivery of our plans, both for 2026/27 and beyond, we have launched our 'Future Ready' programme. This has grown out of the productivity programme, about which I have updated the Board in previous meetings. However, Future Ready goes beyond productivity. It will require every one of our 24,000 staff to consider how they can work differently, both to modernise and improve the quality of the care we provide while also being more efficient and reducing the amount of money we spend. I look forward to updating the Board about the impact of the programme at future meetings.

4. Delivering healthcare across the Trust

- 4.1. 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.
- 4.2. Access to elective care: The Trust is working hard to safely treat as many patients as possible and continues to exceed agreed activity targets. The total waiting list at the end of February 2026 was 107,138 which is already lower than the plan of 114,730 by 31 March. The Trust also continues to perform strongly in ensuring patients have timely access to care. Our overall referral to treatment (RTT) performance, which measures waiting times against the national 18-week standard, was ahead of plan at 67.3% in February. We have also reduced the number of patients waiting over 52 weeks for treatment from 1,193 in January to 971 in February, which was also ahead of plan. The gains made since January have been partly enabled by additional funding made available by NHS England. Although the Trust remains in NHS England's tiering programme for elective care due to a delay in eliminating all 65 week waits for treatment, we are hopeful of demonstrating sufficient improvement to exit this programme by the next public Board meeting.
- 4.3. Diagnostics: The proportion of patients waiting over six weeks for diagnostic tests remains significantly higher than we would like and exceeded 40% in both December 2025 and January 2026. Whilst there was some improvement in February, where performance improved to 33.5%, we will not meet our planned year-end target. The number of patients waiting over 13 weeks has also continued to increase over the past three months. Work is being done to mitigate our position and includes creating additional capacity in challenged services and streamlining our GP direct access offer; we also continue to benefit from support from NHS England's tiering programme. This will remain a key area of focus for the Trust during 2026/27.
- 4.4. Cancer: Performance against the 28-Day Faster Diagnosis Standard for patients with actual or suspected cancer reached 84.3% in February, continuing the Trust's strong performance during the year. However, our performance against the 62-day standard for patients to start cancer treatment following diagnosis remains our greatest operational challenge. During quarter four we have prioritised treating patients who have already waited longer than 62 days. Whilst we have made good progress with this it has, as expected, impacted 62-day performance, which fell to 53.5% in February. Although we will not meet our year-end ambition of 70.3%, we remain confident that our comprehensive internal cancer recovery programme, and the ongoing support of NHS England will help us make a step change in this area in 2026/27.

- 4.5. Urgent and emergency care: Throughout 2025/26 the Trust's urgent and emergency care performance has been one of the best in the country. Though we maintained this position during December, since January performance against the four-hour standard has dipped slightly, and was 75.8% in February. Unfortunately, this also meant that more patients waited over 12 hours for treatment. We do not anticipate meeting the year end target of 78%, although we are hopeful of an average performance exceeding 77% in 2025/26, which would provide a firm base on which to deliver further improvement in 2026/27.
- 4.6. Industrial action: Between 7 and 13 April resident doctors undertook a further episode of industrial action under a British Medical Association mandate in response to a national pay dispute. While services across our hospital and community sites remained resilient during this period of industrial action, business continuity plans again required the cancellation of some elective appointments to prioritise urgent care, cancer treatment and those patients who had been waiting the longest. The Trust has not yet fully calculated the operational and financial impact of this strike. As always, the Trust respects the right of staff to take industrial action but hopes that further negotiations will help avoid future disruption and minimise impact on patient care. Resident doctors are a vital part of our workforce, and we are committed to implementing NHS England's 10-point plan to improve resident doctors' working lives.
- 4.7. Quality of Care: The Trust remains committed to delivering safe, high-quality care to all our patients. One never event was reported in quarter four (January to March 2026), taking the total to ten for the financial year. One further patient safety incident investigation and one Maternity and Newborn Safety Investigation were also opened. The Trust's Quality and Performance Board Committee continues to closely scrutinise how incidents such as these are reviewed to ensure an appropriate learning response and to prevent future reoccurrence. All patient safety incidents, including PSII investigations and never events, are also automatically reported to the CQC, NHS England and the South East London Integrated Care Board (ICB).
- 4.8. The Trust has made significant progress in improving its management of complaints over recent months; the number of overdue complaints reduced from 231 to 167 during quarter four and at the start of April 2026 there were no complaints over 100 days. This improvement has been enabled in part by a simplification of the complaints management processes, reducing the number of sign-off points and empowering clinical groups to manage the majority of complaints originating from their clinical areas. The main themes from complaints remain issues with clinical care, communication/information, waiting times, staff attitude/behaviour concerns and follow up appointments.
- 4.9. We continue to run a robust learning from deaths process; the latest data shows that the Trust's compliance with Structured Judgement Reviews (SJR) and mortality reviews has remained strong, with only a small number of reviews outstanding and the majority completed within required timeframes. Mortality indicators remain lower than the national expected range with the latest Summary Hospital-level Mortality Indicator (SHMI) 12-month rolling rate (December 2024 to November 2025) currently at 95.87 compared to the national benchmark of 100. Actions are ongoing to improve the Trust's SHMI trend where possible, including by addressing coding and classification issues.

- 4.10. Infection prevention and control: Two further cases of healthcare-associated MRSA bloodstream infection (BSI) have been identified in the Cancer and Surgery Clinical Group, with post-infection reviews underway. The total MRSA BSI count for 2025/26 is now 14, worsening the Trust's position amongst its peer trusts in the Shelford Group. Trust-wide MRSA rounds have started to ensure appropriate suppression therapy and optimal vascular access management; early results show ongoing issues with some basic practices. *Candidozyma auris* remains a concern, with eight cases in January 2026, three in February, and two in March, mainly affecting wards in East Wing at St Thomas' Hospital. The Trust continues to experience an infection prevention and control risk associated with delayed microbiology test results; the Trust's infection prevention and control team is working with colleagues from Synnovis to monitor improvements.
- 4.11. Patient Experience: Overall patient experience scores remain high, with Friends and Family Test scores above 90% in most areas except the emergency department and maternity services. Emergency department scores rose from 85.8% in January to 88.3% in February; Maternity dropped from 91.1% in January to 89.2% in February, due to lower scores for antenatal care. Common challenges experienced by patients include booking and changing appointments. Response volumes increased overall but declined slightly for the emergency department and community services in February. The Patient Advice and Liaison Service (PALS) remains busy, with patient concerns mainly focused on booking or rescheduling appointments, waiting times, and difficulty contacting the Trust by phone. Clinical teams have initiated local efforts to reduce waits and enhance contact experience. The 'Contacting Us Programme' is launching self-scheduling via the MyChart app to reduce the volume of phone calls, whilst planned audits and the introduction of new technology such as call-backs aim to streamline communication. External evaluation and stakeholder engagement will guide improvements and aim to make services more accessible and inclusive.
- 4.12. Safeguarding: During quarter three (October to December 2025), safeguarding children Level 3 training compliance remained relatively strong at 80%, though it continued to fall short of the Trust's 90% target. Work is ongoing to implement revised Trust domestic abuse services, with recruitment underway, alongside plans to extend child protection alerts across a wider range of services. Lambeth's most recent Ofsted inspection highlighted significant improvements, with most domains rated good or outstanding, although further progress is required for children needing help and protection. Adult safeguarding training compliance improved across all levels. Adult safeguarding referrals predominantly related to self-neglect among people aged 75–84; dementia, delirium, and learning disability referrals all reduced, despite some site-specific increases.

5. Sustaining and improving the Trust's financial performance

- 5.1. Subject to audit the Trust has reported a surplus of £5.0m in 2025/26, ahead of the breakeven plan. This outturn was due to an in-month surplus in March (month 12) of £26.9m, largely due to above plan additional income received and the redistribution of deficit support funding. Amongst other streams, the Trust earned additional income for overperformance of clinical services and income to offset overspends in areas such as pay, drugs and clinical supplies. Equally, whilst private patient income has grown significantly in 2025/26 compared to 2024/25, overall it was around £4.3m behind plan. The Trust has found it difficult to fully identify and deliver cost improvement plans during the year and, at

the end of March there was a gap of £18.6m against the Trust's target of £102.1m.

- 5.2. The Trust's cash balance at the end of March 2026 was £169m, which was a £21.9m reduction from the 2025/26 opening balance. Due to intensive work in the final quarter of the year, the Trust has managed to spend its full capital expenditure allocation for the year of £195.1m.
- 5.3. We already know that the financial pressures will intensify in 2026/27. We have set ourselves a break-even target for the year, and the Board is aware that this carries a significant degree of risk. Our financial plan is predicated on an ambitious internal cost improvement target of £115m which equates to around 4.4% of controllable costs and exceeds any target we have set ourselves in the past. As indicated in section 3 of this report, our 'Future Ready' programme will be a key enabler of delivery of this target, and the Finance, Commercial and Investment Board Committee will play an important role in tracking delivery of this and ensuring plans are in place to mitigate risk or slippage.

6. Supporting our workforce

- 6.1. Last autumn almost 12,000 staff from across the Trust, representing 49% of our entire workforce, completed the 2025 NHS Staff Survey. This was 2% above the national average for our category of 'Acute, and acute and community trusts' and the second highest level of participation for the Trust ever, giving us confidence that the results reflect the experience of our people. The results were very positive and I would particularly like to draw the Board's attention to the following:
- Our results were above the national average in all 7 NHS People Promise areas, as well as the staff engagement and morale themes.
 - While national scores have declined in several areas, we have achieved significant year-on-year improvements in all People Promise elements and themes for the second consecutive year, demonstrating sustained progress.
 - We achieved the highest score nationally for the 'We are always learning' theme, driven by excellent results in appraisals.
 - 18 out of 21 'sub-theme' areas achieved the highest scoring results in five years.
 - 'Diversity and equality' and 'Negative experiences' both scored above the national average for the first time in five years, reflecting progress in areas where we have historically struggled to achieve positive results, and where we also know we have more to do.
 - 'Advocacy' scores have continued to rise, with more of our staff recommending the Trust as a place to work and to receive care – and these scores are well above the national average.
 - 93% of respondents said they were proud to work for the Trust, and 99% were aware of the Trust values.
- 6.2. Whilst it is encouraging that our results reflect a strong sense of pride across the organisation and positive overall progress, we remain committed to addressing the areas that require further action. There are ongoing concerns about fair opportunities for career progression and, despite some overall improvement, negative experiences such as discrimination, bullying, and harassment persist across the organisation. We will continue to work to improve the experience of working at Guy's and St Thomas' for colleagues from the global

majority, and for those with disabilities or long-term health conditions. We will refresh the Trust-level action plan developed following the 2024 Staff Survey results, whilst also providing results to teams locally to ensure action plans are developed in response. We will continue to hold the 'You said it. We did it' webinars to keep listening to staff views, and to ensure staff are kept involved and informed of how we are responding to the results.

- 6.3. The Trust also takes great pride in the wide range of events we hold to celebrate equality, diversity and inclusion at the Trust. Since the last public Board meeting we have marked Women's History month, LGBT+ History Month and Neurodiversity Celebration Week, as well as several important religious and cultural events including Eid, Passover, Easter and Baisakhi (also known as Vaisakhi).

7. Transforming for the future

- 7.1. The Trust has developed plans to temporarily move children's inpatient heart, lung and critical care services, and day cases that require sedation, from Royal Brompton Hospital to facilities within Evelina London Children's Hospital and the wider St Thomas' Hospital site. NHS England has supported this 'planned temporary change' as they recognise that, while the care we continue to provide remains safe, it is becoming harder for our cardiac surgeons and clinical teams to run these important services across two hospital sites. We will begin to make these changes in mid-May 2026 and have shared information about this with the families of patients who could be affected, as well as with our staff, the Council of Governors, and relevant Local Authority Joint Health Overview and Scrutiny Committees. Children's outpatients and ambulatory care services (including diagnostics and imaging) that don't require sedation will remain at Royal Brompton Hospital. Any decision to make a permanent change will be led by NHS England, and will need to involve patients, families, staff, and other NHS and public stakeholders, providing opportunities for them to share their views.
- 7.2. In October 2025 the Trust was designated by NHS England as the Most Suitable Provider for the future NHS South East Genomic Medicine Service following a procurement process under the Provider Selection Regime. The new contract combines the existing NHS England commissioned genomics services with further responsibilities, including for Population Health, under a single Prime Contract and is key to supporting the Trust's ambitions to be a global leader in genomics and precision medicine. The contract has recently been agreed, following several months of negotiations with NHS England to determine the proposed funding envelope, service requirements and contractual terms.

8. Other news

8.1. Improving our environmental sustainability remains an important area of work for the Trust and we are proud that three of our teams have received awards for their environmental work in recent months. All these efforts contribute to delivery of the Trust's Green Plan to protect the planet while continuing to provide the best possible care for our patients:

- The emergency department at St Thomas' Hospital has been awarded a bronze accreditation by the Royal College of Emergency Medicine (RCEM) as part of its GreenED Programme for its efforts in employing evidence-based environmentally sustainable practices.
- The Trust's waste management and sustainability teams received two separate awards: at the Team London Bridge 'A Great Place to Work' for their introduction of reusable sharps bins and a new walking aids recycle scheme, and at the Recorra Recycling and Circularity awards, where they received the Gold award in both 'waste reduction' and 'reuse and sustainability business of the year' categories.
- The palliative care team received a Greener Palliative Care Bronze Award, a national initiative which helps palliative care services integrate sustainability into their practice.

8.2. April 2026 marks 15 years since the Trust started to provide community services in Lambeth and Southwark. During this time our dedicated teams have supported thousands of children and adults, both in people's homes and across our local communities, whilst leading the way nationally with new models of care and bringing together hospital and community services to provide more integrated care for our local population. We are now working with our local health, social care, housing and voluntary partners to build on this success as we begin to introduce Integrated Neighbourhood Teams in both boroughs. This move to 'neighbourhood health' is a core element of the Government's 10 Year Health Plan which describes a future model of healthcare organised around patients in their homes and local communities. Since 1 April we have started to build these specialist teams, which will provide more joined-up, accessible and personalised care for our local communities. By helping people stay well as opposed to simply treating them when they are ill, neighbourhood teams will become active partners in the long-term health and wellbeing of local communities, as well as freeing up hospital resource and capacity for those who need it most.

8.3. Finally, I want to highlight just two of the many examples of how Guy's and St Thomas' delivers pioneering specialist treatment to our patients. Firstly, an 11-year-old boy became the first person in the UK to have a hole in his heart repaired using a biodegradable device which gradually dissolves inside the body. Specialist heart teams at Royal Brompton Hospital and Evelina London Children's Hospital undertook the innovative operation, using a device that seals the hole immediately, and then slowly dissolves over about a year, while the body's own tissue grows naturally and permanently over the repair. Secondly, the Trust has become the first provider in the UK to offer a specific life-changing treatment for people with chronic voice disorders. The use of platelet-rich plasma injections involves taking a small sample of the patient's blood and spinning it in a centrifuge machine to concentrate and separate the platelet-rich plasma. This concentrated solution is injected into the patient's vocal chords to boost the natural healing process, shorten recovery time and promote tissue regeneration. Congratulations to all those involved in these two innovative treatments.

9. Consultant appointments (1 January 2026 – 31 March 2026)

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

Post	Appointee	Post Type	Start date
Consultant Transplant Surgeon	Benedict Lyle Phillips	Newly created post	01/04/2026
Consultant Histopathologist in Oral & Maxillofacial - Head & Neck	Priya Radia	Vacant post	10/03/2027
Consultant Cellular Pathologist interest Gynaecological & GI Pathology	Sofia Eleni Tzorakoleftheraki	Newly created post	01/05/2026
Consultant Breast Oncoplastic Surgeon	Radhika Advait Merh	Newly created post	03/04/2026
Consultant Breast Oncoplastic Surgeon	Mohammad Imran Zaheer Inam	Newly created post	06/04/2026
Oesophageal Consultant- Gastroenterology	Joseph Cooney	Newly created post	06/04/2026
Consultant in Respiratory Medicine - specialist interest in Infection	Richard Alexandre Morton	N/A	01/06/2026
Consultant in Emergency Medicine	Karen Louise Erskine	Vacant post	01/05/2027
Bexley Cardiology Consultant	Balvinder Singh Wasan	Newly created post	TBC
Consultant in Orthopaedics and Trauma	Rory Cuthbert	Vacant post	20/04/2026
Consultant Neurophysiologist	Maria Victoria Borghi	Vacant post	01/07/2026
Consultant Physician (Sleep and Vent)	Keir EJ Philip	Newly created post	TBC

BOARD OF DIRECTORS

WEDNESDAY 29 APRIL 2026

Report title:	Integrated Neighbourhood Teams (INTs) and GSTT strategy to Improve the Health of our Population
Executive sponsor:	Louise Dark, Integrated and Specialist Medicine Clinical Group CEO
Report author:	Simon Bampfylde, Integrated and Specialist Medicine Clinical Group Director of Strategy
Main strategic priority:	Improving the health of our populations
Primary BAF risk:	Risk 8: Financial sustainability
Key points of report:	<ul style="list-style-type: none">• A small proportion of the population drive the majority of NHS system costs, 5% of patients account for 50% of acute spend. These complex patients often have chaotic patterns of resource usage across social, primary and acute care.• Integrated Neighbourhood Teams (INTs) bring together staff from across public sector providers to deliver proactive care for complex patients in the community, aiming to improve health outcomes and reduce hospital attendances and admissions. Rolling out INTs is central to both national NHS policy and south east London ICB strategy.• GSTT has taken a leadership role in our local Lambeth and Southwark care system, working in close partnership with general practice and other partners to develop neighbourhood health services and roll out Integrated Neighbourhood Teams across 10 neighbourhood footprints.• We believe the alignment of local strategies and national policy means this is a once in a generation opportunity to reshape our local health system and improve the lives of residents while helping to make the NHS financially sustainable.• The Integrated Neighbourhood Teams went live on a small scale on 1st April 2026. We are initially targeting three specific cohorts: frail adults, adults with multiple long term conditions, children and young people. We are adopting a 'test and learn' approach with the ambition to scale and spread over the course of the next three years.• In May we are starting work on an Integrated Neighbourhood Team business case to set out the vision for a mature Neighbourhood Health Service in Lambeth and Southwark, the roadmap to get there, and to quantify the impacts we expect to see on activity and finances.

	<ul style="list-style-type: none"> Integrated Neighbourhood Teams align with the priority we set out in our GSTT 2030 strategy – <i>To Improve the Health of our Population</i>. While Integrated Neighbourhood Teams are central to this ambition for our local population, we also need to consider how we apply population health principles to the other populations we serve who are not local residents, including the patients who use our specialised services. We are developing a roadmap for this.
Previously presented at:	Trust Executive Committee, 21 April 2026
Supporting material:	An accompanying slide pack has been provided.
Purpose of report:	For discussion (to get views or guidance)
Recommendation(s):	<p>The COMMITTEE is asked to:</p> <ol style="list-style-type: none"> Note the contents of the report

Integrated Neighbourhood Teams (INTs) and GSTT strategy to Improve the Health of our Population

Public Board

29 April 2026

Contents

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Integrated Neighbourhood Teams (INT) Delivery Model	<ul style="list-style-type: none">• INT interventions• INT structures and key roles• INT target cohorts• Business case and Evaluation	10-24
Wider context – GSTT strategic commitment to Improve the Health of the Population (IHOP)	<ul style="list-style-type: none">• GSTT 2030 strategy commitments• IHOP committee• Next steps: developing roadmap	25-28

What problem are we trying to solve?

A small proportion of patients / residents drive the majority of cost across NHS (and other public services)

NHS – 5% of Patients account for 50% of spend

Concentration of NHS acute inpatient spend by patient group

England — 2023-24 · Acute admitted patient care (APC) · —£43bn estimated total [latest data](#)

Top 1% of patients
~27%

≈£11.6bn of acute spend

Top 5% of patients
~50%

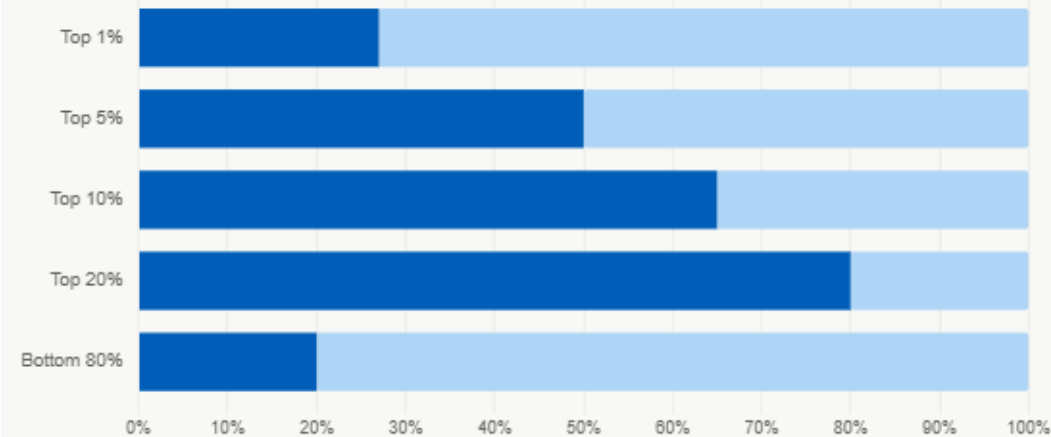
≈£21.5bn of acute spend

Top 10% of patients
~65%

≈£27.9bn of acute spend

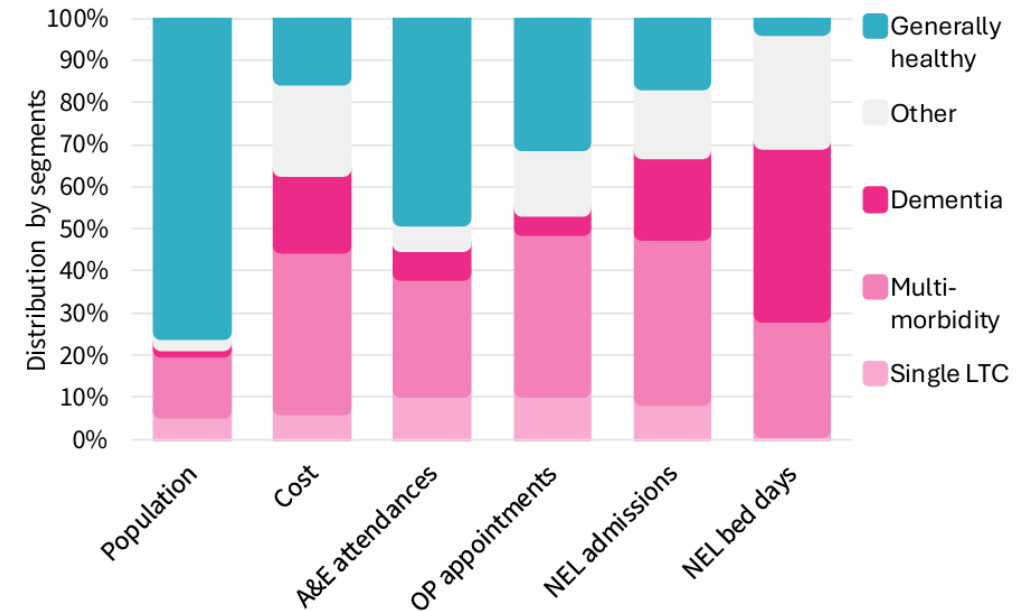
% of total acute inpatient spend accounted for by each patient group

