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

Wednesday 22 July 2026, 15:45 - 17:45

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

Guy's and St Thomas' NHS Foundation Trust

Agenda

15:45 - 16:00 (15 min)
Trust care awards

16:00 - 16:05 (5 min)
1. Welcome and apologies
Charles Alexander

16:05 - 16:05 (0 min)
2. Declarations of interest

16:05 - 16:05 (0 min)
3. Minutes of the previous meeting (29 April 2026) and review of actions
20260429 Public BoD Meeting Minutes vDraft.pdf (4 pages)

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

16:15 - 16:30 (15 min)
5. Chief Executive's report
Amanda Pritchard

Chief Executive Report - July 2026 Public Board v.Final.pdf (10 pages)

16:30 - 16:45 (15 min)
6. Freedom to Speak Up Annual Report
Eve Bignell

Freedom to Speak Up annual report 2025-26.pdf (8 pages)
APPENDICIES - Freedom to Speak Up annual report 2025-26.pdf (10 pages)

16:45 - 17:05 (20 min)
7. Future Ready update
Steven Davies, clinical group CEOs

Future Ready Campaign.pdf (4 pages)

17:05 - 17:20 (15 min)
8. System partnerships
Jackie Parrott

System partnerships update.pdf (8 pages)

17:20 - 17:25 (5 min)
9. Patient and Public Engagement Annual Report

Jackie Parrott

- Patient and Public Engagement (PPE) Annual Report.pdf (5 pages)
- ANNEX A,B,C - PPE Annual Report.pdf (12 pages)

17:25 - 17:40
15 min

10. Updates from chairs of Board committees

Verbal *Board committee chairs*

Papers for noting

17:40 - 17:40
0 min

11. Reports from Board committees:

11.1. Academic Committee in Common 23 April 2026

- ACIC summary 23.04.2026.pdf (1 pages)

11.2. Audit & Risk Committee 20 May & 17 June 2026

- ARC summary 20.05.2026.pdf (2 pages)
- ARC summary 17.06.2026.pdf (2 pages)

11.3. Finance, Commercial & Investment Committee 22 April

- FCI summary 22.04.2026.pdf (1 pages)

11.4. Financial Report at Month 3 (2026/27)

- M03 Financial Performance.pdf (7 pages)

11.5. Quality & Performance Committee 20 May 2026

- QP summary 20.05.2026.pdf (1 pages)

11.6. Integrated Performance Report May 2026

- Integrated Performance Report May 2026.pdf (14 pages)

11.7. People, Culture & Education Committee 3 June 2026

- PCE summary 03.06.2026.pdf (1 pages)

11.8. Transformation & Major Programmes Committee 13 May 2026

- TMPB summary 13.05.2026.pdf (1 pages)

17:40 - 17:40
0 min

12. Register of documents signed under seal

Amanda Pritchard

- Documents Signed under Trust Seal, 23 April 2026 to 15 July 2026.pdf (3 pages)

17:40 - 17:45
5 min

13. Any other business

BOARD OF DIRECTORS

Wednesday 29 April 2026, 4.00pm – 5.45pm
Governors' Hall, St Thomas' Hospital and MS Teams

Members present:	Charles Alexander (Chair)	Richard Grocott-Mason
	Ian Abbs	Felicity Harvey
	Crystal Akass	Jamie Heywood
	Gubby Ayida	Deirdre Kelly
	Avey Bhatia	Julian Kelly
	Sarah Clarke	Graham Lord
	Louise Dark	Pauline Philip
	Steven Davies	Ian Playford
	Jon Findlay	Amanda Pritchard
	Simon Friend	
In attendance:	Andrew Asbury	Denis Lafitte
	Simon Bampfylde (item 6)	Shaheen Khan (item 6)
	Edward Bradshaw (minutes)	Damien O'Brien
	Gina Brockwell (to item 8)	Eugene Oteng-Ntim (to item 8)
	Sharjeel Hasan (item 6)	Jackie Parrott
	Anita Knowles	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. In particular, the Chair welcomed Julian Kelly to his first public Board meeting since being appointed as Chief Strategy and Transformation Officer, and to Ian Abbs who had returned to the Trust as Interim Chief Medical Officer.

1.2. Apologies had been received from Miranda Brawn, Nilkunj Dodhia, and Alison Wilcox.

2. Declarations of interests

2.1. There were no declarations of interest.

3. Minutes of the meeting held on 29 January 2026

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

4. Chair's Update

4.1. The Chair noted the recent confirmation of NHS England's priorities for 2026/27 and their publication of a report to support organisation across the sector to increase their productivity. It was reported that the expectations set out in these documents aligned with, and reinforced the importance of, the Trust's own priorities and ongoing programmes of work. The Chair highlighted the forthcoming 300th anniversary of Guy's Hospital and the planned programme of commemorative activity, to which Board members were invited.

4.2. The Chair commended the executive team for their efforts during 2026/27, in particular the strong operational performance during the final quarter of the year, delivery of the Trust's full-year financial

plan, and the excellent 2025 NHS Staff Survey results. The Trust Care Awards, which had taken place immediately prior to the Board meeting, were referenced as further evidence of the high-quality care the Trust provided and how staff continued to live the organisation's values.

5. Chief Executive's Update

5.1. The Chief Executive reported that, at the end of the third quarter in 2025/26, the Trust had retained its position in segment 1 of the NHS Oversight Framework, with an improved relative standing compared to other acute trusts. It had also received a provider capability rating of green/amber from NHS England. Whilst these regulatory assessments were evidence of the Trust's sustained performance improvements and the continued hard work and commitment of staff, maintaining this position would require the Trust to build on its achievements and continue to strengthen operational performance, financial management, quality of care, and staff experience. It was acknowledged that the challenging service pressures experienced in 2025/26 were likely to intensify in 2026/27.

5.2. The commencement of Care Quality Commission (CQC) service inspections had begun in mid-March with urgent and emergency care services at both Guy's and St Thomas' hospitals. The CQC had highlighted several examples of strong practice, including around leadership, culture, partnership working, hygiene, and cleanliness, while also identifying areas requiring prompt action which the Trust had already started to address.

5.3. The Chief Executive outlined the importance of the Trust's 'Future Ready' programme which would provide a framework to support delivery of the Trust's short-term operational, financial and quality improvement objectives alongside its strategic ambitions. The programme would require every one of the Trust's staff to consider how they could work differently, both to modernise and improve the quality of the care patients receive, while also being more efficient and reducing the amount of money the Trust spends.

5.4. The three organisational priorities for the year were summarised as: improving cancer 62-day performance, streamlining elective and outpatient pathways, and increasing value for money and reducing waste. These would be underpinned by continued investment in staff and workplace culture.

5.5. Updates were provided about a number of strategic developments, including the Trust's designation as a most suitable provider for future genomic services, representing a shift towards population-based models, and the imminent temporary relocation of paediatric cardiac and respiratory inpatient services. The Chief Executive also highlighted ongoing developments in the wider health system including the significant headcount reduction in NHS England regional and national teams, and the 'clustering' arrangement that was in place across South East and South West London integrated care boards.

6. Integrated Neighbourhood Teams

6.1. The Board received an in-depth report on the implementation of Integrated Neighbourhood Teams (INTs) across Lambeth and Southwark, which had been formally launched at the beginning of April. The initiative was described as a significant milestone in the Trust's strategic ambition to improve population health outcomes and redesign care delivery away from reactive hospital-based models. The model built on many years of vertically integrated community service delivery and was aligned with both national policy direction and the Trust's organisational strategy.

6.2. It was reported that INTs initially focused on three defined population cohorts: children and young people; adults with multiple long-term conditions; and older people living with frailty. These cohorts had been selected to target those with the greatest complexity and risk of fragmented care, with an explicit intention to expand coverage to a wider population over time. The Board was reminded that the Trust had been designated as the 'integrator' within the south east London system, working in

close partnership with primary care, community services, mental health providers, social care and voluntary sector organisations.

6.3. Through discussion the Board noted that integrated, proactive care models were expected to surface significant unmet need within the population, particularly within underserved communities. While this was recognised as a positive outcome for equity and early intervention, the Board explored the implications for demand, cost and timing of system-wide benefits. It was acknowledged that short-term increases in activity might precede longer-term reductions in emergency admissions, outpatient attendance and avoidable deterioration.

6.4. The Board discussed the importance of robust evaluation and scale in both demonstrating and generating impact. It was reported that work was commencing to develop a business case for scaling INTs, including assumptions on population coverage, affordability and cost-effectiveness. Members noted that much of the existing evidence base for integrated care came from international experience or small-scale pilots and that the Trust had an opportunity to contribute significantly to national learning.

6.5. Digital enablement and data integration were also considered essential enablers, with recognition that existing systems were not yet fully interoperable across organisational boundaries. While progress was being made on data platforms and shared care records, it was accepted that service and digital development would need to evolve in parallel.

6.6. Overall, the Board welcomed the ambition and momentum of the programme, whilst emphasising the need for sustained commitment and confidence in the vision, especially during early delivery phases of the work.

7. Maternity services update

7.1. The Board received a comprehensive update on maternity services, covering safety outcomes, quality of care, patient experience, equity and performance. It was reported that key outcomes compared favourably with national benchmarks, including stillbirth rates, and that patient experience measures continued to improve, with particularly strong feedback from local communities. The Board noted that equity of outcomes remained a central focus, with evidence of narrowing gaps for those from the global majority.

7.2. The report described sustained work to address known challenges within maternity assessment and postnatal services, including triage timeliness, senior clinical review, estate limitations and workforce capacity. Investment in additional staffing and targeted service redesign had contributed to reductions in complaints and measurable improvements in patient flow and experience. Several examples were noted where learning from incidents, complaints and audits had directly informed changes in practice, resulting in tangible benefits.

7.3. The Board discussed national scrutiny of maternity services and the importance of strong governance, assurance and leadership. Data showed the Trust was compliant with national maternity safety standards, although performance against one standard had been non-compliant due to the timeliness of data submission rather than underlying care quality. Members recognised the importance of continued focus on both safety metrics and organisational learning. The leadership of the Evelina London Women's and Children's Clinical Group was congratulated for the significant improvements that had been made to the maternity assessment unit over recent years.

7.4. Future priorities included expanding obstetric theatre capacity for caesarean sections, improving estate configuration and sustaining improvements in postnatal care. Board members reflected positively on visible leadership, staff commitment and patient engagement, while emphasising that maternity services would continue to require heightened oversight by the Board, and particularly the Quality and Performance Committee, due to their clinical and regulatory significance.

8. Modern Slavery Statement

8.1. The Board received the updated annual Modern Slavery and Human Trafficking Statement and sought assurance that the Trust continued to operate robust policies, procedures and risk assessment processes across procurement, workforce and clinical pathways. A key enhancement for the current year was the application of modern slavery risk assessments to all procurement activities, regardless of contract value.

8.2. The Board discussed the clinical dimension of modern slavery and trafficking, noting that vulnerable individuals affected by exploitation may present through Trust services. Staff awareness and response were supported through safeguarding training and access to specialist safeguarding teams, ensuring that concerns could be escalated and managed appropriately in partnership with external agencies.

8.3. Members sought assurance on staff engagement, visibility of reporting routes and monitoring of effectiveness. It was confirmed that safeguarding frameworks provided the primary mechanism for identification, escalation and response, and that ongoing training and oversight arrangements remained in place. The Board approved the Statement as providing appropriate assurance of compliance with statutory requirements and organisational responsibilities.

RESOLVED: The Board approved the updated Modern Slavery Statement.

9. Reports from Board committees for noting

9.1. The Board received and noted reports from the non-executive chairs of its standing committees which, in the Chair's view, demonstrated active oversight of a wide range of strategic, operational and regulatory issues.

9.2. Key areas highlighted by Committee chairs included sustained focus on financial sustainability, productivity and capital planning; an enhanced oversight of patient safety incidents – including never events – and related learning; progress on major transformation initiatives such as digital systems, estates strategy and clinical programmes; and workforce priorities including staff engagement, recruitment equity, education and leadership development.

9.3. The Board noted the strong progress that had been made in the Trust's efforts towards meeting the 150-day clinical trials target, and the significant improvement in compliance with Freedom of Information Act requirements. There had continued to be regular oversight of the principal risks to the Trust's strategy, as set out on the Board Assurance Framework. This included an enhanced focus on strengthening the Trust's cyber security arrangements, which had been a key area of discussion for the Audit and Risk Committee.

10. Register of documents signed under seal

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

11. Any other business

11.1. There was no other business. The next public meeting of the Board of Directors would be held on 22 July 2026.

BOARD OF DIRECTORS
WEDNESDAY 22 JULY 2026

Report title:	**Chief Executive's Report**
Executive sponsor:	Amanda Pritchard, Chief Executive Officer
Report author:	Edward Bradshaw, Director of Corporate Governance and Trust Secretary
Purpose of report:	For awareness/noting only
	To provide the Board with a comprehensive overview of matters arising over the past three months.
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.
Key points of report:	• 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 April 2026 Board meeting.
Primary BAF risk:	All BAF risks
Supporting material:	N/a
Recommendation(s):	The BOARD is asked to: 1. **Note** this paper.

1. Significant developments since the previous public Board meeting

1.1. In recent weeks the Trust has been honoured to receive two separate visits from members of the Royal Family:

- On 11 May we welcomed His Majesty The King to the Cancer Centre at Guy's as part of our 300th anniversary celebrations for Guy's Hospital. His Majesty began the tour in King's College London's Innovation Hub, where scientists and clinicians work together to embed cutting-edge cancer research and access to clinical trials directly into patient care. The King was given a demonstration from Trust staff of the latest robotic assisted surgical system and also heard from researchers about projects to develop a new type of immunotherapy treatment for breast cancer and the use of Artificial Intelligence (AI) to guide drug discovery. The King spent much of his time speaking with patients receiving chemotherapy treatment and listening to their experiences. The event ended with His Majesty unveiling a plaque to both commemorate his visit and mark the 300th anniversary of Guy's Hospital.

- On 6 July we welcomed Her Royal Highness The Princess of Wales, Patron of Evelina London Children's Hospital, to meet patients, families and staff, and learn more about Evelina London's ambitious plans to provide even better care for children and young people. During the visit, The Princess met children and their families, as well as members of staff and spoke to them about their experiences. The Princess also heard about plans for Evelina London to become the future provider of very specialist children's cancer services for south London and much of south east England. The new service will bring together expert teams from The Royal Marsden, St George's Hospital and Evelina London, helping to ensure children and young people can access a wide range of specialist care in one location.

1.2. The Care Quality Commission (CQC) has now published its findings following the inspections it carried out in our adult and children's urgent and emergency care services in March 2026. I am very proud to say that services at St Thomas' Hospital, which include both adults' and children's emergency care, and an urgent treatment centre, maintained a rating of 'outstanding' overall. Meanwhile, our urgent care centre at Guy's Hospital was again rated as 'good'. The CQC found that both sites' services had made significant progress in the 'caring' category since the last inspection and upgraded each of their ratings in this domain from 'good' to 'outstanding'. This is a real demonstration of our values in action. These excellent results are down to the hard work and dedication of our staff, and I would like to thank and congratulate all those involved.

1.3. The Trust continues to be rated in the highest-performing category (segment 1) of the current NHS Oversight Framework, which assesses organisations across a range of indicators including quality, operational performance and finance. At the end of Quarter 4 (January to March 2026), Guy's and St Thomas' was ranked twelfth out of 134 acute trusts nationally. This reflects sustained improvements in performance and the continued commitment of our staff. However, this is the last quarter where we expect this version of the NHS Oversight Framework to be used to assess performance.

1.4. Last month NHS England published an updated NHS Oversight Framework for 2026/27. The Framework retains the approach established in 2025/26, of using a rules-based system to segment providers quarterly based on their performance across key domains, with segmentation determining the level of autonomy, support or intervention from NHS England. However, there has been a significant expansion in metrics for acute trusts, which have increased from approximately 23 to around 33. The Framework continues to apply a financial override, limiting the maximum segmentation rating of organisations in deficit, and will be accompanied by publication of comparative performance data and league tables. It is not yet clear what the implications of such a substantial set of changes in the Framework will be for the Trust, but colleagues are working to understand the expectations and technical detail underpinning the new metrics and develop plans as required. Similarly, we are considering how best to communicate the changes to staff, both in relation to the importance of existing and new national priorities, and so they understand that whilst the Trust's overall ranking will likely change under the new Framework, that may not be related to changes in actual performance.

1.5. The temporary relocation of children's cardio-respiratory and intensive care (CRIC) inpatient services from Royal Brompton Hospital to Evelina London Children's Hospital has now been safely completed. The move brings specialist teams together on a single site to support more stable, sustainable and high-quality care for children. Changes include new cardiology and outpatient facilities at Evelina London, with respiratory and sleep services also relocated to dedicated spaces. This complex transition, delivered under NHS England's direction, reflects longstanding collaboration between teams and work will continue for some time to support staff through this transition and embed new ways of working. I would like to thank all staff across both sites and Essentia colleagues for their efforts in enabling a safe move with minimal disruption to patients and families.

1.6. The reports of two separate reviews into NHS maternity services have been published in recent weeks. Donna Ockenden's review focused on services at Nottingham University Hospitals NHS Trust, while Baroness Amos' review looked at services in 12 NHS trusts and identified systemic issues affecting services across England. The findings of both reports are challenging reading for anyone working in the NHS, and in maternity and neonatal care in particular. They describe extremely serious failings in care that include women and families not being listened to and cultures where mistakes are not acted on or learned from. We are rightly proud of the maternity and neonatal services we provide at Guy's and St Thomas' and of the positive feedback we receive from our patients and families, but we recognise the best organisations are always learning and take nothing for granted where quality and safety are concerned. So, we will reflect seriously on these reports and their recommendations and continue to take action wherever needed to assure ourselves that we are doing everything possible to provide the highest quality care at all times.

2. Delivering healthcare across the Trust

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

2.2. Our staff responded exceptionally well to the long bout of extreme heat we have experienced in June and July which, despite the challenging conditions, enabled services to continue largely as normal and only a small percentage of normal inpatient and outpatient activity was cancelled. This was the result of sustained efforts by staff across all our hospital and community settings, alongside rapid support from Essentia to maintain safe clinical environments.

2.3. We welcome the agreement reached with resident doctors following acceptance of the revised government offer, bringing the current dispute to an end and avoiding planned strike action for 15 to 19 June 2026. The package includes pay uplifts, improvements to training and career progression, and measures to support workforce supply. The Trust continues to support resident doctors locally, including by implementing NHS England's 10-point plan, and monitoring the impact on workforce morale, retention and service resilience as the settlement is implemented. Despite this positive development, we are aware that consultants in England have now voted for future industrial action, with a mandate in place for the next 12 months. We hope that constructive dialogue between the government and the medical profession will enable a resolution to be reached and avoid disruption to patients.

2.4. Access to elective care: Whilst the Trust continues to work hard to provide timely access to elective care, our waiting list is higher than planned at this point in the year. At the end of May, almost 112,000 patients were waiting for treatment, compared with our planned position of 107,248. Much of this is driven by far higher levels of demand than anticipated, with 7.9% growth (vs 2%) seen over Quarter 1 (April to June 2026). A range of actions are underway to address this, including increased focus on validation as well as additional activity, but despite this increase in the size of the waiting list the Trust continues to perform strongly against national waiting time standards. Referral to Treatment performance, which measures the proportion of our patients seen within 18 weeks of their referral, was 69.1% in May, exceeding the planned performance of 67.6%, and the number of patients waiting more than 52 weeks remains significantly lower than planned.

The Trust continues to make good progress with its ambulatory transformation programme, which aims to improve outpatient and ambulatory care through redesigned patient pathways, reduced unnecessary follow-up appointments, improved use of clinical capacity and a better patient experience. The programme brings together pathway redesign, patient self-scheduling, optimisation of the electronic patient record and improved referral management within a single coordinated approach. Delivery is being supported by dedicated clinical, operational, digital and transformation teams, with a focus on improving access, productivity and outcomes.

2.5. Diagnostics: The proportion of patients waiting more than six weeks for a diagnostic test remains higher than we would like at 31.6% in May, compared with a planned position of 27.1%, although performance has improved significantly over the last year. Medical imaging continues to present the greatest challenge. Progress on the development of a new Community Diagnostic Centre in south east London is welcome; however, the benefits will not be realised immediately, and further improvement will be required – and is planned – to achieve our ambition of reducing long waits to 14% by March 2027.

2.6. Cancer: Performance against the 28-Day Faster Diagnosis Standard for patients with actual or suspected cancer continues to perform strongly and reached 85.4% in May. Our performance against the 62-day standard for patients to start cancer treatment following diagnosis remains challenging, although performance of 69.4% in May is better than our plan, and indicates that actions we are taking as part of our cancer recovery plan are beginning to have a positive impact. We remain focused on reducing waiting times, including by prioritising patients who have waited longest for treatment.

2.7. Urgent and emergency care: Following consistently strong performance throughout 2025, urgent and emergency care performance has been more challenging during 2026 to date. Performance against the standard that all patients are admitted or discharged within four hours of their arrival was 74.79% in June against a planned performance of 83.0%, while the number of patients waiting more than 12 hours for admission or discharge increased from 143 in April to 168 in May. We have submitted an improvement plan and revised trajectory to NHS England and are confident that the actions set out in the plan will lead to improvement in performance – in part because of strong ownership and engagement from the urgent and emergency care team, as well as from colleagues across the Trust. In addition, the Trust's well-established flow programme is focused on improving patient movement through hospital services and reducing length of stay, which will be critical to delivering sustained improvement.

2.8. Quality of Care: The Trust remains committed to delivering safe, high-quality care to all our patients. Two never events were reported in Quarter 1, both relating to wrong site surgery. Very sadly there was also one maternal death and one unexpected paediatric death in this period. All of these incidents are being investigated in line with the Patient Safety Incident Response Framework (PSIRF), and the Trust is strengthening arrangements for learning and improvement across its clinical groups to help prevent recurrence.

2.9. The Trust has continued to make good progress in improving its management of complaints and at the end of June 2026 had no complaints overdue by more than 30 days, compared to over 60 complaints overdue by more than 100 days around a year earlier. We are continuing to push for further improvement with a new target of no complaints overdue by more than 20 days by the end of July 2026. The main themes from complaints remain issues with clinical care, communication or information, waiting times, staff attitude and behaviour, and follow up appointments.

2.10. The Trust relaunched Martha's Rule in December 2025 through an organisation-wide communications campaign. Encouragingly, the service is being used by patients and families. Whilst only a small proportion of contacts relate to acute clinical deterioration, feedback has highlighted concerns about medication, discharge planning, delays to investigations, communication and aspects of the care environment. Work will continue to embed Martha's Rule across the Trust and ensure that learning from feedback informs service improvement.

2.11. 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 95.35 compared to the national benchmark of 100, although this remains above the Shelford Group average of 91.14. The Hospital Standardised Mortality Ratio (HSMR) continues to be in the lower-than-expected range, and lower than the Shelford Group average. Work is ongoing to address factors influencing these metrics, including improvements in clinical coding accuracy and classification of patient activity, which are expected to have a positive impact.

2.12. Infection prevention and control: Overall, the Trust's infection prevention and control remains strong, with low rates of several healthcare-associated infections. However, over the last financial year we saw higher than expected numbers of bloodstream infections caused by *methicillin-resistant Staphylococcus aureus* (MRSA), ongoing outbreaks of *Candida auris*, and challenges from rising antibiotic use and water safety risks. In Quarter 1 the Trust has responded to several high-consequence infectious disease (HCID) incidents, in our capacity as a nationally designated HCID for airborne diseases, while continuing to strengthen infection prevention arrangements. Performance has improved, with no healthcare-associated MRSA bloodstream infections recorded so far and a significant reduction in *Candida auris* cases. Key priorities remain improving diagnostic turnaround times, strengthening anti-microbial stewardship and surveillance, and addressing environmental risks relating to cleaning, water hygiene and ventilation. New digital tools and improvement programmes are supporting further progress.

2.13. Patient Experience: Patient experience remained strong in Quarter 1, with Friends and Family Test scores above 90% in most services and maternity services improving further. Whilst Emergency Department scores fell slightly, they remained above regional and national averages. Response rates have generally increased, and the Trust continues to receive high volumes of patient feedback through the Patient Advice and Liaison Service (PALS), with the main themes relating to appointment booking, waiting times and telephone access. Work is underway to improve patient contact and reduce delays.

2.14. Safeguarding: During Quarter 1, safeguarding training compliance continued to improve across both adult and children's services, although some areas remain below target. Adult safeguarding referrals reduced compared with the previous quarter, as did domestic abuse, deprivation of liberty, dementia and learning disability referrals. Self-neglect remains the most common safeguarding concern. Mental health pressures persist, with increased referrals and ongoing delays in admission and transfer for some patients, although additional staffing has been agreed and we continue to work closely with local mental health providers to address this. Safeguarding concerns relating to Trust services increased slightly, primarily involving medication and discharge processes, while allegations against Trust staff reduced. Work is continuing to establish a replacement domestic abuse service and implement the Child Protection Information System. Two Child Safeguarding Practice Reviews will be commissioned following the deaths of children known to Trust services.

3. Sustaining and improving the Trust's financial performance

3.1. Following our annual external audit the Trust reported a surplus of £5.2 million in 2025/26. This was ahead of our breakeven plan and comes despite the challenging operational and financial environment across the NHS. We have already seen evidence that these challenging conditions will continue to intensify in 2026/27. The Trust's breakeven plan for the year is underpinned by an ambitious £115 million efficiency requirement that will require a sustained and disciplined response across all clinical groups and corporate directorates. In April I updated the Board about the launch of the Trust's 'Future Ready' campaign which will be central to our effort to improve efficiency and support the delivery of our financial plan whilst also aiming to improve the quality and consistency of services for patients and the experience of our staff.

3.2. A financial performance report is included in the Board papers for this meeting which sets out how we are performing against the plan we have agreed with NHS England. At the end of Quarter 1 the Trust reported a deficit of £26.4 million, in line with our phased plan. The Trust's cash balance was £110 million.