■ Share of spend ■ Remaining spend



Source: NHS Patient Level Information and Costing system data

National – Acute spend by population segment

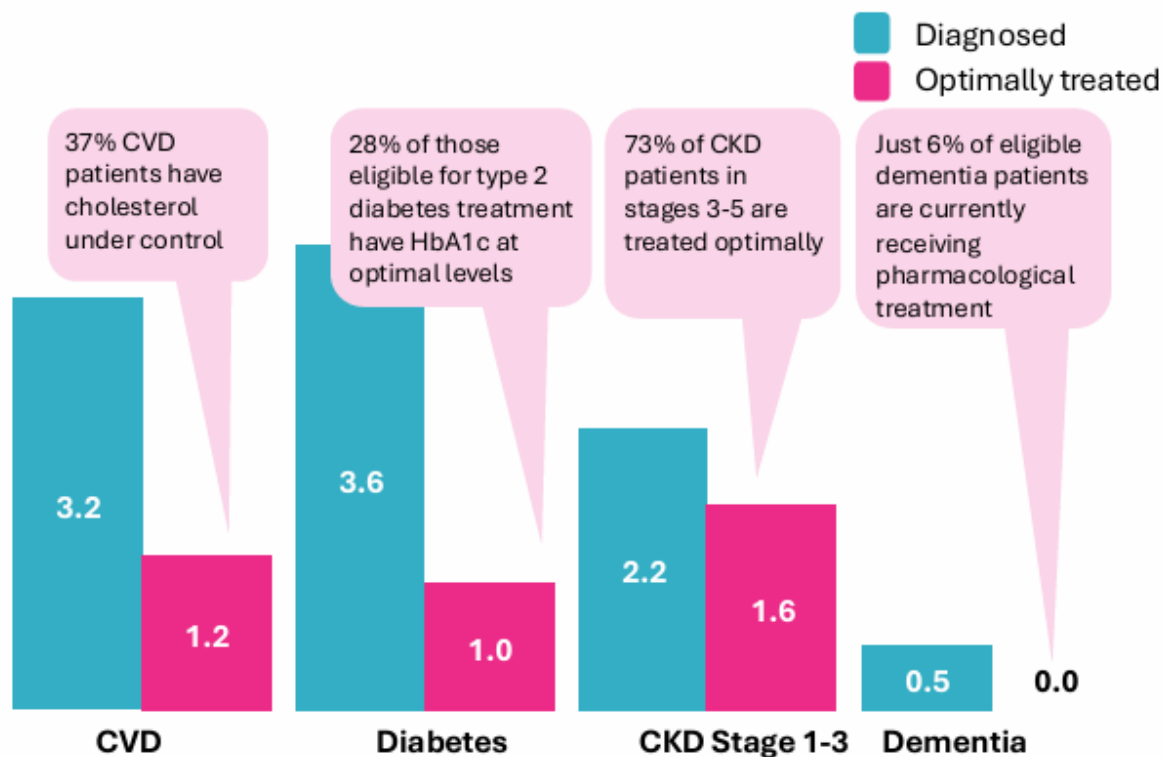


Source: Carnall Farrar analysis

Note: Population segmentation analysis of our local population (Lambeth and Southwark residents) is currently underway to create the above insights for our local population

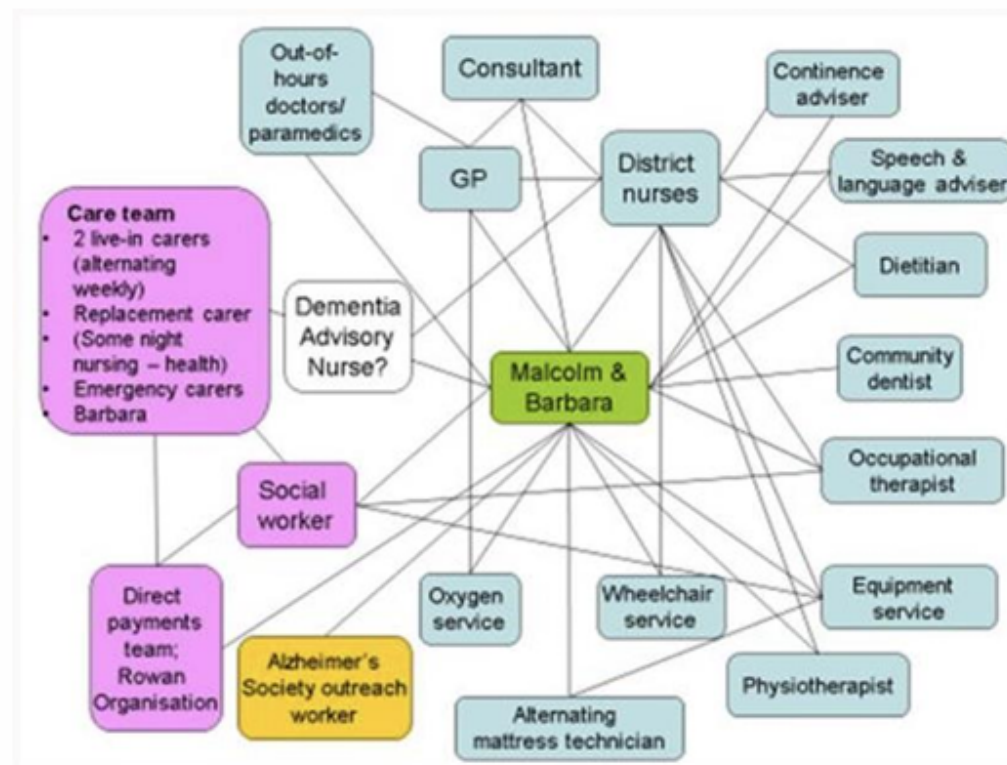
Our current system does not always deliver quality care, and the patient experience is fragmented and difficult to navigate

Diagnosis and Treatment gap: CVD, Diabetes and Obesity

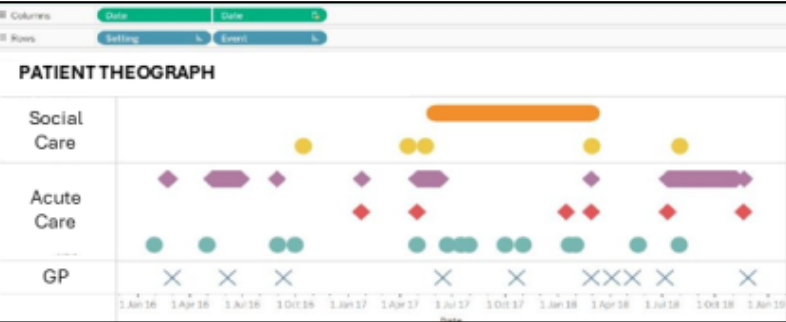


Source: Carnall Farrar analysis

The 'web of care' patients experience



Integrated Neighbourhood Teams aim to deliver effective proactive care by solving a number of challenges



- Complex patients have **chaotic patterns of resource usage** across Social Care, Primary and Acute Care
- Patients have to 'tell their story' multiple times
- Inefficient use of resources across the system

1 Appointment = 10 Minutes = 1 Problem only

- There is **limited time to build a holistic understanding of the patient:**
 - 10-minute GP appointments for complex patients
 - Secondary care appointments are speciality specific

Health & health services

Health & income security and social protection

Health & living conditions

Health & social and human capital

Health & employment and working conditions

- **Practitioners default to medical interventions** when non-medical interventions targeting the wider social determinants may be more effective
- Even where practitioners identify non-medical interventions, they have to 'signpost' to another team

Integrated Neighbourhood Teams are central to National NHS and Southeast London policy



London Neighbourhood Health Service Target Operating Model

- May 2025
- Sets out role of Integrator and ambition for Integrated Neighbourhood Teams



NHS 10 year plan

- July 2025
- Describes ambition for Neighbourhood Health Service
- Sets out the three shifts: hospital to community, treatment to prevention, and analogue to digital



DHSC Neighbourhood Health Framework

- March 2026
- Describes the reform agenda to improve proactive care
- Sets out new contract vehicles, including IHO



South East London – Neighbourhood Health Core Requirements

- March 2026
- Sets out detailed expectations of INTs for priority cohorts and linked investment via the Strategic Investment Fund

Integrated Neighbourhood Teams are one element of South East London's wider Neighbourhood plans

National NHS guidance and the five year strategic commissioning plan requests by SEL in January set out 6 steps

1	2	3	4	5	6
Agree Neighbourhood Footprints around natural communities of c. 50k people	Ensure good access to high quality general practice	Agree plans for Integrated Neighbourhood Teams focused on people with complex needs at highest risk of hospital admissions	Continue to improve the Primary / Secondary / Mental Health Interface Implement the recommendations of the Red Tape Challenge (RTC) and 'Bridging the Gap'	Agree initial plan to reduce non elective admissions by increasing urgent, rehabilitation and reablement capacity... including teams supporting urgent community response, hospital at home and home-based intermediate care	Improve planned care in the community Start to plan how to remodel outpatient pathways

Hospital to Community

Analogue to Digital

Treatment to Prevention

GSTT has taken a leadership role in the Lambeth and Southwark care system to develop Neighbourhood Health

Integrator Function

- The Integrator is responsible for providing the core infrastructure to coordinate neighbourhood working, and for driving the set up of Integrated Neighbourhood Teams
- GSTT hosts the Integrator function for Lambeth and Southwark and we are working in close partnership with the Lambeth and Southwark GP Provider Alliances
- *Integrator Delivery Boards* are set up for Lambeth and Southwark, co-chaired by GSTT. These boards also include other partners: SLAM, KCH, Public Health, Social Care etc
- South East London ICB is channelling strategic investments in Neighbourhoods through the Integrator

National Neighbourhood Health Implementation Programme (NNHIP)

- Lambeth and Southwark secured a place in the first wave of the flagship national programme to roll out Neighbourhood Health
- The NNHIP programme is a large-scale national change programme designed to accelerate the roll out of neighbourhood health services across England
- Participation in the national programme gives GSTT an opportunity to influence the evolution of national policy around Neighbourhoods

INT Delivery Model

We are aiming to develop INTs that deliver targeted proactive care to complex patients

Identify the right patients



- Use Risk Stratification Tools to segment the population
- Apply Population Health Management expertise to identify target cohorts
- Use community outreach to engage local residents to identify unmet need

Invite them in for a holistic assessment



- Time to listen: 10-minute appointments don't have time to understand complex patients
- Structured long-appointment reviews explore health, psychological and material well being
- For Frailty this would include a Comprehensive Geriatric Assessment (CGA)

Jointly create a care plan



- Co-create a shared care plan that is accessible to all MDT members
- Patient defines own goals: what matters to them
- Includes medical and non-medical goals and agreed support
- Scheduled review dates
- Named care coordinator

Biopsychosocial Interventions



- Specialist MDT Clinical input from hospital doctors
- Covering both physical and mental health
- Medication reviews and optimisation
- MDT includes social services and support accessing other government services
- Social prescribing with links to Voluntary and Community sector

Care Coordination & Follow up



- Coordination across health, social care and voluntary sector
- Shared care plan, MDT meetings and common risk stratification
- Patient's categorised by acuity with follow up frequency set accordingly
- Identify concerns and intervene early

Unplanned Care Support



- Work to support patients in the community when they have an acute episode
- Aim to avoid admissions and facilitate early discharge
- Clear escalation pathways

By delivering more effective proactive care to complex patients, we aim to deliver the following outcomes

What outcomes to we aim to deliver?

Improved patient & carer experience

System financial sustainability - reduced acute activity

Improved health outcomes for our population

Improved health equity

Monitoring framework – what we will measure

Experience and care coordination	Activity, flow and cost (£)	Patient and population outcomes	Process	Equity
<ul style="list-style-type: none"> • Patient & carer experience • Staff experience • Care plan completion • MDT working • Care coordination 	<ul style="list-style-type: none"> • ED attendances • Non elective admissions • Outpatient activity • GP activity • Length of stay • Community care contacts 	<ul style="list-style-type: none"> • Quality of life • Medication changes/titration • Disease progression • Referral to other services • Vaccination rates 	<ul style="list-style-type: none"> • No. of patients at each stage of INT process • Coverage • Time to review • Uptake of referrals 	<ul style="list-style-type: none"> • Differences by deprivation, ethnicity, age, sex • Analysis of patients who do not start/complete the pathway

Integrated Neighbourhood Teams (INTs) bring together staff from across the public sector in a 'Team of Teams' approach

- Integrated neighbourhood teams bring together staff from the NHS, local councils, and voluntary organisations to work as one team in a local neighbourhood
- They focus on the specific needs of people living in that neighbourhood, caring for the whole person and not just their medical needs
- INTs help people manage their health at home and avoid hospital when possible
- INTs aim to deliver improved healthcare outcomes, reduce inequalities and reduce overall system resource usage



Frailty INT 'Team of Teams' example shown above

Neighbourhood footprints have been agreed in Lambeth and Southwark



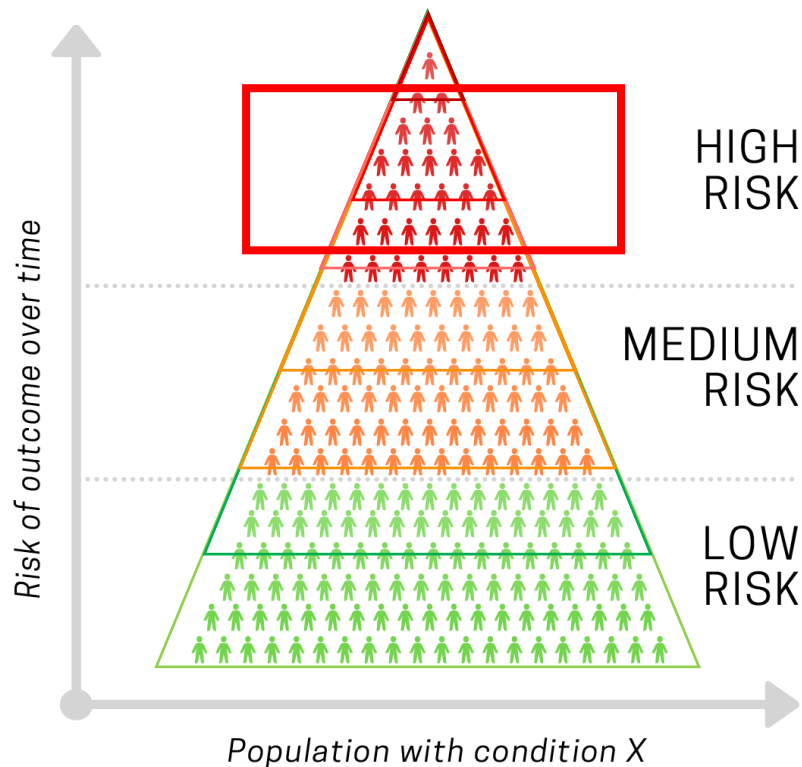
Neighbourhood	GP List Size
North Lambeth & Stockwell	111,170
Brixton & Herne Hill	89,160
Clapham	88,296
Streatham	101,855
Norwood	61,822



Neighbourhood	GP List Size
Borough	61,220
Bermondsey & Rotherhithe	72,813
Camberwell & Walworth	95,612
Peckham & Nunhead	64,707
Dulwich	67,270

Note: In Lambeth and Southwark the GP list size is c.20% larger than resident population (based on census data). This is due to nature of mobile population in inner city London

INTs will target patients with a high risk of hospital admissions where we think we can improve outcomes



We aim to focus on the cohort of high risk patients with the greatest risk of hospital admissions, and those patients where we think there is the greatest opportunity to improve health outcomes

Initial Priority Cohorts		
Long Term Conditions	Frailty	Children and Young People
People aged 18-64 with all of the following: <ul style="list-style-type: none"> • Diabetes mellitus • Chronic kidney disease • Cardiovascular disease (at least one of the following: chronic heart failure, coronary artery disease, unstable hypertension, unstable atrial fibrillation, previous stroke, peripheral vascular disease) 	People aged 65 or above, with moderate or severe frailty	Focus on those with complex needs 0-18 This will involve configuring the 15 child health teams across Lambeth & Southwark (CHILDS model) to the ten neighbourhood footprints, and increasing the size and scope of the team in each neighbourhood as INTs are developed. Discussions ongoing to develop the model.
3,750 patients identified	9,727 patients identified	tbd

Cohorts selected based on Population Health Analysis

We are working across a number of areas to develop INTs

Neighbourhood Delivery Infrastructure

- Recruiting the clinical and operational leadership roles to lead the development and delivery of INTs
 - Planning and Coordination
 - INT Delivery
 - Cohort specific best practice
- Recruiting the key support roles (e.g. care coordinators) needed to make INTs work effectively

Cohort specific Interventions

- Defining the target cohorts and identifying the patients for the three priority groups:
 - Frailty
 - Multiple Long Term Conditions
 - Children and Young People
- Developing the processes and specific interventions for each cohort (Standard Operating Procedures)

Enablers

- Working on the key *enablers* to enable INTs to operate
 - Population Health Management
 - Putting in place essential infrastructure (digital & physical estate)
 - Comms and organisational development
- Bridging fragmentation across services and sectors

Building the Partnership

- Ongoing efforts to strengthen our local partnership across Lambeth and Southwark
 - Voluntary and Community Sector (VCS): We have appointed a VCS strategic lead
 - Mental Health: exploring how to align approaches to physical and mental health in Neighbourhoods

Business Case and Financial Flows

- In May 2026 we are starting the work to develop a long term business case for our INT programme, this will set out:
 - Vision for mature state Neighbourhood model at scale
 - Roadmap to get there, defining the optimal sequence
 - Quantifying the impact of proactive community interventions on activity and cost (£)

Key roles recruited for INT launch



Clinical Leads
Primary Care
(GP)



General
Manager



Care
Coordinators



Clinical Leads
Secondary Care
(Specialist)



Neighbourhood
Ops Manager



Neighbourhood
Administrators

These newly recruited roles will work alongside existing resources in Primary and Community Teams (e.g. Community Nurses, Pharmacists)

GSTT is aligning existing community service teams to the new neighbourhood footprints and INT ways of working

Work is underway at pace to mobilise Integrated Local Services (ILS) to support INTs across Lambeth and Southwark. This means re-designing community services to support the neighbourhood place-based approach. A Task and Finish group is working through this, and regular networks have been established to support the Frailty INT.

The ILS directorate, which delivers the majority of GSTT’s Adult community services, has over 40 services in total, but is focusing on aligning four of the biggest services below.

Neighbourhood Nursing	<ul style="list-style-type: none"> Aligning 20 teams to 10 neighbourhood footprints across Lambeth and Southwark Configuring to support priority INTs first (e.g. Frailty and MLTC) Realignment of Complex matron roles 	<p>These services comprise 75% of activity in ILS. We are undertaking work to create a single point of access to streamline referrals across these services.</p>
Intermediate Care Services	<ul style="list-style-type: none"> Updating boundaries to align to neighbourhoods footprints Building on existing geography patch working in Intermediate Care Southwark 	
Community Rehabilitation Services	<ul style="list-style-type: none"> Therapies pathways to support Frailty INT 	
Palliative Care	<ul style="list-style-type: none"> Work underway to align teams with borough boundaries Team attended frailty pathway workshop 	

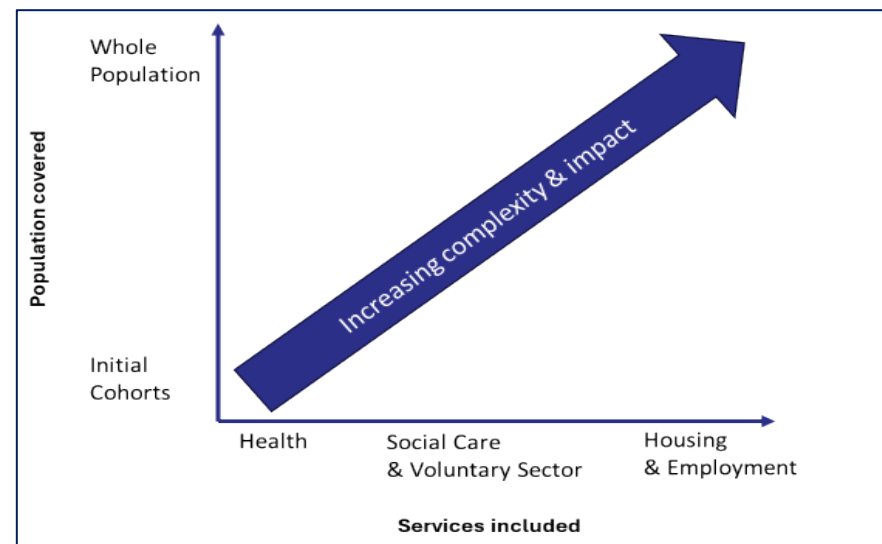
Our delivery approach is to launch the INTs and ‘learn by doing’ developing the model via a Test and Learn approach

South East London INT roll out plan



- We launched INTs on 1st April 2026 in line with SEL ‘Test’ phase
- Our ambition is to scale these teams as fast as practically possible – however we have to move at the pace of the partnership
- Scale up considerations include: workforce capacity, GP practice engagement, estates requirements, digital infrastructure alignment...and crucially culture shift around new ways of working

INT development plan – growing complexity

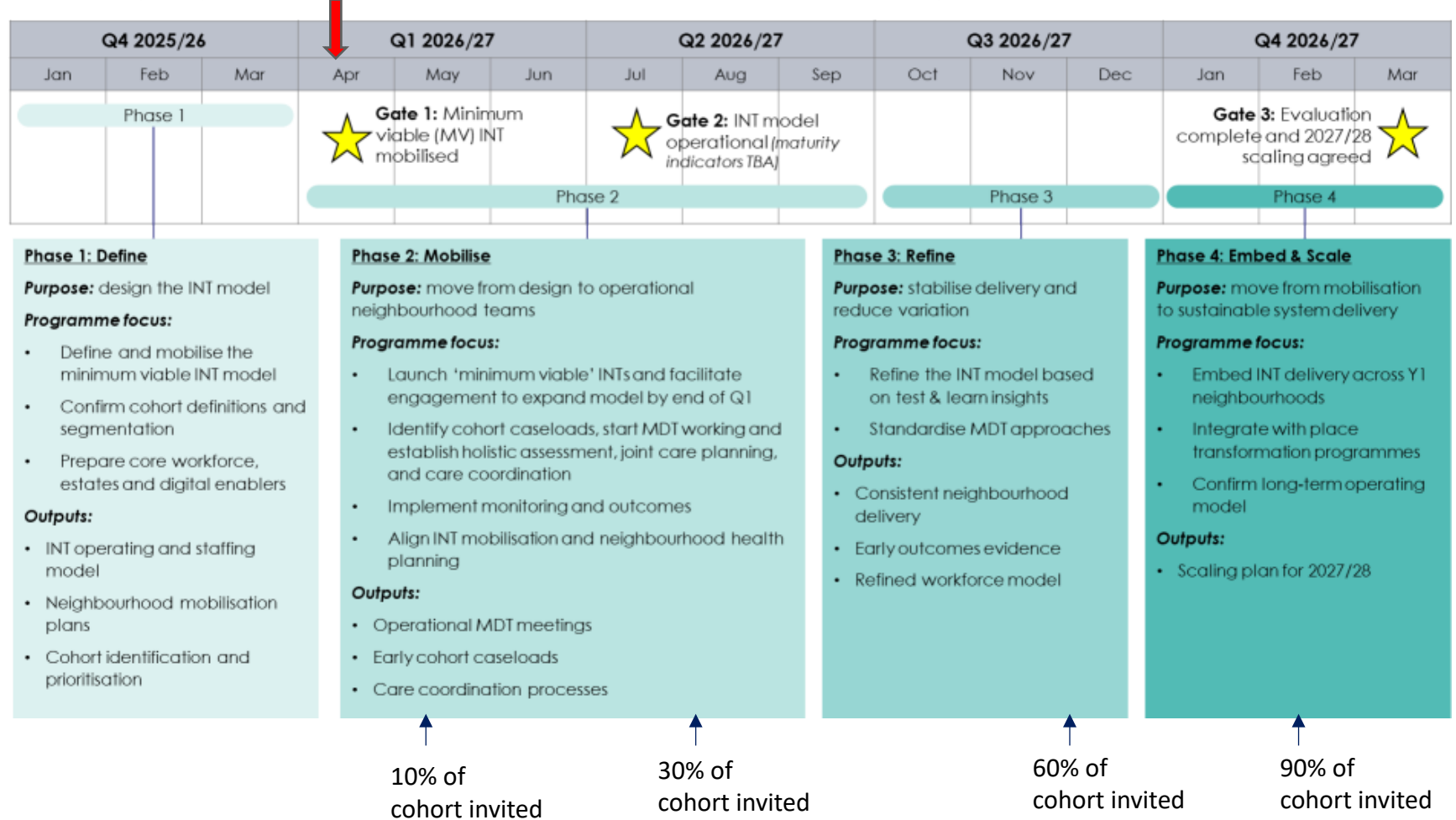


- We are starting with a primarily ‘medical model’ for INTs (Primary and Secondary care working together) in three priority cohorts
- Over time we want to develop this model to include more patient cohorts, and to include more input from wider partners across public sector and VCSE

There are a number of important design questions we have not yet resolved – e.g. organisation structure for Neighbourhood Teams in a mature model / how to link INTs to the emergency care system – we need to tackle these as INTs develop

26/27 INT roll out plan

Emerging Mobilisation Approach & Y1 Phasing



- We launched on 1st April 2026 and are currently in an intentionally small controlled testing phase to validate the model
- Recruitment for key INT roles is currently live, many posts have been filled but we need to recruit and get staff in post before starting to scale the model
- Evaluation of the initial testing phase will support progressive scaling across practices and patient cohorts

Work on enablers is taking place at different levels: London, SEL and borough

Enabler	To deliver...	Current status
Estates	Neighbourhood Health Centre in each Neighbourhood.	<i>Mobilising pilot in Tessa Jowell Health Centre</i>
Data & Population Health Management	Linked data sets (Infrastructure and IG) and analysis / insight / INT cohort identification.	<i>SEL direction of travel for GSTT snowflake environment to host integrated data set. Need a data integration roadmap</i>
Digital	Shared Care Record. EHR integration. Digital communication tools to enable MDT working.	<i>Assumption that EMIS will be the primary EHR for INT teams, and that the MDT will use the OneLondon Universal Care Plan</i>
Comms	Comms to provider staff, patients and system partners	<i>Initial Comms around 1st April launch have been delivered. Recruitment underway for Comms lead for programme</i>
Patient Engagement	PPE to engage patients around INT design.	<i>Undertaking desk review of PPE engagement done to date around Neighbourhood health to support gap analysis</i>
OD	Develop the Integrator partnership. Build delivery 'Team of Teams' for each INT.	<i>OD Programme between Integrator Delivery Board members underway. Planning underway for delivery teams</i>
Workforce	Principles for system working. Workforce passports. New roles (the generalist specialist).	<i>Early scoping underway</i>
Clinical Governance	Approach to accountability and risk management for INT working.	<i>Approach to clinical accountability agreed for initial INT launch</i>
Financial flows	Financial incentives and commissioning model.	<i>Initial 'IHO' workshop held with system partners. Programme team joining various cross organisation groups developing thinking</i>
Bcase & Benefits	Develop business case for INTs. Evaluation and benefits monitoring.	<i>Business Case work mobilising at end April '26. Evaluation approach approved by IDB</i>

The INT roll out is being funded through a combination of strategic investment and repurposing of existing resource

Given the wider financial constraints facing the NHS, the level of 'pump prime' funding going into INTs is limited, however SEL ICB (and other London ICBs) are ringfencing an increasing proportion of their budgets each year to invest in Neighbourhood health and drive the 'Left Shift'. GSTT and partners are also repurposing existing resource to support Integrated Neighbourhood Teams.

Strategic Investment Fund (SIF)	Refocus existing clinical resource	Leadership / Transformation
<ul style="list-style-type: none">• SEL ICB proposing to allocate £30m in 26/27 rising to £60m by 28/29• SIF split into 4 themes (SEL £ totals)<ul style="list-style-type: none">- Neighbourhood Care (£12m)- Prevention (£8m)- Digital (£2.5m)- Acute & Specialised (£7.5m)• The Integrator for Lambeth and Southwark (GSTT + GPs + wider Partners) is developing proposals for investment of the 26/27 funding, some is already committed into core INT delivery infrastructure roles	<ul style="list-style-type: none">• GSTT and KCH<ul style="list-style-type: none">- Refocusing specialist clinical time (medics) to support INTs. Guys and Kings are splitting responsibility for supporting Lambeth and Southwark INTs based on geography- Realigning community services teams to Neighbourhood footprints• Primary Care<ul style="list-style-type: none">- Existing GP time and Additional Roles Reimbursement Scheme (ARRS) staff being refocused on INTs• Other partners – e.g SLAM / Social Care	<ul style="list-style-type: none">• The Leadership and Transformation resource is largely coming from existing resources within the system• GSTT and GP leaders are putting considerable hours into this agenda as we believe there is a generational opportunity to transform the local health system• ICB Place teams (Lambeth and Southwark) are also providing some transformation resource to support the programme• We have used some SIF funding to recruit key roles – INT General Manager

We are now starting work on a business case to set out the longer term roadmap and business case

We are now mobilising the project to create the INT business case for Lambeth and Southwark. This will set out what activity and £ impacts we believe we can deliver with a mature roll out of INTs over the next five years. We have starting having conversations with senior stakeholders, we are aiming to start end April for 12ish weeks of focused work to have a business case ready for the summer.

Roadmap



- Identify what cohorts of the local population / patients should be in-scope for INTs (we currently have initial data for identified cohorts)
- Set out the optimal scale and scope for INTs in a mature state
- Optimal sequence to develop INT cohorts

Economic model



- Do nothing scenario
- Quantify unmet need
- Impact of INT interventions on acute activity levels for primary and secondary care – phased over time
- Identification of thresholds where it is possible to take cost out of acute
- Cost of additional workforce in Primary and Community
- Net system impact & left shift opportunities

Partnership



- Further strengthen the 'Integrator partnership' between GSTT and Primary Care
- Deepen engagement with Local Authorities (esp. Social Care)
- Provide content to engage with System and Place commissioners – e.g. proposals for how to spend Strategic Investment Fund

We have developed our INT Evaluation Approach

The Evaluation will aim to answer three questions:

Process Evaluation

What has been delivered, and how are INTs working in practice

Impact Evaluation

Have INTs delivered the outcomes we planned

Cost Effectiveness

Are INTs efficient and cost effective

Quantitative data will be collected regularly as below, and supplemented with interviews. Data will be collected and reviewed from go-live, and an initial process evaluation will be started in summer '26. The Impact and Cost Effectiveness Evaluation will require a longitudinal data set and are planned for summer '27.

Regular data collection

Monthly	<ul style="list-style-type: none"> Throughput (e.g. number of INT patients) INT Patient other NHS activity: EMIS (Primary Care) and Epic data (Outpatients, ED attendance, Hospital Admission)
Quarterly / Six monthly	<ul style="list-style-type: none"> Patient and Carer surveys, including patient activation measures Staff surveys
Annual	<ul style="list-style-type: none"> Health Outcomes (e.g. Clinical and Quality of Life) Staffing distribution and turnover Qualitative evaluation

Wider context – GSTT strategy to *Improve the Health of our Population*

The GSTT 2030 strategy covers five priorities – one of these is to *Improve the Health of our Population (IHOP)*

This priority covers GSTT’s commitments in Technology enabled out of hospital care, Integrated Care and Population Health

Technology

MyChart

Tech enabled out of Hospital Care

Virtual Wards / Hospital@Home

Integrated Care

Primary Care Integration

Explore joint provision of services with our partners

More colleagues working in the community

Population Health

Anchor Organisation

Make every contact count

Data & Tech to predict disease

Reach out to underserved communities

Health inequalities

The IHOP headline - ***Our aim is to work with our partners and communities to support local people to live longer lives, with more years in good physical and mental health, and to narrow the gap between the least and most healthy***

A sub-committee of the GSTT Trust Executive has been set up to steer the delivery of the Improving the Health of our Population (IHOP) commitments

The 'IHOP' committee has been meeting since March '25 on alternate months alternating between a *Delivery* committee with internal GSTT stakeholders, and as a *Partnership* committee with external stakeholders (GPs, Public Health, Adult Social Care, ICB etc)

Delivery committee

The **Delivery** Committee focuses on:

- monitoring individual programmes and delivering the organisational infrastructure and enablers needed to deliver the IHOP ambitions
- aligning the scope and objectives of GSTT programmes
- managing GSTT resource allocation across IHOP programmes
- engaging the wider GSTT organisation

How to deliver Remote Care at scale

How to expand and evolve our Hospital@Home service

Delivering the enablers for Integrated Neighbourhood Teams

Population Health Management approach

Partnership committee

The **Partnership** Committee focuses on:

- identifying relevant system assets across SEL that can support IHOP
- making best use of the expertise in the Partnership
- identifying where there is linked work going on in other Partnership organisations that can be leveraged to avoid duplication
- aligning the GSTT outcomes and workplan with system outcomes

Understanding public health insights from the council

What is GSTTs role in Prevention

How do we approach Public and Patient Engagement

Our Value Based Integrated Care test bed with North Lambeth PCN

Developing a roadmap to ‘improve the health of our populations’

We have made significant progress on delivering our commitments to improve the health of our populations, including:

- Delivery of Integrated Neighbourhood Teams
- Embedding a population health approach to inform and support the delivery of new care models, enabled by public health expertise in our Population Health Hub
- Developing our data infrastructure to support us with improved, comprehensive analysis of our local populations needs – this will help us to better identify actual need (and unmet need) in order to better design our services around, as well as to evaluate the delivery of interventions

What’s next?

Since we launched our GSTT2030 strategy and outlined our commitments to improving the health of our populations, there have been significant developments in the wider health and care landscape related to this ambition, including in national policy directives, such as the NHS 10 year Plan ‘three shifts’, the Neighbourhood Care Model and moving to ‘population health delivery models’.

We are beginning a process to develop a roadmap for what we’d like to achieve, honouring our commitments made in GSTT2030, whilst responding to the emerging opportunities and evolving policy environment. We will think about this across our three key populations:

1. Patients that access our specialist services, who come from across a wide geographical area

2. Our local populations in Lambeth and Southwark for which we provide general, community and integrated services

3. Local residents across the whole of South East London

The process will seek to answer the following questions:

- What is our unique contribution as a provider of acute, community and specialist services in delivering this ambition?
- What is the scale of our ambitions in terms of taking responsibility for the health outcomes of our local populations?
- What do we need to do to become a more population and prevention focused organisation?
- What needs to change in terms of how the organisation operates and works differently with partners in order to achieve this?
- What do we expect to deliver, over what timescales?

BOARD OF DIRECTORS

WEDNESDAY 29 APRIL 2026

Report title:	Update on GSTT Maternity Services
Executive sponsor:	Gubby Ayida, Chief Executive, Evelina London Women's and Children's Clinical Group
Paper author:	Gina Brockwell, Chief Midwife
Main strategic priority:	Delivering healthcare excellence
Primary BAF risk:	Risk 2: Quality of care and patient experience
Key points of paper:	<ul style="list-style-type: none"> • NHS Resolution (NHSR) Maternity & Perinatal Incentive Scheme (MPIS), Year 7 completion • Update on maternity risks, incidents, claims and complaints • Update on the Maternity Good to Outstanding Programme • Update on CQC actions • Assurance on maternity service home birth provision in response to a national review of services
Previously presented at:	Trust Risk & Assurance Committee (12 March) and Quality & Performance Board Committee (15 April)
Supporting material:	N/a
Purpose of report:	For awareness/noting only
Recommendation(s):	<p>The BOARD is asked to:</p> <ol style="list-style-type: none"> 1. Note this report 2. Provide ongoing Trust support to meet maternity obstetric theatre estate capacity

1. Introduction

This paper provides the Board of Directors with a summarised update on maternity related issues, risks and compliance with maternity services external requirements, CQC inspection recommendations and the NHS Resolution, CNST Maternity and Perinatal Incentive Scheme (MPIS), including women's experience. The paper contains a summary of the information presented routinely at governance forums at the service, clinical group, and Board committee level.

2. NHS Resolution Maternity & Perinatal Incentive Scheme (MPIS), Year 7 (2025/26) and Year 8 (2026/27) Update

NHS Resolution (NHSR) published their Year 8 incentive scheme safety standards on 31 March 2026. Year 7 safety standards compliance was reviewed and approved by the Quality and Performance Board Committee at its meeting on 11 February 2026. The required Board Compliance Declaration form was submitted to NHSR on 26 February 2026 for review and verification. Following the external verification process, they informed the Trust on 25 March that they had determined that the Trust was not compliant for Safety Action 1 – this is in regard to not meeting the standard requirements for timely data entry to the MBRRACE-UK reporting system. All data was uploaded to the MBRRACE-UK system by November 2025, prior to Board Declaration approval of compliance, and MBRRACE-UK had been kept informed of the delayed data entry once this was recognised by the maternity service to ensure transparency.

A Trust case for appeal was submitted to NHSR on 7 April 2026 and confirmation was received on 9 April that the Appeal had not been upheld. The non-compliance outcome reflected technical and definitional issues related to administrative processes rather than true non-compliance with the intent of Safety Action 1. The continued ability of our maternity services to deliver safe care to patients remains our utmost priority. To note, all families have received personalised bereavement care and been invited to be involved in the perinatal mortality review if they wished to. The process of completing the investigation, review by a multidisciplinary team, publishing all reports and Duty of Candour, including involvement of families, has been carried out within the Perinatal Mortality Review (PMR) Standards as set by NHS Resolution within the recommended timeframes. Overview of the MPIS Year 8 represents a shift in how MPIS functions with a greater focus on outcomes, and the assurance of these, rather than processes, and flexibility for local implementation, recognising that Trusts deliver safe care to meet the needs of their local population in diverse ways. A set of six safety actions will replace the previous ten, with increased Trust flexibility whilst emphasising Board accountability.

3. Patient Safety Incident Response Framework (PSIRF)

The maternity service continues to adapt to the Patient Safety Incident Response Framework (PSIRF). Mandatory reporting to MNSI and NHSR Early Notification Scheme continues for those cases that meet the external criteria. The service continues to investigate locally as required and

report internally via the Clinical Group and Trust Board. External reporting continues when required to the NHS Resolution Early Notification Scheme and MNSI. Learning from incidents is a key part of the maternity and neonatal services governance processes to continuously improve safety and quality of care for women and families.

3.1. Maternity and Newborn Safety Investigations (MNSI)

3.1.1. MNSI Investigations

During Quarter 3, one new case was reported to MNSI and three MNSI reports were returned to the Trust with any learning actions implemented. To ensure learning from incidents is cascaded to all multi-disciplinary maternity staff anonymised learning from incidents is incorporated into mandatory maternity training programmes.

3.1.2. MNSI investigations completed and report returned to Trust

Verbal and written duty of candour was completed for each of these cases and referral made with the consent of the parents after the provision of duty of candour written information.

Table 1. Recommendations and Learning from MNSI Reports Q3

Incident number	MNSI reference	Recommendation	Response
INC-47489	MI-042425	It is recommended that the Trust ensures availability of the obstetric team on the maternity assessment unit so that face to face reviews occur when requested, to facilitate early recognition of an abnormal antenatal CTG and need to expedite birth.	<ul style="list-style-type: none"> MAU has 12-hour obstetric clinical fellow cover 7/7 Consultant on call cover 24/7 and resident 0830-2230 MAU staff to have contact numbers and escalation pathway if medical reviews are delayed.
INC-49880	MI-044090	No safety recommendations.	
INC 50750	MI-043308	It is recommended that the Trust supports the maternity unit in implementing and improving the process for mothers to be offered a first appointment to take place within 2 weeks of contact or referral, if possible, in line with national guidance.	<ul style="list-style-type: none"> New automated self-referral into Epic introduced January 2026. Bank staff being used to maximise booking capacity. Out of hours bookings when clinics can be staffed.

Incident number	MNSI reference	Recommendation	Response
			<ul style="list-style-type: none"> Monitoring of booking KPIs at every PRM and governance meeting via dashboard. Represented on maternity risk register risk 1313 Proposal to TOB Feb 2026 to cap out of area non-tertiary level bookings. To propose capping to SEL ICB commissioners 2 March 2026

Recommendations and Learning from MNSI Reports – Quarter 3

Incident number	MNSI Reference	Recommendation	Trust Response
INC-49880	MI-044090	No safety recommendations were issued for this incident.	N/a

3.2. Quality Improvement Plans

3.2.1. The maternity service has four patient safety action plans in progress which have been developed to address the issues identified through RADAR trend reporting. In quarter 3, newborn hypoglycaemia safety action plan was concluded as no further moderate or severe harm incidents occurred for 12 months. Ongoing patient safety action plans include postpartum haemorrhage, bladder care and recognition and escalation of the sick woman (MEWS) and Induction of labour. Work on the induction of labour action plan has commenced in the last 2 months and in the early stages of process mapping. The other three action plans continue to progress, with bladder care incidents significantly reducing in the past 12 months following successful implementation of safety actions.

4. Formal Complaints in Q3 (2025/26)

Month	Complaints Received	Complaints Closed Informally	Complaints closed formally
October	26	5	9
November	21	15	7
December	13	5	22

The maternity service continues to contact complainants at an early stage to allow for informal resolution of complaints where possible. Themes of complaints include attitude and behaviour of some staff, delays in antenatal booking appointments and nuchal scans, unable to contact the

maternity service to manage appointment. Escalation is ongoing to ensure input from appropriate clinicians to expedite response times and reduce the number of complaints which are overdue.

Response times to maternity booking appointments and ultrasound appointments has significantly improved following improvement actions to expedite processing referrals and increasing capacity of scan and midwifery booking clinic appointments.

5. Maternity Risks

There are currently 10 active risks on the maternity departmental risk register. The highest scoring risk the obstetric theatre resource (RSK 222) scored as Red 20 which was escalated to the corporate risk register and accepted on to that register in November 2025. This risk is discussed monthly at maternity Performance Review Meetings and the Maternity and Clinical Group maternity monthly governance meetings. Close monitoring of access to maternity theatres is in progress with an improvement from 60% to 78% in Feb 2026 of Category 1 caesarean sections starting within the 30 min recommended timeframe. A further month of response data is being analysed to ensure improved response times are maintained and the risk reviewed and reduced when the mitigations have shown a sustained improvement for March 2026 data.

Risk No.	Date created	Title	Current Score
RSK-1128	21-May-2024	Delivery of the good to outstanding program	15
RSK-222	21-May-2024	4668 - Inability to access a safe location for delivering emergency Obstetric in theatre	20
RSK-257	21-May-2024	Inadequate MAU environment.	12
RSK-1313	20-May-2024	Administrative support for maternity service.	12

5.1. Community and Maternity Assessment Unit Estate

The Maternity assessment unit (MAU) environment (risk 251- 12 orange) was identified by the CQC as an area of concern. Particular concerns related to the layout affecting patient privacy and dignity, the waiting area and the absence of a sluice and isolation capacity to meet Infection Prevention and Control requirements. Enabling works for the new MAU build are underway and the plan for the decant and start of works due the end of April 2026 once the Building Safety Application (BSA) for the works has been approved. Works are expected to take one year. The decant of services have been risk assessed and placed on the risk register separately.

5.2. Administration Support for Maternity Pathway

RSK 1313 is a recent addition to the risk register and scored as an orange 12. The risk summarises challenges with the administrative support of the service. Current data indicates that the percentage of women booked by 10 weeks of pregnancy is under 50% in context of a national figure of 63%. Concerns around timing of the first appointment are a common theme in PALS and complaints. The partial automation of the process in January 2026 is still being embedded, and the backlog of appointments meant that there were not enough clinical slots to book women in the expected timeframe. This is being monitored at maternity PRM and governance.

A proposal to cap maternity out of area non-tertiary level booking referrals was presented and agreed at TOB in February 2026. The maternity capping proposal was presented to SEL ICB commissioners on 2 March 2026 and accepted in principle with further communication from SEL ICB to other ICB's for information purposes in process. Scoping has commenced to centralise the maternity administration team to improve performance and response times. Response times to process the maternity and initial ultrasound scan appointment have significantly improved with a positive trajectory to meet the booking by 10 weeks KPI by end April 2026.

5.3. Obstetric Theatre Capacity

Lack of access to a third obstetric theatre (risk 221) is the services highest scoring risk with a score of 20. This is the service's oldest risk due to the resource implication and theatre capacity challenges for the Trust. Currently the service continues to mitigate risk by increasing elective capacity to 6 days a week however this is insufficient to manage operating during times of increased acuity and the service continues to daily mitigate the delays to elective and emergency work in theatre through regular sitreps and safety huddles. A feasibility review from December 2025 showed that adding a third theatre on 7th Floor could be technically possible without the loss of significant clinical space. Feasibility and deliverability now requires review by IPC, catering, TAP and neonatal teams. Any delays in access to theatres are monitored through incident reporting and audit. Immediate mitigations also include: increasing out of hours ODP support and extending Mon-Fri planned caesarean section operating lists. Discussions around capital funding for a third obstetric theatre build are also in progress to inform a business case and is at RIBA Stage 2.

6. Maternity Good to Outstanding Programme

Eight Workstreams are in progress which link to the NHS England, 2023, Three Year, Maternity and Neonatal Delivery Plan, CQC inspection report actions from 2022 and the themes requiring improvement from the annual CQC, Picker, Maternity Experience Survey, 2024. The Trust Chief Nurse Chairs the Maternity Good to Outstanding (G2O) Board as SRO supported by the Evelina London CEO.

Due to the need to improve women's experience of postnatal care a strong focus of the Maternity G2O Board is postnatal care in hospital with actions and progress reviewed by the G2O Board.

Another focus for improvement is within the accessibility of care from the administration of the booking onwards to access to the Maternity Assessment Unit with timely midwifery and medical reviews to assure safety of care and women's experience. The investment in increasing medical presence has shown to have reduced triage and medical review waiting times with a reduction in complaints from women and families, as well as clinical incidents occurring within the Maternity Assessment Unit.