4. Supporting our workforce

4.1. Our staff networks play an invaluable role in improving our clinical services and the support we provide to our colleagues, representing the views of their members, and often being the first port of call when people are worried or unsure about something. I am pleased to inform the Board that we have been able to agree a new Collaboration Agreement with all our staff networks, which describes how we will work in partnership even more effectively to best support the needs of everyone working at the Trust. In getting to this stage I would like to thank our network colleagues for the incredibly constructive approach they have taken over recent months to strengthen our ways of working.

4.2. We are committed to ensuring staff feel safe, supported and able to raise concerns, recognising this is vital for wellbeing and patient safety. However, violence and abuse from patients, visitors and the public remains a significant issue, with around 1 in 10 staff reporting physical violence in the 2025 NHS Staff Survey. Abuse can take many forms – physical, verbal or written – and occur across all settings, including discriminatory incidents. All forms are unacceptable. In response, the Trust has launched the 'No excuse for abuse' campaign, shaped by staff feedback, to emphasise expectations and reinforce messages of respect and kindness. Clearly posters alone will not resolve the issue, which is why they are part of a wider programme including stronger training, clearer policies and improved reporting systems. Together, these measures aim to provide more consistent support for staff and clearer organisational accountability.

4.3. A national review into antisemitism and racism in the NHS has been published since we last met, led by Lord Mann following serious incidents across the country and within the health service. The report's recommendations have been accepted by Government and NHS England, which emphasise that all racism is unacceptable and that NHS employers must act as the first line of defence through urgent action. We are committed to being an anti-racism organisation and the report's findings align with our own anti-racism statement, which recognises the

presence and impact of racial discrimination on staff and communities. We are already supporting change through initiatives such as our anti-racism training, now available both as facilitated sessions and e-learning. We will continue to consider the review's recommendations in detail and will provide further updates on how these will be implemented locally.

4.4. The Trust also takes great pride in the wide range of events we hold to celebrate equality, diversity and inclusion as well as the achievements of specific staffing groups. During Quarter 1 we have marked, amongst other events, Pride Month, South Asian Heritage Month, and Nursing and Midwifery Week, as well as several religious and cultural events including Eid al-Adha and Vesak/Wesak, also known as Buddha Day.

4.5. The Department of Health and Social Care and NHS England have recently published new NHS Staff Standards, which establish a nationally mandated minimum standard across six priority areas: line management, health and wellbeing, violence prevention and reduction, sexual safety, tackling racism and flexible working. The standards will apply to all NHS provider trusts and will form part of national assurance arrangements, including the NHS Oversight Framework. We welcome the publication of the standards and recognise that they align closely with a number of our existing programmes of work, including our work on staff wellbeing, inclusion, anti-racism, flexible working and leadership development. We will reflect on the detailed requirements and develop an implementation plan to ensure full compliance and adoption, building on the strong foundations already in place. Our 2025 NHS Staff Survey results provide encouraging evidence of progress across many of the areas covered by the standards and position the Trust well to further strengthen the experience of our colleagues.

4.6. The Trust has signed a Memorandum of Understanding with London South Bank University, strengthening a long-standing partnership to support the future health and care workforce. The agreement will enhance collaboration across education, workforce development, research and innovation, helping address workforce challenges and support new models of care. It will also enable the Trust to shape modern education and training aligned to digital, community-based and multidisciplinary care, alongside expanding opportunities for placements, apprenticeships, continuing professional development, and innovative learning approaches such as simulation and experiential training.

5. Other news

5.1. I am delighted to report that the Trust has received regional and national recognition in the NHS Excellence Awards, which celebrate innovation and impact in health and care across the country. Evelina London's child health integrated learning and delivery system (CHILDS) was named the London regional champion for the 'Neighbourhood health' award, and the Trust's Kofoworola Abeni Pratt Fellowship was London regional champion for the 'Valuing our people' award. The South East London's Women's and Girls' Health Hubs won the national 'Patient Involvement and Choice Award'. The Lambeth hub, delivered with Guy's and St Thomas' as lead provider, brings together GPs, nurses and specialists to provide joined-up care, enabling women and girls to address multiple health concerns in a single appointment. Since launching in 2025, the service has supported over 700 patients (860 referrals) and significantly reduced waiting times to around four weeks, compared to up to 17 weeks for hospital gynaecology services. Many congratulations to everyone involved in all three initiatives.

5.2. Exceptional nursing and midwifery staff from Guy's and St Thomas' have been celebrated with a unique professional award inspired by Florence Nightingale. This year the Nightingale Award was presented to 135 nurses, midwives, nursing assistants, maternity support workers, healthcare assistants and nursing associates. Since launching in 2017, a total of 690 individuals have successfully achieved the award. To receive the award recipients must provide evidence from their managers, peers and people they care for of their outstanding practice and how they daily demonstrate the Trust's values. They also have to complete a programme of academic work credited by King's College London or Coventry University.

5.3. Earlier in July, colleagues from across Guy's and St Thomas' attended a special ceremony to mark the tenth anniversary of the Mary Seacole statue at St Thomas' Hospital. The 16-foot monument, believed to be the first statue in the UK dedicated to a named Black woman, commemorates Mary Seacole's extraordinary contribution to nursing and patient care during the Crimean War. Ten years on, the statue remains a powerful symbol of compassion, courage and service, and reflects the values that continue to underpin our work today. It also stands as a reminder of our wonderfully diverse, inclusive and ambitious staff, of whom I am immensely proud.

6. Consultant appointments (1 April 2026 – 30 June 2026)

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

Post	Appointee	Start date
Consultant in Heart Valve Disease and Echocardiography	Joseph Chinagoro Obinna Okafor	21/09/2026
Consultant in Paediatric Palliative Care	Emma Jane Heckford	08/07/2026
Consultant in Neonatology	Anna Frances Rodgers	01/05/2026
Consultant Paediatric Neurologist with an interest in Epilepsy	Michael Robert Eyre	20/04/2026
Consultant in Diagnostic Cardiothoracic Imaging and Intervention	Arjan Singh Khattar	10/08/2026
Consultant with a special interest in Haemophilia & Thrombosis	Monica Ragheb	01/06/2026
Consultant in Community Paediatrics	Philippa Anna Stilwell	07/09/2026
Consultant in Foetal Medicine	Rosalind Janie Aughwane	05/10/2026
Consultant in Orthopaedic and Trauma in Hand & Wrist Surgery	Alexander John Charles Vaughan	10/09/2026
Consultant in Dermatology	Mitesh Govindbhai Patel	01/07/2026
Consultant in Dermatology	Zena Nabeil Willsmore	03/09/2026
Consultant in Dermatology	Kim Varma	TBC
Consultant in Anaesthesia	Nadia Abid	20/07/2026
Consultant in Dental Maxillofacial Radiology	Ria Anjali S Radia	24/06/2026
Consultant in Geriatric & General Medicine	Nan Ma	01/09/2026

Post	Appointee	Start date
Consultant in Geriatric & General Medicine	Philippa Wilson	01/09/2026
Consultant in Oral Surgery	Jessica Roshini Blanchard	01/07/2026
Consultant in Paediatric Anaesthesia	Sarada Gurung	21/09/2026
Consultant in Geriatric & General Medicine	Kathryn Topley	01/09/2026
Consultant in Oral Surgery	Megan Tricia Burns	01/07/2026
Consultant in Anaesthesia	Suji Sulucsa Pararajasingam	05/08/2026

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS

WEDNESDAY 22 JULY 2026

Report title:	**Freedom to Speak Up Annual Report**
Executive sponsor:	Crystal Akass, Chief People Officer
Paper author:	Eve Bignell, Lead Freedom to Speak up Guardian
Purpose of report:	To provide assurance To update the Board on the case numbers and themes raised through the speaking up service over the last 12 months, to share the learning from all areas of the Trust and areas for improvement including the priorities for the next 12 months.
Previously presented at:	Trust Executive Committee, 14 July 2026
Key points of report:	• From April 2025 to March 2026 the Freedom to Speak Up service has dealt with 384 cases across the Trust. Although only marginally higher than the previous year, this figure now excludes many of the queries, rather than cases, brought to the Guardians. • Following the Dash Review, the Trust is now responsible for maintaining an effective Freedom to Speak Up Service with 'the right skills and training', without the support of the disbanded National Guardian Office. • The Staff Survey 2025 shows Guy's & St Thomas is the highest ranked Trust for 'We each have a voice that counts' among the London Trusts and those in the Shelford Group of Trusts. Staff continue to feel safer to speak up and are more confident that their concerns will be acted upon than in previous years, which is in contrast to a national downward trend. • Using the responses to a specific question included in the staff Performance Development Review, we can share information on Freedom to Speak Up with colleagues unsure how to raise concerns. • The newly introduced volunteer role of Ambassadors for Speaking Up (replacing the former Speaking Up Champions) is already showing positive results.

Primary BAF risk:	Risk 2: Quality of care and patient experience
Supporting material:	Appendix 1: Cases Reported to the National Guardians Office Appendix 2: Breakdown of Issues Raised to FTSU Guardians April 2025 - March 2026 Appendix 3: Staff Accessing Service by Occupational Group Appendix 4: Staff Accessing the FTSU Guardians 2024-25 by Ethnicity Appendix 5: Staff Accessing the FTSU Guardians 2024-25 by Banding Appendix 6: NHS Staff Survey 2025 Appendix 7: Purpose of Ambassadors for Speaking Up
Recommendation(s):	The BOARD is asked to **note** the report from the Freedom to Speak up Guardians and to continue its support of the initiative.

1. Background and introduction

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

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

2. The Freedom to Speak Up service

The current model for the Freedom to Speak Up services consists of a lead FTSU Guardian, two full-time Deputy FTSU Guardians, an additional FTSU Guardian support from a Nurse based at Harefield Hospital and a Business Support Officer. The service started this financial year in a recruitment process and ended this year in another recruitment process; both for Deputy Freedom to Speak Up Guardians. The demand on the remaining Guardians has been particularly challenging during these times. Please refer to section 7. (Priorities for the year ahead) to review the proposal to increase the stability of the service.

In July 2025, the Dash Review: Patient Safety Across the Health & Care Landscape was published including the following recommendation *'Now that guardians have been established across providers, the responsibility of the National Guardian for Freedom to Speak Up and the National Guardian's Office (NGO) should be incorporated into providers..[and] as part of its wider inspection responsibilities, a core function of CQC should be to assess whether every commissioner and provider has effective Freedom to Speak Up functions, with the right skills and training.'*

The implementation process for this recommendation has resulted in a period of uncertainty across all Freedom to Speak Up services in the NHS and Healthcare. The closure of the NGO on 1st July 2026 has removed a central source of training and guidance for FTSU Guardians, and the Trust alone is now responsible for maintaining an effective Freedom to Speak Up Service with 'the right skills and training'. The London Region Guardians, as with other regional groups, are working together to support this new structure.

3. Performance

This report covers the 12 months from April 2025 to March 2026 in which the Guardians have had 387 cases. This is marginally higher than the previous 12 months (371) but is 36% higher than the year 2023-24 thereby maintaining the higher levels of cases brought to the service.

The number of cases and key themes is shared with the National Guardian's office on a quarterly basis and published on the Model Health System website, From July 2026 this data will be shared directly with NHS England. An annual summary of this data can be found in Appendix 1.

50% of the contacts at GSTT were made through the confidential email account and office phone, 47% were made directly to the Guardians, 3% were made through the now-disbanded Speaking Up Champions or via other routes such as direct to the Executive Offices or by post. One contact was made anonymously via CQC.

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

3.1 Freedom to Speak Up cases

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

We have recorded all contacts with the service, including general queries raised through Speak Up until January 2026. From February to the end of the year there has been a change in methodology by excluding the queries about becoming Ambassadors for Speaking Up to better reflect the actual volume of our cases.
The cases are grouped by themes and details are shown in Appendix 2. The new themes are designed to give more clarity of the nature of each concern, while maintaining the confidentiality of the person raising the concerns. It is of note that we now record up to three themes in any one concern where appropriate.

Once again, the breakdown of personal relationships and alleged poor behaviour across the Trust including bullying, harassment, and culture are included in many of the concerns this year (33%) however this is significantly lower than the previous 12 months (60%) due to the increased range of themes now recorded for improved clarity. 14% of these cases cited bullying and harassment which is higher than the previous year (12%). We are mindful that in these cases, colleagues may be less included to escalate their concerns through other direct routes, we also signpost concern raise to the wellbeing support where appropriate.

Concerns about 'processes not being followed' is the next highest category to be included in concerns (8%) with many relating to managers failing to follow HR processes appropriately. It is unclear from this date whether benefits from the introduction of the People Hub have helped improve the processes, however we also continue to encourage managers to complete the People Manager Programme wherever possible.

There were 35 cases (5%) that included an element of patient safety or quality, compared to 28 in the previous 12 months. This includes a number of concerns relating to service relocation, Quality Improvements, relationships and behaviours that could impact patient care rather than incidents of harm that would appropriately be recorded as clinical incidents on RADAR.

There have been 107 cases with an element of staff safety or wellbeing including sexual safety issues, violence, accusations of racism and favouritism as well as more general poor manager behaviour. All were escalated to the appropriate services including, where appropriate, the Adult Safeguarding Team. Of significance this year is an increase in concerns relating to the perceived discrimination or mismanagement of staff requiring 'workplace adjustments' at work in order to manage health conditions.

It is important to note the positive impact of manager, senior leader and executive engagement when concerns are raised or escalated by the Guardians. When issues are raised, the willing collaboration with managers shows the Trust-wide recognition that Speak Up concerns are viewed as an opportunity to learn and improve the way we work in the Trust. This approach enables most issues to be addressed quickly and, in many cases, improves the future relationships of all involved.

Cases have come from a broad section of the Trust and across all occupational groups. The number of anonymous concerns has increased significantly, 41 cases compared to 19 last year and 3 the year before (This includes a joint concern from 16 'anonymous nurses' and another from 4 'anonymous nurses') This could reflect increased anxiety in the Trust but also in response to updated promotional material from this service that emphasises confidentiality and reassurance that we will respond to anonymous concerns. The breakdown of staff groups using the service is shown in Appendix 3. Appendices 4 and 5 provide data, where known, on the ethnicity and banding of staff contacting the service from April 2024 to March 2025.

3.2 Speaking up service user feedback

We capture on RADAR the feedback shared directly with the Guardians on their experience. Below are some comments from staff, who have used the speaking up services (some have been paraphrased by the Guardians):

Thank you so much, I really appreciate your help, you gave me a voice when I didn't have one.

Thank you, from me, my family and my team.

I wanted to thank you for your patience and support with my case and to let you know that it has now been resolved.

Pleased that the issue has been escalated with multiple relevant parties and action taken promptly.

They are very grateful for the help and will "recommend FTSU to others".

I really appreciate you speaking with me. I now have a different view with regards to the challenges we talked about.

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

Ongoing problem with [resident] doctors afraid to Speak Up for fear of ruining their careers.

Encouraged by the changes initiated in team [following escalation by Guardian] and has noticed a slight improvement. Still has issues with every manager but considering speaking up directly to [Service] Lead about it first.

4. Results from 2025 Staff Survey

Guy's & St Thomas has moved significantly in the ranking for 'We each have a voice that counts' from 15th nationally in 2024 to 4th nationally in 2025. We are currently ranked top amongst the London Trusts and the Shelford Group Trusts. It is a credit to the staff Trust-wide approach to Freedom to Speak Up and well as increased senior leadership engagement that we have achieved this impressive ranking.

Organisation Name	We each have a voice that counts
Royal Berkshire NHS Foundation Trust	7.124974112
Northumbria Healthcare NHS Foundation Trust	7.045534148
South Warwickshire University NHS Foundation Trust	7.038315349
Guy's and St Thomas' NHS Foundation Trust	7.023400145

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

With a high overall response rate to the staff survey of 49%, it can be used through detailed analysis of the results to show by directorate by and staff groups where we should focus our promotion to areas with the poorest responses.

Other key findings include:

- Staff working in the Clinical Groups felt significantly safer to raise clinical concerns than those in non-clinical and corporate services. Taking just the Clinical Group responses to their 'confidence the Trust will address their clinical concerns' the response was 78.2% compared to 68.2% for the best result nationwide,
- All clinical and non-clinical groups reported greater confidence to 'speak up about anything' and that the 'Trust would address their concern' than the National average. This reflects an improvement from Data, Technology and Information from last year however, our non-clinical directorate are still generally less confident than the Clinical Groups.
- Overall, all staff groups felt safer to raise concerns about anything this year, although Nurses and Admin & Clerical staff were more confident that the Trust would address their concerns than other staff groups.

These results help show the Trust's efforts to 'make every voice count' is having a positive impact on our workforce, however, we will continue to strive for more.

5. Feedback from Performance Development Review

Each year all members of staff should complete a Performance Development Review (PDR) with their managers. Included in the review there has been a question for a number of years asking how confident the individual is to speak up if then have a concern. In 2025 we reworded this question to: *We want all colleagues to feel able to speak up and raise concerns when they arise. Do you know the different ways you can do this?*

Now the annual PDRs are recorded confidentially online it is possible to extract the responses to this question.

18,154 (91.5%) of all staff completed their PDRs within the 2025 PDR window (April - September) of which 1,115 (6.1%) responded 'No' to this question. The lead Guardian wrote to each of these members of staff to introduce the Freedom to Speak Up service and shared the links to the Intranet pages for the service. We will continue to use this source of data to inform all colleagues about the Freedom to Speak Up service.

6. Ambassadors for Speaking Up

In January 2025, we disbanded the previous Speaking Up Champion model and introduced Ambassadors for Speaking Up, this was endorsed at the People, Culture and Education Committee on the 4th of March 2026. The Statement of Purpose in included in Appendix 7.

To date we have 43 Ambassadors who have completed all their training and are actively supporting colleagues to raise awareness of how they can speak up, with a number of further candidates having partially completed their onboarding training. As well as a significant improvement in engagement with the Guardians at regular Forums, a number of the Ambassadors have already given presentations and held local events. It has been a successful transition of moving the focus for our volunteers away from listening to concerns to educating and guiding colleagues on how they can escalate concerns themselves. The positive feedback from the Ambassador training and other

presentations delivered by the Guardians illustrates this change has been welcomed and has removed a potential barrier for staff wishing to Speak Up.

7. Priorities for the year ahead

7.1 Development of the Freedom to Speak Up service

Throughout intermittent periods of staff shortages within the service, the Guardians have continued to provide a quality support service to workers raising concerns, however some projected developments have been delayed in implementation. It has been recognised that the Guardian resource is currently stretched to provide the level of service to the Trust we would like; we are currently reviewing the balance of resource allocation with intent to increase Guardian WTE.

7.2 Improve quality and depth of FTSU data

Freedom to Speak Up have recorded data using RADAR for 12 months and throughout that period we have refined the database to provide the information required for this report and other clinical group reports. The service will now be able to make this high-quality (anonymised) data available to use with a larger number of metrics. This will also help us to triangulate information from a number of sources to provide focus on services and teams that would benefit most from support and interventions.

7.3 Improve Communications and Promotion of the service

A recent exercise has been conducted by the service where all staff notice boards and staff-only areas across all hospital and community sites were reviewed. Out-of-date posters were removed (with details of former Champions and incorrect email addressed) and newly designed posters added. This will be followed by further targeted promotion during Speak Up fortnight in November 2026 by the Guardians and Ambassadors for Speaking Up.

8. Conclusion

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

BOARD OF DIRECTORS

WEDNESDAY 22 JULY 2026

FREEDOM TO SPEAK UP ANNUAL REPORT 2025-26 APPENDICIES

APPENDIX 1: CASES REPORTED TO THE NATIONAL GUARDIANS OFFICE

Themes as reported to the NGO	Number of cases
Number of cases brought to Freedom to Speak Up Guardians	382
Number of cases raised anonymously	41
Includes an element of patient safety/quality	35
Includes an element of Worker safety or wellbeing	107
Includes an element of bullying or harassment	75
Includes an element of other inappropriate attitudes or behaviours	112
Includes an element of disadvantageous and/or demeaning treatment as a result of speaking up (often referred to as detriment)	11

Note some cases are raising concerns about external Organisations/Trusts so are not included in NGO reporting.

APPENDIX 2: BREAKDOWN OF ISSUES RAISED TO FTSU GUARDIANS APRIL 2025- MARCH 2026

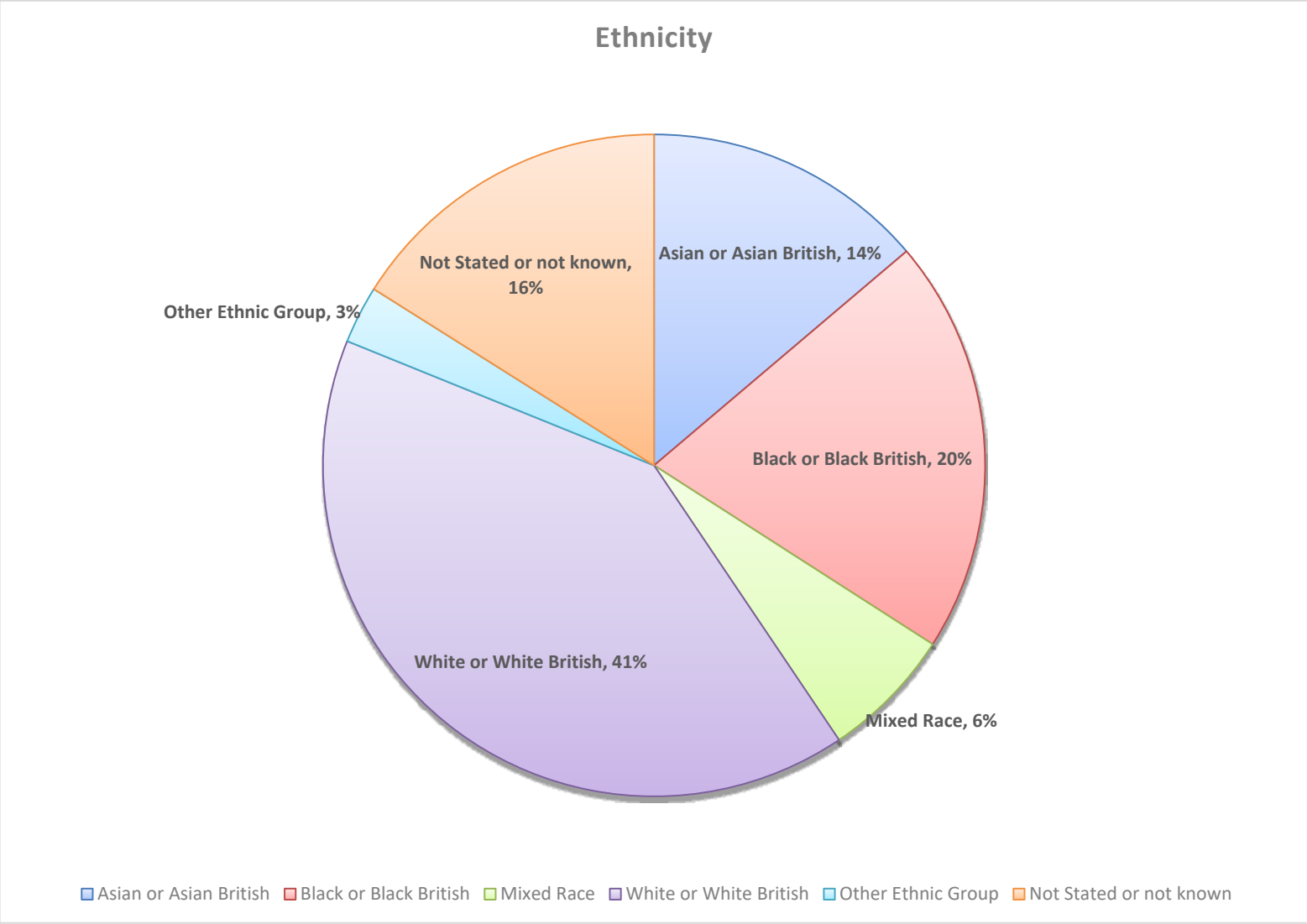
Themes	Cases	%	Themes	Cases	%
Breakdown in relationship	7	1.2%	Location issues/ Impact on Care Delivery	22	3.7%
Bullying & Harassment (Colleague)	31	5.2%	Other Inappropriate behaviours	78	13.1%
Bullying & Harassment (Manager)	54	9.1%	Patient Safety/Quality	30	5.0%
Competence of a colleague	27	4.5%	Poor communication	30	5.0%
Confidentiality breach	3	0.5%	Processes not followed	50	8.4%
Disadvantage after Speaking Up/Detriment	11	1.8%	Query – Non-Speak Up	16	2.7%
Disadvantageous Treatment	9	1.5%	Query - Speak Up	21	3.5%
External Issues	2	0.3%	Racism - allegations	12	2.0%
Fear of Retribution/disadvantage	4	0.7%	Sexual Harassment/Assault/Behaviours	3	0.5%
Financial Issues	15	2.5%	Staff Shortages Impacting on Care	8	1.3%
Fraud	2	0.3%	Staff wellbeing	6	1.0%
HR & Recruitment processes	19	3.2%	Team Culture	29	4.9%
HR issues with HR Team	6	1.0%	Training/Development, lack of	7	1.2%
HR Policies	4	0.7%	Unfair /Different treatment (not protected characteristics)	6	1.0%
HR process, currently subjected to	12	2.0%	Unknown at this stage	25	4.2%
Improvements required/recommended	6	1.0%	Violence and Aggression	4	0.7%
Inequalities due to race, protected characteristics	13	2.2%	Worker safety	18	3.0%
Information Governance	5	0.8%	**Total**	**595***	100.0%