The latest triennial Birthrate Plus midwifery and maternity support worker (MSW) staffing analysis recommendations were commissioned in 2024 and the final report published in January 2025. The 2025 Birthrate Plus recommendations are to be implemented with the midwife to MSW skill mix ratio reviewed from a resource and acuity perspective. An options appraisal Safe Midwifery Staffing Paper was presented to TEC in September 2025 and the case for midwifery staffing approved in a phased approach to commence in Q1 of this financial year 2026/27 with a midwifery continuity team and maternity support workers to enhance postnatal hospital and community care. In addition, an increase in the midwifery workforce time to man the maternity helpline 24/7. Years 2 and 3 of this maternity staffing investment will include an increase in band 4 MSW roles to support postnatal care working under the supervision of midwives which has been enabled with a change to the midwife to MSW staffing ratios within the midwifery staffing establishment.

Other workstreams include women's engagement and experience, working with our Maternity & Neonatal Voice Partners in co-designing new service areas, releasing new culturally relevant health content information videos speaking to our very diverse patient groups.

7. CQC Maternity Inspection Actions

7.1. The 2 outstanding actions from the 2022 CQC inspection of the maternity service relate to (1) the improvement of the Maternity Triage and Maternity Assessment Unit Estate to improve Infection Prevention and Control and Women's privacy and dignity and (2) to increase maternity theatre operating space capacity from the two existing maternity theatres. More detail on each of these is as follows:

- (1) The MAU estate Full Business Case was completed in March 2025 and presented to the Trust Investment Project Board (IPB) in May 2025 for approval, with a potential start date of July 2025 following final approval by the Trust Board at the Board-In Committee meeting in May 2025. Main works were due to commence in March 2026 once the Building Regulations Application has been approved, but please note delays due to a number of extension requests from the regulator to approve the BSA for the MAU refurbishment.
- (2) Maternity theatre space within the Trust estate has required significant support from Trust Board to increase capacity. The most appropriate location for a third obstetric theatre was scoped within the Ophthalmology theatre and procedure room located on the 8th floor of North

Wing due to its close location to the Hospital Birth Centre. The Ophthalmology team currently use this space for surgery and procedures. Involvement of Cancer and Surgery and Integrated and Specialist Medicine with the Evelina London Clinical Group, supported by Trust Board, have been scoping all potential options for achieving an increase in maternity theatre capacity and is monitored via the Trust Operations Board (TOB). All areas of maternity estate have been reviewed again by the Chief Midwife and Essentia Director of Estates for feasibility of locating a third theatre within the 7th Floor, Hospital Birth Centre vicinity. The 7th floor feasibility case is technically possible, with the maternity, TAP, neonatal IPC, neonatal and catering teams reviewing operational deliverability. At RIBA Stage 2 with a business case in progress with proposed Capital funds to support this as a Capital project.

8. Ward Accreditation

Ward accreditation in NHS England is a locally driven, nurse-led quality improvement designed to evaluate, standardise, and raise the quality of care on clinical wards. It provides ward-to-board assurance, focusing on safety, patient experience, and leadership to foster excellence and continuous improvement.

Four maternity wards have undergone their first accreditation inspection thus far. The Antenatal and Home from Home wards received a silver level, Postnatal ward and Hospital Birth Centre received a bronze level. The Westminster private patient maternity area is due to be inspected week commencing 27th April 2026.

9. Maternity Outcomes Safety Signal (MOSS)

The MOSS system has been introduced by NHSE as an early warning system to identify worsening trends for maternal deaths, stillbirths and neonatal deaths. The system was developed as a result of the Kirkup (2022) report into the maternity services at East Kent NHS Trust. The system's algorithm is designed to collect maternity and neonatal outcomes to detect potential declines in safe care in a timely way.

The maternity service was a pilot site for the MOSS system in 2025 and the system was launched nationally in November 2025.

The Trust has triggered a signal level 1 alert in December 2025 and a level 2 alert in January 2026. The Trust investigated to determine if any potential safety concerns are present and completed the critical safety check required by NHS England. The Trust was required to have the appropriate ICB and Board oversight for the level 2 critical safety check. The investigation found no safety concerns as the trigger occurred due to neonatal deaths in babies with known congenital cardiac anomalies where the death was not unexpected. The Trust Chief Midwife has highlighted concerns about potentially unavoidable deaths triggering the MOSS system due to severe fetal anomalies with the Chief Midwives for London and England.

10. Response to NHS England's request to Review Safety and Quality of Trust Homebirth Services

Following a Coronial Prevention of Future Death report (December 2025) in response to the death of a mother and her baby following a homebirth in the Manchester area the following review has been requested of all NHS maternity services to provide assurance of safe care.

- 1) **Operational running of the homebirth service:** The GSTT Trust maternity service involves all members of the maternity multidisciplinary team, but only experienced and appropriately trained midwives with the support of senior midwives and consultant midwives, attend home births within our GSTT community catchment area. The midwifery continuity of carer teams provide this service as an on call service with each midwifery on call lasting no more than 12 hours at a time to ensure adequate rest time. Midwives are well equipped with all equipment, including emergency maternal and neonatal equipment, and receive a high level of maternal and newborn life support training to provide a high standard of personalised care to women in the home with close links to the London Ambulance Service for collaboration in joint care when required. MDT support is embedded in antenatal care planning. In addition, support and advice is available 24/7 from the senior obstetric and midwifery team with senior midwifery managers on call 24/7 to provide additional support and additional clinical presence and support in the home when required. Training to manage emergency maternal and neonatal emergency scenarios is carried out annually for the midwives who provide home birth care, with some also working regularly in the hospital setting to caseload women who require MDT intrapartum care, thereby being highly equipped and skilled to manage all aspects of labour and birth and refer to medical care when required in both the home and hospital settings.

- 2) **Governance and Oversight:** Governance of the homebirth service and clinical outcomes is managed via the Homebirth clinical care guidelines and maternity and neonatal governance processes. Any incidents are reported as per Trust policy via the Radar Incident Reporting System. If required investigations follow the same process as per hospital care and reported via the Trust Governance structures and externally via the Local Maternity and Neonatal System and referred to MNSI. There have been no incidents within the home birth service which have required investigation or referral to MNSI. Midwives follow Trust and LAS standard operating procedures and guidance to escalate deviations from normal labour and birth and where transfer to the St Thomas' Hospital Birth Centres are required. The midwives and LAS paramedics practice emergency home birth emergency simulations together for joint training and learning. When women request homebirth which is not medically recommended extensive risk assessment and care planning occurs with Consultant Midwives and Consultant Obstetricians to provide support and safety netting for the woman and her family whilst also supporting the midwives who provide the care within the home, whilst ensuring the risks of birth at home being clearly explained to the woman and documented within care planning records within Epic. The women's EPR within Epic is visible to all relevant MDT teams in the hospital and for midwives within the woman's home address which ensures visibility of care and management plans for all professionals to review and document to facilitate efficient personalised communication of care in a live EPR, including information in My Chart.

Appendix 1: St Thomas' Maternity Perinatal mortality review 2025/2026, Quarter 3

1.0 Purpose the report

The purpose of this report is to provide a summary of the oversight of the monitoring and review of any perinatal deaths that occur in the service (please note full data is presented quarterly to the Trust Board via the Quality and Performance Committee). It also provides the Board with assurance of the Trust perinatal mortality trends and comparator of previous year and with other similar tertiary referral Trusts.

2.0 Background

The Paper reports on:

- All late fetal losses from 22+0 to 23+6 weeks gestation of pregnancy;
- All antepartum and intrapartum stillbirths;
- All neonatal deaths from birth (from 22 weeks) to 28 days after birth

3.0 Quarter 3 Data

Chart 1: Neonatal death per month in Q3 2025/26 (Excluding diagnosed congenital abnormalities)

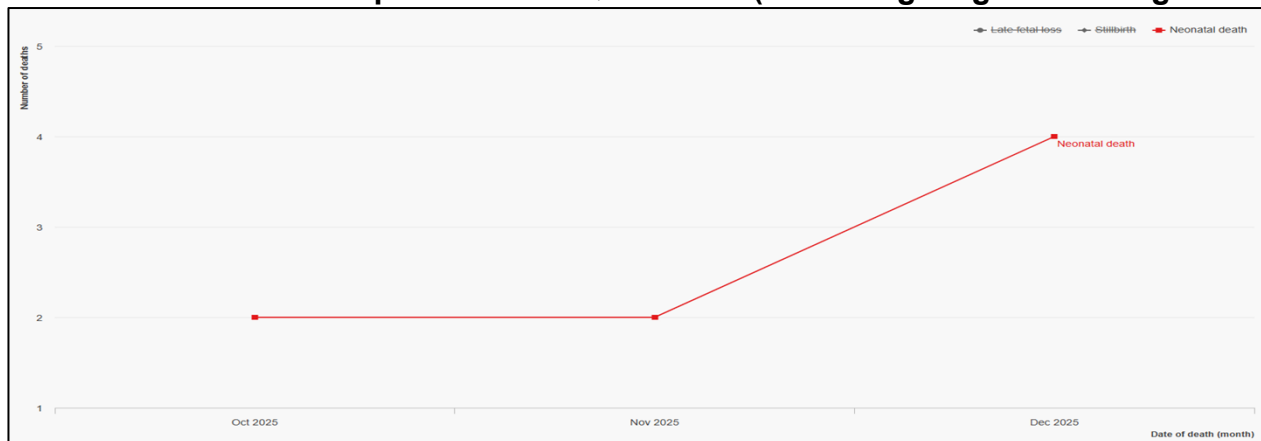
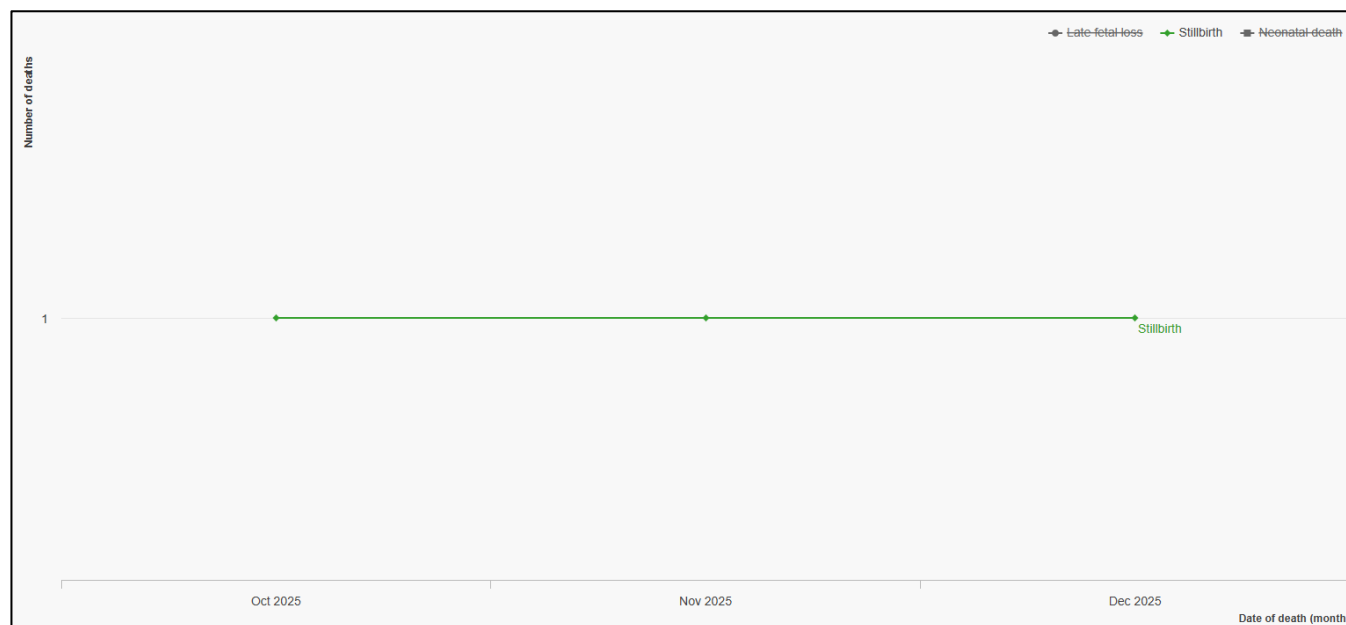


Chart 2: Stillbirth rate (>24 weeks) per month in Q3 2025 (Excluding diagnosed congenital abnormalities)

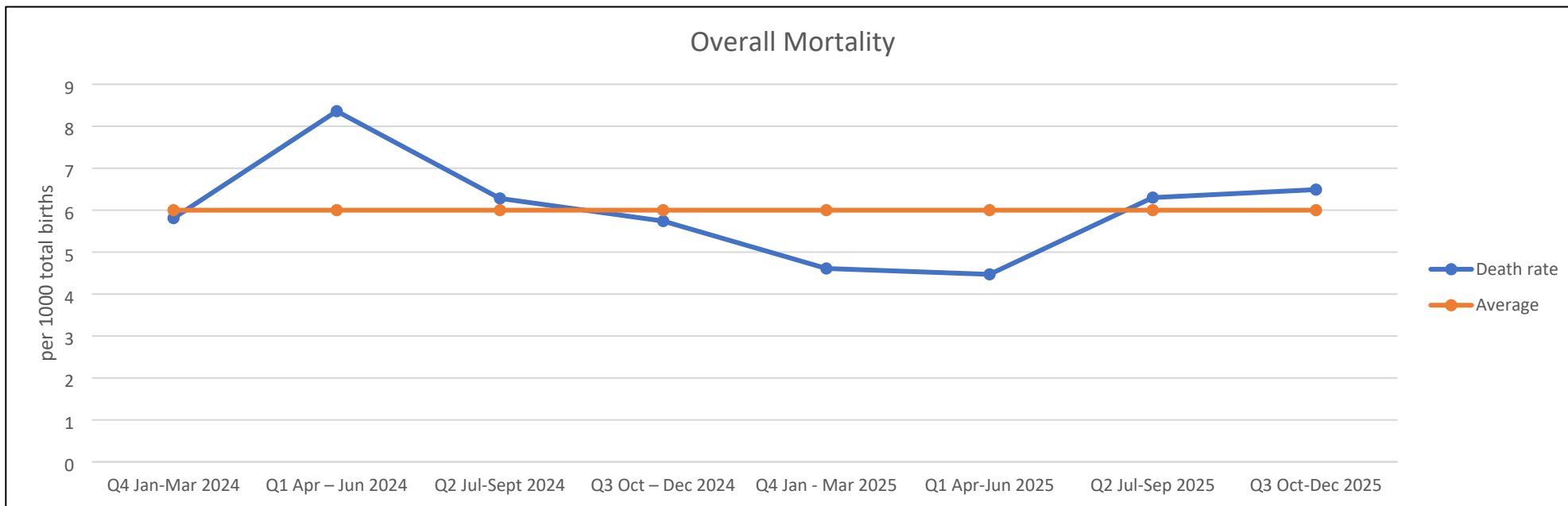


4.0 Comparative data

To achieve this data the number of babies was used as the denominator as follows: $\text{No. of Events} / \text{No. of Babies} \times 1000$. Overall, for this quarter this equates to an overall crude mortality rate of 6.49 per 1000 total births when congenital abnormalities and postnatal transfers are removed.

The overall mortality rate over the last 12 months has been stable with no large overall peaks or troughs. Please note this represents crude mortality data as has not been adjusted or stabilised to allow benchmarking of perinatal mortality rates with other similar Trusts providing Tertiary maternity and Level 3 intensive care neonatal services. The MBRRACE-UK (Mothers and Babies Reducing Risk through Audits and Confidential Enquiries Across the UK), 2024 most recently published data shows the Trust has a similar rate of perinatal mortality compared to similar trusts who care for women and babies with very complex medical needs.

Chart 2 SPC overall mortality rate per 1000 total births when congenital abnormalities and postnatal transfers are removed (note: crude data so not adjusted or stabilised)



BOARD OF DIRECTORS

WEDNESDAY 29 APRIL 2026

Report title:	Modern Slavery Annual Statement
Executive sponsor:	Avey Bhatia, Chief Nurse
Report author:	Ciara Mackay, Director of Nursing, Safeguarding and Vulnerable Adults
Main strategic priority:	Improving the health of our populations
Primary BAF risk:	Risk 2: Quality of care and patient experience
Key points of report:	<ul style="list-style-type: none"> • This paper outlines the Trust Modern Slavery Annual Statement as a declaration of the Trust position in ensuring that modern slavery and trafficking are mitigated against within its supply chains and workforce recruitment for the year 2026-2027. • The Trust fully supports the Government's objectives to eradicate modern slavery and human trafficking and recognises the significant role the NHS has to play in both combatting it and supporting victims. In particular, the Trust is strongly committed to ensuring <ol style="list-style-type: none"> 1. our supply chains and business activities are free from ethical and labour standards abuses 2. internal policies and procedures are in place that assess, identify and respond to any concerns in relation to the potential for modern slavery or human trafficking. 3. staff have access to the trust Safeguarding Adults Service for support and guidance when they are concerned about modern day slavery or human trafficking • Specific change to this year's statement is assurance on the Modern Slavery Risk Assessments for every procurement activity, regardless of contract value.
Previously presented at:	N/a
Supporting material:	The following supporting information has been supplied in the reading room: N/a
Purpose of report:	To seek approval
Recommendation(s):	The BOARD is asked to: approve the statement.

Guy's and ST Thomas' NHS Foundation Trust Modern Slavery Statement

July 2026 to June 2027

Organisational Structure and Purpose

Our Trust is made up of five of the UK's best-known hospitals – Guy's, St Thomas', Evelina London Children's Hospital and Royal Brompton and Harefield Hospitals. The Trust employs 24,004 staff and has an annual turnover of over £1.674 billion.

The Trust provides a full range of hospital and community services for our local communities in Lambeth and Southwark. Royal Brompton and Harefield hospitals provide specialist heart and lung services across the country. The Trust also provides specialist services for patients from further afield, including cancer, cardiovascular, women's and children's services, kidney care and orthopaedics as well as having one of the busiest emergency departments (A&E) in London.

Organisational Policies

The Trust has internal policies and procedures in place that assess, identify, and respond to any concerns in relation to the potential for modern slavery or human trafficking. The Trust Safeguarding procedure document includes information on modern day slavery/human trafficking with clear guidelines on how to identify, ensure patient safety and escalate using the agreed processes. The procedures states that staff should report incidents of all types and this includes concerns regarding modern slavery and human trafficking via the safeguarding route. Modern Slavery training is offered to A&E staff via their local training days. The training is also available to all staff as and when requested.

All staff have access to the trust Safeguarding Adults Service for support and guidance when they are concerned about modern day slavery or human trafficking. The Trust has a 'Freedom to Speak Up – Raising a matter of concern' policy which details how staff can raise any concerns that they may have confidentially. This can be through a Freedom to Speak Up email inbox, or through a conversation with the Freedom to Speak Up Guardian, who will provide support to the individual raising a concern. Staff are provided with this information at corporate induction.

Current Initiatives

The Trust fully supports the Government's objectives to eradicate modern slavery and human trafficking and recognises the significant role the NHS must play in both combatting it and supporting victims. In particular, we are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. Steps taken to date include:

1) Procurement

Our Trusts procurement policy regarding modern slavery is based on the key principles below:

- **Zero Tolerance:** We maintain zero tolerance towards modern slavery, refusing any engagement with suppliers involved in forced labour or exploitation.
- **Legislative Compliance:** We adhere to all modern slavery laws, including the UK Modern Slavery Act, and enforce ethical conduct throughout our procurement processes.
- **Supplier Engagement:** We communicate our ethical expectations to suppliers, requiring compliance with our modern slavery policy through codes of conduct and contractual obligations.
- **Risk Assessment:** We assess and mitigate modern slavery risks in our supply chain, considering factors like location, industry sector, and procurement activities.
- **Training and Awareness:** We educate staff on identifying signs of modern slavery and the importance of ethical sourcing, ensuring a vigilant approach to procurement practices.
- **Reporting and Investigation:** We establish clear reporting channels for suspicions of modern slavery, promptly investigating all concerns and taking appropriate action.
- **Continuous Improvement:** We continuously review and enhance our policies and practices to strengthen our anti-slavery efforts and maintain alignment with best practices.

The Trust's procurement practices now also align to:

- **The NHS Procurement, Slavery and Human Trafficking Regulations 2025**, which require:
 - **Modern Slavery Risk Assessments for every procurement activity**, regardless of contract value
 - Application of **reasonable and proportionate steps across the commercial lifecycle** (specification, selection, award, contract terms and contract management)
- **PPN 009/25** and associated Government guidance, including use of the:
 - **Anti-Slavery Risk Tiering Tool (ARTT)** for categorising risk levels
 - **Modern Slavery Assessment Tool (MSAT):**
 - Required **at selection stage for high-risk procurements**
 - Required **within 3 months of award for medium-risk procurements**
- Updated national risk indicators, including global high-risk sectors such as cotton, PPE, gloves and polysilicon-based products.

The Trust incorporates these requirements into tender documentation, evaluation processes and contract management frameworks. Ongoing collaboration with suppliers is undertaken to address identified risks and ensure compliance:

- **Pre-procurement & Specification:** Identify the risk of modern slavery to the contract to establish if modern slavery can be factored into the specification, ensuring that the approach taken is proportionate based on the risks identified. Conduct a modern slavery risk assessment for every procurement, regardless of value, before advertising the opportunity or awarding without competition.
- **Selection Stage:** Consider the mandatory and discretionary exclusion grounds as set out in the Standard Selection Questionnaire utilising the Modern Slavery Assessment Tool (MSAT), and if these can be supplemented with additional questions for medium / high risk contracts, whilst not creating barriers to participation by SMEs/VCSEs.
- **Award Stage:** Apply the standard criteria in the Social Value Model, ensuring these sufficiently take account of the risk of modern slavery and any specification requirements, whilst taking a proportionate approach.
- **Contract Conditions:** Apply NHS Standard Terms and Conditions which require suppliers to comply with relevant legislation.
- **Contract management and monitoring:** Following contract award, continually work in collaboration with suppliers to monitor and address modern slavery risks, including a clear process for reporting and responding to suspected incidents of modern slavery, utilising the MSAT for medium risks suppliers within 3 months of award. The safeguarding teams for children and adults oversee all new contract agreements to ensure that the safeguarding requirements as per the NHS Standard Contract are met.

2) Supply Chain

- We conduct thorough risk assessments to identify vulnerabilities to modern slavery within our supply chain. This assessment will consider factors such as geographical location, industry sector, and the nature of labor-intensive processes. Engaging with suppliers and continuously conducting on-site visits will be integral to understanding potential risks and implementing mitigation strategies.
- We establish clear expectations regarding labour standards and human rights through supplier codes of conduct and contractual agreements. We are working towards implementing robust due diligence processes to evaluate suppliers' compliance with these standards, including regular audits and third-party certifications. Suppliers found to be non-compliant will be given the opportunity to remediate, with termination of contracts as a potential resolution.
- We implement robust monitoring systems to track supplier performance and detect deviations from agreed-upon standards. This may involve the use of technology, such as supply chain mapping tools, to trace the origin of materials and monitor labour conditions in real-time. Non-compliance will be addressed through a range of enforcement measures, including contract termination and legal action if necessary.
- We actively participate in multi-stakeholder initiatives and industry collaborations aimed at eradicating forced labour and exploitation from supply chains. By sharing best practices, supporting regulatory reforms and community initiatives, we will contribute to a broader movement towards ethical sourcing and responsible business practices in the healthcare sector.