* Some cases have more than one theme

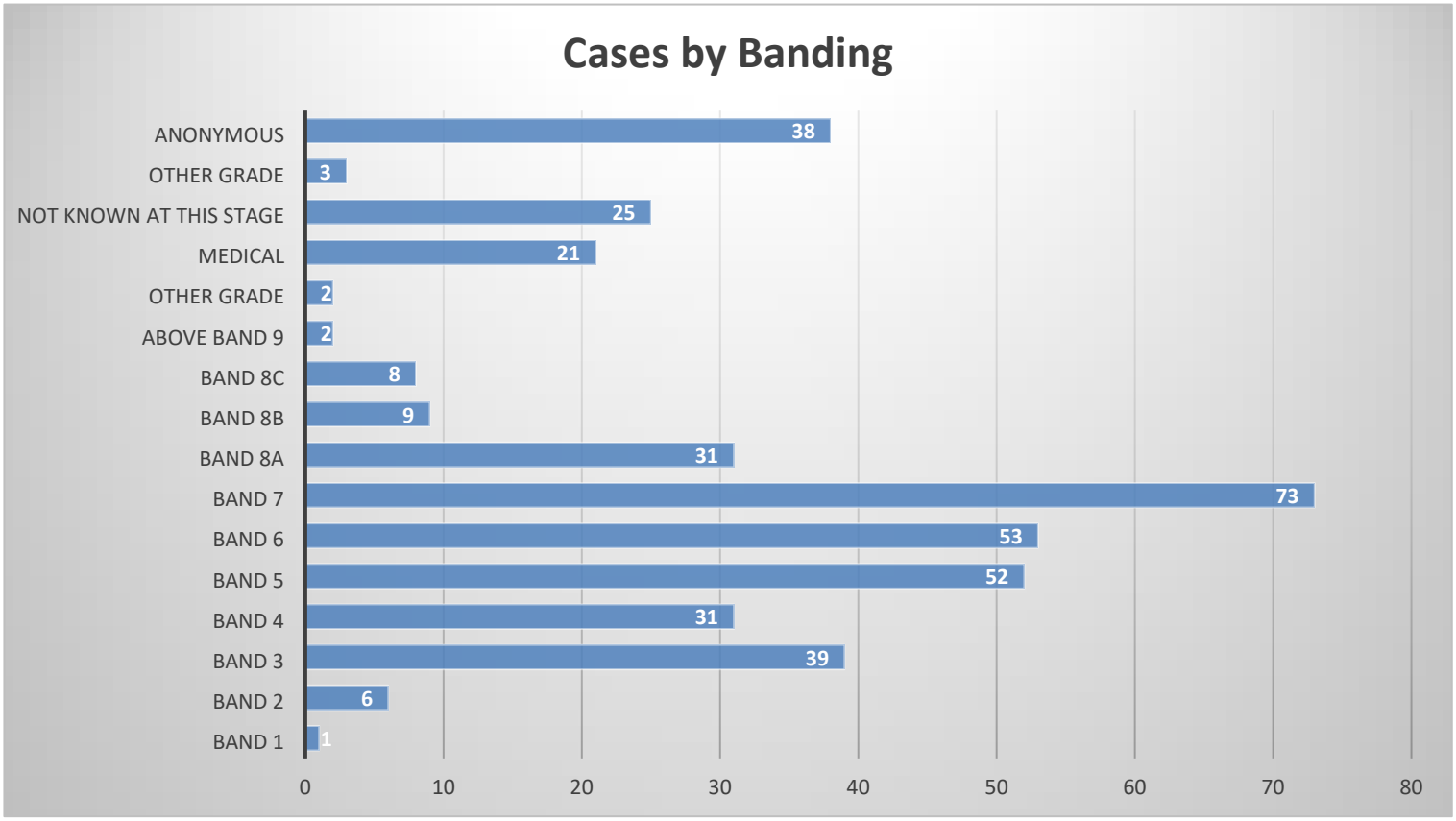
APPENDIX 3: STAFF ACCESSING SERVICE BY OCCUPATIONAL GROUP

Staff Group		
Additional clinical service	34	10%
Additional professional scientific & technical	28	8%
Admin & Clerical	75	20%
Allied health professionals	21	5%
Medical & Dental	24	7%
Nurses & Midwives	156	37%
Cleaning/Catering/Maintenance Ancillary	15	4%
Healthcare scientists	5	0%
Students	1	0%
Other (inc. contractor or external)	2	0%
Anonymous/ Not Know	26	8%
Total	**387**	**100%**

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

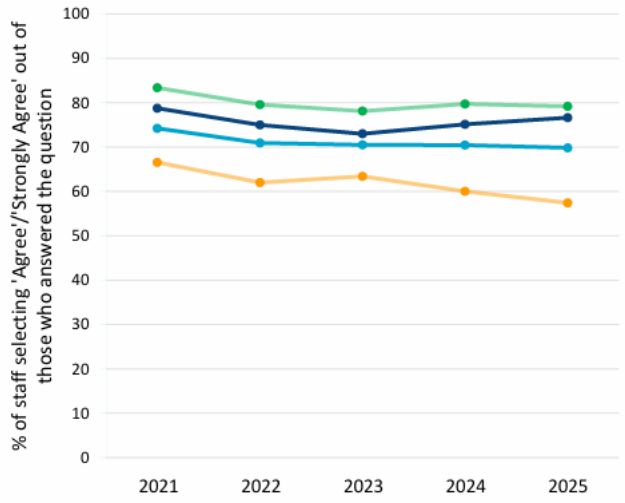


APPENDIX 5: STAFF ACCESSING THE FTSU GUARDIANS 2024-25 BY BANDING



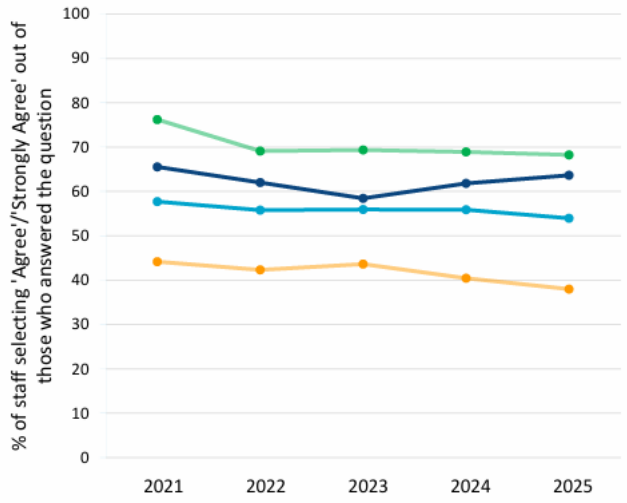
APPENDIX 6: NHS STAFF SURVEY 2025

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



	2021	2022	2023	2024	2025
Your org	78.75%	74.98%	72.98%	75.13%	76.63%
Best result	83.36%	79.55%	78.09%	79.72%	79.16%
Average result	74.22%	70.95%	70.47%	70.44%	69.82%
Worst result	66.54%	61.98%	63.38%	60.04%	57.41%
Responses	10092	9119	8811	13038	11758

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

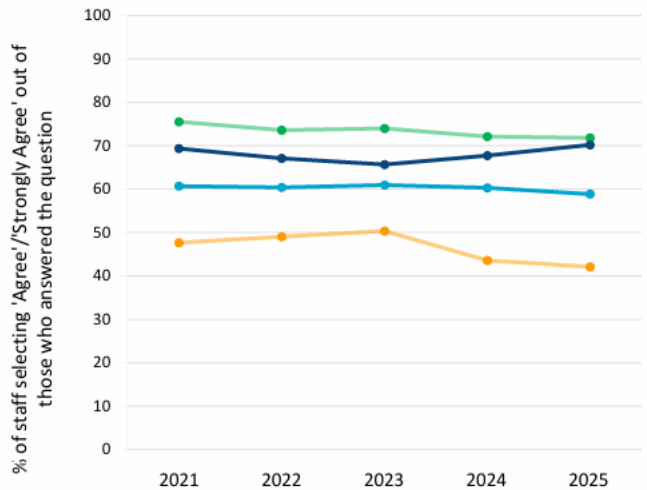


	2021	2022	2023	2024	2025
Your org	65.52%	61.98%	58.44%	61.79%	63.63%
Best result	76.20%	69.10%	69.34%	68.88%	68.23%
Average result	57.69%	55.78%	55.93%	55.88%	53.94%
Worst result	44.15%	42.28%	43.60%	40.40%	37.97%
Responses	10074	9093	8786	12998	11723

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

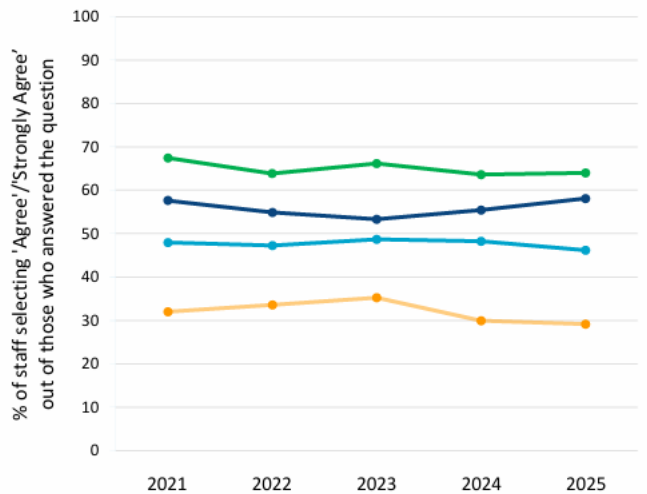
Survey Coordination Centre

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



	2021	2022	2023	2024	2025
Your org	69.38%	67.10%	65.67%	67.73%	70.21%
Best result	75.53%	73.59%	73.99%	72.14%	71.81%
Average result	60.69%	60.38%	60.95%	60.31%	58.85%
Worst result	47.63%	49.02%	50.35%	43.57%	42.11%
Responses	10056	9100	8812	13016	11732

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



	2021	2022	2023	2024	2025
Your org	57.61%	54.90%	53.31%	55.42%	58.10%
Best result	67.44%	63.83%	66.16%	63.62%	63.99%
Average result	47.96%	47.24%	48.68%	48.24%	46.18%
Worst result	32.01%	33.60%	35.23%	29.95%	29.15%
Responses	10051	9097	8798	12987	11709

APPENDIX 7: PURPOSE OF AMBASSADORS FOR SPEAKING UP

Ambassador for Speaking Up is a new role introduced in October 2025 to supersede the existing Speaking Up Champion role. The role will require line manager agreement and will require existing Champions to re-train. The purpose of the role is redefined to one centred around promoting the service and a culture of openness and identifying and tackling local barriers to speaking up. This is distinct from the role of the Freedom to Speak Up Guardians.

Background

Freedom to Speak Up (FTSU) was first launched at Guy's and St Thomas' NHS Foundation Trust following the Francis Report in February 2015. The Freedom to Speak Up Guardians are appointed by the Trust, trained by the National Guardian's Office, and listed on the National Register of Guardians.

Freedom to Speak Up Guardians provide a vital, trusted channel for raising concerns that might otherwise go unheard. They help to ensure issues are escalated and addressed constructively, supporting the Trust in building a culture of learning and continuous improvement. Listening to workers' voices and escalating as needed is essential for delivering safe, effective, and compassionate care.

Guardians are also required to report non-identifiable information about the cases they receive – both locally to the Trust senior leadership teams and nationally to the National Guardian's Office. This data is essential for understanding the impact of the Guardian role and identifying trends across the system.

Speaking Up Advocates were initially appointed as volunteer support of the Freedom to Speak Up Guardians, and mirrored elements of their work directly supporting staff to raise concerns, reporting back to the Guardians the anonymised details of the cases they managed. They were secondarily encouraged to promote awareness of the FTSU service in their teams and services.

Our Advocates were then re-named as Speaking Up Champions in October 2023. Their role was to help foster a culture of psychological safety by being visible, approachable, and actively engaged in enabling colleagues to raise concerns, share ideas, or speak up when something doesn't feel right.

Following new National Guardian Office guidelines, volunteers were instructed ***not*** to manage cases or escalate concerns themselves. Instead, they signpost colleagues to appropriate internal resources, primarily the FTSU Guardians, and proactively promote a speak-up culture in their teams and services.

Reason for change now

The Champions are a valued support to the Trust and to the Guardians; collectively, we thank each and every Champion for volunteering your time and for your contributions helping to make our Trust one that values openness.

As a result of the Champion Engagement Exercise in 2024 and following discussion with Champions, Trust leadership teams, and Guardians from other organisations, it was clear that there is a need for a complete overhaul of the volunteer support for Freedom to Speak Up.
It has been recognised that the training and support to the volunteers needs to be refreshed and focused on their role of promotion of the Freedom to Speak Up service. There is also a need to prioritise and facilitate ongoing two-way communication between the volunteers and the Guardians.

Additionally, there is a need to emphasise that volunteers cannot take on and manage speaking up cases themselves, and to make clear the role boundaries of being a volunteer supporting Freedom to Speak Up.

Introducing the Ambassadors for Speaking Up roles

Ambassadors are trusted, local presences in teams across the Trust. The focus of the role is to educate colleagues on Freedom to Speak Up, explaining how the service works and what people should expect when they raise concerns to the Guardians. Ambassadors help foster a culture of openness by being visible, approachable, and proactive in their efforts to empower staff to speak up to their line managers or to us when something doesn't feel right. Ambassadors regularly feed back to the Guardians on the speaking up culture of their teams.

Senior Ambassadors are experienced or particularly proactive Ambassadors who take on an enhanced and more strategic role, identifying gaps in the service and barriers to speaking up in their teams, and raising general themes regarding issues. They are key partners to the FTSU Guardian team, playing a leadership role within the Ambassador network and regularly contributing to campaigns and promotions.
Your appointment as Ambassador and Senior Ambassador will require agreement from your line manager, who would be involved and aware about your roles, responsibilities, and hard work in promoting the FTSU service. Both roles are voluntary and can be flexibly carried out alongside day-to-day responsibilities.

Roles and responsibilities:

Ambassador	Senior Ambassador

- Embody Trust values in all aspects of their work
- Complete NGO Speak Up, Listen Up e-learning
- Complete initial Ambassador for Speaking Up training and refreshes
- Actively promote the FTSU service in team meetings, huddles, conversations, etc
- Be a visible contact point for their department
- Signpost colleagues to the Guardians and other appropriate avenues when concerns are raised
- Attend FTSU forums and Development Days
- Fill monthly update forms to feed back about speaking up culture in their team
- Fulfil all expectations of Ambassadors
- Be involved in the delivery of campaigns, stalls, forums, training, etc
- Proactively approach the Guardians to offer local feedback on a regular basis, helping to identify and address emerging themes, hot spots, gaps in the service, or other barriers to speaking up
- Deeply engage with their teams to build an open and honest speaking up culture
- Help run trainings and attend advanced workshops (with line manager agreement)
- Assist in onboarding new Ambassadors

Pathway to becoming a Senior Ambassador:

Senior Ambassadors are appointed not through formal applications but through consistency and impact. Ambassadors can be invited to become Senior Ambassadors if they:

- Regularly attend forums and complete monthly update forms
- Engage their teams at a deeper level, identifying and addressing barriers to speaking up
- Show proactive engagement with Guardians (e.g. by sharing insights, highlighting themes, and volunteering to participate in campaigns)
- Consistently demonstrate value to the Freedom to Speak Up team

What's in it for you – rewards and incentives:

We accept this is a voluntary role, and we want to honour your time and voice. Your work as an Ambassador and Senior Ambassador will be celebrated via:

- Named recognition for exemplary Ambassadors
- Updating your line manager on exceptional work you do (with your consent and accounting for confidentiality), encouraging them to celebrate it with your team
- Priority for involvement in pilot projects, co-designing of workshops, or speaking opportunities.

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS

WEDNESDAY 22 JULY 2026

Report title:	**Future Ready Campaign**
Executive sponsor:	Steven Davies, Chief Finance and Investment Officer
Report author:	Michael Carden, Head of Corporate Communications and Victoria Fairhurst, Programme Director – Productivity
Purpose of report:	For discussion (to get views or guidance) To provide an update on staff engagement with, and progress in embedding, the Future Ready campaign across the Trust, following a request from the Board in Committee in March 2026.
Previously presented at:	N/A
Key points of report:	• The Trust's Future Ready campaign has been developed to engage staff in a shared mission to modernise and improve the quality of the care we provide while also being more efficient and reducing the amount of money we spend. The aim is to support a cultural shift in the organisation. • Good progress has been made but we recognise this is the start of a process and further work is required to embed Future Ready in the minds of staff and drive positive collective action from this.
Primary BAF risk(s):	Risk 1: Operational performance and activity Risk 7: Productivity Risk 8: Financial sustainability
Supporting material:	• None.
Recommendation(s):	The BOARD is asked to: 1. **Note** the update. 2. **Discuss** what further action can be taken both Trust-wide and at a local level to embed the messaging within the organisation and support collective ownership of the operational and financial challenge.

1. Introduction

1.1. The Trust's Future Ready campaign has been developed to engage staff in a shared mission to modernise and improve the quality of the care we provide while also being more efficient and reducing the amount of money we spend.

1.2. While a focus on improvement and efficiency is a constant at the Trust, this campaign responds to the significant financial and operational challenges faced by the Trust, along with the wider NHS, this year and the potential for this to impact on our future ability to deliver our ambitious plans to improve our services and estate for our patients and staff.

1.3. We have an ambitious vision for the future of patient care and are always looking to improve the way we do things because we want the very best for our patients, staff and communities. We recognise that to retain the freedom to do this we must deliver on the operational and financial commitments we make each year (including the £115m savings target from operational budgets and our commitment to improve cancer wait times and access to planned care). This will require leadership at all levels to enable a cultural shift and encouragement of staff at all levels to see themselves as contributors to solutions.

1.4. There are a number of different initiatives underway through the Trust's productivity programme to respond to this context, including well advanced work to reduce our bed base through improving our length of stay and work to transform our clinical administration and corporate services in order to provide a better and more streamlined service to patients and colleagues. Future Ready brings together these strands of work into a coherent and consistent organisational narrative about change.

2. Aims

2.1. The purpose of the campaign is to ensure every member of staff understands the scale of the challenge, why action is required now, and the practical role they personally can play in delivering productivity and savings improvements.

2.2. As an umbrella campaign, it covers a range of different activity and themes that underpin our collective response to the challenges we face, including:

- Quality improvement - making our services better for patients, improving outcomes, experience and access. This work includes supporting staff to develop quality improvement skills.
- Productivity – a focus operational performance delivering more within existing or fewer resources, reducing length of stay, admin transformation, ambulatory transformation and making best use of Epic.
- Financial delivery - reducing spend, cutting waste, and delivering our financial plan.

- Organisational culture – taking collective ownership of the challenge, sharing successes, learning from one another and mobilising around clear actions. This requires us to focus on our values and lead in line with them. We will be ambitious for our patients, listen to and encourage our staff at all levels and enact change in a caring and compassionate manner recognising change can be challenging.

2.3. The campaign is therefore a vehicle to:

- ensure staff are aware of the challenges we face, the clear actions we want people to take, and the difficult decisions we will need to make.
- explain how delivering on our operational and financial commitments today is a pre-requisite for taking forward and investing in our strategic goals tomorrow.
- generate enthusiasm and energy for the difference we can all make, and drive the behaviour change required.
- celebrate successes and share best practice and learning across our organisation as we take forward the challenge.

3. Progress and next steps

3.1. Since launching Future Ready to the organisation in late March, we have built a solid and visible foundation for the campaign. We have communicated widely across the Trust including regular updates to all staff through Team Briefing, CEO videos and the Staff Bulletin. This has been supported by briefings for senior leaders explaining the challenge and next steps so they can cascade this throughout the organisation.

3.2. We have launched a Future Ready intranet hub with useful info and resources, and have aligned the brand, offer and messaging of the quality improvement team's work with Future Ready. In June we launched a new staff recognition awards programme designed to celebrate success and spread best practice, for which the initial uptake and feedback has been very positive.

3.3. The next steps are to build on this early momentum and taking practical action to further increase visibility, ensure clarity of message, embed the campaign at all levels of the organisation, and build local ownership. In doing so we will continue to balance the emphasis on quality as well as savings, while also stressing the need for momentum and urgency around key actions.

3.4. Actions currently being explored can be broadly categorised into 5 themes:

- **Engagement:** including the establishment of service-level Future Ready Champions; running a series of site-based roadshows; increasing clinical leadership and engagement; and maximising how we use existing forums and events, including Quality Improvement Week.

- **Support:** including running a series of webinars either on specific topics or targeted at particular audiences and developing further guidance for managers.
- **Embedding in core business:** including building into the annual appraisal process; support the embedding of new flow manual across the Trust's clinical services; and making clear connections with Epic optimisation work.
- **Communications:** including continuing to refine and strengthen the campaign narrative and maximising the potential of all internal channels.
- **Recognition:** continue to use new awards as a means of celebrating staff and spreading best practice.

3.5. Further embedding the campaign and delivering tangible and meaningful action off the back of it will take both central and local effort. Clinical groups are taking action locally to think about what the campaign means for them. The proof of delivery will be in meeting our financial and operational objectives with the ongoing support of our staff.

4. Recommendations

4.1. The Board is asked to:

- **Note** the progress made on the launch of the Future Ready campaign.
- **Discuss** what further action can be taken both Trust-wide and at a local level to embed the messaging within the organisation and support collective ownership of the operational and financial challenge.

BOARD OF DIRECTORS

WEDNESDAY 22 JULY 2026

Report title:	**System Partnerships Update**
Executive sponsor:	Jackie Parrott, Executive Director of Strategy & Strategic Partnerships
Report author:	Emma Saunders, Deputy Director of Strategy; Edward Bradshaw, Director of Corporate Governance/Trust Secretary
Purpose of report:	For awareness/noting only
	It is important to be sighted on the scale and breadth of the Trust's partnerships, and to recognise the extent to which the Trust works for the benefit of the wider health system, in line with Government policy.
Previously presented at:	Trust Executive Committee, 14 July 2026
Key points of report:	• The Trust continues to work collaboratively with a wide range of partners as described in this paper • The benefits to patients, communities, systems, staff and partners are summarised. • The Trust currently hosts 22 services and networks involving over 400 staff, acting as the employer and providing governance and infrastructure on behalf of the wider system. These are set out in Appendix 1.
Primary BAF risk:	Risk 11: Organisational excellence
Supporting material:	**Appendix 1: List of services hosted by Guy's and St Thomas'**
Recommendation(s):	The BOARD is asked to **note** this update.

1. Introduction

1.1. Working collaboratively and in partnerships and systems has been a long held strategic priority for the Trust, embedded in the culture of how we work. We develop and deliver clinical services, research, education and innovation with a range of partners. This means we can leverage joint expertise and experience and make best use of collective infrastructure and assets for the benefit of patients, communities and staff.

1.2. We also host twenty-two services covering a range of geographies and aspects of healthcare delivery and research.

1.3. Looking to the future, working beyond our organisational boundaries will remain of critical importance as we deliver healthcare that is more preventative and personalised, more community based and digitally enabled. Working in partnerships and across systems will enable us to further our ambition to improve the health of populations and tackle health inequalities.

2. Overview of our partnerships

2.1. We work in partnership and systems at a cross -Trust level, within clinical groups, corporate teams and individual clinical services. Together we: jointly develop system level strategic priorities; align internal transformation and planning with system priorities; deliver new ways of working, such as in neighbourhood teams; and utilise joint expertise and infrastructure for innovation and research. Joint leadership is in place in many areas including joint chairing and leadership, such as the Trust's Chief Digital Information Officer (CDIO) holds the same position at King's College Hospital NHS Foundation Trust and also the position of CDIO on the SEL Integrated Care Board.

2.1.1. We are part of the southeast London (SEL) Integrated Care System (ICS) and we work with the West and North London ICS given the geographical location and relationships with Royal Brompton and Harefield hospitals. We are founding partners of Lambeth Together and Partnership Southwark for place-based integration in the communities local to Guy's and St Thomas' hospitals, including system working with primary care colleagues. We also work in partnership with many other NHS providers, including with King's College Hospital NHS Foundation Trust and Lewisham and Greenwich NHS Trust as part of the SEL Acute Provider Collaborative.

2.1.2. We have close, highly collaborative links with academia. King's Health Partners is our Academic Health Sciences Centre. We work with Imperial College London and Imperial College Healthcare Partners in northwest London. Working with King's College London, London South Bank University, University of Greenwich, Brunel University and Coventry University, we are one of the largest healthcare educators in Europe.

2.1.3. We have a strategic partnership with Guy's & St Thomas' Foundation, who are supporting our strategic ambitions through an aligned fundraising strategy and, for heart and lung care, we work with other charities including Royal Brompton and Harefield Hospitals Charity.

2.1.4. Our Synnovis partnership between SYNLAB, Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts brings together clinical, scientific and operational expertise to provide pathology services in southeast London for founding providers and primary care in southeast London.

2.1.5. We are leaders and members of several clinical networks for specialist adult and children's services for patients in southeast and northwest London, southern England and further afield, reflecting the geographical reach of our specialist services. This includes the Southeast London Cancer Alliance and Royal Marsden Partners West London Cancer Alliance.

2.1.6. Our scale and reach attract many industry collaborations including new digital innovations, advances in genetics and genomics, advanced therapeutics and medical imaging as well as finding new ways to improve NHS services. As a leading voice in healthcare, the Trust has several important partnerships with regional and national bodies, as well as government.