To identify and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain:

- The Trust adheres to the National NHS Employment Checks / Standards (this includes employees' UK address, right to work in the UK and suitable references).
- The Trust has systems to encourage the reporting of concerns and the protection of whistleblowers.
- Other contracts are governed by standard NHS Terms & Conditions in which suppliers warrant that there is no slavery or human trafficking in its supply chains, and they must notify the Trust if they become aware of any actual or suspected incidents of slavery or human trafficking in its supply chains.
- The Trust request all suppliers to comply with the provisions of the UK Modern Slavery Act (2015), through agreement of our 'Supplier Code of Conduct', purchase orders and tender specifications. All of which will set out our commitment to confirming there is no modern slavery or human trafficking related to Trust service provision.
- The Trust upholds professional codes of conduct and practice relating to procurement with the procurement sourcing staff required to be members of the Chartered Institute of Purchasing and Supply (CIPS) and MCIPS qualified.

3) Staffing clinical and non-clinical

- We continue to support all Trust staff to have knowledge commensurate with their roles in relation to modern slavery and human trafficking. Human trafficking and modern slavery are safeguarding related topics and staff awareness is raised when receiving safeguarding training together with access to additional resources being available on the modern slavery web page.
- All clinical staff receive Safeguarding Adult level 2 training and will therefore have awareness of modern slavery and how to raise a safeguarding referral if they had concerns. Modern slavery and human trafficking is a crime and every individual working in the NHS has a role in keeping present and potential future victims of modern slavery and human trafficking safe.
- Staff involved in procurement receive enhanced guidance aligned with NHS England and Home Office due diligence expectations.
- We ensure that all Trust staff have access to safeguarding training so that vulnerable victims are responded to appropriately.
- We ensure the safeguarding procedures document includes up to date information on modern slavery and human trafficking.
- We identify which contracts are at high or medium risk of modern slavery based on industry type, complexity of supply chain, the nature of the workforce, context in which the supplier operates, type of commodity and supplier location. Work with the suppliers on high and medium risk contracts to mitigate the risks through contract management.
- Bank workers are recruited under the same requirements as substantive employees following safer recruitment processes. Agency staff are only recruited from agencies that are on approved NHSEI frameworks.

Effective action taken to address modern slavery - Performance Indicators

The Trust is committed to the protection of vulnerable people and has zero tolerance for modern slavery and human trafficking. Any identified

concerns regarding modern slavery and human trafficking are escalated as part of the organisational safeguarding process. All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking with the procurement department taking responsibility for overall compliance.

Key Performance Indicators to support the Trust's tolerance to address modern slavery:

- **Supplier Compliance Rate** – This reflects the effectiveness of the hospital's efforts in ensuring ethical sourcing practices and combating modern slavery. A 100% compliance rate indicates a stronger commitment to human rights and labour standards throughout the supply chain.
- **Staff Training & Awareness** —This ensures our staff demonstrate an understanding of modern slavery risks, reporting procedures, and ethical sourcing practices following training sessions. All Trust staff have access to safeguarding training commensurate with their roles so that vulnerable victims are responded to appropriately. Training compliance is set at 85% as is the local ICB agreement.

The Trust reviews its Modern Slavery and Human Trafficking Statement on an annual basis and presents it at the Board of Directors. (Next due June 2027)

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and applies to Guy's and St. Thomas' NHS Foundation Trust.

Committee name	Academic Committee in Common
Date, time	Thursday 29 January 2026, 2pm - 5pm
Venue	Burfoot Court Room, Guy's Hospital
Chair	Graham Lord

Matters Arising: The Committee reviewed a series of updates on ongoing initiatives and external developments. A key item was the pan-London NIHR Applied Research Collaboration (ARC) bid, submitted in December 2025 and now undergoing external review. The group noted strong cross-London collaboration in the bid process, despite the significantly reduced funding envelope. Guy's and St Thomas' had agreed in principle to host the pan-London ARC, pending clarification of the responsibilities and resourcing requirements. The Committee discussed the One London Secure Data Environment (SDE) and members welcomed confirmation that the ARC would, if funded, act as the prime user case for the SDE, though several aspects such as ownership, responsibilities, and links to biobanking, required further clarity.

Updates were provided on major training bids: a Wellcome Trust application for a £12m mental health doctoral programme (London Mind) led by KCL, and a Medical Research Council regional bid for post-doctoral clinical academic support. Both were recognised as strong examples of collaboration. The Committee also discussed the development of a new NHS 10-year workforce plan, emphasising the need for ambitious reform aligned to shifts in care models. Challenges included regulatory barriers and siloed training. It was agreed that the next meeting would include a substantive discussion to develop a shared cross-partner workforce vision.

Clinical Academic Workforce: The Committee reviewed the draft Memorandum of Understanding governing joint management of clinical academic employment matters. The document was praised for clarity and intent. Members proposed further amendments including softened language around joint appraisals, clearer definitions of AHPs, and removal of unnecessary references to medical education. Equity concerns related to staff below consultant level were also raised. Finalised amendments would be circulated for approval before progressing through partner governance.

A KCL-led task and finish group intended to harmonise title usage for honorary, adjunct and professor in practice appointments had not yet convened. Members highlighted inconsistent definitions and the need for transparency about the purpose and expectations of honorary and adjunct roles. The success of recent professors in practice reinforced the opportunity to better communicate such appointments. Visiting professor roles were proposed for inclusion in the group's scope.

Research Update: Achieving the NHS-mandated 150-day clinical trial setup target by April 2026 was identified as a key risk for both Guy's and St Thomas' and King's College Hospital. Current performance across partners remained well below national expectations, with no credible trajectory to compliance. Significant operational barriers were identified, including slow recruitment processes, capacity constraints in pharmacy, radiology and information governance, and legacy studies initiated before the metric was introduced. While partners were undertaking positive steps, such as adopting a sole-sponsorship model and investing in additional staff, Committee members could not take assurance on delivery. Monthly reporting and a clear improvement trajectory were requested.

Advanced Therapies Review Terms of Reference: KCL outlined an externally commissioned review of its translational manufacturing capability for advanced therapies. Members recognised the strategic importance of the field and the interdependencies with Trust partners. Any future investment decisions would be subject to separate governance processes.

Finance Update: The Committee reviewed the financial position of each organisation as of December 2025. Members welcomed increasing financial transparency, recognising its importance in reducing transaction costs and improving the value of partnership-wide expenditure. Areas requiring further clarity included nursing education funding, grant cost-effectiveness, future research infrastructure bids, and recharges for clinical academics. Finance leads were asked to develop an indicative financial forward plan for the next meeting.

Governance Updates: The outputs from a recent KHP governance diagnostic were presented, including recommendations to clarify the alignment between the KHP Executive and the Committee. Estate-related considerations, reflecting shared space and capital pressures, were highlighted. A refreshed partnership framework would be finalised and circulated for agreement between partners before receiving KHP Board approval. The Committee agreed to review its terms of reference before the April meeting, particularly membership and scope, as part of its first-year evaluation.

Risk Management: Members reviewed key shared strategic risks across the three partners and supported the development of a more detailed joint risk register, including clearer pre- and post-control scoring and improved articulation of mitigations. The work would support more consistent cross-organisational risk oversight.

Committee name	Audit and Risk Committee
Date, time	Wednesday 4 February 2026, 1pm – 4pm
Venue	Boardroom, Chelsea Wing, Royal Brompton Hospital
Chair	Nilkunj Dodhia

External audit – indicative audit plan: The Committee received the indicative external audit plan for 2025-26, noting that planning was well advanced and due to be finalised before year end. Auditors highlighted continued key risks around management override, income and expenditure fraud, and land and buildings valuations, with materiality broadly unchanged. The Committee noted the audit timetable and discussed the audit scope, valuation updates and fee.

Emergency preparedness, resilience and response (EPRR) report: The Committee received the annual EPRR report confirming the Trust's continued 'Substantially Compliant' rating, with notable improvements in pandemic planning, countermeasures and data protection. Remaining areas of partial compliance included on-call training, business impact analysis and the development of business continuity plans across departments. Committee members welcomed enhancements to the business continuity system, new Power BI oversight tools, and progress on key risks. The Committee endorsed the 2026 priorities and requested an update on progress against key EPRR risk areas in six months.

Internal audit updates: Internal audit reported limited assurance across several audits, highlighting some control weaknesses in security governance, diagnostic data quality, and payroll and pensions processes. It was noted that procurement processes were generally sound, and declarations of interest compliance had improved. The Committee welcomed progress on implementing recommendations of internal audits and reviewed the early 2026/27 audit plan, emphasising stronger cyber assurance, clearer prioritisation, and alignment with Board-level risks ahead of final approval in May.

Internal audit recommendations progress update: The Committee noted strong progress in implementing maintenance audit actions, supported by new frameworks and strengthened controls, and received assurance on the launch of a unified consultant job planning approach, with ongoing oversight to be led by the People, Culture and Education Committee.

Counter fraud report: The Committee noted rising fraud referrals and increasing case complexity, with increasing trends in double employment, undeclared secondary roles and season ticket loan abuses. Continued investigative activity were also noted, alongside successful sanctions, underscoring the need for strong organisational controls and vigilance.

Risk management updates: The Committee noted a positive annual risk management audit with strong reporting culture and progress under the Risk Strategy, alongside ongoing challenges with long-standing risks, training and qualitative insight. The Committee also received an update on the Board Assurance Framework (BAF), which had been strengthened through a full refresh aligned to the Trust's 2030 strategy. Committee members welcomed the improved structure and emphasised the need to further support Board understanding of key BAF risks.

Finance Updates: The Committee received the 2025/26 Annual Accounts update, noting an unchanged overall position, key accounting assumptions, and valuation impacts, including a large land valuation reduction and ongoing reviews of alternative sites. Committee members approved updates to the bad debt provision, endorsed the approach to lease liability and right-of-use asset estimates, and confirmed no material impact from IFRS 17. They supported continued single-segment reporting and confirmed no material uncertainties affecting the Trust's going concern assessment. The Committee also reviewed proposed amendments to the Standing Financial Instructions, strengthening procurement controls and clarifying governance requirements, and approved the changes. Finally, the Committee noted the Waiver Report for April-December 2025, highlighting improved scrutiny through a new electronic approval process and ongoing work to enhance No PO No Pay compliance.

Data, Technology and Information Updates: The Committee received updates on Freedom of Information Act (FOIA) compliance, cyber security, and digital resilience, noting strong progress across all

areas. FOIA compliance had reached 92.55% by December 2025, exceeding the Information Commissioner's Office's benchmark, with the backlog cleared through strengthened processes and additional staffing, though key transparency deliverables remained in progress. Cyber security assurance remained robust, with no critical vulnerabilities identified through extensive independent testing and strengthened supplier oversight, alongside high national benchmarking performance. The digital resilience BAF risk remained red 20 with 'substantial' assurance, supported by a strong cyber posture, and continued delivery of key programmes, including 94% completion of the Windows 11 rollout. The Committee approved the current position of the digital infrastructure resilience risk.

External audit recommendations: The Committee noted the update on progress against the external audit recommendations, confirming that actions from the Auditors Annual Report and Audit Findings Report were being actively progressed.

Committee name	Finance, Commercial and Investment Committee
Date, time	Wednesday 21 January 2026, 1pm – 4pm
Venue	Boardroom, Chelsea Wing, Royal Brompton Hospital
Chair	Simon Friend

Financial update 2025/26: The Committee received an update on the Trust's financial position at the end of the quarter three (December 2025), noting a year-to-date deficit of £25.1m but an in-month surplus that left the Trust marginally ahead of plan. Significant overspends were reported across clinical supplies, drugs, pay, and healthcare purchasing, with clinical pay pressures continuing beyond the impact of industrial action. The reported position was heavily reliant on non-recurrent benefits, which was recognised as unsustainable. While £83.8m of Cost Improvement Programme (CIP) savings had been identified, delivery remained behind target. Progress was noted on elective activity funding discussions with the ICB.

Financial planning 2026/27: The Committee received an update on financial planning for 2026/27 and the subsequent two years, noting national requirements to deliver breakeven plans alongside efficiency savings and a significant reduction in temporary staffing costs. Members expressed concern regarding the achievability of the £115m CIP target for 2026/27, particularly in relation to the current reliance on non-recurrent schemes and emphasised the need for clearer assurance on deliverability and the cultural and operational changes required to sustain savings.

Retail estates update: The Committee received an update on activity across the Trust's commercial and retail estate, noting positive feedback on the introduction of new food outlets at the Evelina London Children's Hospital and Guy's Hospital, with further improvements to the Guy's Hospital foyer being subject to Building Safety Act approval. The Committee also noted that, having delivered CIP targets for four consecutive years, the Essentia Delivery Group was exploring future CIP delivery through commercial growth, including expansion of its catering services to other trusts. It was agreed that the outcomes of a review of the Trust's retail and commercial offer would be reported to the next meeting.

Private Patient Update: An update on the Trust's private patient performance was provided. While income at Month 9 was around £4.0m below plan, performance remained 13% higher than the same period last year, with growth largely driven by Evelina London. Capacity constraints limited the potential to increase private patient work in the Heart, Lung and Critical Care and Cancer and Surgery clinical groups. It was noted that external benchmarking and market assessment would inform the development of a refreshed Private Patient Strategy, with early indications that dedicated capacity and partnership working would be required to support future growth.

Contract reviews: The Committee reviewed ongoing performance with two of its major contracts: with Boots for provision of outpatient pharmacy services, and with Diaverum Facilities Management Limited for renal dialysis services. In both cases the Committee noted performance was good, with strong partnership working. Some smaller operational issues in relation to each contract were reported and discussed.

BOARD OF DIRECTORS
WEDNESDAY 29 APRIL 2026

Report title:	Finance Report for the twelve months to 31st March 2026
Executive sponsor:	Damien O'Brien, Executive Director of Finance
Paper author:	Simon Hooton, Head of Financial Reporting – Financial Management
Main strategic priority:	All strategic priorities
Primary BAF risk:	Risk 8: Financial sustainability
Key points of paper:	<ul style="list-style-type: none"> • The reported financial performance to 31st March is a surplus of £5m, following an in-month surplus of £26.9m. This takes the YTD position to £5m ahead plan • There has been minimal movement in CIP identification in month, though YTD delivery CIP delivery has increased to £73.3m including £12.4m for the sale of Lexica recognised earlier in the year. • The cash balance at 31st March 2026 stands at £168.8m, a reduction of £28.9m since the start of the year • Capital spend stands at £202.1m against a plan of £195.3m for the full year.
Previously presented at:	Trust Operations Board, 28 April 2026
Supporting material:	The following supporting information has been supplied in the reading room: 1. N/a
Purpose of report:	For awareness/noting only
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 of Directors on the headline financial performance of the Trust for the twelve months to 31st March 2026.

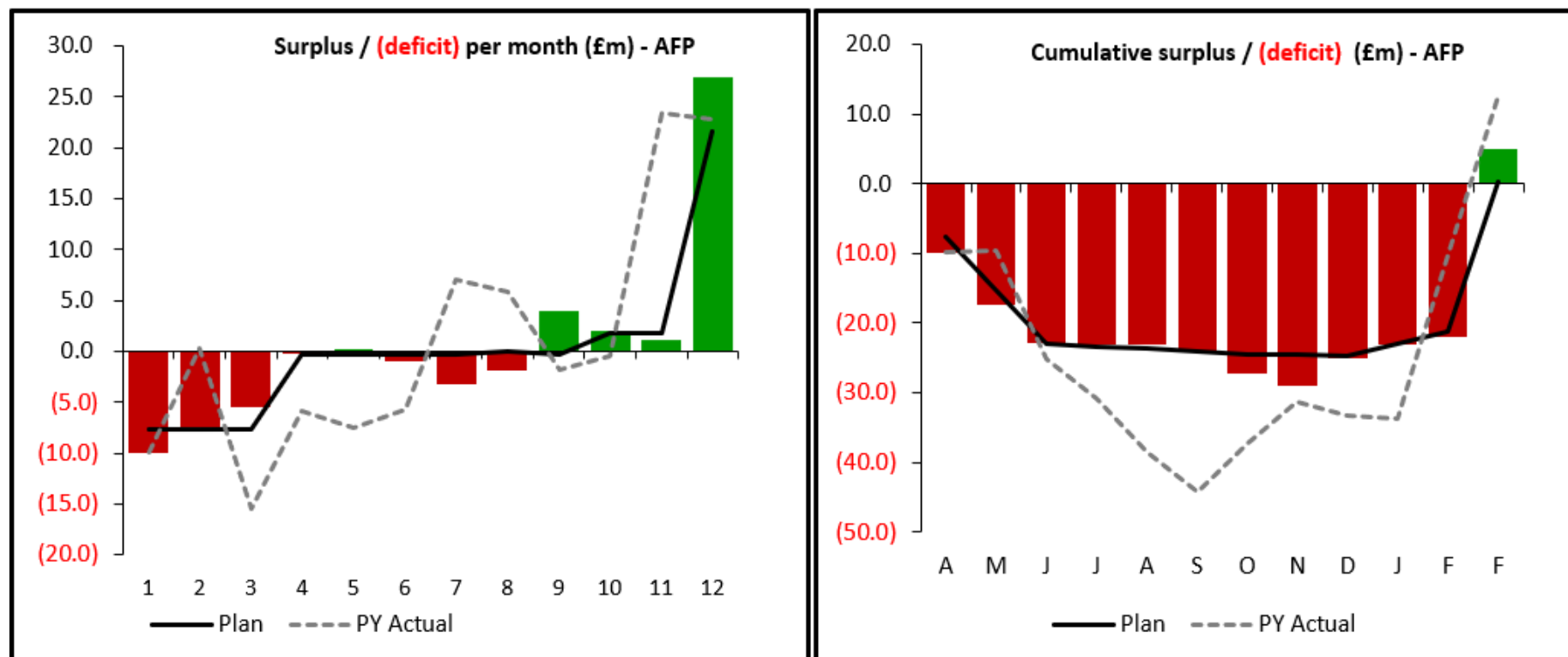
2. Financial Performance Summary

2.1. Subject to audit the Trust has reported a year-end surplus of £5m. This follows a £26.9m surplus in month, the year-end surplus reflects the receipt of redistributed deficit support funding provided in March on the basis that the Trust achieved its breakeven plan in 2025/26 plan and has a proposed balanced plan for 2026/27.

Table 1: Trust I&E Summary at 31st March 2026.

Income and Expenditure £,m	Budget Mth	Actual Mth	Variance Mth	Budget YTD	Actual YTD	Variance YTD	Annual Plan
Income	252.2	324.2	72.0	3,020.8	3,168.6	147.8	3,020.8
Pay	(150.1)	(157.6)	(7.5)	(1,786.7)	(1,793.2)	(6.5)	(1,786.7)
Non Pay	(80.4)	(139.7)	(59.3)	(1,234.1)	(1,370.4)	(136.3)	(1,234.1)
Surplus / (Deficit) - Adjusted Financial Position (AFP)	21.7	26.9	5.3	(0.0)	5.0	5.0	(0.0)
DODA	(1.1)	(1.1)	(0.0)	(13.7)	(13.1)	0.6	(13.7)
Capital Donations	0.4	2.6	2.2	5.0	3.7	(1.3)	5.0
Technical Adjustments	0.0	(31.0)	(31.0)	0.0	(31.0)	(31.0)	0.0
Surplus / (Deficit) - Excl Fin Adj's	20.9	(2.5)	(23.5)	(8.7)	(35.3)	(26.6)	(8.7)

Figure 1: In Month and Cumulative Surplus / (Deficit) Trend



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

- The in-month position includes significant levels of additional income including System Support funding, Winter Surge Funding, Elective Activity Income, additional ICB support funding and the aforementioned redistribution of Deficit Support Funding. In addition, the Trust received additional income for overperformance of clinical services totalling £5m and income to offset Drugs and Devices spend to the value of £5.3m. Other significant adverse variances in month include Non-Pay overspends on Drugs £7.1m and Clinical Supplies £9.9m partially offset by income.

- Year to date, pay is £6.5m worse than planned. Within this Medical pay is £14.6m overspent, of which industrial action accounts for c.£1.8m. All clinical groups are overspent on medical pay in excess of industrial action costs, with the greatest pressures seen in resident doctors. This is offset by underspends in A&C pay of £24.3m YTD, of which £12.9m is within Hosted Services and is in turn offset in operating income. The sustained reduction in agency staffing seen across all staff groups continues to be more than offset by substantive workforce increases.
- Private patient income is £4.3m behind plan YTD. The run rate is £1m/month ahead of the monthly average achieved last year, with £81.8m in income achieved to date.
- Purchase of healthcare, including independent sector, insourced and outsourced services, is £6.7m overspent YTD.
- Drugs are £44.9m overspent, partially offset by additional income, with the in-year net position being £10.9m worse than plan, further offset by £3.5m in prior year benefits.
- Clinical supplies are £38.1m overspent and remain £28.5m overspent once current year high-cost device income is accounted for. This reflects a continuation of high levels of expenditure as experienced in late 2024/25. The areas of greatest overspend are:
 - Pathology, £2.0m overspent to date driven by under accrued prior year costs due to refreshed data from Synnovis, including Dermatology costs recognised in September, and increased month-on-month test volumes. These are only partially offset by the £2.0m credit for overstated prior year costs under the RBH contract, which was recognised earlier in the year.
 - Clinical groups are £34.9m overspent to date, though this reduces to £25.4m once high-cost device income is accounted for. Net overspends are distributed across all four clinical groups, though highest in HLCC at £13.9m overspent.

3. CIPs

- 3.1. The 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 March identified CIPs stood at £83.6m, including £22.2m of central schemes, against the Trust target of £102.1m. There has been minimal change compared to December, and this still leaves £18.6m unidentified at year-end.

- 3.3. Of planned group savings: 40% (£24.7m) are pay, 43% (£26.5m) non-pay, and 17% (£10.7m) income. The Trust's planning submission included a WTE reduction of 1,535. As of month 12, the CIP tracker shows a reduction of 456 WTE.
- 3.4. Year-end CIP delivery at month twelve totalled £73.3m. This includes £12.4m in relation to the sale of Lexica which was planned to be achieved in M12. CIP delivery is £10.2m behind plan of £83.5m for identified schemes.
- 3.5. This equates to a delivery rate of 87.8% against identified schemes. If including unidentified schemes, and measured against an evenly phased plan, the delivery (excluding Lexica) falls to 71.8% however, underlining the need for both further identification of schemes and an increased pace of delivery as a priority.

4. Cash & Capital

- 4.1. **Cash** - The Trust closed the month with a cash balance of £169m; this is a £22m reduction from the opening balance on 1st April 2025.
- 4.2. **Capital** - The Trust was initially allocated a CDEL limit of £110m for 2025/26. In year CDEL and PDC awards have added to the 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 £195.3m. Year-to-date the trust has spent £202.1m on capital schemes, which is £6.8m higher than the plan for the year including in year CDEL awards, additional PDC awards and donations. The overspend against Core CDEL of £8.1m is an allowable CDEL overspend agreed with NHS England.

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. The initial assessment by NHSE using June results put GSTT in segment 2.
- 5.2. Table 4 below gives our internal assessment of our RoNDA scores using March 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 M12 has been extrapolated from M3 (M3 + 8/9 of the remaining plan for the year).
- 5.4. The estimated assessment indicates the Trust would place in segment 2 using February figures, unchanged from January.
- 5.5. The internal methodology has remained unchanged since the start of the year. It should be noted that externally the pay variance metric is now based on external plans from the start of the year which included a proportionate split of the trust's total savings plan. Applying the external methodology shows the Trust's score dropping from 2 to 3 as a result. Harmonisation of internal and external methodologies is proposed for 2026/27 reporting.
- 5.6. It should be noted that under the separate NPAF framework, any underperformance from plan at the quarter end assessments (i.e. at M9 and M12) would cap the Trust at segment 3 regardless of operational performance. This would have material consequences, notably loss of capital freedoms and likely regulatory interventions, alongside reputational impacts.
- 5.7. 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.
- 5.8. 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.
- 5.9. 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.
- 5.10. The draft group results under this framework are given in Table 5 below.

6. Recommendations

6.1. The Board is asked to note:

- the YTD Surplus of £5m at month 12, following a £26.9m surplus in month, taking the Trust to £5m ahead of plan.
- the CIP delivery YTD of £73.2m, equating to an 87.8% delivery against identified plans, with £18.6m of the total plan remaining unidentified.
- the current cash balance of £168.8m at 31st March 2026 and £21.9m reduction in cash since the start of the year.
- the capital spend of £202.1m against a full year plan of £195.3m.

Table 2: Trend in actual income

£m	2024/25 YTD Ave	2024/25 FY Ave	25/26 Ave	Last Six Months:						YTD Total		
				Oct	Nov	Dec	Jan	Feb	Mar	Plan	Actual	Variance
Income From Activities												
NHSE	80.90	80.90	18.48	18.54	18.82	23.10	17.72	14.85	20.47	213.69	221.74	8.05
SEL ICB	70.34	70.34	98.91	91.45	91.38	103.95	98.17	105.74	149.48	1,093.15	1,186.86	93.71
Other ICBs	38.14	38.14	72.10	72.20	71.75	76.19	70.09	71.83	74.85	866.79	865.15	(1.63)
High Cost Devices Income	6.13	6.13	6.47	5.77	9.14	7.30	5.58	6.70	7.98	66.61	77.58	10.97
High Cost Drugs Income	23.52	23.52	28.83	27.77	23.54	31.95	35.59	26.11	29.80	311.36	345.97	34.61
Private Patients	5.82	5.82	6.82	7.74	6.86	5.13	6.57	6.73	8.69	86.12	81.80	(4.32)
All Other Income from Activities	3.72	3.72	13.10	4.41	4.26	2.97	6.23	6.71	(1.35)	59.16	157.25	98.09
Total Income From Activities	228.56	228.56	244.70	227.90	225.74	250.59	239.94	238.66	289.92	2,696.88	2,936.36	239.48
Operating Income												
Research and Development	6.90	6.90	7.14	4.91	9.02	6.27	7.00	7.16	7.83	74.15	85.64	11.49
Education and Training	7.26	7.26	7.98	10.84	7.21	7.72	9.32	9.29	9.20	81.21	95.82	14.61
Non patient care services to other bodies	3.41	3.41	3.15	2.37	4.98	2.18	2.51	(0.59)	11.60	32.62	37.85	5.23
Income for Clinical Services	1.41	1.41	1.77	1.80	1.82	2.17	1.52	1.58	1.78	20.40	21.18	0.78
All Other Operating Income	8.52	8.52	8.28	8.98	9.21	7.18	6.14	14.37	3.87	115.56	99.36	(16.20)
Total Operating Income	27.50	27.50	28.32	28.91	32.24	25.52	26.49	31.82	34.29	323.94	339.84	15.90
Total Income	256.06	256.06	273.02	256.81	257.99	276.11	266.44	270.48	324.21	3,020.82	3,276.20	255.38

Table 3: Trend in actual spend

£m	2024/25 YTD Ave	2024/25 FY Ave	25/26 Ave	Last Six Months:						YTD Total		
				Oct	Nov	Dec	Jan	Feb	Mar	Plan	Actual	Variance
Pay												
Medical Staff	(38.90)	(38.90)	(41.16)	(40.71)	(41.80)	(41.72)	(41.05)	(41.35)	(42.78)	(479.13)	(493.92)	(14.78)
Nursing Staff	(46.49)	(46.49)	(48.95)	(48.32)	(48.50)	(49.19)	(48.97)	(49.54)	(50.12)	(586.19)	(587.46)	(1.26)
PAMs	(9.61)	(9.61)	(10.50)	(10.68)	(10.54)	(10.39)	(10.75)	(10.71)	(10.41)	(124.03)	(126.02)	(1.99)
Professional & Technical (PTB)	(5.55)	(5.55)	(6.04)	(5.96)	(5.94)	(5.87)	(6.32)	(6.09)	(6.37)	(74.81)	(72.42)	2.39
Admin & Clerical	(26.67)	(26.67)	(27.62)	(27.14)	(28.10)	(27.16)	(27.36)	(27.35)	(27.60)	(355.72)	(331.41)	24.31
Estate and Facilities Staff	(4.77)	(4.77)	(6.07)	(5.56)	(5.54)	(5.67)	(5.60)	(5.85)	(10.62)	(62.73)	(72.87)	(10.14)
All Other Staff	(8.55)	(8.55)	(18.06)	(9.35)	(9.32)	(9.25)	(8.84)	(9.02)	(9.69)	(104.08)	(216.72)	(112.64)
Total Pay	(140.54)	(140.54)	(158.40)	(147.71)	(149.74)	(149.24)	(148.89)	(149.90)	(157.59)	(1,786.69)	(1,900.81)	(114.12)
Non-Pay												
Drug Costs	(33.20)	(33.20)	(33.92)	(34.76)	(26.40)	(36.23)	(41.80)	(32.85)	(37.20)	(362.13)	(407.09)	(44.95)
Clinical Supplies	(34.83)	(34.83)	(37.28)	(36.19)	(38.14)	(41.95)	(37.60)	(36.99)	(44.89)	(409.28)	(447.35)	(38.07)
Premises Costs	(15.07)	(15.07)	(12.47)	(13.26)	(15.25)	(12.91)	(4.16)	(13.80)	(14.19)	(161.55)	(149.70)	11.85
Purchase of Healthcare (non-NHS)	(4.51)	(4.51)	(4.58)	(4.80)	(6.60)	(2.30)	(4.27)	(4.86)	(6.81)	(48.23)	(54.95)	(6.73)
Establishment Costs	(2.78)	(2.78)	(3.45)	(2.51)	(3.03)	(3.20)	(2.56)	(3.12)	(5.91)	(30.93)	(41.44)	(10.51)
Depreciation	(6.99)	(6.99)	(7.07)	(7.32)	(6.48)	(6.40)	(10.72)	(7.12)	(8.55)	(72.61)	(84.82)	(12.21)
Amortisation	(1.67)	(1.67)	(1.58)	(1.36)	(1.37)	(1.77)	(2.56)	(1.44)	(1.56)	(18.09)	(19.00)	(0.91)
Clinical Negligence	(3.13)	(3.13)	(3.31)	(3.16)	(2.85)	(3.24)	(3.19)	(3.21)	(4.77)	(38.87)	(39.67)	(0.79)
Movement in Bad Debt Provisions	(0.28)	(0.28)	0.11	2.60	(0.05)	(0.11)	3.90	(4.68)	(4.44)	(4.99)	1.28	6.27
Other Non-Pay Costs	(8.77)	(8.77)	(9.05)	(9.99)	(6.53)	(11.64)	(8.91)	(8.24)	(13.40)	(73.78)	(108.65)	(34.87)
Total Non-Pay	(111.23)	(111.23)	(112.62)	(110.75)	(106.71)	(119.75)	(111.88)	(116.33)	(141.71)	(1,220.46)	(1,351.39)	(130.92)

Table 4: 2025/26 CIP Plan Trust Summary

2025/26 CIP Plan Trust Summary 9th April 2026	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	15,557	641	457	35	12,460	13,593	-1,964	87.4%	12,495	10,949	-1,546
Evelina	8,994	1,339	652	826	4,441	7,258	-1,736	80.7%	5,267	6,786	1,519
HLCC	16,048	61	95	1,471	13,534	15,161	-887	94.5%	15,005	13,046	-1,959
ISM	14,033	1,966	103	17	8,542	10,629	-3,404	75.7%	8,559	9,028	469
Essentia	4,066	0	188	0	4,273	4,461	395	109.7%	4,273	4,460	187
Pathology	10,546	0	0	0	164	164	-10,381	1.6%	164	164	0
Corporate	10,678	0	0	0	10,060	10,060	-618	94.2%	10,060	10,111	50
Total Allocated CIP	79,921	4,008	1,495	2,349	53,474	61,326	-18,595	76.7%	55,823	54,543	-1,280
Central	20,000	0	3,412	0	16,589	20,000	0	100.0%	16,589	16,589	0
Unallocated	2,206	2,206	0	0	0	2,206	0	100.0%	0	0	0
Total CIP	102,127	6,214	4,907	2,349	70,063	83,533	-18,595	81.8%	72,412	71,132	-1,280

Table 5: Month 12 Actual CIP Delivery against CIP plans and targets

2025/26 CIP Plan Trust Summary 9th April 2026	M12 YTD Performance				M12 YTD Performance			
	Plan	Actual	Variance to Plan	Progress (%) RAG	Target*	Actual	Variance to Target	Progress (%) RAG
Clinical Groups / Delivery Group / Corporates								
C&S	13,593	11,228	-2,365	82.6%	15,557	11,228	-4,329	72.2%
Evelina	7,258	7,258	0	100.0%	8,994	7,258	-1,736	80.7%
HLCC	15,161	13,063	-2,098	86.2%	16,048	13,063	-2,984	81.4%
ISM	10,629	10,378	-250	97.6%	14,033	10,378	-3,655	74.0%
Essentia	4,461	4,460	-1	100.0%	4,066	4,460	394	109.7%
Pathology	164	164	0	100.0%	10,546	164	-10,381	1.6%
Corporate	10,060	10,111	50	100.5%	10,678	10,111	-567	94.7%
Total Allocated CIP	61,326	56,663	-4,663	92.4%	79,921	56,663	-23,258	70.9%
Central	20,000	16,589	-3,412	82.9%	20,000	16,589	-3,412	82.9%
Unallocated	2,206	0	-2,206	0.0%	2,206	0	-2,206	0.0%
Total CIP	83,533	73,251	-10,281	87.7%	102,127	73,251	-28,876	71.7%

Table 6: RoNDA internal assessment M12

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	£5.00	1	2.00	0.19	n/a	£0.00	2	1.00
	YTD Actual Surplus / Deficit	YTD actual (surplus / deficit) as a percentage of national total of system allocation (pro rata)	£5.00	1	2.00	0.19	n/a	£0.00	2	1.00
	YTD Pay Variance	Provider pay expenditure YTD variance to plan as a percentage of YTD Plan for Pay	£101.08	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	£24.00	3	2.00	0.57	£16.38	£16.38	3	0.00
Efficiency	Efficiency Variance YTD	Efficiency YTD variance to plan as a percentage of YTD plan	(£10.28)	3	1.00	0.29	(£4.18)	(£4.18)	1	-2.00
	Efficiency delivery vs. National average	Difference between YTD actual delivery as a % FY efficiency plan and expected delivery based on national average plan profile	£73.25	4	1.00	0.38	£97.02	n/a	4	0.00
	Efficiency Variance FOT	Efficiency FOT variance to plan as a percentage of Full Year Efficiency Plan	£28.83	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	2			2	0.00

Table 7: Internal Group Financial Oversight Framework M12

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	26	27	22	25	28	33	13
				Metric result	-55.3%	-47.4%	-53.7%	-38.5%	-48.3%	-38.4%	-44.8%
				Score	3	2	3	2	2	2	2
Financial Position	I&E Variance	Total YTD Variance (all income and expenditure) v YTD Expenditure Plan as %, at CG level	2	Performance	£-16,436	£4,092	£-27,445	£-12,415	£3,359	£-589	£54,437
				Metric result	-3.1%	1.0%	-4.1%	-2.3%	1.3%	-0.1%	24.1%
				Score	4	1	4	4	1	2	1
	Pay Variance	Total YTD Pay Variance v YTD Pay Plan, at CG level	2	Performance	£-5,348	£4,383	£-8,621	£-4,655	£-1,964	£17,724	£-115,638
				Metric result	-1.6%	1.4%	-2.2%	-1.1%	-1.7%	7.9%	-10580.9%
				Score	3	1	3	3	3	1	4
	FOT + Risk	FOT Variance (Likely Case) v FY Expenditure Plan, at CG level	2	Performance	£-16,436	£4,092	£-27,445	£-12,415	£3,359	£-589	£54,437
				Metric result	-3.1%	1.0%	-4.1%	-2.3%	1.3%	-0.1%	25.6%
				Score	4	1	4	4	1	2	1
Efficiency	CIP Variance	CIP YTD Variance v YTD Plan for 25-26	1	Performance	£-2,365	£0	£-2,098	£-250	£-1	£50	£-5,618
				Metric result	-17.4%	0.0%	-13.8%	-2.4%	0.0%	0.5%	-25.1%
				Score	4	1	3	2	2	1	4
	CIP FOT Variance	CIP FOT Variance v Total Target for 25-26	0.5	Performance	£-3,483	£-1,672	£-2,018	£-5,688	£19	£-473	£-12,617
				Metric result	-23.4%	-18.7%	-12.6%	-38.5%	0.5%	-4.4%	-38.5%
				Score	4	4	3	4	1	2	4
Overall score					4	1	4	3	2	2	2

Committee name	Quality and Performance Committee
Date, time	Wednesday 11 February 2026, 1.30pm – 5.00pm
Venue	Robens Suite, Guy's Hospital
Chair	Deirdre Kelly

Patient Story: The Committee heard a detailed patient story highlighting life-changing dermatology cancer treatment alongside increasing service pressures, with executives outlining ongoing improvement ambitions and the Committee expressing gratitude for the insight provided.

Feedback from Trust site visits: The Committee received feedback from recent clinical service visits, noting the value of these in understanding service variation and workforce experience, with observations spanning Artificial Intelligence use in documentation, lone-worker safety, bereavement sensitive reviews, and wider engagement from non-executive directors and governors.

Quality and safety: The Committee received updates on infection prevention, patient safety, complaints, mortality metrics and national programmes, noting a rising number of MRSA cases, learning from never events, winter-related pressures on complaints handling, and continued progress with Martha's Rule implementation.

Operational performance and activity: The Committee reviewed operational performance across elective, diagnostic and urgent care services, noting strong organisational performance, continuing pressures on long waits and diagnostics, and the sustained focus on improving cancer pathways, including detailed thematic updates on lung cancer and ongoing recovery in pathology services.

Infrastructure updates: The Committee received updates on digital and estates infrastructure, noting progress in cybersecurity, network modernisation, water safety, fire compliance, cleaning assurance and estates refurbishment, with further deep-dive reporting scheduled for the next meeting.

Clinical group assurance reports: The Committee received assurance updates from clinical groups, covering key risks, performance challenges, governance work and improvements, including water outage management, paediatric service risks, infection control progress and mental health pressures across the Trust.

Maternity Q2 assurance report: The Committee received the quarterly maternity update, noting full CNST compliance, ongoing mitigation of obstetric theatre risks, estate improvements, and discussions concerning neonatal staffing, with further reporting requested.

Assisted Conception Unit: The Committee received an update on the Assisted Conception Unit, noting progress on actions relating to historic serious incidents, strengthened governance, positive inspection feedback and ongoing work to complete storage mapping and resolve outstanding risks.

Board Assurance Framework – Quality & Performance Risks: The Committee reviewed the risks within its remit, noting continued operational pressures, stable but high quality and safety risks, and strong progress against estates-related mitigations, before endorsing the current assurance levels.

Statutory and Regulatory Reports: The Committee noted the statutory and regulatory reports presented, the majority of which had been discussed through earlier agenda items.

Committee name	Quality and Performance Committee
Date, time	Wednesday 15 April 2026, 1.30pm – 4.30pm
Venue	Robens Suite, Guy's Hospital
Chair	Pauline Philip

Patient story: The Committee heard a story from a patient regarding their questions and concerns about their experience as a young adult in hospital care, and noted recurring themes around communication, transition, and facilities. Committee members acknowledged the organisational learning arising, noted the ongoing improvement work across a number of these areas, and agreed that feedback would be provided to the patient in response.

Feedback from Trust site visits: Non-executive directors provided their feedback from recent visits to clinical areas. These highlighted instances of high-quality, compassionate care within a pressurised and resource-constrained environment.

Quality and Safety: The Committee received assurance on the work to reduce the number of never events – which totalled ten in 2025/26 – and improve clinical learning across the organisation. The Trust had recorded 14 instances of MRSA in 2025/26 and the Committee noted ongoing work in train to reduce these in 2026/27. The Committee was pleased to hear positive feedback from the CQC's recent inspection of urgent and emergency services. The Trust's mortality position was better than the national average, although had opportunity for improvement. An update from the Guardian of Safe Working was noted.

Ophthalmology prescribing and follow-up concerns: A medicines safety issue arising from an Epic system limitation in ophthalmology discharge prescribing was reviewed. This has led to one confirmed case of patient harm. Mitigations were in place, with investigation underway, and assurance was provided that learning and controls would be strengthened.

Operational Performance and activity: The Committee received a comprehensive update on operational performance, noting the sustained recovery in elective care, ongoing challenges in diagnostics and 62-day cancer performance. Despite strong urgent and emergency care performance during 2025/26, there had been some recent deterioration in this area. The Trust had recently experienced another episode of resident doctor industrial action which had led to the cancellation of elective appointments.

Model Acute Pathway self-assessment: The Committee considered the initial Model Acute Pathway self-assessment, which demonstrated strong compliance across most standards, with partial assurance in a small number of areas. An internal action plan was noted, and Board-level assurance arrangements were confirmed as still in development.

Estates updates: Updates were received on the Trust's work to comply with cleaning standards and water safety compliance, with assurance on transparency, governance and interim mitigations. Progress on remediation works and risk management was noted, alongside recognition of the ongoing risks and the need for continued monitoring and further assurance.

Clinical group assurance reports: Clinical groups provided assurance by exception on quality, safety and operational risks, highlighting workforce sustainability, incident learning, infection control, diagnostics capacity and service changes. The Committee noted progress, ongoing mitigations and areas requiring sustained executive oversight.

Maternity Q3 assurance report: The Committee received the Quarter 3 maternity assurance report, noting compliance against national schemes, progress on quality improvement, and effective governance of risks and incidents. The outcome of the maternity incentive scheme appeal was acknowledged.

Children's Cardio-Respiratory and Intensive Care (CRIC): The Committee received an update on the temporary move of CRIC services from Royal Brompton Hospital to the St Thomas' Hospital site. This would take place in mid-May. Members noted the preparation work to ensure operational readiness and received assurance that safety risks were being managed through established governance processes, with appropriate escalations in place.

Integrated Performance Report February 2026

Guy's and St Thomas' NHS Foundation Trust
Public Board
29 April 2026

Accident and Emergency

- The percentage of emergency patients admitted, transferred or discharged within 4 hours in February 2026 was 75.8%, with the Trust ranking 31st out of 121 general hospital Trusts nationally.
- The number of patients waiting in the emergency department for greater than 12 hours from Decision-To-Admit (DTA) was 67.

Referral to Treatment

- The total number of Referral to Treatment (RTT) patients waiting for treatment at the Trust in February was 107,138 and 67.3% of patients were waiting 18 weeks or less for their elective treatment.
- A total of 16 patients were waiting longer than 65 weeks for their routine treatment in February, with 3 of these patients having waited longer than 78 weeks.
- The Trust remains committed to clearing these long waiting patients with an ambition of reaching as close to zero patients waiting longer than 65 weeks by the end of March 2026 and onwards.
- A total of 971 patients were reported as waiting longer than 52 weeks for their treatment in February, representing 1.0% of the total waiting list.

Cancer

- The Faster Diagnosis Standard position reached 84.3% in February demonstrating continued improvement in-year with this strong performance expected to continue for the remainder of 2025/26.
- The percentage of patients treated for cancer within 62 days of referral (overall) for February was 53.5%. This position remains challenged and continues to be an area of focus for the Trust with a comprehensive recovery programme in place to improve this position.

Diagnostics

- In February, the Trust reported 33.5% of patients waiting longer than 6 weeks for their routine diagnostic procedure, with 13.3% of patients waiting longer than 13 weeks. This remains another area of risk to the Trust who are working to improve this position in quarter 4 of 2025/26.

Activity

- The Trust reached a position of 99.9% of outpatient activity (new and follow up) for February and 108.6% for elective activity (elective overnight and day case).