3. Why we prioritise working in partnerships

3.1. Staff across the Trust will continue to prioritise working collaboratively to benefit patients as well leading partnership initiatives, designing and coordinating changes to deliver services more sustainably. Examples of benefits include:

- **Improving patient care and outcomes**: As people increasingly have complex physical and mental health and social care needs, we continue to bring staff with complementary skills and expertise work together to improve peoples' experience of care and outcomes. *Examples: The Trust deployed Epic, our Electronic Health Record (EHR) system, jointly with King's College Hospital in 2023 – enabling* information to be shared securely, safely and quickly between clinicians. *Working with primary care in North Lambeth to pilot remote care technology to better support to patients with COPD. The southeast London Integrated Care Board has funded the Trust and King's College Hospital to work as part of specialised services collaborative across south London to improve community sickle cell services.*

- **Providing integrated care:** Working in our local systems ensures services are built around patients and not organisational boundaries – integration supports smooth transitions for patients between services and reduced fragmentation in their care. *Examples: Following years of system planning with parters in Lambeth and Southwark, we are working with primary care as part of the National Neighbourhood Health Implementation Programme, increasing neighbourhood-based services to deliver care in integrated teams, prioritising people experiencing the greatest health inequalities and barriers to good health*

- **Mutual support:** Cross-system collaboration enables services to operate for patients during times of operational pressures. *Examples: Our Emergency Department (ED) takes regular ambulance diverts. We work closely with South London & Maudsley NHS Foundation Trust to ensure people experiencing mental health issues receive care in the best environment for them. We have also recently supported other cancer and general surgery services within southeast London to ensure patients continue to receive timely, high-quality care when there are pressures within the system.*

- **Improving the health of our populations and addressing health inequalities:** We know health is influenced by factors like housing, education, employment, the environment and lifestyle. We play an important role locally as an anchor organisation including providing access to high-quality training and employment and creating a healthier environment through our Green Plan, including adopting greener transport options. With support of the Guy's and St Thomas' Charity we have established a Population Health Hub and we have shared governance to oversee delivery of benefits through our Improving the Health of our Population committees.

- **Learning with patients, staff and communities and collaborating for improvement:** People are critical partners in their health. *Examples: We are strengthening people's ownership of their care, including through the Epic patient portal MyChart – improving functionality and ongoing development in line with feedback from patients, carers and discussion at the Joint Digital Panel. In maternity services women, birthing people and families support service improvement, including through the maternity national voices programme.*

- **Making best use of resources, financial sustainability:** Integrating services and providing care closer to home aims to reduce any duplication of services and avoid unnecessary attendance at hospitals. *Examples: Southeast London ICB and the Acute Provider Collaborative (APC) are working together to identify care pathway and service transformation opportunities such as reducing unnecessary outpatient appointments to improve patient's experiences and reduce unnecessary spend.*

- **Research, innovation, including healthcare sciences, Life Sciences:** Our partnerships provide scale to invest in research infrastructure, data platforms, attracting academic and innovation expertise and developing staff, all with a multiplier effect to attract industry collaborations and investment opportunities. *Examples: We have an Academic Committee in Common with King's College Hospital and King's College London to align plans and optimise the use of shared resources for clinical education and research and development. We are a founding member of the health and life sciences innovation district SCI in south central London.*

- **Service developments:** We collaborate with other NHS organisations as service changes become necessary. *Examples: collaborating with The Royal Marsden and other key providers on the children's cancer Principal Treatment Centre, and Great Ormond Street Hospital*

for Children NHS Foundation Trust and South London and Maudsley NHS Foundation Trust to provide the NHS Children and Young People's Gender Service in London.

4. Statutory, regulatory requirements and policy direction

4.1. In the NHS, partnership working is not just encouraged, it is required by statutory law and enforced through our regulators, including the CQC. This statute is reinforced by the professional regulators such as the GMC and NMC, requiring our staff to work collaboratively across disciplines and organisational boundaries. Safeguarding legislation puts partnership working across agencies as central to protecting individuals. Through continuing to strengthen and focus on the work outlined above, we will continue to create a culture to support staff to work to these standards.

4.2. The national NHS policy direction, including the 10-year health plan for England, reinforces the importance of delivering integrated care (part of the 3 shifts). Nurturing a culture of partnerships and system working will support us to attract staff that put patients and communities at the centre of how we work. Increasingly funding is following collaboration, including in research and innovation and we will look to maintain the freedoms and flexibilities of advanced foundation trust status for the benefit of staff, patients and communities.

5. Hosted services

5.1. The Trust currently hosts 22 services and networks for the benefit of multiple organisations or a wider health system. These are set out in Appendix 1. We are the legal employer for staff, providing administrative and management support but direct costs are recovered from the funders of the service (for example the integrated care board, NHS England, a national body such as the National Institute for Health and Care Research or a range of partners contributing to the costs). There are a range of hosting / service level agreements, and the Trust holds the hosted services to account to ensure that they:

- follow the Trust's policies, procedures, governance arrangements for the employment of staff, including temporary staffing.
- seek Trust approval prior to entering into contracts, service level agreements or memorandums of understanding for the provision or sharing of estate, goods, staff or workers (or their information)
- do not directly employ their own staff or enter into contracts with parties external to the hosting arrangement.
- promote and demonstrate the Trust's values both internally and externally.
- follow the Trust's Standing Financial Instructions.

5.2. The 22 services employ over 400 staff, around 1.7% of the Trust's workforce of 23,300. The services are predominantly delivered across south and southeast London, with some operating on a London-wide basis or beyond. This level of hosting activity reflects the Trust's scale,

capability and position as a major specialist and academic centre. While precise comparisons are not routinely published, the Trust's hosting footprint is likely to be broadly comparable to other large London-based teaching trusts but more extensive than that of many non-London peers.

5.3. During 2026/27 the Trust intends to undertake an internal audit of the Trust's approach to, and processes around, hosted services to assess how we are managing associated risks such as employment, cyber security and business continuity.

5.4. Importantly, these arrangements further demonstrate the Trust's effectiveness as a system partner. By hosting services on behalf of others, the Trust supports the delivery of shared priorities, enables more efficient use of system resources, and helps to ensure consistent standards and pathways across organisational boundaries. This role reinforces the Trust's reputation as a trusted, collaborative partner within the integrated care system.

6. Recommendations

6.1. The Board is asked to **note** this update.

Appendix 1: List of services hosted by Guy's and St Thomas'

	Name of service	FTE staff in post	Description
National and regional			
1	Southeast Genomic Medicine Service	29	Delivers genomic testing and personalised medicine services across the region to support diagnosis and treatment.
2	European Group for Blood and Marrow Transplantation (London Office for Registry & Clinical Trials)	5	Supports international collaboration, registry data collection and clinical trials to improve outcomes in stem cell transplantation.
3	Metagenomics (Diagnostic tool)	6	A genomic diagnostic approach that uses sequencing to detect a wide range of pathogens from a single sample to support clinical decision-making.
London-wide			
4	London Procurement Partnership	84	Provides collaborative procurement support and frameworks to NHS and public sector organisations to improve value, efficiency and compliance.
5	British Society of Blood & Marrow Transplantation (London Office)	5	Promotes clinical excellence, standards and research in bone marrow and stem cell transplantation across the UK.
6	Pan-London Applied Research Collaboration (ARC)	3 posts being recruited	A pan-London partnership that brings together academia, the NHS and system partners to apply research evidence in real-world settings, accelerating improvements in patient care, population health and the reduction of health inequalities.
South & Southeast London			
7	South London Health Innovation Network	90	Connects the NHS, academia, local authorities and industry to accelerate the adoption of proven innovations that improve patient outcomes, efficiency and population health at scale.
8	Kings Health Partners (KHP)	28	An academic health sciences centre that brings together Guy's and St Thomas', King's College Hospital and South London and Maudsley NHS foundation trusts and King's College London to integrate research, education and clinical care.
9	South London Vaccination Service	16	Coordinates vaccination delivery across south London to improve uptake, equity and public health outcomes.
10	Southeast London Workforce	10	Leads collaborative workforce planning and development across the system to ensure sustainable staffing and skills.
11	Southeast London Cancer Alliance	34	Works across organisations to improve cancer prevention, diagnosis, treatment and outcomes at a population level.

	Name of service	FTE staff in post	Description
12	South London Office of Specialised Services (SLOSS)	8	Supports the oversight, coordination and delivery of specialised services across south London.
13	NIHR Research Delivery network - South London	42	Enables and supports the delivery of clinical research studies across the NHS to improve patient care and innovation.
14	Southeast London Enhanced Care Team for Mental Health	13	Provides targeted, multidisciplinary support for people with severe mental health needs to reduce admissions and improve continuity of care.
Hosted clinical networks			
15	Adult Critical Care Network – SE London	TBC	Coordinates critical care services, supporting consistent standards, equitable access to specialist expertise, quality improvement, workforce development and better outcomes for critically ill patients.
16	Southeast London, Kent & Medway Radiotherapy Network	2	Coordinates radiotherapy services, improving access to advanced treatments, reducing variation and driving quality improvement for cancer patients.
17	Lifelong Congenital Heart Disease Network	5	Coordinates care for patients with congenital heart disease across the pathway to ensure consistent, high-quality services. It is the largest NHS-commissioned CHD network in the UK, covering London, Kent, Essex, Surrey, Sussex, and East Anglia
18	London Neonatal Critical Care Network	16	Coordinates neonatal services across the region, ensuring babies receive safe, specialist care close to home, while improving outcomes, capacity management and family experience.
19	Southeast London Maternal Medicine Network	TBC	Coordinates specialist care for women with significant medical conditions before, during and after pregnancy, improving access to expert advice, consistency of care and outcomes across southeast London.
20	South Thames Paediatric Network	10	Brings providers, commissioners and clinicians together to improve children's services, reduce variation, coordinate specialist pathways and deliver care closer to home.
21	Southeast London Cardiovascular Network – Cardiac	4	Coordinates cardiac services across south London, improving access, outcomes and patient experience through clinically led pathway improvement and shared specialist expertise.
22	Southeast London Cardiovascular Network – Vascular	3	Brings partners together to improve vascular pathways, ensuring equitable access to high-quality care, reducing variation and improving outcomes for vascular patients.

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS

WEDNESDAY 22 JULY 2026

Report title:	**Patient and Public Engagement (PPE) Annual Report 2025-26**
Executive sponsor:	Jackie Parrott, Executive Director Strategy and Strategic Partnerships
Report author:	Andrea Carney, Head of Patient and Public Engagement and Anna Grinbergs-Saull, Senior PPE Manager
Purpose of report:	To provide assurance To provide assurance on how the Trust continues to meet its patient and public involvement duties, and to report on progress in delivering the Trust Patient and Public Engagement Strategy 2030.
Previously presented at:	Trust Executive Committee, 14 July 2026
Key points of report:	• PPE Strategy 2030 priorities are being delivered through Trust programmes, with good progress. • The Trust is broadly meeting its statutory public involvement duties. The work of clinical groups and programmes will continue to ensure we can demonstrate the breadth and depth of our work through reporting within clinical groups and our programmes. • The new Health Bill provides opportunities for the future.
Primary BAF risk:	Risk 6: Organisational change and transformation
Supporting material:	• Annex A, PPE Strategy 2030: Implementation Progress Summary • Annex B, An Overview of the range and number of patient and public involvement activities across the Trust • Annex C, A Summary of Healthwatch Engagement and Liaison and Overview and Scrutiny Committee Activities
Recommendation(s):	The Board is asked to **note**: a) Progress in implementing the Trust PPE Strategy b) The breadth of PPE activity across the Trust and future opportunities. c) The likelihood that consultation with Health Overview and Scrutiny Committee /Joint HOSCs will be required as part of the NHS England assurance process for proposed permanent service changes to children's heart and lung care d) Ongoing work to respond to the Health Bill

1. Introduction

1.1. This annual report on patient and public engagement (PPE) highlights activities that have been undertaken across the Trust during financial year 2025-26 – it provides:

a) An overview of positive progress in delivering the Trust Patient and Public Engagement Strategy to 2030.
b) An overview of the breadth of PPE activity across the Trust, including work relating to the public involvement duty.
c) A summary of how the Trust continues to meet its duties in relation to local Healthwatch bodies and Overview and Scrutiny Committees (OSCs).
d) A brief note on future opportunities in response to the Health Bill.
e) Recommendations to improve the Trust's approach to PPE.

2. Our Patient and public engagement strategy to 2030

2.1. The PPE strategy sets out four goals and 17 interrelated priorities, providing a framework for involvement in delivering the Trust Strategy to 2030; all teams are expected to embed this in both strategic and day-to-day work.

2.2. Overall, good progress is being made across all four goals, with patient, carer, family and community voices increasingly shaping culture, priorities, service design, digital, equity and partnership work. Involvement is becoming more embedded across planning, governance and delivery, with clear impacts on accessibility, experience, inclusive practice, pathways and funding. Continued focus is needed to ensure consistency, strengthen engagement with under-represented communities, and explore the future role of Foundation Trust members considering the Health Bill.

2.3. The corporate PPE Team continues to oversee delivery of the strategy, including direct delivery, advice and support. The team prioritises aspects of delivery in line with available capacity.

2.4. The examples below highlight good practice in delivering the strategy and demonstrate meaningful involvement of patients, carers and communities, and its impact. Further examples are described in **Annex A (PPE Strategy 2030 – Implementation Progress Summary)**, which provides evidence of progress in implementing the PPE Strategy.

- **Goal 1 - Build a culture of involvement:** Advanced Therapy Medicinal Products (ATMPs) Programme worked with patients and partners to involve people with rare and life-limiting conditions, resulting in a co-developed engagement plan with South East Genomics and the Clinical Research Facility.

- **Goal 2 - Act on what matters most to patients and communities: Evelina London** has embedded patient and family input in co-design of the Children's Cancer Principal Treatment Centre (PTC), shaping facilities, pathways and access, and ensuring a family-centred model aligned with national standards.
- **Goal 3 - Promote health equity through meaningful involvement**: **Cancer and Surgery and Heart, Lung and Critical care clinical groups** delivered a structured engagement programme informing the Organ Utilisation Strategy (OUS), and in parallel, co-creating a six-part Kidney Connection podcast; findings shaped the OUS priorities, and the podcast aims to address inequalities in living organ donation among people from global majority communities**.**
- **Goal 4 - Work in partnership with people, communities and our health and care partners: Integrated and Specialist Medicine** worked with local authority and voluntary community sector (VCS) partners to develop Integrated Neighbourhood Teams, using community insight (incl. Healthwatch Lambeth) to shape delivery and a test-and-learn approach to improving care coordination.

3. Meeting our patient and public involvement duty and patient and public engagement activities across the Trust

3.1. During 2025-26, the PPE Team has received 147 advice and support requests from across the Trust compared to 143 in 2024/25. A breakdown of these activities is provided in **Chart 1**, **Annex B** and includes Trust-wide and clinical group-led activities. Corporate teams include Centre for Innovation, Transformation and Improvement (CITI), Digital, Technology & Information (DT&I), Chief Nurse's Office (CNO), Corporate Affairs, Communications, Strategy and Quality Assurance.

3.2. Advice and support to **37 of the Trust's larger programmes, partnerships, strategies and projects** remains consistent and is where the PPE team prioritised support, with **49% (25)** of these triggering the *public involvement duty*. 22 out of these 25 activities have met or will be ongoing and have plans to meet the public involvement duty into 2025-26. Advice was provided to the 3 remaining areas.

3.3. **54% (80)** of activities identified in 2025/26 were advice and guidance requests for Trust teams and stakeholders. The number of these activities remains stable (87 requests in 2024-25), and they relate to all clinical groups and corporate functions, as well as stakeholder and regulatory activity. These requests are predominantly related to small scale service or quality improvement initiatives and demonstrate the breadth of PPE activity taking place across the Trust. The largest proportion (41%, 33 requests), were requests for advice about developing PPE plans or specific methodologies. This suggests that providing this guidance continues to support our goal to build a culture of involvement at the Trust.

3.4. As shown in Chart 1, Annex B, in addition to the 147 activities directly supported or advised by the corporate PPE team, a further 18 Trust projects and programmes that delivered or planned PPE activities were resourced by clinical groups (Cancer & Surgery, Evelina London Women & Children's, Heart Lung & Critical Care). Of these, 5 triggered the public involvement duty.

3.5. PPE has also been delivered in the Trust's research activity. Examples are included in Annex A, however this activity is not reported here in detail as research falls outside of the scope of the Corporate PPE function.

3.6. Overall, the data highlight the Trust's commitment to involving patients in different ways to design, transform and improve care and services. As well as demonstrating the implementation of our PPE strategy (para 2.4).

3.7. The PPE Team continues to support teams across the Trust to develop essential knowledge and skills, and capacity for carrying out PPE through direct, ongoing work and tools such as the PPE Hub - our interactive, in-house designed PPE toolkit, case studies and tools.

4. Meeting other legal and regulatory duties relating to public engagement: Healthwatch bodies and Overview and Scrutiny Committees (OSCs)

4.1 The Trust PPE Team oversees and manages liaison between the Trust, Healthwatch bodies and Overview and Scrutiny Committees across South East London, North West London and other areas where the Trust provides care, depending on the nature and scope of the programme.

4.2 **Healthwatch:** We have continued to foster positive relationships with our local Healthwatch bodies in Lambeth and Southwark, through quarterly liaison meetings, and by facilitating Trust services' participation in Healthwatch' community research and activities and responding to the recommendations of their reports. We have also supported Healthwatch bodies to engage patients by facilitating Healthwatch visits to our sites, including outpatient clinics, where they can seek people's views, which they use to inform their local priorities. Please refer to **Annex C, A Summary of Healthwatch Engagement and Overview and Scrutiny Liaison Activities.**

4.3 **Health Overview and Scrutiny Committees (HOSCs):** The Trust has statutory duties to inform, provide reports and respond to recommendations from, and in some cases consult, Local Authority HOSCs, and Joint HOSCs where service changes affect more than one ICB geography. While there were limited requests from local scrutiny committees in 2025–26, the Trust - working with NHS England and South East London ICB - was required to brief three Joint HOSCs on the planned temporary relocation of children's heart and lung inpatient services from Royal Brompton Hospital to Evelina London. Further updates may be required in early autumn. The Trust will continue to engage with committees, led by commissioners, as part of the NHS England assurance process for determining the proposed permanent changes to children's heart and lung services. **A summary of 2025–26 HOSC liaison activity is provided at Annex C.**

5. Looking ahead: the Health Bill – reinforcing public involvement and shaping our future approach

5.1 The Health Bill is expected to reinforce the importance of public involvement, with responsibilities extending beyond NHS providers and ICBs to include local authority public health functions, helping to support greater alignment in how NHS bodies and local authorities involve patients

and the public.

5.2 Although the Health Bill proposes removing the statutory requirement for Foundation Trusts to have members and councils of governors, it presents an opportunity for NHS organisations to develop more flexible, locally determined approaches to patient and public involvement.

5.3 These changes therefore offer an opportunity to consider how this can be retained and strengthened in future, as we reflect on how patient and public voice supports the three shifts set out in the NHS 10 Year Plan. Corporate Affairs and the Patient and Public Engagement teams will work together to take this forward.

6. Improving our approach to patient and public engagement

6.1 Over the next year we intend to build on progress in delivering our strategy to date and work to ensure:

- Programmes and clinical groups will seek and act on timely advice from the PPE Team to ensure the Trust continues to meet its public involvement duties.
- We strengthen how clinical groups and programmes demonstrate good practice across the Trust and meet our statutory duties through greater consistency in governance.
- Programmes and clinical groups always consider what is needed to support effective patient and public engagement activities.
- We improve staff knowledge and skills to understand the purpose of, and how to carry out, Equality and Health Inequality Impact Assessments, including successfully implementing and monitoring findings (through effective project governance), with initial screening and findings informed by patient and public engagement outputs

7. Recommendations

7.1. The Board is asked to **note**:

a) Progress in implementing the Trust PPE Strategy
b) The breadth of PPE activity across the Trust and future opportunities.
c) The likelihood that consultation with Health Overview and Scrutiny Committee /Joint HOSCs will be required as part of the NHS England assurance process for proposed permanent service changes to children's heart and lung care
d) Ongoing work to respond to the Health Bill

Patient and Public Engagement Annual Report 2025-26

July 2026

Annex

Patient and Public Engagement Annual Report 2025-26

July 2026

Annex A

PPE Strategy 2030: Implementation Progress Summary

Guy's & St Thomas' Patient and Public Engagement Strategy to 2030: A summary of our four goals - amplifying the patient voice

1. Build a culture of involvement.

- Make involvement everyone's business
- Put meaningful involvement at the centre of service design & improvement
- Build trust and strong relationships with communities

2. Act on what matters most to patients, carers and communities.

- Patient and carer voice drives change
- Focus on what matters most to patients, carers and communities
- Prioritise involvement to support truly patient-led care

3. Promote health equity through meaningful involvement.

- Identify and address health inequalities – involve our diverse patients, carers and communities
- Prioritise inclusion of under-represented groups in planning, innovation and improvement

4. Work in partnership with people, communities and our health and care partners.

- Strengthen partnerships with patients and communities
- Align and share learning across local and national partnerships

Guy's & St Thomas' Patient and Public Engagement Strategy to 2030: Goal 1 - Build a culture of involvement

Priority 1: Increase staff and patient awareness of patient and public engagement at the Trust.
Priority 2: Help staff develop the skills and confidence to engage patients and the public.
Priority 3: Build on best practice and find ways to embed the patient-public voice in all clinical groups.
Priority 4: Make patient-public engagement part of the Trust process for monitoring and quality checking all projects and programmes.

	Priorities this supports			
	1	2	3	4
Overview: **Progress is evident across all four priorities**, with patient, carer and public involvement shaping programme design, clinical group practice and service improvements. The breadth of activity demonstrates that the Trust is continuing to embed the patient and public voice in delivery, improving accessibility, experience and person-centred care. Evidence is stronger in some clinical groups, with opportunities to share and embed good practice more widely.				
Programme / explanation: From the outset, the **Advanced Therapy Medicinal Products (ATMPs) Programme** sought support from, and has continued to learn with, the Patient and Public Engagement (PPE) Team. Together with staff, patients and other NHS partners, this work has explored opportunities to involve people with rare diseases and life-limiting conditions in the development of the programme. **Impact:** The ATMPs Programme has co-developed an ambitious patient and public engagement plan, to be co-delivered by the programme and partners, including SE Genomics and the CRF.	✓	✓	✓	
Example: **Facilitated by the PPE Team**, the **Cancer Strategy Programme** worked with patient and carer partners to co-design and pilot a PPE review process. A small group of partners reviewed the quality, extent and impact of patient engagement and experience, including the Careology project (a digital app supporting care at home) and the Cancer Clinical Nurse Specialist Workforce project. **Impact:** The reviews **embed patient and carer voice in decision-making, strengthening quality and accessibility, informing future participation approaches**, and ensuring patients remain central to project delivery. The **review group also monitors PPE on behalf of the Programme Board**, identifying good practice, improvement opportunities and learning for both individual projects and the wider programme.	✓	✓	✓	✓
Programme/explanation: **In Heart Lung and Critical Care,** patients and carers have been engaged to share their experiences through digital patient stories and creative approaches, co-designing how these stories are developed and used **Impact:** These stories are being used to improve communication, accessibility and patient experience, and to inform practical improvements for clinical teams and wider system standards.	✓		✓	✓
Programme/explanation: As part of **the Maternity Good to Outstanding Programme** and other projects, **Evelina London Women's Services** have engaged women, birthing people and their families through MNVP meetings, partnership working with parent organisations, and targeted co-design. Participants contribute to service improvement, review feedback and data, and shape developments such as maternity unit refurbishment and bereavement suites. **Impact:** This has ensured services are informed by lived experience, leading to improvements in service design, environments and support pathways - particularly in bereavement care - and strengthening a more family-centred, responsive approach to maternity services.	✓	✓	✓	✓

Guy's & St Thomas' Patient and Public Engagement Strategy to 2030: Goal 2: Act on what matters most to patients, carers and communities
Priority 1: Ensure that patients, carers and communities are involved in setting the priorities for service development and improvement
Priority 2: Prioritise our patient-public engagement resources in programmes delivering on priority areas, from getting the basics right to major service transformation.
Priority 3: Drive continuous improvement by listening to and acting on patient feedback.
Priority 4: Measure and share the impact of patient, carer and community involvement

Overview: Progress is evident across all four priorities, with patient, carer and family insight actively shaping service priorities, digital improvements, clinical pathways and major developments. Examples from MyChart, Evelina London, Guy's Surgical Centre and Cancer and Surgery show involvement being embedded in governance, design decisions and continuous improvement, with clear impact on patient experience and service delivery.	**Priorities this supports**			
	1	2	3	4
Example: The Patient Experience Team (Chief Nurse's Office) analyse and report data from the MyChart Helpdesk (led by PALS) from 38,322 patient and carer enquiries in 2025-26 to enable the MyChart Management Group to monitor user experience. This insight enables patient and carer feedback to directly shape recommendations and improvements to MyChart functionality**.** **Impact**: Patient-and staff-reported-issues with viewing test results in MyChart led to technical changes to ensure full access to reports. Impact is monitored through MyChart governance and shared with the Joint Digital Panel, enabling patients to see how their feedback shapes ongoing improvements.	✓	✓	✓	✓
Example: During 2025-26, **Evelina London** has actively engaged patients and families through the ongoing implementation **Children's Cancer Principal Treatment Centre** programme, including co-designing facilities, contributing to interior design decisions, and shaping clinical pathways and service delivery. Their voice is embedded within programme governance and ongoing engagement activities. **Impact:** This involvement has directly influenced the design of the centre and support services, improved considerations around access (e.g. transport and parking), and ensured the model of care is family-centred and aligned with national standards.	✓	✓	✓	✓
Programme/explanation: Patients and carers have been involved in shaping the **Guy's Surgical Centre** through targeted engagement activities, including onsite sessions and surveys, with input gathered via a Patient and Carer Reference Group and wider PPE activity to inform design and development. **Impact:** Patients and carers have directly influenced the interior design and wayfinding of the centre, as well as informing the Interior Design and Arts strategies and broader plans to improve the patient experience within the new facility.	✓	✓	✓	
Example: The **Cancer and Surgery Clinical Group is a leading exemplar** within the Trust for embedding patient and carer involvement through formal, structured approaches, including the Surgical Strategy PPE Steering Group, Cancer Strategy PPE review group, and Patient Experience Group. Engagement also includes co-design for Guy's Surgical Centre, patient and carer reference groups contribute to a range of projects, and structured reviews assessing how projects involve patients and the difference this makes. **Impact:** This approach ensures patient and carer perspectives directly inform strategy delivery, service design and major programmes, including shaping surgical priorities and facility design. It also strengthens governance by systematically reviewing the quality and impact of involvement, supporting continuous improvement in patient experience and outcomes.	✓	✓	✓	✓

Guy's & St Thomas' Patient and Public Engagement Strategy to 2030, Goal 3: Promote health equity through meaningful involvement

Priority 1: Work with patients, carers and communities to identify inequalities and at-risk groups.
Priority 2: Ensure equity of access to involvement opportunities across the Trust.
Priority 3: Proactively reach out to people who are often under-represented in our work.
Priority 4: Make inclusive patient-public involvement central to research and innovation.