“The March 2026 deadlines for the submission of performance data have been extended Nationally to support with data quality and validation and therefore not all of these positions are available”

Highlight Report Contents

February 2026

Domain	Theme	Indicator	Latest Actual
Responsive	4.1 A&E access	A&E stays less than 4 hours (type 1, 2 and 3)	75.8%
Responsive	4.1 A&E access	Number of patients spending >12 hours in A&E from decision to admit (DTA)	67
Responsive	4.4 Diagnostic access	Diagnostic waits - % over 6 weeks	33.5%
Responsive	4.3 Cancer access	Cancer - FDS	84.3%
Responsive	4.3 Cancer access	Cancer – 62 day all referral types (total)	53.5%
Responsive	4.9 Recovery	Outpatient New & FU vs 25/26 Operational Plan	99.9%
Responsive	4.9 Recovery	Elective DC & IP vs 25/26 Operational Plan	108.6%
Responsive	4.9 Recovery	Number of 65 week waiters	16
Responsive	4.2 Elective treatment access – referral to treatment (RTT) performance	RTT – Total incomplete pathways	107,138

Performance and Information

Responsive



Guy's and St Thomas'
NHS Foundation Trust

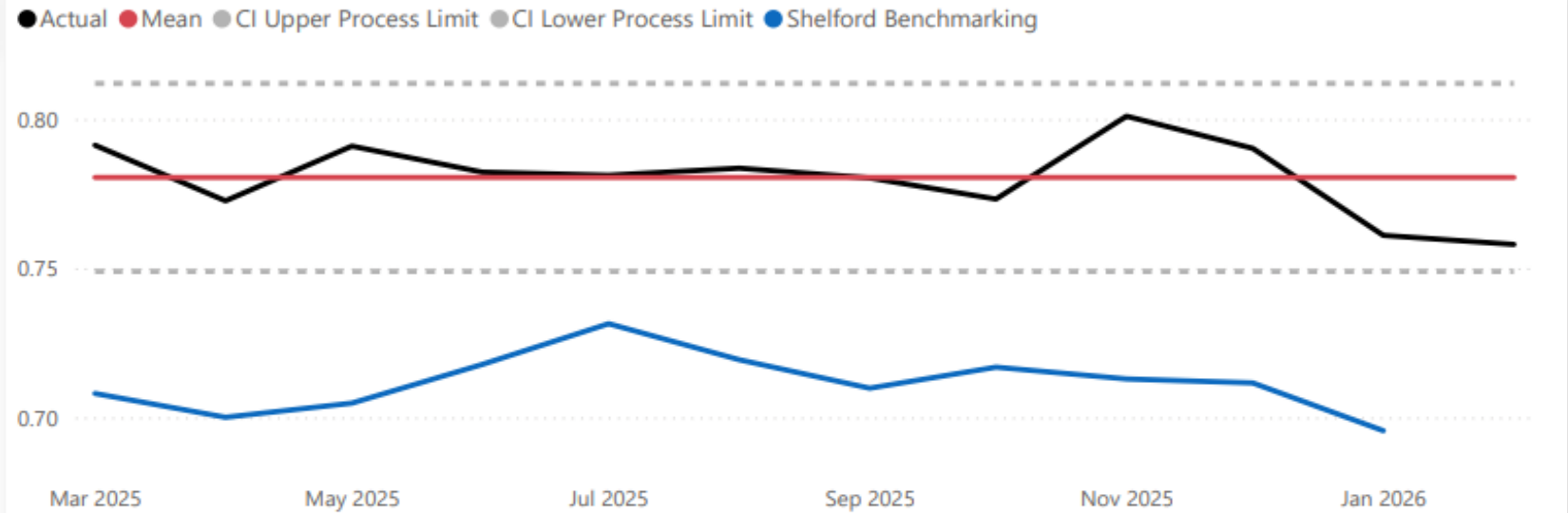
February 2026

75.8%

SPC

This indicator is showing common cause variation

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



Clinical Group Overview



Responsive

February 2026

67

SPC

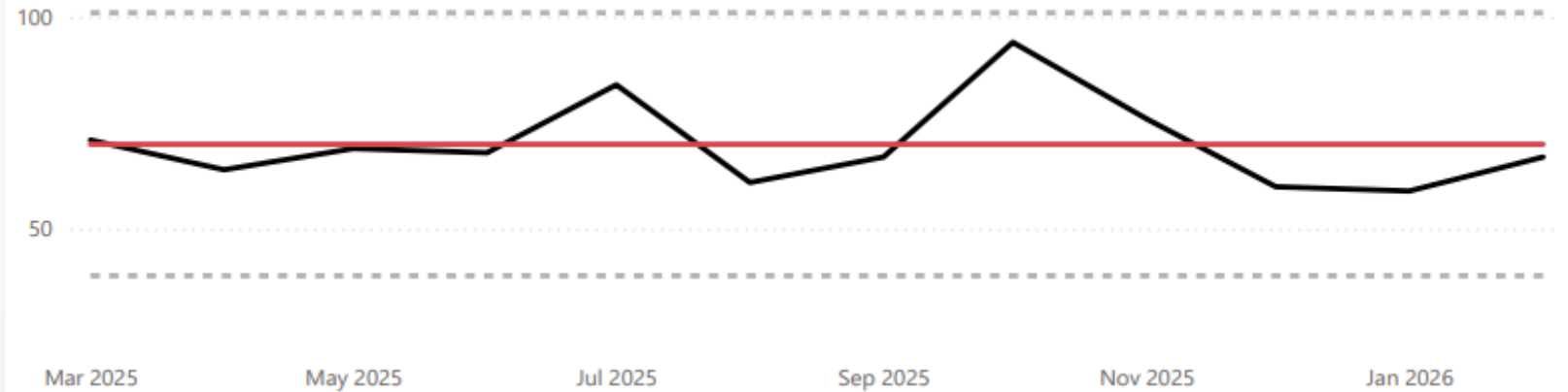
This indicator is showing common cause variation

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)

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



Clinical Group Overview

ISM



67

Responsive

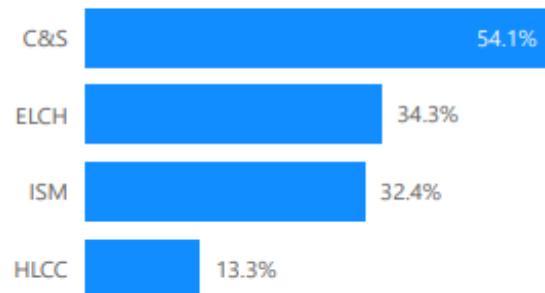
February 2026

33.5%

SPC

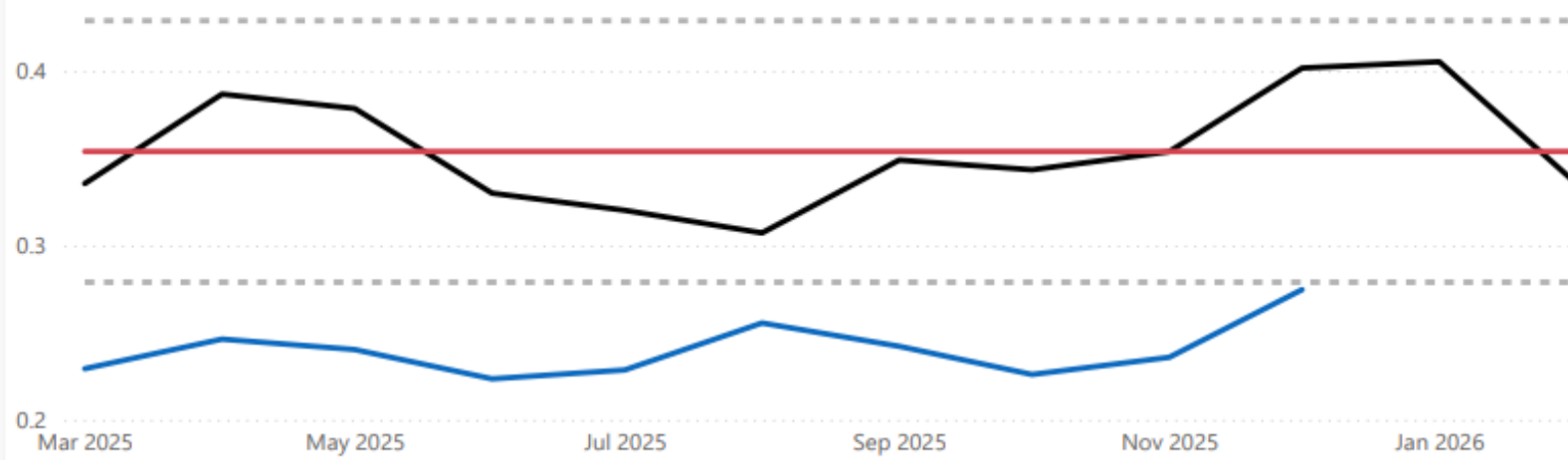
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Clinical Group Overview

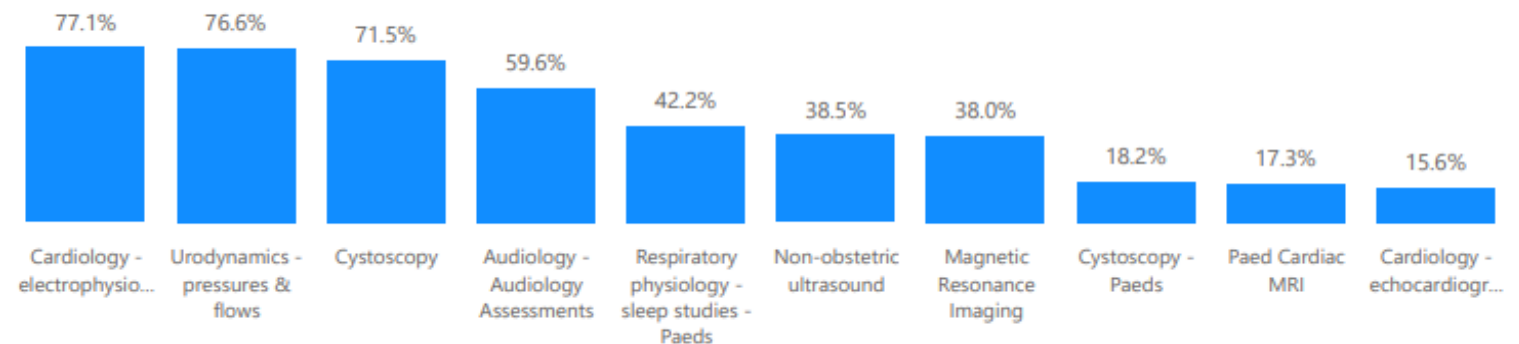


Diagnostic waits - % over 6 weeks

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



Bottom 10 Modalities



Responsive

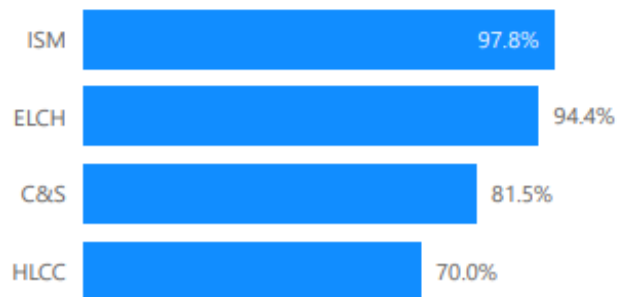
February 2026

84.3%

SPC

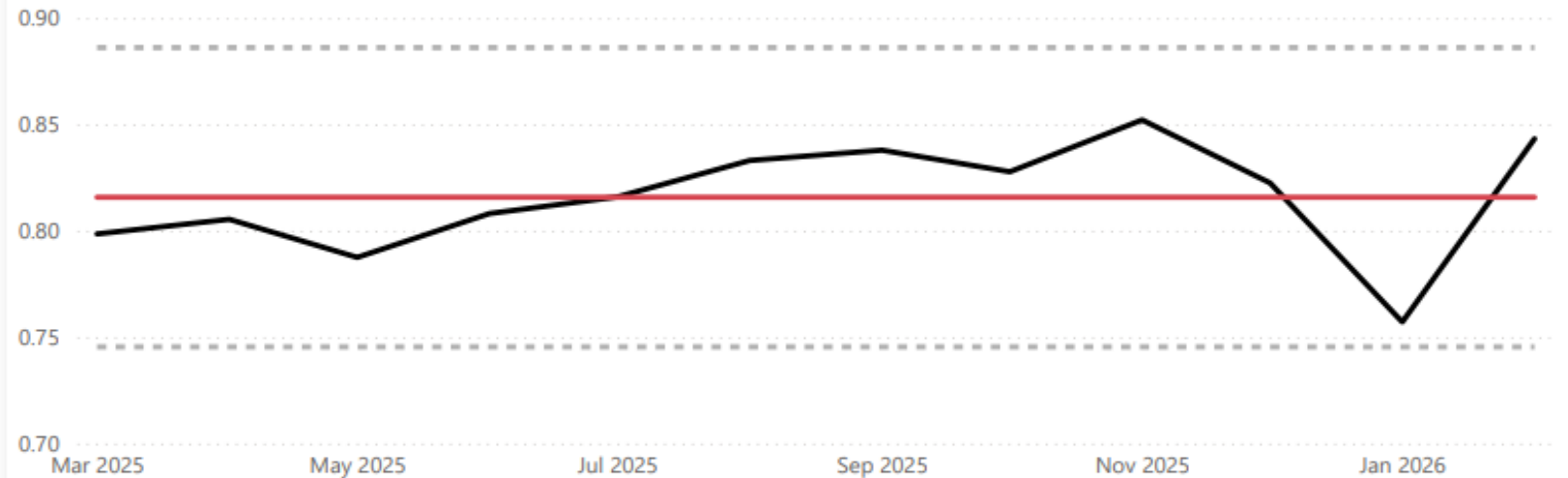
This indicator is showing common cause variation

Clinical Group Overview

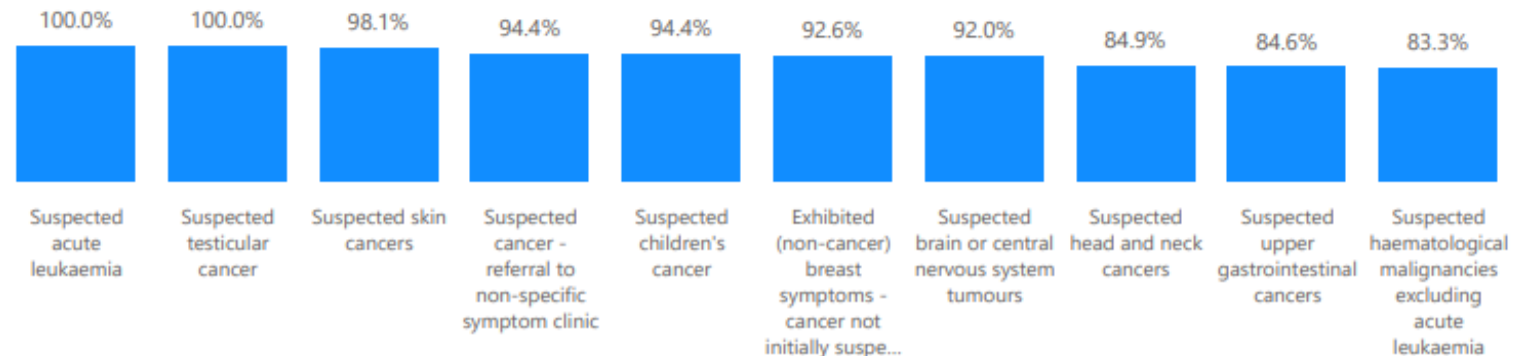


Cancer - FDS

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



Top 10 Tumour Groups



Responsive

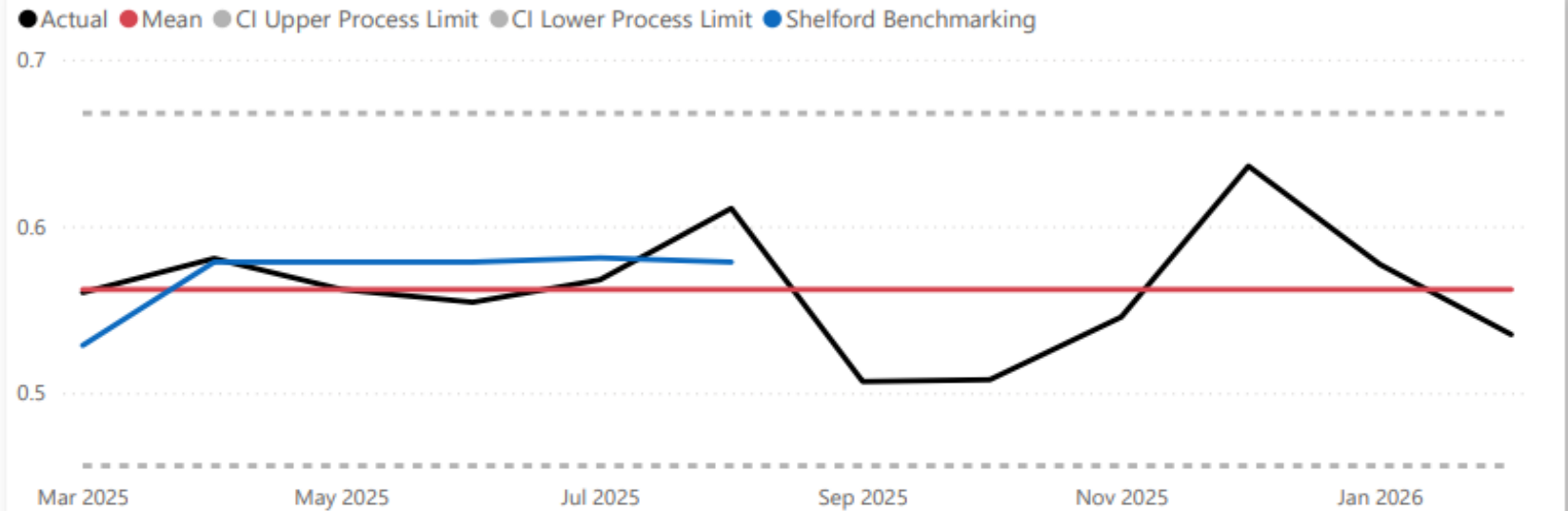
February 2026

53.5%

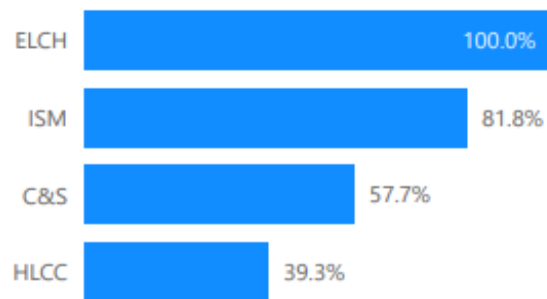
SPC

This indicator is showing common cause variation

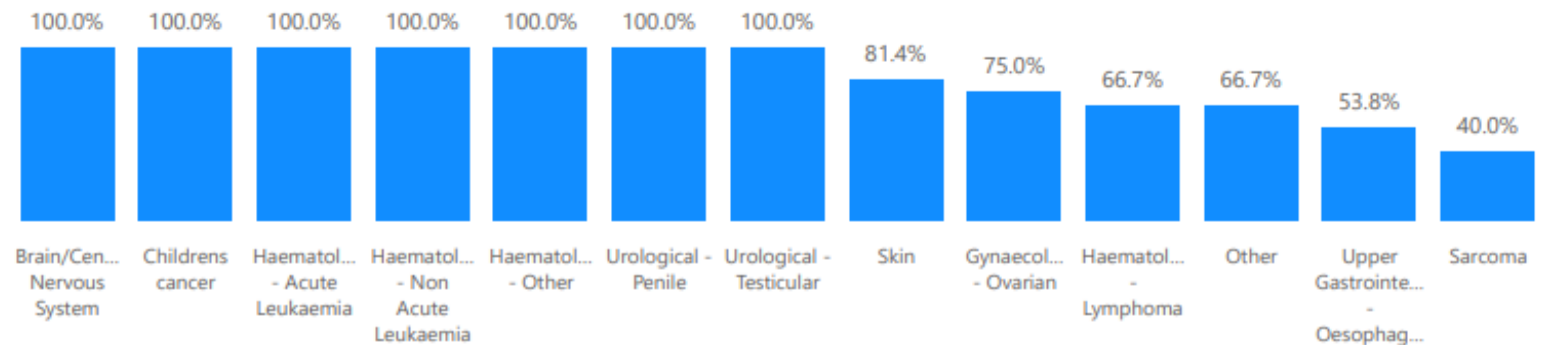
Cancer - 62 day all referral types (total)



Clinical Group Overview



Top 10 Tumour Groups



Responsive

February 2026

99.9%

SPC

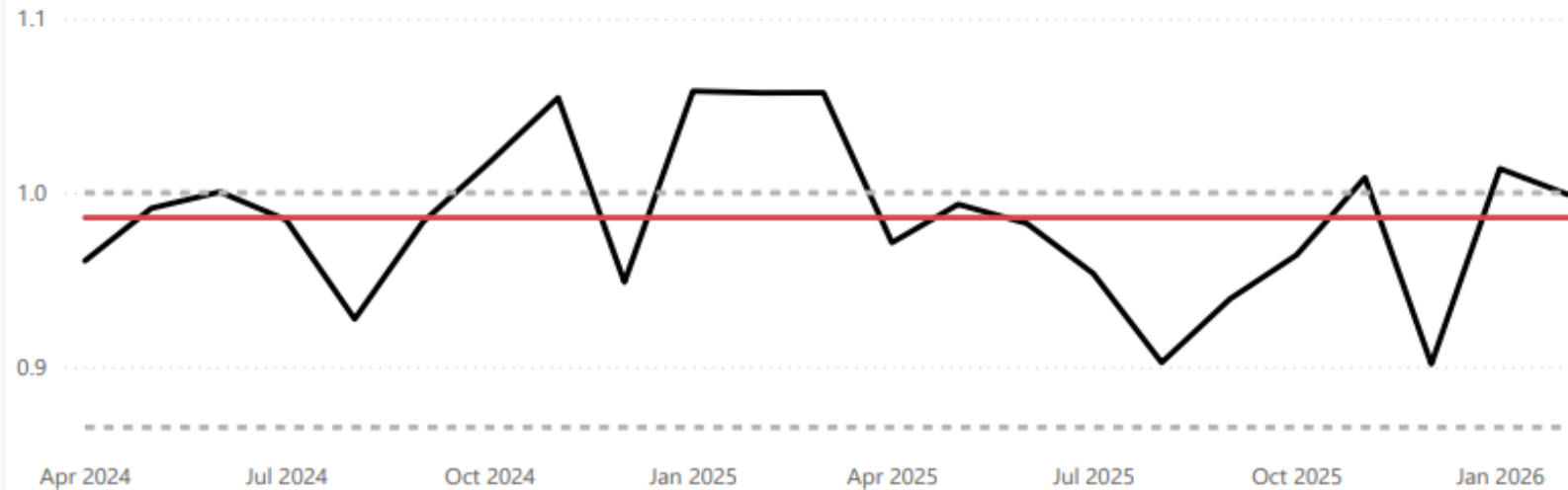
This indicator is showing special cause variation - 2 of 3 (Positive)

Clinical Group Overview

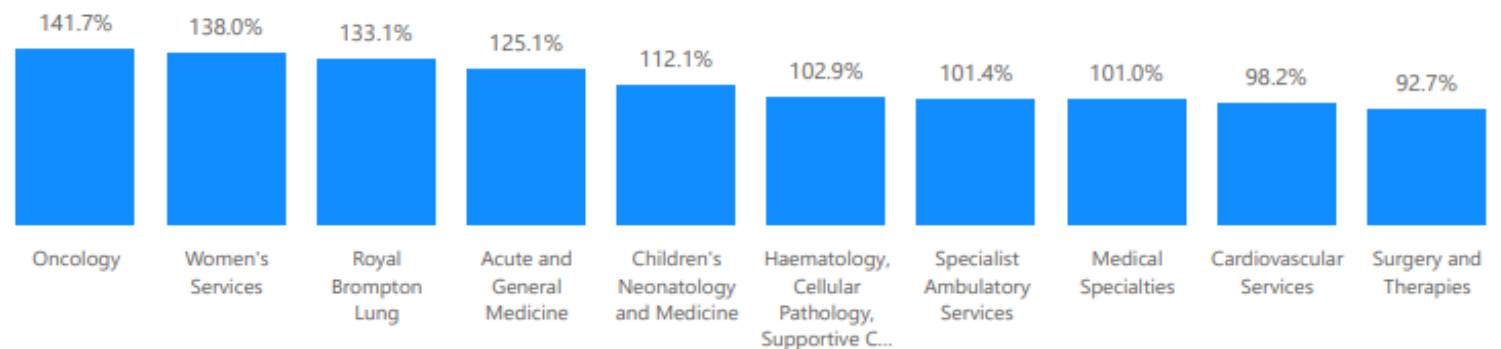


Outpatient New & FU vs 25/26 Operational Plan

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



Top 10 Directorates



Responsive

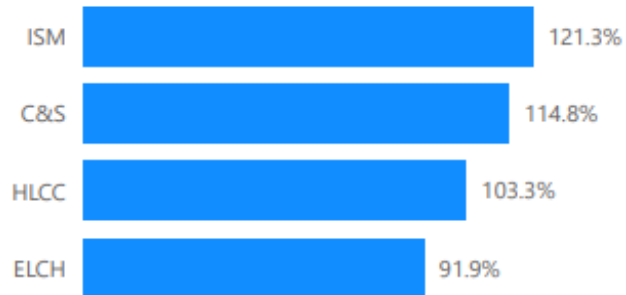
February 2026

108.6%

SPC

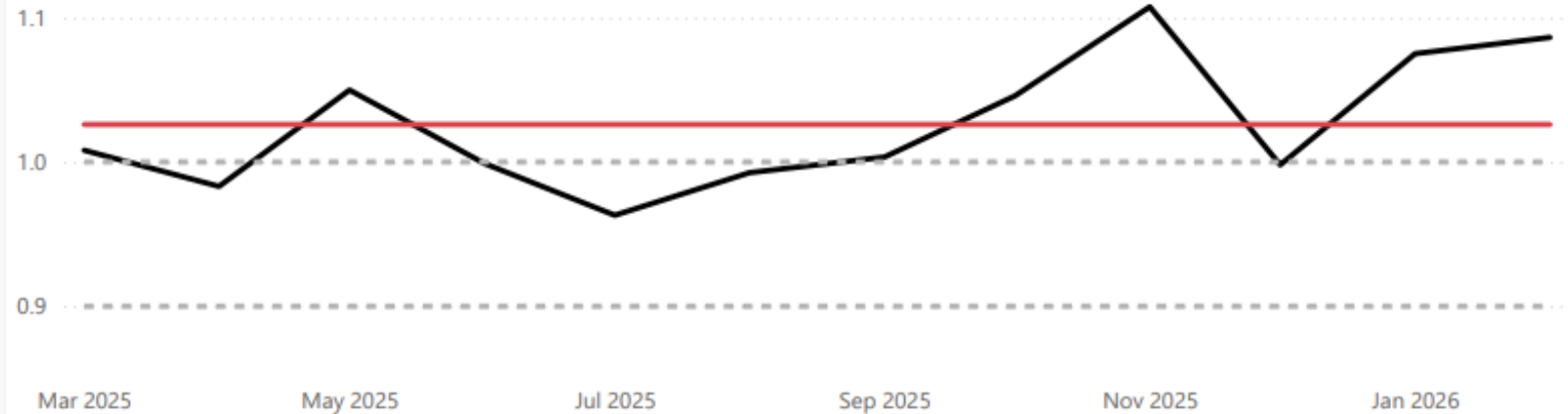
This indicator is showing special cause variation - Single Point (Positive)

Clinical Group Overview

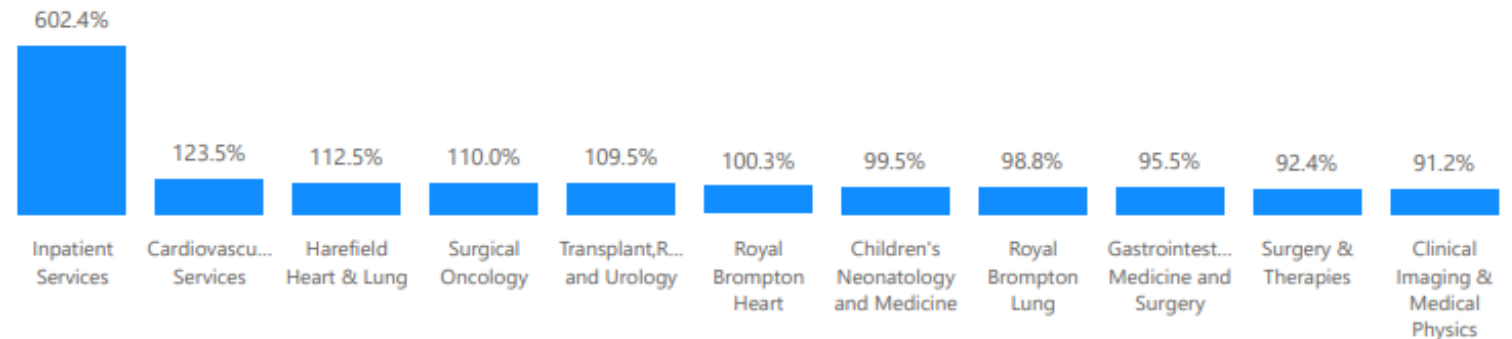


Elective DC & IP vs 25/26 Operational Plan

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



Top 10 Directorates



Responsive

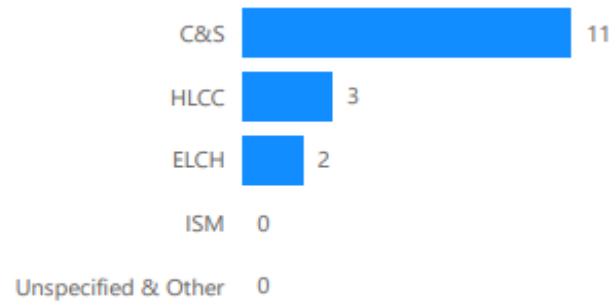
February 2026

16

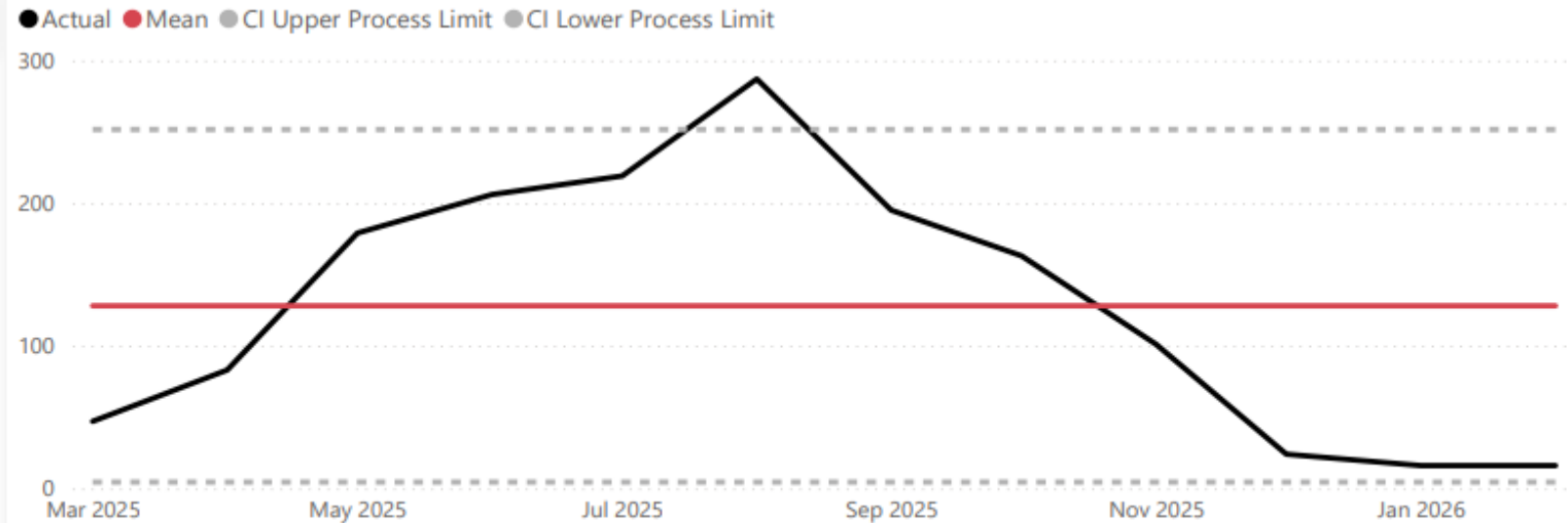
SPC

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

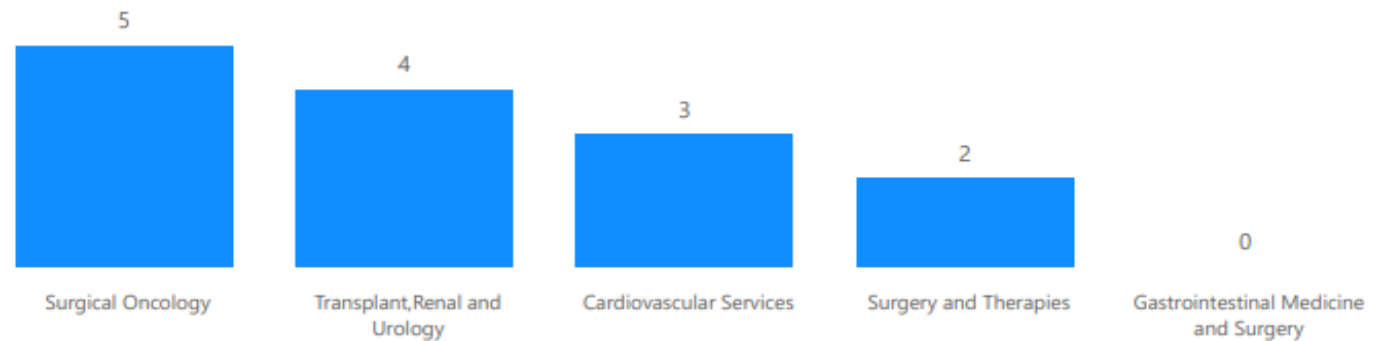
Clinical Group Overview



Number of 65 Week Waiters



Directorate Overview



Responsive

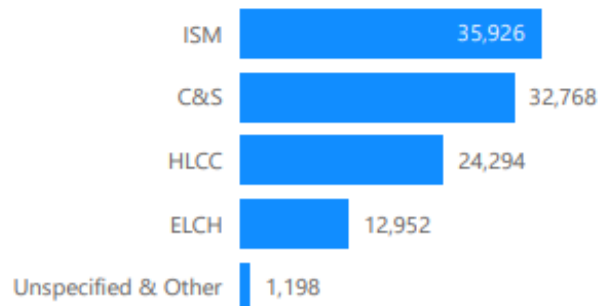
February 2026

107,138

SPC

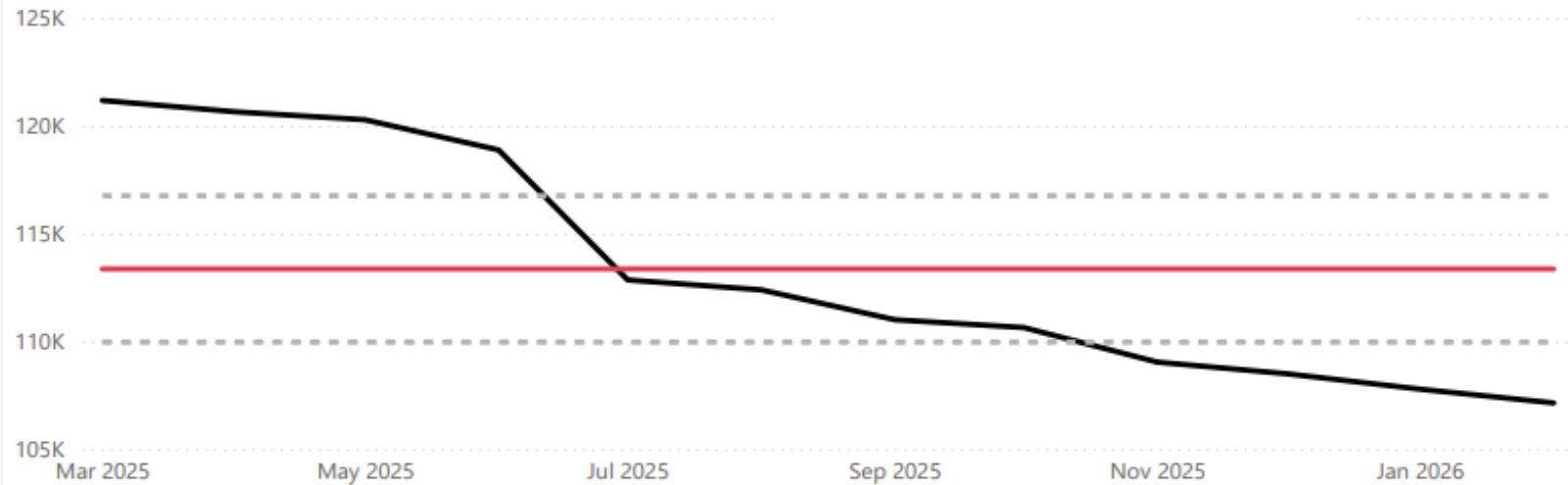
This indicator is showing special cause variation - Single Point (Positive)

Clinical Group Overview

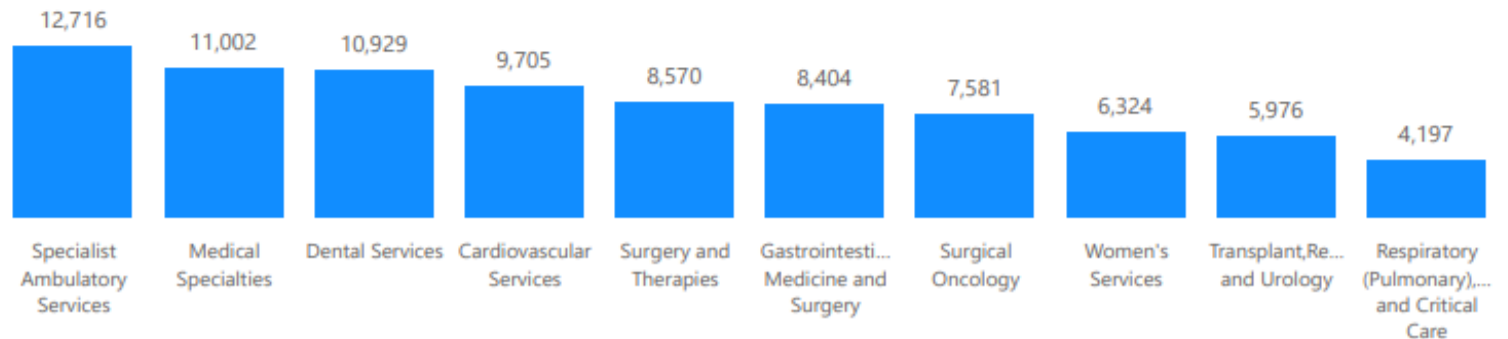


RTT - Total incomplete pathways

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



Top 10 Directorates



Supporting Information

SPC definitions



Guy's and St Thomas'
NHS Foundation Trust

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

Common cause variation

Indicator has not triggered any SPC rules for current month

Special cause variation – single point

A single point outside the SPC confidence limits (mean +/- 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 4 March 2026, 1pm – 4pm
Venue	Grand Committee Room, St Thomas' Hospital
Chair	Miranda Brawn

Matters Arising: The Audit and Risk Committee had agreed the People, Culture and Education Committee was the appropriate forum for ongoing oversight of internal audit recommendations linked to consultant job planning. The Committee also noted that the Brawn Review was due to be relaunched, with a revised report to follow, and that the updated review would be presented to the Equality, Diversity and Inclusion Improvement Board at an appropriate time.

Non-executive director (NED) site visits update: The Committee noted observations from a recent visit to the Harold Moody Centre, where NEDs had heard first-hand about workforce pressures, vacancy levels, and the impact of deprivation on families, including rising cases of rickets and developmental concerns.

Chief People Officer's Update: The Committee noted the major implications of the Employment Rights Act 2025, the need for strong engagement with staff as industrial relations risks increased, and the scale of the forthcoming workforce transformation programme. Early NHS Staff Survey results had showed strong improvements in People Promise areas and high awareness of the Trust values. The Committee also discussed the "fairer deal for nurses" review of band 5 nursing roles, issues relating to unfair dismissal and worker protections, the importance of clear organisational messaging in light of recent geopolitical events, and the financial and industrial relations impacts of the new legislation.

Pay Gap draft report 2025: The Committee received the draft 2025 Pay Gap Report and noted broadly unchanged patterns, with a slight increase in the mean gender pay gap to 13.1% and an improvement in the median gap to 6.7%. Committee members discussed continued under-representation of women, global majority colleagues and disabled staff in senior clinical and corporate posts. The Committee emphasised the need for stronger action on recruitment and progression, better evaluation of initiatives and more detailed analysis of pay gap drivers. Publication of the data was approved subject to the agreed amendments.

Green Park recruitment review summary: The Committee noted that, although candidate experience and policies were strong, these strengths were not consistently delivering equitable outcomes. The review had identified opportunities for improvement, particularly for global majority candidates. The Committee agreed that improving equity would require stronger accountability, more consistent shortlisting and interview practice, and targeted action to address behavioural as well as process-related barriers. Committee members supported further work to embed improvements, strengthen evaluation of interventions such as diverse panels, and expand future analysis to include additional outlier data.

Freedom to Speak Up interim report: The Committee received the interim Freedom to Speak Up update, noting the implications of the transition from the former Speaking Up Champion model to the new Ambassadors for Speaking Up. There had been ongoing challenges in raising awareness of the service across the Trust, the rise in relationship-based concerns, and a significant increase in anonymous cases. The Committee discussed the potential consequences of the forthcoming closure of the National Guardian's Office in June 2026. Committee members emphasised the importance of psychological safety, clear communication, consistent engagement and high completion of mandatory training.

Simulation and Interactive Learning Strategy: The Committee endorse the 2025-2030 Strategy, which highlighted collaboration across clinical groups and partners to use simulation to strengthen technical and non-technical skills, improve patient safety and support workforce development. Committee members discussed the role of virtual reality, the need for accessibility and Equality Impact Assessments, and noted that simulation centres delivered training to 60-80 staff weekly. The Committee emphasised the importance of defining success measures, evidencing impact on patient outcomes and raising the profile of simulation as a strategic enabler, including securing protected education time.

Operational People Metrics: The Committee noted an increase in overall staffing levels across the Trust between April and December 2025. Vacancy rates remained below target, supported by a focused recruitment plan in Essentia, and sickness levels were stable but above the 3% target, with the new taskforce progressing cases at pace. The Committee commended strong performance development review (PDR) and statutory and mandatory training compliance.

People, Culture & Education Board Assurance Framework (BAF) Risk: The Committee received an update on the workforce BAF risk, which was focused on building a high-performing, future-ready workforce through transformation, talent strategies and digital enablement. Committee members agreed on the need to more clearly define the organisational culture the Trust aimed to protect during transformation and to schedule a fuller discussion earlier in the next agenda. The risk score and assurance level were approved.

Committee name	Transformation and Major Programmes Board Committee
Date, time	Wednesday 18 February 2026, 1pm – 4pm
Venue	Robens Suite, Guy's Hospital
Chair	Simon Friend

Epic benefits update: The Committee noted the underperformance in achieving the annual financial target by month nine, noting challenges in clinical administration remodelling and the need for transformational outcomes and improved training consistency. Whilst some benefits had been realised, others remained in delivery and a focus on transformational outcomes for the coming year was planned. Project Dovetail was progressing, but sources for the full project funding remained unresolved.

Estates strategy overview: The strategy included demand capacity modelling indicating increased bed needs over 15–20 years. Addressing the maintenance backlog was a major challenge, with the need to integrate maintenance with capital planning and financial envelopes. There was significant opportunity to reduce office space by optimising environments, to reduce workspace through collaborative and flexible working while maintaining staff wellbeing. Next steps would involve internal figure alignment, financial integration, and an ongoing space utilisation review.

Central Portfolio Office (CPO) major programme report: The CPO reported rising costs and capital constraints were impacting delivery of the Trust's major programmes. Financial pressures were increasing due to longer timelines, inflation, and construction costs, with some projects exceeding contingency budgets. The Committee discussed risks of double counting benefits, managing multiple funding streams and challenges around securing supplementary funding. The need for tighter financial controls and clearer contingency fund deployment amid rising costs and capital constraints would need to be actively managed.

Productivity Programme: stocktake update: The programme was showing good progress with active delivery and piloting of digital initiatives. However, despite improvements, cost levels remained high compared to peers. The programmes success was key to meeting the 2026/27 financial plan. It was noted that staff engagement and strong clinical leadership would be essential for delivering cultural and organisational changes.

Children's Hospital Programme update: The final bespoke business case submission would now be no earlier than April 2026. The programme was complex with significant challenges and ongoing commercial negotiations. The Committee noted that the demolition scope had expanded and emphasis was placed on robust commercial terms, accurate costings, and long-term building control considerations.

Children's Cancer Principal Treatment Centre and Strategic Asset and Infrastructure Upgrade Project: The Committee noted that both patient and workforce engagement was continuing and being actively managed. Operational readiness was progressing with construction on schedule. Key dependencies such as pathology and partnership negotiations were being monitored. The Committee approved an additional funding requirement for the infrastructure project through to March 2027.

Guy's Surgical Centre: Programme Update: Delays had reset RIBA Stage 4 completion to August 2026, with the first patient expected in May 2029. The Committee discussed accelerating approval timelines, financial constraints, operational readiness, regulatory engagement, and clarity in financial modelling.

Board Assurance Framework (BAF): The Committee noted the limited assurance levels on the three principal strategic risks and approved the proposed changes to the BAF risks.

BOARD OF DIRECTORS

WEDNESDAY 29 APRIL 2026

Report title:	Documents Signed under Trust Seal, 22 January 2026 to 22 April 2026
Paper sponsor:	Charles Alexander, Chairman and Amanda Pritchard, Chief Executive
Paper author:	Joshua Roles, Senior Business Manager
Main strategic priority:	All strategic priorities
Primary BAF risk:	All BAF risks
Key points of paper:	<ul style="list-style-type: none"> In line with the Trust's Standing Financial Instructions, the Chairman, Charles Alexander and Amanda Pritchard, Chief Executive are required to sign contract documents on behalf of the Trust, under the Foundation Trust's Seal.
Previously presented at:	N/a
Supporting material:	<p>The following supporting information has been supplied in the reading room:</p> <ol style="list-style-type: none"> N/a
Purpose of report:	For awareness/noting only
Recommendation(s):	<p>The BOARD is asked to:</p> <ol style="list-style-type: none"> Note the record of documents signed under Trust Seal.

1. Introduction

1.1. In line with the Trust's Standing Financial Instructions, Amanda Pritchard, Chief Executive and Charles Alexander, Chairman signed document numbers 1115 to 1119 under the Foundation Trust's Seal during 22 January 2026 to 22 April 2026.

2. Recommendations

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

Number	Description	Date
1115	Signing and Sealing of the lease between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Cell Therapy Catapult Limited for the renewal of two leases pertaining to the (part) 10th floor of Tower Wing, Guy's Hospital	11 February 2026
1116	Signing and Sealing of the underlease between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Cedars-Sinai UK Ltd pertaining to the engrossment of the underlease within Part of 3rd Floor at 79 Wimpole Street, London W1.	11 February 2026
1117	Singing and Sealing of the lease between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Community Health partnerships Ltd pertaining to the part second floor, Waldron Health Centre, Amersham Vale, London SE14 6LD	18 March 2026
1118	Singing and Sealing of the lease between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Possfund Custodian Trustee Ltd pertaining to the agreement of works at Unit 4 Bricklayers Arms, Mandela Way, London SE1	18 March 2026
1119	Signing and Sealing of the lease between (1) Guy's and St Thomas' NHS Foundation Trust and (2) City, West End & Suburban Shop Property Company Ltd pertaining to the Premises at Ground, 1st, 2nd and 3rd Floors Great Dover Street London	18 March 2026