	Priorities this supports			
	1	2	3	4
Overview: Progress is developing across all priorities, with patients, carers and communities helping identify barriers and shape more inclusive services. Work on accessible wayfinding, organ utilisation, research development and learning disability/autism actions is improving access, digital inclusion and reasonable adjustments.				
Example: **Heart, Lung and Critical Care Clinical Group** has been working with patients with physical and sensory impairments, alongside staff, to identify ways to improve patients' and carers' wayfinding experiences at Royal Brompton Hospital. **Impact:** Patients and carers are working with staff to design an AI-enabled augmented-reality navigation tool, including videos to support wayfinding, signposting to quiet or relaxation spaces, and practical information to help make visits less stressful for patients and families.	✓	✓	✓	
Example: **Strategy and PPE teams worked with Heart, Lung and Critical Care, and Cancer, Surgery and Evelina clinical groups** to deliver a structured programme of **patient, donor and carer engagement informing the Organ Utilisation Strategy**. In parallel, a **Kidney Kinship Podcast Steering Group of patients from across our communities and staff** co-created a six-part series to raise awareness of kidney donation, particularly among global majority populations. **Impact:** **Engagement findings shaped the strategy's priorities** and are reflected in Trust-wide and organ-specific plans, demonstrating a clear line of sight from patient voice to decision-making**. The Kidney Kinship podcast aims to address health inequalities** and is co-created with patients from across our communities, donors and NHS staff from South East London's global majority communities; impact is yet to be evaluated.	✓	✓	✓	
Programme/explanation: The **Chief Nurse's Office**, together with colleagues across the Trust, worked with **Healthwatch Southwark** to complete a one-year review of the Trust's progress in implementing actions in response to Healthwatch Southwark's earlier report, '**Empowering Voices: Examining Healthcare Access for Adults with Learning Disabilities and Autistic Adults in Southwark'.** **Impact:** The implementation of recommendations demonstrates the Trust's ongoing commitment to improving accessibility and inclusion through staff training, accessible communications, digital inclusion initiatives, and the implementation of reasonable adjustments. Healthwatch's work and the review's findings continue to inform the implementation of the Trust's all-age neurodiversity strategy.	✓	✓	✓	
Programme / explanation: The **Clinical Research Facility** has reported progress in widening research involvement by increasing the diversity of individuals and communities who participate in, shape, and deliver research. This has been achieved through a combination of targeted outreach to people often underrepresented in research, tailored recruitment approaches, and practical support (e.g. simplified documentation) designed to reduce barriers to participation. These inclusive practices have been informed by ongoing feedback from contributors. **Impact:** Feedback from contributors indicates improved confidence in participating in research and a greater sense that their experiences are valued in shaping research priorities and outputs. Building trusted relationships with members, increasing representation in governance structures, and addressing practical barriers to involvement has contributed to embedding a **more inclusive and representative approach** to involvement across the CRF portfolio.		✓	✓	✓

Guy's & St Thomas' Patient and Public Engagement Strategy to 2030, Goal 4: Work in partnership with people, communities and our health and care partners

Priority 1: Build stronger relationships with our Foundation Trust members.
Priority 2: Collaborate with people, communities and system partners to develop patient-public engagement plans
Priority 3: Support the Voluntary Sector Enterprise Charter
Priority 4: Strengthen our role as a proactive member of our health and care system and community.
Priority 5: Make the most of our local and national system partnerships.

	Priorities being delivered				
	1	2	3	4	5
Overview: Progress is strongest across priorities 2–5, with partnerships increasingly shaping engagement plans, service development and funding decisions. Work with Integrated Neighbourhood Teams (INTs), VCSE partners, Healthwatch, the Foundation and national peers is embedding patient, carer and community insight into care coordination, charity grant-making, digital transformation and system-wide engagement. There may be further opportunity to strengthen progress in addressing Priority 1, through greater engagement with Foundation Trust members.					
Programme/explanation: **Integrated and Specialist Medicine** clinical group worked with local system partners including Local Authority and voluntary community sector organisations across Lambeth and Southwark to develop **Integrated Neighbourhood Teams (INTs)** across three workstreams. This has included working with **Healthwatch Lambeth** to gather community insights. **Impact:** Insights gathered from Healthwatch Lambeth, and through other **INT co-facilitated workshops** are continuing to shape the development of INTs, including ongoing 'test and learn' approach to improving care co-ordination, including for people with multiple long-term conditions.		✓	✓	✓	✓
Programme/explanation: The **Trust and Guy's & St Thomas' Foundation** worked together to establish and take forward charity patient and carer panels. Patients and carers have been recruited to dedicated charity panels (Guy's Cancer Charity and Evelina London Children's Charity), with a focus on building diverse membership reflecting the communities served, and are involved in reviewing and informing grant applications, as well as the patient and public engagement plans that form part of grant applicants' projects. **Impact:** This has enabled patient and public voices to be embedded in charity grant-making decisions, influencing the focus of funded projects and strengthening alignment between funding priorities and patient and community needs.		✓	✓	✓	✓
Programme/explanation: The Trust PPE Team has worked with national peers to contribute to NHS England's development of interim guidance on good practice in patient and public engagement for the three shifts in care, in response to the NHS 10-Year Plan. **Impact:** The PPE Team submitted MyChart and the Joint Digital Patient Panel as a best practice case study, demonstrating how patients and the public can be involved in digital healthcare development—from procurement through to design, implementation and optimisation.				✓	✓
Example: As part of the **SEL Voluntary Sector Enterprise Charter,** and with funding from SEL ICB, the **Integrated and Specialist Medicine** clinical group appointed a **VCSE Strategic Lead** to work alongside the **INT Programme**, strengthening partnerships and identifying opportunities to work with local voluntary sector organisations. **Impact:** The INT Programme, PPE Team and VCSE Strategic Lead will develop project specifications to enable local VCSE partners to deliver patient and community engagement activities within the INT Programme.		✓	✓		✓

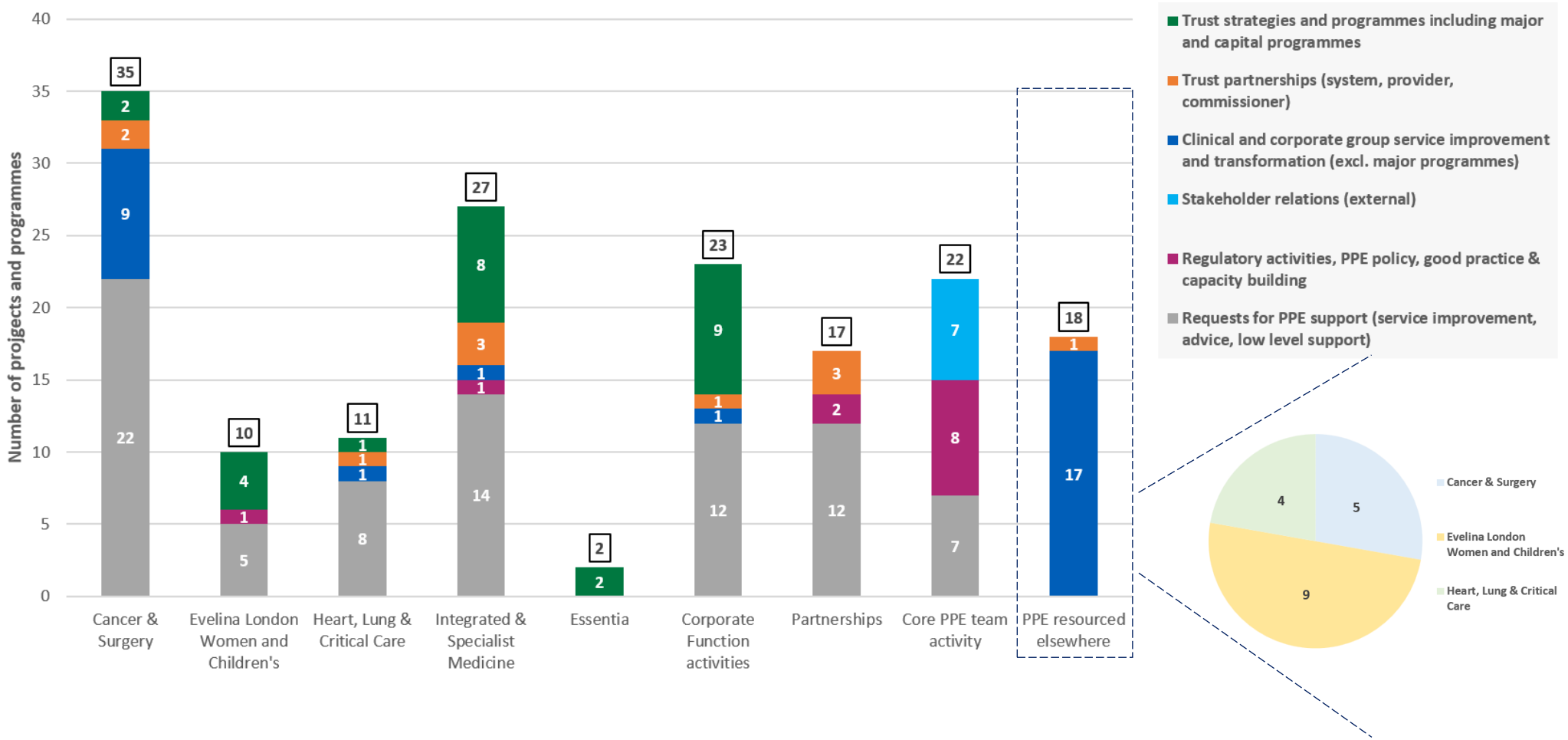
Patient and Public Engagement Annual Report 2025-26

July 2026

Annex B

An Overview of the range and number of patient and public involvement activities across the Trust

Chart 1. A chart to show the number of PPE activities supported in Clinical Groups, Corporate departments or partnerships, by type of activity in 2025-26.
(N.B Core PPE team activity = Healthwatch and OSC liaison, Governor engagement, and Trust PPE policy)



Patient and Public Engagement Annual Report 2025-26

July 2026

Annex C

A Summary of Healthwatch Engagement and Liaison and Overview and Scrutiny Committee Activities

A Summary of Healthwatch Engagement and Overview and Scrutiny Liaison Activities in 2025-26: Healthwatch liaison

Subject matter / request	Healthwatch body	Method of communication and engagement	Trust participation/advice	Date(s)
Request for Trust response to Healthwatch report on patient feedback about GSTT vascular services	Healthwatch Greenwich	• Written report from Healthwatch • Email response	Response provided	01/07/25
1-year update and closing report on Trust actions following Healthwatch Southwark's 'Empowering Voices' learning disabilities and autism project	Healthwatch Southwark	• Email • Written report • Completion of reporting template • Publication by Healthwatch	Response to report	02/05/2025 to 23/06/205
Two requests for Refugee and Asylum Seeker / HIIT service input to Healthwatch work exploring refugees' and asylum seekers' experiences of accessing housing and healthcare services	Healthwatch Southwark	• Email	Response provided: unable to participate	23/04/2025 to 23/06/2025
Request to facilitate a Healthwatch visit to Evelina London Hospital for awareness-raising and patient/family feedback	Healthwatch Southwark	• Email • In-person/on-site engagement	Onsite engagement visit completed	10/09/2025 to 17/11/25
Request to facilitate a Healthwatch visit to the Diabetes & Endocrine Day Centre for awareness-raising and patient/family feedback	Healthwatch Southwark	• Email • In-person/on-site engagement	Onsite engagement visit completed	11/12/2025 to 4/3/2026
Enquiry about planned temporary changes to children's heart and lung inpatient services	Healthwatch Kensington & Chelsea Healthwatch Westminster	• Email • Letter	Responses provided by GSTT/ELW&CS, cc. to SEL ICG and NHSE London Region	20/03/2026-15/04/2026

A Summary of Healthwatch Engagement and Overview and Scrutiny Committee Liaison Activities in 2025-26: Overview and Scrutiny Committee Liaison

Subject matter / request	Local Authority	Method of communication and engagement	Clinical groups, corporate functions and NHS partners involved and / or informed	Date(s)
Initial Joint / Health Overview and Scrutiny liaison on planned temporary changes to children's heart and lung inpatient services	• RBKC • Southwark • Lambeth • NL JHOSC • NWL JHOSC • SWL JHOSC • Hertfordshire County Council • Essex County Council	• Email • Letter with introductory briefing note	• NHS England -London Region • SEL ICB • Evelina London Women & Children's Services • Heart, Lung and Critical Care • NWL ICB • SL ICB	13/01/2026
JHOSC Chair email requesting a response to questions about planned temporary changes to children's heart and lung inpatient services	• NWL JHOSC	• Email • Letter	• GSTT • Evelina London Women & Children's Services • NHS England -London Region • SEL ICB • Heart, Lung and Critical are	18/01/2026 - 23/01/2026
OSC enquiry about planned temporary changes to children's heart and lung inpatient services	• RBKC	• Email	• Heart, Lung and Critical are	11/03/2026-13/03/26
Joint / Health Overview and Scrutiny response to requests to attend meetings on planned temporary changes to children's heart and lung inpatient services	• NWL JHOSC • NL JHOSC • SWL JHOSC	• Email • Briefing paper • In-person or online meeting attendance	• NHS England -London Region • SEL ICB • Evelina London Women & Children's Services	19/01/2026 25/03/2026 26/03/2026
JHOSC follow-up requesting a response to points raised at the briefing meeting	• SWL JHOSC	• Email • Letter	• Evelina London Women & Children's Services • SEL ICB • NHS England -London Region	01/04/206 – 24/04/2026

Committee name	Academic Committee in Common
Date, time	Thursday 23 April 2026, 2pm - 5pm
Venue	MS Teams
Chair	Graham Lord

NB A further meeting of the Academic Committee in Common was held on Wednesday 8 July. Whilst a summary report from this meeting is not yet available, the Committee Chair will provide a verbal update to the Board at the public Board meeting on 22 July.

Research delivery: The Committee was informed about the national priority to speed study set-up and improve the competitiveness of clinical trials in the UK, and the wider aim to strengthen research culture and the focus on patient or workforce benefits beyond the 150-day metric. Members reviewed progress against the 150-day metric and discussed risks to compliance. The Committee agreed to strengthen oversight from the Clinical Trials Office (CTO), including an annual report plus a rapid independent review of governance and its financial model. A terms of reference would be developed.

Review of the action log: One action was completed; eight were closed/updated via other agenda items. The Terms of Reference review remained in progress and would be a substantive item at the next meeting, including how bilateral governance forums could align as reporting sub-committees to strengthen oversight. Members also requested an update on annual priorities and measures of success.

Matters arising: Members noted the submission of the pan-London National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) bid and the arrangements that would underpin a bid for NIHR Biomedical Research Centre (BRC) accreditation, supporting a consistent hosting and financial model. The Committee noted the discussions at the recent King's Health Partners (KHP) Board meeting, which included an update about the implementation of the Partnership Framework, 2026/27 deliverables and key priorities. The shared risk register would return to the next meeting following further partner engagement and alignment with their board assurance frameworks, with additional funding successes also noted.

London Secure Data Environment (SDE): The Committee reviewed progress on the Health Data for London programme and ambitions for a secure pan-London data platform supporting care, research and innovation. Members emphasised the need for data standards, proportionate governance, trusted access and public confidence. It was agreed that the SDE team would return in six months with a further update, including practical use cases and demonstrable benefits.

Clinical academic workforce: Approvals for the Clinical Academic Memorandum of Understanding (MoU) were confirmed across the Committee's three partners, with agreement to incorporate an amendment on work plan flexibility. Outstanding issues would be resolved outside the meeting without delaying implementation. Ongoing actions included finalising and circulating the MoU, coordinated partner communications, development of a shared cross-charge register, and a post-launch listening exercise to inform future improvements.

Finance update – forward plan: The chief financial officers shared a cross partner financial update and discussed protecting key research/education capability amid wider financial pressures. The forward plan would prioritise the KHP CTO review, and any recharge issues linked to the Clinical Academic MoU, with items returning next meeting. Members requested an ongoing brief financial horizon scan.

Papers for noting: The Committee noted the draft terms of reference for the new Academic Committee in Common between King's College London and South London and Maudsley NHS Foundation Trust, and the KHP Partnership Framework.

Committee name	Audit and Risk Committee
Date, time	Wednesday 20 May 2026, 2pm – 5pm
Venue	Burfoot Court Room, Guy's Hospital
Chair	Nilkunj Dodhia

Annual Report and Accounts 2025/26: The Committee reviewed the draft annual accounts and noted their high quality, with only minor amendments needed following a detailed review and challenge by two members. No material audit issues were identified. Key areas discussed included the valuation of the estate and the disposal of Lexica, with no reportable post-balance sheet events noted. The Committee also reviewed progress on the Annual Report and Annual Governance Statement (AGS), supporting the AGS in principle but deferring final approval until June to ensure it reflected the full assurance picture, including internal and external audit outcomes.

External Audit Progress Report: The Committee noted that external audit work was progressing in line with plan, with no significant risks identified and Value for Money work nearing completion. Members acknowledged that National Audit Office involvement could affect the timing of final certification and requested that wider NHS system pressures continue to be reflected within audit reporting.

Internal Audit Progress Report: The Committee reviewed progress in delivering the internal audit plan and considered a number of limited assurance findings. The Strategic Network Programme audit had identified procurement and governance weaknesses, prompting a wider review of digital programme oversight and alignment with the Board Assurance Framework (BAF). Findings relating to vulnerability management highlighted areas requiring further maturity and clearer alignment with BAF mitigations. The non-emergency patient transport audit identified control weaknesses and operational inefficiencies, with the Committee emphasising the need to strengthen controls, embed learning and develop a clearer long-term strategy.

Head of Internal Audit Annual Opinion: The Committee received the Head of Internal Audit's Annual Opinion under the new Global Internal Audit Standards, noting the enhanced format and greater use of multiple assurance sources. While the increase in limited assurance reviews was discussed, members noted that many related to specific operational areas rather than strategic risks. The Committee concluded that the Trust's overall control environment remained broadly robust, while recognising the need for continued monitoring and improvement.

Internal Audit Plan 2026/27: The Committee reviewed and approved the Internal Audit Plan for 2026/27. Members noted the rationale for excluding certain areas from review, including claims and coding, while stressing the importance of learning from claims data and forthcoming national reviews. The Committee requested clearer alignment between audit activity and BAF risks, together with a three-year view of audit coverage, and agreed that the Plan should be revisited following the BAF refresh to ensure continued alignment with organisational risk.

Internal Audit Recommendations Progress Updates: The Committee reviewed progress against key internal audit recommendations, noting improvements in referral-to-treatment data quality, greater workforce stability reducing reliance on enhanced payments, and continued progress in IT asset management.

Counter Fraud Report and Plan for 2026/27: The Committee received the Counter Fraud Annual Report, noting activity undertaken during the year and key outcomes, including successful prosecutions. The Committee approved the Counter Fraud Plan for 2026/27 and was assured

that an appropriate risk-based approach to fraud prevention, detection and investigation remained in place.

Data, Technology and Information Updates: The Committee received an update on cyber security and noted continued improvements in the Trust's security posture. Delays to elements of the disaster recovery programme were acknowledged, with revised delivery timescales agreed. Members discussed the relationship between risk, assurance and investment, particularly in relation to data centre resilience and the Epic recovery service. The Committee also reviewed the digital infrastructure BAF risk, seeking greater clarity on assurance ratings, key mitigations and future investment requirements to strengthen resilience.

Governance and Compliance: The Committee noted that the Trust remained largely compliant with the NHS Code of Governance, and that appropriate disclosures had been made in the Annual Report, reflecting the Code operated on a 'comply or explain' basis. The Provider Licence self-certification was approved, confirming the Trust had the resources in place to continue operating over the next 12 months. The Committee also noted strong compliance with declarations of interest requirements and endorsed a 90% compliance target as an appropriate and stretching standard.

Items for Noting: The Committee noted the update on external audit recommendations, with a number expected to be closed through the ongoing audit process. Members also reviewed the waiver report, requesting enhanced trend analysis and oversight, particularly in relation to retrospective approvals, while noting that no concerns had arisen from the reported data gap.

Committee name	Audit and Risk Committee
Date, time	Wednesday 17 June 2026, 2pm – 5pm
Venue	Grand Committee Room, St Thomas' Hospital
Chair	Nilkunj Dodhia

Arup Climate Change Assessment: The Committee noted the Arup Climate Change Assessment report and the associated assessment of climate-related risks and resilience.

External Auditor's Annual Report and Audit Findings: The Committee noted continued assurance that the Trust maintained appropriate arrangements to secure value for money, with no significant weaknesses identified. Improvement recommendations were discussed in relation to recurrent savings, data quality and operational performance. The Audit Findings Report confirmed that the audit was nearing completion, with no material adjustments identified and an unmodified opinion expected. Members requested additional clarity on key accounting judgements and IT control findings

External Audit Recommendations Update: The Committee reviewed progress against previous external audit recommendations and noted that a small number remained outstanding, but with work in train to address these.

Trust Annual Report and Accounts: The Committee noted good progress in finalising the Annual Report and Accounts and endorsed both the Accounts and Annual Governance Statement for Board approval. Members were satisfied that a strong level of assurance had been obtained and noted the inclusion of enhanced reporting on health inequalities, while recognising that this area would continue to develop in future years.

Internal Audit and External Quality Assessment: The Committee noted substantial assurance from the capital accounting and fixed assets verification audit, while highlighting opportunities to strengthen asset tracking and data quality. The External Quality Assessment confirmed that Internal Audit generally conformed with professional standards. The Committee welcomed the findings and emphasised the importance of maintaining sufficient capacity and specialist expertise in response to an increasingly complex risk environment.

Counter Fraud: The Committee noted that counter fraud activity since the previous meeting had remained low, with most cases relating to lower-level matters, including concerns regarding working hours. Members also discussed a case involving inappropriate taxi use and noted the controls in place.

Corporate Risk Register: The Committee reviewed the Corporate Risk Register, noting 18 risks on the register, including a new pathology-related risk. Members emphasised the importance of clearly distinguishing between period-end reporting positions and the current risk position, and considered whether additional oversight of governance and contractual aspects of the Trust's partnership with Synnovis would be beneficial.

Information Governance and Health Records: The Committee noted improved visibility of Information Governance risks through the introduction of a dedicated risk register, alongside strengthened compliance performance. However, members noted some evidence of high incident levels, opportunities to strengthen data quality, and gaps in third-party assurance. The Committee emphasised the need for stronger strategic oversight and improved alignment of Information Governance risks within the Trust's wider assurance framework.

Annual National Cost Collection: The Committee noted and supported the approach to the first full patient-level costing submission, recognising the significant work required to develop the underlying data and its importance for national tariff setting and benchmarking between organisations.

Guy's and St Thomas'
NHS Foundation Trust

Committee name	Finance, Commercial and Investment Committee
Date, time	Wednesday 22 April 2026, 2pm – 4.15pm
Venue	Burfoot Court Room, Guy's Hospital
Chair	Simon Friend

Financial update: The Committee received an update on the Trust's year-end financial position, noting a surplus of £5m supported by additional Month 12 funding, including deficit support and payments for activity overperformance. Pay expenditure remained above plan, driven largely by medical staffing costs, and CIP delivery was below target. Members requested further analysis of the Trust's underlying financial position excluding non-recurring income.

Financial Planning 2026/27: The Committee received an update on the Trust's financial plans to 2028/29. Contract negotiations were progressing on the basis of existing prices plus 2% growth, although some funding assumptions remained uncertain. Members noted the risk of overspend within the Medium Term Capital Plan and agreed that the maintenance backlog should be reviewed and prioritised to maximise future funding opportunities.

Retail Estates Update: The Committee received an update on the Trust's retail and commercial estate. Phase 1 of the Guy's Hospital foyer redevelopment had been completed, with approval being sought for Phase 2 works. Members also noted plans for future improvements at St Thomas' Hospital and the Royal Brompton Hospital retail estate.

Private Patient Activity and Strategy Development: The Committee noted continued growth in private patient income, which reached £81.4m for 2025/26. Work to develop a Private Patient Strategy was progressing, with an external review identifying capacity constraints in theatres, critical care and diagnostics as the principal barriers to growth. Members recognised that delivering the Trust's ambitions would require dedicated capacity and further consideration of the operating model.

Contract Approval: The Committee approved a three-year contract for the supply of minimally invasive surgical products, noting the expected financial benefits through both savings and cost avoidance.

DALS (Translation and Interpretation Services) Contract Review: The Committee reviewed the DALS contract and noted management's view of performance, with contractual standards generally being achieved. Members discussed increased expenditure, driven largely by demand for face-to-face interpretation services, and noted that work was underway to review usage and strengthen controls.

Apogee (Managed Print Services) Contract Review: The Committee reviewed the Apogee contract and noted management's view of performance. While services were being delivered in line with requirements, members highlighted limitations in the current charging model and supported further work to reduce printing and promote digitisation.

BAF Risks: The Committee reviewed its two Board Assurance Framework risks and agreed to increase Risk 8 (Financial Sustainability) to 16 (Very High) and Risk 9 (Capital Expenditure Investment) to 12 (High), reflecting concerns regarding delivery of future savings and the Trust's ability to fund wider transformation priorities.

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS

WEDNESDAY 22 JULY 2026

Report title:	**Finance Report for the three months to 30th June 2026**
Executive sponsor:	Damien O'Brien, Executive Director of Finance
Report author:	Simon Hooton, Head of Financial Reporting – Financial Management
Purpose of report:	For awareness/noting only
Previously presented at:	N/A
Key points of report:	• The reported financial performance to 30th June is a deficit of £26.4M, which is broadly in line with the planned deficit at month 03. • The Trusts financial plan is back-phased, deficits in the early part of the year, recovered through surpluses in the latter parts of the year. However, only £6.6M CIP achievement has been reported year to date. • The cash balance at 30th June 2026 stands at £109.4M, a reduction of £59.5M since the start of the year. • Capital spend stands at £16.4M against an equally phased YTD plan of £45.3M.
Primary BAF risk:	Risk 8: Financial sustainability
Supporting material:	• N/A
Recommendation(s):	The COMMITTEE is asked to: 1. **Discuss** and **note** the content of this report.

1. Introduction

1.1. This paper updates the committee on the headline financial performance of the Trust for first three months of the financial year.

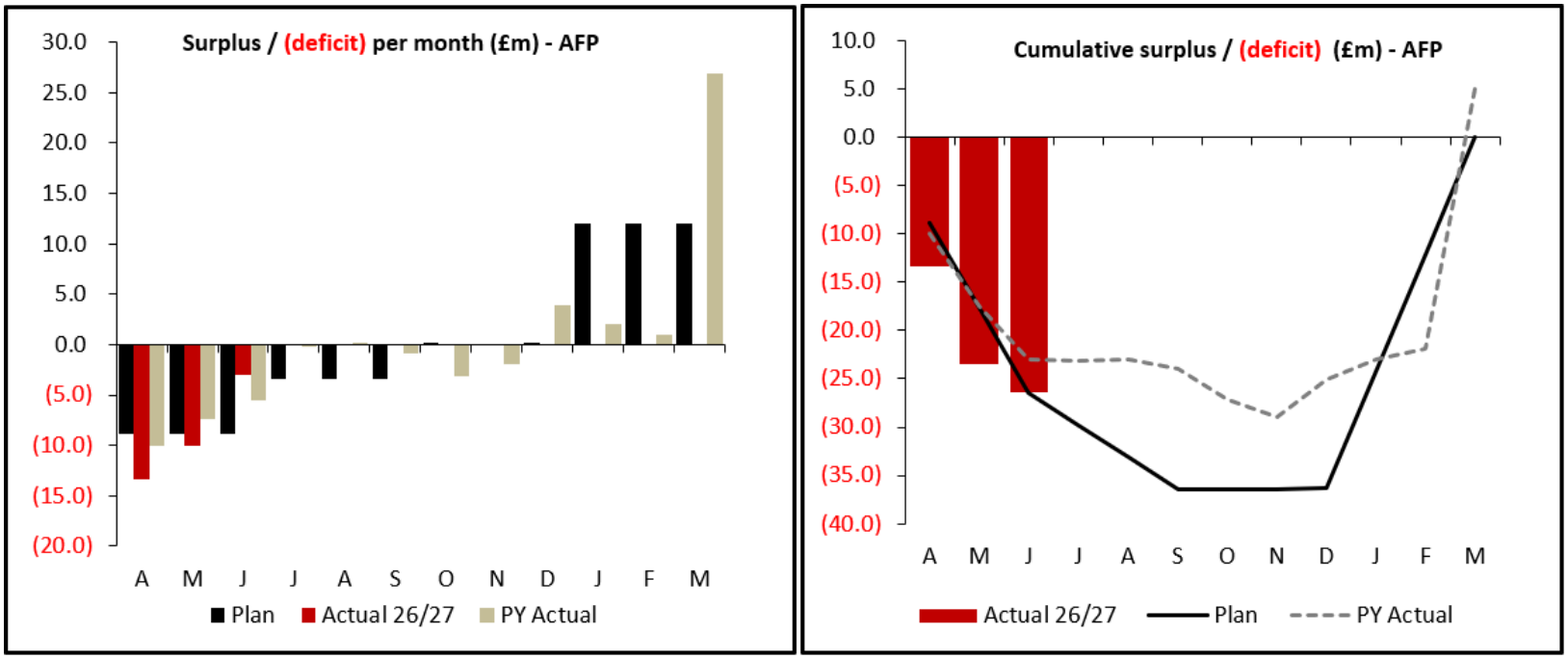
2. Background

2.1. The Trust has reported a deficit for the first 3 months of the year of £26.4M which is in line with plan.

Table 1: Trust I&E Summary at 30th June 2026.

Income and Expenditure £,m	Budget Mth	Actual Mth	Variance Mth	Budget YTD	Actual YTD	Variance YTD
Income	262.9	258.4	(4.5)	774.0	766.7	(7.2)
Pay	(157.5)	(157.1)	0.5	(463.6)	(461.1)	2.5
Non Pay	(114.2)	(104.4)	9.8	(336.8)	(332.0)	4.8
Surplus / (Deficit) - Adjusted Financial Position (AFP)	**(8.8)**	**(3.0)**	**5.8**	**(26.5)**	**(26.4)**	**0.0**
DODA	(1.1)	(0.8)	0.2	(3.2)	(2.9)	0.2
Capital Donations	0.8	(0.3)	(1.1)	2.5	0.5	(2.0)
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit) - Excl Fin Adj's	**(9.0)**	**(4.1)**	**4.9**	**(27.1)**	**(28.9)**	**(1.8)**

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

- NHS Contract Income – whilst these contracts are still being agreed the plans have been broadly reported as broken even.
- Private patient income is £1.0M behind plan. The run rate is broadly in line with the monthly average noted last year.
- Pay Costs are £2.5M better than plan, this includes the pay award for AFC staff paid in April and Medical Staff in June. The favourable variance is driven by vacant funded posts in Hosted Services (offset by adverse positions in Income)

- Drugs are £3.9M underspent reflecting zero doses of Zolgesma and reduced Homecare costs, offset by income being behind plan.

- CIP's – There was an adverse variance in month on identified CIPs of £0.6M due to underperformance against identified schemes, planned and identified savings in month were £4M with actuals of £3.4M.

3. CIPs

3.1. The reported CIP target for 2026/27 is £124.9M. This includes a 2% efficiency target on controllable costs, unbudgeted items offset by agreed funding, carry-forward of unmet 2025/26 CIP, and growth-related adjustments.

3.2. At the end of June identified CIPs stood at £51.8M, against the Trust target of £124.9M. This leaves £73.1M to be identified (*see Table 4).*

3.3. Year to date CIP delivery totalled £6.6M against the year to date identified plans of £8.7M *(see Table 5).*

3.4. This equates to a delivery rate of 74.9% against identified schemes. If including unidentified schemes, and measured against an evenly phased plan, the delivery falls to 21% underlining the need for both further identification of schemes and an increased pace of delivery as a priority *(see Table 5).*

4. Cash & Capital

4.1. **Cash** - The Trust closed the month with a cash balance of £109.4M; this is a £59.5M reduction from the opening balance on 1st April 2026.

4.2. **Capital** - The Trust was initially allocated a CDEL limit of £166.2M for 2026/27. Year-to-date the trust has spent £16.4M on capital schemes, which is £28.9M lower than the plan for the year including in year CDEL awards, additional PDC awards and donations.

5. Recommendations

5.1. The Committee is asked to:

- **Note** the YTD deficit of £26.4M at month 3, this is broadly in line with the YTD plan
- **Note** the CIP delivery YTD of £6.6M, equating to a 74.9% delivery against identified plans, with £73.1M of the total plan remaining unidentified.
- **Note** the current cash balance of £109.4M at 30th June and £59.5M reduction in cash since the start of the year.
- **Note** the capital spend of £16.4M against a year-to-date plan of £45.3M.

Table 2: Trend in actual income

£M	2025/26 YTD Ave	2025/26 FY Ave	26/27 Ave	Last Six Months: Jan	Feb	Mar	Apr	May	Jun	YTD Total Plan	Actual	Variance
Income From Activities												
NHSE	17.69	18.48	13.44	23.10	17.72	14.85	20.47	13.01	13.19	40.93	40.31	**(0.62)**
SEL ICB	91.33	98.91	55.17	103.95	98.17	105.74	149.48	48.68	62.56	164.46	165.50	**1.03**
Other ICBs	72.85	72.10	42.55	76.19	70.09	71.83	74.85	37.84	50.35	122.27	127.64	**5.37**
High Cost Devices Income	5.64	6.47	6.50	7.30	5.58	6.70	7.98	7.13	7.10	18.01	19.51	**1.50**
High Cost Drugs Income	26.29	28.83	28.64	31.95	35.59	26.11	29.80	26.48	28.35	83.03	85.93	**2.91**
Private Patients	5.99	6.82	6.77	5.13	6.57	6.73	8.69	7.47	6.48	21.31	20.32	**(0.99)**
All Other Income from Activities	3.84	4.14	76.37	2.97	6.23	6.71	(1.35)	88.24	62.61	244.77	229.11	**(15.66)**
Total Income From Activities	**223.62**	**235.73**	**229.44**	**250.59**	**239.94**	**238.66**	**289.92**	**228.86**	**230.63**	**694.78**	**688.32**	**(6.46)**
Operating Income												
Research and Development	7.05	7.14	6.76	6.27	7.00	7.16	7.83	6.26	6.18	18.83	20.28	**1.45**
Education and Training	6.69	7.98	7.44	7.72	9.32	9.29	9.20	7.42	7.46	21.45	22.31	**0.86**
Non patient care services to other bodies	2.84	3.15	2.04	2.18	2.51	(0.59)	11.60	2.76	2.66	7.75	6.12	**(1.63)**
Income for Clinical Services	1.82	1.77	1.68	2.17	1.52	1.58	1.78	1.57	1.76	5.39	5.03	**(0.36)**
All Other Operating Income	8.70	8.28	8.22	7.18	6.14	14.37	3.87	5.92	9.76	25.76	24.67	**(1.09)**
Total Operating Income	**27.09**	**28.32**	**26.13**	**25.52**	**26.49**	**31.82**	**34.29**	**23.92**	**27.81**	**79.18**	**78.40**	**(0.77)**
Total Income	**250.71**	**264.05**	**255.57**	**276.11**	**266.44**	**270.48**	**324.21**	**252.78**	**258.45**	**773.95**	**766.72**	**(7.23)**

Table 3: Trend in actual spend

£M	2025/26 YTD Ave	2025/26 FY Ave	26/27 Ave	Last Six Months: Jan	Feb	Mar	Apr	May	Jun	YTD Total Plan	Actual	Variance
Pay												
Medical Staff	(38.99)	(41.16)	(42.68)	(41.05)	(41.35)	(42.78)	(41.65)	(41.18)	(45.23)	(125.61)	(128.05)	**(2.44)**
Nursing Staff	(47.21)	(48.95)	(50.51)	(48.97)	(49.54)	(50.12)	(50.11)	(50.30)	(51.13)	(152.13)	(151.54)	**0.59**
PAMs	(10.01)	(10.50)	(10.91)	(10.75)	(10.71)	(10.41)	(10.97)	(10.85)	(10.90)	(32.54)	(32.72)	**(0.17)**
Professional & Technical (PTB)	(5.78)	(6.04)	(6.27)	(6.32)	(6.09)	(6.37)	(6.25)	(6.28)	(6.27)	(19.19)	(18.80)	**0.39**
Admin & Clerical	(26.58)	(27.62)	(27.94)	(27.36)	(27.35)	(27.60)	(27.70)	(28.00)	(28.13)	(91.97)	(83.83)	**8.14**
Estate and Facilities Staff	(5.63)	(6.07)	(5.91)	(5.60)	(5.85)	(10.62)	(5.92)	(5.84)	(5.96)	(16.14)	(17.72)	**(1.58)**
All Other Staff	(8.59)	(9.10)	(9.50)	(8.84)	(9.02)	(9.69)	(9.47)	(9.58)	(9.44)	(26.08)	(28.49)	**(2.42)**
Total Pay	**(142.80)**	**(149.44)**	**(153.72)**	**(148.89)**	**(149.90)**	**(157.59)**	**(152.06)**	**(152.03)**	**(157.05)**	**(463.64)**	**(461.15)**	**2.50**
Non-Pay												
Drug Costs	(33.35)	(33.92)	(32.79)	(41.80)	(32.85)	(37.20)	(32.33)	(30.36)	(35.68)	(102.24)	(98.36)	**3.88**
Clinical Supplies	(37.15)	(37.28)	(37.33)	(37.60)	(36.99)	(44.89)	(33.57)	(37.26)	(41.16)	(103.71)	(112.00)	**(8.29)**
Premises Costs	(14.09)	(12.47)	(14.23)	(4.16)	(13.80)	(14.19)	(13.35)	(13.47)	(15.86)	(40.01)	(42.69)	**(2.67)**
Purchase of Healthcare (non-NHS)	(4.07)	(4.58)	(4.47)	(4.27)	(4.86)	(6.81)	(3.87)	(4.26)	(5.28)	(11.68)	(13.41)	**(1.73)**
Establishment Costs	(2.62)	(3.45)	(3.24)	(2.56)	(3.12)	(5.91)	(3.06)	(2.49)	(4.18)	(7.22)	(9.73)	**(2.51)**
Depreciation	(6.27)	(7.07)	(7.04)	(10.72)	(7.12)	(8.55)	(7.43)	(7.43)	(6.27)	(21.05)	(21.13)	**(0.08)**
Amortisation	(1.22)	(1.58)	(1.35)	(2.56)	(1.44)	(1.56)	(1.39)	(1.39)	(1.28)	(4.16)	(4.06)	**0.10**
Clinical Negligence	(3.24)	(3.31)	(3.43)	(3.19)	(3.21)	(4.77)	(3.43)	(3.43)	(3.43)	(10.28)	(10.28)	**0.00**
Movement in Bad Debt Provisions	1.73	0.11	3.34	3.90	(4.68)	(4.44)	(1.97)	2.07	9.91	(1.14)	10.01	**11.16**
Other Non-Pay Costs	(7.93)	(9.05)	(7.66)	(8.91)	(8.24)	(13.40)	(8.27)	(7.07)	(7.63)	(24.54)	(22.97)	**1.57**
Total Non-Pay	**(108.21)**	**(112.62)**	**(108.20)**	**(111.88)**	**(116.33)**	**(141.71)**	**(108.66)**	**(105.09)**	**(110.86)**	**(326.03)**	**(324.60)**	**1.43**
Other Adjustments												
Internal recharges inc Overheads	(0.12)	(0.00)	(0.00)	(0.17)	0.07	0.30	0.18	(0.21)	0.03	(0.96)	(0.00)	**0.96**
Finance costs	(3.12)	(1.58)	(3.31)	(3.38)	(3.22)	1.13	(3.01)	(3.41)	(3.51)	(9.74)	(9.93)	**(0.19)**
Budget Reserves	(4.11)	(0.00)	0.85	(0.05)	(0.05)	0.61	(5.31)	(2.09)	9.95	(23.25)	2.55	**25.80**
Further Improvement Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23.22	0.00	**(23.22)**
AFP Surplus/Deficit	**(7.65)**	**0.42**	**(8.80)**	**2.07**	**1.06**	**26.95**	**(13.36)**	**(10.05)**	**(3.00)**	**(26.46)**	**(26.41)**	**0.04**

Table 4: 2026/27 CIP Plan Trust Summary

2026/27 CIP Plan Trust Summary *7th July 2026*	Target	Planning Status £'000					(Unweighted) £'000		
		Unidentified	Opportunity	Plans in Progress	Fully Developed - delivery not yet started	Fully Developed - in delivery	Total Plan	Unidentif'd CIPs	Progress (%) RAG
		0%	25%	50%	75%	100%			
Clinical Groups / Delivery Group / Corporates									
C&S	***26,561***	0	3,924	0	0	1,989	**5,913**	-20,648	22.3%
Evelina	***9,458***	0	1,854	1,605	734	2,735	**6,928**	-2,529	73.3%
HLCC	***27,100***	0	1,046	1,744	1,711	5,452	**9,952**	-17,148	36.7%
ISM	***19,097***	0	2,055	1,007	286	5,511	**8,859**	-10,238	46.4%
Essentia	***6,186***	0	1,400	2,900	575	1,833	**6,708**	521	108.4%
Pathology	***10,608***	0	75	1,918	0	57	**2,049**	-8,559	19.3%
Corporate	***25,852***	0	6,636	274	65	4,421	**11,396**	-14,455	44.1%
Total CIP	**124,862**	**0**	**16,990**	**9,447**	**3,371**	**21,997**	**51,806**	**-73,056**	41.5%

Table 5: Actual CIP Delivery against CIP plans and targets

2026/27 CIP Plan Trust Summary *7th July 2026*	M3 YTD Performance £'000				M3 YTD Performance £'000			
	Plan	Actual	Variance to Plan	Progress (%) RAG	Target*	Actual	Variance to Target	Progress (%) RAG
Clinical Groups / Delivery Group / Corporates								
C&S	1,084	835	-249	77.0%	6,640	835	-5,805	12.6%
Evelina	1,189	962	-228	80.8%	2,364	962	-1,403	40.7%
HLCC	1,510	1,079	-431	71.5%	6,775	1,079	-5,696	15.9%
ISM	1,554	1,569	14	100.9%	4,774	1,569	-3,206	32.9%
Essentia	466	466	0	100.0%	1,547	466	-1,080	30.2%
Pathology	441	218	-223	49.4%	2,652	218	-2,434	8.2%
Corporate	2,494	1,421	-1,073	57.0%	6,463	1,421	-5,042	22.0%
Total CIP	**8,740**	**6,550**	**-2,190**	74.9%	**31,216**	**6,550**	**-24,666**	21.0%

** Target Budget equated to the CIP Plan shown in equal 12th*

Committee name	Quality and Performance Committee
Date, time	Wednesday 20 May 2026, 11.00pm – 12.00pm
Venue	MS Teams
Chair	Pauline Philip

NB A further meeting of the Quality and Performance Committee was held on Wednesday 15 July. Whilst a summary report from this meeting is not yet available, the Committee Chair will provide a verbal update to the Board at the public Board meeting on 22 July.

Draft Quality Account 2025/26: The Committee reviewed the draft Annual Quality Account for 2025/26, noting that it had been prepared in line with statutory requirements. There was strong support for the overall direction of the report. Members endorsed the proposed quality priorities for 2026/27 and welcomed the inclusion of issues aligned to discussions held during the year. The Committee requested further refinement in a number of areas, including stronger reference to maternity outcomes, learning from deaths, clearer measures of success, and improved articulation of digital ambition and key definitions. Subject to these refinements and incorporation of stakeholder feedback, the Committee approved the Quality Account.

Integrated Performance Report May 2026

Guy's and St Thomas' NHS Foundation Trust

Public Board

22 July 2026

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

NHS
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NHS Foundation Trust

Highlight Report Contents

Guy's and St Thomas' NHS Foundation Trust

Domain	Theme	Indicator	Latest Actual
Responsive	4.1 A&E access	A&E stays less than 4 hours (type 1 2 3)	76.4%
Responsive	4.1 A&E access	Number of patients spending >12 hours in A&E from decision to admit (DTA)	83
Responsive	4.2 Elective treatment access - referral to tre...	RTT - Total incomplete pathways	111,987
Responsive	4.3 Cancer access	Cancer - 62 day all referral types (total)	69.4%
Responsive	4.3 Cancer access	Cancer - FDS	85.4%
Responsive	4.4 Diagnostic access	Diagnostic waits - % over 6 weeks	31.6%
Responsive	4.9 Recovery	Elective DC & IP vs 26/27 Operational Plan	114.8%
Responsive	4.9 Recovery	Number of 52 Week Waiters	750
Responsive	4.9 Recovery	Number of 65 Week Waiters	29
Responsive	4.9 Recovery	Outpatient New & FU vs 26/27 Operational Plan	103.8%

Executive summary

Accident and Emergency

- The percentage of emergency patients admitted, transferred or discharged within 4 hours in May 2026 was 76.4%, with the Trust ranking 38th 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 83.

Referral to Treatment

- The total number of Referral to Treatment (RTT) patients waiting for treatment at the Trust in May was 111,987 and 69.1% of patients were waiting 18 weeks or less for their elective treatment.
- A total of 29 patients were waiting longer than 65 weeks for their routine treatment in May, with 6 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 2027.
- A total of 750 patients were reported as waiting longer than 52 weeks for their treatment in May, representing 0.7% of the total waiting list.

Cancer

- The Faster Diagnosis Standard position reached 85.4% in May demonstrating continued improvement in-year with this strong performance expected to continue for the remainder of 2026/27.
- The percentage of patients treated for cancer within 62 days of referral (overall) for May was 69.4%. 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 May the Trust reported 31.6% of patients waiting longer than 6 weeks for their routine diagnostic procedure, with 10.6% of patients waiting longer than 13 weeks. This remains another area of risk to the Trust; work to improve this is ongoing.

Activity

- The Trust reached a position of 103.8% of outpatient activity (new and follow up) for May and 114.8% for elective activity (elective overnight and day case).

Responsive

Guy's and St Thomas'
NHS Foundation Trust

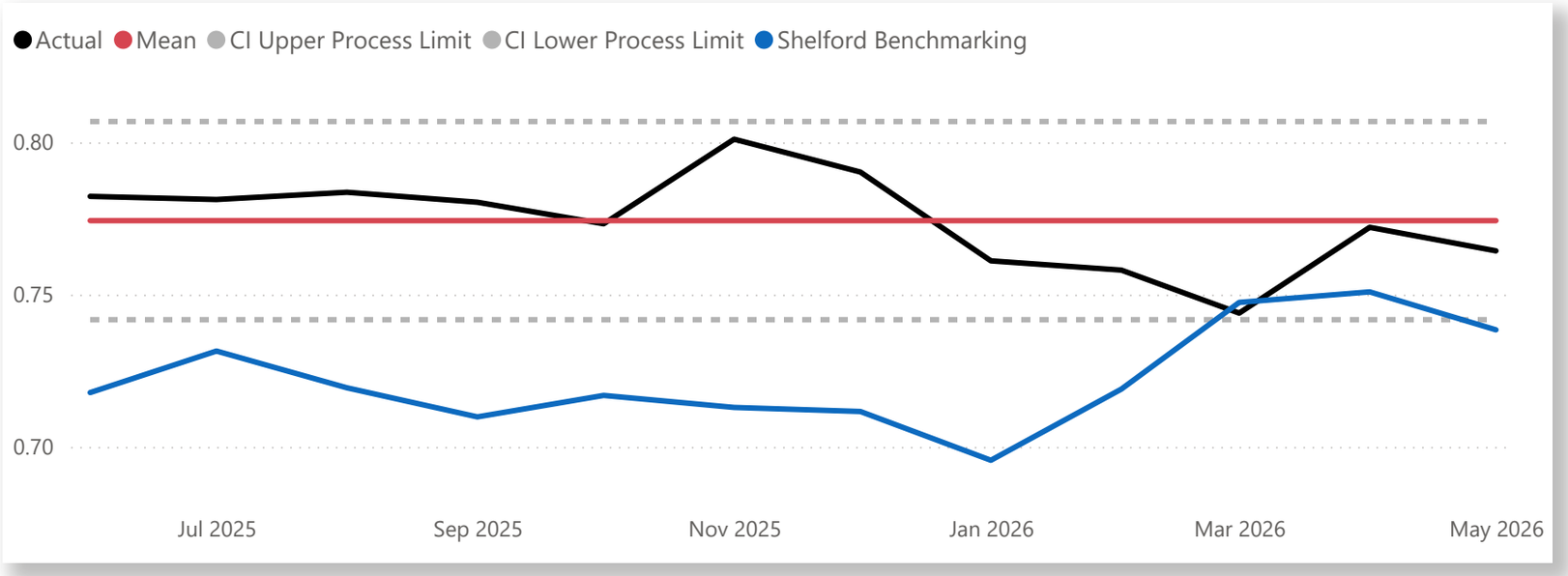
May 2026

76.4%

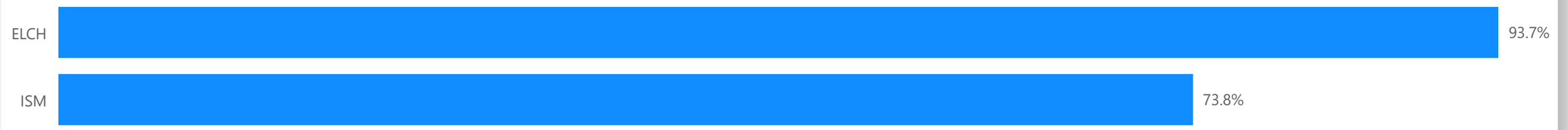
SPC

This indicator is showing common cause variation

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



Clinical Group Overview



Responsive

Guy's and St Thomas'
NHS Foundation Trust

May 2026

83

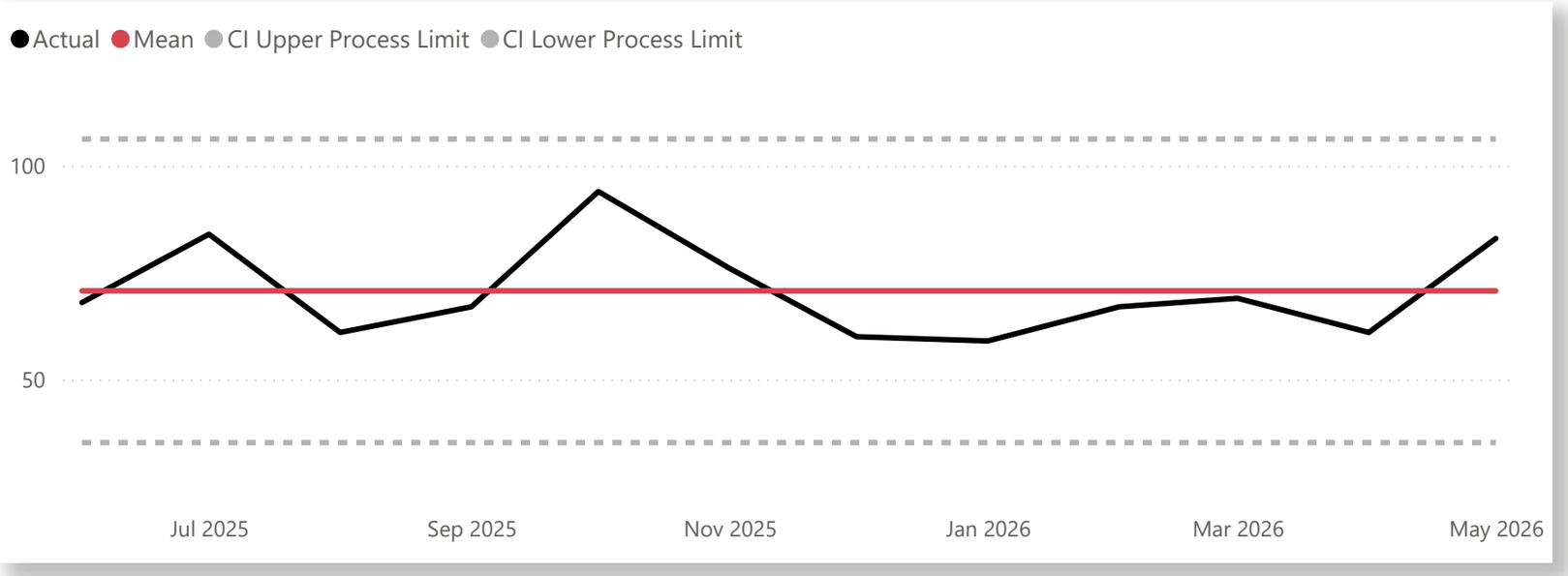
SPC

This indicator is showing common cause variation

Caveat

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

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



Clinical Group Overview

Responsive

Guy's and St Thomas'
NHS Foundation Trust

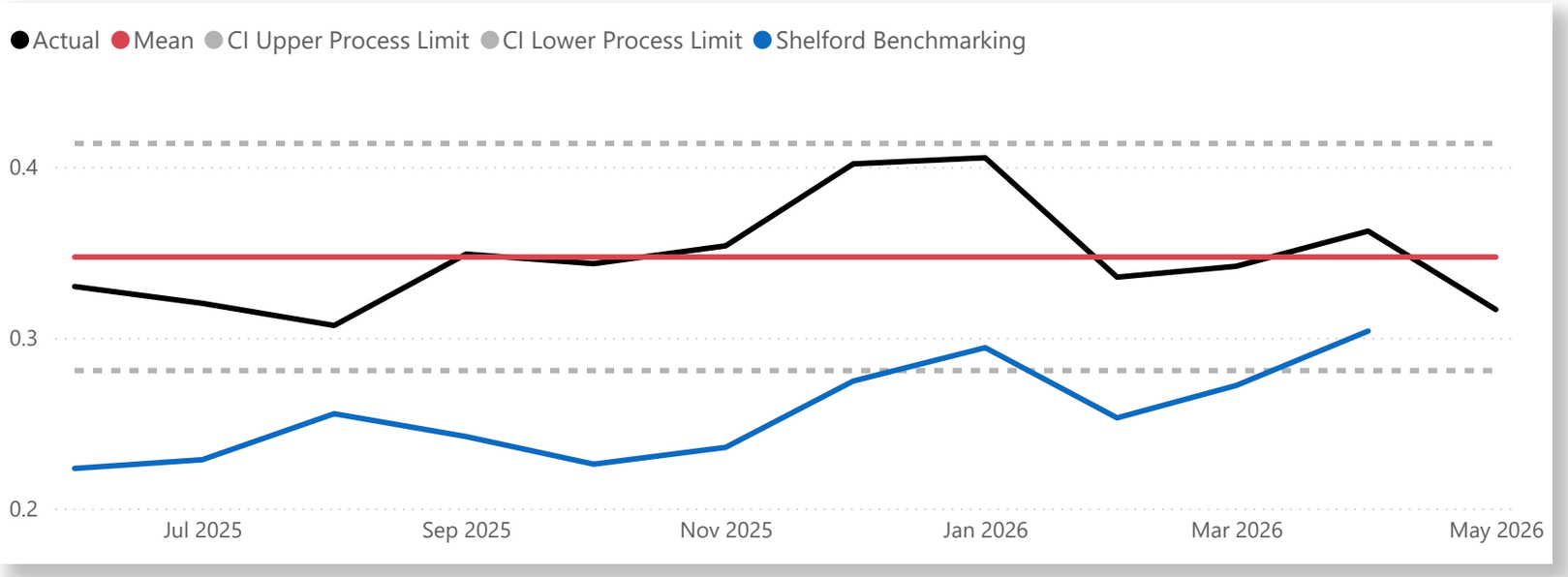
May 2026

31.6%

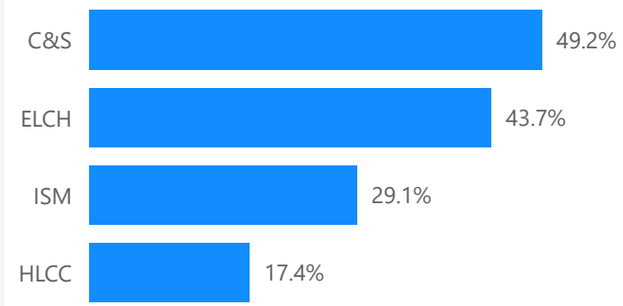
SPC

This indicator is showing common cause variation

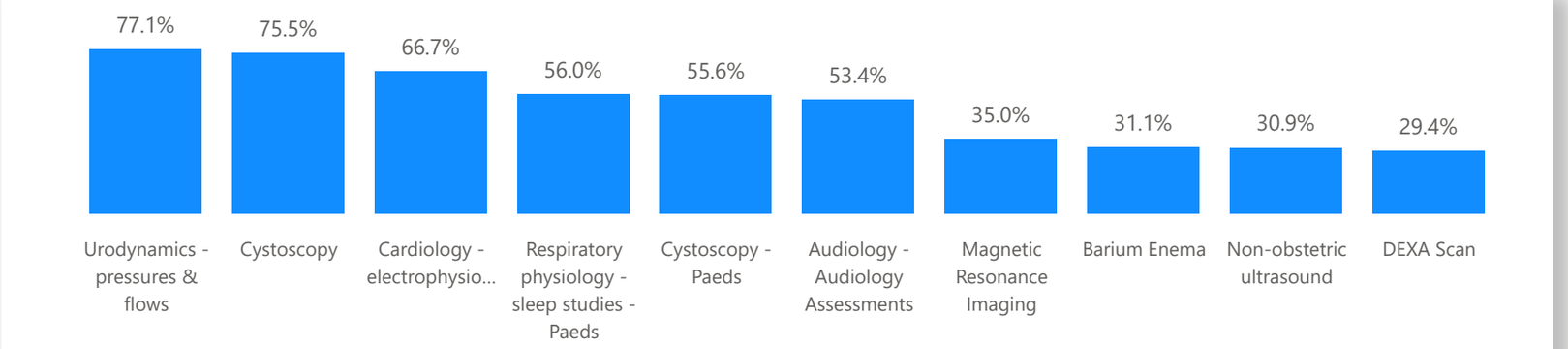
Diagnostic waits - % over 6 weeks



Clinical Group Overview



Bottom 10 Modalities



Responsive

Guy's and St Thomas'
NHS Foundation Trust

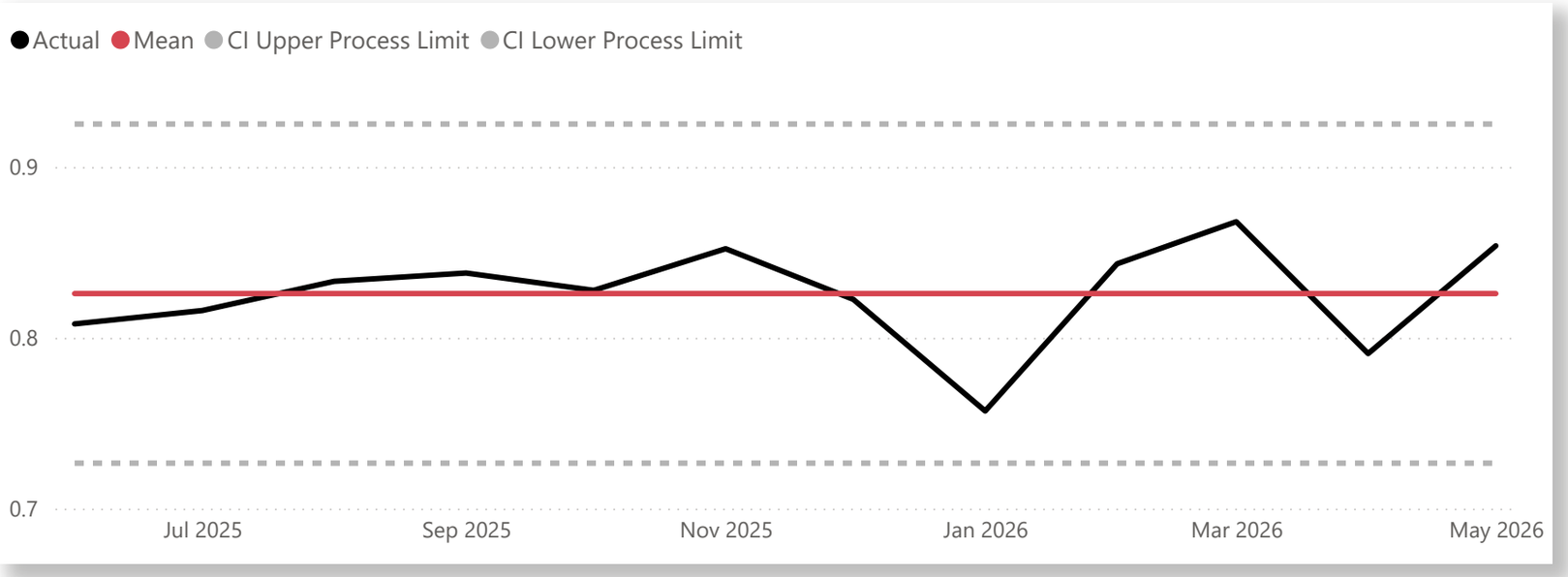
May 2026

85.4%

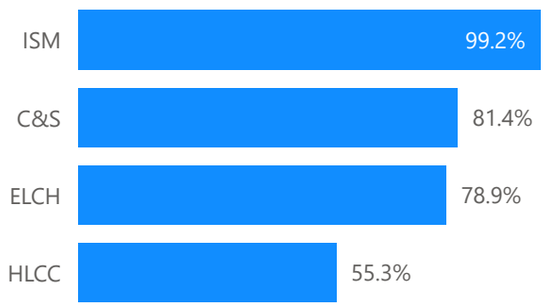
SPC

This indicator is showing common cause variation

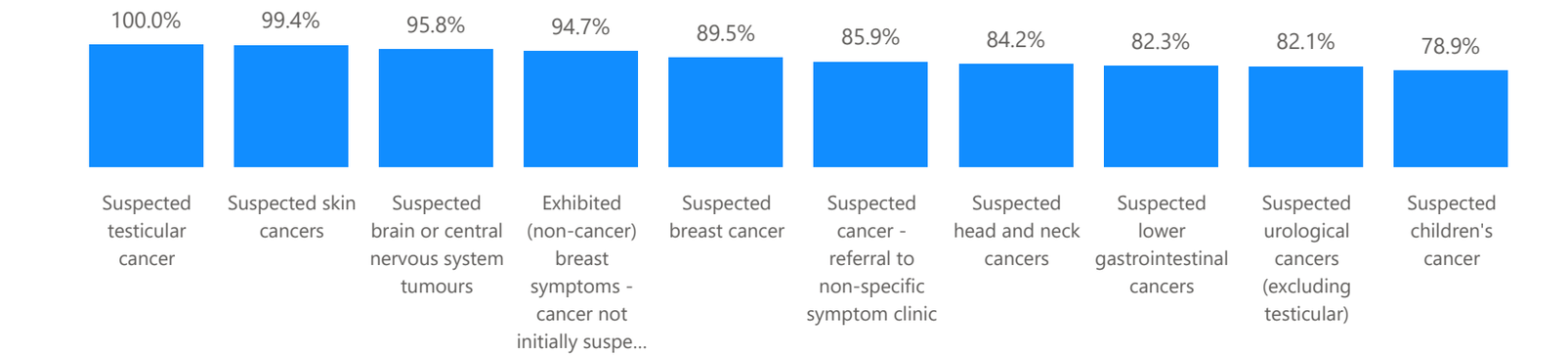
Cancer - FDS



Clinical Group Overview



Top 10 Tumour Groups



Responsive

Guy's and St Thomas'
NHS Foundation Trust

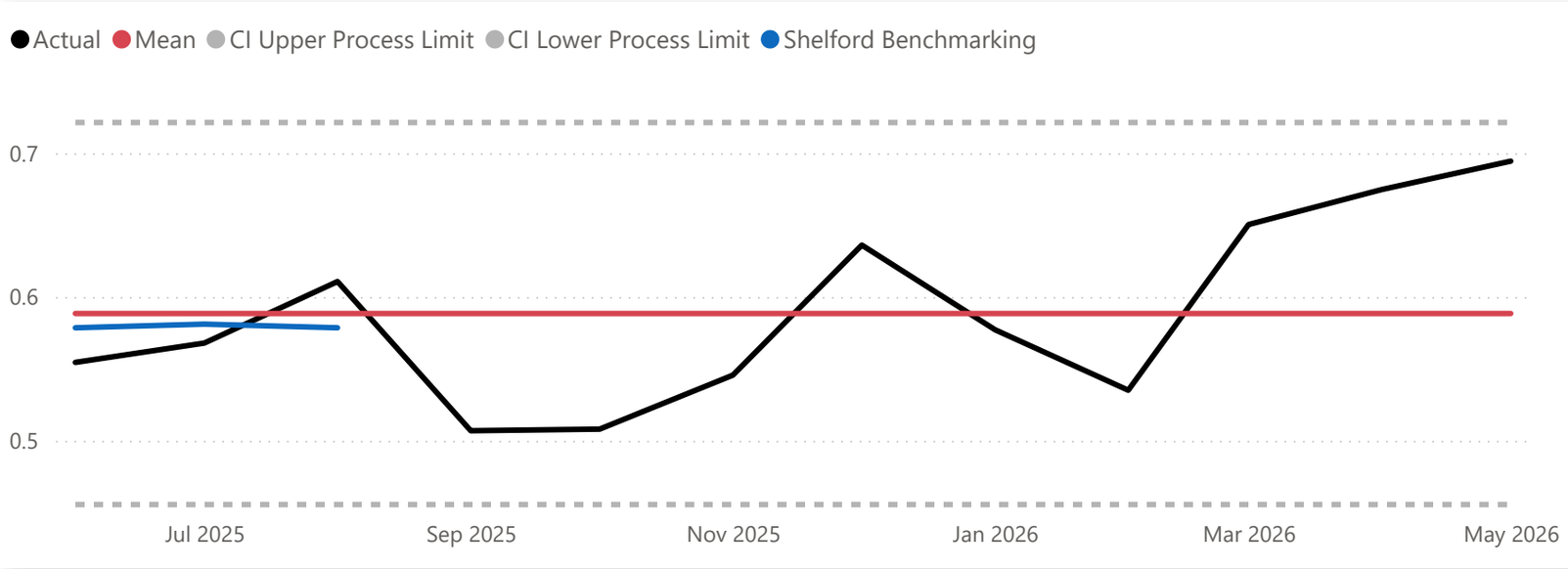
May 2026

69.4%

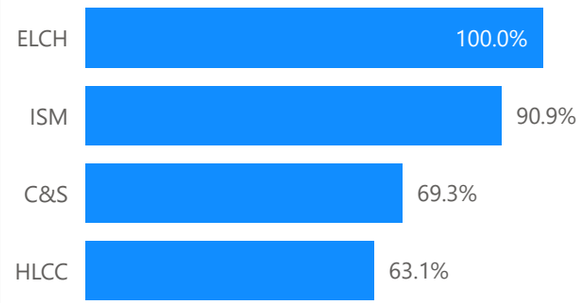
SPC

This indicator is showing common cause variation

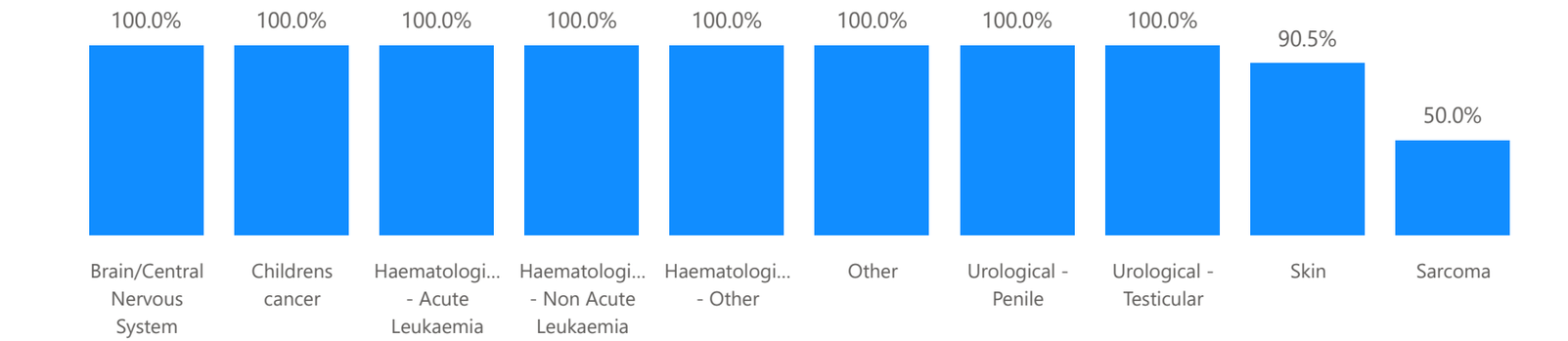
Cancer - 62 day all referral types (total)



Clinical Group Overview



Top 10 Tumour Groups



Responsive

Guy's and St Thomas'
NHS Foundation Trust

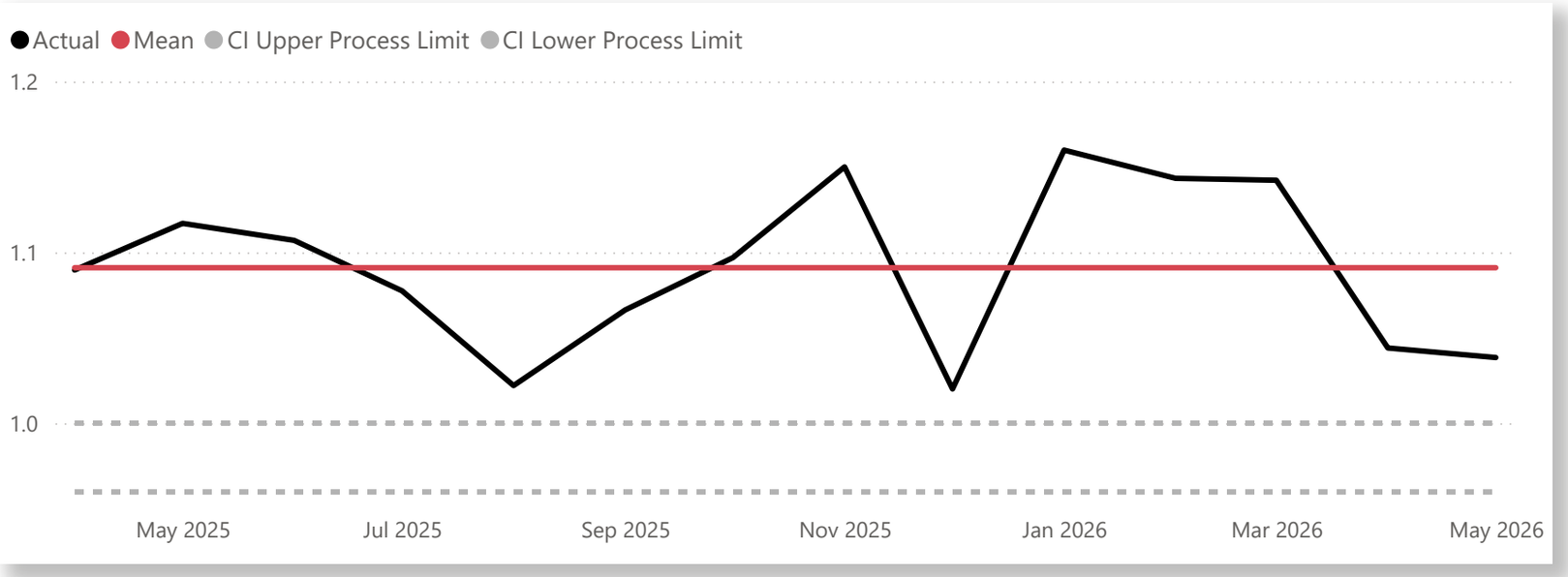
May 2026

103.8%

SPC

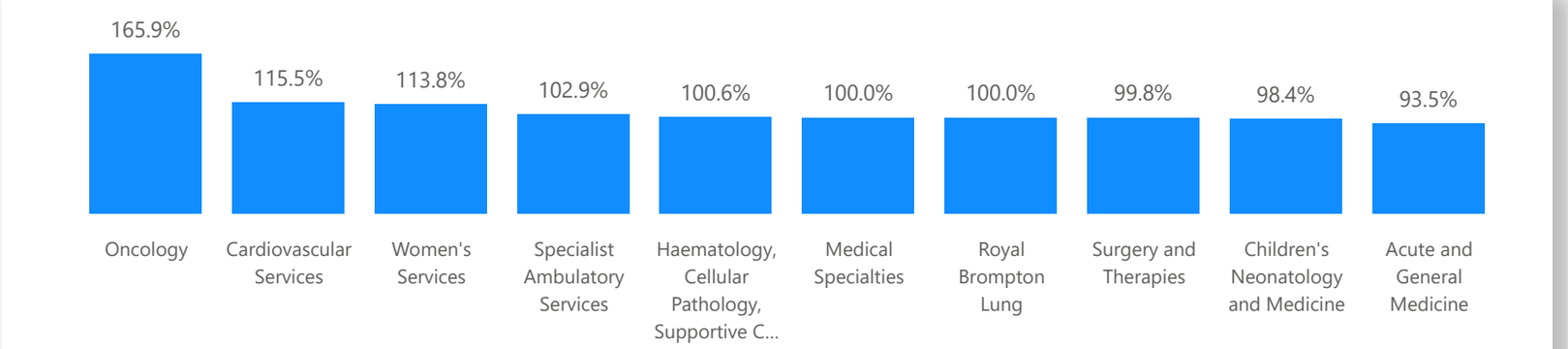
This indicator is showing special cause variation - Single Point (Positive)

Outpatient New & FU vs 26/27 Operational Plan



Clinical Group Overview

Top 10 Directorates



Responsive

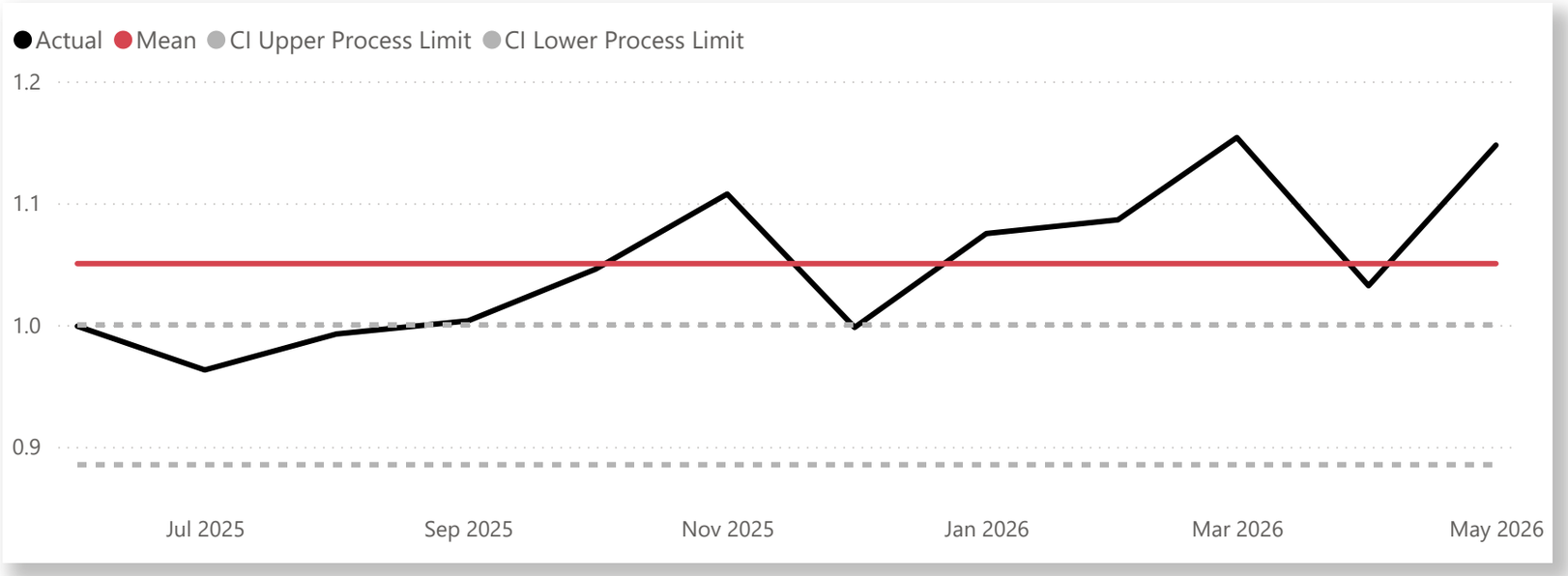
Guy's and St Thomas'
NHS Foundation Trust

May 2026

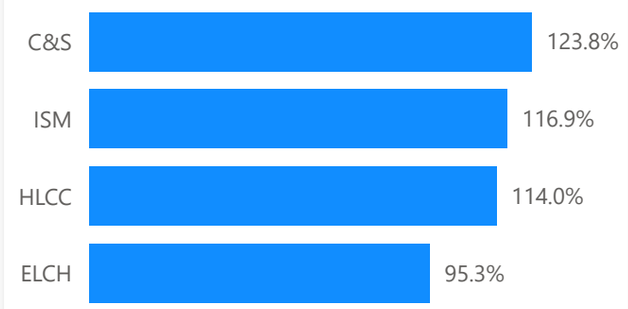
114.8%

SPC

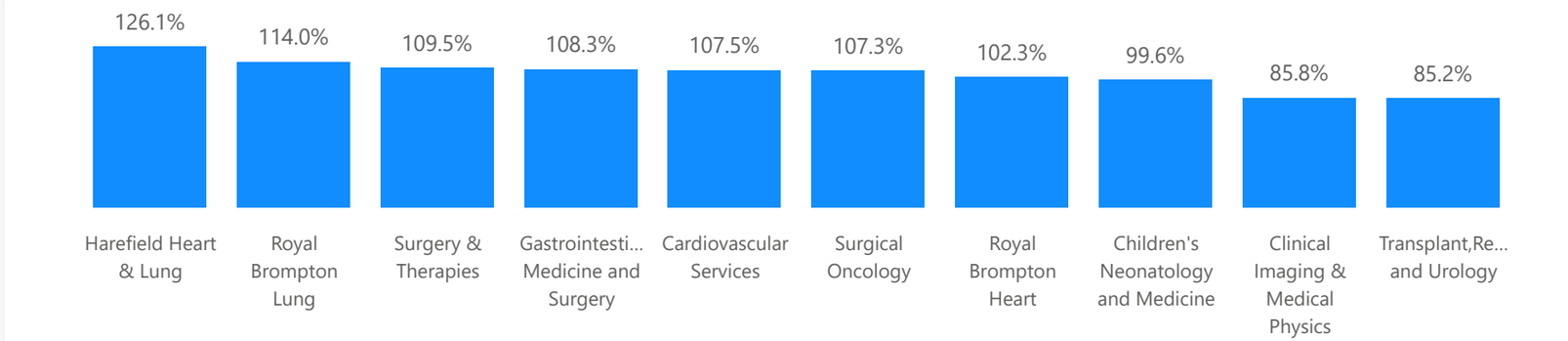
Elective DC & IP vs 26/27 Operational Plan



Clinical Group Overview



Top 10 Directorates



Responsive

Guy's and St Thomas' NHS Foundation Trust

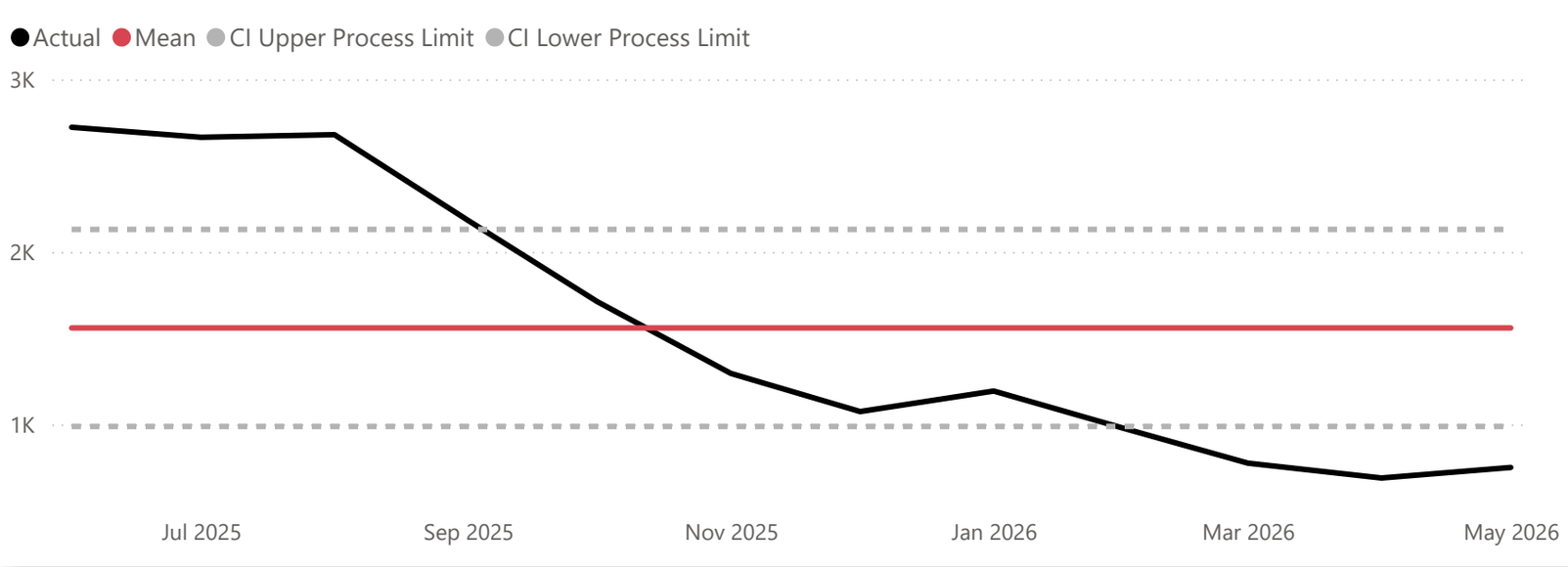
May 2026

750

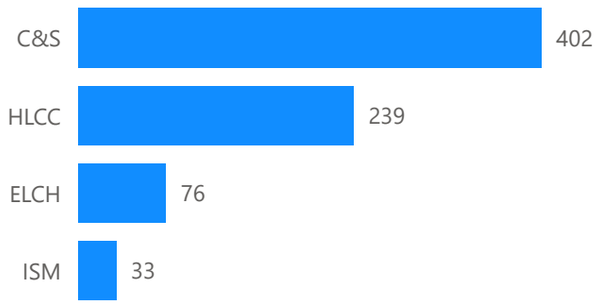
SPC

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

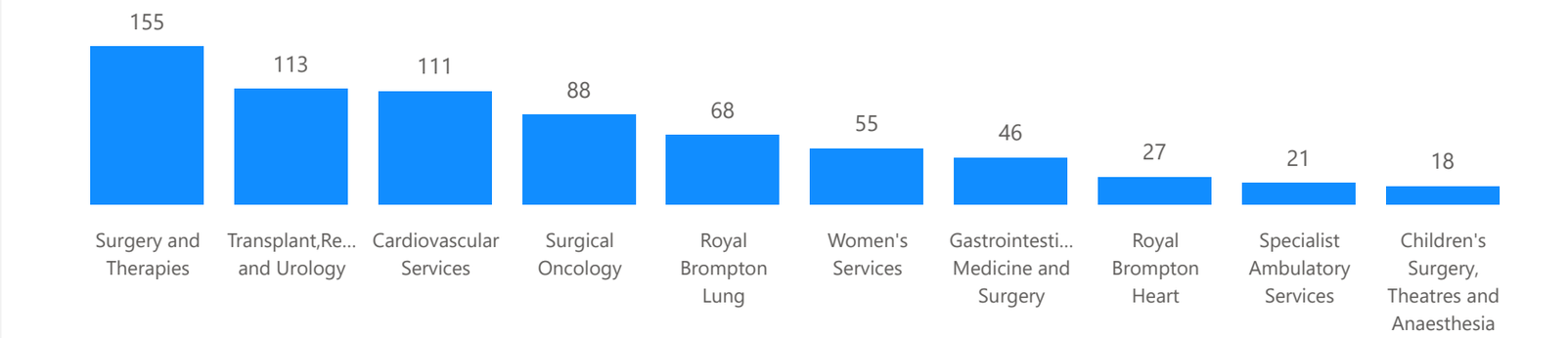
Number of 52 Week Waiters



Clinical Group Overview



Top 10 Directorates



Responsive

Guy's and St Thomas' NHS Foundation Trust

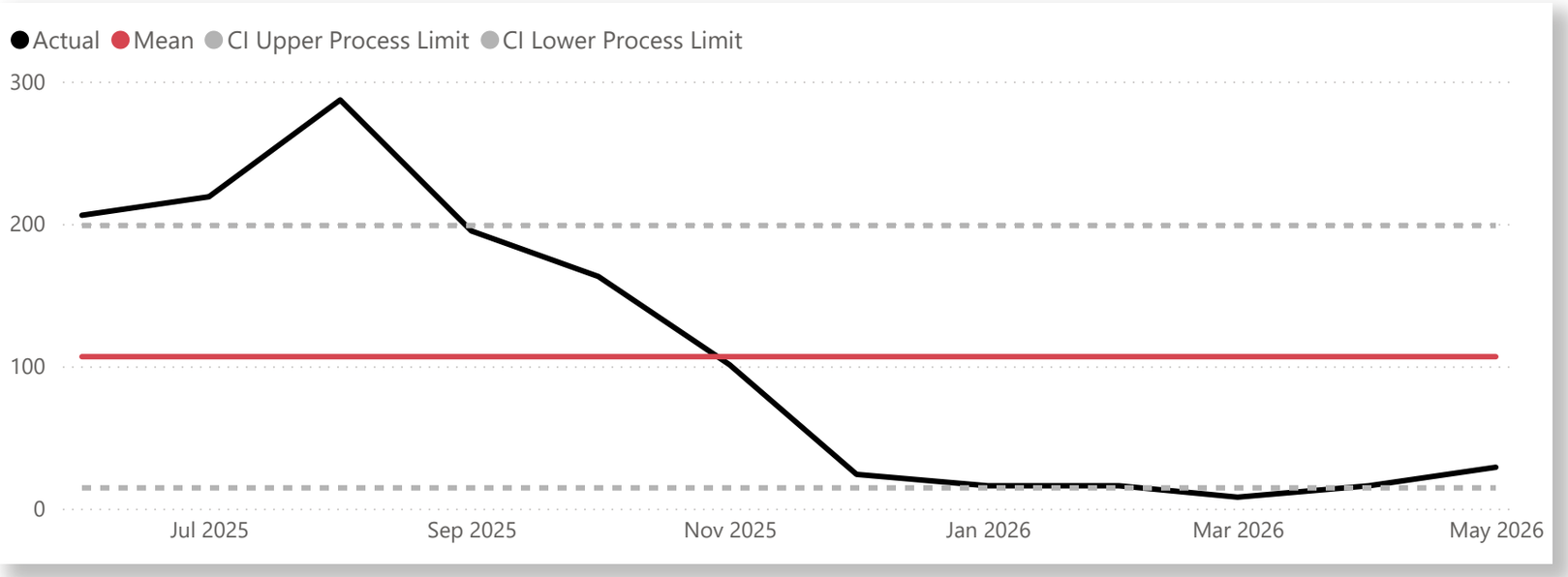
May 2026

29

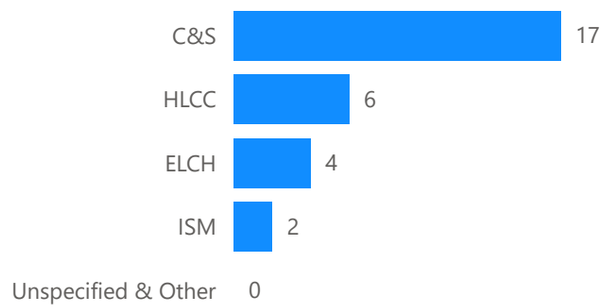
SPC

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

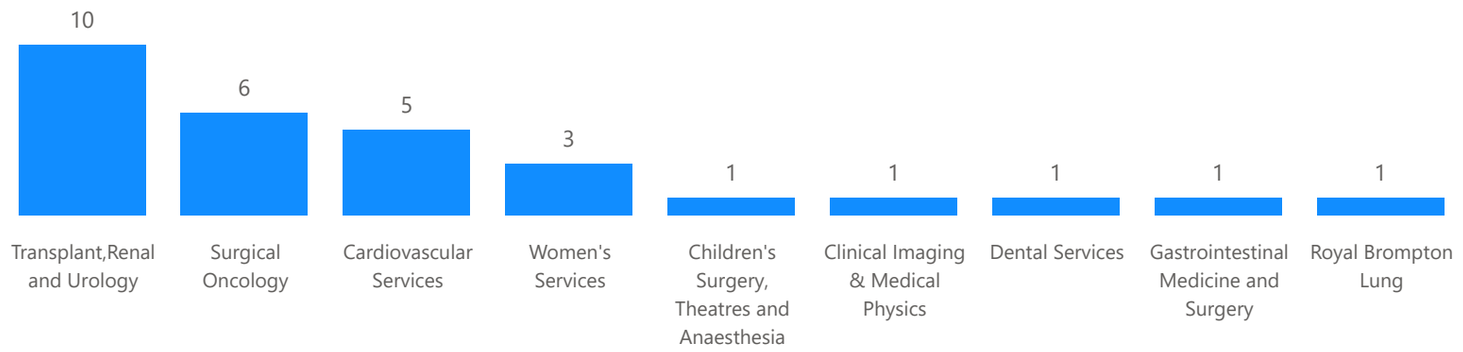
Number of 65 Week Waiters



Clinical Group Overview



Directorate Overview



Responsive

Guy's and St Thomas'
NHS Foundation Trust

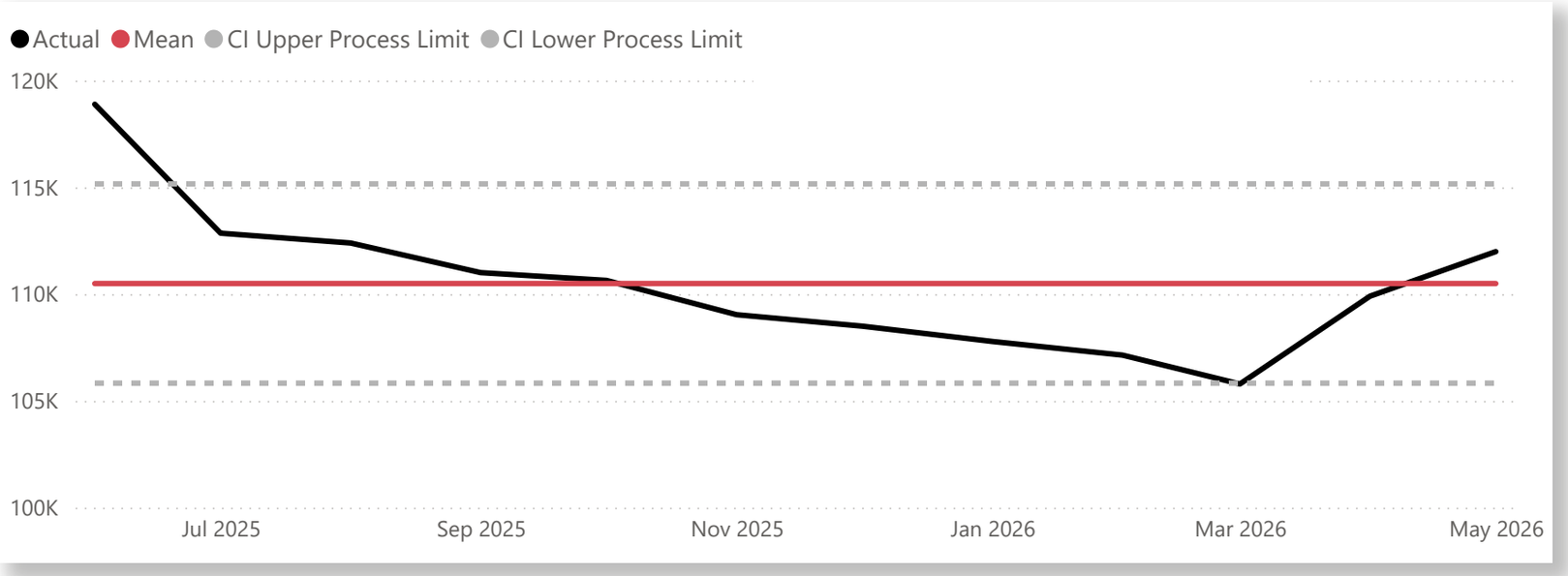
May 2026

111,987

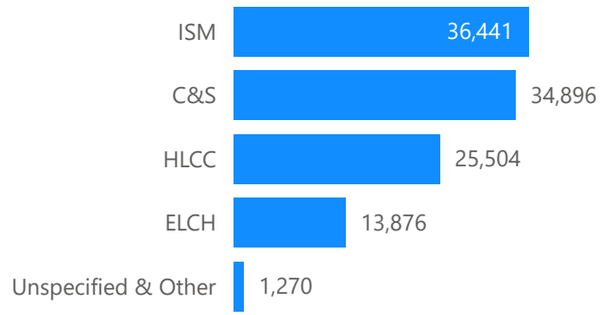
SPC

This indicator is showing common cause variation

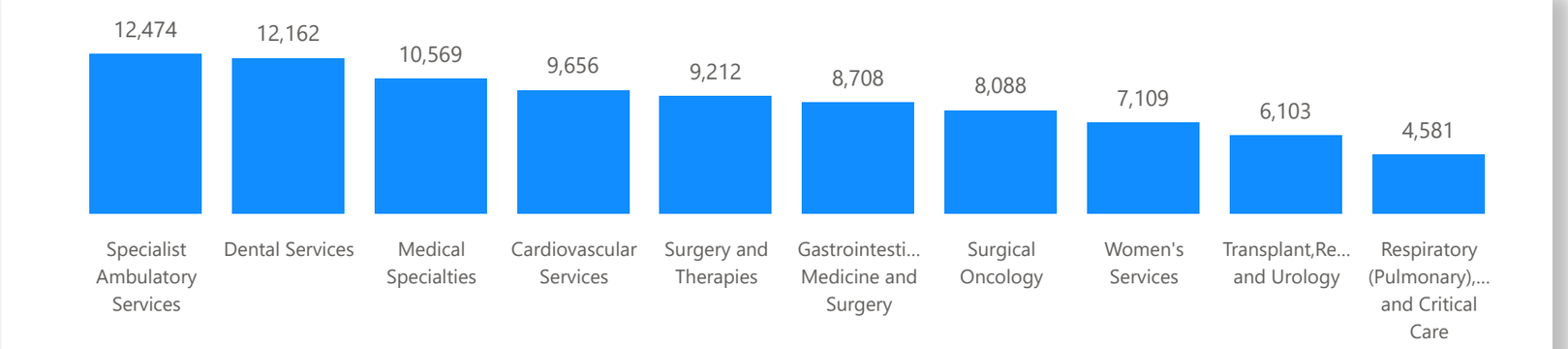
RTT - Total incomplete pathways



Clinical Group Overview



Top 10 Directorates



Supporting Information

SPC definitions

Guy's and St Thomas' NHS Foundation Trust

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

Common cause variation

Indicator has not triggered any SPC rules for current month

Special cause variation – single point

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

Special cause variation – trend/shift

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

Special cause variation – moving range

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

Special cause variation – 2 of 3

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

Guy's and St Thomas'
NHS Foundation Trust

Committee name	People, Culture and Education Committee
Date, time	Wednesday 3 June 2026, 2pm – 5pm
Venue	Boardroom, Chelsea Wing, Royal Brompton Hospital
Chair	Miranda Brawn

Review of Action Log and Matters Arising: The Committee noted that two actions remained in progress relating to the Brawn Review and Non-Executive Director site visits. The Committee received an update on planned industrial action by resident doctors from 15 June, with mitigation plans underway to manage potential service impact.

Session Aims and Objectives: The Committee noted the purpose of the seminar-style session as supporting development of the People Strategy, Equality Diversity and Inclusion (EDI) Plan and Board Assurance Framework (BAF) Risk 10, and was encouraged to provide open feedback to inform future direction and Well-Led readiness

Better, Faster, Healthcare for All – Developing the People Strategy: The Committee discussed emerging People Strategy priorities, recognising the strength of existing activity alongside challenges in delivering change at pace within a complex organisation. There was strong emphasis on the need for clearer prioritisation, stronger leadership and accountability, improved organisational capability and more effective communication with leadership, multi-professional workforce development and making deliberate strategic choices identified as key priorities.

Equality, diversity and inclusion (EDI): The Committee reviewed progress on delivery of the Trust's EDI ambitions and supported the shift towards a more impact-focused, data-led approach, while noting ongoing challenges including inequalities in career progression, access to opportunities and persistent gender and ethnicity pay gaps, particularly in senior and medical roles. Disability inclusion was also considered, with Committee members noting reflections on staff experience. It was recognised that stronger accountability, improved data and clearer prioritisation of a small number of measurable actions would be required to drive meaningful progress.

Board Assurance Framework: The Committee reviewed the workforce risk on the BAF and noted the shift in focus towards future readiness, highlighting concerns regarding workforce skills, capability and adaptability to meet changing demands, organisational culture and external pressures. It clarified that the risk reflected the potential failure to achieve a high performing and future ready workforce, with implications for delivery of strategic objectives. It also considered whether the current risk score fully reflected the level of challenge, and further review was requested to reassess the risk rating and supporting controls.

Guy's and St Thomas'
NHS Foundation Trust

Committee name	Transformation and Major Programmes Board Committee
Date, time	Wednesday 13 May 2026, 2pm – 5pm
Venue	Burfoot Court, Guy's Hospital
Chair	Ian Playford

Children's Hospital Programme: Business Case: The Committee received a comprehensive business case demonstrating strong value for money, with key risks identified at Strategic Outline Case stage having been substantially mitigated. The Committee approved the business case, recognising that financial, contractual and delivery risks would require ongoing management as the programme progressed.

Children's Cancer Services: Principal Treatment Centre Programme Update: The Committee noted that the programme remained complex but was progressing well overall. Key risks related to construction, workforce, digital integration and Synnovis delivery. While confidence remained in achieving delivery timelines, this was dependent on effective management of these risks and programme interdependencies.

Future Ready: Productivity Programme Update: The Committee noted continued progress and growing organisational engagement across the productivity programme, with early delivery against key objectives in areas including flow, productivity and administrative transformation. Members recognised that the programme was entering a critical delivery phase and highlighted the importance of maintaining pace while managing organisational impact and staff engagement.

Guy's Surgical Centre Programme Update: The Committee noted increasing cost, design and timeline pressures on the programme, including forecast costs exceeding the original approved envelope and a likely delay to key milestones. A further review through the Investment Programme Board was supported to reassess affordability, scope, delivery options and alignment with system partners and commissioners.

Central Portfolio Office Major Programme Report: The Committee noted that programme delivery was progressing across the portfolio but that affordability pressures were increasing as schemes advanced through later design stages. The need for strengthened scenario planning, benefits realisation and future capital prioritisation was highlighted.

Board Assurance Framework (BAF): The Committee noted updates to its three principal strategic BAF risks relating to Epic benefits realisation, organisational transformation and productivity, and recognised that these would be further developed through the forthcoming annual review.

Guy's and St Thomas' NHS Foundation Trust

BOARD OF DIRECTORS

WEDNESDAY 22 JULY 2026

Report title:	**Documents Signed under Trust Seal, 23 April 2026 to 15 July 2026**
Executive sponsor:	Charles Alexander, Chairman and Amanda Pritchard, Chief Executive
Report author:	Joshua Roles, Senior Business Manager
Purpose of report:	For awareness/noting only
	To provide the Board with assurance and a formal record of documents executed under the Foundation Trust Seal by the Chairman and Chief Executive in accordance with the Trust's Standing Financial Instructions.
Previously presented at:	N/A
Key points of report:	• 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.
Primary BAF risk:	Risk 11: Organisational excellence
Supporting material:	• N/A
Recommendation(s):	The BOARD is asked to: 1. **Note** the record of documents signed under Trust Seal

1. Introduction

1.1. In line with the Trust's Standing Financial Instructions, Amanda Pritchard, Chief Executive and Charles Alexander, Chairman signed document numbers 1120 to 1124 under the Foundation Trust's Seal during 23 April 2026 to 15 July 2026.

2. Background

2.1. The Trust is required to maintain a record of documents executed under its Foundation Trust Seal. This report provides the Board with oversight and assurance by summarising documents signed and sealed on behalf of the Trust during the reporting period in accordance with the Standing Financial Instructions.

3. Proposals/ Recommendations

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

Number	Description	Date
1120	Signing and Sealing of the Minor Works Contract between (1) Guy's and St Thomas' NHS Foundation Trust and (2) WT Partnership Ltd and (3) Storm Building Ltd pertaining to the enabling works to allow full redevelopment and refurbishment of the Maternity Assessment Unit (MAU) 7th Floor, North Wing	23 April 2026
1121	Singing and Sealing of the lease relating to the Rooftop of Guy's Hospital, Great Maze Pond Road, London, SE1 9RT, Cell Site No: MTR374 Between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Airwave Solutions Limited.	16 June 2026
1122	Signing and Sealing of the Deed of Grant of easements between (1) Guy's and St Thomas' NHS Foundation Trust and (2) London Power Networks PLC for underground electric lines at Great Maze Pond Road, Guy's Hospital, Great Maze Pond Road, LondonSE1 9RT	16 June 2026
1123	Signing and Sealing of the Licence to Carry Out Alterations (by way of installation of Electric Vehicle Charging Points across the Trust's estate) relating to Premises at Unit B, Tower Bridge Business Park, Mandela Way, London SE1 5SS (in duplicate)	16 June 2026

1124	Signing and Sealing of the Framework Agreement (FA) related to Energy as a Service (EaaS) strategic partnership between (1) Guy's and St Thomas' NHS Foundation Trust (GSTT) and (2) Healthcare Energy and Asset Transition Limited (SEPCo - part of the Meridian Group). In addition, Signing and Sealing between the two parties above relating to the Strategic Partnership Agreement and Pre-Construction Services Agreement.	24 June 2026